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Contributors

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"SALUS POPULI SUPREMA LEX"




CITY OF PORTSMOUTH

THE HEALTH OF
THE
CITY OF PORTSMOUTH
1966

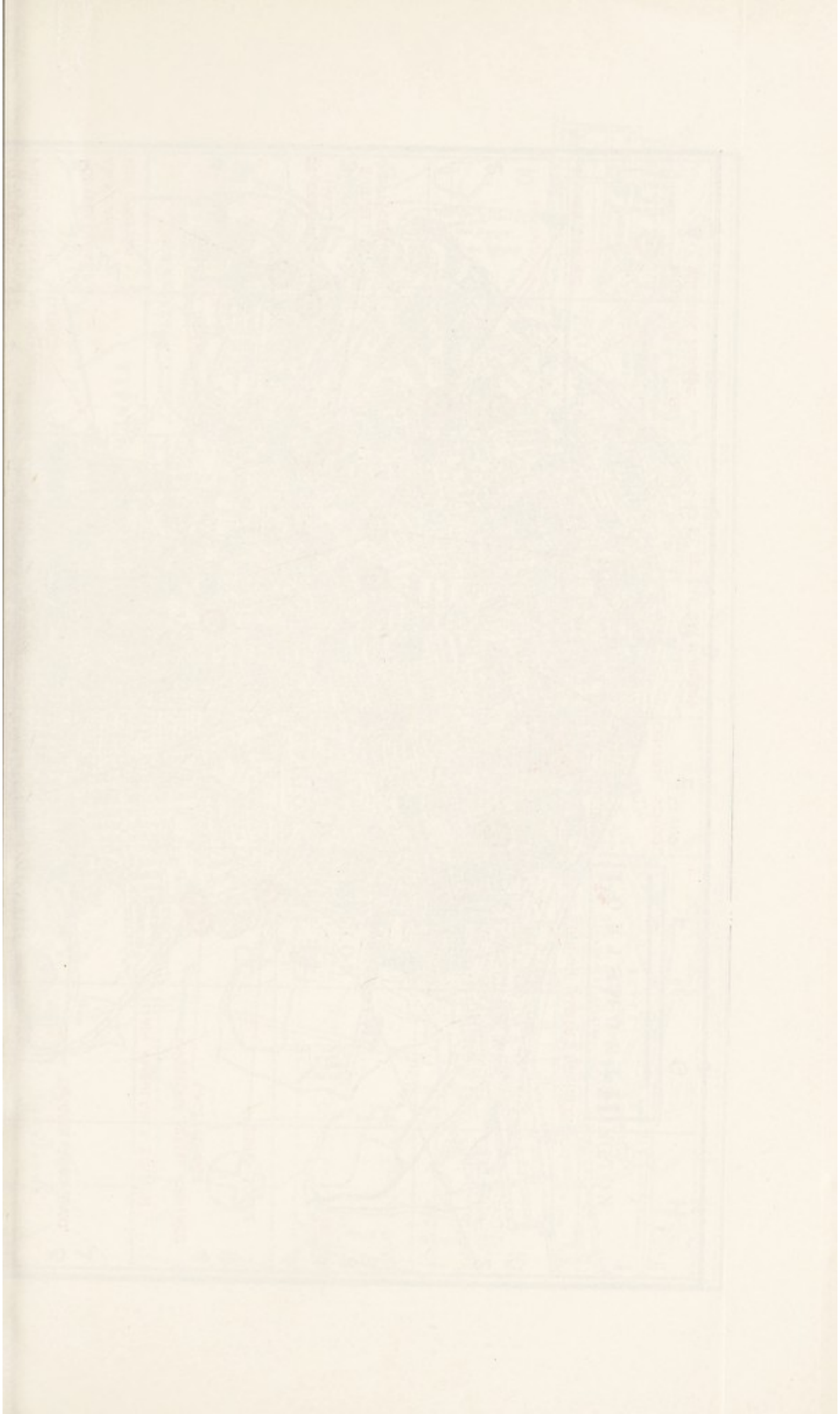
PETER G. ROADS
M.D.(Lond) D.P.H.
MEDICAL OFFICER OF HEALTH
*Principal School Medical Officer
and Port Medical Officer*

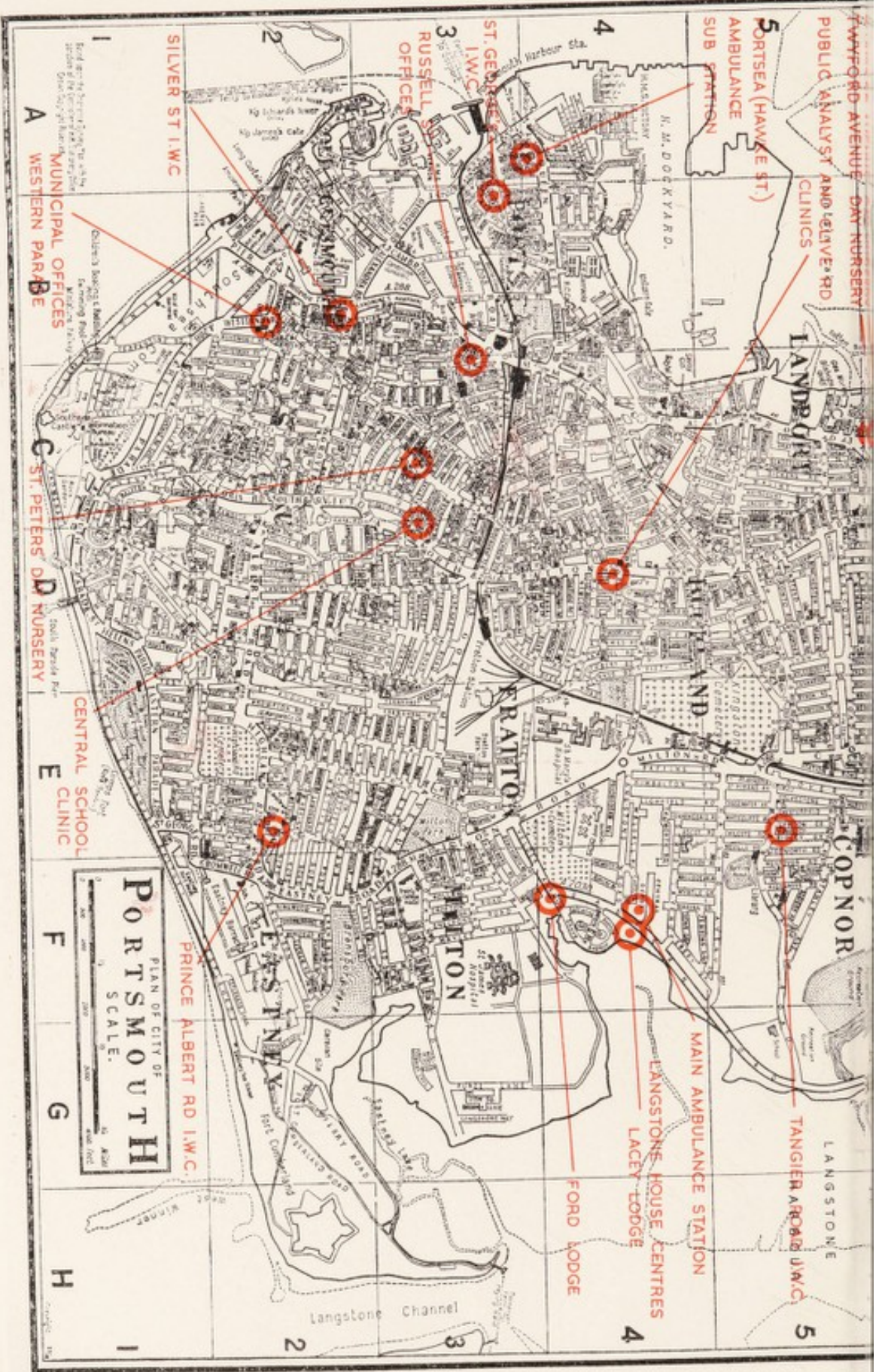
ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
including
THE REPORT OF THE PUBLIC ANALYST



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MUNICIPAL OFFICES

C
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E
CENTRAL SCHOOL CLINIC

F
PRINCE ALBERT RD I.W.C.

H

PORTSMOUTH
PLAN OF CITY OF
SCALE

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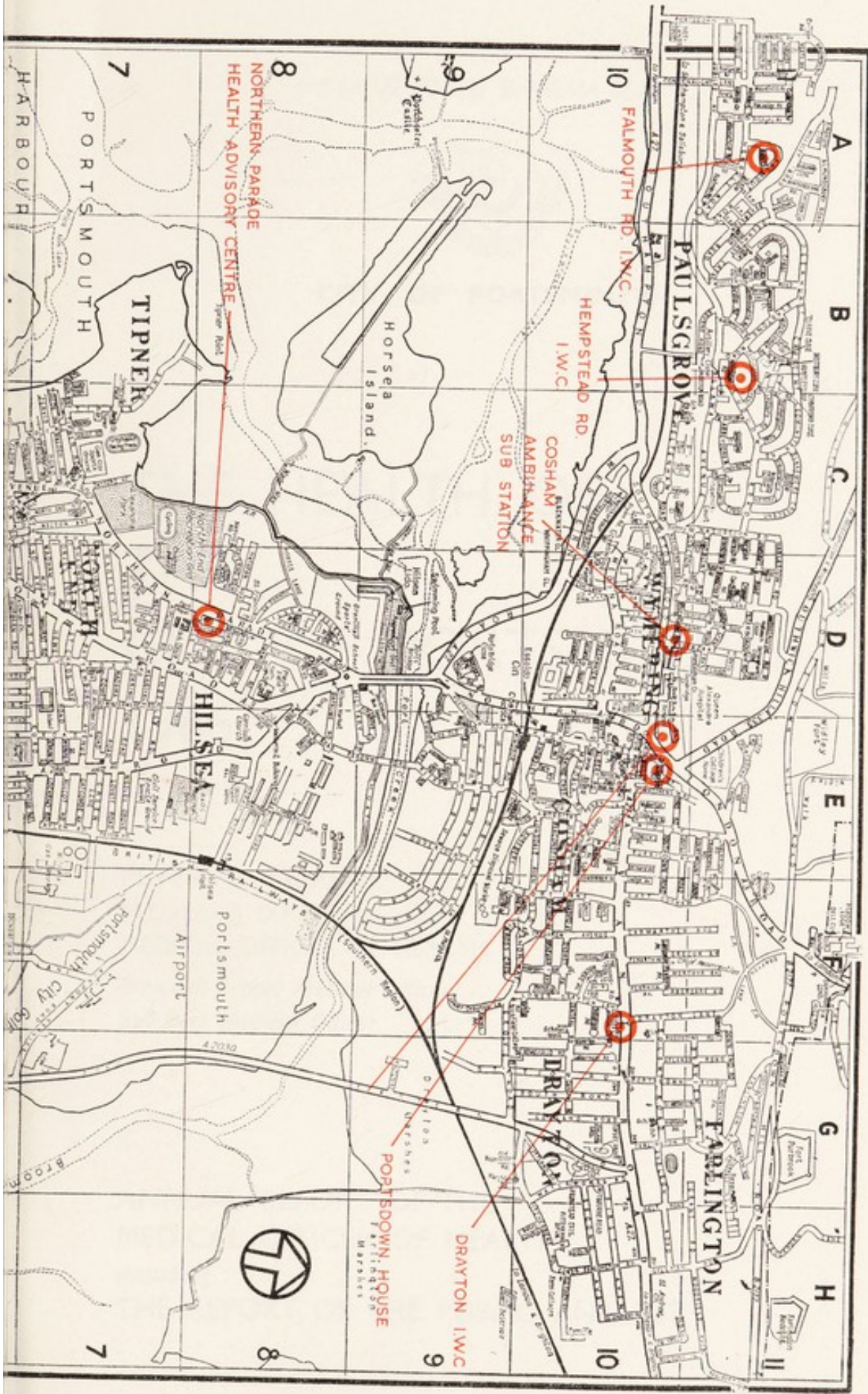
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HEMPSTEAD RD. I.W.C.

COSHAM AMBULANCE SUB STATION

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NORTHERN PARADE
HEALTH ADVISORY CENTRE

HILLSSEA

PORTSDOWN HOUSE

DRAYTON I.W.C.

PAULSGROVE

MYTHEN

DRAYTON

FARNINGTON

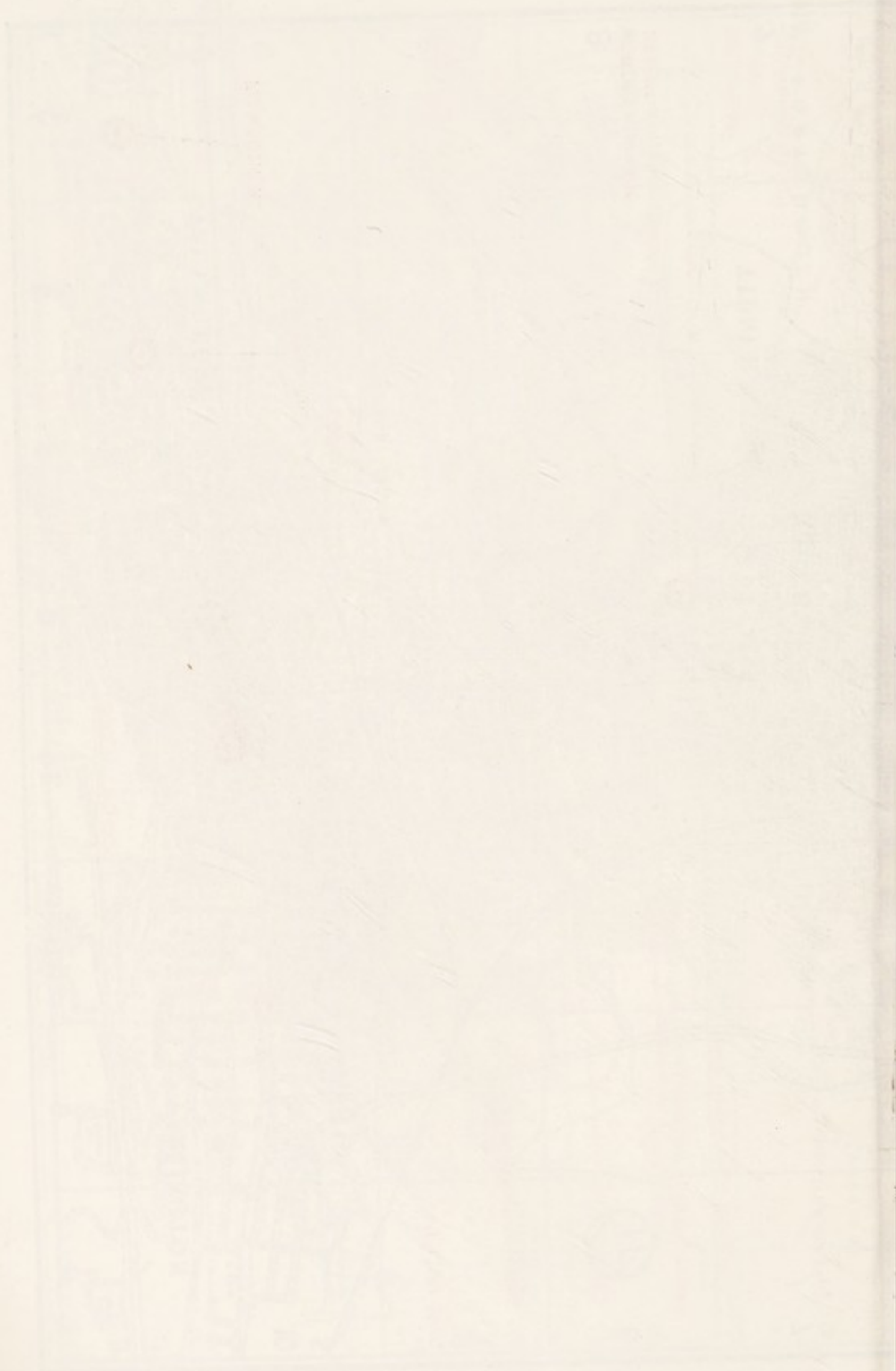
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NORTHAM

Portsmouth Airport

HARBOR





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THE HEALTH OF
THE
CITY OF PORTSMOUTH
1966

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M.D.(Lond) D.P.H.
MEDICAL OFFICER OF HEALTH

*Principal School Medical Officer
and Port Medical Officer*

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
including
THE REPORT OF THE PUBLIC ANALYST

WILMINGTON, DELAWARE 1966



CITY OF PORTSMOUTH

THE HEALTH OF THE CITY OF PORTSMOUTH 1966

PETER G. ROADS
MEDICAL OFFICER OF HEALTH
PORTSMOUTH, DELAWARE

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
THE REPORT OF THE PUBLIC ANALYST

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The Right Worshipful the Lord Mayor
COUNCILLOR CLIFFORD A. WORLEY, J.P.

HEALTH COMMITTEE

1966-1967

Chairman

COUNCILLOR L. C. ROGERS, F.R.S.H., F.H.A.

Vice-Chairman

COUNCILLOR H. W. J. FORD—Deceased 2.9.66

COUNCILLOR MISS P. LOE, M.B.E., S.R.N., R.M.N.—From 4.11.66

Aldermen

DR. MAXWELL BRESLER

J. P. D. LACEY

Councillors

W. G. HUNT

J. T. O'DRISCOLL

MISS M. SEAMAN

E. G. SHEEN

D. B. SKELTON

MRS. K. I. D. STANLEY-EDWARDES

DR. V. H. TOMPKINS

Co-opted Members

DR. C. N. BURNHAM SLIPPER

DR. M. J. CLARKE-WILLIAMS

MR. E. O. DAY

MR. D. J. DOWNHAM

MR. K. G. DRYDEN

MRS. F. M. HEWAT

MRS. L. C. NICHOLSON

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*

T. HALL, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Senior Medical Officer for Maternity and Child Welfare and Geriatrics

N. MERCY PLOWRIGHT, M.B., CH.B., D.P.H., D.C.H.

Senior Medical Officer for Mental Health

R. G. CONGDON, M.B., B.S.(LOND.), D.P.M.

Senior Medical Officer for School Health Services and Civil Defence

D. D. HILTON, M.B., CH.B., D.P.H., D.R.C.O.G., D.T.M.&H.

Vaccination and Immunisation Medical Officer

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

Assistant Medical Officer, Maternity and Child Welfare

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.

Principal Administrative Assistant

H. S. WOODCOCK—Until 31.3.66

A. HEALEY, LL.B. (LOND.), A.C.C.S.—From 5.9.66

Superintendent Health Visitor

MISS E. M. BUSSBY, S.R.N., S.C.M., H.V.CERT., D.N.(LOND.)—Until 28.2.66
(PUBLIC HEALTH)—From 10.3.66

MISS D. O. LEARMONT, S.R.N., S.C.M., H.V.CERT., CERT. NURSING ADMIN.

Supervisor of Midwives

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

Ambulance Officer

T. F. WARD, F.I.A.O.

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.

Venereologist

J. M. COUCHMAN, B.M., B.CH., M.R.C.S., L.R.C.P.

Consultant Paediatrician

J. H. MOSELEY, M.A., M.B., B.CHIR., M.R.C.P., M.R.C.S.

SENIOR MEMBERS OF THE PARLIAMENT

Mr. J. B. ...
Mr. ...
Mr. ...

Mr. ...
Mr. ...

Mr. ...
Mr. ...

Mr. ...
Mr. ...

Mr. ...
Mr. ...

Mr. ...
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Mr. ...
Mr. ...

Mr. ...
Mr. ...

Mr. ...
Mr. ...

Public Health Department,
1 Western Parade,
Portsmouth.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to report on the health of the City of Portsmouth for the year 1966.

STATISTICS

In 1966 the estimated mid-year population showed a small increase compared with the previous year. Vital statistics show some fluctuation—the birth rate fell slightly and the death rate was marginally higher. Infant mortality, however, was markedly increased because the neo-natal and perinatal rates rose. Breaking down the perinatal figure into institutional and domiciliary components reveals the remarkable fact that while the domiciliary rate remained the same as in 1965 at 9.7, the institutional perinatal mortality rate rose from 33.8 per 1,000 in 1965 to 42.58 per 1,000 in 1966. At a time when the national tendency is to stress the necessity of hospital confinements, it is both distressing and discouraging to find this highly undesirable rising trend in Portsmouth.

The illegitimate birth rate was higher than in 1965, but the illegitimate perinatal mortality rate showed a decrease. The increase in infant mortality was due to more deaths from immaturity, pneumonia and birth injury. The Senior Medical Officer for Maternity and Child Welfare and Geriatrics comments in detail on the involved circumstances surrounding these statistics on page 24 and makes a case for increased clarification of existing coding data. The decrease in the illegitimate mortality rate indicates the growing effectiveness of the services provided for the unmarried mother. However, the problem of illegitimacy as a whole has not been curtailed and remains a challenging reproach to present day society. Increased health education is one answer, and I have a further comment to make regarding this and its relationship to other difficulties later in this preface.

MATERNITY AND CHILD WELFARE AND GERIATRICS

The year saw an increased demand for the provision of playgroup facilities for children under the age of 5. The City, has for some time, financially supported the 5 playgroups founded under the auspices of the Save the Children Fund. During the year further advances were achieved by the appointment of a part-time Supervisor of Playgroups sponsored jointly by Health and Education Committees. 1966 was a year of considerable financial stringency, and regrettably further expansion of the Home Help Service was drastically curtailed and the service maintained at a lower level of recruitment.

With the current hospital policy of returning patients to the community as soon as is medically possible these restrictions brought about much genuine hardship to the citizens of Portsmouth as well as placing greater stress on health visiting and administrative staffs. The Home Help Service is one of the most worthwhile of all social supports and it is discouraging to report that, as the year closed, it appeared that even greater sacrifices might be called for in 1967.

HEALTH VISITOR/GENERAL PRACTITIONER LIAISON

Health Visitor/General Practitioner Liaison continued to flourish throughout the year and the scheme introduced in 1964 was extended as

Health Visitors became available to cover a further 2 practices, bringing the number of practices involved to 14. (15 health visitors and 38 general practitioners are now participating in the project.)

The Hospital Liaison Scheme involving direct liaison with consultants, ward sisters and medico-social workers started in the geriatric wards at St. Mary's Hospital. It is hoped to extend this scheme to include the paediatric wards early in 1967.

MENTAL HEALTH

In the latter part of 1966 the Mental Health Service made a welcome move from a somewhat isolated situation at Russell Street to refurbished and more convenient accommodation at 5 Western Parade.

The work of the section continued to expand despite the difficulties brought about by the financial blizzard which started in mid-summer. Towards the end of the year the dangers of drug dependence particularly in relation to young people became a matter of local and national concern. The Senior Medical Officer for the Mental Health Service, Dr. R. G. Congdon, made a special study of this problem and its ramifications, and prepared a fullscale report with recommendations for submission to the City Council early in 1967. The problem of drug dependence is a challenge both to the specialist in preventive medicine and the psychiatrist. If a solution is to be found and the incidence of new cases contained the closest co-operation must be maintained between all medical and social services.

HEALTH CENTRES

During the year first steps were taken towards the provision of Portsmouth's first health centre in Somers Town.

The working party appointed to deal with the planning of this health centre had its first meeting in February of this year. At this meeting it was decided that initial sketch plans would incorporate the following provisions.

- (a) Seven general practitioners' suites on the ground floor.
- (b) Provision for Audiology and Chiropody Services and one additional dental suite making three suites in all.
- (c) Allied services to support specialist services carried out in the centre, i.e., treatment room, pre-natal area, etc.
- (d) Office accommodation for the Local Executive Council and National Health Service.
- (e) Housing accommodation for professional staff of the Health Department.

The general practitioners in the City became more aware of health centres and a number of approaches were made to me from general practitioners who wished to practise in them.

An approach was made to general practitioners wishing to practise at the health centre and following this in accordance with the general policy laid down by the Health Committee acting jointly with the Executive Council, visits and inspections were made to diverse sites and premises throughout the City to check on their suitability for building and/or adaptation into a health centre. Unfortunately no definite progress has been made in this particular direction up to and until the end of the year.

However, considerable work and research had already been put into the Somers Town Health Centre sketch plans and at the end of the year they were again considered by the working party. After amendments had been agreed, the plans were ready for submission to the Health Committee prior to forwarding to the Ministry of Health.

INFECTIOUS DISEASES

Whooping Cough Survey

In 1965 Portsmouth was one of the areas selected by the Public Health Laboratory Service for an investigation into the effectiveness of the vaccines in current use.

Tuberculosis

Despite declining incidence of tuberculosis one reservoir of infection remains a cause of concern. This is the tuberculosis 'casual', i.e., a person of no fixed abode who wanders round the country finding nightly accommodation in lodging houses and reception centres. In some cases these vagrants may be suffering from advanced open tuberculosis. Hospital treatment has invariably been offered to them, but they have either declined to accept this and then disappeared rapidly from the scene before compulsory removal to hospital could be arranged, or else they have been admitted to hospital and have discharged themselves against medical advice before treatment has been effective in bringing about a complete cure. A workable solution to this anachronistic state of affairs has yet to be achieved.

VENEREAL DISEASES

In February, 1917, provision of free medical treatment for venereal diseases was first inaugurated at the Royal Hospital, Portsmouth. In 1920 the then Medical Officer of Health, Dr. A. Mearns Fraser, in a special report informed the Health Committee of the service and far reaching consequences of these diseases and stressed the value of health education to the general public as the most important preliminary step towards prevention which could then be taken. We now live in an antibiotic age, and it would be reasonable to suppose that after fifty years undoubted progress in preventive and curative medicine the major problems of venereal infection had been overcome. Unfortunately this is far from the case. Dr. Couchman in his report on page 62 points out that the incidence of gonorrhoea has continued to rise. In fact the number of males attending for treatment has been exceeded only once—in 1920, the year of Dr. Fraser's report, and the number of females is the highest since 1917—the year when the treatment service first started. Dr. Couchman further comments that in relation to the national figures the figures for Portsmouth show that for a comparable population female figures are actually 11% above and the male figures 17% below. However, this latter percentage does not reflect the numbers of locally acquired infections treated in the Royal Naval Barracks. The percentage, if corrected, indicates that the male figures lie 6% above the predicted increase for 1966.

Already much remains to be done in this field, and an intensive Health Education Campaign is planned for 1967. Persuasive propaganda of this kind needs, however, to be carried out with a high degree of professional skill in order to prove effective in this high-powered age. It is in order to carry through this type of work that a Health Education Organiser is invaluable. Regrettably the City Council has not implemented my repeated proposals to establish a Health Education Unit headed by such an Organiser and consequently our efforts must be devoted to utilising already hard-pressed existing staff. Undoubtedly our course is hindered and our goals doubly difficult to achieve.

ENVIRONMENTAL HEALTH

Although Portsmouth has an enviable position on the South Coast, anyone who stands on Portsdown Hill and looks across Spithead on a warm and still summers day will notice and be disagreeably impressed by the thick

layer of smoke which, under these conditions, remains hanging like a pall over the central parts of the City. The Chief Public Health Inspector's comments on clean air are, therefore, very relevant. With the arrival of still more tall blocks of flats new hazards to health may be created. A close watch is being kept on the situation, but designation of Portsmouth as a future smoke controlled area may well prove to be inescapable.

STAFF CHANGES

In April, 1966, Mr. Woodcock, Principal Administrative Assistant, retired on grounds of ill health after 35 years service to the Health Department. I should like to pay tribute to his work in past years and wish him well for the future. I welcome to the City as the new Principal Administrative Assistant, Mr. A. Healey, who took up his duties in September, 1966.

Miss E. M. Bussby, Superintendent Health Visitor and School Nurse, left Portsmouth in February for a senior post in the Queen's Institute of District Nursing. My grateful thanks to her for thirteen years service to the City, and I am happy to record that in her new post she will still be able to maintain contact with the Department and with Portsmouth from time to time. Miss Bussby was succeeded by Miss D. O. Learmont, already well known in the City as the Deputy Superintendent Health Visitor. Mrs. P. M. Botting was appointed Deputy Superintendent Health Visitor.

CONCLUSION

To the Deputy Medical Officer of Health and the staff of the Health Department I extend my warmest thanks for their continued help and co-operation during a difficult year. I should further like to say how grateful we all are to the Chairman and Members of the Health Committee for their encouragement and advice during 1966.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

P. G. ROADS,

Medical Officer of Health.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

STATISTICAL SUMMARIES FOR 1966

(Figures in brackets are for 1965)

Estimated mid-year population	.. .. .	217,780	(216,280)
Population 1961 Census	.. .. .	215,077	
Area in acres (land and water)	.. .. .	9,249	
Number of dwellings (as at 31.12.66)	.. .. .	63,545	(63,382)

VITAL STATISTICS

LIVE BIRTHS:

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	.. .. .	1,626 (1,630)	1,461 (1,631)	3,087 (3,261)
Illegitimate	.. .. .	227 (236)	218 (244)	445 (480)
Total	.. .. .	1,853 (1,866)	1,679 (1,875)	3,532 (3,816)
Crude Birth Rate per 1,000 population	.. .. .	16.21	(17.30)	
Comparability Factor	.. .. .	1.04	(1.04)	
Adjusted Birth Rate	.. .. .	16.86	(17.99)	
England and Wales Birth Rate for 1966	.. .. .	17.70	(18.1)	

In Portsmouth, illegitimate live births formed 12.6% (12.83%) of the total and of the live births which occurred 5.33% (6.87%) were premature.

STILLBIRTHS:

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	.. .. .	29 (29)	24 (23)	53 (60)
Illegitimate	.. .. .	2 (9)	6 (3)	8 (8)
Total	.. .. .	31 (38)	30 (26)	61 (68)
Stillbirth Rate per 1,000 total Live and Stillbirths	.. .. .	17.00	(17.11)	
England and Wales Stillbirth Rate	.. .. .	15.40	(15.70)	

TOTAL LIVE AND STILLBIRTHS .. 3,593 (3,805)

DEATHS:

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Crude Death Rate	.. .. .	1,481 (1,362)	1,407 (1,424)	2,888 (2,786)
Comparability Factor	.. .. .	0.85	(0.87)	
Adjusted Death Rate	.. .. .	11.27	(11.10)	
England and Wales Death Rate for 1965	.. .. .	11.70	(11.50)	
Natural increase (number by which births exceeded deaths)	.. .. .	644	(955)	

INFANT MORTALITY:

Deaths of infants under 1 year of age.

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	.. .. .	48 (30)	27 (20)	75 (50)
Illegitimate	.. .. .	5 (5)	— (5)	5 (10)
Total	.. .. .	53 (35)	27 (25)	80 (60)

Infant mortality rate per 1,000 total live births ..	22.66 (16.04)
Legitimate infant mortality rate per 1,000 legitimate live births	24.30 (15.33)
Illegitimate infant mortality rate per 1,000 illegitimate live births	11.24 (20.84)
England and Wales Infant Mortality Rate for 1966 ..	19.00 (19.00)

NEO-NATAL MORTALITY:

Deaths of infants under 4 weeks.

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate ..	36	(15)	17	(11)	53	(76)
Illegitimate ..	2	(5)	—	(3)	2	(8)
Total	38	(28)	17	(14)	55	(34)

Neo-Natal mortality rate per 1,000 total live births ..	15.57 (9.08)
Legitimate neo-natal mortality rate per 1,000 live legitimate births	17.17 (7.97)
Illegitimate neo-natal mortality rate per 1,000 live illegitimate births	4.493 (16.66)
England and Wales neo-natal mortality rate for 1966 ..	12.9 (13.0)

EARLY NEO-NATAL MORTALITY:

Deaths under 1 week.

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate ..	33	(15)	14	(11)	47	(26)
Illegitimate ..	1	(5)	—	(2)	1	(7)
Total	34	(20)	14	(13)	48	(33)

Early neo-natal mortality rate per 1,000 total live births ..	13.59 (8.82)
Legitimate neo-natal mortality rate per 1,000 legitimate live births	15.23 (7.97)
Illegitimate neo-natal mortality rate per 1,000 illegitimate live births	2.247 (14.58)
England and Wales early neo-natal mortality rate for 1966	11.1

PERINATAL DEATHS:

Stillbirths and deaths under 1 week combined.

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate ..	62	(44)	38	(34)	100	(78)
Illegitimate ..	3	(14)	6	(5)	9	(19)
Total	65	(58)	44	(39)	109	(97)

Perinatal mortality rate per 1,000 live and stillbirths ..	30.33 (25.49)
Domiciliary perinatal mortality rate per 1,000 domiciliary live and stillbirths	9.7 (9.75)
Institutional perinatal mortality rate per 1,000 institutional live and stillbirths	42.58 (33.8)
Legitimate perinatal mortality rate per 1,000 legitimate live and stillbirths	31.85 (23.55)
Illegitimate perinatal mortality rate per 1,000 illegitimate live and stillbirths	20.15 (38.62)
England and Wales perinatal mortality rate	26.3

MATERNAL MORTALITY:

Deaths due to pregnancy, childbirth, abortions ..	Nil	(2)
Maternal mortality rate per 1,000 total live and stillbirths	Nil	(0.52)
Total maternal mortality rate for England and Wales	0.26	(0.25)

CAUSES OF DEATH

No.	Cause of Death	1966			1965			Proportional Death Rate
		Male	Female	Total	Male	Female	Total	
1	Tuberculosis—respiratory ..	7	2	9	10	7	17	0.61
2	Tuberculosis—other ..	1	—	1	—	1	1	0.04
3	Syphilitic disease ..	3	3	6	2	2	4	0.18
9	Other infective and parasitic diseases ..	—	3	3	1	3	4	0.18
10	Malignant neoplasm—stomach ..	38	27	65	21	33	54	1.84
11	Malignant neoplasm—lung and bronchus ..	117	18	135	120	26	146	5.14
12	Malignant neoplasm—breast ..	—	63	63	—	36	36	1.29
13	Malignant neoplasm—uterus ..	—	18	18	—	25	25	0.89
14	Other malignant and lymphatic neoplasms ..	149	119	268	124	130	254	9.11
15	Leukaemia, alukaemia ..	4	4	8	8	5	13	0.46
16	Diabetes ..	7	30	37	6	11	17	0.61
17	Vascular lesions of nervous system ..	139	224	363	121	243	364	13.00
18	Coronary disease—angina ..	348	210	558	342	238	580	20.70
19	Hypertension with heart disease ..	29	34	63	35	41	76	2.63
20	Other heart disease ..	128	184	312	93	171	264	9.47
21	Other circulatory disease ..	50	73	123	42	83	125	4.38
22	Influenza ..	3	7	10	1	1	2	0.90
23	Pneumonia ..	97	140	237	94	121	215	7.61
24	Bronchitis ..	122	35	157	113	42	155	5.56
25	Other diseases of respiratory system ..	15	6	21	12	4	16	0.57
26	Ulcer of stomach and duodenum ..	12	9	21	11	7	18	0.64
27	Gastritis, enteritis and diarrhoea ..	5	8	13	5	10	15	0.43
28	Nephritis and nephrosis ..	3	5	8	7	4	11	0.39
29	Hyperplasia of prostate ..	7	—	7	8	—	8	0.36
30	Pregnancy, childbirth and abortion ..	—	—	—	—	2	2	0.09
31	Congenital malformations ..	13	9	22	11	10	21	0.65
32	Other defined and illdefined diseases ..	101	95	196	93	89	182	6.53
33	Motor vehicle accidents ..	21	19	40	28	9	37	1.32
34	All other accidents ..	38	41	79	33	50	83	2.88
35	Suicide ..	24	21	45	19	20	39	1.30
36	Homicide and operations of war ..	—	—	—	2	—	2	0.09
	TOTAL ..	1,481	1,407	2,888	1,362	1,424	2,786	100.00

TABLE SHOWING BIRTH-RATES, DEATH-RATES AND POPULATION
FOR YEAR 1966 AND THE TEN PRECEDING YEARS

Year	(Crude) Birth-rate per 1,000 population	(Crude) Death-rate per 1,000 population	Total Deaths of children under 1 year— percentage of total deaths	Total Deaths of children under 1 year— per 1,000 total live births	Population (R.G.'s estimate)
1966	16.21	13.26	2.59	22.66	217,780
1965	17.30	12.87	2.15	16.04	216,280
1964	17.23	12.34	2.89	20.70	221,470
1963	17.96	14.06	3.26	25.50	224,900
1962	17.35	13.06	2.87	21.62	226,670
1961	16.19	13.20	2.92	23.85	227,930
1960	16.99	12.61	2.11	15.69	217,520
1959	15.86	12.86	2.61	21.18	220,300
1958	15.70	12.28	2.93	22.28	222,800
1957	15.57	11.74	2.86	21.52	226,900*
1956	15.08	12.22	2.97	24.10	231,100*
Average for 10 years, 1956-65	16.52	12.72	2.75	21.24	

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

*Total population.

ANALYSIS OF AGES AT DEATH — 1966

Ages	1966			1965		
	Male	Female	Total	Male	Female	Total
Under 4 weeks	38	17	55	35	25	60
4 weeks—1 year	15	10	25			
1—4 years	8	2	10	8	7	15
5—14 years	9	1	10	5	4	9
15—24 years	14	13	27	29	5	34
25—34 years	14	6	20	15	15	30
35—44 years	31	19	50	26	24	50
45—54 years	87	65	152	95	57	152
55—64 years	274	129	403	251	145	396
65—74 years	421	324	745	385	336	721
75 and over	570	821	1,391	513	806	1,319
TOTAL	1,481	1,407	2,888	1,362	1,424	2,786

ANALYSIS OF DEATHS FROM CANCER, 1966

	Under 1		1-5		5-14		15-24		25-44		45-64		65-74		75 and over		TOTAL		
	M.	F.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Malignant neoplasm— stomach	-	-	-	-	-	-	-	-	2	-	13	6	7	8	12	3	14	27	33
Malignant neoplasm— lung, bronchus	-	-	-	-	-	-	-	-	2	1	53	7	6	19	20	4	5	117	18
Malignant neoplasm— breast	-	-	-	-	-	-	-	-	-	6	20	8	13	12	-	24	13	-	63
Malignant neoplasm— uterus	-	-	-	-	-	-	-	-	-	1	8	11	6	7	-	3	6	-	18
Other malignant and lym- phatic neoplasms	-	-	1	2	3	1	2	2	7	3	38	32	35	36	58	42	46	149	119
Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	1	3	1	2	2	1	1	1	4	4
TOTAL	1	2	3	3	11	107	102	110	119	110	107	102	96	90	90	68	92	308	245

METEOROLOGY — 1966

BAROMETER The mean barometric pressure (corrected to sea level) for the year was 29.904 inches (29.902). The highest observed reading was 30.684 on 19th February (30.737), and the lowest 28.710 on 1st December (28.650).

TEMPERATURES. The mean temperature in the shade was 51.9°F. (50.5°).

Maximum. The mean maximum temperature in the shade was 56.8°F. (55.5°, the highest being 81°F. on 9th June (74°).

Minimum. The mean minimum temperature was 47.0°F. (45.6°), the lowest being 24°F. on 15th and 16th January (23°).

Minimum on Grass. The mean minimum temperature on the grass was 42.0°F. (40.4°), the lowest being 19°F. on 15th January (9°).

Earth Temperature. The mean temperature in the shade, one foot below the ground was 53.6°F. (51.8°), and at four feet 53.5°F. (52.4°).

Frosts. The minimum temperature in the shade, four feet above the ground fell to and below freezing point on 14 days (36), and there were 65 (90) ground frosts during the year.

SUNSHINE. 1,650 hours 12 minutes (1,670 hours 0 minutes) of sunshine were recorded by the Campbell-Stokes recorder. The greatest amount on one day was 14 hours 54 minutes on 18th June and 3rd July (14 hours 30 minutes).

RAINFALL. The total rainfall was 30.34 inches (29.08). The greatest fall in 24 hours was 1.08 inches on 6th August (1.14).

HUMIDITY. The mean humidity in the air (saturation 100) was 80 (80).

The following phenomena were recorded:—

HAIL on two occasions (2).

SNOW or SLEET on nine occasions (12).

THUNDER on six occasions (9).

FOGS on three occasions (8).

GALES on ten occasions—2 fresh, 8 moderate (1 fresh, 9 moderate).

AVERAGES FOR THE PAST TEN YEARS (1957–66)

<i>Rainfall</i>	<i>Sunshine</i>	<i>Mean Temperature</i>
28.61 inches	1,717.7 hours	51.34°F.

(Figures in brackets refer to 1965)

MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1966

Month	Mean Pressure (ins.)	Mean	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	29.875	51	24	42.4	36.1	6.3	36 hrs.	42 mins.	54	2.11	13	85
February	29.878	53	36	48.1	41.8	6.3	37 "	54 "	69	4.08	19	87
March	30.136	56	32	51.2	40.0	11.2	155 "	36 "	12	0.48	9	77
April	29.754	64	32	53.0	43.6	9.4	100 "	24 "	90	3.53	20	84
May	29.990	71	41	60.1	48.3	11.8	258 "	30 "	45	1.79	10	72
June	29.931	81	48	67.8	56.0	11.8	257 "	48 "	75	2.95	14	75
July	29.920	74	48	67.6	56.2	11.4	173 "	12 "	48	1.90	15	75
August	29.923	75	49	67.2	56.0	11.2	196 "	0 "	84	3.30	12	77
September	29.999	71	47	66.3	55.1	11.2	191 "	42 "	17	0.68	8	76
October	29.723	65	40	59.6	50.4	9.2	96 "	36 "	128	5.03	20	84
November	29.911	59	31	49.0	40.0	9.0	69 "	54 "	58	2.27	13	84
December	29.808	54	32	49.6	40.7	8.9	37 "	54 "	56	2.22	21	83
TOTAL	—	—	—	—	—	—	1,605 "	12 "	736	30.34	174	—
MEAN	29.904	—	—	56.8	47.0	9.8	133 "	46 "	61.3	2.56	15	80

Portsmouth (Southsea) Meteorological Station
MONTHLY ANALYSIS OF WIND DIRECTIONS—1966
 (recorded at 9 hours G.M.T.)

1966	N	NE	E	SE	S	SW	W	NW	Calm	Totals
January ..	1	8	7	3	4	5	—	2	1	31
February ..	1	5	2	3	6	9	2	—	—	28
March ..	2	1	—	1	1	8	8	7	3	31
April	2	5	7	3	2	8	1	—	2	30
May	1	6	2	2	3	13	2	1	1	31
June	1	2	1	3	6	10	2	2	3	30
July	4	3	—	1	—	16	1	3	3	31
August ..	3	4	4	3	2	9	3	—	3	31
September ..	—	9	5	2	1	8	4	—	1	30
October ..	3	4	2	3	6	6	2	1	4	31
November ..	5	2	1	1	2	6	5	5	3	30
December ..	3	—	—	2	2	12	8	4	—	31
TOTALS ..	26	49	31	27	35	110	38	25	24	365
% (approx.) ..	7	14	8	7	10	30	10	7	7	100%

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Numbers originally notified	Scarlet fever		Whooping cough		Measles (excluding rubella)		Dysentery		Meningococcal infection		Acute poliomyelitis				Diphtheria																																																																																																																																																																																															
	M	F	M	F	M	F	M	F	M	F	Paralytic		Non-paralytic		M	F																																																																																																																																																																																														
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Total (All Ages) ..	47	41	33	31	561	587	10	6	3	6	—	—	—	—	—	—																																																																																																																																																																																														
Final numbers after correction																																																																																																																																																																																																														
Under 1 year ..	1	—	7	4	25	34	—	—	1	1	—	—	—	—	—	—																																																																																																																																																																																														
1— year ..	1	2	5	5	55	74	2	1	—	—	—	—	—	—	—	—																																																																																																																																																																																														
2— years ..	4	—	5	7	70	79	1	—	—	1	—	—	—	—	—	—																																																																																																																																																																																														
3— years ..	4	4	6	2	84	74	—	—	—	2	—	—	—	—	—	—																																																																																																																																																																																														
4— years ..	7	10	4	6	76	94	—	—	—	—	—	—	—	—	—	—																																																																																																																																																																																														
5— 9 years ..	21	20	5	6	247	229	3	2	—	—	—	—	—	—	—	—																																																																																																																																																																																														
10—14 years ..	4	3	1	—	2	3	2	—	1	1	—	—	—	—	—	—																																																																																																																																																																																														
15—24 years ..	4	2	—	1	1	1	1	1	—	1	—	—	—	—	—	—																																																																																																																																																																																														
25 and over ..	1	—	—	—	1	—	1	2	1	—	—	—	—	—	—	—																																																																																																																																																																																														
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Numbers originally notified	Ac. pneumonia		Acute encephalitis				Typhoid fever		Paratyphoid fever		Erysipelas		Food poisoning		Small-pox																																																																																																																																																																																															
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Total (All Ages) ..	11	18	—	—	—	—	—	—	1	—	4	7	21	11	—	—																																																																																																																																																																																														

Numbers originally notified	Tuberculosis						Other notifiable diseases					
	Respiratory		Other		Meninges & C.N.S.		Total of new cases coming to the knowledge of Medical Officer of Health otherwise than by formal notification		Original		Final	
	M	F	M	F	M	F			M	F	M	F
Total (All Ages) ..	30	16	3	3	—	—			M	F	M	F
Final numbers after correction							Males	Females	Puerperal pyrexia			
Under 1 year ..	—	—	—	—	—	—			—	34	—	34
1— year ..	—	—	—	—	—	—	—	—	Ophthalmia neonatorum			
2— 4 years ..	—	1	—	—	—	—						
5— 9 years ..	—	—	1	—	—	—						
10—14 years ..	2	1	—	—	—	—	Anthrax					
15—19 years ..	—	4	—	—	—	—	—					
20—24 years ..	—	2	—	—	—	—	Infective Hepatitis					
25—34 years ..	3	—	2	—	—	—	8 | 10 | 8 | 10					
35—44 years ..	5	3	—	1	—	—						
45—54 years ..	4	—	—	—	—	—						
55—64 years ..	11	1	—	1	—	—						
65—74 years ..	3	1	—	—	—	—						
75 and over ..	2	3	—	1	—	—						
Age unknown ..	—	—	—	—	—	—						
Total (All Ages) ..	30	16	3	3	—	—						

MIDWIFERY SERVICE

During the year the number of domiciliary bookings dropped from 2,745 to 2,573. Of the 2,573 mothers booked, 391 were booked to part-time midwives for planned hospital delivery and early discharge for nursing on the district. There was also a decrease in the number of domiciliary confinements from 1,540 to 1,339, and an increase in the number of patients delivered in hospital and discharged to the care of domiciliary midwives from 857 to 911. This deprived the domiciliary midwives their full job satisfaction in looking after the mothers during pregnancy and labour. A disturbing feature of the year was the increase in perinatal mortality from 25.49 per thousand total births to 29.26.

A more pleasing feature of the year is the fact that there were no maternal deaths during pregnancy or the puerperium. Three mothers, however, died within a year of childbirth and were therefore the subject of a confidential enquiry by the Ministry of Health.

The details are given below:—

<i>Cause of death</i>	<i>Date of death</i>	<i>Live or Stillbirth</i>	<i>Age of Child at death of mother</i>
Chronic Nephritis	29. 5.66	Live	5 months
Astrocytoma	11. 8.66	Live	6 weeks
Liver failure due to secondary deposits in the liver. Primary not known.	27.10.66	Live	4 months

Entonox analgesia which had been introduced late in the previous year was given to 87% of mothers confined at home. There was an increased use of disposable sterile equipment, e.g. gloves, syringes and razors.

The flying squad was called out on twenty-eight occasions to Portsmouth residents. The following is an analysis of the cases initiated by domiciliary midwives:—

- 13 Retained placenta
 - 1 Post-Partem Haemorrhage
 - 3 Ante-Partem Haemorrhage
 - 1 Post-Partem Hypertension
 - 3 Services of flying squad not required on arrival.

The other seven cases were calls to registered maternity homes, five calls to the Royal Naval Maternity Home and two to the Eddystone Maternity Home.

The Supervisor of Midwives and her Assistant investigated the home conditions of 582 mothers who had applied for admission to hospital on social grounds. Of these 355 were booked to midwives and 227 were allocated institutional beds.

In September, 1966, the new Health Advisory Centre at Northern Parade, Hilsa, came into use. Two ante-natal clinics were transferred from Clive Road to the new Centre, thus extending the policy of providing peripheral clinics near to the homes of the mothers.

PART II MIDWIFERY TRAINING SCHOOL

40 pupil midwives completed their Part II midwifery training with the Portsmouth domiciliary midwives and 38 were successful in the examination of the Central Midwives Board at their first attempt. The remaining two pupil midwives were successful at their second attempt.

The statistics relating to the Service are as follows:—

MIDWIVES PRACTISING IN NURSING HOMES	1966	1965
Number of midwives practising in nursing homes at 31st December	7	7
Total number of cases delivered by them ..	421	576

DOMICILIARY SERVICE OF MIDWIVES

Number of domiciliary midwives employed in Portsmouth at 31st December	38	39
Number of cases booked	2,573	2,745
Number of patients delivered	1,339	1,540
Number of patients delivered in hospital and discharged to care of domiciliary midwives ..	911	857
Excluding holidays and sickness:		
Average number of cases per midwife per month	4.4	5.7
Average number of cases per midwife per annum	53.1	68.2
Average weekly number of bookings ..	49.5	52.8

PRE-NATAL CLINICS

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

	PRE-NATAL			
	<i>No. of new patients</i>		<i>Total attendances</i>	
	1966	1965	1966	1965
Fratton (3 clinics weekly)	937	1,103	4,579 + 3 Post Natal	6,114
Paulsgrove (1 clinic weekly)	163	155	995 + 6 Post Natal	954
Eastney (2 clinics weekly)	398	485	2,144	2,617
Cosham (1 clinic weekly)	220	209	990	1,101
Portsea (1 clinic weekly)	206	201	950	947
TOTALS	1,924	2,153	9,658 + 9 Post Natal	11,733

INFANT MORTALITY

The majority of the rise in infant mortality is accounted for by twenty deaths due to respiratory disease as against fifteen in the previous year, and twenty-two deaths due to immaturity as against ten in the previous year. A further analysis of the deaths due to respiratory disease shows that the causes, as printed, do not in fact give a truly accurate picture of the causes of death. There were only four deaths directly due to pneumonia; the remainder of eight of the deaths attributed to pneumonia were due to acute allergic bronchiolitis, and three of the four deaths attributed to bronchitis were due to acute tracheo-bronchitis. These eleven deaths were the subjects of Coroner's postmortems because the children had been found dead in bed, and in each case the pathologist had commented that 'appearances are those commonly associated with cot deaths.' The diagnosis of acute bronchiolitis occurred in the death returns for the first time in May 1965, following the report of the Ministry of Health on sudden death in infancy.

In view of this report, the circumstances of the deaths of these children were investigated in as much detail as possible by the health visitor and a Coroner's officer, particularly with regard to a recent history of respiratory infection; the type of feeding and type of cot and pillow used, if any. Only three children had been breast fed for periods of five-six days and three weeks. The deaths occurring in the early and late months of the year were associated with a history of mild respiratory infection at varying intervals prior to death, but of the four that occurred in the five week period June—14th July, one child was said to be 'snuffly'—none of the other children showed any signs whatever of respiratory infection. This confused picture of the findings in relation to cot deaths only confirms the varying reports in the literature of the different postmortem appearances.

The number of deaths ascribed to immaturity rose from ten in 1965 to twenty-two in 1966. The birth weights of these children, together with the 1965 figures, are set out below:—

	1lb. —	2lb.—	3lb.+	4lb.—5lb.
1966	4	11	3	4
1965	4	9	3	2

It would appear that the method of coding accounts for the variation in these figures; only ten deaths in 1965 were actually coded to immaturity—the remainder were ascribed to post natal asphyxia or other respiratory diseases which was in fact usually the respiratory disease syndrome.

The total increase in deaths of children under one year of age in 1966 is therefore attributable to respiratory disease, of which there were five more in 1966 than 1965, three more cases were due to birth injury, two to accident and twelve more to immaturity. On the other hand there were three less cases of post natal asphyxia. These figures account for nineteen out of the twenty-one deaths in 1966 in excess of those deaths which occurred in 1965.

INFANT MORTALITY 1966

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
	Meningococcal infections	-	-	-	-	-	-	-	-	-
Other infective	-	-	-	-	-	-	-	-	-	-
Pneumonia	4	-	-	1	5	4	3	-	-	12
Bronchitis	-	-	-	-	-	1	3	-	-	4
Other respiratory	2	-	-	-	2	1	-	-	1	4
Gastritis, enteritis and diarrhoea ..	-	1	-	-	1	-	1	-	-	2
Congenital malformations	5	1	1	1	8	2	1	-	-	11
Injury at birth	8	-	-	-	8	-	-	-	-	8
Post-natal asphyxia and atelectasis ..	2	-	-	-	2	-	-	-	-	2
Immaturity	21	1	-	-	22	-	-	-	-	22
Other causes	6	-	-	1	7	1	2	1	-	11
Accidents	-	-	-	-	-	-	3	1	-	4
Homicide	-	-	-	-	-	-	-	-	-	-
TOTALS	48	3	1	3	55	9	13	2	1	80
Previous Year (1965)	33	-	1	-	34	8	7	7	4	60

MOTHERCRAFT AND PARENTCRAFT CLASSES

Mothercraft classes were held at the following four centres: Prince Albert Road, Eastney; Clive Road, Fratton; Northern Road, Cosham; Northern Parade, Hilsea from September. Three sessions were held in the afternoon, and two in the evening for working mothers. All classes included instruction in relaxation given by midwives especially trained for the purpose.

One parentcraft class was held at Clive Road Clinic in the evening; the husbands formed a discussion group while their wives were attending the relaxation session, and in this way many queries were dealt with which would otherwise not have been brought to light.

The programme was revised in September 1966 to provide a set course of eight lectures covering all aspects of preparation for motherhood and early child development. Midwives and health visitors took the majority of the lectures but the last one on family planning was optional and given by one of the staff of the local Family Planning Clinic. This proved to be one of the best attended lectures; both parents and staff benefited from the up-to-date factual information made available to them.

All sessions were markedly better attended when the new programme was instituted and by the end of the year it was realised a further parentcraft session would have to be provided in 1967.

NURSING HOMES

Routine inspections of all nursing homes registered under the Nursing Homes Act 1963 were performed by a medical officer of the department. At the beginning of the year there were thirteen registered nursing homes, of which eleven were geriatric and acute medical and the other two were maternity nursing homes. During the year two registrations were cancelled. The general standard was found to be satisfactory.

NURSERIES AND CHILD-MINDERS REGULATION ACT 1948

During 1966 there was a steady increase in the provision of pre-school places registered under the Nurseries and Child-Minders Regulation Act 1948. There were 14 new registrations during the year and the number of registered premises increased from 48—56, there being six cancellations. This increased the number of places for children from 795—967; of these 56 premises, 28 were part-time playgroups, 5 being run jointly by the Save the Children Fund and the local authority. Four new playgroups were registered in 1966.

School girls in their final year at the Secondary Modern Schools in this City attended the playgroups as part of their practical training in the Mothercraft courses provided at the schools.

There has been an increasing demand from the public for the provision of play facilities for young children, especially in areas of high density housing. Most of the playgroups admit a small percentage of physically and emotionally handicapped children, usually on the health visitor's recommendation and frequently free of charge. The strain on the mothers of these children has thus been considerably eased.

Twenty-eight of the registrations were private day nurseries and child-minders, there being ten new registrations during the year. These premises cater largely for the children of working mothers and they reflect the continued increase in the number of mothers who are going out to work.

Full inspections were made by a medical officer of this department and because of the increase in the work load, one of the Group Advisor Health Visitors assisted with the routine inspections. The overall general standard of these private day nurseries, playgroups and child-minders was found to be good but during 1966 the registration of one private day nursery was withdrawn.

LOCAL AUTHORITY DAY NURSERIES

During the year 68 children were admitted to Twyford Avenue and St. Peter's Day Nurseries and the average daily attendance at the two nurseries was 62.49 children. These were primarily the children of mothers who have to work as they are the main wage earners of their families. The policy was however continued of admitting children who were either mentally, physically or socially handicapped. Regrettably there continued to be a long waiting list for places in both nurseries.

The Health Department provided training for students taking N.N.E.B. examination through the course organised by the Education Department in conjunction with this department and the Children's Department. Routine medical examinations were made in the local authority day nurseries and also in the Cottage Homes Residential Nursery by medical officers of this department.

CHILD WELFARE CENTRES

Eighteen child welfare sessions are held weekly. In September, 1966, the Northern Parade Health Advisory Centre was opened and took over the work done till then at St. Francis Church Hall on Monday afternoons and an extra session was started on Friday afternoons for the benefit of the mothers in this area. The new premises have been much appreciated by both mothers and the staff as affording new privacy for interviewing.

Medical Officers attended thirteen sessions weekly. There is one full time medical officer available throughout the week assisted by two medical officers who were appointed during the year—50% School Health Service and 50% Health Department. The remaining sessions are still manned by local medical practitioners on a sessional basis in order to provide an adequate service.

The full time Medical Officer attended a six weeks course in May and June in developmental paediatrics and special sessions were set aside for developmental assessments. Owing to the pressure of work this has not been fully implemented.

The numbers attending the child welfare sessions continue to be high which proves that the sessions are providing a necessary and much valued service.

MATERNITY AND CHILD WELFARE STATISTICS

CHILD WELFARE CENTRES

	<i>Total Attendances</i>	<i>New Cases</i>	<i>Seen by Medical Officers</i>
Fratton (two afternoons a week)	7,591	625	782
Hilsea (two afternoons a week)	3,368	281	263
Epworth Road (two afternoons a week) ..	8,525	387	623
Drayton (one afternoon a week)	4,633	214	—
Eastney (two afternoons a week)	7,432	593	974
Silver Street (one afternoon a week) ..	3,865	310	201
Portsea (one afternoon a week)	2,850	161	354
Twyford Avenue (two afternoons a week) ..	6,622	362	446
Tangier Road (one afternoon a week) ..	3,468	156	372
Cosham (one afternoon a week)	4,419	281	281
Falmouth Road (one afternoon a week) ..	2,147	182	284
Hempsted Road (one afternoon a week) ..	3,377	154	315
TOTALS	58,297	3,706	4,895
TOTALS FOR 1965	65,907	3,883	5,483

DAY NURSERIES

The following are the statistics relating to the two day nurseries:—

	<i>Admissions</i>	<i>No. on register at 31-12-66</i>	<i>No. awaiting admission at 31-12-66</i>
ST. PETER'S DAY NURSERY (Complement 35)	37	42	} 42
TWYFORD AVENUE DAY NURSERY (Complement 35)	31	40	
	68	82	

REPORT ON DENTAL HEALTH EDUCATION AT PRE-NATAL AND WELFARE CLINICS

Pre-Natal Clinics:

Attendance:

At Clive Road	—weekly
Eastney	— ”
Falmouth Road	—monthly (due to small numbers)
Portsea	—Nil (Few patients)
Cosham	—Nil (lack of accommodation and co-operation)

In Pre-Natal clinics, dental health education is for the benefit of the mother and the expected child (any other children that mothers may already have are included). Arrangements are made for mothers to receive any necessary dental treatment at our clinics if they do not regularly attend a dentist in the General Dental Services (as far as can be accurately ascertained by probing questions). Approximately 44% of those in need of treatment are sent appointments to attend at school clinics. The remainder undertake to attend their own practitioner.

COSHAM

There is some difficulty here. As there is a dental officer on the premises attempts were made for the patients to be sent direct to the surgery for interview and examination, but practically no-one attended for this purpose.

A room was then sought in the Pre-Natal clinic, but there are accommodation difficulties. Nevertheless, we feel that this could be overcome. Measures could be taken to ensure that patients attended the surgery which, after all, is on the premises. If dental examination and advice was an integral part of Maternity and Child Welfare procedures, this problem would not arise.

PORTSEA

The patients at this clinic are generally not very receptive to the need for advice on dental matters, or for having their teeth put in order. We think that there is a need for these patients to be given advice and for arrangements to be made for them to receive dental treatment. This has been deferred until dental examination and advice has become a routine requirement in Maternity and Child Welfare procedure.

Welfare Clinics:

Attendance:

At Epworth Road	—every 2 months
Eastney	— ” ” ”
Cosham	— ” ” ”
Clive Road	— ” ” ”
Drayton	— ” ” ”
Twyford Avenue	— ” ” ”
Tangier Road	— ” ” ”
Northern Parade	— ” ” ”
Portsea	—not attended at all
Hempsted Road	— ” ” ” ”

MATERNITY AND CHILD WELFARE SERVICES
PRE-NATAL CLINICS—FOR THE YEAR 1966

PRE-NATAL CLINICS	1 No. of Visits	2 No. of Children Examd.	3 Ave. No. per Visit	4 No. of Mothers advised and Examined	5 Ave. No. per Visit	6 Total No. seen	7 Ave. No. seen per Visit	8 Referred to Private Practitioner	9 Referred to L.A.D.S.
Clive Road .. (weekly)	50	58	1	498	10	556	11	94	127
Eastney .. (weekly)	50	45	1	305	7	350	8	67	62
Falmouth Road .. (now monthly)	29	35	1	126	4	161	6	26	36
TOTALS ..	129	138	1	930	7	1,067	8	187	235

In Pre-Natal Clinics, children as well as mothers are referred, hence columns 8 and 9 refer to children and their parents. The number of patients referred for treatment was 39% of those seen (column 6) and of these, 44% (column 9) were referred to the Local Authority Dental Service.

WELFARE CLINICS—FOR THE YEAR 1966

WELFARE CLINICS	1 Visits to Clinic during Year	2 Mothers advised and D.H.E.	3 Ave. No. per visit	4 Children Examd.	5 Ave. No. per visit	6 Totals seen (2+4)	7 Ave. No. seen per visit	8 Referred to		9
								Private Practitioner	L.A.D.S.	
Epworth Road ..	7	94	13	41	6	135	19	8	9	
Cosham ..	5	42	9	10	2	52	10	1	4	
Clive Road ..	6	53	9	27	5	80	13	1	8	
Hempsted Road ..	4	17	4	12	3	29	7	1	4	
Drayton ..	3	21	7	11	4	32	10	1	3	
Twyford Ave. ..	5	54	11	34	7	88	18	4	10	
Tangier Road ..	4	43	11	36	9	79	20	2	12	
Northern Parade ..	1	9	9	9	9	18	18	2	1	
TOTALS ..	35	333	9	180	6	513	14	20	51	

In Welfare Clinics, children only are referred (not parents as well, as in the Pre-Natal Clinics), hence columns 8 and 9 show that 50% of the children seen (column 4) were referred for treatment and of these, 56% (column 9) were referred to the Local Authority Dental Service.

At Welfare Clinics, dental health education is primarily for the benefit of the children. Children are examined where appropriate and the need to take them to the dentist at least by three years of age is stressed. The parents of children under one year of age are not generally contacted as there is a difficulty in getting them interested. Parents tend not to bring their children to us for advice until they are $2\frac{1}{2}$ to 3 years of age, whereas we would like to see the parents of 12 months old and younger children in order to stress prevention of dental decay rather than treatment. Attempts have been made to talk to parents in groups of six, but without much success, as the Health Visitors find difficulty in getting parents together; we fully appreciate that this is a difficult problem which can only be overcome by the continued efforts and enthusiasm of the Health Visitors. As has been stressed elsewhere, Health Visitors are the backbone of health education.

HEMPSTED ROAD AND PORTSEA

These are two clinics where the calibre of the patients is such that health education is a little beyond them. This and the number involved have led to a decision not to attend these clinics. This does not mean that they should not be attempted if sufficient time and enthusiasm were available.

NORTHERN PARADE

The enthusiasm of Dr. Stewart, Mr. French, Miss Thomas and other staff and a new clinic have led to a considerable increase in the amount of Maternity and Child Welfare dental treatment. Patients are referred directly to the dental officer, Mr. French. Dental health education talks are now to be given monthly to the parents of very young children where the accent is on prevention.

General Comments:

Mr. Allmark is responsible for health education at all M. & C.W. Clinics, and he has put in a lot of hard work to get it on a proper footing. Health education can be a rather thankless task with no immediate visible results and he is to be congratulated on his perseverance.

A great deal of help has come from the medical officers at the various clinics and especially from the Health Visitors and midwives, without whose support the work could not be carried out.

After a slow start with organisational problems and some lack of appreciation with what was required and involved, the routine is now well established and most of the clinics are now covered. (The exceptions are indicated above.) Miss Learmont kindly arranged for the Chief Dental Officer and Mr. Allmark to give a talk to the health visitors who proved a most attentive audience. This gave us an opportunity to 'put over' our case and to explain what we were trying to achieve.

Whilst most health visitors and midwives have been helpful, it is quite apparent that in general the 'over forty-five's' are much less interested in dental health than the under 'forty-five's', and this is reflected in the enthusiasm and support at the clinics concerned.

In conclusion, I think that the time has arrived when dental inspections should be a regular and definite part of medical examinations and should be included on the M. & C.W. record Card No. 7; at the moment, examinations are only carried out where possible and with limited facilities, but in fact if dental health is important to the expectant mother, then it follows that each of them should receive a proper examination. A report can then be made for future reference.

Mr. Allmark has the following comments to make:

Parents:

Because of the widespread 'fear of dentistry' among both adults and children, the personal touch is very necessary. Exhortations to have dental treatment or painting dentistry in a rosy light seldom has much effect, and a more practical approach has to be substituted—especially is this so with adults.

Recently with adults we have adopted a system whereby the patient is promised no more than a dental examination and an explanation of what is required for dental fitness in her case. The implication is at the first visit she can have a look round to see what's what and who is going to do what and 'thus take stock.' This goes a long way to mitigate the fear of dental procedures. This method is applied to those who would otherwise never attend a dentist even if an appointment was made for them.

Children:

The real way to reduce 'fear of the dentist' is to 'not let it start'. This concerns for practical purposes only children. It is realised that a young child will rarely take kindly to extractions and large fillings at an early age. Unfortunately, in England, the degree of dental caries is such that this type of work becomes necessary at an early age.

However, under modern conditions of dentistry, a child is usually quite happy to undergo small fillings.

There is, therefore, a great need to urge parents to take children to the dentist regularly from an early age; not because they have bad teeth but *before* they have bad teeth, in order that the required treatment when it occurs will be in the nature of small fillings.

Because dental decay is prevalent at an early age, we have taken 'three years of age' as the time that children should first attend for dental examinations.

The purpose of the visit of the dental department to Pre-Natal Clinics and to Welfare Clinics is, therefore, to put to the parents the need for measures to reduce dental decay (this is kept to a simple minimum sufficient to obtain results) together with advice on the prevention of the fear of the dentist.

It is thought that simple measures like this within the understanding and ability of the patient may well help to breakdown the apathy about dental care (which is probably the single major cause of dental decay, the practical aspect of the restriction of sweets and visits to the dentist regularly from three years of age.

HEALTH VISITING

The total number of health visitors on the staff at the end of the year was thirty-five full-time and one part-time. There were eleven school nurses and two trained nurses engaged on tuberculosis work and another four trained nurses on geriatric work and miscellaneous duties.

It was with great regret that we said goodbye to Miss E. M. Bussby, who had been Superintendent Health Visitor/School Nurse in Portsmouth for thirteen years, on her appointment as District Nursing Officer for the Queen's Institute of District Nursing.

During the year four trained nurses were recruited and given in-service training in domiciliary geriatric visiting. Each nurse is working with a group of health visitors and is responsible for the regular routine visiting of the elderly in the areas covered. They are also available for other duties as required and two of them have very successfully taken part in the whooping cough survey being conducted by the Medical Research Council, thus conserving health visiting time. The number of visits paid to elderly people during 1966 rose by 2,404 visits to a total of 9,999. In October, Mrs. Botting, Deputy Superintendent Health Visitor, started direct ward liaison with the consultants, sisters and medico-social workers in the geriatric wards at Saint Mary's Hospital. This has been an unqualified success and benefited the patient as well as hospital and domiciliary staff.

With the easing of the load on the geriatric side, it has been possible to extend the general practitioner liaison scheme to cover two additional group practices. This is a service much appreciated and resulting in requests for complete health visitor attachment.

A fourth mothers' club has been opened at Clive Road Clinic and is meeting a need in that area for Health Education and the promotion of friendship among isolated young mothers, as well as organised play facilities for the small children. Senior girls from Kingston Modern School, as part of a citizenship and mothercraft course, assist in the care of the children for which we are very grateful.

In October, Northern Parade Health Advisory Centre was opened and three health visitors and a public health nurse are now based there, which has been much appreciated by the mothers and elderly people in that part of the city.

The department continues to be actively engaged in the training of student health visitors and five students completed their training in July and joined the staff. A further four students started at Southampton University in September. In addition to student health visitor training it is worth noting that a total of 160 students received instruction from the health visiting staff during the year, which, although interesting and enjoyable, does add to their duties considerably.

HOME HELP SERVICE

This has been a particularly difficult year for the Home Help Service, in view of the financial restrictions imposed upon it, and during the first quarter at least, only cases of an urgent nature were recommended for help.

In order to keep within the financial estimates, but at the same time provide the maximum number of cases with assistance, it was necessary to reduce the amount of help given to a large proportion of existing cases. The Home Helps' case loads were organised to ensure the most economical use of their working hours.

All cases receiving assistance were carefully selected and 1,879 home visits were made during the year by the Home Help Organiser and Assistant Organiser, to ascertain that the work was being carried out in a satisfactory manner. During the year 124 Home Helps have been appointed.

Number of home helps	195
Number of maternity cases	67
Number of tuberculosis cases	8
Number of chronic cases (aged and infirm)	1,926
Number of temporary cases	94
Hours for maternity cases	1,997½
Hours home helps were employed	248,063¾ (248,062)

PORTSMOUTH VICTORIA NURSING ASSOCIATION

Report on the Work of the Association for the Year Ended 31st December 1966

The demand for skilled nursing care and attention continued throughout 1966, and the emphasis remained on the over 65 age group. The following figures are of interest:—

	1966	1965
Total number of patients nursed	4,310	4,564
Total number of visits	118,396	127,144
Average nursing staff	42	46
Average hours worked per week	42	42½

The substantial reduction in the number of visits is principally due to more modern methods of treatment taking the place of injections, as for example in the case of diabetics.

The staffing situation, critical in 1965, improved during 1966 and more Auxiliaries were employed. Six students qualified during the year for the Queen's Roll. An increasing number of nurses make use of their own cars for duty, and with the easing of the staff situation it has been possible to arrange fixed off-duty periods, which have been popular with the married nurses who now comprise almost 90% of the total staff.

Considerable administrative difficulties arose on the closure of Beddow House in November following the retirement of Miss Cunliffe, the Superintendent, and her deputy, Miss Petts. Miss Looker assumed responsibility for both Radnor and Beddow staff and the administration of the service throughout the City came under the control of the Radnor Superintendent and her assistants. This situation has been well accepted by the nurses and has proved a successful and economical working arrangement. Beddow House was closed as a residential home and is now used as a day centre for the work in the northern area.

Supplies of nursing aids from the Health Department were established on a more satisfactory basis and this allowed the Association's stocks to be used in the case of emergencies outside office hours. A much needed laundry service also became more firmly established, and this is of great comfort to patients and relatives in cases of terminal illness.

Most patients are referred by General Practitioners and there is an increasing number of patients from local hospitals requiring surgical dressings together with skilled nursing care, which the Sisters are more able to give now that they are relieved of non-nursing duties. It is to be hoped that the availability to District Nurses of pre-sterilised dressings and disposable forceps will not be too long delayed: the laborious and antiquated methods still in use are much in need of reform.

**PORTSMOUTH VICTORIA NURSING ASSOCIATION
STATISTICS FOR 1966**

				1966	1965
No. of nurses employed for visiting (average)				42	38
Maximum in any one month				46	40
Minimum in any one month				39	33
Supervisory staff				5	6

				CASES		VISITS	
				1966	1965	1966	1965
Pre-school				145	157	1,082	1,159
School				60	118	610	1,135
Over 65				2,737	2,820	86,593	92,782
Others				1,368	1,469	30,111	32,068
TOTAL				4,310	4,564	118,396	127,144

VACCINATION AND IMMUNISATION

Smallpox Vaccination

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

	1966			1965		
	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>
Health Department	926	1,963	2,889	707	339	1,046
Practitioners	1,790	429	2,219	1,773	203	1,976
	<u>2,716</u>	<u>2,392</u>	<u>5,108</u>	<u>2,480</u>	<u>542</u>	<u>3,022</u>

In accordance with the Ministry of Health's recommendation, children are vaccinated in the second year of life, except for a few younger children who are going abroad with parents and who require international certificates.

The parents of those children who have reached the age of 13 months and for whom we have no record card are sent a letter encouraging them to have their children vaccinated at a child welfare clinic or by the general practitioner.

1,665 (315) international certificates were completed at our own Vaccination Clinic and 5,860 were brought to the Vaccination Office for counter-signing.

In the early part of the year, as there were several cases of smallpox in the Midlands and Wales, it was necessary for travellers from this country to have International Certificates of Smallpox Vaccination for entry into some European Countries.

Vaccination can be obtained at all of the child welfare clinics, at the Vaccination Clinic, St. Mary's General Hospital, East Wing, and from general practitioners.

Diphtheria Immunisation

Immunisation can be obtained at all child welfare clinics, the Vaccination Clinic, St. Mary's General Hospital, East Wing, and general practitioners.

Primary immunisations with triple vaccine are carried out from the age of four months. On the completion of the course of immunisation with three inoculations, the parent is given a record card indicating that triple vaccine has been used, and is told to produce the record card in the event of the child having an accident or injury which might require anti-tetanic treatment.

Booster doses of triple vaccine are given to infants when they reach the age of 18 months and reminders are sent to parents asking them to attend at the clinic for this purpose. The record cards for the immunisations which have been completed by the general practitioners are returned to them in order that they may give the booster doses to their own patients.

1,778 of these booster doses were given during 1966 by general practitioners and at child welfare clinics.

School children are immunised with combined (diphtheria and tetanus) vaccine for primary immunisations. After the second inoculation a record card is posted to each parent with the advice that a third dose of tetanus toxoid should be given in six months time. Third doses of tetanus toxoid are not given in schools. Diphtheria (T.A.F.) or combined diphtheria and tetanus vaccine is used for supplementary immunisation depending on whether the child has had triple or combined vaccine for primary immunisation. These supplementary immunisations are given at the ages of five, nine and thirteen years in the schools.

The following table indicates the work done during the past ten years:—

<i>Year</i>	<i>Completed course</i>	<i>'Booster' doses</i>	<i>Cases of diphtheria admitted to hospital</i>	<i>Deaths from diphtheria</i>
1957	2,967	7,502	—	—
1958	3,040	8,132	—	—
1959	3,245	8,263	—	—
1960	3,856	6,916	—	—
1961	4,364	9,629	—	—
1962	3,728	8,462	—	—
1963	3,741	8,400	—	—
1964	3,758	6,486	—	—
1965	3,654	7,954	—	—
1966	3,594	6,849	—	—

Six-monthly visits to Council schools continued and as the children became due for immunisation lists were sent to the head teachers.

The help given by the head teachers has again been excellent.

Four private schools were also visited for diphtheria immunisation.

There were no cases of diphtheria notified within the City during the year.

The last case of diphtheria notified within the City was in 1965.

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

	1966	1965
Clinics	35.7	33.6
Schools	0.0	0.7
Nurseries	0.4	0.6
Private Practitioners	63.9	65.1

Number of children who received the completed course:—

	1966	1965
Under five years	3,253	3,334
Five to fifteen years	341	318
Over fifteen	—	2
	3,594	3,654
Supplementary doses given to school age children	6,849	7,954
	10,443	11,608

The number of children primarily immunised since the inception of the scheme in 1935 is 122,229.

Sterilisation of Syringes

Disposable syringes and needles are used for all types of inoculations.

One State Entrolled Assisant Nurse is employed part-time for syringe filling and the other part of her time is spent in dealing with verminous persons at the branch school clinics and in the home, and visiting old people.

Reactions

Out of 1,111 children immunised with triple vaccine in the child welfare clinics and nurseries, 74 were known to have had reactions. These were mild or moderate. There were no severe reactions.

Anti-histamine tablets have been used with success in the anticipation and prevention of reactions.

Whooping Cough (Pertussis) Immunisation

Immunisations were carried out with triple vaccine in all cases, except for a very few in which quadruple vaccine was used by a general practitioner.

61 cases of whooping cough, compared with 60 cases for 1965 were notified by the general practitioners. Of the 61 cases fifteen had been previously immunised as follows:—three had been immunised in 1966, three in 1965, two in 1964, two in 1963, three in 1962, one in 1960 and one in 1959. For the remainder, no record of previous immunisation could be found.

STATISTICS RELATING TO PERTUSSIS IMMUNISATION

	1966	1965
Completed courses: Under five	3,253	3,334
Five to fifteen	44	61
Over fifteen	—	2
	<hr/> 3,297	<hr/> 3,397

During the year the Public Health Laboratory Service commenced its investigation into the diagnosis of Whooping Cough, Portsmouth being one of the towns selected for the Survey.

Cholera, Typhoid, Tetanus and Typhus

484 (421) individuals were vaccinated for one or more of the above diseases.

The actual numbers were:—

	1966	1965
Cholera	128	108
Cholera-typhoid	113	79
Typhoid and para-typhoid	128	174
*Tetanus toxoid	112	59
Tetanus-typhoid	2	—
Typhus	1	1
	<hr/> 484	<hr/> 421

241 (187) international certificates of cholera were issued.

*This figure includes 83 members of the Fire Brigade who were given two doses of vaccine in 1966 and will be given a third dose in 1967.

B.C.G. Vaccination of 13-year-old School Children

The annual visits to the Local Education Authority's schools were arranged during the winter months to avoid doing vaccinations in the summer.

The Deputy Superintendent Health Visitor visited the schools, by appointment, and applied the 'Heaf' test. The Medical Officer-in-Charge of Immunisation visited seven days later to read the results of the tests and to vaccinate the negative reactors.

The acceptance rate amongst the 13-year-old school children in the Local Authority's schools was 94.3% compared with 95.7% in 1965. This level can be considered as most satisfactory.

STATISTICS RELATING TO B.C.G. VACCINATION

L.E.A. SCHOOLS

Year	No. of schools visited	Forms sent out	No. of acceptances	No. tested	Already attending Chest Clinic	Negative reactors (vaccinated)	Positive reactors (X-rayed)
1966	28	2,339	2,206 (94.3%)	2,016	9	1,607 (88.7%)	205 (11.3%)
1965	21	1,613	1,545 (95.7%)	1,639	16	1,351 (89.6%)	157 (10.4%)

NON-L.E.A. SCHOOLS

Name of School	No. Tested	Negative Reactors (vaccinated)	Positive Reactors (X-rayed)	Percentage Positive
Portsmouth Grammar	86	60	9	13
Mile End House	52	44	5	10
Walker's College	9	8	—	—
Portsmouth High	68	57	4	7
Esplanade House	10	10	—	—
St. John's College	329	266	48	15

The children who were either absent from school for 'Heaf' testing or vaccination, and who would have left school by 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.

OTHER ESTABLISHMENTS VISITED

Establishment	No. Tested	Negative Reactors (vaccinated)	Positive Reactors (X-rayed)	Percentage Positive
Langstone House				
Junior Training Centre	22	12	9	40
College of Education	18	14	4	20

Poliomyelitis Vaccination

Vaccination is available to persons over the age of four months and can be had at all child welfare clinics, the Vaccination Clinic, St. Mary's General Hospital, East Wing, and general practitioners.

Expectant mothers are offered vaccination when attending for examination at the pre-natal clinics.

Children who missed vaccination at infancy are offered it at school entry. These vaccinations are done by a nurse at the schools.

Fourth doses of vaccine, which are given to children between the ages of five to sixteen years, are not given in the schools. These doses can be obtained at any child welfare clinic or at the general practitioners, according to where the initial vaccination was done. As children become due for fourth doses the record cards are returned to the general practitioners who did the original vaccination and reminders are sent for those done in the child welfare centres.

Primary courses of vaccination are given concurrently with the primary courses of triple vaccine. Only oral vaccine is used.

ANNUAL STATISTICS 1966

Completed Primary Courses—Number of persons under age 16.

<i>Vaccine given</i>	<i>Year of Birth of Persons Vaccinated</i>						<i>Total</i>
	1966	1965	1964	1963	1959-62	<i>Others under age 16</i>	
Sabin-oral	631	2,063	205	72	982	272	4,225
Quadruple	37	42	11	4	2	—	96
TOTALS ..	668	2,105	216	76	984	272	4,321

Reinforcing Doses—Number of persons under age 16.

<i>Vaccine given</i>	<i>Year of Birth of Persons Vaccinated</i>						<i>Total</i>
	1966	1965	1964	1963	1959-62	<i>Others under age 16</i>	
Sabin-oral	—	—	1	1	1,562	38	1,602
Quadruple	—	—	1	3	5	—	9
TOTALS ..	—	—	2	4	1,567	38	1,611

Distribution of Poliomyelitis Vaccine

Vaccine is supplied, on application, to general practitioners at the Vaccination Clinic, St. Mary's General Hospital, East Wing. In addition Mr. R. G. Tremlett, Pharmacist, has been most helpful in the distribution of vaccine which he delivers, free of charge, to many of the general practitioners.

There were no cases of poliomyelitis notified within the City during the year.

Measles Vaccination

No general vaccination Campaign has been started up to date, but parents anxious for their children to be vaccinated are advised to consult their general practitioners.

AMBULANCE SERVICE

EMERGENCY SERVICE

The total number of '999' calls during this year was 4,131. In comparison with the previous year, this was an increase of 6.9% and shows a fairly steep upward trend in this aspect of ambulance service; in comparison with five years ago, calls increased by approximately 28%, and in comparison with ten years ago, they increased by about 65%.

Again this year, about 10% of the calls were to incidents that occurred wherein there were no casualties, or the people involved refused treatment. To some degree, this type of call continues to demonstrate public awareness of the need for quick action when accidents occur, but there were also instances of delay in calling an ambulance to incidents with casualties.

There were 55 malicious calls during the year, an increase of 4% in comparison with the previous year.

Generally the public showed responsibility in making emergency calls, but again there were instances of calling an ambulance for trivial injuries.

There were 3,919 emergency call cases conveyed during the year, an increase of 7.7% in comparison with last year, a fairly steep increase for this category of patient. In comparison with five years ago, the increase was 27%; in comparison with ten years ago it was a 71% increase.

The number of cases suffering injury due to road accidents was 1,098, an increase of 51 cases. July had the highest number of cases and January the lowest. The highest number in one day was 19, the highest number from one accident was 9. Road accident casualties were 28% of all emergency call cases.

People suffering injury from causes other than road accidents numbered 1,287, which was 168 more than the previous year. The highest number occurred in August, the lowest in February and December. The highest number in one day was 17 (20th January), most of these were falls due to slipping on ice. Injury from causes other than road accidents was 32.9%.

There were 1,200 cases of sudden illness, an increase of 36 compared with last year. July had the highest number and March the lowest. The highest number in one day was 9. Sudden illness was 30.7% of emergency cases.

Emergency maternity and gynaecological cases were 88, an increase of 22 compared with the previous year. September had the highest figure, whilst March and November had the lowest. The highest number in one day was 2. These cases were 2.2% of emergencies.

Overdoses of pills numbered 160, an increase of 11. August had the greatest number, January and February the lowest. The highest number in a day was 3. Overdoses were 4.1% of emergencies.

There were 41 cases of coal gas poisoning, an increase of 9 in comparison with last year. November had the highest figure, September the lowest. The highest number in one day was 3. These cases were 1% of emergencies.

There were 37 persons who suffered burns and scalds, a decrease of 12 compared with the previous year. April had the highest number, July had no cases. Burns and scalds were 0.9% of emergencies.

There were 8 cases of drowning during the year, 3 less than last year. January—2; April—2; June, August, October and November—one each. Drowning cases were 0.2% of emergency call cases.

The upward trend in this aspect of ambulance service continued with a very appreciable increase this year, both in calls and cases conveyed. The

public would appear to be more conversant with the emergency call system than was the case a few years ago and they are also much more aware of the hospital treatment available as the result of making a '999' call.

August had the highest number of emergency call cases, February the lowest number, the busiest days being Fridays and Saturdays. The greater number of calls were generally received in the afternoons. The average time from the receipt of a call to arrival at an incident was 6.0 minutes and the average time from call to arrival at hospital was 16.6 minutes.

The youngest emergency call case dealt with was 3 days old and the oldest was 95 years.

GENERAL SERVICE

Patients, other than emergency call cases, conveyed by the directly provided service totalled 97,349, an increase of 4.7% in comparison with the previous year. These comprised of 31,031 cases requiring two men to handle them and 66,318 sitting cases.

There was a very slight increase in admissions in comparison with the previous year, the increase was mainly sitting case admissions.

Discharges decreased appreciably and this was due mainly to the Hampshire Ambulance Service undertaking to convey their Section 24 maternity cases. The decrease was mainly in stretcher cases.

Inter-hospital transfers decreased very appreciably this year, this decrease being in both stretcher and sitting cases.

Outpatients increased considerably in comparison with last year, both in stretcher and in sitting cases.

SUPPLEMENTARY SERVICES

The Voluntary Organisations continued to provide emergency ambulance cover during the summer week-ends at Clarence Pier (S.J.A.B.) and on Portsdown Hill (B.R.C.S.), as well as providing ambulance and first-aid cover at the various sporting events throughout the year. First-aid nurses of the Voluntary Organisations on duty along Southsea sea-front and at Hilsea Lido saved a considerable number of calls being made on the Ambulance Service.

The Hospital Car Service conveyed an increased number of patients during this year, about 40% more than in the previous year. All patients conveyed by them were to places outside the City, and whilst the majority were to places in S.E. Hants, there were a considerable number of distance journeys undertaken by the H.C.S. Some of the requests were at very short notice, but this Service met all demands made upon them. There was no break in the service provided throughout the year, and they accepted patient conveyance for any day of the week, including Bank Holidays.

Patients by train and boat decreased very slightly during this year, but patients conveyed by the Mental Welfare Officers increased very appreciably in comparison with the previous year.

GENERAL

In comparison with the previous year, the overall increase of patients conveyed was 5.1%; in comparison with five years ago the increase was 18%, and with ten years ago 44%.

Outpatients were by far the greater percentage of all patients conveyed and there were more outpatients this year than there were patients conveyed by the whole service ten years ago. Again, in this category of patient, there was an increase in the number requiring two men to handle them. The greatest number of abortive journeys occurred in the outpatient category, and the greater percentage of these was the fault of the patient and very few could be said to be the fault of the hospitals. Nevertheless, these abortive journeys absorbed time and mileage and when it occurred twice in the one week, transport for future treatment appointments for that patient was arbitrarily cancelled and not resumed until re-ordered through the consultant.

The main bulk of patient conveyance continued to be from 8 a.m. to 5 p.m. with peaks between 10 and 11 a.m. and again between 3 and 4 p.m. No one day could be said to be a peak day of the week, and except for Saturdays and Sundays, the number conveyed each day were at about the same level.

Generally, the Service was under pressure during the day and there were occasions when there was delay to patients, but very few complaints regarding delays were received.

The midwives rota continued to operate smoothly. The answering of enquiries from the public after office hours continued to operate fairly well considering the varied requests made by the public on subjects they considered were matters for the Health Department.

STATISTICS
WHOLE SERVICE
TABLE 'A'

Category	Directly Provided	Train and Boat	Supplementary			Totals	% of Total
			H.C.S.	V.O.	M.W.O.		
Accident and Emergency Admissions	3,919	—	—	No figures available	—	3,919	3·8%
Discharges	6,014	21	38		26	6,099	5·9%
Transfers	4,974	93	90		—	5,157	5·0%
Outpatients	12,387	56	327		20	12,790	12·5%
Others	71,257	132	470		—	71,859	70·1%
	2,717	—	—		—	2,717	2·7%
TOTAL	101,268	302	925		46	102,541	100%
Mileage	321,253	21,267	23,139		4,001	369,660	
Miles per patient	3·2	70·4	25·0		86·9	3·6	

EMERGENCY CALL PATIENTS

Directly Provided Service

TABLE 'B'

Month	Injured		Illness	Matty.	Over-doses	C.G.P.	Burns	Scalds	Drn.	Total
	Road Accidents	Other Causes								
Jan. ..	60	99	108	7	8	4	2	1	2	291
Feb. ..	67	75	96	6	8	4	1	—	—	257
Mar. ..	90	86	79	5	17	3	2	2	—	284
Apr. ..	80	95	92	4	13	2	5	1	2	288
May ..	96	118	108	10	15	3	3	1	—	294
June ..	101	142	101	10	18	3	3	—	1	379
July ..	117	115	123	8	15	—	—	—	—	378
Aug. ..	99	150	102	6	19	5	3	1	1	386
Sept. ..	87	124	97	13	12	1	1	—	—	335
Oct. ..	90	100	96	8	15	5	2	2	1	319
Nov. ..	110	108	84	5	10	7	2	1	1	328
Dec. ..	101	75	114	6	10	4	1	3	—	314
TOTAL ..	1,098	1,287	1,200	82	160	41	25	12	8	3,913

**REPORT OF THE CONSULTANT CHEST PHYSICIAN
FOR THE YEAR 1966**

The general level of tuberculosis infection in the City continues its slow decline, as will be seen by the accompanying figures of primary notifications during 1966.

The preponderance of new cases which do come to light in the older male age groups are commonly the occurrence at this stage of a breakdown in old-standing infection.

The number of deaths directly attributable to pulmonary tuberculosis is now such a small percentage of the whole that the death rate per 100,000 becomes rather a meaning less figure.

NOTIFICATIONS BY AGE GROUPS

Age Group			*NEW CASES				Grand Total	
	Respiratory		Non-Respiratory		Combined			
	Male	Female	Male	Female	Male	Female		
0—1	—	(—)	—	(—)	—	(—)	—	(—)
1—4	—	(4)	1	(—)	—	(1)	—	(5)
5—14	2	(3)	1	(5)	1	(1)	—	(9)
15—24	—	(8)	6	(2)	—	(—)	—	(10)
25—34	3	(3)	—	(3)	2	(1)	—	(8)
35—44	5	(8)	4	(2)	—	(—)	1	(10)
45—54	4	(9)	—	(2)	—	(—)	—	(11)
55—64	12	(4)	1	(1)	—	(—)	1	(5)
65 plus	4	(7)	4	(3)	—	(—)	1	(10)
TOTAL	30	(46)	17	(18)	3	(3)	3	(68)

*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 of 1965)

PRIMARY NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1960	86	18	104
1961	85	4	89
1962	82	2	84
1963	70	8	78
1964	65	7	72
1965	64	4	68
1966	47	6	53

CONTACTS

	1960	1961	1962	1963	1964	1965	1966
No. of new contacts examined ..	690	585	469	561	525	373	368
No. of contacts proved definite cases	5	6	2	10	10	10	4

DEATHS BY AGE GROUPS

Age Group	Respiratory		Non-Respiratory		Combined		Grand Total
	Male	Female	Male	Female	Male	Female	
0—1	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
1—4	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
5—14	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
15—24	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
25—34	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
35—44	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)
45—54	2 (2)	- (1)	- (-)	- (-)	2 (2)	- (1)	2 (3)
55—64	1 (2)	1 (-)	- (-)	- (-)	1 (2)	1 (-)	2 (2)
65 plus	2 (7)	1 (3)	- (-)	- (1)	2 (7)	1 (4)	3 (11)
TOTAL	5 (11)	2 (4)	- (-)	- (1)	5 (11)	2 (5)	7 (16)

Of the 7 deaths from respiratory tuberculosis, one case was not notified during life.
(Figures in brackets are those of 1965)

DEATHS

Year	Respiratory	Death Rate per 100,000 population	Non-respiratory	Death Rate per 100,000 population
1960 ..	17	7.8	4	1.8
1961 ..	14	6.1	2	0.9
1962 ..	11	4.6	1	0.4
1963 ..	15	6.6	2	0.9
1964 ..	6	2.7	1	0.4
1965 ..	15	6.6	1	0.4
1966 ..	7	3.2	—	—

NUMBER OF CASES ON REGISTER AS AT 31ST DECEMBER

	1960	1961	1962	1963	1964	1965	1966
RESPIRATORY	1,516	1,377	1,272	1,204	1,152	1,088	1,017
NON-RESPIRATORY	102	88	88	90	94	95	95
TOTAL	1,618	1,465	1,360	1,294	1,246	1,183	1,112

SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1966

Diagnosis	Respiratory			Non-Respiratory			Total			Grand Total
	Men	Wm.	Ch.	Men	Wm.	Ch.	Men	Wm.	Ch.	
A. (1) No. of definite cases of tuberculosis on register 1st January 1966 ..	653	386	49	47	40	8	700	426	57	1,183
(2) Transfers from other authorities ..	8	10	—	—	—	—	—	—	—	18
(3) Lost sight of cases returned during year ..	6	3	—	—	—	—	6	3	—	9
B. No. of new cases diagnosed as tuberculosis during 1966										
(1) Class A. (T.B. minus) ..	14	7	3	2	3	1	16	10	4	30
(2) Class B. (T.B. plus) ..	16	6	1	—	—	—	16	6	1	23
C. No. of cases included in A and B written off the Register during the year as:										
(1) Recovered ..	44	39	8	1	4	1	45	43	9	97
(2) Dead (all causes) ..	27	1	—	—	—	—	27	1	—	28
(3) Removed to other areas ..	13	7	2	—	—	—	13	7	2	22
(4) For other reasons ..	6	4	1	—	—	—	6	4	1	11
D. No. of definite cases of tuberculosis on Register 31st December 1966	612	365	40	48	39	8	660	404	48	1,112

MEDICAL SOCIAL WORKER'S REPORT 1966

As in 1965 statistics have not been kept during the year for patients who required straightforward information, but case-papers have been recorded for 300 patients all of whom presented complex problems. It is interesting to note that the proportion of tuberculous and non-tuberculous patients is the same as last year, i.e. 50% were suffering from pulmonary tuberculosis and the remainder from other chest diseases, including lung cancer.

Some of these were new patients, others have been known to the Social Work Department for many years and tend to come back for help and advice when there is trouble in the family.

The problems patients bring to the Department continue to be many and varied and demand both practical and supportive help.

Many commitments undertaken while there is good health and a good income become an intolerable burden when circumstances are reduced. Children, in particular, cannot stop wearing out or growing out of their clothes simply because there is no money to replace them and practical help has reduced these worries.

The more fortunate of our patients have been assisted in finding suitable employment when they are fit to return to work, but many are crippled by chest diseases, for example emphysema and chronic bronchitis, which preclude the eventuality of returning to normal, and they require long term care. A man used to activity and daily work finds it difficult to remain at home, and families, too, must re-organise to having an invalid and tempers and nerves are easily frayed. Often support and a sympathetic ear is all that is required. For others the problems are aggravated by financial worry brought by years of existing on a limited income. The Voluntary Care Committee and other organisations have been appealed to for grants to replace furniture, clothing and to maintain property, etc.

Some patients have been helped by the acquisition of wheel-chairs which have enabled them to be taken from the confinement of their own rooms. Referrals to other organisations have led to outings to lunch clubs, day-centres, etc., all of which help to fill an otherwise dull and sedentary existence.

For the patients suffering from lung cancer, grants have been obtained from the National Society for Cancer Relief to purchase special foods, a comfortable mattress, blankets, coal, etc. The night-sitter service proved a great boon to the wife of one of these patients who did not want to go into hospital and expressed a great desire to remain at home. Although his wife was elderly and a tuberculosis patient herself, she was able with the aid of this service and a Home Help to nurse her husband until the end.

The Art Therapist continues her advice and instruction to patients discharged from hospital and the Care Committee provides the materials for them to pursue their pastime which is therapeutic and often remunerative.

During the year holidays were arranged on doctors' recommendations for 28 families (50 individuals) and paid for by the Care Committee. Some went to relatives and friends, but 25 went to the Isle of Wight and 9 elderly patients joined a group of old people on a fortnight at Weston-Super-Mare, and from all accounts had a thoroughly enjoyable time.

Arrangements have been made for the care of patients to enable their partners to have a holiday and a break from the routine, so that they can return with renewed vigour. A constant watch on home circumstances often prevents a patient's frequent return to hospital.

Living conditions are of particular importance, and reports on unsatisfactory housing, together with medical recommendations, have promoted rehousing to more tolerable surroundings.

One patient, having been forced to leave his lodgings, was given a bed on the settee in the sitting room of a life-long friend. The friend was fully prepared to care for him but was unable to do so in these conditions. The patient could not find other lodgings and had he done so would have required the services of home help and frequent hospitalisation. The Housing Department were prevailed upon to rehouse the friend in ground-floor two bedroom accommodation and the Care Committee furnished the extra room, so that the patient is now living comfortably and getting every attention.

Lodgings for the single person are a great problem in a town geared for summer tourists. When advertisements do bring in replies, 'The Chest Clinic' seems to conjure up pictures of horror to prospective landladies, which are sometimes justified by the breathless, exhausted picture the patients present. For the elderly this problem is often resolved by the co-operation of the Welfare Department.

Students from the two year course, leading to the Certificate in Social Work, have continued their long-term placements in practical work here.

This work with the students is both stimulating and interesting, but teaching and supervision, as well as attendance at Supervisor's meetings, involve a considerable amount of time.

MASS RADIOGRAPHY—1966*Report of the Medical Director***ADMINISTRATION**

The role of the Units remains the same.

15A *Mobile Unit*. General Public and Industry throughout East Hants, West Sussex and Portsmouth. Examinations carried out 51,995 (45,049 in 1965).

15B *Mobile Unit*. General Practitioner referral sessions throughout East Hants, West Sussex and Portsmouth.
Out-Patient sessions at Portsmouth.
General Practitioner and Chest Clinic cases at Gosport War Memorial Hospital.
Combined number of examinations carried out 23,849 (21,914 in 1965).

15C *Static Unit*. Large films, when required, at base 48 (13 in 1965).

The Units are administered by the Wessex Regional Hospital Board although much of the work done is in the area of the South West Metropolitan Regional Hospital Board.

ATTENDANCE

75,893 individuals were X-rayed on all Units during 1966 and this is the largest number ever examined in any one year. This figure excludes 509 films taken for the Chest Physician at Gosport.

Of the total 23,611 (31%) had not been X-rayed before,
33,394 (44%) had been X-rayed within three years,
18,888 (25%) had been X-rayed more than three years previously.

CASES REFERRED BY GENERAL PRACTITIONERS

The total of 15,750 referred during the year is an increase of 1,520 over the previous year and once again the bulk of significant Tuberculosis was found in this group (23 out of 35) an incidence of 1.46 per 1,000. This service appears to be greatly appreciated by General Practitioners.

PULMONARY TUBERCULOSIS

Although the total number of examinees was the highest ever, the number of active cases of Pulmonary Tuberculosis found was the lowest ever (35) and 23 of these were found in the General Practitioner group. This means that from all other groups (60,136 examinees) only 12 active cases were found—an incidence of 0.2 per 1,000.

CARCINOMA OF THE BRONCHUS

The incidence (2.24 per 1,000) has not varied over the past four years and, therefore, it is not surprising, in view of the increased numbers examined, that the figure of 170 cases found is the highest ever recorded by this Unit. Of this total 140, or 82%, were referred by General Practitioners.

The incidence in Worthing and Shoreham shows a welcome reduction but is still high in Worthing and Bognor where the age-groups are higher.

Fewer cases were found in Portsmouth than in 1965 but the incidence is a little higher.

PORTSMOUTH

Out of a total of 23,230 examined in Portsmouth 10 active cases of Pulmonary Tuberculosis were diagnosed, giving the lowest ever incidence of 0.43 per 1,000, 37 cases of Carcinoma of the Bronchus gave an incidence of 1.59 per 1,000. Both these figures are below those for East Hants and West Sussex.

CONCLUSION

I am more convinced than ever that our future lies in selective X-ray examinations and particularly in the increased development of the General Practitioner service.

In my last report reference was made to the additional session instituted at Gosport to enable films to be taken for the Chest Physician and also to cater for the increased number of General Practitioner cases. This extra session is appreciated by General Practitioners and the Chest Physician for Gosport alike as well as by the Consultant Radiologist for the reduced load on his X-Ray Department. More use could be made of the service to ease the work of general radiological departments.

I wish to thank all the Chest Physicians concerned for their help in dealing with the cases referred to them and to the Medical Officers of Health for their continued co-operation.

I wish the Staff of the Units to know how much I appreciate their hard work and loyalty: work is done as much as 50 miles from base with the inconvenience this entails. The Regional Hospital Board have agreed to supply a new generator and I trust that this will reduce the noise element which has been a source of great irritation at least to the staff and some local authorities.

TOTAL NUMBER EXAMINED IN AGE GROUPS

TABLE I

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male ..	181	.24	232	.31	3,871	5.10	4,197	5.53	7,300	9.62	7,715	10.16	7,197	9.48	3,311	4.36	2,815	3.71	3,664	4.83	40,483	53.34
Female ..	118	.16	129	.17	4,629	6.10	3,906	5.15	5,993	7.90	6,614	8.71	5,967	7.86	2,479	3.27	2,124	2.80	3,451	4.54	35,410	46.66
TOTAL ..	299	.39	361	.48	8,500	11.20	8,103	10.68	13,293	17.52	14,329	18.88	13,164	17.35	5,790	7.63	4,939	6.51	7,115	9.36	75,893	100.00

ANALYSIS BY AGE—CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

(Rate per 1,000 in each group)

TABLE II

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		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	No.	per 1,000
Male ..	—	—	—	—	1	.26	—	—	1	.14	4	.52	7	.97	2	.60	4	1.42	1	.27	20	.49
Female ..	—	—	—	—	—	—	1	.26	3	.50	5	.76	2	.34	—	—	2	.94	2	.58	15	.42
TOTAL ..	—	—	—	—	1	.12	1	.12	4	.30	9	.63	9	.68	2	.35	6	1.20	3	.42	35	.46

TABLE III
ANALYSIS OF ABNORMAL FINDINGS

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:—	..	..	20	15	35	·46
	(a) Not infectious						
	(b) Infectious						
	(c) Not examined						
	(d) Domiciliary treatment						
	(e) Hospital treatment (0 only)	..	..	1	—	1	
	(ad)	..	..	5	4	9	
	(ae)	..	..	4	—	4	
	(bd)	..	..	2	2	4	
	(be)	..	..	8	9	17	
	(cd)	..	..	—	—	—
1.	Cases of Tuberculosis requiring occasional out-patient supervision only:—	..	..	160	119	279	3·68
SECTION B. NON-TUBERCULOUS CONDITIONS							
2.	Malignant Neoplasms:						
	(a) Primary carcinoma bronchus	..	..	150	20	170	2·24
	(b) Others	..	..	8	8	16	
3.	Non-Malignant Neoplasms	..	..	5	12	17	
4.	Lymphadenopathies—excluding sarcoids	..	..	2	3	5	
5.	Sarcoids—including enlarged hilar glands	..	..	12	14	26	
6.	Congenital cardiac abnormalities	..	..	4	2	6	
7.	Acquired cardiac abnormalities	..	..	45	38	83	
8.	Pneumoconiosis without P.M.F.	..	..	2	—	2	
9.	Pneumoconiosis with P.M.F.	..	..	3	—	3	
20.	Bacterial and virus infections of the lungs	..	..	93	71	164	
21.	Bronchiectasis	..	..	17	17	34	
22.	Pulmonary Fibrosis (Non-Tuberculous)	..	..	18	14	32	
23.	Spontaneous Pneumothorax	..	..	8	4	12	
24.	Abnormalities of the diaphragm and oesophagus	..	..	3	13	16	
25.	Pleural effusion (Non-Tuberculous)	..	..	13	4	17	

ORGANISED GROUPS
TABLE IV

	Code No.	NUMBER EXAMINED			NUMBERS SHOWING EVIDENCE OF SIGNIFICANT PULMONARY TUBERCULOSIS					
		Male	Female	TOTAL	Male		Female		Combined Total	Combined Incidence per 1,000
					No.	Incidence per 1,000	No.	Incidence per 1,000		
General Public	7	10,716	14,900	25,616	2	.19	2	.13	4	.16
Industrial Groups	6	18,504	11,269	29,773	3	.16	2	.18	5	.17
School Children—positive reactors	3v	220	95	315	—	—	—	—	—	—
General Practitioner referrals	2	8,407	7,350	15,757	12	1.43	11	1.50	23	1.46
Psychiatric Hospitals	9	644	738	1,382	1	1.55	—	—	1	.72
Contacts	4	62	62	124	1	16.13	—	—	1	8.06
Contacts of positive reactors	40	94	137	231	—	—	—	—	—	—
Out-patients—General Hospitals	0	912	840	1,752	—	—	—	—	—	—
Persons in Prisons, Borstals, etc.	6x	526	19	545	1	1.90	—	—	1	1.83
School Children	3	398	—	398	—	—	—	—	—	—
TOTALS		40,483	35,410	75,893	20	.49	15	.42	35	.46

PORTSMOUTH
 CASES OF SIGNIFICANT TUBERCULOSIS

TABLE V

Age Group	—14		14		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	111	73	31	20	1,523	1,433	1,626	1,332	2,623	1,425	2,732	1,630	2,790	1,675	1,271	545	1,028	323	634	405	14,369	8,861	
Number of active cases	-	-	-	-	-	-	-	1	-	-	2	2	1	-	2	-	2	-	-	-	-	7	3
Rate per 1,000 examined	-	-	-	-	-	-	.75	-	-	-	.73	1.23	.36	-	1.57	-	1.95	-	-	-	.49	.34	
Combined rate	-	-	-	.34	-	-	-	-	-	-	.92	.22	-	-	1.1	-	1.48	-	-	-	-	.43	

MENTAL HEALTH SERVICES, 1966

For convenience, the form of the Annual Report on the Mental Health Services is similar to that written last year.

1966 was a year in which severe financial stringency was applied during the summer and we were all conscious of the need to economise in our expenditure. Certain contingency plans made to meet the possibility of difficulty in obtaining work for those employed in Training Centres were put into effect and despite the small grant of 4% from Central Treasury Funds to Local Authority Health Services, the City Council agreed to the Health Department having 12% more money to spend in 1966 than in 1965.

Further recruitment to the Local Authority Services and re-organisation of the fieldwork staff together with secondment for training for Social Work Diploma Courses has resulted at the end of the year in a fieldwork staff of 10. Very considerable re-organisation in the Local psychiatric hospital (St. James') working towards the development of a Team System in 1967 progressed, and the Local Authority Services willingly co-operated in such important development towards the more efficient and rational application of psychiatric services in the City.

Langstone House Centres. Social work with the subnormals and severely subnormals in both the Junior and Adult Centres continued apace under the auspices of Miss W. E. Cornelius and Mr. C. D. Branchflower respectively. Concern is appropriate in the increased number of persons requiring special care and an extension of this Section of the Junior Centre must be considered in the near future.

The Social Club and a number of outings involving generous contributions from the Local Society for the Mentally Handicapped featured during the year.

Lacey Lodge. This Hostel with a variety of patients, both mentally ill and mentally subnormal, filled during the year and has been running most satisfactorily. The high standard of personal care given by the staff and the fact that the majority of residents were gainfully employed in the community, also that one third of their number were resettled during the year into residence in the community, must be considered a satisfactory approach to the complex problem of residential care for persons mentally disturbed and handicapped.

The staff situation remains satisfactory with adequate recruitment, although all of us have been conscious of difficulties occasioned by the financial freeze.

The problem of drug mis-use in the community became more apparent during the year and a major report on drug dependence was prepared towards the end of the year with much research on a local and national level, with a view to bringing this to the City Council's attention early in 1967.

STATISTICS FOR THE MENTAL HEALTH SECTION

Care of the Mentally Ill

Cases referred and admitted:	1966	1965
Section 5 (informal)	373	321
Section 25	81	82
Section 26	15	14
Section 29	98	116

Referrals:

General Practitioner	451	427
Hospital—after in-patient treatment ..	63	1
Hospital—after out-patient treatment ..	153	32
Local Education Authority	15	—
Police and Courts	78	61
Other sources	347	383
Total Referrals	1,107	904

Care of the Subnormal:

Subnormal	165	173
less than 16 years of age	26	27
Severely subnormal	110	130
less than 16 years of age	87	83
Guardianship cases	18	23
Resident in Home or Hostel at Local Authority expense	5	3
Boarded out at Local Authority expense ..	19	18
In attendance at the Day Training Centre	193	188
Receiving home teaching	14	14

The Mental Health Section made a successful move from the dreary premises of Russell Street to more appropriately situated and designed premises at Western Parade at Christmas.

SPECIAL TREATMENT CENTRES

Syphilis

The incidence of both early and late types has remained at about the same level as in recent years and represents approximately 65% of the predictable incidence, based on national figures, for a comparable population.

Gonorrhoea

The incidence of gonorrhoea has continued to rise in both sexes, the male figure of 232 having been exceeded only once, (279 in 1920), and the female being the highest recorded since the clinic opened in 1917, and at 107, approximately treble the average figure 1917—1959.

The ratio of male to female cases of gonorrhoea has fallen from 3.3/1 for the same period, to 1.9/1. This cannot be compared directly with the national ratio of 2.9/1 in view of the fact that a proportion of the locally acquired male infections are treated in R.N. Establishments. If these are included the ratio is 2.6/1 approximately.

These figures reflect the greater incidence of gonorrhoea in the female, possibly a greater awareness of the occult nature of the disease in the female, and the effect of more vigorous efforts to trace and treat female sources.

In relation to national figures for 1966, the figures for Portsmouth show that for a comparable population, female figures are 11% above and male figures 17% below. If the number of cases of locally acquired infection treated in R.N. Barracks is added the male figures are 297 which is 6% above the predicted incidence.

AGE INCIDENCE IN GONORRHOEA (EXCLUDING R.N.)

<i>Ages</i>	1963	1964	1965	1966
16				
M.	—	—	—	—
F.	1	2	—	2
16—17				
M.	—	6	1	5
F.	4	4	12	11
18—19				
M.	4	10	18	15
F.	10	8	18	18
20—24				
M.	43	43	57	77
F.	25	21	38	28
25+				
M.	60	90	125	125
F.	30	25	27	48

Other Conditions

Including Non-Gonococcal Urethritis and its female counterparts, other conditions continue to rise proportionately as evidenced by the figures:—

		<i>Male</i>	<i>Female</i>
1960	..	499	215
1961	..	626	245
1962	..	617	254
1963	..	678	292
1964	..	738	294
1965	..	846	367
1966	..	934	468

Staff

Following the sudden and tragic death of Dr. J. B. Woolley in December 1965, the Portsmouth clinic was kept open by the combined heroic efforts of Drs. R. M. Warren and H. L. Belcher and the staff. In March Dr. J. M. Couchman was appointed as Consultant and took up the post in June.

In November Mr. G. E. Taylor was appointed V.D. Nursing Supervisor and in October Sister M. Cunningham resigned for personal reasons and was replaced by Sister J. Gould.

Contact Tracing

By the use of contact slips and visiting by Miss V. Albertolli in recalcitrant cases, a good proportion of contacts have been found, and of 135 contact slips issued to male G.C. cases 70 females attended, 180 female patients attended with contact slips for other conditions.

REPORT OF THE MEDICAL OFFICER OF HEALTH
SPECIAL TREATMENT CLINIC
WARD C.2, SAINT MARY'S HOSPITAL, PORTSMOUTH

		TOTALS	MALE	FEMALE	
SYPHILIS	NEW CASES OF SYPHILIS	(i) Primary	1	1	—
		(ii) Secondary	6	3	3
		(iii) TOTAL OF LINES 1 (i) and 1 (ii)	7	4	3
		(iv) Latent in the first year of infection	2	2	—
		(v) Cardio-vascular	2	—	2
		(vi) Of the nervous system	2	1	1
		(vii) All other late and latent stages	10	7	3
		(viii) Congenital, aged under 1 year	—	—	—
		(ix) Congenital, aged 1 but under 5 years	—	—	—
		(x) Congenital, aged 5 but under 15 years	—	—	—
		(xi) Congenital, aged 15 and over	—	—	—
		(xii) TOTAL OF LINES 1 (iii) to 1 (xi)	23	14	9
	2 AGE GROUPS OF CASES IN ITEM 1 (i) & 1 (ii) ABOVE	(i) Under 16	—	—	—
		(ii) 16 and 17	—	—	—
		(iii) 18 and 19	—	—	—
(iv) 20—24		2	1	1	
(v) 25 and over		5	3	2	
3 CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	6	4	2		
4 CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	21	9	12		
GONORRHOEA	5 NEW CASES OF GONORRHOEA	(i) Post pubertal infections	339	232	107
		(ii) Vulvo-baginitis	—	—	—
		(iii) Ophthalmia neonatorum	—	—	—
		(iv) TOTAL OF LINES 5 (i) to 5 (iii)	339	232	107
	6 AGE GROUPS OF CASES IN ITEM 5 (i) ABOVE	(i) Under 16	2	—	2
		(ii) 16 and 17	26	15	11
		(iii) 18 and 19	33	15	18
		(iv) 20—24	105	77	28
		(v) 25 and over	173	125	48
	7 CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	6	3	3	
8 CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	132	93	39		
OTHER CONDITIONS	9 NEW CASES OF OTHER CONDITIONS	(i) Chancroid	—	—	—
		(ii) Lymphogranuloma Venereum	—	—	—
		(iii) Granuloma Inguinale	—	—	—
		(iv) Non Gonococcal Urethritis	268	268	—
		(v) Non Gonococcal Urethritis with Arthritis	2	2	—
		(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	1	1	—
		(vii) Other conditions requiring treatment within the centre	467	174	293
		(viii) Conditions requiring no treatment within the centre	299	241	58
		(ix) Undiagnosed conditions	3	2	1
		(x) TOTAL OF LINES 9 (i) to 9 (ix)	1,040	688	352
	10 CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	4	3	1	
11 CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	708	496	212		

	TOTALS	MALE	FEMALE
12 NUMBER OF INDIVIDUAL PATIENTS ATTENDING IN YEAR WITH NEW INFECTIONS OF:			
(1) PRIMARY OR SECONDARY SYPHILIS			
AGE GROUPS			
(i) Under 16	—	—	—
(ii) 16 and 17	—	—	—
(iii) 18 and 19	—	—	—
(iv) 20—24	2	1	1
(v) 25 and over	5	3	2
	7	4	3
(2) GONORRHOEA (Post-pubertal)			
AGE GROUPS			
(i) Under 16	2	—	2
(ii) 16 and 17	23	13	10
(iii) 18 and 19	31	13	18
(iv) 20—24	99	72	27
(v) 25 and over	166	119	47
13 LOCALITIES IN WHICH INFECTIONS TOOK PLACE			
(1) PRIMARY OR SECONDARY SYPHILIS			
(i) In locality of Centre	2	—	2
(ii) Elsewhere in Great Britain and Northern Ireland	2	1	1
(iii) Outside Great Britain and Northern Ireland	3	3	—
(iv) Not known	—	—	—
(2) GONORRHOEA (Post-pubertal)			
(i) In locality of Centre	264	162	102
(ii) Elsewhere in Great Britain and Northern Ireland	44	39	5
(iii) Outside Great Britain and Northern Ireland	26	26	—
(iv) Not known	5	5	—
14 ATTENDANCES AND DIAGNOSIS OF CONTACTS			
(1) Contact slips issued to patients with			
(i) Syphilis, primary and secondary	—	—	—
(ii) Gonorrhoea	140	135	5
(2) Contacts attending with			
(i) Syphilis, primary and secondary	2	—	2
(ii) Gonorrhoea	74	4	70
(iii) Other conditions	180	10	170
15 TOTAL ATTENDANCES OF ALL PATIENTS			
(i) Syphilis	387	244	143
(ii) Gonorrhoea	1,364	954	410
(iii) Other conditions	3,238	2,252	986
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))	4,989	3,450	1,539
16 Cultures for the gonococcus	2,256	238	2,018

PARASITIC INFESTATION

Pediculosis

The figures for the year again show a marked decrease from those for the previous year.

During the year 41 households of 41 families, comprising 123 individuals attended, compared with 41 households of 41 families, comprising 140 individuals in 1965.

Total number of patients attending during the year:—

	1966	1965
Cases	71	104
Contacts	52	36
	<u>123</u>	<u>140</u>

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	6	3	9	23	24	47	6	9	15	35	36	71
Non-Infested	5	7	12	7	8	15	10	15	25	22	30	52
Total of first attendances	11	10	21	30	32	62	16	24	40	57	66	123
Subsequent attendances ..	5	3	8	21	24	45	2	7	9	28	34	62

School children aged 5—15 years accounted for 65·1% of the infested cases, compared with 62·2% in 1965.

Four cases were sent by local general practitioners and one from a hospital. The remainder were found during cleanliness inspections in the schools and referred by the School Health Service.

There were seven cases of *phthirus pubis* (crab lice).

One case, not mentioned in the figures, was referred from Gosport.

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

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

1955 ..	135	1961 ..	118
1956 ..	82	1962 ..	225
1957 ..	62	1963 ..	111
1958 ..	59	1964 ..	169
1959 ..	57	1965 ..	104
1960 ..	78	1966 ..	71

The marked decrease in the attendances of pediculosis cases at the Disinfestation Clinic is partly accounted for by the domiciliary visits paid by the assistant nurse to the habitually verminous families. At these visits heads are inspected and early re-infestations dealt with. This procedure helps many children at school who otherwise would have been excluded and would have had to pay several visits to the Disinfestation Clinic before being allowed back to school.

Particulars of the cases treated at school clinics are given below:—

<i>Clinics</i>	<i>Old Cases</i>		<i>New Cases</i>	
	<i>1965</i>	<i>1966</i>	<i>1965</i>	<i>1966</i>
Hillside	303	304	209	197
Victoria Road North ..	28	—	33	—
St. George's Square ..	312	369	173	174
	—	—	—	—
	643	673	415	371
	—	—	—	—

79 home visits were made by the Assistant Nurse during 1966, compared with 158 during 1965.

Scabies

Contrary to experience in London and elsewhere there was a decrease this year compared with 1965.

During the year 26 households of 28 families, comprising 63 individuals attended.

Total number dealt with during the year:—

	<i>1965</i>	<i>1966</i>
Cases	39	49
Contacts	28	19
	—	—
	67	68
	—	—

Six individuals were referred from Havant and one from Gosport. These have not been included in the figures shown above.

Eighteen cases were sent by general practitioners, three by the local hospitals; the remainder were sent by the School Health Service.

Distribution as to age and sex was:—

	<i>Under 5</i>			<i>5—15</i>			<i>Over 15</i>			<i>Total</i>		
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Infested	3	3	6	6	7	13	9	11	20	18	21	39
Non-Infested	3	5	8	5	3	8	4	8	12	12	16	28
Total of first attendances	6	8	14	11	10	21	13	19	32	30	37	67
Subsequent attendances ..	3	3	6	9	6	15	9	11	20	21	20	41

The following table shows the number of infested cases and contacts for the past ten years:—

<i>Year</i>	<i>Cases</i>	<i>Contacts</i>
1957	44	36
1958	90	58
1959	92	60
1960	67	54
1961	94	78
1962	45	24
1963	72	40
1964	82	41
1965	49	19
1966	39	28

INSPECTION AND SUPERVISION OF FOOD**FOOD AND DRUGS ACT, 1955**

During the year, 1,414 samples were purchased or taken. 129 were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory, or 9.12% compared with 5.81% in 1965 and 4% in 1964. Of these, 29 were formal samples and 100 informal or test samples.

Three successful prosecutions were taken. Extraneous water was found in ex farm milk from two producers. Instant skimmed milk powder had a high moisture content, and the pack failed to make the statutory declaration required by the Dried Milk Regulations, 1965. The remaining adulterated, incorrectly labelled or otherwise unsatisfactory samples were dealt with by caution.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963, AS AMENDED

2 Dealer's (Pasteurisers) Licences, and

140 Dealer's (Pre-packed Milk) Licences authorising the appropriate designations of milk were issued.

185 samples of pasteurised milk were examined. 2 samples failed the methylene blue test.

43 samples of pasteurised milk supplied to schools resulted in 2 failures being reported.

139 samples of Channel Island (Pasteurised) milk were examined and 2 failures resulted.

66 samples of sterilised milk were found to be satisfactory.

56 samples of untreated milk tested resulted in 8 failures.

MILK

893 samples were taken during the year. 42 samples were found to be adulterated. 136 samples were below the presumptive limits of the Sale of Milk Regulations, but were reported genuine, however, following the Freezing Point Depression test. Of this total number of milks, 404 represented milk supplied by producers to processors in the City.

Consignments of ex farm milk from two producers were found to contain added water.

Two churns of pasteurised milk supplied to a School Meals kitchen were found to be watered.

One $\frac{1}{3}$ pint school milk bottle contained added water.

One carton of untreated milk was deficient in fat. Investigation found inadequate mixing was responsible.

Four producers supplied Channel Island milk to local dairies deficient in fat. 'Consequitive Testing' by the dairies concerned quickly righted the situation.

ANTIBIOTICS IN MILK

Of 326 samples tested, 312 gave negative results. The 14 positive results gave:—

9 at less than 0.05 i.u. per ml.

5 greater than 0.05 i.u. per ml.

ICE CREAM: FOOD AND DRUGS ACT, 1955, SECTION 16

15 premises were registered for the sale of ice cream.

61 samples comprising of 58 ordinary and 3 dairy ice creams were taken and examined for hygenic quality, with the following results:—

31 samples were Grade 1

8 samples were Grade 3

9 samples were Grade 2

13 samples were Grade 4

8 samples of ordinary ice cream examined for compositional quality were satisfactory.

DRUGS

78 samples of drugs were taken and 12 were found not to be in accordance with the requisite legislation. Of this total number, 29 samples represented drugs normally only dispensed on prescription.

SCHOOL MEALS SERVICE

During the year, 52 samples were submitted for analysis.

MERCHANDISE MARKS ACT, 1926 AND ORDERS IN COUNCIL MADE THEREUNDER

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

WATER

328 samples of water taken. This number represents:—

18 City Supply Waters

22 Paddling Pool Waters

4 Well Waters

136 Sea Waters

148 Swimming Pool Waters

WASHED MILK BOTTLES

192 samples were taken from the two processing dairies in the City.

One sample was bacteriologically unsatisfactory, the remainder being in order.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

For many years, the difficulty of obtaining and retaining Public Health Inspectors in Portsmouth, has been a monotonously repetitive theme in the preface to the Chief Inspectors' contribution to the Annual Report. 1966 did not break this sequence, but emphasised it by an even bleaker staffing prospect.

Better financial horizons with less unsettled working conditions in smaller authorities, detached the two youngest and most recently qualified inspectors from the department, leaving only three men available for eleven districts. Advertisements of the vacant posts brought no successors and the work load of the remaining staff again increased. In November, a further reduction occurred when Mr. W. J. Sandford, at the other end of the age scale, retired. For decades engaged on new buildings, improvement grants and housing work this Senior Inspector rounded off a career notable for integrity and application to the job, amidst the general acclaim of colleagues and Committee. A salutary affect of this retirement was promotion from within the inspectorate for Mr. A. W. Arnold. This elevation left Port Health Inspection and a further district uncovered. As an expedient, both these duties had perforce to be passed on to an over-burdened inspector, who was already trying to cope with four districts. His reaction was immediate and at the close of the year this Inspector's resignation materialised.

The decline in staff numbers is inevitably reflected in the statistics. The most serious aspect of this involuntary dereliction of duty, is the infrequency of inspection of food premises. A quick appraisal of the situation has shown that the majority of food businesses have not been inspected even once a year.

STATE OF VISITS TO RECORDED FOOD PREMISES AS AT 24th NOVEMBER 1966

<i>Last Visited</i>	<i>District</i>										<i>Totals</i>
	1	2	3	4	5	6	8	9	10	11	
Less than 5 months ago ..	20	10	6	16	117	17	49	23	11	37	306
3 to 6 months ago	26	13	18	91	14	14	46	41	7	49	319
6 to 9 months ago	15	5	19	18	10	33	34	50	3	18	205
9 to 12 months ago	53	49	7	15	6	19	6	16	2	21	194
Over 12 months ago ..	175	225	87	56	143	207	3	12	76	4	988
TOTALS	289	302	137	196	290	290	138	142	109	129	2022

Many Portsmouth concerns are of poor standard and require regular surveillance, an undertaking difficult even in the palmier days of the inspectorate. The possible effect of present conditions on public health can be gauged by the food poisoning potential of one insanitary bacon slicer. The figures quoted above threaten that this possibility will harden into probability as food hygiene standards deteriorate through lack of enforcement. Such a narrowing margin between public safety and public peril can only be widened by the reinforcement of the inspectorate. It will be a considerable length of time before the present complement of students complete their course of study and obtain the statutory qualification. In the meantime, impending resignations will bring the situation to crisis point. This formidable decline in complement is not an engineered situation. It is the natural

result of statutory officers seeking the best reward for applying their hard-earned knowledge whilst working in settled conditions with acceptable and performable work loads. Satisfying the first two satisfies the other two and the solution to the primary cause of shortage of Public Health Inspectors is obvious.

Senior members of the inspectorate who served under him, attended the funeral of the late Mr. C. W. Hall, who retired from the post of Chief Sanitary Inspector, in 1944. The achievement of nearly a quarter of a century of superannuation was in keeping with the natural philosophy of this shrewd personality.

The year concluded on a sombre note as the health of the Chief Inspector, Mr. W. F. Appleton, declined so markedly as to raise the possibility of a premature retirement.

Environmental Health

As if to match the depressing condition of the national economy, 1966 provided suitably dismal weather, unwelcome features of which were high winds and much rain. As would be expected from the weather, with rainfall of 30.34 inches, dampness in dwelling houses was by far the most frequent cause of complaint to the Department. To the complainant the matter appears as a simple problem of cause, effect and remedy. Between effect and remedy the law often interposes a delay which is so exasperating to the complainant as to appear as a conspiracy between officialdom and landlords. An instance of unavoidable delay, is the remedy of defects in dwelling-houses subject to improvement schemes. Often, the dampness requiring urgent attention is in that part of the dwelling house which will eventually undergo major structural alterations through an improvement grant. It is unreasonable to require an owner to damp proof a wall which is going to disappear when the improvement takes place. Another dilemma for public health inspectors is how to convince the owners of terrace houses that the insertion of a damp proof course through a party wall is necessary when only the complainant's side shows evidence of rising dampness.

2,084 complaints were received and in regard to those concerning the immediate environment, the Department took the following action:—

Total number of dwelling houses inspected re complaints	..	3,667
Intimation notices issued	.. .. .	630
Abatement notices served	.. .. .	412
W.F.D. letters	.. .. .	4
7 day letters	.. .. .	133
Forthwith letters	.. .. .	2

In addition 1 Section 26, 17 Section 17, 10 Section 18 and 4 Section 34 Notices were served under the Public Health Act, 1961.

Reluctance on the part of 79 recipients of these notices to deal with the reasonable requirements of these requests caused the papers to be forwarded to the Town Clerk. Threat of legal proceedings got compliance of 58 of the Abatement Notices.

21 cases were proceeded with under Section 94 P.H.A. 1936.

13 resulted in orders being made by the Magistrates.

1 case was adjourned sine die.

6 were withdrawn before case heard.

1 case resulted in further proceedings.

At the end of the year 57 Intimation Notices and 244 Abatement Notices were outstanding.

1966 was not a vintage year for odd complaints, although one entry in the complaint book 'Leak in B Flat' bore the comment 'Query Handel's Water Music'.

The appreciation of the laws safeguarding the public health is a serious business and it is in this view that the complaints made by the public are approached. Dedication to social service is fostered by the training of the inspector, increases with experience and is rewarded by a sense of duty well performed. Nevertheless the zest of the most dedicated can be dulled by the sameness even of the differences of neighbours and especially of the eternal procession of defective houses. It is with a sense of relief to the inspector that the bizarre complaint or improbable situation crops up to lighten the daily round. Usually the cause of complaint is of very ordinary origin, but occasionally the opposite happens. An inspector interviewed a most delightful octogenarian, the very epitome of serene age, assured, energetic, able, the sole occupier and owner of a house exemplary in its cleanliness and order. This keen old widow complained of fumes, deadly and choking, which penetrated her house. They were not occurring at the time of the inspection but from the description could have been coal-gas, ground-air, sewer fumes or any toxic vapour, so considerable time and thought was spent in eliminating these possible agents until the very convincing complainant divulged that the fumes only occurred at night, when her neighbours got on the roof of her house and lowered a battery-operated apparatus down the chimney which activated sprays in the ceiling to fill the house with fumes. After this revelation the inspector entered into the spirit of the situation, and arranged that if he were in the vicinity at two a.m. and the complainant switched her bedroom light on and off he would mount the roof and abate the nuisance. The inspector, slightly addled, proceeded to the house of a second complainant in the same area. He looked askance when asked in to sample the malodorous air in the kitchen and when the first inhalations were unremarkable wondered whether smell aberrations were infectious. However, the odour came in great foetid gusts and the hunt was on. His repertoire of smell investigation exhausted, the inspector went to open a window to dilute the miasma and dislodged a heavy curtain, thereby revealing a packet of what had been frozen peas put to thaw and forgotten three weeks previously. Unimportant and trivial, but two relaxed complainants and better still, a local government officer beguiled with a job which for sheer variety of interest has no equal.

NUISANCES FROM DEPOSITS, DUST, NOISE, ETC.

Public hygiene, like justice, should not only be carried out, but should be seen to be carried out. That is to say, not only should the local authority provide a healthy environment but the citizen should take part in that provision and see that it is done. A renaissance in civic responsibility is long overdue, and if by precept and example the citizen cannot be persuaded to co-operate then all the due processes of the law should be invoked to make him do so. The corporation provides a first class refuse removal service for the disposal of most unwanted material, yet not a day passes but some newly uncovered surface of the city receives the mucky unloading of some anti-social slob's private hoard of filth and debris. No fertile cow-patch ever developed mushrooms quicker than Portsmouth's misnamed clearance sites generate urinous mattresses, filleted cars and such disgusting material that a nicer generation would not talk about, let alone display. There are laws prohibiting the depositing of litter. For instance the bye-laws forbidding the dropping of orange peel on the pavement could be enforced. One or two court cases on the minor offences and the wary public would enter into the spirit of an anti-litter campaign.

When one remembers pre-war Portsmouth with its clean pavements and absence of litter one wonders what has become of the responsible citizen. Mediaeval England could not have offered greater hazards to the pedestrian than the vomit stained, chip strewn, bubble gummed walks of the premier city on the south coast. Of what use is it if the new complexes and precincts are created only to be islands in a sea of muck. Man does not walk much taller than six feet, but he is soon going to substantially reduce that height by having the first foot or two in debris and dejecta. Portsmouth corporation should back the efforts of the street cleaning orderlies with a determined drive against the litterers, but before doing so, it should give precept and example by making sure all its own sites and festering derelict buildings are cleared and protected against refouling.

Strangely enough as the mucky ones develop a taste for wider open spaces to defile, the privately-filthy householder seems to be dying out. Two literally died out in 1966 leaving behind them a flea-ridden estate. The squalid basement home in whose confusion these two septuagenarians lived was a good example of the adage 'Where there's muck there's brass'. Whoever goes misty eyed and sentimental over a helpless pink and white dotage has a giant misconception of those two flea-ridden horrors. Notified that the old couples' estate was just a load of insanitary rubbish which should be destroyed, the district public health inspector entered the premises accompanied by a student-inspector. Thirty seconds later they were back on the pavement outside anaemic from the attentions of myriads of fleas. After having the basement sprayed with insecticide the inspector had a cursory look at the filth encrusted furniture and advised the solicitors concerned to have the effects removed for burning. The majority of the unsavoury rubbish was actually on the lorry when a vigilant workman noticed a wad of newspaper in the disgusting bowels of a decrepit armchair. Opened up, the paper revealed a bundle of one pound notes. A thorough examination was then made of every article and wads of notes began to mount up. When every possibility of further caches had been exhausted, the inspector accompanied by one of the workmen took the collected money round to the solicitors. Later it was learned that over £1,000 had been recovered. The honesty and integrity of the finders was rewarded by flea bites only, for the couple apparently died intestate and the State got the money. It is intriguing to speculate whether the furniture having been given to the Corporation to be burned and being on the lorry, did not then belong to the Corporation together with its contents.

OTHER DEPOSITS

Is it wishful thinking or is there a renaissance in the canine world, for the fouling of footpaths by dogs seems to be decreasing?

NOISE

Was it Shakespeare's Caliban in *The Tempest* or a citizen of Portsmouth who said:—

'The island is full of noises'?

Saving comment on the hovercraft the transient roar of which makes a generous contribution to the general cacophony (but which now has a more sensible venue) the department's activity in regard to the Noise Abatement Act 1960 is tabulated under.

Total number of complaints received	..	17
Total number of complaints investigated	..	17
Total number of visits	.. .. .	70

NOISE ABATEMENT ACT 1960 SECTION 1

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>	<i>Total</i>
4 Number of nuisances confirmed	6	1	1	8
5 Number of nuisances remedied informally	6	1	1	8
6 Number of prosecutions under Section 1 ..	—	—	—	Nil
7 Number of convictions under Section 1 ..	—	—	—	Nil

Most common causes of complaints:—(1) Noises from neighbours
(2) Pneumatic road drills

Noise Abatement Act 1960 Section 2—No complaints therefore no action

EXTRANEOUS MATTER IN FOOD

Any connection between neo-dadaism and this field of public health inspectors' work is not at first obvious. But the avante-garde art practice of finding some mass-produced article out of its usual environment and presenting it for intensive examination is precisely what the inspector does with his 'found objects'. There, the similarity ends for whereas the dadaist allegedly gets a spiritual (and sometimes financial) uplift from a theoretic beauty due to the change in his object's function, the public health inspector gets nothing but hard work, and in some cases active dislike from the objects' traced donor.

1966 was a notable year for extraneous matter in food both in number of cases and variety of intruders.

Iron has long been known as a stimulant of the appetite and that the intake of a modicum of certain metals is essential to healthy life is equally well established. But metal in the form of screws, razor blades, pieces of tin can neither aid the normal digestion nor increase the consumer's appreciation of the product in which they are found.

The affront to the purchaser of a pork pie of famous brand on finding the head of a $\frac{3}{8}$ " counter sunk screw by the process of mastication was matched by the consternation of the pie-makers who scrutinised their plant but found it intact. The only tenable explanation was that the screw was embedded in imported cased frozen fat which for hygiene observance was not allowed to thaw out prior to use in the pies. Although metal detectors were used in many processes in the factory, a satisfactory type for screening pork pies was not easily obtained although one had been ordered.

$\frac{3}{8}$ " was also the size of a sliver of metal incorporated in a black currant and apple pie. In the making of 12,000 of these pies per week, the opening of many tins of fruit-filler required the speedy use of a large table tin-opener. A distorted tin resulted in the lip being fouled by the opener, the sheared fragment falling into the filler and remaining hidden until the pie purchaser made a painful discovery. The use of a metal detector in the factory pie-line was not practicable as the pies had to be contained in metal-foil dishes before and after baking. To protect the consumers against damages of broken glass,

the use of screw top glass containers had been discontinued in favour of tins with the unforeseeable consequences related.

Part of a small screw was found in tinned stewed steak but as neither can nor contents were retained by the complainant the investigation was not exhaustive.

Metal drillings found in two loaves were due to bakery negligence in examination of baking tins, the unwanted metal having adhered to grease in the tins.

Cut throat competition in business was not envisaged by one soft drinks manufacturer whose orangeade inexplicably contained a razor blade. As no previous fault was recorded against the firm, it was appropriate that the Town Clerk administer a sharp rebuke for such singular lack of care.

Mould continued to dominate the scene. Bread, rolls, pies, baps and cheeses were foodstuffs chiefly affected.

In two cases mysteries were propounded which were never satisfactorily concluded. One required an explanation as to how a bag of rolls from a source with an area of distribution terminating at Fareham, could have been purchased at a Portsmouth Supermarket. The second concerned a loaf nine days old when sold. On checking the coding with the producers, it was found that the bakery had never supplied the shop. From there on it became evident that the mouldy loaf was one of a consignment regarded by the bakery as unsuitable for sale. It would appear that some unscrupulous person had marketed the bread knowing it to be rejected by the bakery. Although the blame could not be established, a satisfactory thing to emerge from the incident was the future arrangement for mutilating all reject loaves.

'I feel rather in the position of a headmaster making apologies because one of his thousands of pupils has somehow contracted mumps!' wrote the local director of a bakery involved in a mould complaint. Sympathy could be felt for his exasperation at the contamination of a single loaf by some isolated spores of *Rhizopus Nigricans*, a black mould, and *Penicillium* a blue-green mould.

Similar annoyance was felt by yet another bakery over a single loaf contaminated by mould. The loaf represented one half a millionth of the total annual production.

Such exasperation was not confined to the trade, for a percentage of the complaining public made the inspector hopping mad. After much investigation and preparation of evidence against a firm with a record of multiple offences, the Corporation's case was dismissed because its principal witness, the complainant, failed to appear in Court. Other complainants were anything but resolute in their dates and places of purchase and in several instances the long lapse of time between the sale and the complaint made legal action impossible.

Among the encouragements was the jealous regard for the reputation of its products shown by a sweet manufacturing firm. The management notified the department of a retailer who had obtained some of the firm's Chocolate-covered Fondant Easter Eggs over 12 months old. The manufacturer's motive was three-pronged in its generosity. Firstly, it safeguarded the public against purchase of an inferior article; secondly, it saved the retailer from a possible prosecution; thirdly, it provided the inspector with incontrovertible evidence. The latter enabled the inspector to get both retailer and his supplier to withdraw stocks from sale. The confection although not unfit, was 'out of condition' and would inevitably have provoked complaint from the public.

Caveat Emptor is a legal injunction particularly applicable to purchases of wrapped goods at give away prices in market places. One could only sympathise with the frustration of a mother and son, when the latter, studying in Portsmouth, returned home to Nottingham and unwittingly presented his mother with a box of mildewed chocolates. Unfortunately, the vendor could not be identified and only commiseration at the spoiling of a good intention, could be extended in writing to the complainant.

There were some cases of mistaken identity. Yeast, alleged to be mainly sawdust, was certified by the Public Analyst to be roller dried yeast of sound character. Staining looking like dirt, but due to the foodstuff's passing acquaintance with some metal, innocuous in itself but detracting from an appetising appearance, occurred in many items, even on a student public health inspector's lunch time sausage roll. Vegetable fibres in biscuits were from string, and not, as the complainant feared hairs from rodents. Similarly, the Public Analyst identified as charred wheat starch and vegetable fibre what the purchaser thought were rodent droppings and hairs in a loaf.

Animal hairs were found in a pasty and in a meat pie. Both were examined by the Public Analyst whose conclusion that they were of the same origin as the meat content put further action out of the question.

Glass made its usual fragmentary appearance, once in the jar of marmalade on the Chief Inspector's breakfast table and again allegedly in a loaf. Whilst the first incident was witnessed, the second was dubious as the bread had been spread with butter which was undoubtedly more likely than the loaf to harbour the splinters found.

A wasp in a sweet, a fly in sausages, a carpet beetle larvae in batter mix, a spider in fruit cocktail, an ant in a raspberry chew, were the only insect intruders.

An extrusion of calcium carbonate combined with boiled linseed oil to make putty, appeared as an unappetising addition to a loaf. In the bakery the production line was followed back to where an access plate had been removed from a flour weighing hopper. Resealed with an edible compound, a generous dollop had squeezed out into the mix. Needless to say, the compound was speedily replaced by a suitable gasket.

By far the most nauseating discovery was a mouse embalmed in that most delectable preserve black cherry jam. The Public Analyst's phosphatase test on the mouse showed that it had been heated at some time. As the jam was imported from Hungary, the matter was reported to the Hungarian Chief Trade Commissioner in London. Meanwhile the reputable firm marketing this product in England withdrew all stocks from sale, although that same week *'The Grocer'* had published an article extolling the ultra-modern factory in Hungary from whence the jam had originated.

Numbers mean little in assessing the values of the work entailed in the investigation of this type of complaint. What may start as a seemingly simple matter, may end only after a complex of investigations, inspections, interviews and writing reports have absorbed many work-hours. Conversely the most serious matter may terminate quickly without undue effort, especially in those cases where the guilty party acknowledges his guilt in court. Then, no evidence is given and that best of all deterrents to purveyors of questionable food stuffs, adverse press publicity, is not forthcoming.

70 complaints were investigated in the field, many others were resolved in the office.

32 of the 70 were dealt with by Committee decision as tabulated below.

<i>Commodity</i>	<i>Number</i>	
	<i>Home produced food</i>	<i>Imported food</i>
Milk	1	
Cheese	1	—
Bread	12	—
Canned Meat ..	—	1
Meat Pies ..	4	—
Fruit	1	—
Vegetables ..	2	—
Cereals	2	—
Sweets	1	—
Confectionery ..	1	—
Other Food ..	6	—
TOTAL ..	31	1

Number of prosecutions under Section 2 The Food and Drugs Act 1955—3
 Total amount of Fines and Costs imposed—£25 0s. 0d.

EXTRANEOUS MATTER IN FOOD—COMPLAINTS

<i>Food</i>	<i>Complaint</i>	<i>Action Taken</i>
Morello cherry jam	Mouse in jam	Reported to Hungarian Trade Commission
Sausage roll	Sulphide staining	No action
Cream crackers	Rodent hair	Disproved
Tinned meat	Sulphide stain	No action
Chicken meal	Other animal bones	No action
Rolls	Mould	
Chocolate Easter Eggs	?Mould	Not proven but stocks withdrawn
Cornish pasties	Constituent smelling	No action
Rolls	Mould	Action at bakery
Rolls	Mould	Action at bakery
Yeast	Sawdust	Disproved
Sweet	Wasp	
Bread and biscuits	Mites	Disproved
Chicken curry	Rabbit bones	Disproved
Pork pie	Mould	Not proceeded with
Raspberry chew	Ant	
Loaf	Fibrous material	
Marmalade	Glass fragments	
Loaf	Metal drillings	
Loaf	Mould	Prosecution
Corned beef	Foreign matter	Disproved
Processed cheese	Mould	
Loaf	Rodent hairs	Disproved
Butter mix	Beetle larvae	No action
Cheese	Mould	No action
Loaf	Mould	
Bacon	Mould	
Fruit cocktail	Spider	Town Clerk's warning
Cornish pasty	Rodent hair	Disproved
Loaf	Oil	
Loaf	Putty	Prosecution
Loaf	Rodent hair, etc.	Disproved
Steak and kidney pie	Mould	
Orangeade	Razor blade	Town Clerk's warning
Jersey potatoes	Mould	
Meat pie	Hide and hair	No action
Loaf	Mould	
Pork luncheon meat	Flakes of lacquer	
Steak and kidney pie	Mould	No action
Baps	Mould	
Coconut marshmallows	Mould	Disproved and withdrawn
Loaf	Mould	

FOOD

The Senior Inspector dealing with food complaints was asked on two or three occasions to adjudicate on the contents of chicken curries served in Oriental restaurants. Apart from his natural wonderment as to how one complainant managed the considerably difficult operation of smuggling out an almost intact curry from the restaurant, the inspector was annoyed at the innocence of the Complainant who could believe an Oriental restaurateur would serve up rabbit at 1/6d. per lb. dearer than the chicken ordered.

Another complainant produced the bones from his chicken meal for the inspector to identify. That the customer's order had been properly filled there was no doubt, but what intrigued the inspector was the amazement with which the Oriental waiters must have regarded the complainants' seemingly awesome digestive feat.

Food testing was also carried out regardless of the inspector's personal likes and dislikes, on over-seasoned pastries, under done sweetbreads, coconut marshmallows, potato crisps, to establish these foodstuffs fitness for human consumption.

Good services were performed for two firms by two simple actions.

A firm having installed a food-vending machine in their factory faced a possible charge of selling unfit food. Fortunately the madeira cake in question was only stale, not mouldy. The enquiry revealed that the vending machine was in use from 7.30 a.m. five days per week and was restocked by a catering company on these days at 9.30 a.m. Thus every Monday morning for two hours, patrons of the vending machine could buy sausage rolls and other foodstuffs stored at room temperature from the previous Saturday. The catering firm was strongly urged to revise their restocking routine to avoid the possibility of unfit food being vended.

On the fifth failure of a self service refrigerated stores' cabinet during 18 months with all the attendant food spoilage and absorption of the inspector's time, the head office was politely informed that it would be to the mutual benefit of the firm and the Department to replace the cabinet. The result, a very pleased branch manager with a new refrigerated cabinet and a much cooler inspector.

UN SOUND FOOD SURRENDERED OR CONDEMNED

	<i>tons cwts. lbs.</i>		
Meat at wholesale and retail premises	4	6	67
Cooked meat and meat products ..	1	6	39
Fish	1	—	84
Fruit and vegetables	9	1	16
Other foods	4	9	49
	<hr/>		
TOTAL	20	4	31
Canned meats	3,259 cans		
Canned fish	468 cans		

**Information required by Circular 1/67 Ministry of Health
Services under Food and Drugs Act, 1965**

8 (a) Milk Supplies—Brucella Abortus

(i) Number of samples of raw milk examined—3

(ii) Number Positive — Nil

(iii) Action taken where positive — —

(b) Liquid Egg (Pasteurisation) Regulations 1963

No egg pasteurisation plant in the district.

Information required by M. of H. Circular 1/67 (8c)

<i>Categories of Premises</i>	<i>No. of Premises</i>	<i>To comply with Reg. 16</i>	<i>To which Reg. 19 Applies</i>	<i>To comply with Reg. 19</i>
Grocers	445	412	445	312
School Kitchens	29	26	29	29
Confectioners	150	120	117	89
Butchers	136	126	136	116
Greengrocers	167	140	112	101
Public Houses	109	109	109	109
Canteens	104	86	104	99
Nursing Homes and Day Nurseries and O.P.H. ..	29	25	29	35
Fried Fish	61	55	61	56
Fresh Fish	41	40	41	40
Cafes	126	118	126	122
Cake Shops	104	101	88	85
Off Licences	42	39	42	37
Snack Bars	48	46	48	46
Bakeries	18	18	18	18
Private Clubs	25	21	25	23
Supermarkets	20	17	20	17
Restaurants	52	46	52	48
Kiosks	21	15	21	15
Delicatessens	20	18	20	15
Hotels, G.H.	257	213	257	240
Ice Cream Parlours	4	4	4	4
TOTALS	2,008	1,805	1,904	1,656

8 (d) Poultry Inspection

No poultry processing premises within district.

FOOD HYGIENE AND CATERING PREMISES

A tendency to visit only the inferior types of catering establishments resulted from staff shortage. It was fortunate that the public were in a benevolent frame of mind for complaints were fewer. Most of the grouses of cafe patrons seemed directed against standards of service rather than matters of hygiene.

The unsavoury practice of smoking whilst engaged in handling food or being in a food room was again most noticeable in licensed premises and Charlotte Street market. Many verbal notices and a number of letters of warning were directed to offenders. Four prosecutions were taken against bar-keepers and four convictions resulted.

Offenders against other regulations necessitated the service of 17 written notices and the giving of 110 verbal notices, many of the latter being complied with immediately.

FOOD HYGIENE (General) REGULATIONS, 1966

<i>Regulation No.</i>	<i>Contraventions</i>	<i>No. of Offences</i>
5	Food business carried on at insanitary premises	4
6	Cleanliness of equipment	6
8	Food to be protected from risk of contamination	4
9(e)		4
14	Sanitary convenience	9
16	Provision of wash-hand basins	12
17	Provision of first-aid equipment	5
18	Clothing accommodation	1
19	Facilities for washing of food and equipment	5
20	Lighting of food rooms	1
21	Ventilation of food rooms	1
23	Cleanliness and repair etc. of food rooms ..	15
24	Accommodation of refuse	2
25	Temperature at which certain foods are to be kept	1
		70

Number of offences prosecuted under Food Hygiene (General) Regulations

Reg.	Number		Totals	
	Offences	Convictions	Offences	Convictions
5	1	1	11	11
8	1	1		
9	4	4	<i>Fines and Costs</i>	
14	1	1	£92 6s. 0d.	
16	1	1		
17	1	1	<i>Disqualifications</i>	
24	1	1	Nil	
25	1	1		

CLEAN AIR

Air, that first requisite for human existence on this planet, remains in plentiful supply. Unlike most other supports of life it continues free from purchase tax, price increase, rationing and other influences of modern living. Unfortunately it is not free from man's ability to contaminate his environment. Two new factors are now making their contribution to the problem of prevailing air pollution. Firstly, the amazing proliferation of the internal combustion engine, and secondly the increase in multi-storey development. Both implications are not yet fully understood, but the relationship of petrol and diesel engines to air pollution can readily be established. A walk along the sea front, followed by a six o'clock stroll in Commercial Road parallel to the snailing cars, is an effective experiment in contrast. There is an obvious need for investigation of the part played in air-pollution by ordinary traffic especially with the advent of the multi-storey car park and the high level discharge of contaminants.

As for other high buildings, the skyscraper is still in its infancy in Portsmouth, and insufficient time has elapsed to assess all the effects of these giant monoliths on the thermals in the city's atmosphere. Emissions from industrial chimneys, old installations which were designed to discharge in air currents well above former building heights, now have fresh obstacles to clear and new routes to find. It has been observed that although there has been a vast improvement in burning methods and stoking techniques to reduce smoke since the implementing of the Clean Air Act, 1956, sulphur in the atmosphere has increased by one fifth. On the basis that an average town of 100,000, generates 10,000 tons of sulphur per year, Portsmouth's contribution of sulphur dioxide would rate over 20,000 tons. The chief source of this pollution is in the combustion of coal, coke and oil and much of that originates from domestic fire flues. Prevailing winds and low level buildings controlled the depositing of this irritant gas in former years, but now new dispersal canyons are originating in the city as redevelopment proceeds. One comforting assurance is that in anticipation of any possible smoke control area the Medical Officer of Health has been assured that all heating appliances installed in Council Development will comply with smoke control requirements to facilitate eventual zoning. Meanwhile the D.S.I.R. survey of air pollution in Portsmouth by meters operated by public health inspectors and interpreted by the Public Analyst's Department has entered its fifth year.

Most of the smoke nuisances complained of by the public were minor matters of careless stoking and these emissions of dark smoke were speedily remedied.

One aptly-titled remedier was the service engineer who speedily diagnosed the malfunctioning of a heating unit in a Baptist Church.

There was however, no service engineer to account for the billowing smoke which wreathed Queen Street in suitable gloom for the departure of a Tiger-class cruiser. After a round of correspondence between the Minister of Housing of Local Government, C.-in-C. Portsmouth and the Chief Health Inspector, Portsmouth it was explained that three of the ships four boilers were flashed up from cold and the inevitable smoke from this operation was carried by the west wind landwards. This transient nuisance was an exigency of the service and not to be avoided in the circumstances.

Another Naval source of dark smoke emission, the R.N. Barracks wardroom boiler house, was the subject of further complaint to the Naval authorities by the Department. Being over thirty years old this Naval coal-burning installation could not convert to oil-fuel. The permanent solution of a completely new oil-fired system involved replacing steam-heated galley cookers with gas or electricity at a cost outside the scope of estimates. To temporise with the problem a supply of Welsh coal was laid on, an operation which reduced the former nuisance to a mere wisp of smoke. It is hoped that the nuisance will not recur.

A similar change to a cleaner and less volatile fuel improved the Eastney atmosphere where the Royal Marine Baths chimney was a source of pollution.

Other smoke nuisances investigated were a foundry operating long before neighbouring flats were even contemplated, smoke from demolition fires, a laundry, a brush factory, packaging establishments, etc.

Chimney heights will continue to be a bone of contention between theoretical aesthetes and hygienic utilitarians until that millennium arrives when heating services will be communal and all the waste products and gases expelled by compressed air to a sub-marine discharge point. Meanwhile, it is not likely that there will be a repetition of the smoke observation made in Portsmouth by an anonymous author about 233 years ago:—

'The town is enclosed within a stone wall . . . as high or rather higher than the tops of the houses so that the inhabitants are constantly buried in smoak, but as the greatest part of them are natives of the place, they seldom mention it as an inconvenience.'

REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of Premises</i>	<i>Number of premises registered during the year</i>	<i>Number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	177	713	609
Retail Shops	508	1,502	1,586
Wholesale shops, warehouses	57	129	106
Catering establishments open to the public, canteens ..	89	411	375
Fuel storage depots ..	0	4	5
TOTALS	831	2,759	2,681

Total Number of Visits of all kinds by Inspectors to Registered Premises under the Act 8,387

ANALYSIS OF CONTRAVENTIONS

<i>Section</i>	<i>Number of Contraventions found</i>		<i>Section</i>	<i>Number of Contraventions found</i>	
4	Cleanliness	59	13	Sitting facilities	34
5	Overcrowding	24	14	Seats (Sedentary workers)	2
6	Temperature	452	15	Eating facilities	5
7	Ventilation	63	16	Floors, passages and stairs	572
8	Lighting	47	17	Fencing exposed parts machinery	90
9	Sanitary conveniences ..	607	18	Protection of young persons from dangerous machinery	1
11	Supply of drinking water	387	23	Prohibition of heavy work	2
12	Clothing accommodation	154	24	First aid. General provisions	482
			50	Information for employees	593
				TOTAL	3,581

EXEMPTIONS No. of applications received 2

No. of applications granted (i) Space Nil. (ii) Temp. Nil. (iii) San. Conv. 2 (iv) Running water Nil.

PROSECUTIONS Number instituted and completed during the year Nil. Number of complaints (or summary applications made under Section 22) Nil. Number of interm orders granted Nil.

REPORTED ACCIDENTS

<i>Workplace</i>	<i>Number Reported</i>		<i>Total No. Investigated</i>	<i>Action Recommended</i>			
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prose-cution</i>	<i>Formal warning</i>	<i>Informal advice</i>	<i>No. action</i>
Offices	—	6	2	—	1	—	1
Retail shops ..	—	67	37	—	7	2	28
Wholesale shops Warehouses ..	—	26	10	—	—	—	10
Catering establish- ments open to public, canteens	—	5	2	—	1	—	1
Fuel storage depots	—	—	—	—	—	—	—
TOTALS ..	—	104	51	—	9	2	40

Analysis of reported accidents

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel Storage depots</i>
Machinery	—	5	—	1	—
Transport	—	—	—	—	—
Falls of persons	2	28	9	2	—
Handling goods	3	27	9	1	—
Stepping on or striking against object or person	—	4	5	—	—
Struck by falling object ..	—	2	1	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	1	—	—	—	—
Not otherwise specified ..	—	1	2	1	—

During the year the following registered premises changed hands, closed down or were found to come within the jurisdiction of H.M. Inspector of Factories.

<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments</i>	<i>Fuel Stores</i>	<i>Total</i>
89	154	22	43	4	312

The total number of registered premises throughout the year was therefore:

<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments</i>	<i>Fuel Stores</i>	<i>Total</i>
802	1,656	151	454	8	3,071

General Compliance

164 Offices, 528 Shops, 39 Catering Establishments, 15 Wholesale Warehouses and 3 Fuel Stores were brought into compliance with the Act during the year as the result of notices served, the contraventions complied in these cases were:

<i>Section</i>	<i>No. of Contraventions complied</i>	<i>Section</i>	<i>No. of Contraventions complied</i>
4	Cleanliness 60	12	Clothing accommodation 108
5	Overcrowding 10	13	Sitting facilities 18
6	Temperature 357	15	Eating facilities 14
7	Ventilation 32	16	Floors, passages and
8	Lighting 11	17	stairs 371
9	Sanitary conveniences .. 421	24	Fencing exp. pts.
10	Washing facilities 346	24	machinery 29
11	Supply of drinking water 5	50	First aid general prov. .. 333
			Information for
			employees 397
			TOTAL 2,512

HOUSING

Attention in 1966 centred on the second, fourth, fifth and seventh groups of houses not included in the priority groups which completed the Council's housing and redevelopment programme for the period 1956—1966.

These groups were:—

- (2) Landport
- (4) Stamshaw
- (5) Cosham
- (6) Old Portsmouth
- (7) Eastney

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

- Group (2) Mile End No. 1
- Group (4) Stamshaw No. 3
- Group (5) Cosham No. 1
- Group (7) Eastney No. 1
- Eastney No. 2
- Eastney No. 3

MILE END No. 1 CLEARANCE AREA**Cherry Garden Lane No. 1**

No. of houses	4
Cherry Garden Lane Nos. 7, 8, 9 and 10 and any yards, gardens, outhouses, and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	4
No. of persons	12

Cherry Garden Lane No. 2

No. of houses	14
Cherry Garden Lane Nos. 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith	
No. of families	10
No. of persons	33

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 9th February, 1966.

London Road, Cosham No. 1

No. of houses	.. .. .	3
London Road Nos. 1, 3 and 5 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith		
No. of families	.. .. .	3
No. of persons	.. .. .	7

London Road, Cosham No. 2

No. of houses	.. .. .	5
London Road Nos. 9, 11, 13, 15 and 17 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith		
No. of families	.. .. .	3
No. of persons	.. .. .	4

Widley Street, Cosham No. 1

No. of houses	.. .. .	54
Havant Road Nos. 29, 31, 33, 35, 37, 39, 41, 40, 42 and 44 Widley Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 34, 36, 38, 40, and 42 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith		
No. of families	.. .. .	50
No. of persons	.. .. .	119

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 9th February, 1966.

EASTNEY No. 1 CLEARANCE AREA**White Cloud Place No. 1**

No. of houses	.. .. .	7
White Cloud Cottages Nos. 1 and 2 White Cloud Place Nos. 1, 2, 3, 4 and 5 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith		
No. of families	.. .. .	7
No. of persons	.. .. .	15

The Census of the number of persons who were occupying the buildings comprised in the Clearance Area was taken on 13th April, 1966.

EASTNEY No. 2 CLEARANCE AREA**Alma Terrace No. 1**

No. of houses	.. .. .	47
Alma Terrace Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15 Highland Road Nos. 211, 213, 215, 217, 219, 227, 229, 231, 233, 235, 237, and 239/239a Prince Albert Road Nos. 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, and 40		
No. of other buildings	.. .. .	1
Highland Road No. 221 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith		
No. of families	.. .. .	45
No. of persons	.. .. .	122

Highland Road No. 1

No. of houses	3
Highland Road Nos. 243, 245 and 247/9 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith	
No. of families	3
No. of persons	5

Highland Road No. 2

No. of houses	2
Highland Road Nos. 259 and 261 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith	
No. of families	2
No. of persons	5

Prince Albert Road No. 1

No. of houses	2
Prince Albert Road Nos. 46 and 48 and any yards, gardens, outhouses, and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	2
No. of persons	7

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 13th April, 1966.

EASTNEY No. 3 CLEARANCE AREA**Artillery Terrace No. 1**

No. of houses	12
Artillery Terrace Nos. 1, 2, 3, 4, 5 and 6 Bridge Terrace Nos. 1, 2, 3, 4, 5 and 6 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith	
No. of families	9
No. of persons	15

Artillery Terrace No. 2

No. of houses	9
Artillery Terrace Nos. 8, 9, 10, 11, 12, 13, 14, 15 and 16 and any yards, gardens, outhouses and appurtenances belonging thereto, or usually enjoyed therewith	
No. of families	5
No. of persons	14

The Census of the number of persons who were occupying the buildings comprised in the Clearance Area was taken on 13th April, 1966.

These Clearance Areas were followed by Compulsory Purchase Orders under Part III of the Housing Act 1957 namely:—

Cherry Garden Lane No. 1	Compulsory Purchase Order
Simpson Road No. 1	Compulsory Purchase Order
Widley Street No. 1	Compulsory Purchase Order
White Cloud Place No. 1	Compulsory Purchase Order
Highland Road No. 1	Compulsory Purchase Order
Artillery Terrace No. 1	Compulsory Purchase Order

Group (5)—Cosham**Proposed Drayton No. 1 Clearance Area—167—175 Havant Road, Drayton**

On the report of the Medical Officer of Health that the houses were unfit for human habitation and should be demolished the Council resolved to demolish them.

Group (6)—Old Portsmouth

As a result of representations being made by owners and their elected representatives on the grounds that a number of houses in Old Portsmouth included in the clearance proposals were of historic or architectural interest consideration was given to the possibility of rendering the houses fit for human habitation within the limits of their age, structure and design. A public meeting was convened with the owners with this purpose in mind and negotiations were commenced for the preparation of the offers of works and it was agreed that no formal action would be taken under the Housing Act 1957 until the negotiations were completed.

Declaration of Unfitness Orders:— Nil

Individual Houses Represented as Unfit:—

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

Closing Orders	1
Demolition Orders	Nil
Undertakings not to be used for human habitation	Nil
Parts of buildings closed	Nil
Undertakings to demolish	Nil

The results from 1965's programme are shown in the following table of Public Enquiries which were held during 1966:—

<i>Local Public Enquiry</i>	<i>Date held</i>	<i>Result</i>
City of Portsmouth (Lion Terrace No. 3) Compulsory Purchase Order 1965	22.2.66	Confirmed with modification by Minister of Housing and Local Government on 9.11.66
City of Portsmouth (Clarendon Place No. 1) Compulsory Purchase Order 1965	22. 2.66	Confirmed without modification on 27.9.66
City of Portsmouth (Mill Lane No. 1) Compulsory Purchase Order 1965	22. 2.66	Confirmed without modification on 23.9.66
City of Portsmouth (Belmont Street No. 1) Compulsory Purchase Order 1965	26. 4.66	Confirmed with modification on 19.9.66
City of Portsmouth (Stalley Lane No. 1) Compulsory Purchase Order 1965	8. 6.66	Awaiting confirmation
City of Portsmouth (Ashby Place No. 2) Compulsory Purchase Order 1965	8. 6.66	Awaiting confirmation
City of Portsmouth (Wisborough Road No. 1) Compulsory Purchase Order 1965	8. 6.66	Awaiting confirmation

City of Portsmouth (Rudmore Road No. 1) Compulsory Purchase Order 1965	17. 8.66	Awaiting confirmation
City of Portsmouth (Tipnor Street No. 1) Compulsory Purchase Order 1965	29.11.66	Awaiting confirmation

Orders Confirmed by Minister of Housing and Local Government

City of Portsmouth (Prospect Road No. 1) Compulsory Purchase Order 1964	Confirmed with modification by Minister of Housing and Local Government on 9.2.66
City of Portsmouth (Fitzroy Street No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 15.3.66
City of Portsmouth (Coburg Street No. 3) Compulsory Purchase Order 1965	Confirmed with modification on 15.3.66
City of Portsmouth (Stamford Street No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 13.5.66
City of Portsmouth (Belmont Street No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 19.9.66
City of Portsmouth (Mill Lane No. 1) Compulsory Purchase Order 1965	Confirmed without modification on 23.9.66
City of Portsmouth (Clarendon Place No. 1) Compulsory Purchase Order 1965	Confirmed without modification on 27.9.66
City of Portsmouth (Lion Terrace No. 3) Compulsory Purchase Order 1965	Confirmed with modification on 9.11.66

Whilst the foregoing were being resolved, field work was proceeding in Landport for the proposed clearance programme in which the following were included:—

Buckingham Place, Church Road, Clarendon Street, Fifth Street, Foster Road, Fourth Street, Fratton Road, Gunner Street, Hertford Street, Kilmiston Street, Lake Road, Longs Road, Mayo Street, Milford Road, Northbrook Street, St. Mary's Road, Sultan Road, Terwick Street, Timpson Road and Victoria Place.

Improvement Areas

As a result of the Council's decision that the Southsea area should form the subject of detailed surveys and their approval in principle to include 1,170 dwellings in eleven areas, inspections were carried out in Delamere Road, Esslemont Road, Francis Avenue, Jessie Road and Londesborough Road to ascertain the fitness of the dwellings and their lack of the 'five standard amenities' in accordance with the provisions of the Housing Act 1964.

The detailed survey of the houses included in the proposed Southsea Nos. 1 and 2 areas revealed that the prevailing conditions were as follows:—

Dwellings lacking one or more of the 'five standard amenities':—

	<i>Tenanted</i>	<i>Owner Occupied</i>
Southsea No. 1 Improvement Area (Esslemont Road No. 1 Improvement Area) .. * ..	70	65
Southsea No. 2 Improvement Area (Esslemont Road No. 2 Improvement Area)	47	61
Southsea No. 1 Improvement Area (Esslemont Road No. 1 Improvement Area)	11	
Southsea No. 2 Improvement Area (Esslemont Road No. 2 Improvement Area)	16	

As at least one half of the dwellings in the areas were lacking one or more of the 'five standard amenities' and were so constructed that it was practicable to improve them to the full standard and would, after they had been improved to the full standard, be in such a condition as to be fit for human habitation and would be likely, subject to normal maintenance to remain in that condition and available for use as dwellings for a period of not less than fifteen years, the Council declared these areas to be improvement areas.

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

Bath Road, Delamere Road, Devonshire Square, Francis Avenue and Jubilee Road.

In order to promote good public relations and to stimulate interest and encourage owners to make applications for grant it was decided to publish and issue the City of Portsmouth House Improvements Handbook to be distributed to the occupiers of the area and to be made available to the public in general on enquiry.

Public meetings were organized and held in April and November at Francis Avenue Junior Mixed School to which all the interested persons in the Esslemont Road Nos. 1 and 2 areas were invited. All the chief officers concerned with applications for grant attended to give information to the public on the basis of questions and answers. The first meeting was very well attended and it was felt that the ensuing discussions proved to be informative and of considerable value to the members of the public who were present. In this respect the Council were encouraged to believe that the organisation of the meeting was worthwhile.

The meeting in November was not so well attended and it was believed that the information which had been circulating in the area as a result of the first meeting was responsible for the drop in attendance.

Whilst all these activities were in progress the staff operating in the field were also encouraging the owners and tenants to co-operate with the Council's efforts to improve the houses. At the same time the staff were establishing contact with the occupiers and laying foundations for the furtherance of the Council's proposals.

Houses considered for purchase in Advance of Requirements:— 23

Housing Act 1957

Number of inspections 911
 Number of visits 2,232
 No. of inspections re: demolitions 3,075

Housing Act 1964

Number of inspections 665
 Number of visits 772

Improvement Grants

Formal Applications	Standard Grant	289
Formal Applications	Discretionary Grant	17
Informal Applications	Standard Grant	480
Informal Applications	Discretionary Grant	37
Completion Certificates	Standard Grant	212
Completion Certificates	Discretionary Grant	14

RENT ACT, 1957

Applications for Certificates of Disrepair

1. Applications	Nil
2. Decisions not to issue certificates	Nil
3. Certificates issued	Nil
4. Undertakings given by Landlords	Nil
5. Undertakings refused	Nil

Applications for Cancellation of Certificates

6. By Landlords to Local Authority for cancellation	4
7. Objections by tenants to cancellation	1
7a. Decision to cancel despite tenants objections	Nil
8. Certificates cancelled	3

PEST CONTROL

RODENTS

Number of premises treated by the local authority	1,743
1,173 were private dwellings	
354 were business premises	
216 were local authority premises	

Number of premises visited during survey	516
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Of the private dwellings 598 minor infestations of rats, and 575 minor infestations of mice were found.

Of the business premises, 190 minor infestations of rats and 164 minor infestations of mice were found.

Of the local authority areas and premises treated, two were found to have a major infestation of rats whilst 148 had minor infestations. Of the latter 66 also had minor infestations of mice.

No resistance has been found in rodents baited with Warfarin, which is the principal poison used. Zinc phosphide is employed where practicable on heavy infestations.

The treatment of the City's sewerage system continued in liaison with the Ministry of Agriculture, Fisheries and Food. A new type of poison for the control of rats in sewers has been introduced—flouracetamide.

Surveys and inspections are frequently made to refuse tips foreshores, sewerage disposal stations, parks and allotments and open areas.

There still exists a contract between the City Council, the Director of Navy Contracts and the Ministry of Defence for Rodent Control in the Service Establishments within the City Boundary.

DISINFESTATION AND FUMIGATION

Number of rooms treated for bed bugs ..	392
Number of rooms treated for fleas	1,680
Number of premises treated for cockroaches	90
Number of rooms required to be fumigated	21

Insecticides in use are Lindane pyrethrum (water miscible), D.D.T. (oil and water miscible), Malathion (water miscible), used for the control of bed bugs, fleas and lice, Dieldrin (water miscible) and insecticidal lacquer for the control of cockroaches.

PIGEONS

A moderately intensive campaign against these rapidly-multiplying and possible infection bearers was staged.

PORTSMOUTH SEWERS—1966—1967

DIRECT POISON TREATMENTS

TEST BAITING (POISON)

1 Date	2 Operation	3 Total Manholes	4 Total Baited	5 Not Baited	6 % Baited	7 Total Manholes	8 Total Baited	9 Not Baited	10 % Baited	11 TAKES C	12 TAKES P	13 Total Takes	14 % Takes
April 1966	Full poison Treat- ment	4,140	3,219	921	77.7	—	—	—	—	—	—	—	—
July 1966	Mainland and North Island ..	1,700	1,300	400	76.4%	—	—	—	—	—	—	—	—
October 1966	Full poison Treat- ment and Test Bait Mainland ..	4,221	3,517	704	83.3%	844	811	33	96.0%	17	60	77	9.4%*
January 1967	Mainland and North Island .. Test Bait Main- land	1,752	1,589	163	90.6%	—	—	—	—	—	—	—	—
	TOTALS ..	11,813	9,625	2,188	81.4%	1,997	1,886	111	94.4%	—	—	—	—

*Included in columns 3 and 4

Total number of manholes lifted during this period—11,511

SUMMARY OF WORK CARRIED OUT

INSPECTION OF PREMISES:—

Dwelling Houses

Public Health Acts, etc.	3,667
Housing Act 1957	911
Housing Act 1964	665
New buildings	1,007
Underground rooms	13
Rent Act 1957	12
Re Water supply	27
Re Permitted hours	6
Re Council house applications	115
Re Council house transfer applications	727

Miscellaneous Premises

Offices, shops and railways premises	2,681
Common lodging house	1
Tents, vans, sheds, etc.	16
Verminous premises	59
Offensive trades	5
Smoke and colour tests to old drains	46
Re Sewers and drains	359
Power factories	361
Non-power factories	12
Workplaces	2
Outworkers premises	86
Nursery schools and child minders	36
Nursing homes	7
Old persons homes	7
Hairdressers	154
Schools	38
Public conveniences	8
Hotels, guest houses, etc.	60
Dangerous structures for reference to C.E.	11

Miscellaneous Inspections

Swimming and paddling pools and beaches	217
Rodent control	21
Tips and refuse accumulations, etc.	143
Chalk pits	2
Re Air pollution	22
Air pollution meter readings	1,024
Re flooding	49
Re smells	89
Re Infestations	28
Pumping station	2
Vacant sites	24
Re Demolitions	3,075

VISITS

Dwelling Houses

Re Public Health Acts, etc.	2,535
Re Housing Act 1957	2,232
Re Housing Act 1964	297
Re Standard and discretionary grants	475
Re Testing of fittings and framework	897
Re New buildings	715
Re C.P.O. census	178

Miscellaneous

Factories	26
Food premises	84
Hairdressers	2
Re Sewers and drains	79
Shops, offices and railways premises	5,706

<i>Abortive</i>	840
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INSPECTIONS OF FOOD PREMISES, ETC.

School meal kitchens	78
Milk and dairies	226
Milk vending machines	65
Milk floats	27
Ice cream retailers	134
Ice cream factories	41
Ice cream depots	14
Ice cream vans	33
Tripe boilers	1
Bakeries	32
Fish fryers	50
Fishmongers, wet and retail	20
Fish wholesalers	Mr. Nixon
Restaurants, cafes, factory canteens, etc.	369
Sweet shops	133
Greengrocers	151
Grocers	264
Butchers—retailers	113
Butchers—wholesalers	Mr. Nixon's + 13
Bread and cake shops	41
Sausages and cooked meats	27
Preserved food premises, Sec. 16	Mr. Nixon
Shellfish vendors	3
Soft drink manufacturers	13
Market stalls and vans	751
Potato crisp manufacturers	2
Breweries	1
Public Houses and Off Licences	86
Hotels and guest houses	26
Confectioners—wholesale	1
Super markets and stores	16
Proposed restaurants	2
Miscellaneous	3

INVESTIGATIONS:—

Noise, dust, effluent, etc.	61
Flooding, subfloor water, etc... .. .	49
Nuisances from animals, etc.	27
Nuisances from laundry	1
Stream pollution	9
Teddy bear health hazard	65
Weed killer	6
Infectious diseases, food poisoning, contacts	358
Food complaints	105
Council house applications	115

NOTICES AND NOTIFICATIONS:—

Intimation notices issued	630
Abatement notices served	412
Without further delay letters	4
Seven day letters	133
Forthwith letters	2
Factory Act notices	6
Food hygiene regulation notices	17
Public Health Act 1961, Sec. 17	17
Public Health Act 1961, Sec. 18	10
Public Health Act 1961, Sec. 34	4
Occupation certificates	288

VERBAL NOTICES:—

Factories	22
Food hygiene regulations	110
Hairdressers	11
Council tenants to clear premises	2

LOCAL LAND CHARGES:—

Searches against property

REPORT ON CLEANSING

In 1966 the general Manager of the Cleansing and Haulage Department resigned and the responsibilities formerly held by him were assumed by the City Engineer.

The weekly collection of house refuse was maintained with a fleet of 31 vehicles and a staff of 102 refuse collectors. The introduction of an incentive bonus scheme for refuse collectors in March did not prove successful, but after months of negotiation was accepted by the men in the autumn.

Further large containers were purchased to meet the demands of housing and business and a total of approximately 1,600 are now in use.

The plastic refuse bins with its lighter weight proved a boon to the elderly and infirm and many requests for exchanges were received.

Controlled tipping continued at Milton Lake. Arising from complaints of this method of tipping and the nuisances caused by flies in 1965, it was decided to purchase a pulverising plant to deal with some of the City's refuse and to study and analyse the product to establish whether it does not support the breeding of flies and also whether it overcomes the problem of vermin. Unfortunately due to late delivery of the plant and initial teething troubles this was unable to be carried out, but the processed refuse does present a more acceptable appearance and does result in a more compact tip.

Eight mechanical sweepers and a staff of 72 manual sweepers carried out the work of keeping the streets tidy, a job made difficult by street car parking. Despite the publicity given that old cars will be received at the tip and also removed free of charge on request, large numbers are still abandoned on open sites within the City. It is estimated that some 1,500 cars were disposed of in 1966.

PORT HEALTH AUTHORITY

Public Health Department,
1 Western Parade,
Southsea,
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 1966.

SECTION I—STAFF

TABLE A

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
P. G. 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, SOUTHSEA, PORTSMOUTH 22251, Ext. 305.

Private: 8 BURBIDGE GROVE, SOUTHSEA, PORTSMOUTH 33325.

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 ..	307	82,899	—	92	—
Coastwise* ..	4,490	945,414	—	137	—
TOTAL ..	4,797	1,028,313	—	229	—

*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 Africa, 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

No change.

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952 to 1963

No change.

SECTION VII—SMALLPOX

- (1) Cases of smallpox are removed to the smallpox hospital at Weyhill, near Andover.
- (2) Cases are conveyed by the Portsmouth Ambulance Service, the vaccinal state of the ambulance crews being: 54 vaccinated in 1964.
- (3) The smallpox consultant is Dr. O'Driscoll, Physician Superintendent, St. Mary's Hospital (East Wing), 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

No change.

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 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 disinfestation 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 by them. 13 deratting exemption 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:—

<i>Category</i>	<i>Number</i>
Black rats	—
Brown rats	—
Species not known	—
Sent for examination	—
Infected 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

<i>Nature and Number of Inspections</i>	<i>Notices served</i>		<i>Result of serving Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	
Primary 207	—	25	25 complied
Other 22	—	—	—
TOTAL 229	—	25	25 complied

SECTION XIV—PUBLIC HEALTH (SHELLFISH) REGULATIONS, 1934 AND 1948
No change.SECTION XV—MEDICAL INSPECTION OF ALIENS (APPLICABLE TO PORTS APPROVED FOR THE LANDING OF ALIENS)
*(Not applicable)*SECTION XVI—MISCELLANEOUS
No change.

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 service rendered by the Chief Port Health Inspector.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

P. G. ROADS,
*Medical Officer of Health,
City and Port of Portsmouth.*

REPORT OF THE PUBLIC ANALYST

The City Analyst's Department,
Trafalgar Place,
Clive Road,
Portsmouth.

To the Chairman and Members of the Health Committee.

I have the honour of submitting my first Annual Report dealing with the work of the Department during the year ending 31st December, 1966.

To succeed to the office held by my respected colleague, the late Mr. A. L. Williams, F.R.I.C. is an honour only exceeded by that of becoming Public Analyst to the City of Portsmouth.

Changes of this nature inevitably bring problems to all concerned. However, the generous assistance I received from the Chairman, members of Committee, and the other Chief Officers has enabled the transition to be as smooth as possible. A special mention should be made of Mr. A. J. Harrison, the Deputy City Analyst, who took over the control of the laboratory at very short notice, and who did so much more than merely keep the Department running smoothly.

I would also wish to have on record my appreciation of the loyal service of the staff of the Department; and to thank Mr. E. J. Wright, the Sampling Officer, whose ready co-operation makes the work of the laboratory so much more effective.

There were two noteworthy academic successes during 1966. Mr. A. R. Perry passed the examination for the Graduateship of the Royal Institute of Chemistry. He is the second person to obtain full professional qualifications under the training scheme initiated by my predecessor. Mr. E. E. J. King is now attending a full-time course of study for the Graduateship as a result of passing the Higher National Certificate Examination in Chemistry at an exceptionally high standard, which entitled him to exemption from part of the Final Examination. The part played by the Committee members in the encouragement of staff training is much appreciated.

In the early months of 1966 the number of staff was below establishment and the work load was heavy. Nevertheless a satisfactory output was maintained. In July the Department was carrying out a survey of Teddy Bears with an objectionable filling, and was successful not only in removing them from sale in Portsmouth, but also enabling the Home Office to trace the importer. Later in the year active participation in the Ministry of Agriculture, Fisheries and Food Pesticide Residue Scheme was commenced, which placed an extra burden on the Deputy and Staff. During this year a significant increase in the number of 'prescription only' drugs has been made, to meet the need for a careful scrutiny of these products. Also during the year reports were submitted on the immediate future changes in the duties of the Public Analyst, and on the new and expensive equipment which might well be required to undertake these duties. The support of the Committee in these new tasks is much appreciated, and has resulted in provision being made for the purchase of the necessary equipment in 1967.

The total number of samples examined should not now be regarded as the only index to the amount of service given to the public. Because of the increased use of food additives and the increase of legislation for the protection of the consumer it is estimated that the analysis of Food and Drug

samples takes, on the average, half as long again as it would have done in 1956. Pesticide residue analysis is particularly time consuming and exacting, toxicological analysis is becoming more complex and to enter a new field of work invariably requires a preliminary period of investigation. However, the number of samples undertaken in 1966 compares well with previous years, as may be seen from the following table:—

The total number of samples submitted for examination was 4,006.

Food and Drugs Act	1,404
Designated Milk	478
Ice Cream and Cream (hygienic quality)	64
City Water	18
Swimming Bath Water	170
Sea Water	134
Fertilisers and Feeding Stuffs Act	9

SAMPLES EXAMINED FOR:—

Borough of Gosport	160
Isle of Wight County Council	163
Fareham Urban District Council	178
Havant and Waterloo Urban District Council	223
Other Local Authorities	76
Portsmouth Corporation Departments	357
Miscellaneous	572
TOTAL	4,006

ATMOSPHERIC POLLUTION TESTS:—

Daily Sulphur Dioxide	1,302
Daily Smoke	1,299
Rain Gauges	12

Of the 1,404 samples purchased in the City of Portsmouth for analysis under the Food and Drugs Act, 129 (equal to 9·2 per cent) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory.

I am, Mr. Chairman and Members,

Your obedient servant,

G. B. THACKRAY,
Public Analyst.

MILK

642 samples of ordinary milk and 241 Channel Island milks were examined during the year, all were free from added colour and preservative.

The samples were derived from the following sources:—

437 in pint bottles and cartons from retailers selling to the public.

404 ex-farm milks being delivered to dairies.

42 in one-third pint bottles delivered to various schools.

ORDINARY MILK

Of the 298 samples of milk contained in pint bottles and cartons, 63 were of poor quality, i.e. free from added water but deficient in solids-not-fat, and one sample of untreated milk was 6.7 per cent deficient of the minimum standard of fat.

302 samples of ex-farm milk were taken from churns and tankers immediately upon arrival at the local dairies. Of these, 70 samples were found to be of poor quality being deficient in solids-not-fat. There was no evidence of the deliberate abstraction of cream or the addition of water in these cases. 4 samples were deficient of the minimum limit of milk fat probably due to inadequate mixing of the morning and evening milkings. The farmer was informed and kept under surveillance, further samples were satisfactory. One sample from another producer was found to be deficient of the minimum standard of milk fat but further samples were found to be satisfactory. 21 samples of milk from one producer contained amounts varying from 0.2 to 15.6 per cent of added water. The producer pleaded guilty on 4 charges and was fined £10 on each and £10 10s. 0d. costs. 8 samples from another producer were found to contain amounts ranging from 3.0 to 20.8 per cent of added water. Here again the producer pleaded guilty on seven charges and was fined £15 on each and £5 expenses.

Of the 42 samples of school milk in one-third pint bottles one was found to contain 0.7 per cent of added water but a further formal sample was found to be satisfactory.

21.1 per cent of the samples of milk on sale to the public were found to be naturally deficient in solids-not-fat as opposed to 14.9 per cent in 1965 and 21.8 per cent in 1964.

The natural seasonal variations in quality follow the same pattern as before but, as shown in the table below, the improvement in 1965 has just been maintained.

Month	% Fat	% Solids-not-Fat	% Total Solids	No. of Samples examined
January	3.94	8.44	12.38	19
February	3.80	8.42	12.22	28
March	3.70	8.43	12.13	27
April	3.57	8.60	12.17	28
May	3.38	8.71	12.09	29
June	3.50	8.68	12.18	16
July	3.64	8.61	12.25	29
August	3.57	8.65	12.22	34
September	3.71	8.73	12.44	20
October	3.86	8.68	12.54	38
November	3.83	8.66	12.49	39
December	3.93	8.51	12.44	33
Average 1966 ..	3.71	8.60	12.31	340
.. 1965 ..	3.68	8.62	12.30	311
.. 1964 ..	3.71	8.56	12.27	349

CHANNEL ISLAND MILK

139 pint bottles of Channel Island milk were examined from retailers selling to the public. All these samples were satisfactory in that they contained at least 4.0 per cent of milk fat as required by law.

The quality of Channel Island milk sold to the public has been maintained. The average per cent fat compared with that of ordinary milk distributed by the dairies is shown below.

	<i>Channel Island Milk</i>	<i>Ordinary Milk</i>
1965	4.52	3.68
1966	4.55	3.71

In addition, 102 samples of ex-farm Channel Island milk delivered to dairies were examined. Of these, 7 samples from 4 farms were deficient of the minimum standard of fat. In two cases, after consecutive testing had been carried out by a dairy and the farmers warned, further samples were satisfactory. Further repeat samples in the other cases were found to be satisfactory. 3 samples were also found to be deficient in solids-not-fat but on each occasion subsequent samples were found to be of satisfactory quality.

HYGIENIC QUALITY OF MILK

355 samples of milk were examined by the phosphatase test to check the efficiency of the pasteurisation and all were found to be satisfactory.

Of the 412 samples of milk tested for keeping quality by the methylene blue test 12 failed.

7 of these samples were untreated milk contained in cartons and were taken from refrigerated vending machines. Investigations revealed a variety of possible causes of failure:—

1. Intermittent failure in the refrigeration mechanism.
2. Failure to place cartons in strict rotation for sale whereby old milk was mixed with the new.
3. Failure to keep the milk at a low enough temperature during distribution.
4. Inadvertently switching off the refrigeration mechanism on closing the retail premises.

5 failures were found in bottled milks and investigations revealed the following:—

1. A fault in the refrigeration mechanism at the dairy distribution depot.
2. The receipt at the dairy of sub-standard milk supplied from three farms. The dairy was cautioned and the supply from these farms was discontinued.

66 samples of sterilised milk supplied by three local dairies were examined and found to be adequately sterilised.

ANTIBIOTICS IN MILK

During the year 325 samples of ex-farm milk have been examined for penicillin and other antibiotic residues. As in previous years, the percentage of samples containing traces of penicillin, i.e. less than 0.05 i.u. per millilitre was 4 per cent (13 samples) and the percentage containing penicillin residues in the range 0.05 to 0.5 i.u. per millilitre was 1.5 per cent (5 samples). No antibiotic residues other than penicillin were detected.

In addition 18 samples of ex-farm milk submitted by the Isle of Wight County Council were examined and found to be free from penicillin and other antibiotic residues.

In each case, where penicillin was detected at or above 0.05 i.u. per millilitre the dairy and farmer were informed. It appears that many farmers are still unaware that the administration of some penicillin preparations results in milk containing penicillin for 48 hours or more and there is still some doubt about the possibility of migration of penicillin compounds from one quarter of the udder to the other quarters.

ICE CREAM

NUTRITIVE QUALITY

8 samples of ice cream were examined for compliance with the Food Standards Ice Cream Order and all were found to be satisfactory, i.e. containing fat above the legal minimum of 5 per cent.

HYGIENIC QUALITY

61 samples of ice cream were examined by the methylene blue test and 13 were found to be unsatisfactory from a hygienic (bacteriological) viewpoint.

Investigation concerning the unsatisfactory samples from one manufacturer revealed that the ice cream was deteriorating during storage due to a leak in the cooling jacket of the ageing vat.

Ice cream may be graded according to the efficiency of its heat treatment and subsequent handling. The following table indicates the percentage of ice cream falling into the respective grades during the last three years.

		1966	1965	1964
Satisfactory	Grade 1	51%	47%	62%
Satisfactory	Grade 2	15%	12%	15%
Inferior	Grade 3	13%	22%	8%
Unsatisfactory	Grade 4	21%	19%	15%
		} 66%	} 59%	} 77%

It must be stressed that the above table does not give an indication of the general standard in the City because manufacturers found to be producing inferior or unsatisfactory quality ice cream are revisited and further samples taken.

CREAM

HYGIENIC QUALITY

3 samples of cream were taken for comparison with other double creams which were alleged to deteriorate rapidly. They were subjected to the methylene blue test for keeping quality. One sample failed the test and had a count of 5 million organisms per gram but contained no E Coli Type 1. The results obtained were consistent with undue storage of the milk, before separation which was subsequently admitted by the dairy.

FOODS OTHER THAN MILK

Two samples of pork sausages from two retailers were found to contain less than the minimum meat content accepted in this area, i.e. 65 per cent. meat. In each case the retailer was advised. One retailer agreed to work to an amended formula in the future, the other stated that an increase in the meat content would result in a price increase and that he would discontinue

the manufacture of sausages. Undeclared sulphur dioxide preservative was found in sausages purchased from three retailers; all were advised and undertook to comply with the law in the future.

Canned chow mein noodles, an unusual product, canned in the dry form, were found to exceed the limit for lead. Additional samples carrying the same batch number were examined by the manufacturer, an American company, and by this department. The lead content was found to be higher on the samples examined in this country. The conclusion reached was that abrasive action between the dried noodles and the can during transit had caused the contents to become contaminated with lead. The manufacturer agreed to insulate the seam of the can to prevent this contamination. Two samples of drained angelica also contained an excess of lead and the importer undertook to ensure that all future supplies complied with the Lead in Food Regulations 1961. A sample of chilli powder contained an undesirable amount of copper but a further sample was found to be genuine.

Following two complaints concerning the condition of cans containing rhubarb, samples from the respective manufacturers were examined. The condition of these cans was unsatisfactory, the fruit and juice having high iron and tin contents. The matter was taken up with the Fruit and Vegetable Preservation Research Association and the Fruit and Vegetable Canners' Association, who are both investigating the hazards of canning rhubarb. A new type of lacquer is now being used which it is hoped will prevent contamination of the fruit. In my view date stamping of the cans would further reduce the hazard; the manufacturers, however, have not agreed to this suggestion.

A can containing corned beef was heavily sulphided and the contents were of unsatisfactory appearance. Additionally the bottom plate of the can had been put on upside down so that the interior was not lacquered. Investigation revealed that this was old stock, and having been through the hands of a number of wholesalers had suffered prolonged storage. The remainder of the batch was withdrawn from sale, and the retailer cautioned.

A sugar confection containing fruit and nuts had a rancid taste caused by prolonged storage on the retailer's premises. A prepacked fresh grapefruit was found to be seriously affected by mould and the retailer, a supermarket, was duly informed.

A sample of marmalade, not hermetically sealed, was found to be deficient of the minimum standard of soluble solids and the manufacturer/retailer was advised.

An orange drink and an orange crush contravened the Soft Drinks Regulations 1964 in that they failed to contain the prescribed amount of sugar. However formal samples taken subsequently proved to be satisfactory.

Five samples of instant skimmed milk powder from a manufacturer failed to comply with the Dried Milk Regulations 1965. Three of these samples also contained excess moisture. After much correspondence, which failed to obtain any co-operation from the manufacturer, proceedings were taken. The manufacturer was fined £25 and £50 and the retailer £5 for lack of due diligence.

'Beans in tomato sauce' contained a whole maize corn. The manufacturer stated that maize corn was not used on the premises and must have been in the raw beans prior to manufacture. The manufacturers use an electric detector, but because of the similarity of size and shape, a maize corn might not be detected.

A drink labelled 'Ginger beer and cyder (less than 2 per cent. proof)' contained 20 per cent. in excess of the declared maximum content of alcohol

due to fermentation in the bottle; all the yeast cells should have been removed by filtration, but evidently some had escaped the filter.

The Mineral Hydrocarbons in Food Regulations 1966 require that any dried fruit shall contain not more than 0.5 parts per 100 parts by weight of mineral hydrocarbon. An informal sample of sultanas contained 0.5 parts in excess of the permitted amount. A formal sample of the sultanas proved on analysis to be satisfactory.

A sample labelled 'Honey Bear Spread' gave undue prominence to the words 'Honey Bear', which constituted the Trade Mark. The overall appearance of the label was such as to give a clear impression that the product was honey and not a spread, particularly as the retailer had displayed the article amongst a number of different brands of honey. This sample therefore contravened the section of the Food and Drugs Act 1955, which makes it an offence to give, with a food, a misleading label. After much correspondence the manufacturers agreed to give more prominence to the true designation, by printing the word 'spread' in a darker colour.

LABELLING OFFENCES

59 samples of prepacked foods were criticised for failing to comply with the requirements of the Labelling of Food Order 1953. They fall into the following categories:—

Label failed to identify the packer.	Chunk comb honey, pears in syrup, peeled tomatoes, Danish blue cheese, lemon curd, lolly drink, cocktail shrimps.
No common or usual name given on the label.	Pears in syrup, peeled tomatoes, lolly drink.
List of ingredients in wrong order, not declared or incomplete.	Sugar confection, filleted jellied eels, tomato purée, sweet tops, banana nut loaf mix, lolly drink, rhubarb in heavy syrup, bolognese sauce, mayonnaise, shrimp flavoured chips, linseed oil mustard, cooking salt, shredded beef suet, angelica, cut mixed peel.
Incorrect designation of the product.	Raspberries in syrup, Lancashire rarebit, vinegar, cola and rum, red currant juice, pineapple/grapefruit juice drink.
Non-specific descriptions used for ingredients.	Raisin gelifié, lolly drinks, banana nut loaf mix, wild blueberry muffin mix, sliced apple thins, vitamin sweets, foam crystals, low sugar strawberry jam.
Statutory declaration not in the prescribed form.	Skim milk powder.

DRUGS

Three samples of proprietary aspirin tablets failed the British Pharmacopoeia test for free salicylic acid due to deterioration as a result of prolonged or inadequate storage. Of the three retailers, not pharmacists, two discontinued the sale of the product and the stock of the third was replaced by the manufacturer.

Ammoniated tincture of Quinine and Spirit of Sal Volatile were erroneously labelled B.P. The pharmacists amended the labels of the existing stocks to comply with the law.

One capsule out of a pack of ten Vitellae Amyl Nitrite B.P.C. was empty. These glass capsules are broken and the vapours inhaled for the relief of angina. Delay in obtaining relief, such as might be caused by an empty capsule, could be very distressing, if not dangerous. The manufacturer stated that this must have been a very rare occurrence and one that had not previously been brought to their notice.

A sample of Parrish's Chemical food purchased from a pharmacist was found to be 32.5 per cent. deficient of its proper proportion of iron. Investigation revealed that the sample was the last of old stock. A sample taken from the new stock of the product was satisfactory.

Rose hip tablets were found to be 76.7 per cent. deficient of Vitamin C. The manufacturer undertook to make a regular inspection of stocks held by all retailers and in future to label the product with the date of manufacture.

An excessive quantity of talc was found in a sample of buchu pills. It is now considered that the ingestion of talc is not without hazard, and should be kept to a minimum. The manufacturer was advised to limit the amount of talc to that usually used in modern manufacturing practice.

Headache and neuralgia powders showed an excessive deviation from the mean powder weight. The manufacturer undertook to have the production of the powders more closely checked and to examine the stock held by the retailer.

A 48 per cent. deficiency of the stated content of methypentynol was found in a sample of hypnotic capsules. An investigation revealed that the sample was taken from old stock. The manufacturer undertook to examine all the stocks held by retailers and wholesalers at that time.

Deficiencies of 16.7 per cent. sulphur and 30 per cent. potassium acid tartrate were found in sulphur lozenges sold from a stock bottle. The pharmacist discarded the remainder of the product and will not reorder.

FERTILISERS AND FEEDING STUFFS ACT 1926

7 samples of fertilisers and 2 of feeding stuffs were examined under the above Act. A sample of Sweet Pea Fertiliser was found to be deficient in nitrogen and potash to the prejudice of the purchaser. The manufacturer undertook to correct the declaration on the label. Two fertilisers and two feeding stuffs were not accompanied by any statutory statements and in each case the retailers were cautioned. It has been found that many small retailers are unaware of the Fertilisers and Feeding Stuffs Act 1926 and its implications when goods are sold loose to the public. When informed of their obligations under this Act some of the small retailers prefer to discontinue the sale of loose fertilisers and feeding stuffs.

CHANGES IN LEGISLATION

Seven new or amended Regulations have been issued in 1966, also three proposals for Regulations. Three Reports have been issued by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food.

New Regulations

The Salad Cream Regulations 1966 continue the standards previously laid down for Salad Cream, viz.—not less than 25 per cent. vegetable oil and not less than 1.35 per cent. of egg yolk solids, and include additional safeguards to prevent the use of the words 'salad', 'cream' and 'mayonnaise' to describe products not intended to comply with the Salad Cream Standards.

The Mineral Hydrocarbons in Food Regulations 1966 which replace the previous regulations, permit larger quantities of paraffin wax to be used in certain products such as chewing gum, and, at the same time lay down strict requirements with regard to the type of hydrocarbons permitted to be used. Thus no extra hazard is introduced. However, the Regulations require that a sample of a kilogram (approximately 2lbs.) of the mineral hydrocarbon, the equivalent of 10lbs. of chewing gum, would therefore be required to order to carry out the analysis! In practice, therefore, sampling can only be carried out on the ingredients used, at the factory.

The Butter Regulations 1966 replace the Food Standards (Butter and Margarine) Regulations 1955 as far as butter is concerned. Requirements regarding the amount of milk fat, milk solids and moisture in salted and unsalted butter are set out, and the Regulations, which come into force in September, 1967, also control the labelling and advertising of butter.

The Colouring Matter in Food Regulations 1966 come into operation in June 1967, and replace the existing regulations made in 1957. The new Regulations delete six dyes from the permitted list and add Black 7984 to the list. Added colour is prohibited in certain foods. (Vegetables are one such food; but exceptions are provided for the colouring of the skins of oranges and husks of nuts!) Specifications are laid down for some colours and for the solvents used as diluents.

The Antioxidant in Food Regulations which prohibit the use of antioxidants in food for babies and young children, and alter the limits for butylated hydroxyanisole and butylated hydroxy-toluene in high potency Vitamin A concentrates and also permit the use of ethoxyquin on apples and pears. The introduction of ethoxyquin into the Regulations was something of a surprise, whilst technically it is correctly described as an antioxidant, ethoxyquin is used to delay the browning of the flesh of apples and pears, whereas all the previously permitted antioxidants have been used to prevent rancidity in oily substances.

The Cheese (amendment) Regulations 1966 come into effect together with the Cheese Regulations 1965. The amendments modify the definition of a 'compound product' and lay down fat and moisture contents for an additional range of (mostly) continental cheeses.

The Skimmed Milk with Non-Milk Fat (amendment) Regulations add further proprietary 'Skimmed milk with non-milk fat' preparations to the list of products permitted to be sold without the statutory declaration 'Unfit for Babies.'

Proposals for Regulations

The following proposals have been received and were given consideration during 1966:—

Amendments to the Cheese Regulations 1965 followed in due course by the Regulations mentioned above.

Proposed Regulations for Fish and Meat Spreadable Products include the suggestion that the word 'spread' as in, for example, 'Beef Spread' should only be used when there is 70 per cent. of the named variety present, i.e. 70 per cent. of beef. Products containing a mixture of beef and other meats will have to be described as 'Meat Paste'. This is a completely new use of the words 'Spread' and 'Paste' and it will be some time before the public learn to appreciate such a distinction. The proposals do, however, include an improved standard for meat in meat paste, viz. 70 per cent. instead of 55 per cent.; thus bringing the requirement up to that for fish in fish paste.

Proposals were made for Regulations governing the use of solvents. It was suggested that a short permitted list of solvents be made in order to prevent the indiscriminate use of harmful diluents and dispersing agents.

Reports

Report of the Food Standards Committee on Claims and Misleading Descriptions:—

This report completes the Food Standards Committee's review of the Labelling of Food Order 1953. The Committee's first Report on Food Labelling was produced in 1964. The second report makes recommendations regarding the use of special claims for food such as 'natural', 'pure', 'home-made', 'diabetic', 'high protein,' etc., the use of certain words such as 'steak,' 'steaklet,' 'cutlet' and '...burger'; claims for vitamins and minerals have been considered, and recommendations made, for the correct use of these claims on labels.

The Food Additives and Contaminants Committee's Report on Solvents:—

The Committee studied 20 solvents currently in use for food colours and flavours and recommended that a permitted list of eight be made. These eight together with diethyl ether are now included in the proposed list of permitted solvents which was issued six months after the publication of the report.

The Food Additives and Contaminants Committee's Report on Cyclamates:—

The Pharmacology Panel of the Committee, having reviewed the toxicological information available on cyclamates, were of the opinion that there was no apparent hazard from the amounts of cyclamate likely to be consumed when used as a sweetening agent. The Committee accepted the view of the Panel but felt that the matter should be reviewed in five years time, after the completion of some long-term studies, at present being undertaken. Recent evidence has suggested that an early review is most desirable.

SWIMMING POOL WATERS

During the summer months samples of water from two outdoor swimming and paddling pools were taken for bacteriological and chemical examination. On three occasions trace bacteriological contamination were reported and suitable action was taken immediately. There was no evidence of continued contamination.

Victoria Park swimming pool and immersion pool waters have been subject to a new water treatment. This system is comparatively new in this country and is proving more economic than the standard treatment. The water is attractively clean and bright and free from the objectionable chlorine odour. There were, however, teething troubles and on three occasions in the first few months of operation, the water was bacteriologically unsatisfactory. These early difficulties were overcome and subsequent samples were very satisfactory.

Advice was sought on other swimming pools (3 outdoor and 2 indoor) from time to time. Samples examined from these pools proved satisfactory.

No complaints have been received from bathers; the analytical control of residue chlorine and alkalinity continues to maintain a high standard of swimming pool water.

CITY WATER SUPPLY

Two complaints from consumers that the water supply had an abnormal flavour were investigated and samples were examined bacteriologically and chemically but no abnormality was detected.

Routine samples of the City Water Supply were examined at regular intervals and were found to be of good chemical and bacteriological quality and were free from significant metallic contamination.

ATMOSPHERIC POLLUTION

During the year, 2,601 sulphur dioxide and smoke determinations were carried out in connection with the National Survey of Atmospheric Pollution. This is the fifth year of the Survey, information still being derived from five stations situated throughout the City, covering areas from 'light residential' to a 'commercial working area'. The results continue to indicate a degree of contamination of the atmosphere below the average for similar areas.

The monthly analysis of the rain water collected by a gauge at Church Road, Fratton, continued to indicate that there is a relatively low degree of contamination of the atmosphere with dust and other materials in the rainy months of the year.

PESTICIDE RESIDUES IN FOOD SURVEY

The lack of analytical information concerning the degree of contamination of food with pesticide residues, coupled with an increasing public concern, prompted initial negotiations between the Association of Public Analysts and the various Local Authority Associations with a view to conducting a national survey. These Associations in conjunction with the Ministry have now produced a statistically-based sampling programme which began on the 1st August this year.

The scheme divides the country into zones which are then further subdivided into Local Authority areas where sampling of specified foods is carried out and the samples submitted to the Public Analyst for examination.

The terms of reference laid down for the survey require that analysis shall be carried out to the ultimate limit with the proviso that the presence of a residue must be confirmed before it is reported. However, for statistical purposes, the Ministry only require notification of residues in excess of the following limits:—

<i>Milk and Infant Foods</i>					<i>Parts per 10⁹</i>
D.D.T. and allied Compounds .. .. .	..	..	..	..	20
Other organo chlorine insecticides .. .. .	..	..	..	..	2
Organo phosphorus insecticides .. .. .	..	..	..	..	50
<i>Other Foods including Dried Milk</i>					
D.D.T. and allied compounds .. .. .	..	..	..	..	50
D.D.T. metabolites .. .. .	..	..	..	..	20
Other organo chlorine insecticides .. .. .	..	..	..	..	20
Organo phosphorus insecticides .. .. .	..	..	..	..	50
Arsenic .. .. .	..	..	..	..	100
Lead .. .. .	..	..	..	..	100
Mercury .. .. .	..	..	..	..	100

The analysis necessitates the use of a gas chromatograph, one of the most versatile and sensitive instruments to be developed in recent years; this instrument is capable of detecting pesticide residues well within the reporting level of the survey. Some indication of the care, analytical expertise and experience necessary to obtain accurate results for this work is indicated by the fact that the expression "parts per 10⁹" used in the table of reporting limits means parts of pesticide in one thousand million parts of sample.

This laboratory is now equipped with the necessary instrumentation and is actively engaged on the analysis of survey food samples. To date samples of rice, sprouts, potatoes and milk have been examined for this Authority and for the four other Authorities which we serve on a fee-paying basis. In addition, samples of imported foods have been taken by the Port Health Authority.

Several trace residues of pesticides have already been detected but so far none has been in excess of the Ministry limits set out above.

Considerable development of analytical techniques is still required, especially with respect to confirming the identity of the residue detected, the detection and identification of phosphorus-based pesticides and fitting new pesticides into the overall scheme of analysis. The acquisition of the gas chromatographic equipment has opened up many new potential uses for this instrument within the laboratory and it may well prove to be the 'test tube' of the future.

FOREIGN MATERIALS IN FOOD

65 complaints made by the public in the Portsmouth area of the presence of foreign matter in food were investigated compared with 60 in 1965 and 49 in 1964. Although there is a significant increase in the number of complaint samples over the years, it is not felt that there is any more laxity on the part of retailers and manufacturers but that the public, through the medium of television and radio, are more aware of the action they should take. The following summary lists some of the materials which were identified in the foods indicated.

Bread	Putty.
Biscuits	String, moth larva.
Cake confectionery	Mould.
Cheese	Mould.
Meat preparations	Mould, animal hide and hairs.
Cherry jam	Part of mouse.
Marmalade	Larva
Cornflakes	Potato peeling.
Canned vegetables	Slug, mould.
Sugar confectionery	Part of wasp, ant.
Peanut butter	Glass.
Canned milk pudding	Jute fibres.
Flaked rye	Mould.
Milk	Sand, cellophane wrapper, mould, dust, dirt.

An allegation that pellets found in a meat pie were rodent droppings was investigated; the pellets consisted entirely of meat.

The 'glass' in canned salmon was identified as crystals of struvite, a substance natural to salmon and easily mistaken for foreign matter.

SCHOOL MEALS SERVICE

44 samples of a variety of foods derived from School Meals kitchens were examined.

A complaint from a School Meals kitchen concerning the quality of contract milk supplied in churns was investigated. Samples of milk were examined and, in two instances, were found to contain 53 per cent. and 42 per cent. added water respectively. As a result, the Department undertook to examine the milk from school milk supplies at monthly intervals. Many dried peas do not contain more than 3 per cent. of unsatisfactory peas and a sample containing 7 per cent. by weight of blackened or infested peas was criticised.

Two school meal main courses and a sweet were examined to ascertain the probable calorific value and protein content.

The following complaint items prepared in school meals kitchens were submitted:—

A rice pudding was alleged to be 'curdled'. The rice pudding and the ingredients used in its preparation were examined but showed no abnormality likely to cause curdling.

A meat pudding was alleged to have a 'fruity' flavour. Investigation at the kitchen revealed that the meat had been cooked and stored in a refrigerator overnight adjacent to a jelly. The jelly had been hot when placed in the refrigerator and was sufficient to cause the meat to acquire the slight 'fruity' taint. Advice concerning the storage of such foods was given to the kitchen staff.

Custard was examined for the presence of phenolic substances following an allegation that it had a disinfectant taste. The appearance and odour were normal and no abnormality was detected.

Cooked meat with fat and gravy was alleged to have an 'off' taste. Six observers in the laboratory examined the sample, by taste and odour, but no abnormality was detected.

OTHER FOOD AND DRUG AUTHORITIES

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

	<i>Isle of Wight</i>	<i>Gosport</i>	<i>Fareham</i>	<i>Havant</i>
Food and Drugs	163	160	179	223
Unsatisfactory	12	7	22	24
Percentage unsatisfactory ..	7.4	4.4	12.3	10.8

As many of these foods are on sale over a wide area these criticisms are of general interest.

ISLE OF WIGHT

A product described as 'Just Ginger' contained insufficient sugar solids to prevent fermentation and as a result contained an undesirable amount of yeasts, sufficient to produce a yeasty odour and taste. Similarly, a sample of home-made raspberry jam was found to be deficient of the proper proportion of soluble solids. A salad cream was deficient of the proper proportion of edible vegetable oil and the manufacturer undertook to improve the quality control. A product advertised as 'Full Cream Rindless Cheese' contained insufficient fat to qualify for the description 'cream cheese'. The ingredients given on the label of a rum butter were not in the correct order of proportion by weight.

It may be of interest that many samples, particularly those of the perishable variety, submitted by the Isle of Wight are being sent by Hovercraft.

GOSPORT

The declaration of equivalent pints on two samples of dried milk was not in the prescribed form. The label of a Lancashire Cheese failed to give the address of the packer. A flat crescent-shaped piece of metal was found in a loaf of bread. A faulty area of lacquering on the inside of a can of chopped ham and pork had permitted corrosion of the metal and consequent staining of the meat. Amyl Nitrite Vitrellae, normally broken within a cotton wool pad and the vapour inhaled, were found to explode on opening and in use would have resulted in a lack of adequate medication: the importance of these Vitrellae has been explained earlier in this Report.

FAREHAM

The quantitative particulars on the outer carton of an adrenaline cream differed from those on the container and were incorrect. The list of ingredients on the label of a sample of pork brawn implied that the meat content was 90 per cent. but in fact the product contained only 81.3 per cent. meat. A dietary loaf failed to comply with the Bread and Flour Regulations 1963 in respect of the description and the required declarations. An 'apricot with sherry' preserve was deficient in soluble solids. Incorrect voluntary declarations of ingredients were given on the labels of two samples of

mayonnaise. The label of a sodium glutamate preparation failed to give a list of ingredients in English; no one in the Department was able to read the proliferation of Chinese characters. A sample of clotted cream gave no name and address of the packer. The generic term 'permissible emulsifier' was used in the list of ingredients of a cake decoration instead of a specific term and the list of ingredients of a sample of 'shrimps in brine' were declared in the wrong order. The designation 'Tuberculin Tested Milk' ceased to be an approved designation in 1964, but had been used for an untreated milk. A cheese covered with grape marc contained insufficient fat to qualify for the description 'cream cheese' and was contaminated with a mould growth on the outer edges—apparently in association with the grape marc. A can of corned beef showed excessive sulphiding.

The wide variety of contaminants found in food are listed below:—

Cornish Pasty	Sand and cement.
Danish Pastry	dust, dirt, vegetable debris and wood fibres consistent with material found in the bottom of a wooden container for dried fruit.
Evaporated Apricots	Slight infestation of ants.
Crystallised Rose Leaves	maggot, insect excreta and webbing.
Soup	Plastic material, probably a portion of a sealing compound such as might be used in machinery or can seams.
Lemonade	Phenolic substances from the sealing washer gave rise to an objectionable taste.
Invalid Bovril	Undesirable amount of zinc.

HAVANT

Amyl Nitrite Vitrellae were again the subject of criticism and on this occasion contained 33 per cent. more than the stated quantity of amyl nitrite.

Three samples of 'beef steak with gravy' were labelled 'beef content not less than 75 per cent.' but each can contained only 70 per cent. meat and was deficient of the declared minimum meat content. A 'stewed steak in gravy' contained only 65.4 per cent. meat instead of not less than 70 per cent. Two samples of 'whole fruit' strawberry jam were deficient of their proper proportion of fruit and one of these samples contained no whole fruit. A canned pure dairy cream had a marginal fat content and an unsatisfactory appearance and odour. A sufficient quantity of moisture was found in a lemonade powder to cause caking. The generic term 'cereal' was used in the list of ingredients of a sample of 'salmon spread with butter' instead of a specific name. The statutory statement on the label of a full cream evaporated unsweetened milk was not given in the prescribed form and the words 'Registered Trade Mark' were not given in full. A list of contaminants found in food is given below.

Beef and vegetable curry	Excessive sand and grit.
Bread	A piece of concrete with adhering aggregate.
Bread	A piece of dough stained by mineral lubricant with finely divided iron.

Imperial Mint Sweets	Small dark flecks on the surface of sweets probably caused by abrasion against a metallic surface.
Cake	Local high concentrations of bicarbonate of soda as a result of inadequate mixing.
Iced lolly	Contained approximately 0.3 per cent. of calcium chloride, from the cooling liquid used in the refrigeration plant.

TOXICOLOGY

A total of 231 specimens were submitted for analysis by the Coroners of Portsmouth, South Hampshire and the Isle of Wight in connection with 87 inquests.

Examinations for alcohol were carried out on specimens submitted from 27 fatalities associated with road accidents. In 20 cases (74 per cent.), blood alcohol was detected. The results can be summarised as follows:—

<i>Milligrams per 100 ml.</i>	<i>Number of Cases</i>
50—100	7
100—200	6
over 200	7

Barbiturates continue to be the most common group of drugs detected in toxicological specimens in this area. In the past year, 36 cases have been investigated, resulting in the detection and identification of barbiturates; in 8 of these cases, alcohol was found to be a contributory factor to the cause of death.

8 cases of salicylate poisoning were reported compared with 2 in the previous year; 6 of these cases were shown to be associated with other drugs including phenacetin, caffeine and codeine.

In 13 cases, after making an exhaustive search for a variety of drugs known to have been available to the deceased, negative findings were reported.

One fatal case of Nivaquine (chloroquine phosphate) poisoning, in association with alcohol, was detected. The estimation of chloroquine phosphate in the specimens submitted was only achieved after research work had been carried out.

The lethal combination of 'Paris Green' (copper acetoarsenite) and alcohol was found to have been consumed in one case; analysis of various organs for arsenic content gave adequate evidence of arsenical poisoning.

In the 1965 Report a comment was made on the tendency to prescribe a variety of drugs over a short period of time. In one case of a massive overdose of barbiturate associated with alcohol, these observations were well substantiated. A total of 1,478 tablets and capsules were submitted as being in the possession of the deceased at the time of death. Of these 653 were Tuinal capsules (a mixture of amylobarbitone and quinalbarbitone), 107 other barbiturate tablets and a miscellaneous assortment of tranquillisers and anti-depressant tablets. The barbiturate tablets, alone, would have been sufficient to have effected about 100 deaths.

CONSTRUCTORS JOHN BROWN LIMITED

Work has continued throughout the year on the examination by chemical and bacteriological techniques of samples of crude sewage and sewage effluents submitted by Constructors John Brown Limited, in connection with their experimental sewage plant at Cosham.

During the course of the year some 180 samples were examined for probable number of coliform organisms, for biochemical oxygen demand and chlorine content. Several bench scale experiments were conducted in the laboratory to study the effect of chlorination on sewage effluent bacteria at varying concentrations and contact times.

At the Annual Conference of the Institute of Sewage Purification, held in Brighton, a paper on 'Electrolytic Sewage Treatment; The Modern Process' was read by Mr. H. W. Marson of Constructors John Brown Limited and contained, as an Appendix, a short paper on 'The Selection and Modification of Techniques for the Bacteriological Examination of Crude and Chlorinated Sewage', submitted by a member of the City Analyst's Laboratory.

Two members of the staff had the opportunity of attending a Conference at C.J.B. House where many interesting items were discussed with Mr. Wood, a microbiologist from the Ministry of Agriculture, Fisheries and Food. Much useful information was derived from this discussion on the problems of sewage pollution of the sea and its possible effect on marine life.

During the latter part of the year samples of sewage effluent were sent by air to the Laboratory, for analysis, from a new plant built in Guernsey by C.J.B. Ltd. We understand that Guernsey is not the ideal place to take samples of sewage effluent, in the middle of winter, from a rowing boat, in a force 9 gale.

The income from this source for the year ended December 1966 was £221.

TEDDY BEARS

Following a report that soft toys were on sale in this country containing an objectionable filling, a Portsmouth citizen submitted a Teddy Bear. The filling consisted of urea-formaldehyde resin in the form of a fine powder. Not only was such a fine inert dust unsuitable for inhalation, but also this resin emitted formaldehyde vapour in quantities which could easily have become toxic to small children in an enclosed space.

Investigation showed that a number of these bears had been retailed in Portsmouth by an agent. By the end of a busy week the Sampling Officer had traced all this batch of bears and after the fillings had been analysed, removed them from their young owners, for their own good. It is to be hoped that the parents made some restitution to the dispossessed!

The name and address of the wholesaler/importer was ascertained and the Home Office informed, the personnel of which were very grateful; they having been endeavouring to obtain this information for some weeks without success. Other retailers stocks were examined to ascertain if this type of bear was available elsewhere in Portsmouth. It was found that two retailers had handled similar bears. One was out of stock and cancelled his outstanding order; the other returned his existing stock. The Health Visitors were informed of the hazard.

NITROUS OXIDE CYLINDERS

A fault in production resulted in contamination of nitrous oxide cylinders—used for short-term anaesthesia—with the toxic nitrogen dioxide.

In most areas of the country there was a complete withdrawal of this useful commodity until the supplier could replace all stocks with uncontaminated cylinders. However, the Portsmouth Medical Officer of Health enlisted the aid of this department. After the first day three cylinders had been screened and were released for use with urgent cases. Within three days the whole stock of the Maternity Services had been examined, found to be safe, and were available for use.

MISCELLANEOUS

Other samples included the examination of a well water from a local estate. Apparently, this commodity is now being exported to America as pure English well water!

A sample of titanium dioxide was examined to ascertain its suitability for use in foods. A polythene toy building set was found to be free from extractable toxic metals and did not constitute any hazard.

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 £3,948.

TABLE 1. FOOD AND DRUG SAMPLES SUBMITTED, 1966

Nature of Sample	Number Examined	Number Irregular
Foods		
Milk	883	42
Alcohol Mix	4	—
Alcoholic Beverages	20	—
Angelica	5	2
Biscuits	2	—
Blancmange	2	1
Cake Confectionery	3	—
Cake Mixture	7	3
Canned Foods		
Fish	15	2
Fruit	18	5
Meat Preparations	7	1
Noodles	3	1
Soup	2	—
Tomatoes	2	1
Vegetables	8	1
Cereals	11	1
Cheese Preparations	7	2
Chicken Noodle Snack	1	—
Christmas Pudding	4	—
Cocoa	4	—
Colouring	2	—
Condensed Milk	1	—
Cooking Fat	3	—
Cornflour	2	—
Cream	8	—
Crystallised Fruit	9	1
Curry Powder	1	—
Custard Powder	5	—
Dried Fruit	12	1
Dried Herbs	1	—
Dried Milk	9	7
Dried Prawns with Sauce	1	—
Flavouring	4	1
Fresh Fruit	1	1
Fresh Vegetables	1	—
Frozen Foods	20	—
Fruit Curd	1	1
Fruit Juice	7	1
Ground Almonds	7	—
Honey	4	1
Ice Cream	8	—
Jam	5	1
Lard	1	—
Lolly Drinks	20	15
Margarine	8	—
Marmalade	1	1
Marzipan	4	—
Meat Extract	2	—
Milk Drink	2	—
Minced/Chopped Poultry	4	—
Mincemeat	1	—
Mustard	1	1
Pickles	4	—
Preservative Liquid	1	—
Pulses	7	—
Saccharin Solution	1	—
Salad Cream and Mayonnaise	7	3
Salt	4	1
Sauce (excluding tomato)	3	1
Sausages	5	4
Shredded Suet	3	1
	1,199	104

Nature of Sample							Number Examined	Number Irregular
Food—continued						Brought forward ..	1,199	104
Soft Drink (concentrated) ..	..	..	..	..	..	20	—
Soft Drink (ready-to-drink) ..	..	..	..	..	..	23	5
Solid Soft Drink ..	..	..	..	..	..	2	1
Spices ..	..	..	..	..	..	3	1
Spirits ..	..	..	..	..	..	8	—
Spread ..	..	..	..	..	..	2	1
Stuffing ..	..	..	..	..	..	3	—
Sugar ..	..	..	..	..	..	11	—
Sugar Confectionery ..	..	..	..	..	..	20	3
Table Jelly ..	..	..	..	..	..	4	—
Tea ..	..	..	..	..	..	11	—
Tomato Juice and Puree ..	..	..	..	..	..	5	1
Vinegar ..	..	..	..	..	..	15	1
						TOTAL FOODS ..	1,326	117
Drugs								
Ammoniated Tincture of Quinine ..	..	..	..	..	..	3	1
Amyl Nitrite Vitellae ..	..	..	..	..	..	1	1
Analgesic Tablets ..	..	..	..	..	..	2	—
Anticoagulant Tablets ..	..	..	..	..	..	2	—
Aspirin Tablets ..	..	..	..	..	..	4	3
Barbiturate Tablets ..	..	..	..	..	..	10	—
Butazolidin Tablets ..	..	..	..	..	..	1	—
Diabetic Tablets ..	..	..	..	..	..	1	—
Diuretic Tablets ..	..	..	..	..	..	2	—
Elixir of Chloral Glycerolate ..	..	..	..	..	..	1	—
Gantrisin Syrup ..	..	..	..	..	..	1	—
Methedrine Tablets ..	..	..	..	..	..	1	—
Methypentynol Capsules ..	..	..	..	..	..	1	1
Ointments—Miscellaneous ..	..	..	..	..	..	11	—
Parrish's Chemical Food ..	..	..	..	..	..	5	1
Proprietary Medicines ..	..	..	..	..	..	8	1
Proprietary Tablets ..	..	..	..	..	..	4	1
Robaxin Tablets ..	..	..	..	..	..	1	—
Rose Hip Syrup and Tablets ..	..	..	..	..	..	4	1
Spirit of Sal Volatile ..	..	..	..	..	..	6	1
Sulphur Lozenges and Tablets ..	..	..	..	..	..	4	1
Tanderil Tablets ..	..	..	..	..	..	1	—
Tranquiliser Tablets ..	..	..	..	..	..	3	—
Vitamin Syrup ..	..	..	..	..	..	1	—
						TOTAL DRUGS ..	78	12
Total Food and Drugs	1,404	129

	Number Examined	Number Irregular	Percentage Irregular
Milks	883	42	4.76
Other Foods	443	75	16.93
Drugs	78	12	15.38

TABLE 2
 SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
Y2	Pork Sausages	I	Contained 180 parts per million undeclared sulphur dioxide preservative	Manufacturer/ * retailer unaware that the commercial seasoning used contained preservative
Y3	Pork Sausages	I	Contained only 45 per cent. meat instead of not less than 65 per cent. meat	Manufacturer/ retailer advised
Y4	Pork Sausages	I	Contained 220 parts per million undeclared sulphur dioxide preservative	Manufacturer/ retailer advised
Y5	Pork Sausages	I	Contained only 60 per cent. meat instead of not less than 65 per cent. meat and 180 parts per million undeclared sulphur dioxide preservative	Manufacturer/ retailer advised
Y14	Sugar Confection (prepacked)	I	Unsatisfactory taste due to rancidity. Voluntary declaration of ingredients on label not listed in the order of proportion by weight	Product withdrawn from sale. Manufacturer cautioned for failing to amend label previously criticised in August 1964
Y62	Chow Mein Noodles (two cans)	I	Contained 2.6 and 2.4 parts per million of lead instead of not more than 2 parts per million	Manufacturer agreed to insulate the seam of the can to prevent contamination of the contents
Y85	Chunk Comb Honey (prepacked)	I	Label failed to disclose the name and address of the packer	Label to be amended
Y98	Filletted Jellied Eels (canned)	I	Label failed to give a list of ingredients	Old stock. Label already amended
Y110	Unlabelled Cans	I	Contained pears in syrup	Retailer advised
Y111	Unlabelled Cans	I	Contained Peeled tomatoes	Retailer advised
Y215	Raspberries (canned)	I	Falsely described. The common or usual name of the article is 'Raspberries in Syrup'	Label to be amended
Y216	Raspberries (canned)	I	Falsely described. The common or usual name of the article is 'Raspberries in Syrup'	Old stock. Label already amended
Y222	Danish Blue Cheese (prepacked)	I	Label failed to disclose the name and address of the packer	Label to be amended
Y226	Lancashire Rare-bit (prepacked)	I	The common or usual name of the article is 'Cheese Spread'	Label to be amended

No.	Nature of Sample	Formal Infor- mal	Nature of Offence	Observations				
Y230	Tomato Puree	I	No list of ingredients given on the outermost container	Label to be amended				
Y367	Raisin Gelifie	I	Label made a general claim for the presence of vitamins	Extensive correspondence failed to trace the importer of the product				
Y370	Sweet Tops	I	List of ingredients failed to include 'Glucose Syrup' for the topping	Trial pack. Label now amended				
Y390	Lemon Curd	I	Label failed to give the name and address of the packer	Label to be amended				
Y391	Marmalade (not hermetically sealed)	I	Deficient of the minimum standard of soluble solids	Manufacturer/retailer to rectify the fault				
Y393 Y395	Proprietary Aspirin Tablets	I	Failed the B.P. test for free salicylic acid due to deterioration as a result of prolonged or inadequate storage	Existing stocks destroyed. Two retailers (not pharmacists) to discontinue the sale of the product				
		I						
Y394	Proprietary Aspirin Tablets	I	Failed the B.P. test for free salicylic acid due to deterioration as a result of prolonged or inadequate storage	Retailer's (not a pharmacist) stock to be replaced by manufacturer				
Y398	Ammoniated Tincture of Quinine	I	Erroneously labelled B.P.	Pharmacist to amend labels of existing stock				
Y424 Y431 Y466 Y471	Lolly Drinks (14 samples)	I	The generic term 'stabiliser' used in the list of ingredients instead of the specific name of the ingredient	Samples from two manufacturers. Labels to be amended				
Y442					Spirit of Sal Volatile	I	Erroneously labelled B.P.	Pharmacist to amend labels of existing stock
Y444					Banana Nut Loaf Mix	I	The labels used generic terms and omitted various particulars on the inner packages and, in one case, the outer package	Importer has discontinued these products
Y482					Wild Blueberry Muffin Mix			
Y483	Sliced Apple Thins							
Y465	Lolly Drink	I	Devoid of all labelling requirements	Manufacturer stated that the 'blank' pack was used in an emergency for four days only				
Y533	Rhubarb in Syrup (canned)	I	Can was seriously corroded resulting in tin and iron contents of borderline acceptability	Remainder of stock withdrawn from sale				

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
Y534	Rhubarb in Heavy Syrup (canned)	I	List of ingredients not given in the correct order by weight after a similar criticism in 1963. Condition of can unsatisfactory	Manufacturer cautioned. Remainder of stock withdrawn from sale
Y556	Orange Drink	I	Contained not more than $4\frac{1}{10}$ lbs. of sugar per 10 gallons	Further formal sample was satisfactory
Y557	Orange Crush	I	Contained not more than 3 lbs. of sugar per 10 gallons	Further formal sample was satisfactory
Y588	Instant Low Fat Milk Skimmed	I	Label failed to comply with the requirements of the Dried Milk Regulations 1965	Label to be amended
Y591	Bolognese Sauce	I	Mis-spelling of the ingredient 'Arachis Oil' used in the list of ingredients	Label to be amended
Y610	Fresh Grapefruit (prepacked)	I	Seriously affected by mould and of poor quality	Retailer informed
Y621	Vitamin Sweets	I	Description contained the term 'glucose' instead of 'glucose syrup'	Label to be amended
Y625	Mayonnaise	I	An incorrect voluntary declaration of ingredients given on label	Label to be amended
Y626	Chilli Powder	I	Contained an undesirable amount of copper, i.e. 25 parts per million	Further sample satisfactory
Y630 } Y791 }	Salad Mayonnaise	I	Contravened the Salad Cream and Mayonnaise Order 1945. Samples were 44 per cent. and 51 per cent. deficient of the proper proportion of egg yolk solids	Product now to be described as 'Special Sauce', making clear that the article is not a salad cream or mayonnaise
Y631 } Y790 } Y993 } Y1035 } Y1036 }	Instant Skimmed Milk Powder	I I I F I	The labels of all the samples failed to comply with the requirements of the Dried Milk Regulations 1965. Samples Y790, Y1035 and Y1036 contained excess moisture	Retailer fined £5 for lack of due diligence and the manufacturer fined £25 and £50 on two counts
Y632	Instant Non-Fat Milk Skimmed	I	Label failed to comply with the requirements of the Dried Milk Regulations 1965	Old Stock. New carton satisfactory
Y690	Shrimp flavoured Chips	I	Label failed to give a correct list of ingredients	Label to be amended
Y698	Cocktail Shrimps	I	Label failed to give the name and address of the packer	Label to be amended

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
Y700	Special Vinegar Flavoured with Chillies	I	Inadequate description 'Special Vinegar' used instead of 'distilled malt vinegar'	Label to be amended
Y724	Cola and Rum	I	Contained insufficient rum to justify the prominence given to it in the description	Label to be amended to 'Rum Flavoured Cola'
Y743	Vitrellae Amyl Nitrite B.P.C. (ten capsules)	I	One capsule was empty	Manufacturer gave an assurance of continued vigilance
Y747	Parrish's Chemical Food	I	32.5 per cent deficient of its proper proportion of iron	Old stock from pharmacist. New stock satisfactory
Y763	Rose Hip Tablets	I	76.7 per cent. deficient of its proper proportion of Vitamin C	Manufacturer removed retailer's stock of the product from sale
Y800	Linseed Oil Mustard	I	Label failed to give a list of ingredients	Label to be amended
Y801	Red Currant Juice	I	Misleading description. 63.2 per cent. deficient of red currant juice	No further imports to be made until product complies with the Soft Drinks Regulations 1964
Y872	Buchu Pills	I	Contained an excessive quantity of talc	Manufacturer advised to limit the amount of talc
Y873	Headache and Neuralgia Powders	I	The powders showed insufficient uniformity having an excessive deviation from the mean powder weight	Manufacturer to take steps to have production more closely checked
Y889	'Pork Sausages' (sugar confection)	I	The term 'glucose' used in the list of ingredients to describe glucose syrup	Label to be amended
Y951	Oblivon Capsules	I	Capsules 48 per cent. deficient of their stated content of methypentynol	Old stock. Manufacturer to examine stocks of the product held by retailers and wholesalers
Y964	Sulphur Lozenges	I	16.7 per cent. deficient of sulphur and 30 per cent. of potassium acid tartrate	Pharmacist has discarded the stock held
Y966	Foam Crystals	I	The generic term 'fruit acids' used in the list of ingredients instead of a specific name	Label to be amended
Y975	Beans in Tomato Sauce	I	Contained a 'whole maize corn'	Manufacturer has undertaken to take precautions against a recurrence

No.	Nature of Sample	Formal Infor- mal	Nature of Offence	Observations
Y979	Cooking Salt	I	Contained the undeclared ingredient magnesium carbonate	Magnesium carbonate not now being used in the product
Y985	Corned Beef	I	Can heavily sulphided and contents were of unsatisfactory appearance	Old stock. Importer suggested that the product had suffered prolonged storage during distribution through wholesalers. Retailer's stock withdrawn from sale
Y994	Shredded Beef Suet	I	Contained the undeclared ingredient butylated hydroxytoluene	The antioxidant has now been discontinued by the manufacturer
Y1119 } Y1323 }	Drained Angelica	I F	Both samples contained lead in excess of 2 parts per million. Label failed to give a list of ingredients	Importer to ensure that future supplies comply with the Lead in Food Regulations 1961. Packer to amend label
Y1125	Low Sugar Strawberry Jam	I	The generic term 'permitted artificial sweetener' used in the list of ingredients instead of the specific name 'saccharin'	Label to be amended
Y1128	Sultanas	I	Contained 1 per cent. mineral hydrocarbons which is in excess of the 0.5 per cent. permitted	Formal sample was satisfactory
Y1154	Cut Mixed Peel	I	Label failed to declare the presence of glucose syrup in the list of ingredients	Label to be amended
Y1216	Spread	I	Displayed a label liable to mislead the purchaser into believing the product to be honey	Label to be re-designed
Y1269	Pineapple/ Grapefruit Juice Drink	I	Misleading description. Contained 39 per cent. added water and was a soft drink and not a fruit juice	Manufacturer to amend the designation to Pineapple /Grapefruit Drink
Y1326	Ginger Beer and Cyder (less than 2 per cent. proof)	I	Contained 20 per cent. in excess of the declared maximum content of alcohol due to fermentation in the bottle	Formal sample was satisfactory

TABLE 3
MISCELLANEOUS SAMPLES

Consulting Service	Laboratory Information	Parks Department
Adrenaline Solution	Chow Mein Noodles .. 3	Soil 1
B.P. 1	Grease 5	
Air 2	Insecticides 2	
Blood 1	Milk 8	
Bread 1	Oranges 1	Aldershot U.D.C.
Concentrated Dialysis Solution 1	Sea Water 2	Water (drinking) .. 12
Dust 1		
Envelope 1	Pesticides Survey	
Foreign matter from Bread 1	Brussels Sprouts .. 1	Bognor Regis U.D.C.
Liquid 1	Potatoes 4	Slice of Bread .. 1
Lubricating Oil .. 1		
Milk 3	Health Department	Borough of Gosport
Petrol/Oil Mixture .. 1	Atmospheric Dust .. 1	Milk Bottle 1
Polythene Toy 1	Deposit from City Supply .. 1	Paint Scrapings .. 1
Soln. Cocaine Hyd. and Adrenaline Hyd. 1	Hair Dye 2	Trade Effluent .. 1
Strawberry Jam .. 1	Hair Waving Lotion .. 1	Water from Creek .. 1
Stained Paper .. 1	Kettle 1	
Stomach Contents from Dogs .. 2	Nitrous Oxide Cylinders .. 65	Borough of Newport
Sub-floor Water .. 1	Sewage Fungus .. 1	Canned Grapefruit .. 1
Tablet 1	Sub-Floor Water .. 9	Milk Bottle 1
Tallow 1	Teddy Bears 9	Sediment 1
Tioxide A-DM .. 1	Vegetable Oil .. 3	Swimming Pool Water .. 1
Trade Effluent .. 1	Washed Milk Bottles .. 192	
Urine 5	Well Water 4	
Water (drinking) .. 7		
Water (not drinking) .. 14	Coroners' Specimens	Borough of Ryde
White Spirit 1	Portsmouth 132	Matter from Frozen Peas .. 1
	Isle of Wight 35	Milk Bottle 2
Constructors John Brown Limited—	South Hampshire .. 64	Sausage Roll 1
Sewage and Sewage Effluent 180		
	Architect's Department	Cowes U.D.C.
Purchaser's Complaints	Asphalt 1	Swimming Pool Water .. 1
Baby Food 2	Bituminised Felt .. 1	
Biscuits 2	Chippings 1	
Bread 8	Liquid from Roof .. 1	
Breakfast Cereal .. 3		Fareham U.D.C.
Brewers Yeast 1	Education Department	Cuttings from Apple Tree .. 1
Cake Confectionery .. 3	School Meals Service .. 44	Fish 1
Canned Fish 2	Zinc 1	Final Effluent .. 3
Canned Fruit 4		Milk containing foreign material .. 1
Canned Vegetables .. 2	Engineer's Department	Mud from Creek .. 1
Cheese 3	Oil 1	Raw Sewage 3
Cherry Jam 1	Sediment from Stream .. 1	Settled Sewage .. 3
Creamed Rice Milk Pudding .. 2	Stream Water 2	Storm Water 3
Marmalade 1	Waste Material .. 1	Water from Creek .. 1
Marmalade jar lid .. 1	Water (not drinking) .. 1	Water from River .. 1
Meat Pies 4		Water (not drinking) .. 1
Meat Preparations .. 7	Contracts and Supplies	Water (drinking) .. 2
Milk and Milk Bottles .. 8	Bleach 2	
Oxtail Soup 1	Brandy 1	
Peanut Butter 1	Corned Beef 1	
Potato Crisps 2	Gin 1	Fleet U.D.C.
Sausage Rolls 3	Pork Luncheon Meat .. 3	Water (drinking) .. 4
Sausages 2	Rum 2	
Sugar Confectionery .. 2	Whisky 1	

Havant and Waterloo U.D.C.		Isle of Wight R.D.C.		Ventnor U.D.C.	
Atmospheric Dust ..	1	Bread	1	Sewage	2
Corrosion from Pipe ..	1	Sewage	2	Sewage Effluent ..	1
Grease	2			Water (drinking) ..	4
Sand and Vermiculite ..	1	Petersfield R.D.C.			
Sewer Overflow ..	1	Ice Lolly	1	Hampshire River Board	
Stream Water ..	4	Milk Bottle	1	Sewage Effluent ..	3
Sub-Floor Water ..	1				
Water (drinking) ..	1	Sandown-Shanklin U.D.C.		Isle of Wight River and Water Authority	
Water from Pool ..	1	Spring Water ..	1	Water (drinking) ..	12
Isle of Wight County Council					
Fertilisers and Feeding Stuffs Act	8				
Pharmacy and Poisons Act	1				

