

**[Report 1968] / Medical Officer of Health, Portsmouth Borough.**

**Contributors**

Portsmouth (England). Borough Council.

**Publication/Creation**

1968

**Persistent URL**

<https://wellcomecollection.org/works/jnh9389x>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

11  
"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH



# THE HEALTH OF THE CITY OF PORTSMOUTH **1968**

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





"SALUS POPULI SUPREMA LEX"




CITY OF PORTSMOUTH

# THE HEALTH OF THE CITY OF PORTSMOUTH **1968**

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



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b29995991>

# TABLE OF CONTENTS

	<i>Page</i>
HEALTH COMMITTEE, CONSTITUTION OF .. .. .	4
STAFF .. .. .	5
<b>Summary by Medical Officer of Health</b> .. .. .	7-15
STATISTICS .. .. .	7
THE NATIONAL HEALTH SERVICE .. .. .	7-8
MATERNITY AND CHILD HEALTH .. .. .	9
FAMILY PLANNING ACT 1967 .. .. .	9
DENTAL HEALTH .. .. .	10
SPECIAL DAY NURSERY UNIT FOR YOUNG HANDICAPPED CHILDREN .. .. .	10
GERIATRIC SERVICES .. .. .	10
HEALTH CENTRES .. .. .	11
VACCINATION AND IMMUNISATION .. .. .	11
THE AMBULANCE SERVICE .. .. .	11
TUBERCULOSIS .. .. .	12
MEDICAL SOCIAL WORKERS REPORT .. .. .	12
HEALTH EDUCATION .. .. .	12
FOOD POISONING .. .. .	13
THE CLEANSING SERVICES .. .. .	13
STAFF CHANGES .. .. .	14
<b>Statistics and Individual Reports:</b>	
STATISTICAL SUMMARIES AND TABLES .. .. .	16-21
LUNG CANCER STATISTICS .. .. .	22-23
METEOROLOGY .. .. .	24-25
REPORT ON THE MATERNITY SERVICE .. .. .	26-28
REPORT ON THE CHILD HEALTH SERVICE .. .. .	29-40
REPORT ON THE SERVICES TO THE ELDERLY .. .. .	41-49
REPORT ON THE AMBULANCE SERVICE .. .. .	50-54
REPORT ON THE DENTAL SERVICE .. .. .	55-56
REPORT ON THE NATIONAL HEALTH SERVICE .. .. .	57-58
REPORT ON THE HEALTH EDUCATION .. .. .	59-64
REPORT ON HEALTH VISITING .. .. .	65-66
REPORT ON HOME HELP SERVICE .. .. .	67-69
HOME NURSING SERVICE .. .. .	70
REPORT ON VACCINATION AND IMMUNISATION .. .. .	71-79
REPORT ON PARASITIC INFESTATION .. .. .	80-82
REPORT ON MASS RADIOGRAPHY 1968 .. .. .	83-95
REPORT OF THE MEDICAL SOCIAL WORKER .. .. .	96-98
SPECIAL TREATMENT CENTRE .. .. .	99-102
MENTAL HEALTH REPORT .. .. .	103-104
<b>REPORT OF THE CHIEF HEALTH INSPECTOR AND CHIEF PORT HEALTH INSPECTOR ..</b>	<b>105-142</b>
PEST CONTROL .. .. .	131-136
REPORT ON CLEANSING .. .. .	137
PORT HEALTH AUTHORITY:—	
Report of the Medical Officer of Health to the Port .. .. .	138-142
REPORT OF THE PUBLIC ANALYST .. .. .	143-176



*The Right Worshipful the Lord Mayor*  
COUNCILLOR F. A. J. EMERY-WALLIS, J.P.

## HEALTH COMMITTEE

1968-69

### *Chairman*

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

### *Vice-Chairman*

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

### *Alderman*

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

### *Councillors*

J. P. N. BROGDEN, F.C.A.	MISS M. SEAMAN
MRS. P. T. BULFORD	D. B. SKELTON
R. R. HANCOCK, M.A., J.P.	N. P. STIDOLPH
J. R. H. LEWIS, D.F.C., M.INST.I.B.	MISS M. W. SUTCLIFFE
J. T. O'DRISCOLL—To 18th November	MRS. F. J. THOROGOOD— From 19th November

### *Co-opted Members*

MR. D. J. DOWNHAM	MR. D. LINDSEY, L.D.S., R.C.S.
MR. K. G. DRYDEN, D.P.A., F.H.A.	DR. K. A. WOOD, M.B., B.S.

## 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, Maternity and Child Welfare and Geriatrics*  
N. MERCY PLOWRIGHT, M.B., CH.B., D.P.H., D.C.H.

*Senior Medical Officer Mental Health Services*  
R. G. CONGDON, M.B., B.S., D.P.M., D.M.J.

*Senior Medical Officer 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.

*Departmental Medical Officer, Maternal and Child Welfare*  
AUDREY E. STEWART, M.B., CH.B., D.R.C.O.G.—To 1st December

*Chief Health Inspector*  
W. MEREDITH, M.R.S.H., M.A.P.H.I.

*Principal Administrative Assistant*  
A. HEALEY, LL.B., A.C.C.S.

*Superintendent Portsmouth Victoria Nursing Association*  
MISS V. L. LOOKER, S.R.N., S.C.M., Q.N.S., H.V.CERT.

*Superintendent Health Visitor*  
MISS D. O. LEARMONT, S.R.N., S.C.M., H.V.CERT., CERT. NURSING ADMIN.  
(PUBLIC HEALTH)

*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 Physicians*  
J. C. HESKETH, M.B., B.S.  
J. D. LENDRUM, V.R.D., M.B., CH.B., D.P.H.

*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., F.R.C.P., M.R.C.S.





## Foreword

Department of Public Health,  
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 1968.

### VITAL STATISTICS

The mid-year population showed a slight decrease over the figure for 1967.

The total number of births in the City again showed a slight decrease.

The percentage of illegitimate live births to total live births also fell slightly to 13.43%.

The number of still-births has dropped to 46, the still-birth rate of 13.00 per one thousand live births being the lowest recorded during the last ten years.

Also, the peri-natal mortality rate (deaths of infants under 1 year plus still-births) at 25 per one thousand live and still-births was the lowest recorded during the same period. Even so, the number of infants under the age of 1 year who died increased slightly over the figure recorded for 1967.

It is gratifying to report that once again during 1968 there were no deaths in the City ascribed to pregnancy and childbirth (maternal mortality). There were, however, two deaths which, while not classified as due to pregnancy or childbirth, were certified as being associated with these conditions.

Included in the Vital Statistics this year is a table and graph indicating the incidence of lung cancer in the City during the last 20 years. During this period the number of deaths has increased despite the fact that the population has fallen, and in fact the death rate per one thousand population from this cause is now over four times greater than it was in 1948.

It is encouraging to record that a further decrease occurred in deaths from cancer of the uterus—10 this year as against 15 last year. The number of deaths from suicide once again decreased, the total for the year being 26 as compared with 34 in 1967, 45 in 1966, 39 in 1965, 45 in 1964, 52 in 1963, 65 in 1962, 32 in 1961 and 33 in 1960.

Mr. T. C. Jenkins has also prepared a graph and table, showing the age at death of males and females in the City, during 1968. It is noticeable that the total male deaths, during the year, for the age period 45 to 64 years, are just over twice the female deaths for the same age period.

This would appear to be a very unfortunate feature of our present-day statistics, particularly when one realises that a proportion of these deaths are preventable.

### THE NATIONAL HEALTH SERVICE

The National Health Service came into existence on the 5th July 1948, under the provisions of the National Health Service Act, 1946.

Twenty years later, the Rt. Hon. Kenneth Robinson, M.P., then Minister of Health, held a two-day conference in Church House, Westminster. The



purpose of the conference was not only to mark a notable anniversary, but also, more importantly, to help to shape and fit the Service for the tasks ahead. During that Conference, Professor W. J. H. Butterfield, O.B.E., Professor of Medicine at Guy's Hospital, spoke on 'Changing Medical Needs.' He referred to changing patterns of disease, noting that bronchitis was the main cause of lost working days in men and the second cause of lost working days in women.

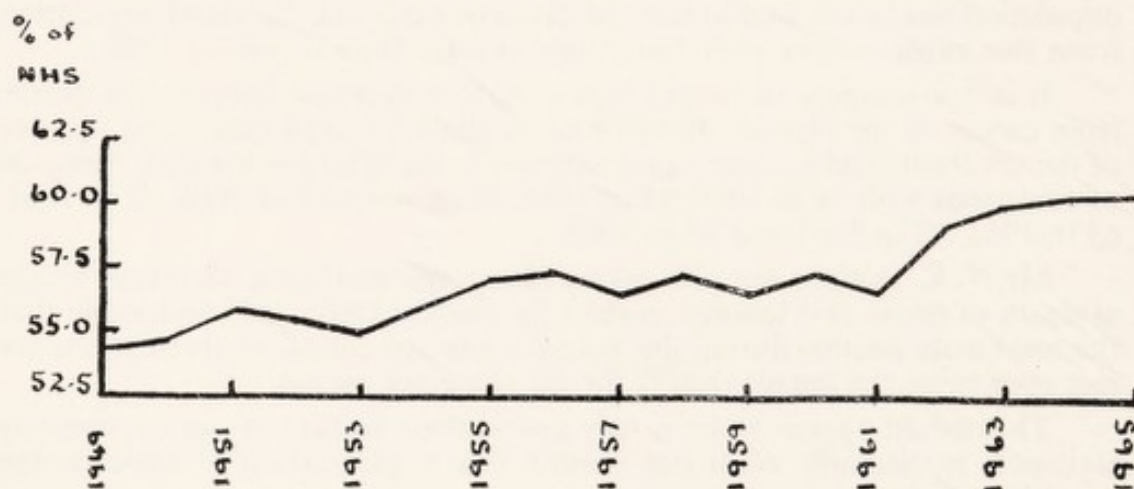
We are also told that we lose nationally something like three hundred million working days a year due to sickness absence, and it has been estimated that the total cost of sickness absence is about £1,500,000,000.\*

As our sickness absence amongst males in this country is still dominated by bronchitis, we should, I think, bear this in mind when considering what we should attempt in order to prevent disease.

### COST OF HOSPITAL CARE

Hospitals are the dominant cost in the National Health Service. They have been rising somewhat over the last ten years and are now about sixty per cent. of the total. A breakdown of hospital costs into medical salaries, nursing salaries, salaries other than nursing and medical, medical and surgical appliances, drugs, dressings, essential administration and all other expenditure, demonstrates that more than half the total cost is 'housingkeeping.' There is, therefore, great economic importance in keeping a person out of hospital, providing that he can remain independent. Perhaps, therefore, the interwoven dependence of the three branches of the National Health Service is becoming realised. The effectiveness of preventive medicine will affect the calls on the Hospital Service of the future. The success of the arrangements made for community care can also affect the flow of patients to and from the hospitals.

The following graph\* shows hospital service expenditure as a proportion of total National Health Service expenditure.



\* Teeling-Smith, G., Director, Office of Health Economics, Public Health, Vol. 83, No. 1, November 1968, p. 20.

\* 'Efficiency in the Health Service'—Office of Health Economics.



## MATERNAL AND CHILD HEALTH

### MIDWIFERY SERVICE

Developments in the midwifery service in the City over the past few years have had a marked effect on the domiciliary service provided by the Local Health Authority. The number of patients discharged from hospital to the care of a domiciliary midwife has continued to increase, an integrated training scheme for midwives was started at Saint Mary's Maternity Hospital in August, 1968, and the opening of the new General Practitioner Maternity Unit was in prospect at the end of the year.

It is gratifying to note the increase in the number of parentcraft attendances—this is due to a re-organisation and an increase in the number of sessions.

### FAMILY PLANNING ACT, 1967

This Act received Royal Assent on 28th June, 1967, but as long ago as April, 1966, new legislation had been foreshadowed which would extend the then existing powers of local health authorities to provide a family planning service.

The objectives of family planning are:—

- (a) the relief of physical ill-health and mental distress arising from lack of knowledge and advice;
- (b) to provide assistance in dealing with the problems of over-population and illegitimacy, which place an increasing burden on medical and other services.

Moreover, Circular No. 5/66 states—'an adequate family planning service, fully integrated with other community services, will not only contribute to the dispersal of ignorance and fear and to the increase of happy family life, but will also relieve the burdens placed on local authority services . . .'

My first report on the implementation of the new Act in Portsmouth was presented to the Committee in December, 1967, but when these recommendations were considered by the City Council at their meeting in April, 1968, three petitions were received asking that further consideration should be given to this matter. The Chairman of the Health Committee accordingly withdrew the minute.

Considerable debate and exhaustive discussion followed through a number of media, i.e., the local press, Council and Committee meetings, correspondence, etc., and, taking into account the views and information given, I submitted a second report on the subject in May. Subsequent developments made it necessary to prepare a further report (in June) and the recommendations contained therein were finally approved by the City Council in July.

The Local Health Authority are now therefore reimbursing the Portsmouth and District Family Planning Centre for the cost of treating medical cases and women with four or more children. The cost of the domiciliary family planning service is also the responsibility of the Authority. Supplementary recommendations were that a counselling service should be developed and that, at such time as the City Council consider it possible, a policy of health education in personal relationships will be implemented. The policy of allowing the Family Planning Centre the use of local authority premises at a nominal charge is continued.



## DENTAL HEALTH

### (a) *Diet:*

The Chief Dental Officer emphasises that diet plays an important part in dental health besides being important to general well-being.

### (b) *Three-Year-olds:*

It has been possible to contact one-third of the parents of three-year-old children to remind them that their children should now be attending the dentist. This has been done because the three to five year olds are the most neglected members of the community.

### (c) *School Children:*

Mr. Bristow points out that one third of all school children in Portsmouth do not receive regular dental treatment, emphasising again the need for more preventive dentistry and more dental health education.

### (d) *Fluoridation:*

Fluoride mouth rinsing in schools started during 1968, and the painting of children's teeth with fluorine proceeded. One is left wondering why these less effective and more expensive measures than fluoridation of the local water supplies should be necessary in Portsmouth when two million people in the British Isles already receive fluoridated water.

## SPECIAL DAY NURSERY UNIT FOR YOUNG HANDICAPPED CHILDREN

Advances in medical science in recent years have made it increasingly apparent that there will be a greater number of children with congenital handicaps who survive to adult life. The normal development of these children may well be restricted by lack of social contact with other children; this problem is especially acute for families in multi-storey housing development where it is not easy for them to mix and play with other children of their own age group. The health visitors were particularly conscious of the difficulties confronting these children and their parents in maintaining the continuity of family life, and, following discussions within the Department which confirmed the need for some special provision for these handicapped children, it was agreed that a unit in one of the day nurseries would provide the most satisfactory solution to the problem.

At this point the Lord Mayor and Lady Mayoress, Councillor Major and Mrs. D. D. Connors, were made aware of the need and, with an immediate appreciation of the situation, they decided that the charitable appeal during their year of office should be for funds to provide a suitable unit for young handicapped children. Thanks to their enthusiasm, and the generosity of those contributing to the appeal, the planning and construction of a purpose-built unit, attached to Twyford Avenue Day Nursery was possible to come into operation during 1969.

## GERIATRIC SERVICES

### SURVEY OF NUTRITION OF THE ELDERLY

Our concern to prevent vitamin deficiencies in the elderly and particularly the special interest of the Senior Medical Officer, Dr. N. M. Plowright, and the Co-ordinating Committee for Geriatric Services, resulted in the City being selected as one of the five areas included in a survey of the nutrition of the elderly, organised by the Ministry of Health.



The dietary and clinical surveys were commenced at the end of 1967 and continued until almost the end of 1968, progress being reported regularly to the Committee who endeavoured to secure the fullest possible co-operation. It was disappointing that our refusal rate was higher than elsewhere, particularly because although there was little clinical evidence of under-nutrition in those patients seen, the group who declined to take part may well have included a number whose nutrition was in doubt.

We look forward, with interest, to the results of the analysis being carried out by the Department of Health and Social Security.

### HEALTH CENTRES

Progress with our health centre programme continues to be disappointingly slow, but work on site at the first health centre (Somers Town) should start between October, 1969, and January, 1970, with completion some eighteen months later. This project will obviously be a most helpful guide to our future plans for other health centres.

### VACCINATION AND IMMUNISATION

#### MEASLES

1968 saw the introduction of a new national immunisation campaign. This campaign offered the prospect of the total eradication of measles from this country within the next few years.

In this City, five thousand children in the younger age group had been immunised by the end of 1968. However, it is not apparently generally appreciated that the total immunisation of the susceptible child population is needed if we are to achieve eradication of this disease which can cause six hundred thousand cases, or more, in epidemic years. Of these children, it has been estimated that thirty-five thousand patients may have serious complications, some six hundred of whom may have encephalitis.\*

In addition to the financial burden and effect on the already-strained hospital services, separation from parents, at this stage, is a matter of particular concern. It is clear, that the active co-operation of all parents and doctors is needed if the target of eradication is to be achieved.

A recent American paper refers to a mass measles immunisation programme in Los Angeles County and estimates that, in addition to preventing the clinical illness of measles in the coming years, about 35 deaths from measles, 237 cases of encephalitis, and 59 cases of permanent retardation will be avoided.†

### THE AMBULANCE SERVICE

The Ambulance Officer reports that during the year there were 59 malicious calls. One is left aghast at the thoughtlessness of the individuals concerned. How wonderful, in contrast, is the sight of a decrease in the number of people injured in road accidents, although they still account for almost one quarter of emergency call cases.

We may consider ourselves fortunate that the total deaths from suicide decreased, the total for the year being 26. It is of interest, however, that in spite of this general decrease the number of patients conveyed by the Ambulance Service with a diagnosis of 'pill overdose' increased to a total

\* Miller, D.L., B.M.J. 1964, 2, p. 75.

† American Journal of Public Health and the Nation's Health, Vol. 58, 1883-1890, October 1968, B. A. Kogan, R. A. Murray, B. Hanes, P. A. Gross, C. C. Carson, G. A. Heidbreder and L. H. Glass.



of 201 cases during the year, and they provided 5% of the total emergency cases. These figures represent much misery and a lot of work for highly conscientious and responsible people in the Ambulance Service, the Hospital Service and the General Medical Services.

The Ambulance Officer comments that the conveyance of out-patients to various hospital departments and local authority establishments has, during the past five years, increased by 26%. Cases requiring two men to handle them have increased over a corresponding period by 18%.

### **TUBERCULOSIS**

We cannot afford to be complacent about tuberculosis. The steeply descending graph of earlier years, showing an improvement in the number of notifications, has recently shown a tendency to be replaced by a more gentle slope and 1968 is notable because the graph shows an upward tilt. The tuberculosis bacillus is still an adversary to be reckoned with.

The importance of contact-tracing as a preventive measure cannot be overemphasised. For efficient follow-up of contacts it is essential to have the co-operation of the patient and his family in giving all possible information to the doctor or nurse who, in turn, must investigate all avenues to prevent a possibly infected contact remaining undiscovered.

### **MEDICAL SOCIAL WORKER'S REPORT**

The report from Miss Maybin once again draws attention to the importance of the work of a medical social worker, and her part in the care of patients not only those admitted to or discharged from hospital, but also those who are cared for by the community services. One of the responsibilities of such social workers is the support of a patient's family to enable them to co-operate and adjust to the needs of his treatment.

Miss Maybin also refers to her work with unmarried mothers and the many problems with which they are faced.

With the increasing development of the domiciliary services, including home help, home nursing, etc., it is particularly appropriate that a medical social worker should be employed by the Local Health Authority.

### **HEALTH EDUCATION**

We are very conscious that much distress, disease and death, being preventable, could be reduced by more successful education about health. Cancer of the lung, bronchitis, illegitimacy, dental caries and venereal diseases, are a few among the several where the health of the public can be largely influenced by public knowledge, plus public action based on public information.

Locally, we felt that we might be on the brink of greater developments as our Health Education Working Party, under the Chairmanship of Dr. D. D. Hilton, began to feel its feet and welcomed to its deliberations the Group Adviser Health Visitor, Miss M. E. G. Dancer, and the Administrative Assistant, Mr. R. J. Turner. Through them the Department of Public Health will channel their efforts after agreement and co-ordination at Working Party level.

This is an interim arrangement only, enabling the City to savour something of the sweetness of success, benefit individuals and groups, whilst profiting from trials of approach and method, thus increasing our eagerness to build our really effective team, headed by the Health Promotion Officer.



### **"CITY UNDER A CLOUD"**

On November 13th 1968, *The Times* carried an article, under this heading, which caused a number of Portsmouth citizens to look again at the City's problems, and also loyally remind us that the City had many features of which it could be proud. Complacency, however, was not to be countenanced and this was evident at a meeting that night of the Portsmouth Social and Welfare Workers' Group, when, at a question session, with a local Member of Parliament, a City Councillor, Public Health Medical Officer and the Bishop of St. John's Cathedral on the Panel, earnest consideration was given to several aspects of our City's stresses and strains.

You would not expect me to be satisfied with all that is being done and I shall certainly come up to your expectations. However, there are indications that the City will pursue its self-improvement in many and varied ways, both statutory and voluntary. One of the optimistic signs is the continuing existence of the Portsmouth Social and Welfare Workers' Group established by a past Lord Mayor. Those attending its meetings give their time voluntarily to discussion and liaison work entirely outside official channels, and so do much to assist in dispersing the cloud.

### **FOOD POISONING**

Having congratulated itself on having operated for decades in a City remarkable for its freedom from food poisoning outbreaks of the explosive type, the Department's immunity ran out in 1967 and 1968. In 1967 the classical Cathedral House outbreak established beyond doubt as turkey-borne Salmonellosis occurred. The investigation of the food concerned and the follow up of positive human contacts continued into 1968 and at the end of that year almost one thousand visits had been made by public health inspectors and technical assistants before the outbreak was regarded as closed.

In June 1968, a local church outing from Portsmouth developed into another classic food poisoning outbreak after food had been consumed at a London riverside refreshment house. Circumstantial evidence pointed to the meat content of sandwiches as being the vehicle of infection. Of 42 people at risk 35 were either very ill, ill, or mildly affected, following ingestion of *Salmonella drypool*. An extensive investigation of the sources of food supplies to the catering establishment was carried out by our metropolitan colleagues, but no conclusive evidence was obtained. In an endeavour to speed up the clearance of positive human infections the Department participated in the testing of an unmarketed antibiotic. The investigation showed the antibiotic to have no more effect on the organism than the inert control. This *Salmonella drypool* outbreak engaged the Principal Public Health Inspector and a Technical Assistant in well over 800 visits and interviews, many of which had perforce to be out of normal office hours. The outbreak although contained immediately, was not closed at the end of 1968 and will be followed up in 1969.

### **THE CLEANSING SERVICES**

A contribution from the City Engineer once again draws our attention to the fact that the average citizen is not litter conscious.

Even large items such as cars are dumped on open spaces in the City reducing the amenities of that area for all the surrounding people. A considerable number of staff has to be carried in order to keep the streets clean. The general appearance of the City could be improved if people were more conscientious about this aspect of life.



### STAFF CHANGES DURING 1968

Dr. A. E. Stewart left on the 1st December 1968, after seventeen years' service with the Department.

Mr. C. W. J. Cooksley, Chief Assistant Public Health Inspector, retired on the 30th September, after forty-one years' service.

Mrs. E. Pearcey, Deputy Supervisor of Midwives, retired on the 12th August 1968, after twenty-eight years' service.

Mrs. J. Reade, Deputy Matron of St. Peter's Day Nursery, retired due to ill health, after nineteen years' service. She was replaced by Mrs. Wilson Wright, formerly Deputy Matron at Twyford Avenue Day Nursery who, in turn, was succeeded by Miss P. Spark.

Mr. A. E. Young, Senior Mental Health Officer, left on the 13th January 1968, after almost seven years' service. He was succeeded by Mr. A. Browne.

#### *Deaths:*

Mr. D. E. Sheppard, Principal Public Health Inspector, died on the 10th January 1968, after eleven years' service with the Department.

Mrs. J. A. Dann, Public Health Nurse, killed in an air crash on the 24th March, after being with us for two years.

During 1968 there were no less than four major documents published which involved the organisation and operation of the local health services as we now know them. These reports were:—

Report of the Committee on Local Authority and Allied Personal Social Services (the Seebohm Report);

Report on the Administrative Structure of Medical and Related Services in England and Wales (Ministry of Health Green Paper);

Report of the Committee on the Staffing of Local Government (Mallaby Report);

Report of the Committee on the Management of Local Government (1st Maud Report).

Additionally, the Report of the Royal Commission on Local Government (2nd Maud Report) was awaited at the end of the year.

The Seebohm Report was possibly accorded the most prominence, and its immediate implementation was urged. Fortunately, however, wiser counsels prevailed.

We accept the existence of unmet needs, and certain needs which are badly met can be clearly recognised by many working in the field of social service. We also accept that 'something should be done'. What we very seriously question is whether an instant Seebohm-type pattern of organisation could help, unless the extra resources are also made available.

Social work relies heavily on good health services, and it would be very unwise to integrate the social work elements of several departments to the detriment of the remainder of those departments, particularly before full consideration of the recommendations made in the Green Paper for the National Health Service, and before we have seen any of the recommendations for re-organisation of Local Government.

This debate will continue for a long time and certainly we should be grateful to the Seebohm Committee for the tremendous stimulus which it has given to thinking about social work, the responsibility of the community to meet the needs of the less favoured individuals and, particularly, the children who grow in those families,

### CONCLUSION

The year under review saw the solution of some problems but, most unfortunately, left the major difficulties of accommodation, staffing and financial restriction still with us. One can only hope that 1969 will prove to be the year during which at least some progress can be made towards providing an answer to the first two—the possibility of some relaxation in the present financial situation is, I am afraid, rather more remote.

Once again I should like to express my appreciation to the Deputy Medical Officer of Health and the Staff of the Department for their unfailing help and co-operation during a difficult year, and to the Chairman and Members of the Health Committee for their encouragement during 1968.

I am, my Lord Mayor, Ladies and Gentlemen,

Yours obedient Servant,

P. G. ROADS,

*Medical Officer of Health.*



## STATISTICAL SUMMARIES FOR 1968

				1968	1967
Estimated Mid-year population	..	..	..	218,790	219,110
Population 1961 Census	..	..	..	215,077	
Area in acres (land and water)	..	..	..	9,244	9,249
Number of dwellings (as at 31,12,68)	..	..	..	64,458	63,884

## VITAL STATISTICS

				<i>Male</i>		<i>Female</i>		<i>Total</i>	
LIVE BIRTHS:									
Legitimate	..	..	..	1,503	<i>1,511</i>	1,410	<i>1,396</i>	2,913	<i>2,207</i>
Illegitimate	..	..	..	233	<i>241</i>	219	<i>250</i>	452	<i>491</i>
Total	..			1,736	<i>1,752</i>	1,629	<i>1,646</i>	3,365	<i>3,398</i>
STILL BIRTHS:									
Legitimate	..	..	..	24	<i>25</i>	15	<i>25</i>	39	<i>50</i>
Illegitimate	..	..	..	5	<i>6</i>	2	<i>6</i>	7	<i>12</i>
Total	..			29	<i>31</i>	17	<i>31</i>	46	<i>62</i>
TOTAL LIVE AND STILL BIRTHS				1,765	<i>1,783</i>	1,646	<i>1,677</i>	3,411	<i>3,460</i>
DEATHS:				1,443	<i>1,379</i>	1,365	<i>1,324</i>	2,808	<i>2,703</i>
NATURAL INCREASE:				293	<i>373</i>	264	<i>322</i>	557	<i>695</i>
INFANT MORTALITY: (Infants under 1 year of age)									
Legitimate	..	..	..	35	<i>27</i>	30	<i>24</i>	65	<i>51</i>
Illegitimate	..	..	..	8	<i>6</i>	1	<i>2</i>	9	<i>8</i>
Total	..			43	<i>33</i>	31	<i>26</i>	74	<i>59</i>
NEO-NATAL MORTALITY: (Infants under 4 weeks)									
Legitimate	..	..	..	22	<i>19</i>	23	<i>13</i>	45	<i>32</i>
Illegitimate	..	..	..	6	<i>6</i>	1	<i>2</i>	7	<i>8</i>
Total	..			28	<i>25</i>	24	<i>15</i>	52	<i>40</i>
EARLY NEO-NATAL MORTALITY: (Infants under 1 week)									
Legitimate	..	..	..	15	<i>15</i>	16	<i>11</i>	31	<i>26</i>
Illegitimate	..	..	..	6	<i>5</i>	1	<i>1</i>	7	<i>6</i>
Total	..			21	<i>20</i>	17	<i>12</i>	38	<i>32</i>
PERINATAL DEATHS: (Still births and deaths under 1 week)									
Legitimate	..	..	..	39	<i>40</i>	31	<i>36</i>	70	<i>76</i>
Illegitimate	..	..	..	11	<i>11</i>	3	<i>7</i>	14	<i>18</i>
Total	..			50	<i>51</i>	34	<i>43</i>	84	<i>94</i>
MATERNAL DEATHS:				—	—	—	<i>0</i>	—	<i>0</i>

Figures in italics indicate 1967 Figures.

## BIRTH AND DEATH RATES

Rate	Portsmouth C.B.		England and Wales		Comparability Factor	
	1968	1967	1968	1967	1968	1967
Crude Birth Rate/1,000 .. ..	15.4	15.5	16.9	17.2	1.04	1.04
Adjusted Birth Rate .. ..	16.0	16.1				
Illegitimate Birth Rate/1,000 Births	134.6	144.5				
Stillbirth Rate/1,000 Births .. ..	13.0	17.91	14.0	14.8		
Crude Death Rate .. ..	12.8	12.3	11.9	11.2	0.85	0.84
Adjusted Death Rate .. ..	10.88	10.33				
Infantile Mortality Rate/1,000 Total Live Births .. ..	22.0	17.0	18.0	18.3		
Infantile Mortality Rate/1,000 Legiti- mate Live Births .. ..	22.3	17.54				
Infantile Mortality Rate/1,000 Illegitimate Live Births .. ..	19.9	16.29				
Neonatal Mortality Rate/1,000 Total Live Births .. ..	15.48	11.77	12.3	12.5		
Neonatal Mortality Rate/1,000 Legitimate Live Births .. ..	15.45	11.0				
Neonatal Mortality Rate/1,000 Illegitimate Live Births .. ..	15.49	16.29				
Early Neonatal (under 1 week) Mortality Rate/1,000 Total Live Births .. ..	11.29	9.41	10.5	10.8		
Early Neonatal (under 1 week) Mortality Rate /1,000 Legitimate Live Births .. ..	10.64	8.94				
Early Neonatal (under 1 week) Mortality Rate/1,000 Illegitimate Live Births .. ..	15.49	12.22				
Perinatal Mortality Rate/1,000 Live and Still Births .. ..	25.0	27.0	25.0	25.4		
Perinatal Mortality Rate/1,000 Legitimate Live and Still Births	23.7	25.7				
Perinatal Mortality Rate/1,000 Illegitimate Live and Still Births	30.5	35.78				
Maternal Mortality Rate/1,000 ..	0.0	0.0	0.24	0.20		



TABLE SHOWING BIRTH RATES, DEATH RATES AND POPULATION

Year	(Crude) Birth-rate per 1,000 population	(Crude) Death-rate per 1,000 population	Perinatal Mortality rate	Total Deaths of children under 1 year per 1,000 live births	Population (R.G.'s estimate)
1968 .. ..	15.4	12.8	<b>25.0</b>	22.0	218,790
1967 .. ..	15.5	<b>12.3</b>	27.0	17.0	219,110
1966 .. ..	16.2	13.3	30.3	22.7	217,780
1965 .. ..	17.3	12.9	25.5	16.0	216,280
1964 .. ..	17.2	<b>12.3</b>	29.1	20.7	221,470
1963 .. ..	<b>18.0</b>	14.1	31.4	25.3	224,900
1962 .. ..	17.4	13.1	37.1	21.6	226,670
1961 .. ..	16.2	13.2	30.9	23.9	227,930
1960 .. ..	17.0	12.6	28.6	<b>15.7</b>	217,520
1959 .. ..	15.9	12.9	29.0	21.2	220,300
Average for 10 years, 1959-1968	16.6	13.0	29.4	20.6	

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

## CAUSES OF DEATH DURING 1968 IN PORTSMOUTH C.B.

<i>Cause of Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
B5 Tuberculosis of respiratory system .. ..	7	1	8
B6 Other Tuberculosis, including late effects .. ..	3	1	4
B11 Meningococcal infection .. ..	1	—	1
B17 Syphilis and its sequelae .. ..	—	1	1
B18 Other ineffective and parasitic diseases .. ..	5	1	6
B19(1) Malignant neoplasm—stomach .. ..	26	23	49
B19(2) Malignant neoplasm—lung, bronchus .. ..	135	26	161
B19(3) Malignant neoplasm—breast .. ..	2	50	52
B19(4) Malignant neoplasm—uterus .. ..	—	10	10
B19(5) Leukaemia .. ..	12	6	18
B19(6) Other malignant neoplasms, etc. .. ..	126	125	251
*B20 Benign and unspecified neoplasms .. ..	—	3	3
B21 Diabetes mellitus .. ..	8	11	19
*B22 Avitaminoses, etc. .. ..	1	—	1
B46(1) Other endocrine, etc. diseases .. ..	2	4	6
B23 Anaemias .. ..	1	—	1
*B46(2) Other diseases of blood, etc. .. ..	1	1	2
*B46(3) Mental disorders .. ..	3	3	6
*B24 Meningitis .. ..	—	1	1
*B46(4) Other diseases of nervous system, etc. .. ..	11	12	23
B26 Chronic rheumatic heart disease .. ..	13	25	38
B27 Hypertensive disease .. ..	29	37	66
B28 Ischaemic heart disease .. ..	386	276	662
B29 Other forms of heart disease .. ..	70	122	192
B30 Cerebrovascular disease .. ..	162	250	412
B46(5) Other diseases of circulatory system .. ..	65	66	131
B31 Influenza .. ..	7	4	11
B32 Pneumonia .. ..	70	128	198
B33(1) Bronchitis and emphysema .. ..	114	39	153
*B33(2) Asthma .. ..	3	1	4
B46(6) Other diseases of respiratory system .. ..	31	23	54
B34 Peptic ulcer .. ..	8	10	18
*B36 Intestinal obstruction and hernia .. ..	3	5	8
*B37 Cirrhosis of liver .. ..	3	1	4
*B46(7) Other diseases of digestive system .. ..	14	9	23
B38 Nephritis and nephrosis .. ..	4	3	7
B39 Hyperplasia of prostate .. ..	5	—	5
*B46(8) Other diseases, genito-urinary system .. ..	10	7	17
*B46(9) Diseases of skin, subcutaneous tissue .. ..	—	1	1
*B46(10) Diseases of musculo-skeletal system .. ..	3	7	10
B42 Congenital anomalies .. ..	15	13	28
*B43 Birth Injury, difficult labour, etc. .. ..	10	8	18
*B44 Other causes of perinatal mortality .. ..	7	4	11
*B45 Symptoms and ill-defined conditions .. ..	3	3	6
BE47 Motor vehicle accidents .. ..	14	6	20
BE48 All other accidents .. ..	27	27	54
BE49 Suicide and self-inflicted injuries .. ..	16	10	26
BE50 All other external causes .. ..	7	1	8
TOTAL ALL CAUSES .. ..	1,443	1,365	2,808

\*New Classifications 1968.

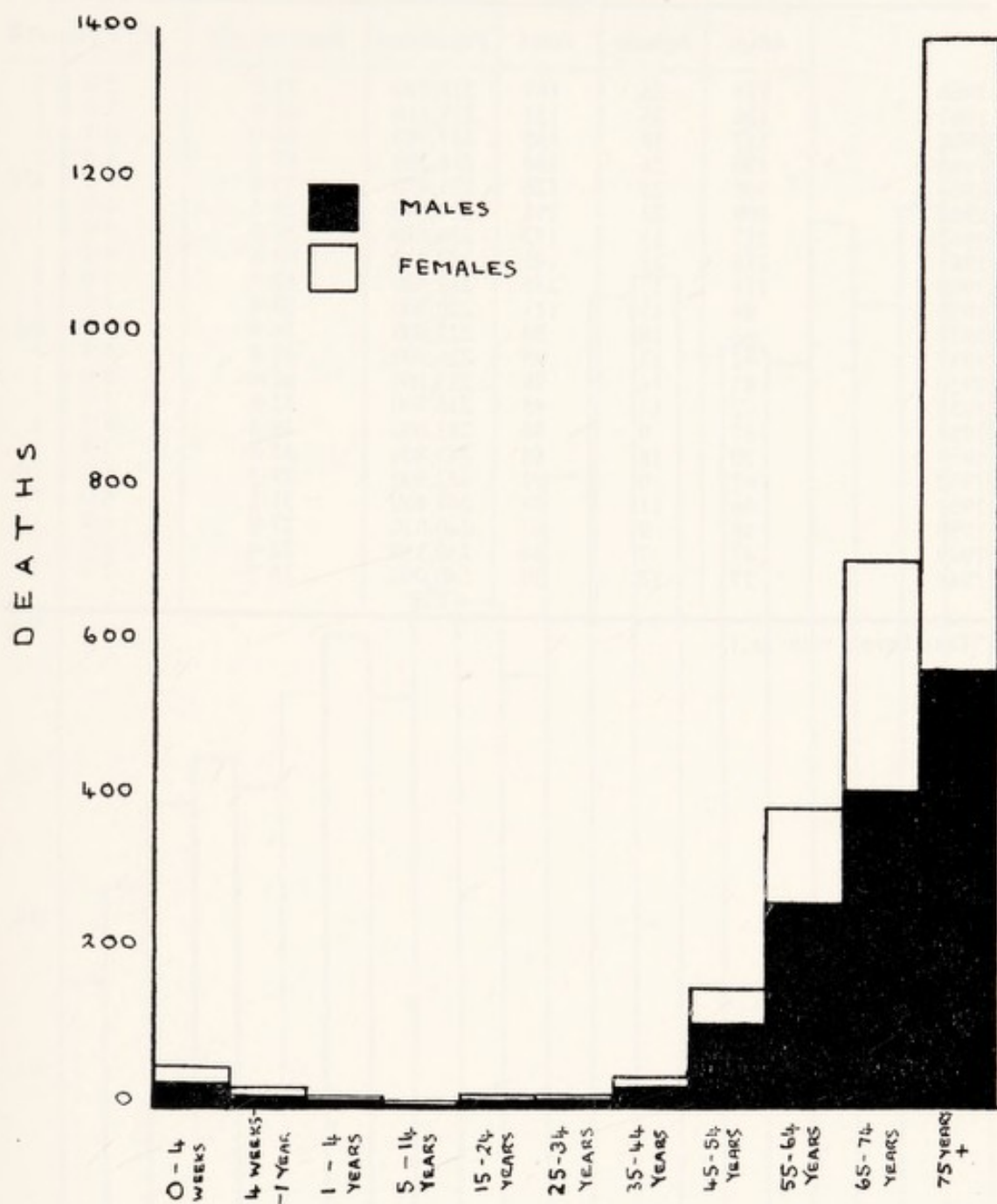
The Registrar General has now revised the short list of causes of death which is used for analysis of mortality when notifying annual vital statistics in accordance with the Eighth Revision of the International Classification of Diseases. The revised list contains a number of new classifications and these have been indicated as referred to above.



## AGE AT DEATH—PORTSMOUTH C.B. 1968

<i>Age at Death</i>	0 to 4 weeks	4 weeks to 1 year	1 to 4 years	5 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	<i>Total</i>
Male ..	28	15	9	2	10	12	24	105	263	408	567	1,443
Female	24	7	2	2	5	5	15	53	130	301	821	1,365
TOTAL ..	52	22	11	4	15	17	39	158	393	709	1,388	2,808

## AGE AT DEATH—PORTSMOUTH C.B. 1968



## LUNG CANCER DEATHS—PORTSMOUTH

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Population</i>	<i>Rate/100,000</i>	<i>M : F Ratio*</i>
1968	..	135	26	161	218,790	73.5	5.2 - 1
1967	..	126	25	151	219,110	68.9	5.0 - 1
1966	..	117	18	135	217,780	62.0	6.1 - 1
1965	..	120	26	146	216,280	67.5	4.6 - 1
1964	..	106	22	128	221,470	57.8	4.8 - 1
1963	..	109	22	131	224,900	58.3	4.9 - 1
1962	..	117	15	132	226,670	58.2	7.8 - 1
1961	..	118	27	145	227,930	63.6	4.4 - 1
1960	..	119	17	136	217,520	62.5	7.0 - 1
1959	..	98	13	111	220,300	50.4	7.5 - 1
1958	..	66	18	84	222,800	36.9	3.7 - 1
1957	..	82	13	95	226,900	41.8	6.3 - 1
1956	..	84	14	98	231,100	42.4	6.0 - 1
1955	..	72	13	85	238,700	35.6	5.5 - 1
1954	..	87	9	96	243,600	39.4	9.7 - 1
1953	..	70	18	88	245,800	35.8	3.9 - 1
1952	..	61	10	71	242,600	29.3	6.1 - 1
1951	..	66	11	77	244,400	31.5	6.0 - 1
1950	..	58	9	67	240,020	27.9	6.4 - 1
1949	..	47	7	54	240,550	22.4	6.7 - 1
1948	..	27	12	39	240,000	16.2	2.3 - 1
<i>Est.</i>							

\*Take female ratio as 1.

PORTSMOUTH

LUNG CANCER DEATH RATE /100,000

1948-68





### METEOROLOGY—1968

**BAROMETER.** The mean barometric pressure (corrected to sea level) for the year was 29·929 inches (29·871). The highest observed reading was 30·560 on 27th March (30·622), and the lowest 28·793 on 17th December (28·979).

**TEMPERATURES.** The mean temperature in the shade was 51·3°F. (52·2°).

*Maximum.* The mean maximum temperature in the shade was 56·2°F. (57·4°), the highest being 84°F. on 1st July (78°).

*Minimum.* The mean minimum temperature was 46·6°F. (47·1°), the lowest being 25°F. on 10th and 11th January (21°).

*Minimum on Grass.* The mean minimum temperature on the grass was 41·3°F. (39·5°), the lowest being 16°F. on 15th December (16°).

*Earth Temperature.* The mean temperature in the shade, one foot below the ground was 53·2°F. (53·6°), and at four feet 53·1°F. (53·4°).

*Frosts.* The minimum temperature in the shade, four feet above the ground fell to and below freezing point on 23 days (18), and there were 72 (67) ground frosts during the year.

**SUNSHINE.** 1,666 hours 12 minutes (1,822 hours 48 minutes) of sunshine were recorded by the Campbell-Stokes recorder. The greatest amount on one day was 15 hours 12 minutes on 29th May (15 hours 12 minutes).

**RAINFALL.** The total rainfall was 31·54 inches (29·48). The greatest fall in 24 hours was 1·44 inches on 15th September (0·96).

**HUMIDITY.** The mean humidity in the air (saturation 100) was 80 (79).

The following phenomena were recorded:—

HAIL on one occasion (nil).

SNOW or SLEET on seven occasions (9).

THUNDER on six occasions (3).

FOGS on two occasions (3).

GALES on seven occasions—7 fresh, nil moderate (8 fresh, 4 moderate).

### AVERAGES FOR THE PAST TEN YEARS (1958-67)

<i>Rainfall</i>	<i>Sunshine</i>	<i>Mean Temperature</i>
29·05 inches	1,738·4 hours	51·31

(Figures in brackets refer to 1967)

## MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1968

Month	Mean Pressure (ins.)	Temperature—Degrees F.						Sunshine		Rainfall		Relative Humidity (saturation 100)
		Absolute		Mean		Mean Daily Range	Total No. of Hours	Days of 0.5 hrs. or more	Total ins.	Days of 0.01 ins. or more		
		Max.	Min.	Mean								
				Max.	Min.							
January	30.018	52	25	45.5	36.8	8.7	45 hrs. 18 mins.	15	2.37	16	85	
February	29.822	47	27	42.9	34.3	8.6	87 hrs. 0 mins.	19	1.66	13	80	
March	29.985	59	30	50.2	39.3	10.9	161 hrs. 18 mins.	25	1.00	12	76	
April	29.931	66	31	55.3	41.6	13.7	202 hrs. 0 mins.	28	2.39	13	77	
May	29.947	71	41	58.7	47.4	11.3	225 hrs. 30 mins.	28	2.90	13	78	
June	29.950	75	50	65.9	55.3	10.6	221 hrs. 24 mins.	26	2.59	13	75	
July	30.058	84	50	67.4	56.1	11.3	217 hrs. 12 mins.	30	3.33	11	76	
August	29.934	78	52	68.0	57.5	10.5	153 hrs. 24 mins.	24	1.75	11	80	
September	29.832	68	49	64.8	55.7	9.1	172 hrs. 42 mins.	25	6.07	15	80	
October	29.964	71	49	61.9	54.3	7.6	82 hrs. 12 mins.	20	2.62	15	84	
November	29.894	62	31	50.7	43.2	7.5	62 hrs. 36 mins.	13	1.05	8	82	
December	29.813	53	27	43.0	37.3	5.7	35 hrs. 36 mins.	11	3.81	10	84	
TOTAL ..	—	—	—	—	—	—	1,666 hrs. 12 mins.	264	31.54	150	—	
MEAN ..	29.929	—	—	56.2	46.6	10.3	138 hrs. 51 mins.	22	—	13	80	



## REPORT ON THE MATERNITY SERVICE

by

DR. N. M. PLOWRIGHT

*Senior Medical Officer***Maternity Service**

The pattern of maternity services to the community provided by the domiciliary midwifery staff has been maintained despite the decrease in staff, and the changing emphasis of the work. The number of home confinements is no longer an adequate index by which the service can be assessed. Vital as the midwife's professional skill is at the time of confinement, her role is no less vital nursing women in the early stages of labour who are later confined in hospital, or who are discharged 48 hours, or less, after delivery. Equally important is her role in health education, and in this respect the increase in work load that has resulted from the development of mother/parentcraft courses, needs to be appreciated. That the midwives and health visitors provide 7 courses at 4 different centres each quarter is an indication of the importance that is attached to this aspect of the work by the whole department. Evening lectures especially make heavy demands on staff, who after a full days work are yet ready to take part in Parentcraft sessions that rarely finish before 10.00 p.m.

All these aspects of the service should be borne in mind when considering the statistics shown on the accompanying table.

It will be noticed that although the Maternity Hospital had been open for more than a year, the number of early discharges in 1968 increased by 200. 'Bed crises' continued to occur throughout the year and it was a disappointment to all the staff of the maternity services of the City, that the lag in nursing recruitment prevented the total bed complement of the maternity hospital being utilised, even by the end of the year.

**Parentcraft Courses**

These courses are available to all expectant mothers in the City and it has been gratifying that an increasing number of members have come from St. Mary's Maternity Hospital bookings. Attendances have increased by 25% and at times accommodation, particularly for the fathers' discussion group, has been inadequate. Improvements have been made at Fratton clinic but at Northern Parade the room is often too cramped for comfort and hinders good discussion.

**Domiciliary Maternity Service Statistics**

	1968	1967
Number of domiciliary midwives employed in Portsmouth at 31st December . . . . .	33	37
Number of cases booked . . . . .	2,332	2,281
Number of home confinements . . . . .	985	1,112
Number of patients admitted to hospital in early labour . . . . .	133	N/A
Number of deliveries with doctor in attendance . . . . .	156(15.8%)	198(17.8%)
Domiciliary confinement rate . . . . .	29.1	32.2%
Number of patients delivered in hospital and discharged to care of domiciliary midwives	1,223	1,020
Excluding holidays and sickness:—		
Average number of cases per midwife per annum . . . . .	70.6	51.8
Average number of weekly bookings . . . . .	44.9	43.9



**Nursing Homes**

Number of midwives practising in nursing homes at 31st December .. .. .	1	6
Total number of cases delivered by them ..	86	336

**Parentcraft Mothercraft Classes**

Total number of courses (4 centres) ..	28	24
Total number of persons attending .. ..	531	N/A
Total attendances .. .. .	2,136	1,707

**Bowlands Maternity Home**

Bowlands Maternity Home has provided very useful additional beds for the hospital service in recent years but it was anticipated that when the Maternity Hospital became available, the Home might no longer be required. 'Bowlands' closed down as a Maternity Home on 30th September 1968 but it is right and fitting that tribute should be paid in this report to the fine service that has been provided to naval wives and Portsmouth mothers through the Home and the various charities which supported it.

**General Practitioner Maternity Unit—St. Mary's Maternity Hospital**

The building on the North side of St. Mary's General Hospital was almost completed by the end of 1968 and was expected to open on 1st February, 1969.

Throughout the year, the staff, particularly the Senior Medical Officer and the Supervisor of Midwives, worked with the General Practitioners and the nursing staff of St. Mary's Maternity Hospital in formulating the policy and equipping the Unit.

Day to day clinical administration of the Unit was vested in a Medical Management Committee comprising 5 General Practitioners and the Senior Medical Officer (M.C.H.). The first meeting was held on 15th November.

Criteria for referral of patients for an obstetric opinion had previously been agreed; policy matters and bookings arrangement were discussed at a meeting of family doctors on 8th October. A detailed application form had been designed to ensure careful selection of cases for delivery in the Unit and all were assessed by the agreed standards. In doubtful cases the final decision was taken by the Medical Management Committee and communicated to the family doctors by the General Practitioner Chairman of the Committee.

By the end of the year 138 applications had been received for confinements after 1st February 1969.

**Midwifery Training**

The Health Department has continued to provide midwifery training for Part II of the Central Midwives Board syllabus as well as district training for students from the experimental integrated scheme which came into operation at St. Mary's Maternity Hospital in August 1968. The total number of places available for district training was increased to 22 per quarter—9 for Part II and 13 for integrated scheme students. The first students from St. Mary's Hospital began their district training in December, 1968.

A new training programme, designed to give both groups practical experience of the Local Authority services was devised by the Senior Medical Officer and Supervisor of Midwives. This included a seminar session at the end of the course to provide an opportunity for staff and students to discuss services and the content of the course.



Fifty-six pupils took part II examination—50 passed at their first attempt—4 at the second. Three students left before taking their examinations.

### Staff

As will be seen from the figures, there were four fewer midwives on the staff at the end of the year. Holidays and staff sickness, sometimes of considerable duration, have caused acute difficulties at times.

That the service has been maintained and been available as speedily as the public now expects, is due to the use of cars, pre-packed sterile equipment, radio telephony and above all to the ready co-operation of staff which it is a pleasure to acknowledge.

The Assistant Supervisor of Midwives, Mrs. E. Pearcey, retired in July after 27 years service with the authority—the majority of it as a practicing domiciliary midwife. Her professional ability had long been recognised by her colleagues but in her more recent post, her confidence in the service was appreciated by an even wider public. She played a vital part in the Mother/Parentcraft courses and in the training of pupil midwives. The Health Committee were able to express their appreciation in person when, during the annual tour of services, they 'sat in' on one of the last mothercraft lectures she gave.

**REPORT ON THE CHILD HEALTH SERVICE***by***DR. N. M. PLOWRIGHT***Senior Medical Officer***Day Care of Children****LOCAL AUTHORITY NURSERIES**

The two nurseries which remain of the original seven in the City, are housed in Church Halls with high windows and, in one case, quite inadequate outdoor play space. It is a tribute to the efforts of the staff that these drawbacks to the provision of a stimulating environment for the children are not readily apparent to visitors.

Opportunity has been taken, however, of redevelopment in Somers Town to provide new premises for one nursery. The need to make maximum use of sites for housing accommodation has resulted in the nursery being incorporated on the ground floor of a block of single person flats. Architects, Health Department and nursery staff co-operated in the production of sketch plans for a nursery for 53 children including special accommodation for eight with physical handicaps.

The stimulus for the latter provision came from the recognition, by the Health Visitors, that the development of children with certain neurological defects was restricted by lack of social contacts with other children.

The Lord and Lady Mayoress 1967-68 (Councillor and Mrs. D. D. Connors) also appreciated this need and generously made the provision of accommodation for these children the subject of their Mayoral appeal.

During 1968 a purpose-built unit, attached to Twyford Avenue Day Nursery was planned and built from the funds provided in this way.

All the staff were involved in the detailed investigations that this type of accommodation required; the information was incorporated at the same time into the plans for Somers Town Day Nursery.

Each unit is planned to accommodate eight children at any one time, with adequate space to encourage free movement on various types of 'go carts', wheel chairs and other apparatus.

By the end of the year the unit at Twyford Avenue had been handed over, and building had started on the site for Somers Town Nursery.

It is a pleasure to acknowledge with gratitude the practical advice and help we received from many sources during the planning phase.

Meanwhile, the ordinary work of the Day Nurseries continued. Once again financial restrictions prevented the employment of extra staff, which would have provided much needed additional places at both nurseries. Inevitably the waiting list grew steadily longer (70 at the end of 1968, as opposed to 40+ the previous year) and gave added impetus to the growing numbers of private day nurseries and child minders.

**PRIVATE DAY NURSERIES, PLAY GROUPS AND CHILD MINDERS**

Locally, as well as nationally, there has been a steady rise in the number of registrations under the Day Nurseries and Child Minder Regulation Act 1948, though it should be noted that the number of registrations is large when the number of places available in local authority nurseries is small.

The supervision of these registrations has entailed increasing work for the Medical Officer and administrative staff of the Department.



During the year all the registrations were reviewed with particular regard to the qualifications of the staff employed. It was apparent that in the last four years, standards had been considerably improved and when the Health Services and Public Health Act 1968 became law, most of the recommendations had been operative in the City for some time.

### Day Places Available

	<i>No.</i>	<i>Places</i>
Local Authority Nurseries .. .. .	2	70
Day Nurseries and Play Group Registrations .. .. .	28	850
Child Minder .. .. .	52	546
Total number of places for Day Care in the City .. .. .		1,466

### Local Authority Nurseries—Attendances 1.1.68—31.12.68

Admissions during year (new cases) ..	59
Total attendances—Full .. ..	16,681
Half .. ..	366
Number on register at 31.12.68 ..	73
Number of children on waiting list at 31st December—	73.

### CLINICS

The number of pre-natal and child health sessions has remained unchanged. Approximately 69% of the patients booked to domiciliary midwives attended the Authority's Pre-Natal Clinics. The Post Natal attendances, though small, more than doubled indicating that there is still a need to be met through Local Authority clinics despite the service provided by family doctors.

Attendances at Child Welfare clinics apparently show a decrease of 7,000, but re-organisation within the clinics has enabled each health visitor to see 'her own mothers' when they attend, resulting in a considerable increase in health visitor consultations. The figures are therefore more comparable with other areas than has previously been the case.

It is interesting to note that the smallest number of attendances was made at the purpose built clinic almost on the City boundary and not related to shopping facilities. The more centrally situated clinics in that area (Hempstead Road and Cosham) are in less attractive premises but both are related to shopping centres, and each had 50% more attendances than Falmouth Road.

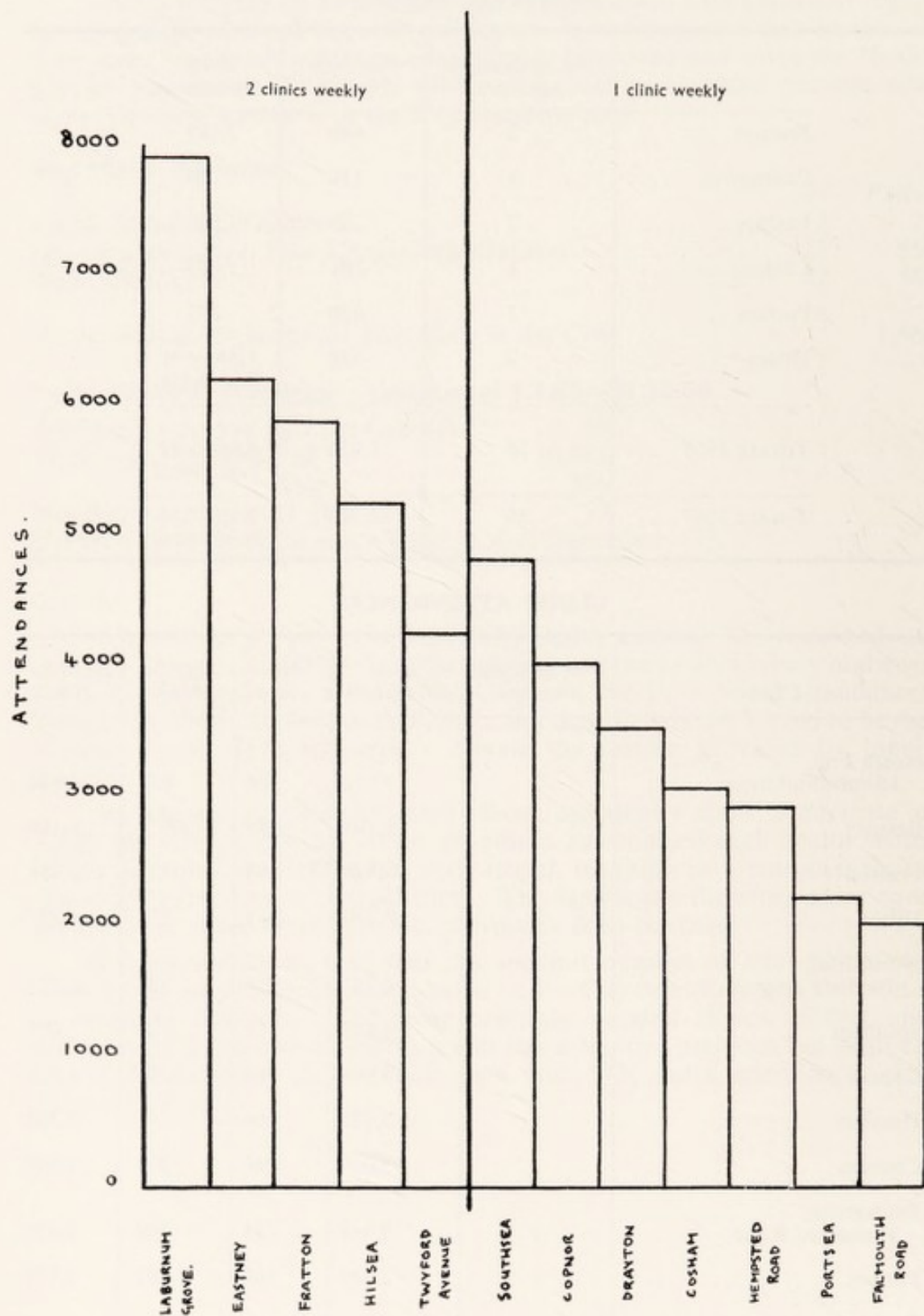
## PRE-NATAL CLINICS

<i>Clinics</i>	<i>No. of Sessions per week</i>	<i>No. New Patients</i>	<i>Total Attendances</i>
Fratton ..	3	440	2,183
Paulsgrove ..	1	116	703
Eastney ..	2	365	1,881
Cosham ..	1	201	1,025
Portsea .. ..	1	150	871
Hilsea .. ..	2	338	1,586 + 31 Post Natal
TOTALS 1968 ..	10	1,610	8,249 + 31 Post Natal
TOTALS 1967 ..	10	1,715	9,171 + 41 Post Natal

## CLINIC ATTENDANCES

<i>Clinic</i>	<i>No. Sessions per week</i>	<i>Total attendances</i>	<i>New cases</i>	<i>Seen by M.O.</i>	<i>Seen by H.V.</i>
North End, Laburnum Grove ..	2	7,911	386	631	6,844
Eastney .. .. .	2	6,195	655	1,073	5,169
Fratton .. .. .	2	5,888	468	431	5,358
Hilsea .. .. .	2	5,250	343	575	4,277
North End, Twyford Avenue ..	2	4,291	259	384	3,776
Southsea .. .. .	1	4,828	353	723	3,007
Copnor .. .. .	1	3,998	203	368	1,556
Drayton .. .. .	1	3,528	206	—	3,362
Cosham .. .. .	1	3,051	269	275	2,905
Paulsgrove, Hempsted Road ..	1	2,918	155	290	2,830
Portsea .. .. .	1	2,256	162	281	2,139
Paulsgrove .. Falmouth Road ..	1	2,009	142	176	1,424
TOTALS 1968 ..	17	52,123	3,601	5,207	43,097
TOTALS 1967 ..	17	59,170	3,657	5,644	24,459







Screening test of hearing



## STAFF

Dr. Audrey Stewart left the Department as a full-time Medical Officer, to enter General Practice in December 1968. She had been on the staff of the Maternity and Child Welfare Section for 17 years and for the last four years had been the only full-time clinical Medical Officer. All the staff appreciated her wide experience of obstetrics and child health and her willingness to 'sort out' problems whether they concerned pre-natal care, a mother having difficulty with breast or artificial feeding or the early detection of handicap.

It was almost entirely through her efforts that the standards of day care for children under the Day Nurseries and Child Minders Regulation Act have been improved and close co-operation with the Health Department has been established.

The Children's Department valued her services in connection with adoptions and the Darby Residential Nursery so highly that they requested, and the Health Department readily agreed, that she should continue to be responsible for this work when she became a sessional Medical Officer.

## Other Services

## CERVICAL CYTOLOGY

A second clinic was opened in Portsea during the year to provide for the large number of women at risk in the area; 158 women employees of one firm were screened at specially arranged sessions in another area.

Inevitably the first enthusiasm for the service has waned; the returns indicate however that the majority of women at risk have not yet availed themselves of the preventive service, despite the facilities provided by the General Practitioner and Local Authority.

It is only through the slow process of health education that the community will eventually reap the benefit of this new preventive service. Health Department Staff are unfortunately only too familiar with the fact that the less apparent the danger, the greater is the difficulty in persuading the public to accept even simple measures.

Number of patients attending clinic .. ..	883	(343)
Number of smears taken .. ..	875	(342)
Smears not taken on account of:—		
Recent Hysterectomy .. ..	7	(1)
Not necessary .. ..	1	(—)
	883	(343)
<b>Results:—</b>		
Negative .. ..	835	(326)
Cancer cells present! .. ..	1	(1)
Hypoplastic .. ..	1	(—)
Trichomonas .. ..	27	(12)
Monilia Hyphae .. ..	4	(1)
Atypical cells .. ..	4	(1)
Repeat smear—atypical cells .. ..	—	(1)
Samples not suitable .. ..	5	(—)
Slide broken in transit .. ..	1	(—)
	875	(342)

In 1968 of the 883 patients attending the clinic 864 were new patients and 19 were patients who had previously been tested.

### FAMILY PLANNING

In order to make family planning advice more readily available, a new clinic was opened in Portsea in May, 1968. That this has met a need is indicated by the fact that 74 of the 104 new cases seen at the clinic were classed as having medical grounds for attendance.

The City Council in July appointed the Portsmouth District Family Planning Centre as its agent for the provision of contraceptive advice to women on medical grounds and also approved a domiciliary family planning service.

The Family Planning Centre had been anxious to provide this latter service for 2 years but had to delay it until a Medical Officer could be found to undertake this particular work.

The service aims to make contraceptive advice available to women who for a variety of reasons, e.g. large families, social inadequacy, find it difficult to attend ordinary clinics. Patients are referred initially to the Health Department by various social agencies and are then visited at home by the Medical Officer—a woman General Practitioner who holds the Family Planning Association Certificate. The family doctor is naturally informed of the outcome of her visits.



**STATISTICS RELATING TO PATIENTS ATTENDING CLINICS DURING YEAR ENDING  
DECEMBER 31st 1968**

	<i>Portsmouth</i>	<i>Cosham</i>	<i>Prince Albert Road</i>	<i>Northern Parade</i>	<i>St. George's Square (from May 1968)</i>
Number of sessions ..	102 (101)	51 (51)	50 (50)	48 (48)	32
New cases ..	603 (488)	125 (98)	140 (142)	104 (78)	104
Total attendances ..	4,750 (4,680)	1,899 (1,683)	1,118 (920)	624 (531)	326
Patients receiving free treatment ..	391 (64)	190 (22)	139 (16)	97 (4)	74

**DOMICILIARY FAMILY PLANNING SERVICE**

Number of Referrals: 10.

3—I.U.C.D. recommended

5—Pill started

1—Sterilization in puerperium

1—Patient went to Family Planning Clinic before Domiciliary Family Planning Medical Officer visited.

## Mortality Statistics

### MATERNAL DEATHS

Again there were no deaths directly attributable to abortion, pregnancy or childbirth. Two women died within a year of childbirth and were the subject of the usual confidential reports to the (then) Ministry of Health.

### INFANT DEATHS

The rise in the number of infant deaths repeats the alternating pattern of previous years; the perinatal mortality shows a gratifying fall for the second year in succession and is the lowest it has been at any time during the last 10 years. The illegitimate rates have remained stationary; it is disturbing that deaths of legitimate infants between one week and one year of life should appear to contribute more than previously to infant mortality.

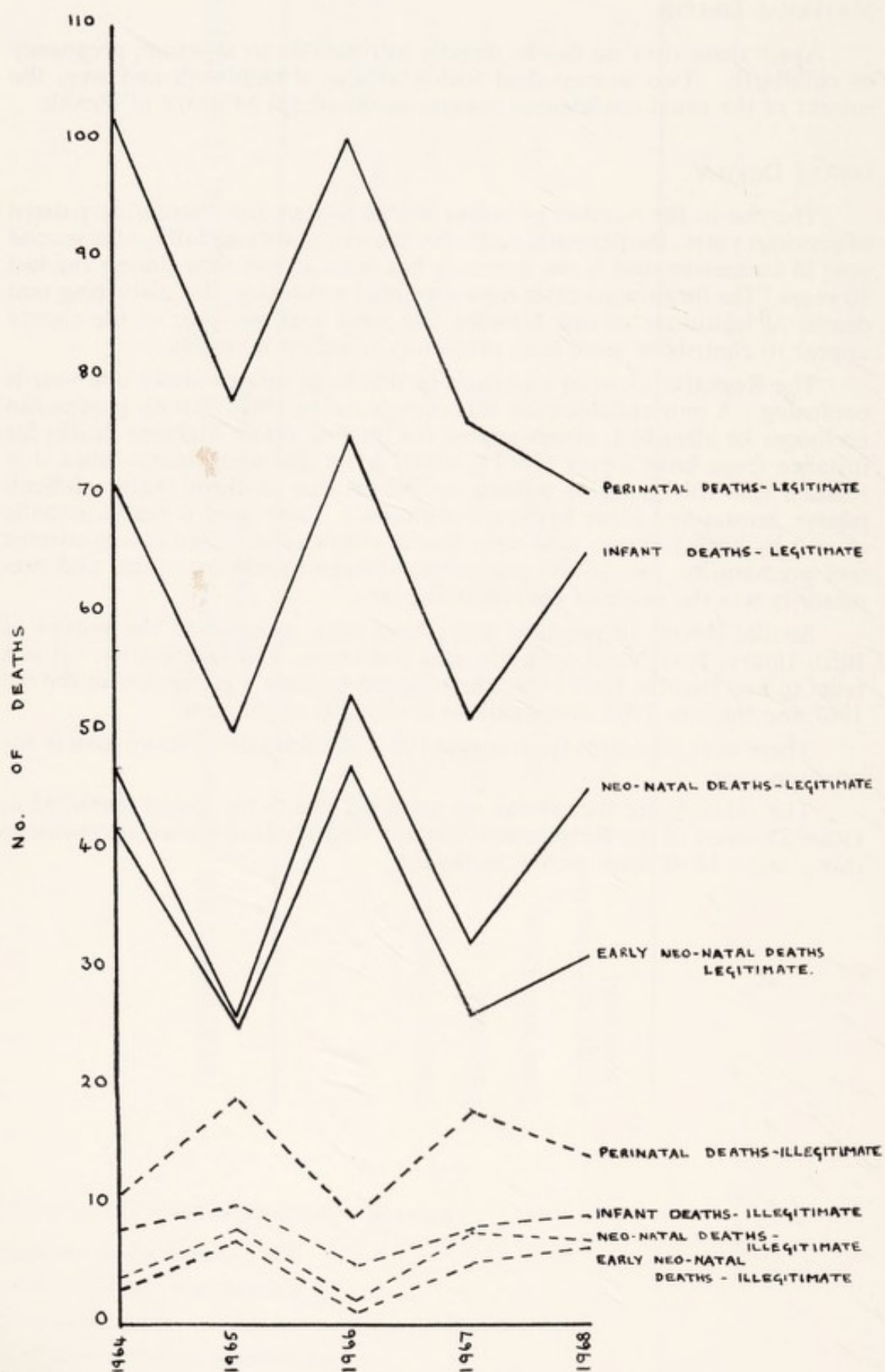
The Registrar General's analysis of deaths of infants under one year is confusing. A new classification was introduced in 1968; certain groups can no longer be identified, others appear for the first time. Eighteen deaths for instance from birth injury (24·3% total) is an alarming figure—until it is realised that this group is defined as 'deaths due to Birth Injury, difficult labour, anoxia and other hypoxic conditions'. There were 6 deaths actually caused by birth trauma; nine were due to the respiratory distress syndrome and prematurity, one to the respiratory distress syndrome alone, and prematurity was the cause of the remaining two.

Similar deaths in previous years have been assigned to the groups of Birth Injury, Post Natal asphyxia and atelectasis, and Immaturity. It is a relief to find that the total of deaths assigned to these 3 groups under the old 1967 and the new 1968 classifications is virtually unchanged.

There were 20 deaths from congenital abnormalities—7 more than in the previous year.

The other figure that shows an alarming rise is the group identified as Other Diseases of the Respiratory System. Sixteen deaths were attributed to this group—14 of them were Cot Deaths.





### COT DEATHS

This term defines a group of children found dead in their cots without prior signs of serious illness. Fourteen such deaths occurred in 1968; this is an increase of three on the previous two years but a more disturbing feature is that it includes three children dying in the first eight days, and three others in the first two months of life.

Detailed enquiry has revealed only apparently trivial symptoms of illness, e.g. refusing or taking a smaller feed than usual, or very minor respiratory infections—'snuffles' or a 'cold' a few days or hours before death. Only two infants had been seen by their family doctor—one had received an antibiotic twelve hours before death. At post mortem no congenital abnormalities were found, not even in the youngest group. The lungs in all cases were oedematous and congested; mucoid material was frequently found in the bronchial tree and in some cases acute inflammatory changes were present in the upper respiratory tract. Pus was found in the middle ear in one patient—this was asymptomatic.

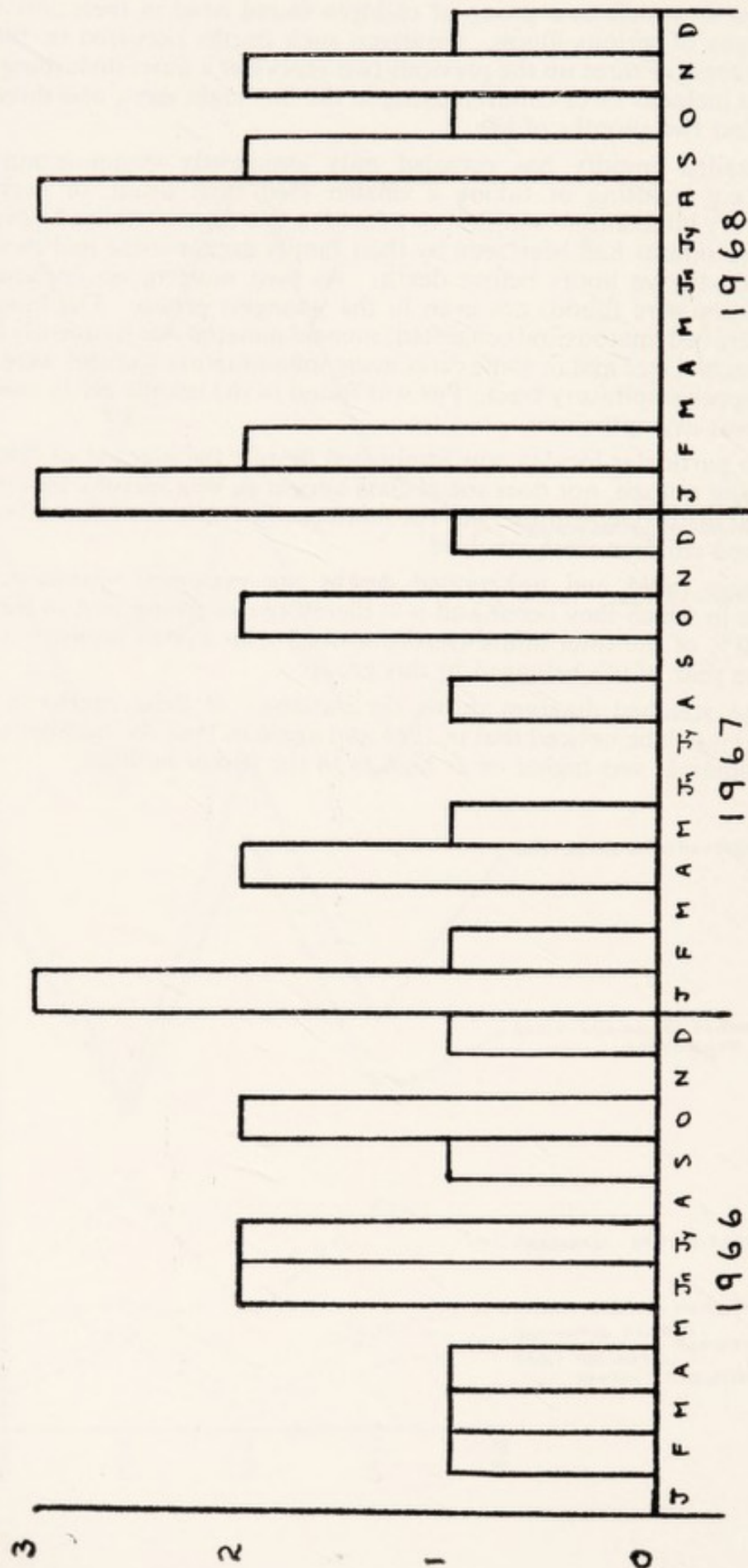
No particular locality was implicated despite the amount of 'filled land' now being utilised, nor does social class appear to be a factor—indeed one of the most disturbing features was the number of occasions when well cared for and loved children were involved.

These rapid and unheralded deaths are extremely traumatic to the families in which they occur and it is therefore disturbing that in the City in 1968 20% of the total infant deaths, and 23% of deaths between one week and one year of life belonged to this group.

The attached diagram shows the incidence of these deaths in the last 3 years; it will be noticed that in 1966 and again in 1968 the number of deaths in the summer was higher or as high as in the winter months.



## COT DEATHS



## REPORT ON THE SERVICES FOR THE ELDERLY

by

DR. N. M. PLOWRIGHT

*Senior Medical Officer*

All the services operated through the Geriatric Section have been maintained but expansion has been limited by financial restrictions.

**Chiropody**

For the first time the number of new referrals is less than the previous year. Four new sessions have been started at Victoria Road clinic—but while the waiting list continues to grow and the treatment interval remains at 6-10 weeks, the provision cannot be regarded as adequate for the City.

When the service started, it was estimated on the basis of Sheldon's figures for Wolverhampton in 1948, that 5,000 people in Portsmouth needed chiropody—Wedderburn's and Townsend's Survey in 1961 suggests 10,000 as a more accurate figure.

Even taking into account the residents in Old People's Homes, and those people treated privately by state registered chiropodists and others, a large number remain, who are in need of the service and who can only benefit when it is possible to expand in terms of staff, premises and—very important—transport.

The Health Department agreed to provide the chiropody service for the Welfare Services Homes when their own chiropodist retired; this was limited to urgent cases until an additional chiropodist was appointed in December to cover these extra patients. It was hoped by seeing every resident in the Homes to assess accurately the need for chiropody, at least in one sphere.

Assessment of the total need in the community has been discussed but has been deferred for financial reasons. Meanwhile the service is maintained by the loyal service of the chiropodists, some of whom travel considerable distances in the course of their work. The statistics for this service are set out below.

<i>Clinic</i>	<i>Sessions</i>	<i>Attendances</i>	<i>Transport</i>	<i>Comments</i>
Northern Parade, Hilsea .. ..	513	4,167 (3,845)	1,853 (1,961)	10 sessions per week
Prince Albert Road, Eastney	206	1,605 (1,276)	584 (520)	4 sessions per week
Victoria Road North, Fratton	57	340 (—)	122 (—)	4 sessions per week opened 1.8.68
TOTALS ..	776	6,112 (5,121)	2,559 (2,481)	
Domiciliary Service ..	—	2,469 (2,412)	— —	
Welfare Services Dept. Homes ..	—	998 (—)	— —	
GRAND TOTAL ..	—	9,579 (7,533)	2,559 (2,481)	



Average attendance per clinic session—7.9 (7.7).

Total Patients Treated—Elderly .. .. .	1,685	
Handicapped .. .. .	30	
Expectant Mothers .. .. .	—	
	<hr/>	
	1,715	(1,361)
	<hr/>	
Patients in Welfare Services Homes .. .. .	317	
	<hr/>	
	2,032	
	<hr/>	
New Patient Referrals—		
General Practitioners .. .. .	209	(253)
Health Visitors .. .. .	347	(368)
District Nurses .. .. .	27	(47)
Others .. .. .	14	(—)
	<hr/>	
	597	(668)
	<hr/>	

(Figures in brackets denote 1967 statistics)

### Home Mothers

Two additional staff were appointed when Handsworth House and Ladywood House were occupied. Handsworth House particularly has a large number of elderly residents. The two way communication system installed in each block has proved more efficient than the bell system. Patients appreciate being able to speak to the Home Mother immediately, especially during the night.

### Night Attendant Service

This service was introduced as a direct service in 1965, when provision was made to meet the following needs:—

- (a) to give relief to families who are looking after elderly relatives;
- (b) to provide temporary care for acutely ill patients awaiting admission to hospital; and
- (c) to give short term care for patients suffering from terminal illness.

Since that time the service has gradually expanded until the present establishment is as follows:—

State Registered Nurses ..	8
State Enrolled Nurses ..	1
Auxiliary Attendants ..	9
	<hr/>
	18
	<hr/>

These have been almost fully occupied and, during 1968, were called upon to care for a total of 140 patients. In comparison, the total number of patients for 1967 was 102 and for 1966 sixty-four.

Continued expansion of this service will be necessary if it is to meet the increasing demands made on it by relatives, family doctors and the Hospitals, all of whom appreciate the help that is being provided.

Of the 140 cases attended during the year the service was free to 81 patients, full charge to 41 patients and an assessed charge was made in respect of the remaining 18 patients.

The table below sets out the main reasons for request for this service.  
Types of case served:—

	1955	1966	1967	1968
1 Cancer .. .. .	6	24	29	41
2 Diseases of Heart and Circulation .. ..	3	12	20	24
3 Diseases of Chest .. .. .	2	7	7	10
4 Diseases of Nervous System (including Stroke)	—	2	7	30
5 Other Diseases .. .. .	—	1	1	1
6 Elderly—unable to be alone .. .. .	1	12	12	12
7 Admission/Discharge Hospital or Nursing Home .. .. .	2	3	11	7
8 Relief for relatives .. .. .	—	5	15	15
TOTAL ..	14	66	102	140

In October two half-day study days were held for the night attendants and home mothers. At the first session Dr. P. S. W. Wilkins, Consultant in Geriatric Medicine at St. Mary's General Hospital, discussed the physical aspects of ageing. This was followed by a demonstration of lifting technique by the Deputy Superintendent of the Victoria Nursing Association Miss P. M. Conroy. Dr. D. I. Brough discussed the mental aspects of ageing particularly as related to depression. The final session took the form of a panel discussion of services generally. It was obvious from the appreciative comments of the night attendants and home mothers that this course had met the need for training for the staff.





Night attendance service in action



## Home Nursing Equipment

During the year it became necessary to limit the period for which wheel chairs could be borrowed, to three months. Pensioners and others needing chairs for longer periods should obtain them through the Department of Health and Social Security but the necessary certification often entails delay. It had been found that the Health Department chairs were being retained by disabled people to the detriment of others not entitled to 'Ministry' chairs. Similarly, in order to meet the demand from Portsmouth residents, visitors to the City requiring wheel chairs were referred to the British Red Cross.

There is a very rapid turnover of certain items, particularly commodes; despite the large number shown in the accompanying table, there are never many in the store—and those that are there, are only retained for cleaning and sometimes repair, before being re-issued.

The store of heaters is a very valuable asset in the care of the sick and elderly; often the provision of a heater has protected an elderly person from the risk of Hypothermia (Cold Injury).

Back rests .. .. .	212	Fireguards .. .. .	10
Bath mats .. .. .	3	Foam rings .. .. .	106
Bath platform .. .. .	1	Fracture boards .. .. .	30
Bath rails .. .. .	10	Heaters, Convector .. .. .	16
Bath seats .. .. .	43	Fan .. .. .	6
Bed blocks .. .. .	22	Hoists .. .. .	6
Bed cradles .. .. .	100	Mattresses .. .. .	18
Bed pans .. .. .	110	Offerton Geriatric Chair .. .. .	1
Bedsteads, Domestic .. .. .	5	Toilet frame .. .. .	1
Hospital .. .. .	11	Toilet seats .. .. .	10
Bed warmer .. .. .	1	Urinals .. .. .	105
Commodes .. .. .	495	Walking Aids, Tripod .. .. .	99
Covers (Mattress) .. .. .	4	Zimmer .. .. .	246
		Wheel Chairs .. .. .	75

Total Number of Items—1,746.

Total number of items on loan at present—1,179.

## Services for the Incontinent

### LAUNDRY SERVICE

At the end of 1968 this service was being provided for 125 people per week; demands increased during the colder weather of winter as was anticipated. Limitations of manpower and finance prevented further expansion of the service.

### ABSORBENT PADS, ETC.

During the year these were issued at the rate of 12,300 per month, the number of patients being in excess of 140. These items assist in the care of incontinent patients, but alone they are inadequate for heavily incontinent patients who need the laundry service as well.

It will be realised that without these services nearly all these people would have thrown an incredibly heavy burden on those who were caring for them. It is estimated that these two services between them probably saved over 100 institutional beds.



## CONVALESCENCE

Total number of persons sent on convalescence	27 females 7 males
	—
Total	34 (35)
	—
No. of women who went to Wenham Holt	15 (14)

**Case Conferences**

The Area conferences have continued as before but a larger conference replaces one area conference each quarter. This provides contact between all the areas and enables subjects of common interest to be discussed.

Admiral J. M. Holford, The Senior Medical Officer for Geriatrics in the Department of Health and Social Security attended the Autumn meeting when Hypothermia and the range of services for the elderly were discussed, for the benefit of new Staff.

The Regional Social Worker Mr. Arkles was present in December when cases removed under Section 47, National Assistance Act were reviewed.

**Compulsory Removals**

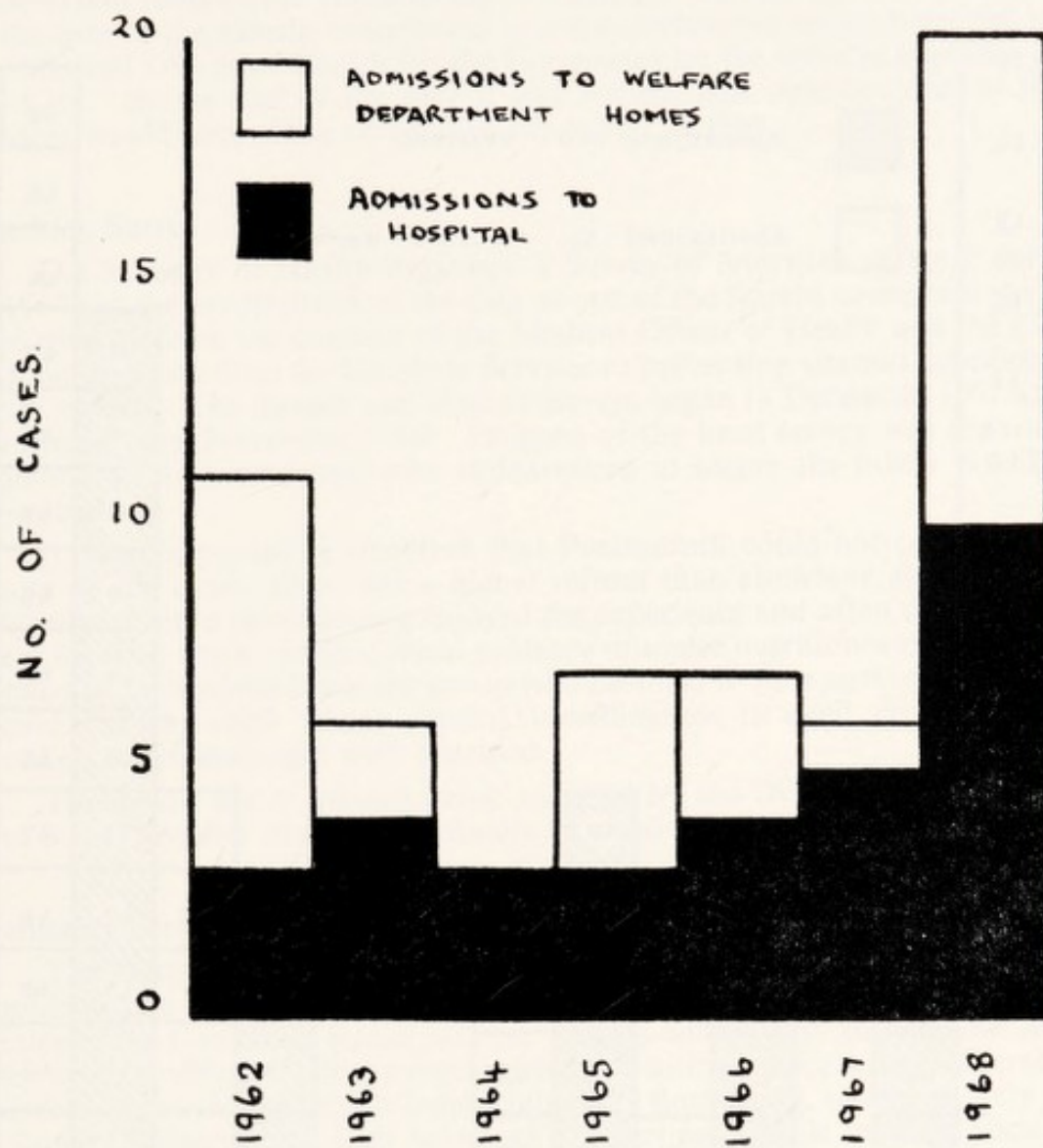
Nineteen patients were removed to Hospital or Welfare Homes under National Assistance Amendment Act (1951) during 1968. The case conferences reviewed these cases as they occurred but in every instance it was agreed that the action had been necessary. Compulsory removal had frequently been necessary to enable the patient to benefit from modern drug therapy which he or she could not remember to take. Perhaps the most striking instance of the value of compulsory removal was a woman who had been a well known entertainer at Old People's Clubs, especially as 'Burlington Bertie'. When seen in her own home, she identified her late husband's photograph as a variety of people and could not remember even to drink a cup of tea. She was aggressive and had threatened several people, including the District Nurses, with sticks and a knife. When removed she settled happily into a small Old People's Home where she found old friends and in three weeks was putting on her 'Burlington Bertie' act as well as ever.

It is often stated that the compulsory removal of elderly people from their own home is rapidly fatal. Opportunity has therefore been taken to review the outcome of the removal orders obtained in the years 1962-8.

The diagrams below show the numbers of orders obtained, the place of admission and the survival periods according to the original admission.

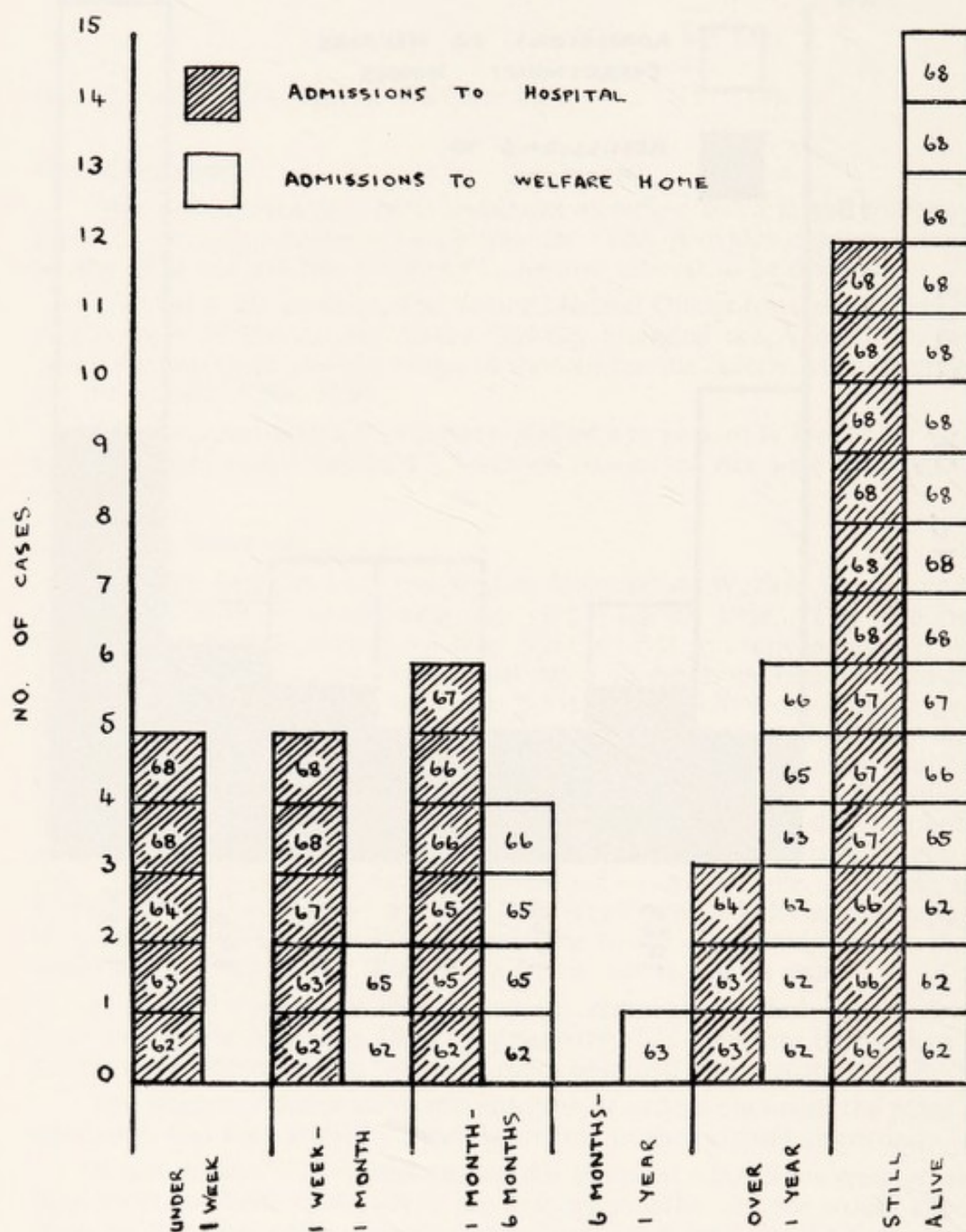
It will be seen that deaths among the Hospital admissions were greater than those to Welfare Homes in the first six months—as one would expect from the fact that grave chronic disease was the ground for the first group. However, of the 59 patients removed in the six years 1962-8, 13 patients admitted to hospital and 14 to Welfare Homes, a total of 27, were still alive at the end of the period—twelve of these had been admitted prior to 1968.

The usual pessimistic view of the outcome of compulsory removal orders has not been borne out by our experience. In fact the field workers consider that the operation of this Section of the National Assistance Act can be life saving and as beneficial to the elderly as other services.

ADMISSIONS UNDER SECTION 47  
NATIONAL ASSISTANCE ACT 1948



SURVIVAL OF SECTION 47 PATIENTS  
1962 - 1968



### **Co-ordinating Committee for Geriatric Services**

The Committee met quarterly but attendance fluctuated widely and to some extent reduced the effectiveness of meetings. All the agencies involved in the care of the elderly contributed to a comprehensive report prepared by the Medical Officer of Health for the Committee on the services available in the City. By the end of the year it was evident that developments in the services would necessitate revision of the report in 1969.

### **Nutrition Survey**

The Ministry of Health organised a Survey of Nutrition of the Elderly in 1967 but the involvement of the City as one of the 5 areas concerned stemmed directly from the concern of the Medical Officer of Health and the Co-ordinating Committee for Geriatric Services in preventing vitamin deficiencies in the elderly. The dietary and clinical surveys began in December 1967 and continued until November 1968. Progress of the local survey was reported regularly to the Committee who endeavoured to secure the fullest possible co-operation.

It was disappointing therefore that Portsmouth could not complete its quota of 200 cases; there was a higher refusal than elsewhere although the majority of those participating enjoyed the experience and often thanked the team for their work. Little clinical evidence of under nutrition was found but it must be remembered that the group who declined to take part in the survey would include some whose general unwillingness to avail themselves of services, might endanger their nutrition.

The results are at present being analysed by the Department of Health and Social Security and will eventually be published.

### **Voluntary Services**

The statutory services for the elderly in the City are augmented and supplemented by the Visiting Service and the Old People's Welfare Committee of the Council of Social Service. At the end of 1968 about 200 voluntary workers were providing a regular friendly visiting service to a considerable number of people; seventeen lunch clubs were flourishing, staffed entirely by voluntary helpers, each club being self-supporting. While in these circumstances only one hot meal could be provided each week; there was no doubt that for many people that day was the highlight of the week, gastronomically and socially.

Outings were regularly arranged for housebound people usually in small groups using a mini bus or private cars. Approximately 300 people enjoyed these trips during 1968.

In these and a variety of other ways the help of the voluntary service released professional staff to concentrate on other aspects of the problems and together both groups of workers tried to meet the needs of the elderly in the City.



**REPORT ON THE AMBULANCE SERVICE***by***MR. T. F. WARD***Ambulance Officer***Emergency Service**

The total number of emergency calls via the '999' system was 4,300, a small decrease of about 1% in comparison with the previous year. Although the decrease is not a sensational one, it is the first decrease in emergency calls for eight years, comparing each year with the previous one; in comparison with five years ago, however, the increase in emergency calls was 23%. The number of calls to incidents wherein there were no casualties remained the same as last year—i.e. about 12% of emergency calls; the number of malicious calls increased slightly by 4 to 59. In general, there was little misuse by the public of the '999' system—there were, of course, some facetious calls and the callers were invariably advised to contact the police; even though the malicious calls were at a low level in comparison with other emergency services they were time consuming in ensuring that an ambulance was not required.

The number of emergency call cases conveyed during the year was 3,926—a very slight decrease in comparison with last year (0.6%), the last decrease in comparison with a previous year was in 1960. In comparison with five years ago there was an increase of 20%.

People injured in road accidents totalled 884, a decrease of 21 compared with last year—this is the second consecutive year that this category of casualty has decreased. June had the highest number and January the lowest; the highest number on any one day was 15. Road accident cases were approximately 22% of emergency call cases.

There were 1,337 people injured other than in road accidents—an increase of 25 in comparison with the previous year. August had the highest monthly total and February the lowest; the highest number on any one day was 11. These cases of injury were 34% of the total.

Persons who suffered sudden illness totalled 1,319, a small increase of five in comparison with last year. The highest total was in July and the lowest in February; the highest number on any one day was 12. Sudden illness cases were 33% of the total.

Emergency maternity cases totalled 113, a decrease of 24 compared with the previous year. The highest number in a month was in March and the lowest was in October; the highest number in any one day was 4. These cases were 3% of emergencies.

Pill overdoses increased by 15 to a total of 201. The greatest number of cases occurred in July, the lowest in March; the highest number on any one day was 6. Pill overdoses were 5% of the total emergency cases.

There were 23 cases of coal gas poisoning during the year, a decrease of 22 in comparison with last year. April had the highest number, there were no cases in November; two cases was the highest number on any one day. These cases were 0.5% of the total.

Burns and scalds totalled 40 throughout the year, a decrease of 11 in comparison with the previous year. The highest number occurred in June and the lowest in May and October; the greatest number on any one day was 3. These cases were 1% of the total.

There were 9 drowning cases during the year, an increase of 6 compared with last year.



The greatest demand in emergency call cases were for people who sustained injury—approximately 57% of all cases. The causes of injury varied considerably from those received in road accidents to minor cuts from knives, but an appreciable number are injured through falls—falls are the second highest cause of injury. Sudden illness makes the next highest demand and it is this group that cause the greatest anxiety for ambulance crews—illnesses vary from simply feeling ill to deep unconsciousness—quite often no history of illness is available. All other causes are 10% of demands and approximately half of these are overdoses. Even though there was an increase in drowning cases, some of which were suicide attempts, the total remains at a low figure considering our long coast line.

Again July had a record number of emergency call cases (411), the highest monthly figure ever recorded in this Service; February had the lowest figure. Again the average busiest days were Fridays and Saturdays, but the highest number on any one day was 27 on Thursday, 21st November. The average time taken from the receipt of call to arrival at the incident was 5.7 minutes, and from the receipt of call to arrival at the hospital was 16.1 minutes—these times are the same in the previous year. Traffic congestion caused considerable difficulty at times for crews on emergency ambulances, and there were occasions during peak traffic times that control officers found it necessary to despatch more than one ambulance to an incident from different locations in the hope that one of them would reach it.

Overall, emergency call cases were 3.6% of the total patients conveyed by ambulance.

### **General Service**

Patients conveyed, other than emergencies, totalled 102,511, of these 34,040 were cases requiring two men to handle them and 68,111 were one man assisted cases.

Admissions decreased slightly in comparison with last year, the decrease was mainly in sitting cases.

Discharges increased slightly, which was mainly in stretcher cases.

Inter-hospital and other transfers decreased quite appreciably in both stretcher and sitting cases.

Again, outpatients increased quite considerably in both 'two man lift' and sitting cases, but there was a slight reduction in stretcher cases.

Other persons conveyed decreased appreciably compared with the previous year.

It was noticeable this year that outpatient conveyance started earlier in the day than in previous years, and generally the Service was fully engaged between 8.30 a.m. and 6 p.m. The main peaks of patient conveyance were between 8.30 a.m. and 10 a.m. and between 3 p.m. and 4.30 p.m., but the pressure on the Service was continuous and duty control officers were always endeavouring to get up to time. There were delays to patients, mainly these delays were in the return of outpatients, but there were very few instances of delay in answering emergency calls.

### **Emergency Obstetric Service**

During the year there were 92 calls on this Service, 69 of them were from the County area and 23 from the City area. The number of cases conveyed was 63, of these 48 were from the County and 15 from within the City; the 29 calls wherein no patients were conveyed was 21 County and 8 City.



The average time before an ambulance was available was 7 minutes; the average time from call to arrival at the patients' address was 28 minutes. The average time the 'flying squad' team were in the patients house was 41 minutes; the average time from call until the ambulance was clear at the hospital was 1 hour 47 minutes. The average miles per call was 19.3.

The number of calls received between midnight and 6 a.m. was 25; between 6 a.m. and 12 noon was 24; from 12 noon to 6 p.m. was 18; from 6 p.m. to midnight was 25.

### Supplementary Service

The Hospital Car Service conveyed 970 patients during the year, a decrease of 62 in comparison with last year, but the mileage increased by 3,668 to 31,189. The greater number of patients conveyed were to places outside the City. Again this year the Hospital Car Service accepted all requests, some of these were at very short notice.

Patients by train and boat decreased quite considerably in comparison with previous years, and also the mileage decreased very appreciably—the main decrease was in outpatients to London hospitals.

The St. John Ambulance Brigade continued to provide emergency ambulance cover at Clarence Pier at week-ends during the summer season; both Voluntary Organisations provided first-aid cover along Southsea sea-front and Hilsea Lido during the summer. The St. John Ambulance Brigade and the British Red Cross Society provided excellent first-aid cover on the occasion of the return of Sir Alec Rose.

### Miscellaneous

(a) The midwives rota for nights and weekends continued to operate smoothly and there were no delays in providing midwives for expectant mothers. The pocket radio-telephones introduced last year were extremely helpful in maintaining contact with midwives, they were also used much more frequently by midwives to pass information, via Ambulance Control, to the general practitioner concerned. On several occasions after deliveries, doctors made use of this means of communication to contact their surgeries to enquire if there were any other patients to visit.

(b) The Mental Welfare Officer's night and weekend rota operated well during the year, the introduction of a pocket radio for the duty M.W.O. assisted greatly in passing messages as soon as they were received.

(c) The volume of enquiries from the public after office hours appeared to be less than in previous years, but the variety was as wide as ever.

(d) The Ministry of Health Working Party recommendations for equipment in ambulances was implemented in this Service early in the year, but with some modifications to suit this particular area. All ambulance radio sets were renewed and the master set and aerial mast were transferred to Fort Widley—this gives a much greater operating distance than was possible with the mast at the Main Station—messages have been received as far away as Hindhead and Ringwood. One of the Service's frequencies is now the same as one in the London Ambulance Service, and this has been very useful to ambulance crews on several occasions when in London.

(e) During the year twenty-one members of the staff attended training courses at the Hampshire County Ambulance Training School. Fourteen driver-attendants attended the six week Ministry of Health basic courses, six shift leaders attended an officers course and one shift leader an instructor's course organised by the Ministry of Health.



Also during the year there were three major accident studies—one organised by the Chief Constable, one by the Regional Hospital Board and one by the Commander-in-Chief, Portsmouth.

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	3,926	—	—	22	—	3,948	3.6%
Admissions .. ..	6,142	27	52	—	5	6,226	5.8%
Discharges .. ..	4,859	47	82	—	2	4,990	4.6%
Transfers .. ..	8,800	39	318	—	9	9,166	8.6%
Outpatients .. ..	78,751	64	518	—	—	79,333	74.0%
Other Persons .. ..	3,599	—	—	—	—	3,599	3.4%
TOTAL .. ..	106,077	177	970	22	16	107,262	100.0%
Mileage .. ..	373,322	15,593	31,189	89	1,138	421,331	
Miles per patient .. ..	3.5	87.5	31.2	4.4	71.1	3.9	

## EMERGENCY CALL PATIENTS

## Directly Provided Service

TABLE 'B'

Month	Injuries		Illness	Matty.	Over- doses	C.G.P.	Burns	Scalds	Drn.	Total
	Road Accidents	Other Causes								
Jan. ..	45	96	109	9	13	1	1	1	—	275
Feb. ..	69	79	84	8	14	2	—	4	1	261
Mar. ..	57	108	93	13	12	2	1	2	1	288
Apr. ..	61	106	88	10	18	4	2	3	—	292
May ..	79	116	104	9	16	1	—	1	1	327
June ..	94	110	118	11	13	2	2	6	1	357
July ..	86	132	142	11	30	3	1	4	2	411
Aug. ..	77	141	136	12	15	2	1	1	1	386
Sept. ..	79	122	117	6	18	3	1	3	—	349
Oct. ..	79	111	100	5	19	2	—	1	1	318
Nov. ..	93	110	123	7	18	—	1	1	—	353
Dec. ..	65	106	105	12	15	1	3	1	1	309
TOTAL ..	884	1,337	1,319	113	201	23	12	28	9	3,926



GROWTH OF SERVICE  
TABLE C

	1964		1965		1966		1967		1968	
	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
Accident and Emergency ..	3,574	3.8	3,677	3.8	3,919	3.8	3,975	3.8	3,948	3.6
Admissions ..	5,982	6.3	5,965	6.1	6,099	5.9	6,313	5.9	6,226	5.8
Discharges ..	5,938	6.2	6,044	6.2	5,157	5.0	4,895	4.6	4,990	4.6
Transfers ..	16,997	17.8	15,502	15.9	12,790	12.5	9,994	9.4	9,166	8.6
Outpatients ..	62,776	65.9	65,301	66.9	71,859	70.1	76,313	71.9	79,333	74.0
Other Persons ..	—	—	1,054	1.1	2,717	2.7	4,698	4.4	3,599	3.4
TOTAL ..	95,267		97,543		102,541		106,188		107,262	
MILEAGE ..	369,039		369,577		369,660		414,543		421,331	

## LOCAL AUTHORITY DENTAL SERVICE

## REPORT OF THE CHIEF DENTAL OFFICER

MR. P. D. BRISTOW

**Expectant and Nursing Mothers and Pre-School Children:**

The table below shows that, during 1968, a total of 906 patients were examined. There was a considerable increase in the number of children under five examined, and of the 708 children seen under five years of age, 268 required no treatment and 415 were made dentally fit, giving a total of 683 youngsters in a satisfactory dental state.

Number provided with dental care:—

<i>Patients</i>	<i>No. Examined</i>	<i>No. Needing Treatment</i>	<i>No. not Needing Treatment*</i>	<i>No. Treated</i>	<i>No. made Dentally Fit**</i>	<i>Total Dentally Fit (* + **)</i>
Expectant and Nursing Mothers	198(226)	130(226)	68(0)	120(226)	94(145)	162(145)
Children under 5	708(498)	440(498)	268(0)	415(498)	415(498)	683(498)

Forms of dental treatment provided:—

<i>Patients</i>	<i>Scaling and Gum Treatment</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>
Expectant and Nursing Mothers ..	92 (109)	438 (440)	80 (80)	11 (8)
Children under 5 ..	220 (128)	819 (706)	286 (207)	125 (86)

	<i>Radiographs</i>	<i>Full Dentures</i>	<i>Partial Dentures</i>
Expectant and Nursing Mothers .. ..	32 (22)	3 (1)	10 (9)
Children under 5 .. ..	4 (2)	—	—

(Figures in parenthesis refer to 1967)

**Dental Health Education:**

This continues at Pre-natal and Welfare Clinics. We are grateful to the Health Visitors and Midwives which make our efforts possible. A new procedure has been established at the Northern Parade Advisory Centre, where a dental examination by a Dental Officer is part of the routine medical check. This has been very successful from our point of view because more patients have attended for treatment. Dental Health advice is also more effective when given to one patient in the confines of one room in a professional situation.

At Eastney Welfare Clinic also, a better liaison has been established in that all patients are referred to the Dental Auxiliary for advice on dental health as part of the routine.

A dental auxiliary also attended Clive Road Welfare Centre once a week.



**Three Year Olds:**

It is always difficult to make contact with the three to five year old child with the result that the average five year old child has five decayed, filled or missing teeth. To remedy this, letters were sent out to nearly 1,000 parents of children having their third birthday in the current year recommending that a visit to the dentist be made. Many parents telephoned to thank us for reminding them. How many others went to see their own dentist as a result is anyone's guess. Some Dental Practitioners have reported an increase in the number of three year olds attending their surgery.

<i>Percentages</i>		
<i>Attended for Examination</i>	<i>Non-attenders but Letter Acknowledged</i>	<i>Total Response to Letter</i>
20·6	18·0	38·6

Percentage of Attenders requiring treatment—27·3%.

**Notes:**

- (1) The percentage requiring treatment for all clinics was 27·3% but, in fact, at three clinics over 38% of the patients required treatment.
- (2) One cannot evaluate how many parents took their children to the family dentist as the result of our reminder.

**Langstone House Day Training and Adult Centre:**

Special attention has been paid to oral hygiene. The Dental Hygienist who joined the staff this year devoted four sessions each week to this work. Routine treatment is the general rule now and it has been possible to cut the number of sessions by half to three a week.

Although treatment is available at Langstone House Day Training Centre for any mentally handicapped patient in Portsmouth, no new out-patients were referred during the year.

**REPORT ON THE WORK OF THE  
EXECUTIVE COUNCIL FOR THE CITY OF PORTSMOUTH**

*by*

MR. A. R. GODDARD, F.C.I.I.

*Clerk of the Council*

**The Medical Service**

At the end of December, 1968, there were 121 general practitioners on the Portsmouth Medical List, and of these 27 practise mainly outside Portsmouth and 3 have lists limited to hospital staff. The number of persons on doctors' lists was 204,580, and the average number of Portsmouth patients per doctor, excluding those mainly in practice outside Portsmouth and those with limited lists, was therefore 2,225.

During the year 63 Portsmouth doctors attended Refresher Courses under the Scheme for the Postgraduate Education of General Practitioners.

3,572 women received maternity medical services through Portsmouth general practitioners.

7,463 persons received medical treatment as Temporary Residents during the year, 1,222 of whom were from all parts of the world and of various nationalities.

**The Dental Service**

During the year 112,374 courses of dental treatment were provided by Portsmouth dental practitioners. There are 64 dental practitioners providing general dental services in Portsmouth, i.e. one dentist to every 3,131 of the population.

**The Pharmaceutical Service**

Portsmouth chemists dispensed 1,234,371 prescriptions during the year. There are 64 pharmacies, and 7 persons supplying appliances only. 43 test prescriptions were taken under the scheme for the Testing of Drugs and Appliances, and the certificates of analysis issued indicate that the dispensing by Portsmouth chemists is of a high standard.

**The General Ophthalmic Services**

At the end of the year there were 11 ophthalmic medical practitioners, 29 ophthalmic opticians, and 19 dispensing opticians on the Portsmouth Ophthalmic List. During the year 33,443 sight tests were given.



### THE HEALTH CENTRE'S PLANNING TEAM REPORT

Following the events of 1967, the plans for the Somers Town Health Centre were approved and a cost limit was set by the Ministry of Health enabling the City Architect to proceed with the working drawings. Progress in this direction has been severely delayed, however, by financial limits and difficulties with design specifications of the flats which are to be erected above this centre. These matters are beyond our control. It is now anticipated that tenders for the Health Centre will be invited in the autumn of 1969.

The delay presented the opportunity to initiate work on the Cosham, Portsea and Kingston Crescent Health Centres, with the result that the initial recommendations of the working party for the Cosham Health Centre were agreed by the Ministry of Health. In addition, it was also possible for the requirements for the Kingston Crescent Health Centre to be submitted to the Ministry of Health for approval. The Portsea Health Centre recommendations also reached the stage of submission to the Ministry of Health, but following a review of land holdings and future requirements of the Health Committee it was decided to defer this Health Centre for four to five years.

Somers Town Health Centre has taken a long time to reach its present stage, due to complex difficulties which have arisen and the problems which have had to be overcome. It is hoped that the doctors who are waiting anxiously to enter Somers Town Health Centre may find some consolation in the fact that the delays and frustrations, together with the 'pioneering' work in which they have been and will be involved in the working party and other places, will greatly benefit their colleagues who may also practise from Health Centres in Portsmouth in the future.



## REPORT ON HEALTH EDUCATION

*by the Health Education Team*

### Organisation

During 1968, the Health Education Working Party met each month to consider health education projects and to decide priorities. The Chairman has been the Senior Medical Officer for the School Health Services. Members include the Principal School Dental Officer, the Superintendent of the Health Visitors and School Nurses, representatives from the Health Inspectors, Midwives, Mental Health Workers, together with Mr. S. Smith, the Audio-visual Aids Advisor at the Education Department.

In April, our own Administrative Assistant, Mr. R. J. Turner, was appointed and later, Miss M. E. G. Dancer, the Health Visitor devoted full-time to health education work, took over the day to day control of the section.

As the year progressed, it became evident that we have now developed an effective working team, the full benefits of which can be expected even more during 1969.

### Smoking and Health

Dr. Hilton reminds us that for some years, studies have been carried out in the United States regarding pulmonary alterations in smokers. As long ago as 1963, it was reported that smokers develop greater oxygen debt during exercise than non-smokers.<sup>1</sup> The workers then went on to show that total lung capacity and vital capacity were significantly lower in the smokers, even though body surface area was the same as in the non-smoking group.<sup>2</sup>

The same workers studied the pulmonary alterations in young smokers and determined their reversability after short periods of abstinence from smoking. They studied the cardio-pulmonary responses to exercise after three and six weeks of abstinence from smoking, and found that expiratory peak flow was significantly increased after three weeks of non-smoking and maximal voluntary ventilation was increased after six weeks of non-smoking. This is further evidence that alterations in lung function are present in young smokers and that some of the alterations are quickly reversible in the young cigarette smoker with abstinence from smoking.<sup>3</sup>

Recognising the remoteness of later threats, such as chronic bronchitis and carcinoma of the lung, perhaps our efforts with young people should make more use of such investigations and particularly, the results of studies on 'college-age' students, which have demonstrated<sup>4</sup> an increased prevalence of cough, morning sputum and wheezing in smokers, compared with non-smokers.

Films and sessions on smoking and health continued to be given in schools and we were particularly pleased to be invited to another junior school, as this is probably where the most active work should be done. In the case of Southsea Junior School, the Headmaster and Deputy Head helped, with other members of staff, to make a very worthwhile session.

We also very much value the co-operation of the College of Education who invited us, on two occasions, to tackle this subject with prospective teachers.

1 Chevalier, R.B., Bowers, J.A., Bondurant, S., Ross, J.C., *Journal of Applied Physiology*, 19, 357, 1963.

2 Krumholz, R.A., Chevalier, R.B., Ross J.C., *Annals of Internal Medicine*, Vol. 60, No. 4, April 1964.

3 *Annals of Internal Medicine*, Vol. 62, No. 2, February 1965, Krumholz, R.A., Chevalier, R.B., Ross, J.C., p.206.

4 Peters, J.M., Ferris, B.G., Jr., 1967, *Amer.Rev.Resp. Disease*, 95, 774, 783.



The Smokers Advisory Clinic continued to help people who wish to stop their cigarette-smoking by evening attendance at the weekly sessions, for five weeks with a follow-up meeting approximately one month later. Some thirty-eight per cent of those attending managed to stop the tobacco habit.

In order to counter the problem of weight increase, clients are weighed on the first and last attendance, and some time is devoted to nutritional advice. We formed the impression that although women appear to find it more difficult to stop cigarette-smoking, at least those who succeed are more careful than the men about their diet.

Recent information from the Tobacco Research Council shows that the 'average adult' in Britain smokes some 2,830 cigarettes a year, which is more than the average adult in any other European country. One lively medical journal<sup>5</sup> showed examples of posters and pamphlets which they have received from all over the world, displaying very imaginative artistic variations on the common theme, the link between smoking and lung and heart disease. 'Almost every campaign has two aims—to get smokers to give up the habit, and to try and stop teenagers from ever starting.' Pictorial messages were from countries as far apart as Nigeria and Queensland, from America and Russia. The American Heart Association poster reminds the public that the medical profession have not only seen the evidence but by their daily reminders, have been caused to take action and many have stopped their own habit. Whereas the average American consumes 3,860 cigarettes a year, the highest in the world, although anti-smoking propaganda is described a strong and cigarette packets must carry a warning that smoking is dangerous to health. It would, of course, be exceedingly expensive to attempt to counter the million pound campaigns which are launched each year by the cigarette manufacturers. The youngsters who inquire why cigarette advertising continues are not so juvenile after all.

### Measles

In April 1968, leaflets and posters were despatched for use in the waiting rooms of all general practitioners' surgeries throughout the City, and this was supported by further propaganda on display in all the Public Health Clinics.

### Venereal Disease

Following the use of small fluorescent posters in gay colours to be posted behind the cubicle door in women's toilets, the campaign was extended, using a similar notice which was directed to men. The notice gives the time and place of the clinic which is now held in the bright new out-patient department of Saint Mary's General Hospital. Various industrial concerns kindly co-operated with us in this project.

A further fifteen industrial premises were visited and offers were made to give sessions and film-shows on the subject to the younger employees of firms. Certain firms with apprenticeship schemes accepted this offer within their training scheme.

New durable notices in plastic, bearing the new times and place of the special treatment clinic, were produced and fixed in public conveniences scattered about the City.

A number of schools have asked for help with this topic, and it will be noticed that the film which is usually used at these sessions, entitled 'A Quarter of a Million Teenagers,' is the one which has been most screened during the

<sup>5</sup> Medical Tribune, December, 12, 1968.



year. Both men and women doctors, in addition to the health visitors, have tackled this topic. Dr. Joan Barnard, Dr. Christopher Hallett and Miss Albertolli (who also works with the Consultant Venereologist) have given particular help in this direction, whilst Miss Dancer was invited to speak to the Youth and Community Group at the College of Education as well as the Sub-Committee of the Education Committee, dealing with Youth and Community Services.

### Cervical Cytology

Whenever firms were visited in connection with the Disease Prevention Service, cervical cytology was mentioned and educational material offered. A number of firms accepted leaflets and posters to be distributed in various ways.

### FLAT EXPERIMENT

House mothers proved very helpful and co-operative in this experiment. It was decided to try a door-to-door distribution in flats where house mothers were employed. An envelope containing a leaflet about the test and a letter, offering a visit by a Health Visitor and information about facilities for the test in Portsmouth, were distributed.

Two blocks of flats were circulated:—

#### (1) Tipton House—

in November 1968.

64 envelopes were delivered.

2 requests for a visit by a Health Visitor were received.

5 immediate requests for appointments were made.

There were several general enquiries.

#### (2) Sarah Robinson House—

in December 1968.

32 envelopes delivered.

3 appointments were made immediately.

Many had already received the test in this block.

Following this experiment, it is proposed to use the same method in other flats.

### PORTSMOUTH LEAFLET

There appears to be a need to produce our own leaflet using simpler terminology. One which appeared suitable was seen from East Sussex, and we decided to seek permission to reproduce it.

### SOURCES OF INFORMATION—QUESTIONNAIRE

In order to evaluate our methods of publicity, it was decided to offer women attending the Cytology Clinic a questionnaire, asking about their source of information.

### PUBLICITY

This continued through advertising in the local evening paper, at regular intervals, in addition to the usual methods through the Health Visitor and the special leaflets distributed in the flats.



### NEW CLINIC

A new clinic opened in June 1968 at St. George's Square. Sessions are held in the afternoon, on the third Monday each month.

### SPECIAL SESSION

A special session was arranged for one firm at a nearby clinic in view of the interest of the employees at that firm.

### Water Safety Campaign

A small Water Safety Campaign was carried out in the City during the month of July 1968. This was restricted largely to the Eastney area of the City. We received very useful support from the Local Evening News at the beginning of the campaign and a display was provided in the window of the Health Department shop in Elm Grove. Schools and the Prince Albert Road Health Clinic all carried display material and provided literature on the topic.

Mr. Turner attended schools and some scout troupes to give lecture/demonstrations on emergency resuscitation by the exhale-air method ('kiss of life'), and so the campaign was given a very definite, positive slant.

### General Health Education Talks

In the Autumn term, Miss Masterman, Head Teacher of Hilsea Modern School for Girls, suggested that Miss Dancer should arrange to visit the school during classes of particular interest to health education subjects, and in this way, get to know the teachers and pupils with a view to taking a more active part later on. This was a very useful experience and led to a better understanding between Health and Education staff.

### HIGHBURY TECHNICAL COLLEGE

Dr. Hilton, supported by Miss Dancer and Mr. Turner, provided a half-day session on Food Hygiene for the Catering Course for Publicans.

### FIRST AID FOR TEACHERS

Miss Hall provided this valued course for teachers.

### VILLIERS ROAD SALVATION ARMY HOSTEL

Miss Hall took over the regular weekly sessions from Miss Jamieson in August 1968.

### HEALTH EDUCATION AND HUMAN RELATIONS COURSE

Miss Jamieson, Health Visitor, took two streams of fourth forms for weekly classes at Kingston Modern School for Girls.

### FIRST AID AND HOME NURSING

Miss Hood, Health Visitor, took a series on this subject at St. Luke's School.

### FOSTERING

A special film session, using the films, 'Jane' and 'Kate', was arranged for Health Visitors and Child Care Officers. Considerable discussion was stimulated by these films.



### OBSTETRIC NURSING COURSE

Every two months, Miss Dancer has been invited to speak to the Obstetric Nurses in training at Saint Mary's Hospital, on 'The work of the Health Visitor and Health Education.'

### Disease Prevention Service

Particular interest was shown during the year in providing a Disease Prevention Service. Four topics were selected for special attention in the year 1969/70 and a report was submitted to the Health Committee in September 1968 which went on to describe a programme for the succeeding two years.

Due to savings in staff course expenses, it was possible to transfer an amount of six hundred pounds towards the prevention of venereal disease.

The item of £2,500 estimated additional expenditure above current estimate provision to meet the programme for the Disease Prevention Service in 1969/70 was, unfortunately, cut during the revision of the estimates owing to financial stringency.

### Films

The use of films in health education, throughout the last nine months of 1968 was as follows.

Some 146 film shows were given in schools, exhibitions, appraisal sessions, youth clubs, clinics, etc., with a total audience of some 3,568 people attending, showing an average attendance of 24.4 persons per show.

At the 146 shows, on 86 occasions the films used were drawn from our own film library, the remaining 60 being hired or loaned from other sources.

The films which were used most are listed below, showing the number of times they were used and the total attendances:—

	<i>No. Occasions</i>	<i>Total Attendances</i>
A Quarter Million Teenagers .. ..	27	972
Drugs, and the Nervous System .. ..	16	574
To Janet a Son .. ..	9	137
Room for Hygiene .. ..	8	166
Time for Decision .. ..	6	125
Emergency Resuscitation .. ..	5	250
Smoking and You .. ..	4	200
No Smoking .. ..	4	46

### Exhibitions

Five exhibitions were held during 1968.

#### MENTAL HEALTH WEEK

A two day exhibition was held at St. James' Hospital on Friday 12th and Saturday 13th, July 1968, showing the work of the mentally handicapped from Langstone Day Training Centre.

#### HOME IMPROVEMENT EXHIBITION

The Department provided a stand about 'Clean Air' at this exhibition held in the Guildhall from Saturday, 20th July to Saturday, 27th July. The measurement of air pollution was shown and visitors were impressed with the pollution demonstrated to be present in the City.



### SOUTHSEA SHOW

From 1st to the 3rd August, 1968 the Department had an exhibit in the 'Handicapped' tent at this show. The theme was the discovery and prevention of disability in new born babies and young children, and the promotion of good health in the normal healthy child.

### MOBILE EXHIBITION

A mobile exhibition from 23rd to 27th September, inclusive, on the subject of 'Pests and their Control', was on view at five different places in the City—Paulsgrove, Wymering, Arundel Street, Hilsea and Portsea. According to records kept, some 1,856 visited the exhibition during the five day period, many being organised parties of children with their teachers.

### HEALTH EDUCATION AIDS

A two day exhibition for members of the Department, showing the materials and aids available to them for use when giving talks, etc., on health topics, was held. It was visited by Health Visitors, Midwives and Health Inspectors.

## REPORT ON HEALTH VISITING

by

MISS D. O. LEARMONT

*Superintendent Health Visitor*

During 1968, further close links between the Hospital Nursing Services and the Health Visitor Services were achieved. In February, 1968, Miss Hollingworth—Health Visitor—started to attend the Wessex Unit for Parents and Children as liaison health visitor once a fortnight. This has given us a valuable co-ordinating link with Dr. Haffner and his staff. Miss Baldwin, Health Visitor, began weekly visits to the Children's Ward and the medico-social workers at the Royal Portsmouth Hospital. There is now direct health visitor contact with all the principal hospitals in the City, and I would like to thank the nursing, medico-social and medical staff of the hospitals for their welcome, and the interest they have taken in domiciliary nursing problems.

In May, Miss M. E. G. Dancer, a qualified health visitor tutor, took up her full-time appointment in the Health Education division. This has been of great benefit to the whole Department, and there has been a steady increase in the number of talks and lectures given in the City on disease prevention and health education topics.

Miss D. Mahoney returned to us in September, having successfully completed both a Community Nurse Tutor's Course at the Royal College of Nursing, and a District Nurse training course, to take up an appointment as Community Nurse Tutor. Portsmouth is now an accredited District Nurse Training Centre for students seconded by the City of Southampton, the Isle of Wight and ourselves, and Miss Mahoney is the tutor to these courses. She has also taken over the responsibility for lecturing to all students and arranging their observation placements and programmes of work. This has meant that a more uniform and higher standard of instruction can be given.

Due to accommodation difficulties, the health visitors based at Western Parade have now moved to 57–59 Russell Street under the supervision of Miss V. Abertolli, Group Advisor. Miss Abertolli has a special responsibility as social worker on the women's side of the special clinic at St. Mary's Hospital. She is assisted in this work of contact tracing and support and advice by Mrs. Godden and Mrs. Cox. A great deal of quiet and effective work in the sphere of venereology is done by these three health visitors.

The new Central School Clinic premises were opened in Battenburg Avenue in February. Miss Evans, Group Advisor, Mrs. Andrews and Mrs. Streeter, health visitors, and Miss Firth, Public Health Nurse, are now based in this building which is situated in the centre of the areas they are covering, so travelling time has been reduced. Miss Brunner, Mrs. Godden and Miss Watts remained at Victoria Road North near their districts. There are now seven centres in the City where health visitors are based, which is a great advantage in that the distance people have to travel to see them has been curtailed, and the centres have become known to the surrounding areas as places where help can be obtained.

In September, 1968, three newly qualified health visitors joined the staff, and five student health visitors started their training at the University of Southampton. The flow of applicants for health visitor training continues steadily. An average of 40 prospective students apply, 15 to 20 are interviewed, and five or six seconded. The selection is very carefully done by a panel composed of the Principal Health Visitor Tutor, Miss P. O'Connell,



and Miss G. White, Health Visitor Tutor to the University, the Deputy Medical Officer of Health and Superintendent Health Visitor, because the students must be acceptable to both the University Authorities and the Local Authority. A minimum of five 'O' Levels is needed for entry for training.

The Central Council of Training for Health Visitors brought out new regulations during the year with regard to the training of field work instructors, who must now undertake a six week's course following which they receive a certificate as accredited field work instructors. Those already in posts, with two week's initial training, must be seconded for a further two weeks before gaining certificates.

Mrs. P. M. Botting, Deputy Superintendent Health Visitor, successfully completed a three month's middle management course at the Royal College of Nursing. Miss V. Abertolli and Miss A. Brenton, Group Advisors, completed first line management courses which were provided by the Health Visitors Association.

Miss Brunner attended a course on Auditory Training at Manchester University, Department of Audiology, before starting her work with pre-school children.

**REPORT ON HOME HELP SERVICE***by***MISS S. C. HEAPS***Home Help Organiser*

This service continued to have an increasingly steady demand made upon it and so all home helps' case loads were programmed on a 'close area' basis, in order to utilise working hours with a minimum of travelling time.

There has been evidence during the past year of an increased awareness and interest in the Service, and this has led to requests for the Home Help Organiser to give talks to Clubs and Groups in the City. This has also had the effect of attracting an increased number of applications for employment and in consequence it has been possible to engage staff of a high standard.

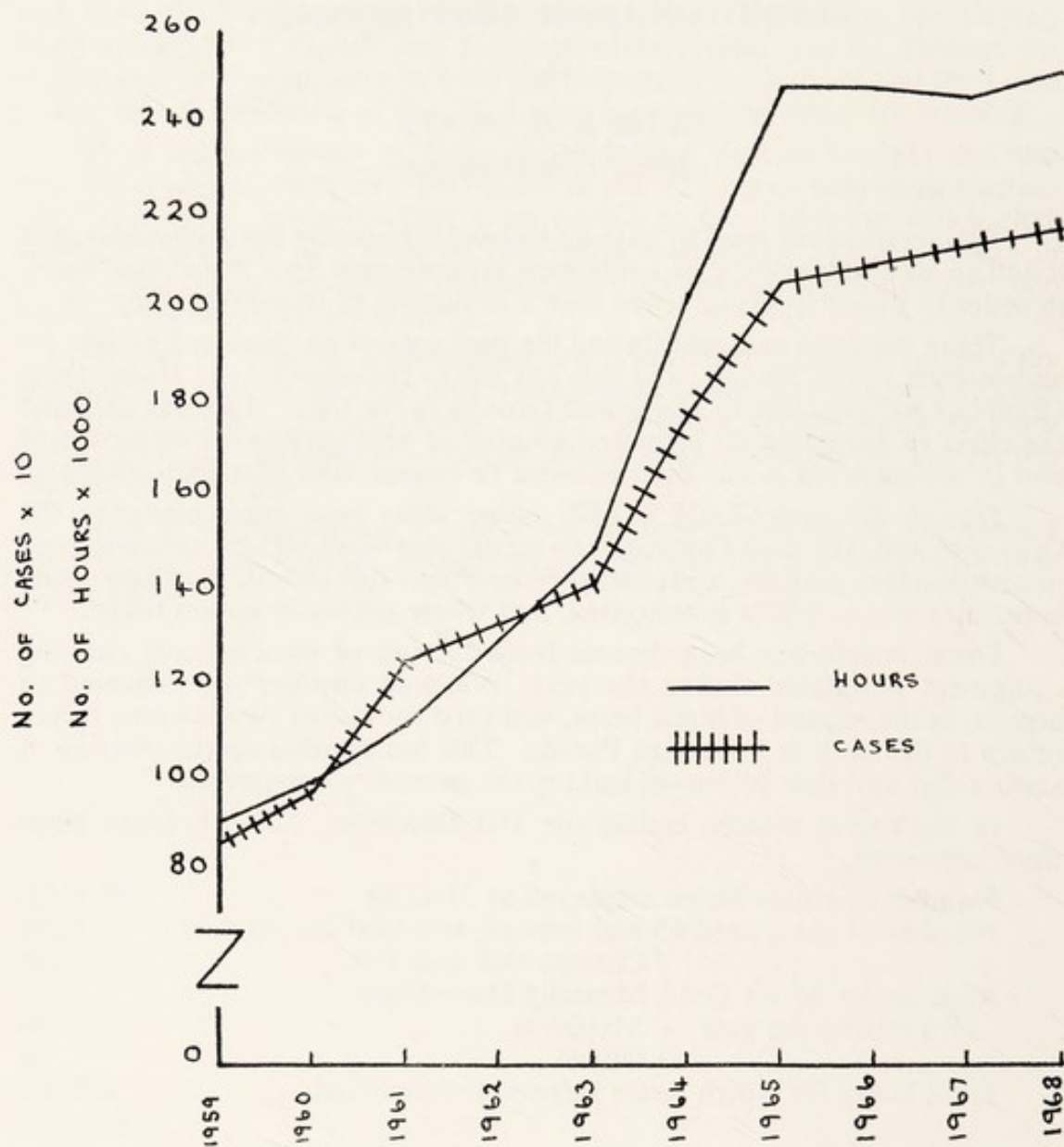
During the year, 2,028 (1,667) home visits have been made by the Organiser and Assistant Organiser, to ensure that work was being carried out in a satisfactory manner, and cases receiving their full allocation of help. Any complaint was carefully investigated, and where necessary action taken.

Great benefit has been derived from the use of the electrical cleaning equipment purchased during the year. Vacuum cleaners are delivered to houses, at the request of home helps, and used for one or two sessions before return to the store at 1 Western Parade. This has speeded up the clearing of surface dirt and dust in houses lacking the necessary equipment.

In the twelve months ending the 31st December, 123 (91) home helps were appointed.

Number of Home Helps employed at 31.12.68	..	..	207 (196)
Number of cases aged 65 and over on first visit during year			1,862
Aged under 65 on first visit during the year	{ Chronic sick and T.B.		198
	{ Mentally Disordered		13
	{ Maternity		44
	{ Others		68
Total hours for which home helps were employed	..	..	250,416 (247,863)







Home Help preparing and serving lunch



## HOME NURSING SERVICE

### Report of the Work of the Portsmouth Victoria Nursing Association

Patients nursed during the year numbered 4,195 compared with a total of 3,777 in the previous year. Visits made during 1968 totalled 118,070, compared with 119,384 in 1967. The pattern of nursing has changed to the extent that more emphasis is now required on nursing care and rehabilitation. An ever increasing number of aged, handicapped patients are living alone and require assistance and the advent of the multi-storey flat has brought its own problems. The work of the nursing auxiliary has proved invaluable in this respect.

Anti-biotics which have improved and increased in number have considerably reduced the need for intra-muscular injections and with the aid of disposable equipment and new techniques, surgical dressings and procedures required in the home no longer offer any problems. The laundry service is also most helpful and is greatly appreciated by both staff and patients. All these factors have resulted in improved working conditions and a 40 hour week with alternative weekends off duty. Despite this, recruitment is slow, particularly in regard to senior staff willing to accept responsibility.

A pilot scheme of liaison with one group practice is now under way and good relationships are maintained with other general practitioners and hospital staff. In anticipation of the future health centres, the staff has been divided into groups and a Queen's Sister appointed as Group Leader with responsibility for student nurses, state enrolled nurses and nursing auxiliaries. The course of instruction for state enrolled nurses was given in October to five Portsmouth and three Southampton nurses, and all were successful in qualifying for the Queen's Roll.

The Association's Welfare Fund continues to afford relief to necessitous patients when statutory services are closed. Less frequent use is made of the fund for invalid foods and traditional nursing aids. Instead, it has proved invaluable for providing comforting lotions and ointments and new forms of bandaging which are in constant demand for patients with painful wounds. The usual Christmas provisions and fuel for elderly patients were extended this year and the customary summer outing was greatly appreciated.

Part of the Beddow House premises is still used for storage of nursing equipment and as an assembly point for staff working and living at the northern end of the City. The remainder of the property is occupied by the Children's Department of the Local Authority as Area Offices.



**REPORT ON VACCINATION AND IMMUNISATION***by***DR. E. D. WOLFE***Assistant Senior Medical Officer***Smallpox Vaccination**

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

	1968		1967	
	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>	<i>Total</i>
Health Department	581	587	1,168	1,043
Practitioners	1,713	1,308	3,021	2,649
	<u>2,294</u>	<u>1,895</u>	<u>4,189</u>	<u>3,692</u>

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

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

475 international certificates were completed at our own Vaccination Clinic and 2,234 were brought to the Vaccination Office for countersigning.

**Diphtheria Immunisation**

Primary immunisations with triple vaccine are carried out from the age of four months. On the completion of the course of immunisation the parent is given a record card of the immunisation.

Booster doses of triple vaccine are given to infants when they reach the age of 18 months and reminders are sent to the parents asking them to attend at the clinics for this purpose. Monthly lists of the children who are due for 18 month booster doses are sent to the general practitioners in order that they may give these doses to their own patients.

1,555 of these booster doses were given during 1968 by the general practitioners and at the child welfare clinics.

School children who have not previously been immunised are immunised with combined (diphtheria and tetanus) vaccine. 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 by their family doctor. 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 were given at the ages of five, nine and thirteen years in the schools up to the 30th September, 1968. From 1st October, 1968, in accordance with the Ministry of Health's recommendations, the supplementary immunisations which had previously been given to children at the ages of nine and thirteen years were discontinued.



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

#### DIPHTHERIA IMMUNISATION

<i>Year</i>	<i>Completed Course</i>	<i>'Booster' Doses</i>	<i>Year</i>	<i>Completed Course</i>	<i>'Booster' Doses</i>
1959 ..	3,245	8,263	1964 ..	3,758	6,486
1960 ..	3,856	6,916	1965 ..	3,654	7,954
1961 ..	4,364	9,629	1966 ..	3,594	6,849
1962 ..	3,728	8,462	1967 ..	3,726	7,731
1963 ..	3,741	8,400	1968 ..	3,145	4,481

There has been no case of diphtheria in the City since 1956.

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

The help given by head teachers has again been excellent.

Five independent schools were also visited for diphtheria immunisation.

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

	<i>1968</i>	<i>1967</i>
Clinics .. .. .	31.6	33.9
Nurseries .. .. .	0.2	0.3
Private Practitioners .. .. .	68.2	65.8

Number of children who received the completed course:—

	<i>1968</i>	<i>1967</i>
Under five years .. .. .	2,849	3,501
Five to fifteen years .. .. .	295	225
Over fifteen years .. .. .	1	—
	<u>3,145</u>	<u>3,726</u>
Supplementary doses:—		
Five to fifteen years .. .. .	4,361	7,731
Over fifteen years .. .. .	24	—
	<u>7,530</u>	<u>11,457</u>

The number of children primarily immunised since the inception of the scheme in 1935 is 129,100.

#### Reactions

Out of 921 children immunised with triple vaccine in the child welfare clinics and nurseries, 45 were known to have had reactions. These were mild or moderate. There were no severe reactions.

#### Whooping Cough (Pertussis) Immunisation

Immunisations were carried out with triple vaccine in all cases.

45 cases of whooping cough, compared with 159 cases in 1967 were notified by the general practitioners.

Of the 45 cases, two had been immunised in 1967, one in 1966, three in 1965, three in 1964, two in 1962, one in 1961, two in 1960 and one in 1957.

## STATISTICS RELATING TO PERTUSSIS IMMUNISATION

		1968	1967
Completed course:	Under five ..	2,849	3,433
	Five to fifteen ..	50	45
	Over fifteen ..	1	—
		<u>2,900</u>	<u>3,478</u>

**Poliomyelitis Vaccination**

Vaccine is given concurrently with triple vaccine to children under five at the child welfare clinics, St. Mary's Hospital, East Wing and by most 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.

## ANNUAL STATISTICS 1968

Completed Primary Courses:—

## NUMBER OF PERSONS VACCINATED

<i>Vaccine Given</i>	<i>Year of Birth</i>							<i>Total</i>
	<i>1968</i>	<i>1967</i>	<i>1966</i>	<i>1965</i>	<i>1961–1964</i>	<i>1953–1960</i>	<i>1952 and earlier</i>	
Sabin-oral .. ..	1,018	1,051	179	82	528	45	115	3,618





Oral vaccination against Polio

## Re-inforcing Doses

## NUMBER OF PERSONS VACCINATED

<i>Vaccine Given</i>	<i>Year of Birth</i>							<i>Total</i>
	<i>1968</i>	<i>1967</i>	<i>1866</i>	<i>1965</i>	<i>1061-1964</i>	<i>1953-1960</i>	<i>1962 and earlier</i>	
Sabin-oral. . . . .	—	89	216	52	1,212	96	89	1,754

## Distribution of Poliomyelitis Vaccine

Vaccine is supplied to the general practitioners at the Vaccination Clinic, St. Mary's 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 general practitioners.

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

## Tetanus Immunisation

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

## NUMBER OF PERSONS IMMUNISED

<i>Tetanus Immunisation</i>	<i>Year of Birth</i>				<i>Total</i>
	<i>1865-1968</i>	<i>1961-1964</i>	<i>1953-1860</i>	<i>1952 and earlier</i>	
Primary Courses (3 doses) . .	—	1	11	72	84
Reinforcing Doses . .	—	10	27	69	106

In addition to the above numbers 124 persons were given first doses, and 150 given two doses by general practitioners.

The numbers mentioned above are persons given Tetanus Toxoid and do not include the under fives who received their Tetanus Toxoid in the triple vaccine and school children who are given diphtheria/tetanus vaccine.

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

Local Education Authority's schools are visited annually.

A Tuberculosis Visitor from the Chest Clinic visited the schools and carried out the 'Heaf' test. The Medical Officer-in-Charge of Immunisation visits seven days later to read the results of the tests and to vaccinate the negative reactors. Positive reactors are referred for chest X-ray.

The acceptance rate amongst the 13-year-old school children in the Local Education Authority's schools was 94.4% compared with 94.1% in 1967. This level can be considered 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	Negative reactors (vaccinated)	Positive reactors (X-rayed)
1968 .. ..	28	2,219	2,095	2,030	1,587 (86.9%)	240 (13.1%)
1967 .. ..	28	2,280	2,146	2,181	1,744 (86.0%)	285 (14.0%)

## NON L.E.A. SCHOOLS

Name of School	No. tested	Negative reactors (vaccinated)	Positive reactors (X-rayed)	Percentage Positive
High School .. ..	41	35	6	15
Grammar School .. ..	62	52	9	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.

## Measles Vaccination

Ministry of Health Circular 9/68 gave local authorities permission to commence mass Measles vaccination which was to be offered to the one to fifteen year age group.

Our Campaign commenced in July, as soon as the vaccine became available.

Leaflets and posters were distributed to the child welfare centres and general practitioners, and the *Portsmouth Evening News* kindly gave us an article to help boost our Campaign.

The one to four year age group was offered vaccination at each of the child welfare clinics or by the general practitioners.

## ANNUAL STATISTICS 1968

Completed Primary Courses:—

## NUMBER OF PERSONS VACCINATED

Vaccine Given	Year of Birth							Total
	1968	1867	1966	1865	1961–1864	1953–1860	1952 and earlier	
Measles .. ..	11	858	832	710	1,597	1,020	20	5,039

## Cholera, Typhoid, Tetanus and Typhus

180 (186) individuals were vaccinated for one or more of the above diseases at the Vaccination Clinic, St. Mary's Hospital, East Wing.

The actual numbers were:—

	1968	1967
Cholera .. .. .	77	84
Cholera-typhoid .. .. .	43	58
Typhoid and para-typhoid .. .. .	41	38
Tetanus-typhoid .. .. .	13	6
Typhus .. .. .	6	—
	<hr/> 180	<hr/> 186

120 (142) international certificates of cholera vaccination were issued.

The numbers done by general practitioners and notified on Form EC73A were:—

	1968	1967
Cholera .. .. .	20	40
Cholera (Reinforcing doses) .. .. .	6	12
Cholera-typhoid .. .. .	27	64
Cholera-typhoid (Reinforcing doses) .. .. .	5	3
Typhoid and para typhoid .. .. .	19	38
Typhoid and para-typhoid (Reinforcing doses) .. .. .	3	3
Tetanus-typhoid .. .. .	11	—
Tetanus-typhoid (Reinforcing doses) .. .. .	3	4
	<hr/> 94	<hr/> 164

### General

The numbers immunised with a complete course of triple vaccine during 1968 have shown a decrease on those for 1967. This is largely due to the fact that from 1st October, 1968, the adoption of the new schedule printed below has in many cases postponed completion of immunisation for six months until 1969.

#### SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

<i>Age</i>	<i>Prophylactic</i>	<i>Interval</i>
During the first year of life	Diph/Tet/Pert. and oral Polio vaccine. (First dose.)	
	Diph/Tet/Pert. and oral Polio vaccine. (Second dose.)	Preferably after an interval of 6–8 weeks.
	Diph/Tet/Pert. and oral Polio vaccine. (Third dose.)	Preferably after an interval of 5 months.
During the second year of life	Measles vaccination	After an interval of not less than 3–4 weeks (see Note 9).
	Smallpox vaccination	After an interval of not less than 3–4 weeks (see Note 9).
At 5 years of age or school entry.	Diph/Tet and oral Polio vaccine or Diph/Tet/Polio vaccine Smallpox revaccination.	
Between 10 and 13 years of age (See Note 10).	B.C.G. vaccine	
At 15–19 years of age or on leaving school.	Polio vaccine (Oral or inactivated). Tetanus toxoid Smallpox revaccination.	



### Medical Arrangements for Long-Stay Immigrants

During the year 71 Long Stay Immigrants came to stay in the City. Most of these were visited by a health visitor unless they had moved to another City before the visit could be made. In such cases the Medical Officers of Health for the City to which the immigrants have moved are informed.

### INFECTIOUS AND OTHER NOTIFIABLE DISEASES 1968

Numbers originally notified	Measles excluding rubella		Dysentery		Scarlet fever		Diphtheria		Acute meningitis		Acute poliomyelitis				Other notifiable diseases. Specify Disease and Sex but not age			
											Paralytic		Non-paralytic		Original		Final	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total (All Ages)	89	106	54	50	18	17	—	—	3	2	—	—	—	—	Smallpox			
Final numbers after correction																		
Under 1 year ..	8	7	5	2	—	—	—	—	2	2	—	—	—	—	—	—	—	—
1 year ..	11	15	7	1	—	—	—	—	—	—	—	—	—	—	Ophthalmia neonatorum			
2 years ..	15	18	4	6	—	1	—	—	1	—	—	—	—	—	—	—	—	—
3 years ..	16	17	3	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—
4 years ..	9	18	4	1	4	—	—	—	—	—	—	—	—	—	Anthrax			
5—9 years ..	26	29	6	5	7	8	—	—	—	—	—	—	—	—	—	—	—	—
10—14 years ..	—	—	1	2	3	2	—	—	—	—	—	—	—	—	—	—	—	—
15—24 years ..	4	1	1	6	1	2	—	—	—	—	—	—	—	—	Yellow fever			
25 and over ..	—	1	3	10	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages) ..	89	106	34	35	18	17	—	—	3	2	—	—	—	—	—	—	—	—

	Acute encephalitis				Lepto- spirosis	Para- typhoid fever	Typhoid fever	Food poisoning	Whooping cough					
	infective		Post- infectious						Numbers originally notified Total (All Ages)	M	F			
	M	F	M	F										
Numbers originally notified Total (All Ages) ..	—	—	—	—	—	—	—	—	—	44	47	20	25	
Final numbers after correction Under 5 years ..	—	—	—	—	—	—	—	—	—	5	4	—	3	
5—14 years ..	—	—	—	—	—	—	—	—	—	3	2	3— months ..	2 1	
15—44 years ..	—	—	—	—	—	—	—	—	—	5	3	6— months ..	— 2	
45—64 years ..	—	—	—	—	—	—	—	—	—	15	18	9— months ..	1 1	
65 and over ..	—	—	—	—	—	—	—	—	—	6	7	1— year ..	2 3	
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	2—4 years ..	8 4	
	—	—	—	—	—	—	—	—	—	—	—	5—9 years ..	6 8	
	—	—	—	—	—	—	—	—	—	—	—	10—14 years ..	1 1	
Total (All Ages) ..	—	—	—	—	—	—	—	—	—	34	34	15—19 years ..	— —	
												20—24 years ..	— —	
												25—34 years ..	— —	
												35—44 years ..	— 1	
												45—54 years ..	— 1	
Numbers originally notified Total (All Ages) ..	M	F	M	F	M	F	M	F	M	F	Cases of fatal tuber- culosis not notified before death	55—64 years ..	— —	
	—	—	13	8	21	16	—	—	1	5		65—74 years ..	— —	
Final numbers after correction Under 1 year ..	—	—	—	—	1	—	—	—	—	—		M F	75 and over ..	— —
	—	—	—	—	—	—	—	—	—	—		—	Age unknown	— —
1— years ..	—	—	—	—	—	—	—	—	—	—		Total (All Ages)	20 25	
2— 4 years ..	—	—	—	—	1	1	—	—	—	—				
5— 9 years ..	—	—	—	—	—	—	—	—	—	—				
10—14 years ..	—	—	—	—	—	2	—	—	—	—				
15—19 years ..	—	—	4	3	1	—	—	—	—	—				
20—24 years ..	—	—	3	2	—	1	—	—	—	—				
25—34 years ..	—	—	—	1	3	2	—	—	—	—				
35—44 years ..	—	—	2	1	2	1	—	—	—	1				
45—54 years ..	—	—	—	—	2	2	—	—	—	—				
55—64 years ..	—	—	2	—	5	4	—	—	1	1				
65—74 years ..	—	—	2	1	4	2	—	—	—	3				
75 and over ..	—	—	—	—	2	1	—	—	—	—				
Age unknown ..	—	—	—	—	—	—	—	—	—	—				
Total (All Ages) ..	—	—	13	8	21	16	—	—	1	5				



## REPORT ON PARASITIC INFESTATION

by

DR. E. D. WOLFE

*Assistant Senior Medical Officer***Pediculosis**

The figures for the year showed a large decrease of cases from those for the previous year.

During the year 25 households of 27 families, comprising 66 individuals attended, compared with 49 households of 53 families, comprising 129 individuals in 1967.

Total number of patients attending during:—

	1968	1967
Cases .. ..	42	64
Contacts .. ..	24	65
	<hr/> 66	<hr/> 129
	—	—

The distribution as to age and sex was:—

	<i>Under 5</i>	<i>5—15</i>	<i>Over 15</i>	<i>Total</i>		
	<i>Total</i>	<i>Total</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Infested .. ..	4	25	13	22	20	42
Non-Infested .. ..	2	5	17	10	14	24
Total of first attendances .. ..	6	30	30	32	34	66
Subsequent attendances .. ..	4	27	7	17	21	38

School children aged 5–15 years accounted for 60% of the infested cases, compared with 55% for 1967.

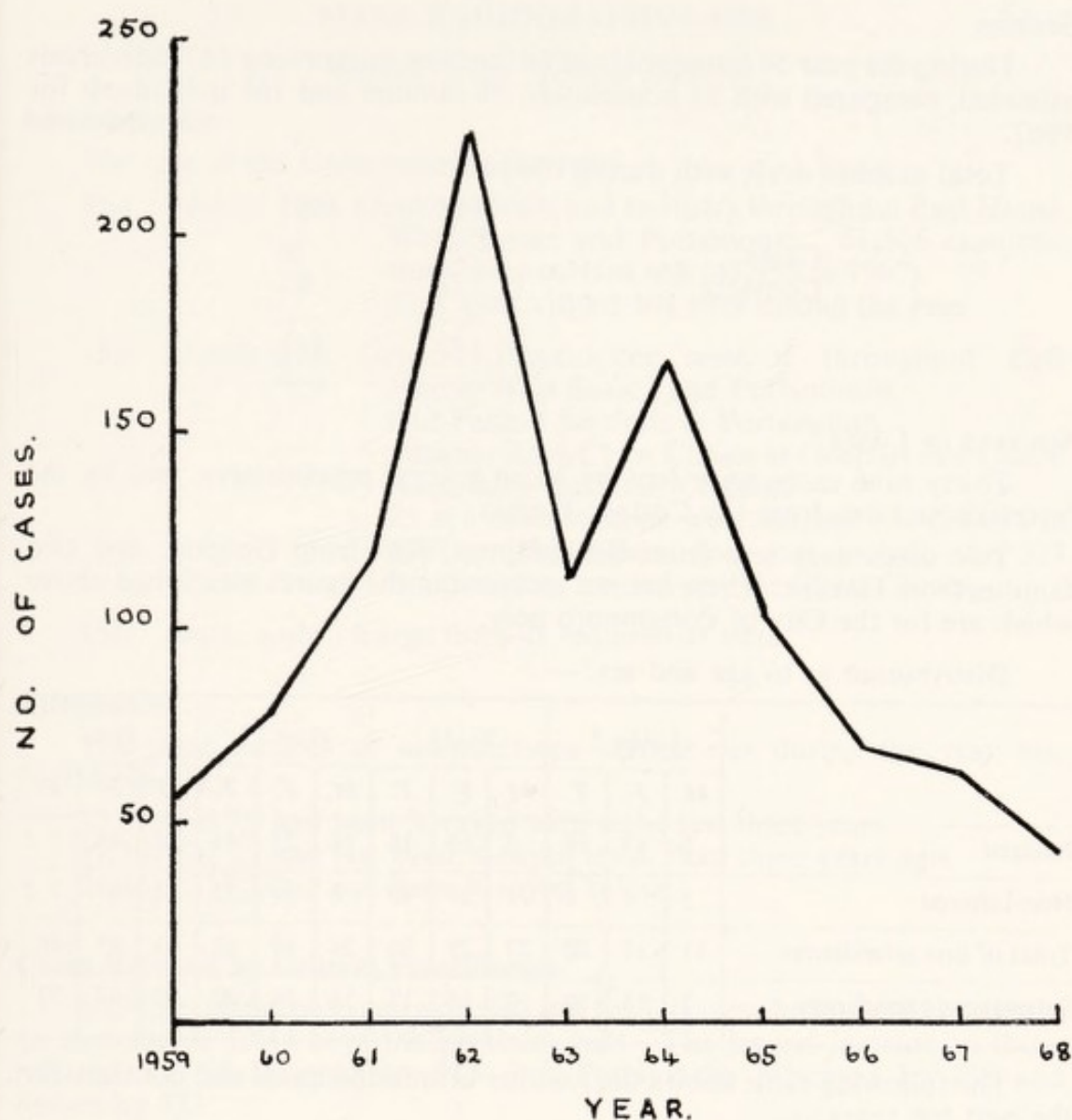
**Sources of Cases**

Five 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 nine cases of 'Phthirius pubis' (crab lice) and one case of 'Pediculosis Corporis'.

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

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



The 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-infestation dealt with. This procedure keeps many children at school eliminating visits to the Disinfestation Clinic before being allowed back to school.

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

Clinic	New Cases		Inspected and treatment given if required	
	1968	1967	1968	1967
Hillside .. .. .	42	57	360	287
St. George's Square .. .. .	70	54	305	346
	<hr/> 112	<hr/> 111	<hr/> 665	<hr/> 633
	<hr/>	<hr/>	<hr/>	<hr/>

73 home visits were made by the Assistant Nurse during 1968 compared with 129 during 1967.



**Scabies**

During the year 54 households of 54 families, comprising 147 individuals attended, compared with 53 households, 58 families and 161 individuals for 1967.

Total number dealt with during the year:—

	1968	1967
Cases .. ..	76	76
Contacts .. ..	71	85
	<hr/> 147	<hr/> 161

**SOURCES OF CASES**

Thirty nine cases were sent by local general practitioners, two by the hospitals and one from the Cottage Homes.

Two cases were sent from Bedhampton, four from Gosport, and two families from Havant. These are not included in the figures mentioned above which are for the City of Portsmouth only.

Distribution as to age and sex:—

	<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 .. ..	6	13	19	6	10	16	16	25	41	28	48	7 1
Non-Infested .. ..	5	4	9	21	19	40	8	14	22	34	37	7 7
Total of first attendances	11	17	28	27	29	56	24	39	63	63	85	146
Subsequent attendances ..	7	13	20	7	10	17	16	24	40	30	47	77

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>
1959 .. ..	92	60
1960 .. ..	67	54
1961 .. ..	94	78
1962 .. ..	45	24
1963 .. ..	72	40
1964 .. ..	82	41
1965 .. ..	49	19
1966 .. ..	39	28
1967 .. ..	76	85
1968 .. ..	76	71

**Demonstrations to Student Nurses**

At the request of the Sister Tutors of St. Mary's General Hospital, Student Nurses attended in batches at 'F' Ward for demonstrations on the treatment of Pediculosis.

These demonstrations have been much appreciated both by the students and the Sister Tutors.

At the request of the Deputy Chief Tutor a revised procedure for the treatment of verminous patients embodying the use of modern insecticides has been drawn up.

**MASS RADIOGRAPHY—1968***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. 51,565 examinations were carried out (43,253 in 1967). This Unit visited 101 sites during the year.

15B *Mobile Unit.* General Practitioner sessions throughout East Hants, West Sussex and Portsmouth. Out-Patient Sessions at Portsmouth. Patients from Chest Clinics at Gosport and Queen Alexandra Hospital, Cosham. 25,361 examinations were carried out (23,694 in 1967). This figure does not include the 327 examinations carried out for Chest Clinics.

15C *Static Unit.* Large films as required at base.

**Attendance**

The total number of examinations carried out during the year was 76,934 (66,958).

33,316 (43%) had been X-rayed within the last three years.

17,167 (22%) had last been X-rayed more than three years ago.

26,451 (35%) had not been X-rayed before.

**Cases Referred by General Practitioners**

16,783 examinations were carried out for Doctors throughout the area—an increase of 1,444 over the previous year. The largest increase in those referred was in Hampshire—913—but Portsmouth increased by 208 and Sussex by 323.

The breakdown into areas is as follows:—

Hampshire	5,975
W. Sussex	6,657
Portsmouth	4,151

24 cases of active tuberculosis were found in this group giving an incidence of 1.45 per 1,000.

**Pulmonary Tuberculosis**

The number of active cases found during 1968 was 41 (0.53 per 1,000), an increase of 9 over the previous year (0.48).

**Carcinoma of the Bronchus**

The incidence in 1967 was 1.99 per 1,000 (133 cases) itself a fall from the 2.24 per 1,000 (170 cases) in 1966. In 1968, 137 cases were found giving an incidence of 1.78 per 1,000, the lowest figure for several years.

**Portsmouth**

15 cases of active tuberculosis were found in 1968, an increase of 5 over 1967—the incidence rising from .34 per 1,000 to .69 per 1,000.



When one considers that the Unit found over 40 cases of tuberculosis in the year—cases which were actively treated—it will be realised that if tuberculosis is to be mastered, **every** case found is important and so the search must continue.

### Conclusion

This has been another year of steady but unspectacular work.

Requests from Industry for the X-ray Unit to attend to carry out examinations of their staffs are increasing, and whilst there is no doubt that although from our point of view the results are unrewarding, the facilities afforded by the Mass Radiography Service continue to be in great demand.

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 inconveniences this entails.

J. D. LENDRUM,  
*Medical Director.*

## TOTAL NUMBERS 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 ..	279	.36	156	.2	3,286	4.27	4,662	6.06	7,497	9.75	7,707	10.02	7,385	9.6	3,324	4.32	2,933	3.81	3,614	4.7	40,843	53.09
Female ..	241	.31	125	.16	4,070	5.29	4,426	5.75	6,101	7.93	6,852	8.91	6,133	7.97	2,540	3.3	3,126	2.77	3,477	4.52	26,091	46.91
TOTAL ..	520	.67	281	.37	7,356	9.56	9,088	11.81	13,598	17.68	14,559	18.92	13,518	17.57	5,864	7.26	5,059	6.58	7,091	9.22	76,934	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 ..	—	—	—	—	—	—	2	.43	5	.67	2	.26	4	.54	3	.9	1	.34	9	2.49	26	.64
Female ..	1	4.15	—	—	—	.23	1	—	6	.98	1	.15	—	—	1	.39	2	.64	3	.86	15	.57
TOTAL ..	1	1.92	—	—	—	—	3	.33	11	.81	3	.21	4	.3	4	.68	3	.59	12	1.69	41	.53

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.. ..				26	15	41	·53
	(a) Not infectious							
	(b) Infectious							
	(c) Not examined							
	(d) Domiciliary treatment							
	(e) Hospital treatment (0) .. ..				1	3	4	
	(a) .. ..				2	—	2	
	(ad) .. ..				7	4	11	
	(ae) .. ..				4	2	6	
	(bd) .. ..				3	1	4	
	(be) .. ..				9	4	13	
	(cd) .. ..				—	1	1	
1.	Cases of Tuberculosis requiring occasional out-patient supervision only .. ..				158	135	293	3·81
SECTION B. NON-TUBERCULOUS CONDITIONS								
2.	Malignant Neoplasms:							
	(a) Primary carcinoma bronchus .. ..				117	20	137	1·78
	(b) Others .. ..				17	13	30	
3.	Non-Malignant Neoplasms .. ..				2	5	7	
4.	Lymphadenopathies—excluding sarcoids .. ..				2	—	2	
5.	Sarcoids—including enlarged hilar glands .. ..				10	10	20	
6.	Congenital cardiac abnormalities .. ..				4	5	9	
7.	Acquired cardiac abnormalities .. ..				28	19	47	
8.	Pneumoconiosis without P.M.F. .. ..				8	—	8	
9.	Pneumononiosis with P.M.F. .. ..				1	—	1	
20.	Bacterial and virus infrection of the lungs .. ..				117	87	204	
21.	Bronchiectasis .. ..				30	16	46	
22.	Pulmonary Fibrosis (Non-Tuberculous) .. ..				28	14	42	
23.	Spontaneous Pneumothorax .. ..				10	2	12	
24.	Abnormalities of the diaphragm and oesophagus .. ..				5	19	24	
25.	Pleural effusion (Non-Tuberculous) .. ..				10	3	13	





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.
Male/Female																						
Number examined ..	124	81	28	22	1,135	1,068	1,764	1,243	2,511	1,316	2,611	1,503	2,757	1,556	1,268	522	1,053	343	721	379	13,832	8,033
Number of active cases	—	1	—	—	—	—	—	1	4	1	1	—	1	—	1	1	1	—	3	—	11	4
Rapid or 1,000 examined ..	—	12.35	—	—	—	—	—	.8	1.59	.76	.4	—	.36	—	.81	1.92	.95	—	4.16	—	.8	.5
Combined rate	4.88	—	—	—	—	—	.33	—	1.31	—	.25	.23	—	—	1.14	—	.72	—	1.82	—	.69	—



## DETAILS OF AREAS VISITED — 1968

<i>Number X-rayed</i>	PULMONARY TUBERCULOSIS		<i>CARCINOMA (Bronchus)</i>		
	<i>Requiring close supervision or treatment</i>	<i>Requiring occasional supervision</i>			
	<i>No.</i>	<i>Rate per 1,000</i>	<i>No.</i>	<i>No.</i>	<i>Rate per 1,000</i>
21,865	15	·69	71	36	1·65

## CHEST CLINIC SERVICES STATISTICS

## T.B. NOTIFICATIONS BY AGE GROUPS

Age Group	*NEW CASES				Total Respiratory and Non-Respiratory Cases		Total of all Male and Female Cases (By Age)
	Respiratory		Non-Respiratory				
	Male	Female	Male	Female	Male	Female	
0—1 ..	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	— (1)
1—4 ..	— (—)	— (—)	— (—)	— (1)	— (—)	— (1)	— (1)
5—14 ..	— (1)	1 (—)	— (—)	— (—)	— (1)	1 (—)	1 (1)
15—24 ..	1 (2)	— (1)	— (—)	— (—)	1 (2)	— (1)	1 (3)
25—34 ..	3 (1)	2 (2)	— (—)	— (1)	3 (1)	2 (1)	5 (4)
35—44 ..	2 (6)	1 (1)	— (—)	1 (—)	2 (6)	2 (1)	4 (7)
45—54 ..	1 (3)	3 (—)	— (—)	— (—)	1 (4)	3 (—)	4 (4)
55—64 ..	5 (5)	4 (2)	1 (—)	— (—)	6 (5)	4 (2)	10 (7)
65 and over	6 (9)	3 (2)	— (—)	2 (—)	6 (9)	5 (2)	11 (11)
TOTAL ..	18 (28)	14 (8)	1 (1)	3 (2)	19 (29)	17 (10)	36 (39)

\*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 1967)

## PRIMARY NOTIFICATIONS

<i>Year</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>
1962	82	2	84
1963	70	8	78
1964	65	7	72
1966	47	6	53
1967	36	3	39
1968	32	4	36

## SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1968

	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 at 1st January 1968 .. .. .	555	333	41	48	43	8	603	376	49	1,028
(2) Transfers from other authorities .. .. .	9	2	—	—	—	—	9	2	—	11
(3) Lost sight of cases returned during year .. .. .	1	—	—	—	—	—	1	—	—	1
B. No. of new cases diagnosed as tuberculosis during 1968										
(1) Class A. (T.B. minus) .. .. .	5	6	4	—	4	—	5	10	4	19
(2) Class B. (T.B. plus) .. .. .	15	7	1	—	—	—	15	7	1	23
C. No. of cases included in A and B written off the register during the year as:										
(1) Recovered .. .. .	44	35	3	—	—	—	44	35	3	82
(2) Dead (all causes) .. .. .	22	3	—	—	—	—	22	3	—	25
(3) Removed to other areas .. .. .	7	4	1	—	—	—	7	4	1	12
(4) For other reasons .. .. .	4	3	—	—	—	—	4	3	—	7
D. No. of definite cases of tuberculosis on Register 31st December 1968 .. .. .	525	278	39	49	43	9	574	321	48	943



## NUMBER OF CASES ON REGISTER AS AT 31ST DECEMBER

	1962	1963	1964	1965	1966	1967	1968
Respiratory .. .. .	1,272	1,204	1,152	1,088	1,017	907	842
Non-Respiratory .. ..	88	90	94	95	95	97	101
TOTAL .. .. .	1,360	1,294	1,246	1,183	1,112	1,004	943

## CONTACTS

	1962	1963	1964	1965	1966	1967	1968
No. of new contacts examined ..	469	561	525	373	386	298	212
No. of contacts proved definite cases	2	10	10	10	4	3	5

## DEATHS

	<i>Respiratory</i>	<i>Death Rate per 100,000 Population</i>	<i>Non- Respiratory</i>	<i>Death Rate per 100,000 Population</i>
1962 ..	11	4.6	2	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	—	—
1967 ..	6	2.7	—	—
1968 ..	10	4.4	—	—

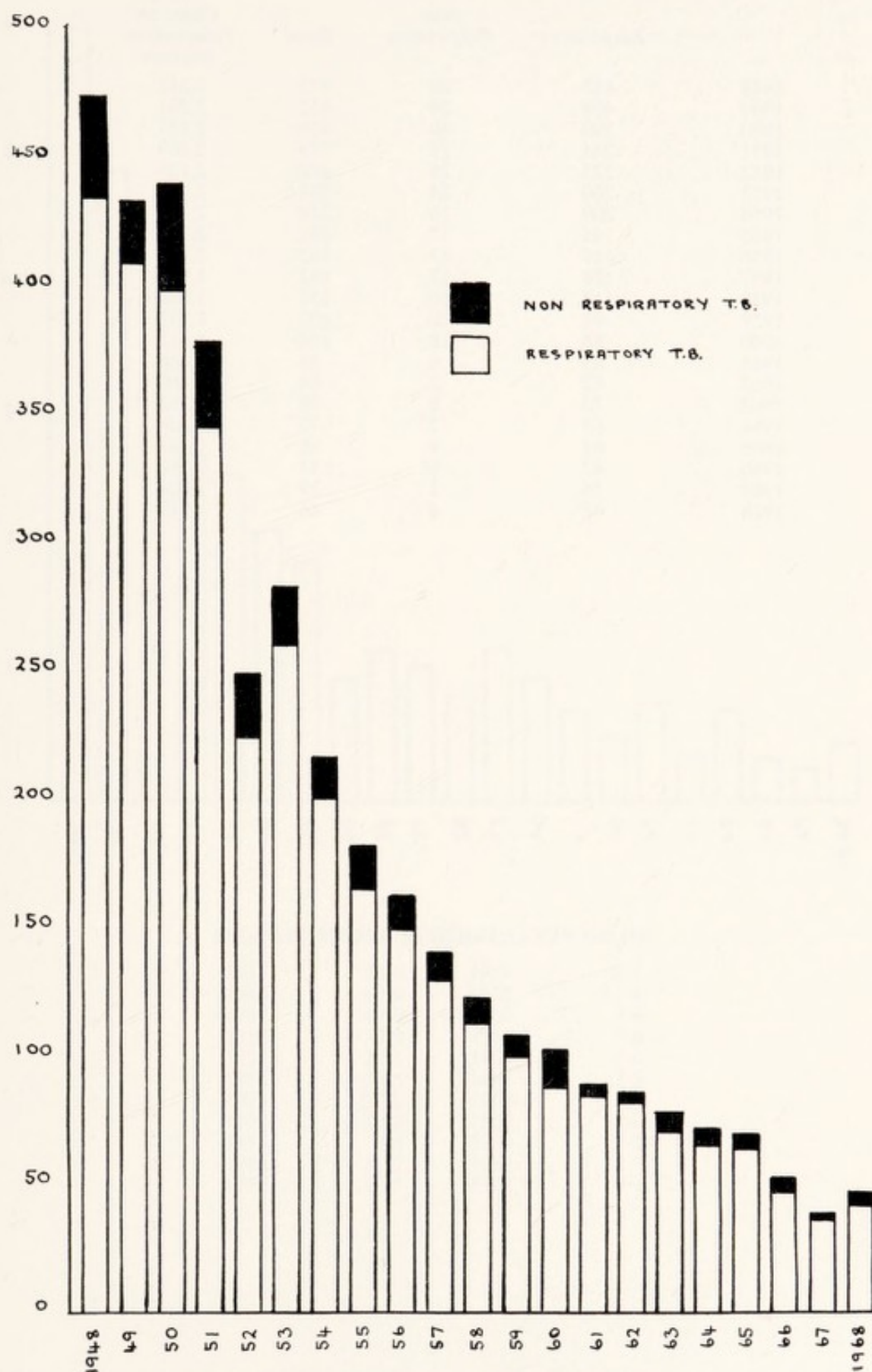
## DEATHS BY AGE GROUPS

<i>Age Group</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total Respiratory and Non-Respiratory Cases</i>		<i>Total Male and Female Deaths By Age</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
0—1 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1—4 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
5—14 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
15—24 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
25—34 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
35—44 ..	— (—)	1 (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)
45—54 ..	1 (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	1 (—)
55—64 ..	2 (2)	— (1)	— (—)	— (—)	2 (2)	— (1)	2 (3)
65 and over	6 (3)	— (—)	— (—)	— (—)	6 (3)	— (—)	6 (3)
TOTAL ..	9 (5)	1 (1)	— (—)	— (—)	9 (5)	1 (1)	10 (6)

Of the 10 deaths from respiratory tuberculosis, 9 cases were notified during life.

(Figures in brackets are those of 1967)

## PORTSMOUTH—PRIMARY NOTIFICATIONS OF TUBERCULOSIS 1948-68

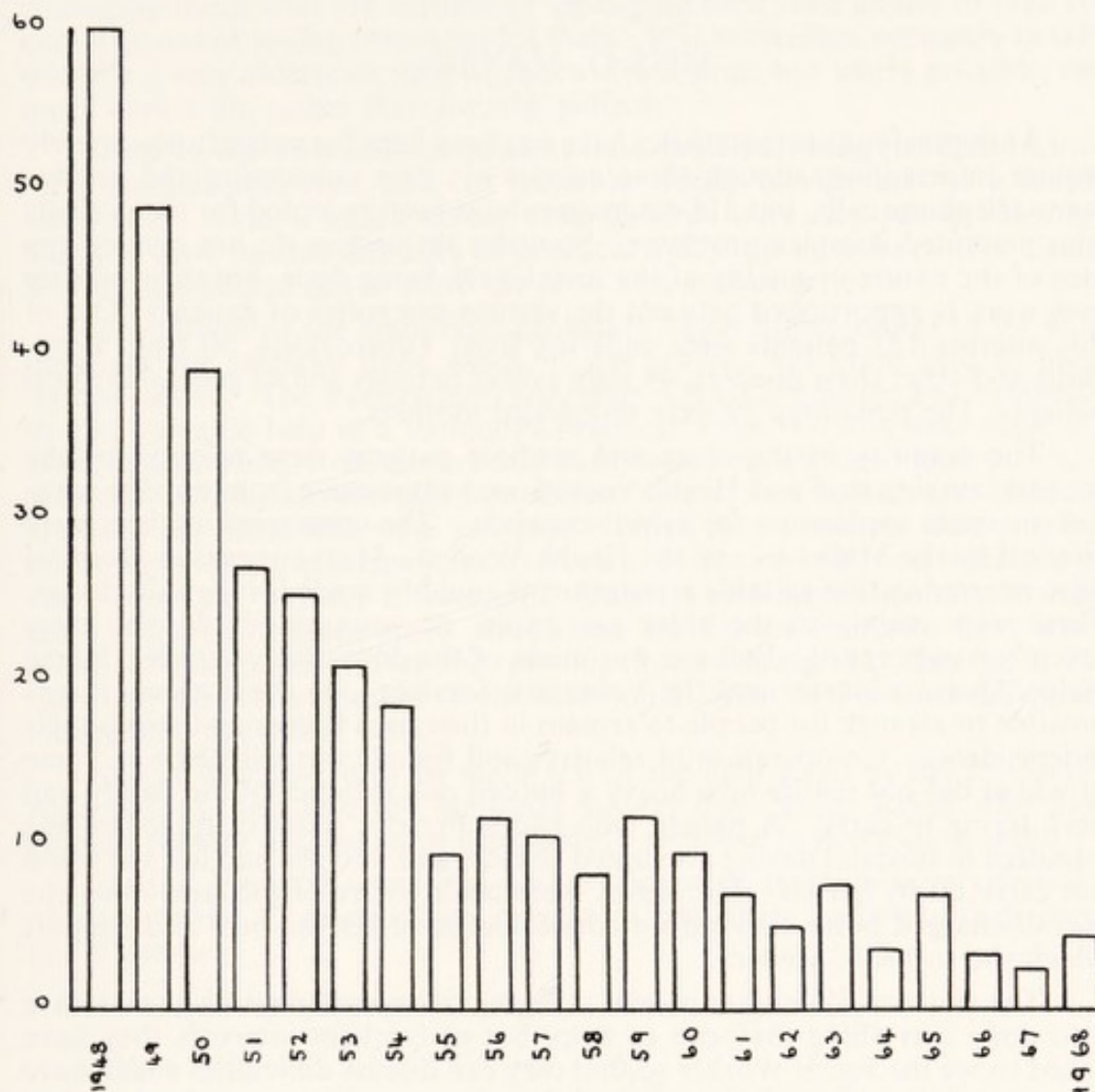




## PRIMARY TUBERCULOSIS NOTIFICATIONS

		<i>Respiratory</i>	<i>Non- Respiratory</i>	<i>Total</i>	<i>No. of Cases on Tuberculosis Register</i>
1948	..	433	40	473	2,212
1949	..	408	24	432	2,201
1950	..	399	40	439	2,157
1951	..	244	35	379	2,109
1952	..	223	25	248	2,123
1953	..	260	24	284	2,228
1954	..	200	16	216	2,158
1955	..	165	17	182	2,173
1956	..	149	13	162	2,141
1957	..	129	13	142	1,896
1958	..	113	10	123	1,862
1959	..	97	10	107	1,733
1960	..	86	18	104	1,618
1961	..	85	4	89	1,465
1962	..	82	2	84	1,360
1963	..	70	8	78	1,294
1964	..	65	7	72	1,246
1965	..	64	4	68	1,183
1966	..	47	6	53	1,112
1967	..	36	3	39	1,004
1968	..	42	4	46	943

## DEATH RATE PER 100,000 FROM TUBERCULOSIS



## DEATHS FROM TUBERCULOSIS/100,000

1947	..	73.0	1958	..	8.1
1948	..	60.0	1959	..	11.8
1949	..	49.0	1960	..	9.6
1950	..	39.0	1961	..	7.0
1951	..	27.1	1962	..	5.0
1952	..	25.5	1963	..	7.5
1953	..	21.0	1964	..	3.1
1954	..	18.5	1965	..	7.0
1955	..	9.4	1966	..	3.2
1956	..	11.7	1967	..	2.7
1957	..	10.5	1968	..	4.4



**REPORT OF THE MEDICAL SOCIAL WORKER***by*

MISS D. MAYBIN

As in previous years statistics have not been kept for patients who merely require information, though these queries are time consuming and involve many telephone calls, but 318 casepapers have been recorded for the patients who presented complex problems. Statistics themselves do not convey any idea of the nature or quality of the social work being done, but they indicate how work is apportioned between the various categories of patients. Out of this number 123 patients were suffering from Tuberculosis, 50 from Bronchitis and other chest diseases, 44 were cancer patients and 42 general medical patients. The remaining 59 were unmarried mothers.

The majority of the chest and medical patients were referred by the doctors, nursing staff and Health Visitors, and some came from outside agencies, or made application for help themselves. The unmarried mothers were referred by the Midwives and the Health Visitors. Most patients in Hospital were referred so that suitable arrangements could be made for their discharge. These were mainly in the older age group, or younger people who were severely handicapped. Full use was made of the domiciliary services, Home Helps, Queen's Nurses and the Voluntary Services. By these means it was possible to arrange for people to remain in their own homes and retain their independence. Co-operation of relatives and friends was enlisted too, some of whom did not realise how heavy a burden one member of the family had been trying to carry. A patient who had suffered a series of tragedies was admitted to hospital having attempted suicide, and said she had felt she could not carry on by herself. The family were made aware of this and when she was discharged home they rallied round and gave her the help and support which she so badly needed.

The relatives of another patient suffering from a progressive disease have also done everything they can to help, but at frequent intervals they have asked to see the Social Worker so that they can discuss difficulties which have arisen, and they have often remarked that they can carry on as long as they have 'someone to lean on'.

In medical social work it is particularly important to try to recognise underlying needs which may not, in fact, be expressed by the patient. One must understand that his behaviour and attitudes may arise from feelings of insecurity—about the future, about his illness—and this may result in aggression and non-co-operation.

Relatives too need help in sorting out their feelings and the problems arising from the patient's illness. Sometimes one meets with the defensive aggression of those who are feeling guilty because they cannot, or do not want to, care for the patient. On the other hand, there are the closely knit families where indecision and uncertainty arise because no one wants to speak out in case anyone's feelings should be hurt, although each really knows what is the best solution. This is illustrated by the example of an elderly man who while in hospital said he would really like to make arrangements to go into a Residential Home but felt he could not suggest this to his son and daughter-in-law as they had been so good to him. They, on the other hand, also expressed the feeling that this would be best for the patient as they knew he found the children very tiring, but they could not suggest it in case he would think they did not want him. The Social Worker must be able to handle delicate situations such as this and make it possible for plans to be carried out in a manner which is agreeable to all.



Medical social work aims first and foremost at helping the patient to help himself, and one must beware of undermining independence, or of encouraging those who are capable of managing their own affairs to take the easy way out of letting others act for them. It is sometimes necessary to take over for a very elderly or very ill patient for a time, but where possible, one must work with, rather than for, the patient.

Some of the Tuberculosis patients have been attending the Chest Clinic for a considerable time, and for them the Social Worker acts as a family caseworker. One, a widow whose three children were very young when her husband died, has needed a lot of practical and supportive help. The Social Worker has helped her to solve the problems as they arise.

In addition to the emotional problems which illness brings in its wake there are the material ones which, if not solved, will often lead to more serious upsets. The Portsmouth Voluntary Care Committee has continued to give valuable help in a variety of practical ways. Grants were made for extra nourishment, coal, clothes and many other necessities. Hire purchase accounts, which had been taken out before illness, were settled, and furniture provided for those who were rehoused. When they return to their employment, many of our patients have to work a 'week in hand', and therefore do not receive any pay for a fortnight. Sickness and Supplementary Benefits cease when the patient starts work, and the Care Committee have made grants to tide patients over this period, thus ensuring that they get a fair start and are not subjected to the additional strain of financial difficulties immediately they start work.

Special mention must be made too of the help given by the Ex-Service Associations, and also the National Society for Cancer Relief who have granted prompt and generous assistance in response to every application.

During 1968, 59 unmarried and unsupported mothers were referred—42 single girls, 10 married and separated from their husbands, 5 divorced and 2 widows.

Age Groups:	Age	16	..	3
		17	..	4
		18	..	9
		19	..	10
		20—25	..	24
		26—30	..	8
		30+	..	1
				—
				59
				—

38 have kept their babies and of these:—

- 17 went home to their parents,
- 15 live in Council flats or privately owned flats or houses,
- 2 in rooms,
- 1 in residential job,
- 1 went back to her home town,
- 2 were living with the fathers of the babies.

18 girls had their babies adopted, 2 had abortions and 1 had a still-birth.

Each girl needs a great deal of help in coming to a decision as to what she really feels would be in the best interests of the child and herself. Many interviews and Home Visits are necessary. She also needs help and advice over the practical difficulties of accommodation, financial problems, and arrangements for her return to work and the care of the baby.



Students working for the Certificate in Social Work continue to have their field-work placements here—two days a week for six months for first year students, and three days a week for six months for second year students. Work with the students is both stimulating and interesting, but teaching and supervision, as well as the Supervisor's Meetings, which are held frequently, involve a considerable amount of time.

**SPECIAL TREATMENT CENTRE  
SAINT MARY'S HOSPITAL, (WEST WING), PORTSMOUTH**

**REPORT BY DR. J. M. COUCHMAN**  
*Consultant Venereologist*

New cases attending during 1968, 1,823 showed an increase of 23% over 1967.

**Gonorrhoea and Syphilis**

The incidence of syphilis was lower and of gonorrhoea slightly higher than in 1967.

**Age Groups**

Of patients attending with gonorrhoea 32% of females and 15% of males were between 16 and 20 years of age. In 1967 the comparable figures were 23% and 15%.

**Non Gonococcal Urethritis**

At 397 shows an increase of 20%.

Other non specific conditions were 40% up in males and 50% up in females.

**Contact Tracing**

60% of contacts of gonorrhoea were traced and treated.

**Health Education**

Efforts have continued to try to bring the facts relating to Sexually Transmitted Diseases to the notice of the public of all ages, and lectures in schools have had a good reception. Notices in public lavatories are still often missing or give out of date and inaccurate information relating to the Special Treatment Centre.



**SPECIAL TREATMENT CENTRE**  
**ST. MARY'S HOSPITAL (West Wing) PORTSMOUTH**

			<i>Totals</i>	<i>Male</i>	<i>Female</i>
<b>SYPHILIS</b>	1  NEW CASES OF SYPHILIS	(i) Primary	2	2	—
		(ii) Secondary	1	1	—
		(iii) TOTAL OF LINES 1 (i) and 1 (ii)	3	3	—
		(iv) Latent in the first year of infection	2	2	—
		(v) Cardio-vascular	2	2	—
		(vi) Of the nervous system	—	—	—
		(vii) All other late and latent stages	2	1	1
		(viii) Congenital, aged under 1 year	1	1	—
		(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)	10	9	1
	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	1	1	—
		(v) 25 and over	2	2	—
		(vi) TOTAL OF LINES 2 (i) to 2 (v)	3	3	—
	3	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	5	3	2
	4	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	31	22	9
<b>GONORRHOEA</b>	5  NEW CASES OF GONORRHOEA	(i) Post-pubertal infections	325	208	117
		(ii) Vulvo-vaginitis	—		—
		(iii) Ophthalmia neonatorum	1	—	1
		(iv) TOTAL OF LINES 5 (i) to 5 (iii)	326	208	118
	6  AGE GROUPS OF CASES IN ITEM 5 (i) ABOVE	(i) Under 16	1	1	—
		(ii) 16 and 17	27	9	18
		(iii) 18 and 19	41	22	19
		(iv) 20—24	119	72	46
		(v) 25 and over	137	103	34
		(vi) TOTAL OF LINES 6 (i) to 6 (v)	325	208	117
	7	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	9	8	1
	8	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	218	123	95

OTHER CONDITIONS	9	NEW CASES OF OTHER CONDITIONS		Totals	Male	Female
			(i) Chancroid	—	—	—
			(ii) Lymphogranuloma Venereum	1	1	—
			(iii) Granuloma Inguinale	—	—	—
			(iv) Non-Gonococcal Urethritis	397	397	
			(v) Non Gonococcal Urethritis with Arthritis	3	3	
			(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	1	1	—
			(vii) Other conditions requiring treatment within the centre	793	290	503
			(viii) Conditions requiring no treatment within the centre	293	252	41
			(ix) Undiagnosed conditions	—	—	—
	(x) TOTAL OF LINES 9 (i) to 9 (ix)	1,488	944	544		
10	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS		5	6	—	
11	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED		1,361	899	462	
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		1	1	—	
	(v) 25 and over		2	2	—	
	(vi) TOTAL OF LINES 12 (i) (1) to 12 (1) (v)		3	3	—	
	(2) GONORRHOEA (Post-pubertal)					
	AGE GROUPS					
	(i) Under 16		1	1	—	
	(ii) 16 and 17		25	7	18	
	(iii) 18 and 19		38	19	19	
	(iv) 20—24		115	70	45	
	(v) 25 and over		127	95	32	
	(vi) TOTAL OF LINES 12 (2) (i) to 12 (2) (v)		306	192	114	
13	LOCALITIES IN WHICH INFECTIONS TOOK PLACE					
	(1) PRIMARY OR SECONDARY SYPHILIS					
	(i) In locality of Centre		—	—	—	
	(ii) Elsewhere in Great Britain and Northern Ireland		2	2	—	
	(iii) Outside Great Britain and Northern Ireland		—	—	—	
	(iv) Not known		1	1	—	
	(vi) TOTAL OF LINES 13 (1) (i) to 13 (1) (iv) to agree with line 1 (iii)		3	3	—	
	(2) GONORRHOEA (Post-pubertal)					
	(i) In locality of Centre		234	130	104	
	(ii) Elsewhere in Great Britain and Northern Ireland		55	47	8	
	(iii) Outside Great Britain and Northern Ireland		24	24	—	
	(iv) Not known		12	7	5	
	(v) TOTAL OF LINES 13 (2) (i) to 13 (2) (iv) to agree with line 5 (i)		325	208	117	



	<i>Totals</i>	<i>Male</i>	<i>Female</i>
14 ATTENDANCES AND DIAGNOSES OF CONTACTS			
(1) Contact slips issued to patients with			
(i) Syphilis, primary and secondary	—	—	—
(ii) Gonorrhoea	124	120	4
(2) Contacts attending with			
(i) Syphilis, primary and secondary	—	—	—
(ii) Gonorrhoea	74	3	71
(iii) Other conditions	120	28	92
15 TOTAL ATTENDANCES OF ALL PATIENTS			
(i) Syphilis	174	122	52
(ii) Gonorrhoea	1,242	780	462
(iii) Other conditions	3,739	2,419	1,320
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))	5,155	3,321	1,834
16 Cultures for the gonococcus	3,101	308	2,793

PLEASE REFER TO ACCOMPANYING NOTES.

**MENTAL HEALTH REPORT***by***DR. M. MONRO***Senior Medical Officer*

Progress in the Mental Health Service during 1968 was limited in several areas as a result of the cutting back of expenditure. Nevertheless a number of new projects were begun with encouraging results.

There was no expansion possible in the Mental Welfare Officer Establishment and with one Officer completing a two year course, considerable pressure of work devolved on his colleagues. This reduced the time and opportunity available for them for supportive and preventive work in the community. Nevertheless, by a reorganisation into teams, serving St. James' Hospital teams respectively, an attempt was made to use limited resources to greater advantage. Another scheme, introduced to facilitate communication, was the radio-telephone link which greatly facilitated the officer's work by enabling them to get in touch with the Department, Ambulance Service and St. James' Hospital, from wherever they might be.

Mr. Arnold, Tutor Supervisor for the Certificate in Social Work Course at the Portsmouth College of Technology, continued to supervise students at the College and during their practical experience period in the Department. This year there have been five students.

Ford Lodge, a 35-bedded Unit was opened on 5th July, 1968 to augment services in the City for psycho-geriatric patients. It is a purpose-built Unit, of 25 rooms, 15 single bedded and 10 double-bedded.

Initially, as was to be expected, there were problems to be solved and some difficulty arose from conflicting needs which different groups envisaged could be met by such a Unit, but these have now been largely resolved.

Lacey Lodge continues to provide for sub-normal patients who have left hospital but whose social resources are inadequate so that some form of temporary residential support is required. The majority of residents are in employment, the others attend Langstone Adult Training Centre.

The work of the Adult Training Centre has been maintained at its usual high standard and similarly that of the Junior Training Centre by the devoted efforts of staff members.



## STATISTICS FOR THE MENTAL HEALTH SECTION

CARE OF THE MENTALLY ILL	1968	1967
Admissions to Hospital:		
Section 5 (informal) .. .. .	415	397
Section 25 .. .. .	75	73
Section 26 .. .. .	5	17
Section 29 .. .. .	86	84
Section 60 .. .. .	3	—
Referrals:		
General Practitioner .. .. .	227	336
Hospital—after in-patient treatment .. .. .	72	192
Hospital—after out-patient treatment .. .. .	74	113
Local Education Authority .. .. .	4	8
Police and Courts .. .. .	50	99
Other sources .. .. .	210	397
Total Admissions and Referrals .. .. .	1,221	1,145
(From 1.1.68 sources of referral do not include admissions)		
CARE OF THE SUBNORMAL		
Subnormal .. .. .	206	188
Less than 16 years of age .. .. .	22	31
Severely subnormal .. .. .	154	129
Less than 16 years of age .. .. .	79	81
Guardianship cases .. .. .	20	22
Resident in Home or Hostel at Local Authority expense .. .. .	5	4
Boarded out at Local Authority expense .. .. .	15	18
In attendance at the Day Training Centre.. .. .	192	202
Receiving home teaching .. .. .	14	15



## REPORT OF THE CHIEF HEALTH INSPECTOR AND CHIEF PORT HEALTH INSPECTOR

W. MEREDITH, M.R.S.H., M.A.P.H.I.

Mesdames and Gentlemen,

It was far from my intention to strike a sombre note on opening my first complete Annual Report as your Chief Inspector but in order that the sequence of events may be properly observed I am compelled to start with a calamity. At the outset of 1968 the Department was stunned by the sudden death of Mr. Douglas E. Sheppard, Principal Public Health Inspector. Mr. Sheppard had been withdrawn from the Northern Division to undertake the duties of Principal Public Health Inspector (Housing) on the promotion of Mr. C. W. Cooksley to Chief Assistant. His premature death deprived his colleagues of a wise and gifted counsellor in both departmental and NALGO spheres.

The Inspectorate was therefore left with two gaps in its ranks at Principal Inspector level. In February the Committee demonstrated their appreciation of the staff by further promotions from within the Department and against outside competition. Amongst other things his long, efficient and devoted service to the Department was recognised when Mr. K. M. Holmes was promoted to the vacant post of Principal Public Health Inspector (District). Mr. Owen was promoted to Principal Public Health Inspector (Housing). Their vacated posts of Senior Inspectors were filled by Mr. V. J. Smith and Mr. K. D. Adcock. This consideration of serving staff undoubtedly stimulated the morale of the Inspectorate and owing to the varying age groups of the Senior Officers concerned provided a vista of future promotions. This staff rearrangement coincided with the most unfortunate decision to re-locate part of the Improvement Grant work in the Housing Department. Your Inspectorate's natural resentment at this deprivation of work which they inaugurated and performed with both economy and success and which formed a natural and logical extension of their traditional and statutory duties and responsibilities in the field of housing, will be understood by the Committee. Your Inspectorate are unanimous and determined in their opinion that the proper location of this work is in the Health Department where exists the only comprehensive experience of Housing Improvement and repair work in the Corporation. The truth of this assertion cannot be challenged seriously and it is the intention of your Inspectorate not only to maintain it but to prove it by campaigning for the return of Improvement work, and, after restoration, executing the whole of environmental housing work with their established efficiency and economy. One last comment on this controversy is that beyond doubt it has produced more paper work and consumed more expensive officer hours than any other exercise affecting the Inspectorate for a good many years.

One of the most urgent problems confronting me in 1968 was to bring about a realistic organisation. For many years annual comment on the staff position has been a bewailing of shortages. A reappraisal of the establishment of inspectors showed it to be unrealistic and unlikely to be achieved as fruitless advertisements of vacancies demonstrated. The Committee will be conversant with the re-organisation and re-grading which subsequently took place. Greater mobility resulting from the allocation of car allowances together with a more extensive employment of technical assistants on preliminary enquiries have enabled district inspectors to rectify unequal coverage of district duties.



The redesigning of the Inspectorate was not achieved without sacrifice. The impending superannuation of Mr. C. J. W. Cooksley promoted the idea that the post of Chief Assistant could be dispensed with and the duties absorbed by myself and the two Principal Inspectors.

Here it is perhaps appropriate to comment on the distinguished service of Mr. Cooksley. No eulogy however eloquent can do justice to the dedication with which this Officer invested his work in the field of housing. Admiration of the efficiency with which Mr. Cooksley organised and executed his duties has not only been confined to the Health Department, many colleagues in other Corporation Departments and representatives of Central Government have acknowledged the benefits of his comprehensive knowledge of Housing law and procedure. The Inspectorate marked the occasion of Mr. Cooksley's retirement with a suitably inscribed memento and a surprise dinner for Mr. and Mrs. Cooksley at a local Chinese Restaurant. The piquant sweet and sour sauce figuring in the menu seemed most appropriate on an occasion which was happily sorrowful.

At the other end of the time scale the Inspectorate welcomed to its ranks Mr. Rodney Rogers, Student Public Health Inspector and Messrs. Brook, Sexton, Beck and Harris, Technical Assistants. These appointments still leave the establishment short by one Public Health Inspector and two Technical Assistants. With the qualifying examination of three Student Inspectors set for June 1969 and considering the extension of Inspectorate duties in relation to Clean Air containerisation of meat, etc., port health, etc., the advantages of appointing qualified inspectors ready to take up statutory duties should be weighed against the slightly cheaper appointment of one inspector and two technical assistants.

With the future of local government obscured by green papers, white papers, Seebolm and Maud reports (Marks I and II) it is difficult to comment upon the nebulous prospect facing staffs of Departments. One conclusion however must always be evident—that whatever the shape of the Health Services becomes the Public Health Inspector's role in safeguarding the public's environment must be assured. The Inspectorate therefore looks ahead confidently to the future in which it will undoubtedly add to its reputation in the fields of food and consumer protection, housing, air pollution prevention, worker's welfare, and the numerous other environmental health activities with which it has been associated for well over a century.

I would be ungracious if I did not recommend to your notice once again my very great appreciation of the loyal and conscientious staff of inspectors, technical assistants and clerks comprising my section of the Department without whose help, advice and co-operation that execution of my duties would be impossible. Similarly, I would like to thank the Chairman and Members of the Committee for the many courtesies and consideration which they have extended to my staff and to assure them that it will always be my endeavour to maintain this excellent relationship between members and staff.

### **Public Health Acts**

1,731 official complaints were made to the Public Health Department. A scrutiny of this catalogue of woe reveals many of the hazards of modern life. They range through defective dwellings, accumulations, smells, noise, air pollution, animals, insects, personal habits and extraneous matter in food.

In the investigation of many of these complaints, it is easy for the investigators to become affected by the depressing conditions found, mainly through the frustrations caused by inadequate legal power to resolve the problem. It is then that the bizarre or amusing complaint brightens up the



tedium of routine, such as the most extraordinary extraneous matter in food ever recorded 'Corned beef containing muslin'. Food Hygiene was queried in the simple statement 'Cat/dog smoking', whilst the perils of tenancy, paternity and wedlock were summed up in 'dampness, baby expected, father giving notice to quit.' The connection was not clear in the claim 'all appliances atrocious, lady of house pregnant'. One scurrilous allegation claimed filthy yard at rear. Public Health Inspector has called but remains filthy'. The investigation of all complaints resulted in the following action.

- 538 Intimation Notices  
255 Abatement Notices  
19 Without further delay letters  
72 Seven day letters  
5 Forthwith letters

In addition 28 Section 17, 4 Section 18, 1 Section 26, 1 Section 27 and 1 Section 83 of the Public Health Acts, 1936 and 1961, notices were served.

Of these, the following were referred to the Town Clerk for legal proceedings to be instituted against the persons responsible for the nuisances.

- 32—Section 92  
Prosecutions—13  
Cases withdrawn before hearing—7  
Orders made—6  
Further proceedings—2  
Settled without legal proceedings—19

## INSPECTION OF PREMISES:—

Public Health Acts, etc.	..	..	..	..	..	..	..	3,936
<i>Re</i> Water supply	..	..	..	..	..	..	..	76
<i>Re</i> Permitted numbers	..	..	..	..	..	..	..	10
<i>Re</i> Council house applications	..	..	..	..	..	..	..	198
Overcrowding	..	..	..	..	..	..	..	12
Common Lodging house	..	..	..	..	..	..	..	10
Tents, caravans, vans and sheds	..	..	..	..	..	..	..	36
Verminous premises	..	..	..	..	..	..	..	28
Smoke and colour tests to old drains	..	..	..	..	..	..	..	31
<i>Re</i> Sewers and drains	..	..	..	..	..	..	..	379
Outworkers	..	..	..	..	..	..	..	78
Nursery school and child minders	..	..	..	..	..	..	..	60
Nursing homes	..	..	..	..	..	..	..	5
Old persons homes	..	..	..	..	..	..	..	6
Hairdressers	..	..	..	..	..	..	..	291
Schools	..	..	..	..	..	..	..	60
Public conveniences	..	..	..	..	..	..	..	7
Hotels, guest houses, etc.	..	..	..	..	..	..	..	96
Farms	..	..	..	..	..	..	..	

## MISCELLANEOUS INSPECTIONS

Swimming and paddling pools, beaches, etc.	..	..	..	..	..	203
Rodent control .. .. .	..	..	..	..	..	77
Tips and refuse accumulations .. .. .	..	..	..	..	..	187
Chalk pits .. .. .	..	..	..	..	..	15
<i>Re</i> Air pollution .. .. .	..	..	..	..	..	251
Air pollution meter readings .. .. .	..	..	..	..	..	1,095
<i>Re</i> Smells .. .. .	..	..	..	..	..	94
<i>Re</i> Infestations .. .. .	..	..	..	..	..	39
Demolition .. .. .	..	..	..	..	..	3,675

### VISITS TO DWELLING HOUSES

Public Health Acts...	2,755
-----------------------	-------



## INVESTIGATIONS

Noise, dust, effluents, etc.	..	..	..	..	..	..	..	176
Flooding, subfloor water, etc.	..	..	..	..	..	..	..	69
Nuisances from animals, etc.	..	..	..	..	..	..	..	34
Nuisances from laundry	..	..	..	..	..	..	..	5
Infectious diseases, food poisoning contacts	..	..	..	..	..	..	..	1,753
Council house applications	..	..	..	..	..	..	..	198
Food complaints	..	..	..	..	..	..	..	152

## NOTICES AND NOTIFICATIONS

Intimation notices issues	..	..	..	..	..	..	..	558
Abatement notices served	..	..	..	..	..	..	..	225
Without further delay letters	..	..	..	..	..	..	..	19
Seven day letters	..	..	..	..	..	..	..	72
Forthwith letters	..	..	..	..	..	..	..	5
Factory Act notices (Informal)	..	..	..	..	..	..	..	12
Food hygiene regulations notices	..	..	..	..	..	..	..	68
Public Health Act, Section 17	..	..	..	..	..	..	..	28
Public Health Act, Section 26	..	..	..	..	..	..	..	1

## LOCAL LAND CHARGES

Searches against properties	..	..	..	..	..	..	..	4,447
-----------------------------	----	----	----	----	----	----	----	-------

## Nuisances from Deposits

Apart from the local press, the officials concerned and the immediate neighbours of illicit refuse dumps, nobody in Portsmouth seems concerned about the problem of litter. This seems evident by the fact that no prosecutions against litterers took place in Portsmouth during 1968, despite the coming into operation of the Civic Amenities Act, and the fact that as much if not more litter was deposited. The term 'permissive' society has been much applied to the present day population and this is perhaps post true in regard to the problem of litter. There are many complaints by citizens of refuse accumulations but in no case has an offender been identified. It is hard to believe that everything is shied away in such an occult way that the discarder is never known. It is high time that the citizens of Portsmouth stirred themselves to prevent the messy few from fouling the City. It would help the handful of officials concerned if real prosecution and information were given by vigilant citizens. In the same way it would help if the Corporation programmed their closures and demolitions more realistically to prevent premises from remaining derelict magnets for the unwanted metal and filth of that peculiar enemy of society the litter lout.

## Noise

Paradoxically what was probably the loudest noise source in Portsmouth in 1968, the hovercraft, operating from adjacent to Clarence Pier roused no complaint, whilst in the north of the city a comparatively minor sound raised a storm of protest. One is always astonished at the fact that a mode of locomotion so advanced as the hovercraft should be so retrograde a noise nuisance source and looks forward to the time when science will produce an effective silencer for it. But as no complaints were recorded against the hovercraft since it shifted to its more sensible venue no investigation was necessary.

The noise complaint which occupied most time in auditions and interviews was caused by a factory in the north of the City. The management had two concerns. To maintain its production schedules and to provide working



conditions which would ensure a healthy environment in the factory. Militating against both was the excessive amount of steam remaining in the factory after processes had been completed. This not only condensed to cause conditions adverse to efficient production and to the keeping quality of the material, but generated an atmosphere prejudicial to the health of the workers. The management consulted ventilation experts who advised an expulsion system to exhaust the steam. Fans were fitted to roof ducts on the elevation facing the residential properties. Unfortunately the time chosen to switch on was night time when normal background noise had ceased, consequently residents in the neighbourhood became aware that a new noise was born. Thereafter began a series of complaints varying tremendously in intensity. Auditions of the noise were held at different times but at no time did audiometer readings reach a decisive level. Fortunately, the factory management, anxious to maintain a good neighbour image arranged for a reduction of power to the fans during the night shift. This was certainly an improvement, but was little appreciated by the more militant complainants. At the close of the year the department had not achieved a solution that would not jeopardise the factory's export objectives and still be acceptable to the complainants.

One other literal headache both to the inspector and to the neighbourhood was generated by some sheet metal workers operating in a mainly residential area. The solution to contain the process in what was virtually a sound proof box baffled the noise nuisance, but created intolerable working conditions for the workers. Thereafter the noise became an occasional nuisance as the metal workers emerged to cool off.

Other complaints were of a transient character and abated by negotiation at the source.

No prosecutions were undertaken.

#### PART 6—NOISE

1. Total number of complaints received 17
2. Total number investigated 17
3. Is a sound level meter
  - (a) part of the departments' equipment Yes
  - (b) otherwise available

NOISE ABATEMENT ACT 1960 Section I	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>	<i>Total</i>
4. Number of nuisances confirmed	1	—	—	1
5. Number of nuisances remedied informally .. .. .	1	—	—	1
6. Number of abatement notices under Section I .. .. .	—	—	—	—
7. Number of nuisance orders under Section I .. .. .	—	—	—	—

8. What are the most common causes of complaint: Industrial noises
 

Industrial	10
Commercial	4
Domestic	3

#### NOISE ABATEMENT ACT 1960

##### Section II

9. Number of complaints Nil
10. Number remedied informally Nil
11. Number of prosecutions under Section 2 Nil
12. Number of convictions under Section 2 Nil



**Food****FOOD PREMISES. FOOD HYGIENE (GENERAL) REGULATIONS 1960**

The only prosecution undertaken during the year was against the proprietor of a Pakistani Restaurant for contraventions of the Regulations. A ten pound fine was inflicted on the offenders by the magistrates on each of seven counts. It was a fortunate thing for the eating-out-public when this particular restaurant took the short cut to perfect food hygiene by closing down!

**MARKET STALLS. FOOD HYGIENE (MARKET STALLS AND DELIVERY VEHICLES) REGULATIONS 1966**

Traders using the traditional type stalls in Charlotte Street are in breach of the Regulations. Pending the outcome of the proposed Moores Square redevelopment scheme the hand of compulsion has been stayed but the time is fast approaching when the deficiencies of the present stalls must be remedied. A meeting of the representatives of the City Development, Estates and Health Departments, the Charlotte Street Traders Association and the Management of the Tricorn was held early in the year. At this meeting the requirements of the Regulations and the fact that traders were contravening the Law were explained to the Traders. The substitution of the required stalls for the present ones will curtail the width of road available for passenger vehicles and the pedestrians but will undoubtedly improve both the hygiene and appearance of the market. If, as has been claimed by respectors of tradition this market must be retained in its present form then there is no reason at all why given a little imagination and design the legitimate stalls should not bring the adjective picturesque to Charlotte Street to replace the present description of insanitary.

**MOBILE CATERERS**

The registration of mobile caterers as required by the Portsmouth Corporation Act, 1967, is a salutary thing. The pity of it is that it applies to vendors trading at specific times. The Inspectorate would have preferred it to have been an all embracing requirement with the provision that the vehicle be approved by a public health inspector prior to the registration. During 1968 in hours when bar tenders, licensees, stall holders and other caterers assumed that the public health inspector had his slippers on and his feet up, the Inspectorate worked a rota of evening visits checking on Food Hygiene at the most unexpected times. The increase in number of mobile caterers was noted, and although there is a certain constancy of location some vans are elusive. It would therefore help if the van could be found to comply with requirements before the trader was permitted to cater from it.

## FOOD HYGIENE (GENERAL) REGULATIONS 1960

<i>Regulation No.</i>	<i>Contraventions</i>	<i>No. of Offences</i>
5	Food business carried on at insanitary premises	6
6	Cleanliness of equipment .. .. .	7
8	Food to be protected from risk of contamination .. .. .	3
9	Personal cleanliness .. .. .	4
14	Sanitary conveniences .. .. .	15
14(4)	No food room which communicates directly with a room or other place which contains a sanitary convenience shall be used ..	1
16	Provision of wash hand basins .. .. .	20
17	Provision of first aid equipment .. .. .	4
18	Clothing accommodation .. .. .	5
19	Facilities for washing of food and equipment ..	7
21	Ventilation of food rooms .. .. .	1
23	Cleanliness, repair, etc. of food rooms ..	28
24	Accommodation of refuse .. .. .	3
25	Temperature at which certain foods are to be kept .. .. .	1
		105

	<i>Number</i>	
	<i>Prosecutions</i>	<i>Convictions</i>
Part II—General requirements ..	1	1
Part III—Requirements relating to persons engaged in the handling of food .. .. .	—	—
Part IV—Requirements relating to food premises .. .. .	1	6
TOTALS ..	2	7

*Total Fines and Costs*  
£70 and £3 3s. 0d.  
£10 on each count.

*No. of Premises*  
*Disqualified:*—Nil.

*Periods of*  
*Disqualification:*—.



## INFORMATION REQUIRED BY MINISTRY CIRCULAR 1/64

<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 .. .. .	438	405	438	305
School Kitchens .. .. .	30	30	30	30
Confectioners .. .. .	150	120	117	89
Butchers .. .. .	133	127	137	115
Greengrocers .. .. .	161	134	106	99
Public Houses .. .. .	111	111	111	111
Canteens .. .. .	106	88	106	101
Nursing Homes, Day Nurseries and O.P.H. .. .. .	29	25	29	35
Fried Fish .. .. .	61	55	61	56
Fresh Fish .. .. .	40	39	40	39
Cafes .. .. .	136	128	136	132
Cake Shops .. .. .	130	100	87	84
Off Licences .. .. .	42	39	42	37
Snack Bars .. .. .	50	50	50	48
Bakeries .. .. .	18	18	18	18
Private Clubs .. .. .	26	22	26	24
Supermarkets .. .. .	21	18	21	18
Restaurants .. .. .	57	51	57	53
Kiosks .. .. .	32	24	30	24
Delicatessens .. .. .	20	18	20	15
Hotels, Guest Houses .. .. .	340	296	240	324
Ice Cream Parlours .. .. .	4	4	4	4
TOTALS .. .. .	2,108	1,902	1,906	1,761

Portsmouth's Common Lodging House's lengthy existence looks like terminating as the premises may be acquired by the local authority. Much depends on whether the common lodging-house keeper can acquire suitable alternative accommodation which will conform with the requirements of the byelaws operated by the Public Health Department, be so disposed as to gain planning consent, house his lodgers and yet be within the scope of the finances at his command. The fact remains that the present building is literally bowed with age and without large scale rehabilitation will deteriorate to the point where registration is refused.

The public health inspectorate would be glad to receive Ministry guidance on the problem of transport cafes having dormitories for lorry drivers over. Having regard to the definition of common lodging-house in the Public Health Act, 1936, this type of dormitory can scarcely be subject to byelaws designed during the hey-day of the traditional type lodging house. Portsmouth has at least one transport cafe catering for the one night stay for the long distance driver. The problem is to find a code of practice and standard of accommodation which are legally enforceable.

(a) **Milk Supplies—*Brucella abortus***

(i) Number of samples of raw milk examined—Nil.

*Note:*—Two specimens of cream were submitted for *B. abortus* following up a case of brucellosis.

(b) **Liquid Egg (Pasteurisation) Regulations 1963**

No egg pasteurisation plant in the district.

(d) **Poultry Inspection**

No poultry processing.

## UNSOUND FOOD SURRENDERED OR CONDEMNED

	<i>tons</i>	<i>cwts.</i>	<i>lbs.</i>
Meat at wholesale premises .. ..	3	16	4
Meat at retail shops .. ..	1	10	0
Canned meats .. ..	2	19	69
Other canned foods .. ..	1	15	10
Cooked meat and meat products .. ..		3	61
Fish (fresh) .. ..	1	4	1
Fruit and vegetables (fresh) .. ..	8	1	49
Other foods .. ..	6	2	13
<b>TOTAL .. ..</b>	<b>25</b>	<b>12</b>	<b>3</b>

## FOREIGN MATTER AND MOULD

<i>Commodity</i>	<i>Foreign Matter</i>		<i>Mould</i>
	<i>Number Home Produced</i>	<i>Number Imported</i>	<i>Number</i>
Milk .. ..	7	—	—
Butter .. ..	—	2	—
Cheese .. ..	—	—	4
Bread .. ..	15	—	13
Canned Meat .. ..	3	6	4
Cooked Meat .. ..	8	—	9
Meat Pies .. ..	6	—	10
Fish .. ..	5	—	8
Fruit .. ..	1	2	—
Jam .. ..	2	1	—
Vegetables .. ..	4	1	4
Cereals .. ..	2	—	1
Sweets .. ..	2	—	1
Confectionery .. ..	6	—	8
Other Food .. ..	36	1	11
<b>TOTALS .. ..</b>	<b>97</b>	<b>13</b>	<b>73</b>

Number of prosecutions under Section 2 of the Food and Drugs Act 1955—4.

## INSPECTION OF FOOD PREMISES, ETC.

School meal kitchens .. ..	72
Milk and dairies .. ..	184
Ice cream retailers .. ..	181
Ice cream factories, depots .. ..	55
Tripe boilers .. ..	1
Bakeries .. ..	214
Fish fryers, fishmongers .. ..	182
Fish wholesalers .. ..	199
Restaurants, cafes, factory canteens, etc. .. ..	711
Greengrocers .. ..	237
Grocers and supermarkets .. ..	1,030
Butchers, retail and delicatessen .. ..	444
Butchers, wholesale .. ..	327
Bread and cake shops and sweetshops .. ..	330
Preserved food premises—Sect. 16 .. ..	280
Shellfish vendors .. ..	10
Soft drink manufacturers .. ..	1
Market stalls, vans, milk floats .. ..	1,089
Potato crisp manufacturers .. ..	4
Breweries .. ..	1
Public houses and off licences .. ..	207
Hotels and guest houses .. ..	89
Confectioners, wholesale .. ..	4
Proposed restaurants .. ..	12
Miscellaneous (clubs, nursing homes, kiosks) .. ..	68



## INSPECTION AND SUPERVISION OF FOOD

**Food and Drugs Act, 1955**

During the year, 1,488 samples were purchased or taken. 48 were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory, or 3·2% compared with 5·4% in 1967.

The adulterated, incorrectly labelled or otherwise unsatisfactory samples were dealt with by either accepting firms' undertakings, or caution.

**Milk (Special Designation) Regulations, 1963, as amended**

27 Dealer's (Pre-packed Milk) Licences were issued, authorising the use of the following special designations:—

Pasteurised—16

Sterilised—6

Ultra Heat Treated—5

517 samples of designated milk were submitted for testing, and the following table shows the results of the tests:—

<i>Designation</i>	<i>No. Taken</i>	<i>Failures</i>	
		<i>Methylene Blue Test</i>	<i>Phosphatase Test</i>
Pasteurised .. .. .	181	2	1
Pasteurised School .. .. .	87	8	1
Channel Island (Pasteurised) .. .. .	137	2	1
Sterilised .. .. .	49	—	—
Untreated .. .. .	49	—	—
Ultra Heat Treated .. .. .	14	—	—

**Milk**

853 samples were taken during the year. 2 samples were subsequently criticised. A further 64 samples were below the presumptive limits of the Sale of Milk Regulations, but were reported genuine, following the freezing point depression test. Of this total number of milks, 356 represented milk supplied by producers to processors within the City.

2 consignments of ex-farm milk from different producers were found to contain added water. The quantity varied from a trace to 7·8%. Follow-up samples were subsequently found to be satisfactory.

**Antibiotics in Milk**

Of 364 samples submitted for testing, 334 gave negative results. The 30 positive results showed:—

27 at less than 0·05 i.u. per ml.

3 at greater than 0·05 i.u. per ml.

**Ice Cream—Food and Drugs Act, 1955, Section 16**

30 premises were registered for the sale of ice cream.

65 samples, comprising 63 ordinary and 2 dairy ice creams, were taken

and examined for hygienic quality, with the following results:—

- 41 samples—Grade I
- 14 samples—Grade II
- 3 samples—Grade III
- 7 samples—Grade VI

### **Medicines**

107 samples were taken. Of this number, 8 were criticised as not being in accordance with requisite legislation or standards. 66 samples represented medicines normally dispensed on prescription.

### **School Meals Service**

During the year 45 samples were submitted for analysis.

### **Trades Description Act, 1968**

#### **Merchandise Marks Act, 1926, and Orders in Council made Thereunder**

90 visits were made to business premises to see that the provisions of the above were being adhered to.

### **Port Health**

Test samples of 9 consignments of foodstuffs unloaded at the Port were submitted for analysis. No adverse reports were made.

### **Water**

409 samples of water were taken. This number represents:—

- 16—City Supply Waters
- 238—Swimming Pool Waters
- 60—Paddling Pool Waters
- 95—Sea Waters

### **Washed Milk Bottles**

276 samples were taken from the two processing dairies within the City.



**FACTORIES ACT 1961**Prescribed Particulars of the Administration  
of the Factories Act, 1961**Part I of the Act**

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	25	36	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	682	840	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL ..	707	876	12	—

## 2—CASES in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	14	8	—	2	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	1	—
Ineffective drainage of floors (S.6) .. ..	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective .. ..	22	22	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) .. ..	9	9	—	—	—
TOTAL .. ..	47	41	—	4	—

**Outwork****(Sections 133 and 134)**

Section 133. No. of out-workers in August list required by Section 133(1)(c). Wearing apparel: making, etc., 103.



## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The application of this Act was carried out formerly by a complete and individual team within the Inspectorate comprising one Senior Inspector and three technical assistants. Early in 1968 the statutory work was absorbed by the district public health inspectors whilst the technical assistants were given training in additional duties outside the Act, but continuing to do the non-statutory work under the Act. This has provided a wider horizon for the assistants besides being a sensible redeployment of staff. Greater surveillance is provided by a patrolling staff visiting more than one type of premises.

### Registration of Premises

It is not possible to estimate the percentage of un-registered premises in the City. The constantly changing pattern of business life makes keeping track of numbers impossible, largely due to the many alterations of business names. The facility with which a group of people operating a business can alter the name of the firm is a constant source of amazement to the lay-man—to the official trying to establish responsibility for certain legal requirements it is a nightmare. The law should require more specific identification of the executive of firms and compel any change of name to be accompanied by a re-registration on O.S.R.1.

Occasional discoveries of unregistered premises are made invariably by technical assistants visiting establishments in connection with their newer duties.

### Compliance

Overall compliance with the Act is good. As in other fields of the inspectors' activity compliance depends a great deal upon the individual employer's reaction to compulsion. Only two business firms procrastinated to the point where legal enforcement became necessary. Both prosecutions succeeded. A firm of drapers was fined for not providing sufficient ventilation to a basement workroom and a cafe proprietor was fined for not guarding a slicing machine.

The Department suffered considerable irritation from one stupid situation involving firms on middle and top floors of a building. The middle floor firm lacked sanitary accommodation for female staff and the technical assistant doing the initial inspection advised that the top floor firm be approached for permission to use their female staff convenience, and arrangement which would have satisfied legal requirements for both firms. Unfortunately, the top floor firm had been required to provide a fire escape at considerable expense to themselves. The middle floor firm had access to this escape but when asked to make a proportionate contribution to the cost refused to do so. Naturally they in turn were rebuffed when they asked for access to the required convenience. From this altercation developed a file inches thick. Here again the identification of the responsible firm having control of the whole building was obscured by numerous changes of leaseholder. With a prosecution imminent and visions of High Court appeals the Gordian knot was cut by the middle floor firm paying their contribution towards the fire escape and being granted access to the top floor sanitary accommodation. It would be interesting to know what this dialogue cost in legal fees bearing in mind the fact that had the technical assistant's advice been acted upon in the first instance the whole tedious dispute would have been avoided.

596 informal notices, reminders and seven day letters were issued in regard to contraventions under the Act.



## ANALYSIS OF CONTRAVENTIONS

<i>Section</i>	<i>Number of Contraventions found</i>		<i>Section</i>	<i>Number of Contraventions found</i>	
4	Cleanliness .. ..	48	13	Sitting facilities .. ..	2
5	Overcrowding .. ..	10	14	Seats (Sedentary workers)	1
6	Temperature .. ..	152	15	Eating facilities .. ..	2
7	Ventilation .. ..	38	16	Floors, passages and stairs	237
8	Lighting .. ..	20	17	Fencing exposed parts machinery .. ..	39
9	Sanitary conveniences ..	340	18	Protection of young persons working at dangerous machinery .. ..	0
10	Washing facilities ..	145	19	Training of young persons working at dangerous machinery .. ..	0
11	Supply of drinking water	0	23	Prohibition of heavy work	0
12	Clothing accommodation	45	24	First aid .. ..	176
			50	Information for employees	133
				TOTAL .. ..	1,288

## GENERAL COMPLIANCE

<i>Section</i>	<i>Number of Contraventions complied</i>		<i>Section</i>	<i>Number of Contraventions complied</i>	
4	Cleanliness .. ..	48	13	Sitting facilities .. ..	10
5	Overcrowding .. ..	15	14	Seats (Sedentary workers)	1
6	Temperature .. ..	252	15	Eating facilities .. ..	6
7	Ventilation .. ..	53	16	Floors, passages and stairs	353
8	Lighting .. ..	23	17	Fencing exposed parts machinery .. ..	48
9	Sanitary conveniences ..	445	18	Protection of young persons from dangerous machinery .. ..	0
10	Washing facilities ..	237	19	Training of young persons working at dangerous machinery .. ..	0
11	Supply of drinking water	3	23	Prohibition of heavy work	0
12	Clothing accommodation	107	24	First aid .. ..	264
			50	Information for employees	288
				TOTAL .. ..	2,153

Compliance in general has been good although employers are still finding great difficulty in obtaining suitable modifications to machinery.



**TABLE A**  
**REGISTRATIONS AND GENERAL INSPECTIONS**

<i>Class of premises</i>	<i>Number of premises newly registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving one or more general inspections during the year</i>
(1)	(2)	(3)	(4)
Offices .. .. .	51	696	399
Retail shops .. .. .	105	1,646	761
Wholesale shops, warehouses .. .. .	9	131	41
Catering establishments open to the public, canteens .. .. .	14	426	381
Fuel storage depots ..	1	7	1
TOTALS .. .. .	180	2,906	1,583

**TABLE C**  
**ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR**

<i>Class of workplace</i>	<i>Number of persons employed</i>
(1)	(2)
Offices .. .. .	9,304
Retail shops .. .. .	9,716
Wholesale departments, warehouses .. .. .	1,692
Catering establishments open to the public .. .. .	2,595
Canteens .. .. .	163
Fuel storage depots .. .. .	25
TOTAL .. .. .	23,945
Total Males ..	10,485
Total Females ..	13,460

**TABLE D**  
**EXEMPTIONS**

No. of exemptions current at end of year; Sanitary Conveniences and washing facilities 3.  
No. of applications refused Nil.

## TABLE E

## PROSECUTIONS

Two prosecutions were taken during the year under Sections 7 (ventilation) and Section 17 (fencing of unguarded machinery.)

One employer was fined £10 and £5 costs for the Section 7 offence and the other employer was fined £5 and 5 guineas costs for the Section 17 offence.

## TABLE F

## STAFF

No. of inspectors appointed under Section 52(1) or (5) of the Act—15. (Only six inspectors engaged on actual O.S.R. work.)

No. of other staff employed for most of their time on work in connection with the Act—3.

## Registration and Inspection of Premises

180 Premises were registered during the year.

<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering Establishments</i>	<i>Stores</i>	<i>Total</i>
51	105	9	14	1	180

A large majority of new registrations was obtained as the result of visits by inspectorate staff to unregistered premises, only a small number of new businesses being registered without the employers having to be informed by the inspectorate of the necessity to register.



## 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 .. ..	0	0	0	0	0
Transport .. ..	0	1	0	0	0
Falls of persons .. ..	2	21	7	2	0
Stepping on or striking against object or person .. ..	0	3	1	0	0
Handling goods .. ..	0	10	5	1	1
Struck by falling object ..	0	1	1	2	0
Fires and explosions .. ..	0	0	0	0	0
Electricity .. ..	0	0	0	0	0
Use of hand tools .. ..	0	3	0	0	0
Not otherwise specified ..	0	5	1	0	0

## NOTIFICATION OF ACCIDENTS

## 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>Prosecution</i>	<i>Formal warning</i>	<i>Informal advice</i>	<i>No action</i>
Offices .. ..	0	2	1	0	1	0	0
Retail shops ..	0	46	17	0	1	3	13
Wholesale shops/ Warehouses ..	0	13	6	0	0	1	5
Catering establishments open to public, canteens	0	5	2	0	0	0	2
Fuel storage depots	0	1	0	0	0	0	0
TOTALS ..	0	67	26	0	2	4	20

## HOUSING

In 1968 official representations continued with respect to the Clearance Programme for the period 1967-1971, embracing 2,931 houses in 28 areas in Landport.

For 1968 the areas represented were:—

Landport 27  
Landport 28  
Landport 29  
Landport 30

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

Landport 27    Timpson Road No. 1  
                  Timpson Road No. 2  
Landport 28    Foster Road No. 1  
                  Foster Road No. 2  
                  Foster Road No. 3  
                  Foster Road No. 4  
                  Foster Road No. 5  
                  Foster Road No. 6  
                  Foster Road No. 7  
                  Foster Road No. 8  
                  Foster Road No. 9  
Landport 29    Northbrook Street No. 1  
Landport 30    Longs Road No. 1

## LANDPORT 27

## Timpson Road No. 1

No. of houses	.. .. .	140
Gunner Street Nos. 2/4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51 and 53		
Kilmiston Street Nos. 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51 and 53/55		
Lake Road Nos. 196, 198, 200, 202, 204, 206, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 247, 251, 253, 255, 257, 259, 261, 279, 281 and 283		
Terwick Street Nos. 2, 4, 6 and 8		
Timpson Road Nos. 1 and 3		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	134
No. of persons	.. .. .	348
No. of other buildings	.. .. .	2
Lake Road Nos. 249 and 277		

## Timpson Road No. 2

No. of houses	.. .. .	20
Timpson Road Nos. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45 and 47		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	21
No. of persons	.. .. .	50

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on the 29th May, 1968.



## LANDPORT 28

**Foster Road No. 1**

No. of houses	.. .. .	32
Foster Road Nos. 39, 41, 43, 45, 47, 49, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 50, 52, 54, 56, 58, 60 and 62		
Lake Road Nos. 150, 152, 154, 156, 158, and 160		
Victoria Place Nos. 1, 2 and 3		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of other buildings	.. .. .	1
Lake Road No. 144/148		
No. of families	.. .. .	29
No. of persons	.. .. .	86

**Foster Road No. 2**

No. of houses	.. .. .	9
Lake Road Nos. 168, 170, 172, 174, 176, 178, 180, 182 and 184		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	8
No. of persons	.. .. .	22

**Foster Road No. 3**

No. of houses	.. .. .	7
Timpson Road Nos. 2, 4, 6, 8, 10, 12 and 14		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	6
No. of persons	.. .. .	13

**Foster Road No. 4**

No. of houses	.. .. .	6
Timpson Road Nos. 20, 22, 24, 26, 28 and 30		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	6
No. of persons	.. .. .	13

**Foster Road No. 5**

No. of houses	.. .. .	5
Timpson Road Nos. 38, 40, 42, 44 and 46		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	7
No. of persons	.. .. .	19

**Foster Road No. 6**

No. of houses	.. .. .	11
Timpson Road Nos. 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, and 70		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	9
No. of persons	.. .. .	21

**Foster Road No. 7**

No. of houses	.. .. .	14
Church Road Nos. 109, 111, 113, 115 and 117		
Timpson Road Nos. 74, 76, 78, 80, 82, 84, 86, 88 and 90		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	16
No. of persons	.. .. .	62

**Foster Road No. 8**

No. of houses	4
Clarendon Street Nos. 51, 53, 55 and 57 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	4
No. of persons	10

**Foster Road No. 9**

No. of houses	9
Foster Road Nos. 2, 4, 6, 8, 10, 12, 14, 16 and 18 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	9
No. of persons	30

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 4th September, 1968.

**LANDPORT 29**

No. of houses	98
Buckingham Place Nos. 30 and 32 Hertford Street No. 128 (also known as 34 Buckingham Place) Hertford Street Nos. 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, and 150 Mayo Street Nos. 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 and 36 Northbrook Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30 and 32 Sultan Road Nos. 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 184, 186, 188, 190, 192, 194 and 196 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	101
No. of persons	345

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 16th October, 1968.

**LANDPORT 30**

No. of houses	124
Lake Road Nos. 291, 293, 295, 297, 299, 301, 303, 305, 321, 323, 325 and 327 Longs Road Nos. 1, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 2, 4, 6, 8, 10, 12, 16, 20, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44 and 46 Mayo Street Nos. 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, and 43 Sultan Road Nos. 198, 200, 202, 204, 206, 208A, 208, 210, 212, 214, 216, 218, 220, 224, 226, 228, 230, 232, 234, 236 and 238 Turk Street Nos. 2, 4, 1, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29 and 31 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith	
No. of families	121
No. of persons	324

The Census of the number of persons who were occupying the buildings comprised in the Clearance Area was taken on 27th November, 1968.

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

Gunner Street No. 1	Compulsory Purchase Order
Timpson Road No. 1	Compulsory Purchase Order
Northbrook Street No. 1	Compulsory Purchase Order
Longs Road No. 1	Compulsory Purchase Order



### Houses in Old Portsmouth

Following the acceptance of the owners' offers of works, repairs and improvements have proceeded with the exception of No. 1/1a Penny Street and No. 50 St. Thomas's Street.

At the end of the year of the other 14 properties involved:—

No. of properties where work has been completed	4
No. of properties being rebuilt	1
No. of properties where only minor items are outstanding	2
No. of properties where work is still in hand	7
Declaration of Unfitness Orders	Nil

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

Closing Orders	Nil
Demolition Orders	Nil
Undertakings not to be used for human habitation	2
Parts of buildings closed	1
Undertakings to demolish	Nil

The results from 1967's programme are shown in the following table of Public Inquiries which were held during 1968:—

<i>Local Public Enquiry</i>	<i>Date</i>	<i>Result</i>
City of Portsmouth (Highfield Street No. 1) Compulsory Purchase Order 1967	24. 1.1968	Confirmed with modification by Minister of Housing and Local Government on 29.5.68
City of Portsmouth (Glidden Street No. 1) Compulsory Purchase Order 1968	21. 8.1968	Confirmed with modification by Minister of Housing and Local Government on 30.12.68
City of Portsmouth (Newcastle Street No. 1) Compulsory Purchase Order 1968	15.10.1968	Awaiting confirmation
City of Portsmouth (Fifth Street No. 1) Compulsory Purchase Order 1968	26.11.1968	Awaiting confirmation

### Orders Confirmed by Minister of Housing and Local Government

City of Portsmouth (Highfield Street No. 1) Compulsory Purchase Order 1967	Confirmed with modification by Minister of Housing and Local Government on 29.5.1968
City of Portsmouth (Glidden Street No. 1) Compulsory Purchase Order 1968	Confirmed with modification by Minister of Housing and Local Government on 30.12.1968

### Wisborough Road No. 1 Compulsory Purchase Order 1968

This Order was re-submitted as the City of Portsmouth (Napier Road No. 1) Clearance Order 1968 and was subsequently confirmed by the Minister of Housing and Local Government on 11.10.1968.

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

Claxton Street	Elm Road	Grafton Street
Commercial Road	Emanuel Street	Milford Road
Curtis Terrace	Gladstone Street	Railway View
Dickens Road	Grafton Avenue	



Towards the end of the year a pilot survey was commenced in Portsea and Southsea to ascertain the condition of the living accommodation in the following streets:—

Bighton Cottages	Exmouth Road	Napier Road
Wilton Terrace	Garden Terrace	Norfolk Street
Brougham Road	Gloucester View	St. James's Road
Dean Street	Green Road	St. Vincent Road
Duncan Road	King Street	Wilton Place
Eldon Street	Lennox Road North	

### Improvement Areas

Inspection of the Southsea Improvement Area continued and the detailed survey of the houses included in the proposed Southsea Nos. 5, 6, 7, 8 and 9 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>	<i>Vacant</i>
Southsea No. 5 Improvement Area (Edmund Road No. 1 Improvement Area) ..	25	27	—
Southsea No. 6 Improvement Area .. (Sutherland Road No. 1 Improvement Area) ..	53	40	6
Southsea No. 7 Improvement Area (Sutherland Road No. 2 Improvement Area) ..	42	38	2
Southsea No. 8 Improvement Area (Bramble Road No. 1 Improvement Area) ..	29	52	2
Southsea No. 9 Improvement Area (Bramble Road No. 2 Improvement Area) ..	28	27	—

#### Dwellings having all amenities:—

Southsea No. 5 Improvement Area (Edmund Road No. 1 Improvement Area) ..	31
Southsea No. 6 Improvement Area (Sutherland Road No. 1 Improvement Area) ..	29
Southsea No. 7 Improvement Area (Sutherland Road No. 2 Improvement Area) ..	27
Southsea No. 8 Improvement Area (Bramble Road No. 1 Improvement Area) ..	36
Southsea No. 9 Improvement Area (Bramble Road No. 2 Improvement Area) ..	22

#### Dwellings in Council ownership:—

Southsea No. 5 Improvement Area (Edmund Road No. 1 Improvement Area) ..	4
Southsea No. 6 Improvement Area (Sutherland Road No. 1 Improvement Area) ..	3
Southsea No. 7 Improvement Area (Sutherland Road No. 2 Improvement Area) ..	Nil
Southsea No. 8 Improvement Area (Bramble Road No. 1 Improvement Area) ..	Nil
Southsea No. 9 Improvement Area (Bramble Road No. 2 Improvement Area) ..	Nil

#### Dwellings in Multiple Occupation:—

Southsea No. 8 Improvement Area (Bramble Road No. 1 Improvement Area) ..	1
Southsea No. 9 Improvement Area (Bramble Road No. 2 Improvement Area) ..	1

#### Analysis of Dwellings lacking the 'five standard amenities':—

(Southsea No. 5 Improvement Area

(Edmund Road No. 1 Improvement Area)

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom ..	8	3
Dwellings lacking a wash hand basin .. .. .	12	5
Dwellings lacking a hot and cold water supply to a fixed bath or shower .. .. .	8	3



Dwellings lacking a hot and cold water supply to a wash hand basin .. .. .	17	11
Dwellings lacking a hot and cold water supply to a sink ..	14	5
Dwellings lacking an internal water-closet .. .. .	11	4
Dwellings lacking satisfactory facilities for storing food ..	19	24

**Southsea No. 5 Improvement Area**  
(Sutherland Road No. 1 Improvement Area)

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom ..	47	17
Dwellings lacking a wash hand basin .. .. .	51	24
Dwellings lacking a hot and cold water supply to a fixed bath or shower .. .. .	50	16
Dwellings lacking a hot and cold water supply to a wash hand basin .. .. .	52	28
Dwellings lacking a hot and cold water supply to a sink ..	45	12
Dwellings lacking an internal water-closet .. .. .	53	29
Dwellings lacking satisfactory facilities for storing food ..	53	37

**Southsea No. 7 Improvement Area**  
(Sutherland Road No. 2 Improvement Area)

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom ..	31	5
Dwellings lacking a bath or shower elsewhere .. .. .	—	2
Dwellings lacking a wash hand basin .. .. .	33	16
Dwellings lacking a hot and cold water supply to a fixed bath or shower .. .. .	35	9
Dwellings lacking a hot and cold water supply to a wash hand basin .. .. .	35	24
Dwellings lacking a hot and cold water supply to a sink ..	22	14
Dwellings lacking an internal water-closet .. .. .	33	13
Dwellings lacking satisfactory facilities for storing food ..	40	35

**Southsea No. 8 Improvement Area**  
(Bramble Road No. 1 Improvement Area)

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom ..	20	16
Dwellings lacking a wash hand basin .. .. .	25	23
Dwellings lacking a hot and cold water supply to a fixed bath or shower .. .. .	20	14
Dwellings lacking a hot and cold water supply to a wash hand basin .. .. .	28	34
Dwellings lacking a hot and cold water supply to a sink ..	14	14
Dwellings lacking an internal water-closet .. .. .	20	37
Dwellings lacking satisfactory facilities for storing food ..	25	44

**Southsea No. 9 Improvement Area**  
(Bramble Road No. 2 Improvement Area)

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom ..	20	10
Dwellings lacking a bath or shower elsewhere .. .. .	1	4
Dwellings lacking a wash hand basin .. .. .	19	11
Dwellings lacking a hot and cold water supply to a fixed bath or shower .. .. .	20	8
Dwellings lacking a hot and cold water supply to a wash hand basin .. .. .	22	15
Dwellings lacking a hot and cold water supply to a sink ..	14	8
Dwellings lacking an internal water-closet .. .. .	18	12
Dwellings lacking a water-closet in the curtilage and readily accessible from the dwelling .. .. .	1	3
Dwellings lacking satisfactory facilities for storing food ..	25	22

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 remaining areas approved in principle which included:—

Chetwynd Road, Darlington Road, Fawcett Road and Lawrence Road.

Houses considered for purchase in Advance of Requirements:—7.

### **Housing Act 1957**

Number of inspections 2,298

Number of visits 3,680

Number of inspections re: demolitions 3,075

### **Housing Act 1964**

Number of inspections 1,205

Number of visits 1,919

### **Improvement Grants**

Informal applications for Standard Grants 110  
(from 1.1.68 to 29.2.68)

Informal applications for Discretionary Grants 17  
(from 1.1.68 to 29.2.68)

Formal applications for Standard Grants 91

Formal applications for Discretionary Grants 22

Completion Certificates for Standard Grants 238

Completion Certificates for Discretionary Grants 38

### **Houses in Multiple Occupation**

In July 1968 a start was made on the detailed survey of houses in this type of occupation, and the areas chosen for this survey were those where the City Engineer's Department were dealing with the provision of means of escape in case of fire as also required under the Housing Act 1961.

The Corporation standards for Houses in Multiple Occupation were applied to all such properties and it was found that out of 104 houses inspected only 2 fully met the required standards.

27 Intimation letters regarding defects and/or missing amenities were sent to the respective owners but no formal action has as yet been instituted in view of the implications of the proposed Housing Bill which is expected to become operative next year when special grants will be available to owners to assist them in bringing the premises up to standard.

### **Housing Act 1961**

Number of inspections 104

Number of visits 431

### **New Buildings**

630 Inspections were carried out in regard to the issuing of Occupation Certificates.

214 Occupation Certificates in respect of 582 dwellings were issued.



**RENT ACT, 1957****FIRST SCHEDULE****Part I—Applications for Certificates of Disrepair**

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

**Part II—Applications for Cancellations of Certificates**

7. Applications by landlords to Local Authority for cancellation of certificates		1
8. Objections by tenants to cancellation of certificates	.. .. .	Nil
9. Decisions by Local Authority to cancel in spite of tenant's objections	.. .. .	Nil
10. Certificates cancelled by Local Authority	.. .. .	1
Inspections	6	
Visits	14	

**CLEAN AIR ACT, 1956 AND 1968**

The monitoring of the air at five air pollution stations, passed into its sixth year. The results issued from Warren Springs Laboratory, shows that Portsmouth compares unfavourably with similar towns being investigated and the evidence points to the fact that the chimneys of private dwelling houses are undoubtedly the prime factor in the pollution that Portsmouth experiences. It is evident that the environmental improvements proposed in the City would be detracted from if smoke control was not insisted upon in the same areas. It is my intention to press for the implementation of the Clean Air Acts and to place before the Committee a report giving the reasons why Smoke Control Areas should be made in the City to a patterned programme.



## PEST CONTROL

### Suspect Drains

A great deal of time has been consumed in the tracing of rat runs from defective drainage systems. Reports of rodent activity indicated by the sudden appearance of exits in lawns, back gardens, tarmac and a variety of other surfaces were followed up by baiting to kill any rodents present. This was succeeded by smoke testing of the nearest drainage systems. The linking of defective drainage systems with new rat workings is made obvious by the fact that in 1968, of the 28 drains tested for suspect rat egress, 27 were proved to be defective. The expense of repairing old and defective drainage underneath newly built properties and recently laid surfaces like lawns, tarmac, etc., could be avoided by the more thorough sealing off of old, disused or war-damaged drainage systems from the sewers, preferably at the curtilage of the premises, and in 1969, vigorous representations will be made to see that this is done before contractors start using new sites.

### Pigeon Control

One of the most successful operations in pigeon control, and one which proved to be a real money saver for the Corporation was the repelling of pigeons from roosting on the front and South elevations of the Guildhall. A very expensive item of the Guildhall maintenance in past years was that for cleaning the approaches to the Guildhall entrances which were heavily fouled by pigeon faecal deposits. Estimates for proofing the front elevation alone submitted by private firms were very high. The Health Department undertook to carry out the work at a considerably lower figure and proceeded to the laborious task of cleaning all ledges and caps of columns on the front elevation prior to extruding a bird repellent jelly in strips. After the front elevation was treated it was found that there was enough money in hand from the estimate to similarly treat the South elevation. Both treatments have been highly successful and have saved the Corporation well over £1,000. This proofing will be extended to the North elevation in 1969.

In other districts of the City the very necessary anti-pigeon campaign continued with varying degrees of success according to whether the roosting places could be ascertained and trappings carried out.

### Rodent Control

This mainstay of pest control work was conducted on similar lines to previous years. One disquieting feature became noticeable in 1968 when mice resistant to Warfarin were found in the City. Fortunately they were susceptible to other rodenticides, and the resistance to Warfarin was not found in rats so far.

Routine surveys and treatment of the one refuse tip, and of demolition areas, foreshores, sewage disposal stations, allotments and open areas were carried out.

The treatment of the City's sewers was conducted as before in liaison with the Ministry of Agriculture, Fisheries and Food, 1968's activity was confined to the Southern area of Portsea Island designated South Island, because previous treatment of the North Island, and mainland sewers resulted in minimal takes indicating an almost complete eradication of rats from the sewers. The overleaf summary Chart 'A' shows the work carried out and the excellent results obtained. Reinfestation can easily occur, it is therefore of paramount importance that there should be no relaxation in treatment and constant vigilance.

Chart 'B' shows the drop in the number of 'takes' from 1965—1968.



**Mobile Exhibition**

A mobile exhibition of live rats, bugs and fleas to enable people to identify these household pests was arranged by the Department and visited most areas of the City. Interesting slides showing the natural habitat and activities of the vermin aroused further interest, and the whole venture was of proven value as a large number of calls for advice and treatment of premises resulted in the weeks following the exhibition.

No report on this particular field of work would be complete without comment on the way in which Mr. Jones, Pests Officer and his operators engaged on the arduous and often unpleasant tasks of disinfestation and disinfection have carried out their duties. Their efficiency, adaptability and cheerfulness deserve special praise.

The overleaf charts indicate the summarised work of disinfestation on all pests. (Chart 'C' and 'D'.)

## PORTSMOUTH SEWERS—SUMMARY OF TREATMENTS

CHART 'A'

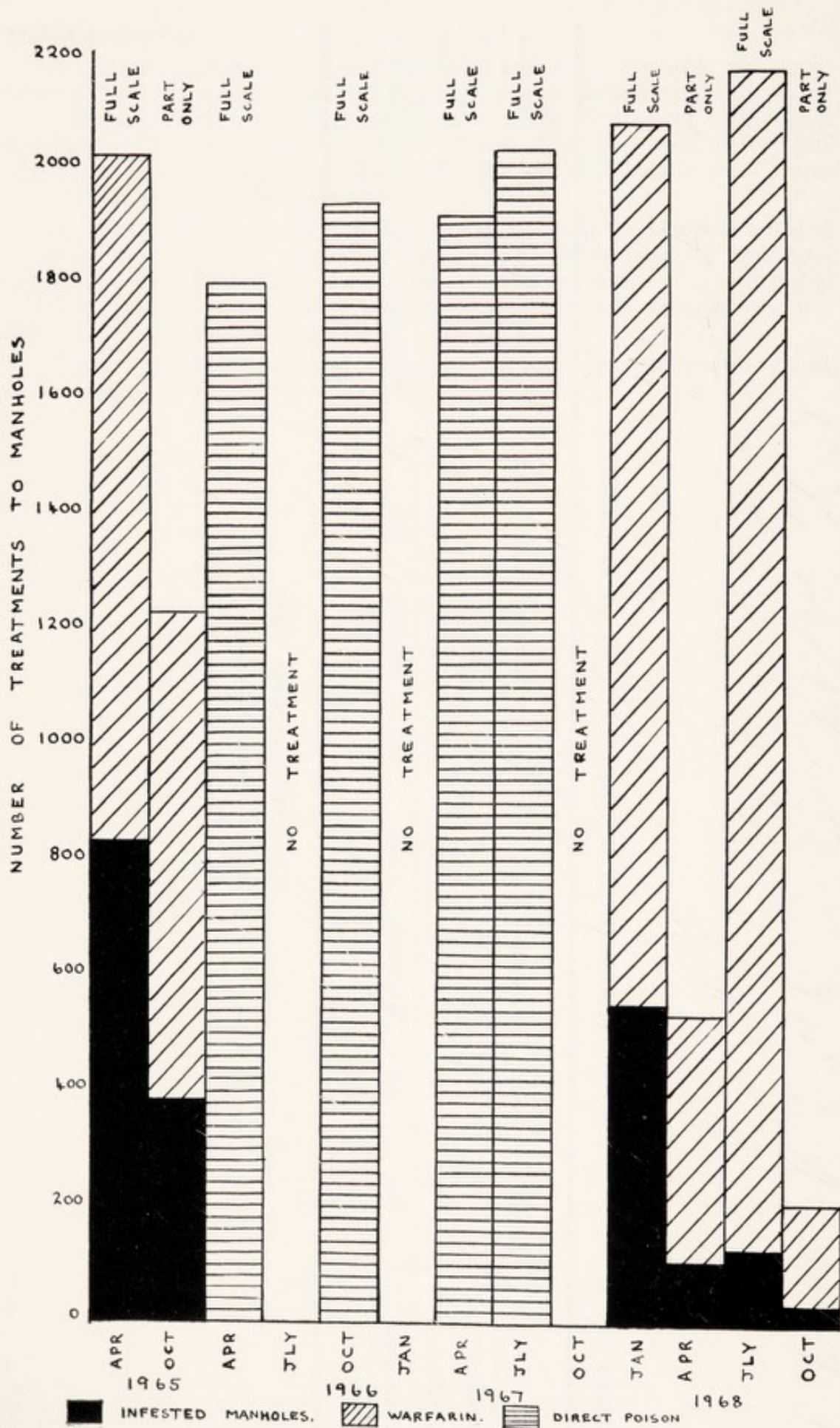
	April 1968		July 1968		October 1968		January 1969	
	Baited	Takes	Treatments	Baited	Takes	Treatments	Baited	Takes
Mainland ..	0	0	0	88	Nil	Test Bait	Nil	Nil
North Island ..	0	0	0	52	Nil	Test Bait	Nil	Nil
South Island ..	544	104	Warfarin	2,164	132	Warfarin	204	24
TOTALS ..	544	104	—	2,304	132	—	204	24

Total Manholes Baited 3,260

Total Manholes with Recordings 4,255

Total Takes 292





## CHART C

**\*Disinfestation**

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cockroaches</i>
Dwellings Dwellings (L.A.) .. } .. }	75	520	—	8
Other Premises (L.A.) ..	1	23	—	6
Business Premises ..	2	22	—	20

**Rooms Treated**

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cockroaches</i>
Dwellings Dwellings (L.A.) .. } .. }	246	520	—	20
Other Premises (L.A.) ..	2	23	—	6
Business Premises ..	3	22	—	45

\*Rechargeable work.



## CHART D

## PEST CONTROL

## (1) Complaints Received—2,004

	<i>Rats</i>	<i>Mice</i>
Dwellings .. ..	589	682
*Business Premises ..	176	223
Local Authority ..	137	72

## (2) Surveys Carried Out—1,281

	<i>Rats</i>	<i>Mice</i>
Dwellings .. ..	273	262
*Business Premises ..	27	23
Local Authority ..	113	13

## (3) Examination of Drains—

<i>Tested</i>	<i>Found Defective</i>
28	27

\*Rechargeable work.

## REPORT ON CLEANSING SERVICES

The weekly collection of domestic refuse was maintained in 1968. During the year the service was re-organised to implement the Incentive Bonus Scheme in conjunction with the introduction of new larger capacity, continuous ram, refuse collecting vehicles.

This re-organisation resulted in some inconvenience to the members of the public but with good will prevailing complaints were few.

At Christmas for the first time an additional bonus in lieu of overtime was paid to the refuse collection staff which proved agreeable to the men and had the effect of clearing the excess refuse which arises at this time of the year much earlier than normally.

The labour force necessary to collect the city's domestic refuse was stabilised at 67 men who removed approximately 300 tons of refuse per day.

Controlled tipping continued at Milton Lake during the year and in this period two additional pieces of plant, a bulldozer and a mechanical shovel, both on tracks, were purchased. A total of 3 machines were used in levelling and covering the tip and maintaining the roads.

Regular visits by the Pest Control Officers and spraying of the tip during the summer months to control the fly nuisance were carried out.

A staff of 70 manual sweepers and 5 mechanical sweepers carried out the work of street cleansing. The average citizen is still not litter conscious and although an Anti-Litter Week was held in Portsmouth in July which was officially 'launched' by the Lord Mayor, it would not be true to say that it had a marked effect. The problem of dumping of unwanted articles including cars on the many open spaces in the City still remained unsolved and there was no significant improvement with the introduction of the Civic Amenities Act.



## PORT HEALTH AUTHORITY

*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 1968.

### Section I—Staff

TABLE A

<i>Name of Officer</i>	<i>Nature of Appointment</i>	<i>Date of Appointment</i>	<i>Qualifications</i>	<i>Any other Appointments held</i>
P. G. ROADS	Port Medical Officer of Health	1.9.59	M.D., D.P.H.	Medical Officer of Health and Principal School Medical Officer of Health
W. MEREDITH	Chief Port Health Inspector	1.5.67	M.R.S.H., M.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. 181.

*Private:* 8 Burbidge Grove, Southsea. Portsmouth 33325.

### Section II—Amount of Shipping Entering the District during the Year

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number Inspected</i>		<i>Number of ships reported as having or having had during voyage infectious disease on board</i>
			<i>By M.O.H.</i>	<i>By P.H.I.</i>	
Foreign Ports ..	342	108,400	1	182	—
Coastwise* ..	4,548	1,196,431	—	167	—
TOTAL ..	4,890	1,304,831	1	349	—

\*Includes traffic between Southampton, Isle of Wight and Portsmouth

### Section III—Character of Shipping and Trade during the Year

TABLE C

*Passenger Traffic* from foreign ports was negligible. One passenger only is known to have landed during the year.

*Cargo Traffic.* The principal imports were apples, pears, peaches, oranges, and other citrus fruits, cauliflowers, potatoes, fertilizer, raw plastics and timber from France, Italy, Spain, Morocco, Canary Islands, Holland, Sweden, Finland and Brazil.

A considerable traffic exists between Portsmouth and the Channel Islands in potatoes, tomatoes, cauliflowers, lettuces, etc. and tinned milk by way of imports, and building materials, general foodstuffs, spirits and tobacco and general cargo by way of export.

The principal exports to foreign countries were barley, scrap iron and oxide.



**Section IV—Inland Barge Traffic**

There is no inland barge traffic.

**Section V—Water Supply**

1. The water used in the Docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants at the quays.
2. Samples are taken periodically by the Public Health Inspector and forwarded to the City Analyst and the subsequent reports submitted to the Medical Officer of Health.
3. The following precautions are taken before water for drinking purposes is supplied to ships arriving at or leaving the port.

Water is turned on and allowed to run through the hydrants before the hose is connected. Water is also allowed to run through the connected hose in the same way. The hose is then connected to the tank and the quantity of water required is supplied. The hose is then disconnected from the tank. Water is allowed to continue running through the hose for a short while before the supply is turned off. The hose is then replaced in the store where it is locked up safely. Hydrants are also locked and covered and the area in the vicinity of both hydrants and hose pipes is kept scrupulously clean by washing down.
4. Water tanks on ships are inspected after having been flushed out, cleansed, and cement-washed.
5. There are Admiralty water boats controlled by the Admiralty.

**Section VI—Public Health (Ships) Regulations 1966— 1968**

1. List of infected areas

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

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

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



#### 4. Mooring Stations

The following mooring stations have been established, with the concurrence of the Queen's Harbour Master and the Commissioners of Customs and Excise; these are subject to variation by the Commander-in-Chief should the necessity arise.

(a) Outer Mooring Station:

An area about half-a-mile north-west of Mother Bank Spit.

(b) Inner Mooring Stations:

The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings;

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

(2) That a standing exemption from detention has been granted by the Medical Officer of the Port Health Authority in respect of any ship which:

(i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seabords, but reports 'all well' during the voyage, or arrives with no sickness on board unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Health Authority.

(ii) has on board a case of minor infectious disorder.

#### 5. Arrangements for:—

(a) Hospital accommodation. Cases of infectious diseases are removed to East Wing, St. Mary's General Hospital by means of the Municipal Ambulance Service.

(b) Surveillance. Contacts of infectious diseases cases:

(i) Living in the City. If not removed to hospital they are kept under observation by the public health inspectors.

(ii) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised. Accommodation is available at the docks for the medical examination of suspected cases if necessary.

(c) Cleansing and Disinfection. Personnel and clothing are disinfested at East Wing, St. Mary's General Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending examination. Disinfecting of ships is carried out by the staff of the health department.

### Section VII—Smallpox

(1) Cases of smallpox are at present removed to the smallpox hospital at Weyhill Hospital, near Andover.

(2) Cases are conveyed by the Portsmouth Municipal Ambulance Service, the vaccinal state of the ambulance crews being ascertained annually.

(3) The smallpox consultants are Dr. W. B. O'Driscoll and Dr. I. M. MacLachlan. The former can be contacted at East Wing, St. Mary's General Hospital, Portsmouth (Tel. 22331).

(4) Facilities for laboratory diagnosis of smallpox exist, by arrangement with the Portsmouth and Isle of Wight Area Pathological Service, at the Central Laboratory, East Wing, St. Mary's General Hospital, Portsmouth.



**Section VIII—Venereal Disease**

Confidential treatment can be obtained free at the Special Clinic, at St. Mary's General Hospital, West Wing, Milton Road (no appointment needed). Cards giving the above information regarding Outpatient treatment are supplied by the Medical Officer of Health to the Harbour Master for distribution to shipping entering the Port.

**Section IX—Cases of Notifiable and Other Infectious Diseases on Ships****TABLE D**

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

**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. Every effort is made to examine all vessels arriving from abroad. Periodic examinations are made of vessels engaged in coastal traffic only.
2. Bacteriological or pathological examination of rodents can be carried out at the Central Laboratory, East Wing, St. Mary's General 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 the staff of that authority. 10 deratting exemption certificates were issued during the year.
4. When necessary rat guards are placed on ropes between ships and quays.

**TABLE E**

No rodents were destroyed during the year in ships from foreign ports.

**TABLE F**

No deratting or deratting exemption certificates were issued during the year to ships from foreign ports by Portsmouth Port Health Authority because the port is not approved for those purposes. The necessity for a Port Health Inspector to travel to Portsmouth from Southampton is embarrassing to Portsmouth and inconvenient and uneconomic to both Southampton and the shipping lines concerned. The necessary facility should exist in Portsmouth and the necessary application should be made as soon as possible to have Portsmouth made an 'approved port' for the purposes of the Regulations.



**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 .. .. . 33	—	11	11 complied with
Others .. .. . 18	—	—	—
TOTALS .. 349	—	—	11 complied with

**Section XIV—Public Health (Shellfish) Regulations, 1934 and 1948**

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

**Section XV—Medical Inspection of Aliens. (Applicable only to Ports Approved for the Landing of Aliens)**  
(*Not applicable*)

**Section XVI—Miscellaneous. Imported Food Regulations 1968**

These Regulations came into force on the 1st August, 1968. Their purpose is largely to amend the previous Regulations of 1937, to take into account the changes in trade practice brought about by the introduction of containerisation. In so far as the Port is concerned the container revolution in relation to food has not yet hit Portsmouth. Whilst containers are used in traffic to the Channel Islands very little food is imported from the Islands in containers. When this is done the containers concerned are usually unstuffed at the Port.

**Houseboat**

A digression from normal port health inspection occurred in the intriguing case of the houseboat *Tamar*. Located well outside the City boundary but because it floated below the high water mark of tides within the area of the Port Health Authority the houseboat was the responsibility of the City of Portsmouth. To clinch Portsmouth's jurisdiction over it, the *Tamar* was ascertained as being moored within the Custom's Port of Portsmouth as it stood at 1893/4.

An inspection of the boat and investigations of the conditions under which a family of five and a half units were living in severe conditions demanded closure of the boat as unfit for human habitation. Recourse was had to the fact that the vessel could be interpreted as a house under the Public Health Act, 1936 and an Abatement Notice prepared in the Portsmouth Public Health Department, was served by an Inspector from Havant and Waterloo Urban District Council, Health Department. The Court Action following non-compliance with this notice sought to obtain a Closing Order on the boat until such times as the prescribed works should be carried out. On the 8th October, the joint action of the Portsmouth and Havant Authorities met with a successful conclusion when the Havant Magistrates made the necessary Closing Order. Almost immediately the family occupying the houseboat were offered suitable alternative accommodation by the Havant and Waterloo U.D.C. A rare misquotation by the press of the Portsmouth Public Health Inspector's evidence at the Hearing accredited him with having said 'it is a disgraceful condition under which this woman is living. There is a two-year old child aboard and it is extremely dangerous.'

## CITY ANALYST'S DEPARTMENT STAFF 1968

---

### *Public Analyst and Official Agricultural Analyst*

G. B. THACKRAY, B.SC., M.CHEM.A., F.R.I.C.

### *Deputy Public Analyst and Deputy Official Agricultural Analyst*

A. J. HARRISON, M.CHEM.A., F.R.I.C., M.R.S.H.

### *Assistant Analysts*

MISS A. COOK

E. E. J. KING, A.I.S.T., GRAD.R.I.C.

A. R. PERRY, A.R.I.C.

P. J. GILLINGHAM (from 1.7.68)

K. D. DYER (to 5.5.68)

S. W. SWAIN

D. G. WOOLLEY

M. B. ROWE (to 30.6.68)

D. J. WEBSTER (to 30.10.68)

C. J. CATES (from 1.7.68)

M. D. CHILDS (from 13.11.68)

### *Laboratory Steward*

A. PEACOCK

### *Laboratory Attendant*

MRS. F. SHRIMPTON

### *Secretary*

MISS S. M. COOK

### *Clerk/Typist*

MISS H. I. M. HART



## REPORT OF THE PUBLIC ANALYST

The City Analyst's Department,  
Trafalgar Place,  
Portsmouth,  
PO1 5JJ.

*To the Chairman and Members of the Health Committee,*

I have the honour of submitting my third Annual Report dealing with the work of the Department during the year ending 31st December, 1968. In February the Department was for a brief period at full establishment. However, in May Mr. K. D. Dyer resigned after 8½ years service to take up an appointment in industry and in June Mr. M. B. Rowe resigned in order to join his parents in Australia. These resignations left the department with a serious deficiency of trained staff. The department was fortunate, therefore, in obtaining the services of two analysts, Mr. P. J. Gillingham and Mr. C. J. Cates, both of whom settled in well, in spite of having had no previous experience in a Public Analyst's laboratory. After a further period at full establishment an assistant analyst resigned to take a post in industry and was not replaced until December. Such frequent staff changes in a small department are disrupting and the introduction of some services planned for 1968 was delayed.

The expansion of the statutory duties of the Public Analyst during the year presented a serious problem. It became necessary to find methods of analysis more economical in time and effort. Accordingly time was allocated to find rapid and accurate methods of analysis. In particular, papers prepared in the Department on the determination of cyclamates and the identification of food colours were presented at a meeting of the Association of Public Analysts held in the Guildhall in October. Time spent in this way is an investment, since these examinations can now be carried out very quickly on a routine basis.

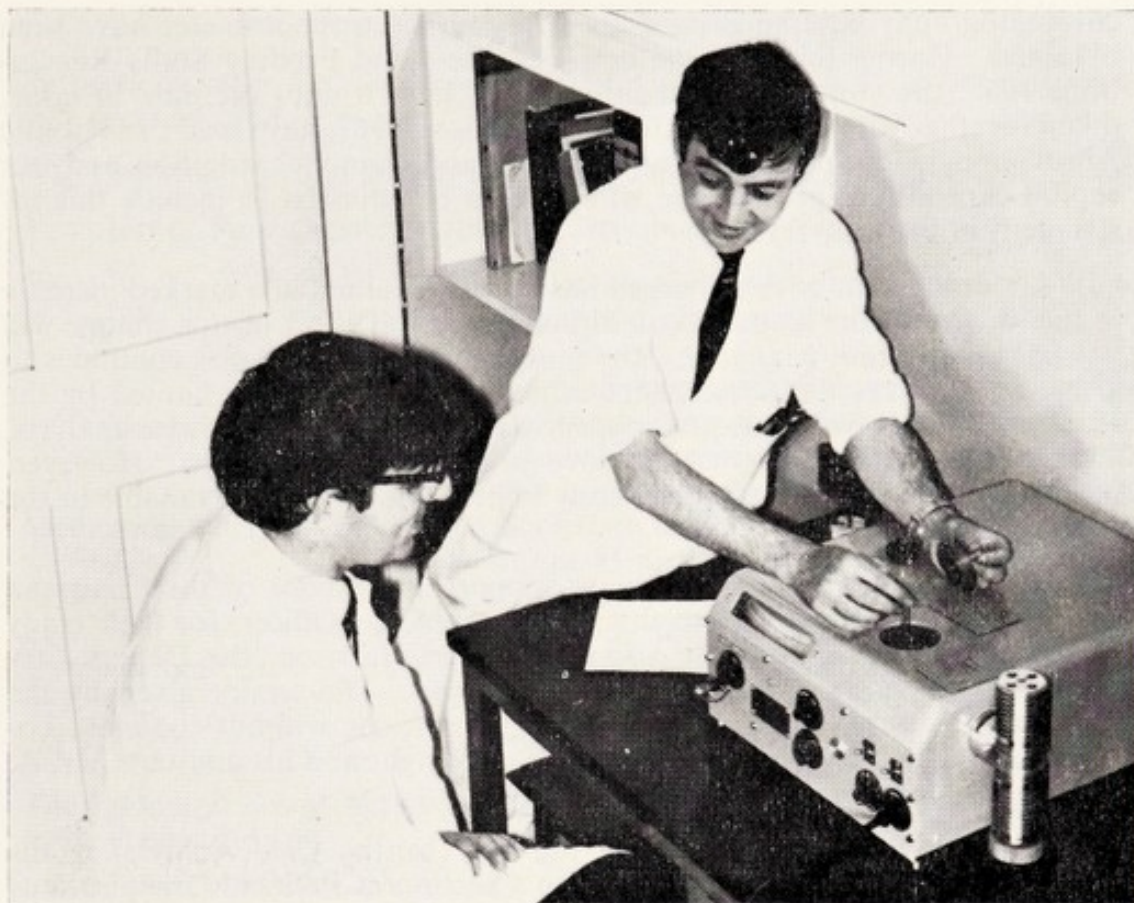
Notwithstanding the staff difficulties I believe I can report a satisfactory year. In addition to the statutory duties the Department continued to be of service to many other departments of the Corporation, including the Museums' Department! Investigations into matters concerning the health of the citizens of Portsmouth were not neglected and this report includes surveys covering the incidence of cobalt in beer, nitrates in baby food and lead in vegetables.

The results obtained on Swimming Pool Waters during 1968 have shown a significant deterioration in the control of some pools compared with previous years. There is a clear indication that, if the bathers and particularly local school children are not to be 'at risk', this section of our public health work must be considerably increased.

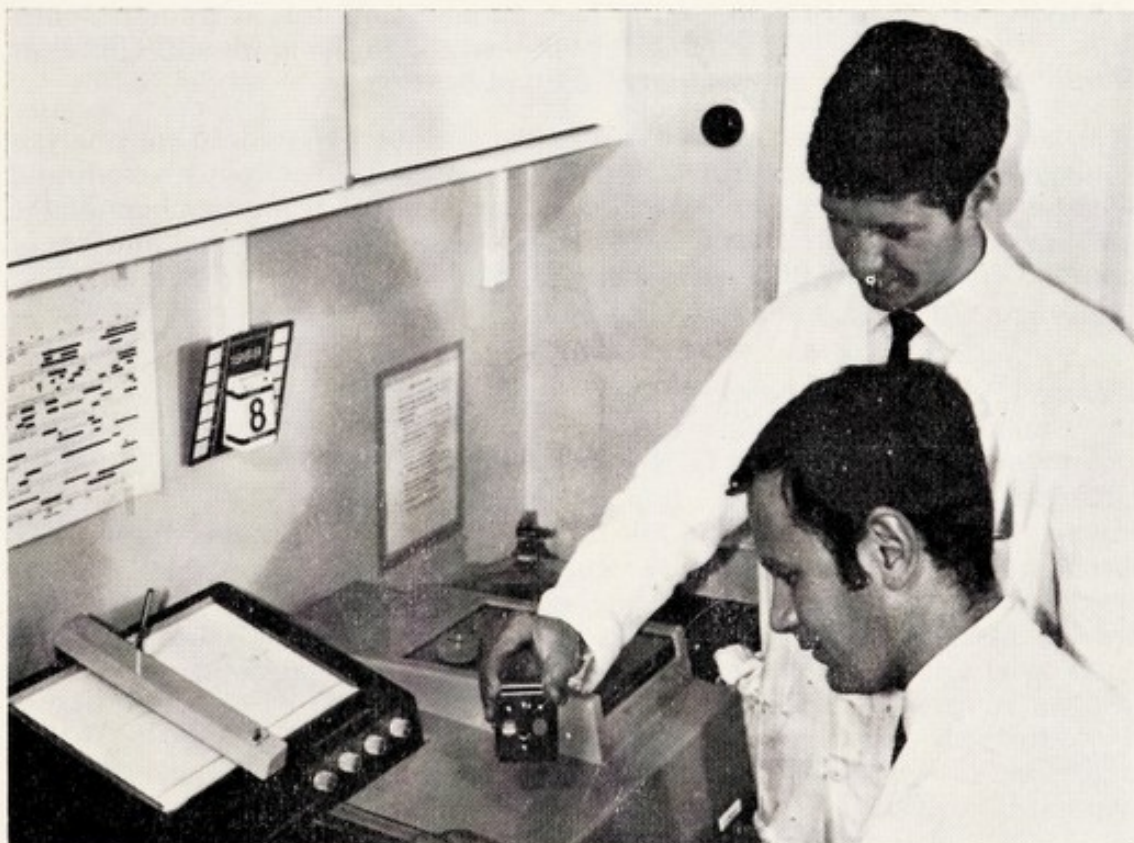
This year has seen the completion of the first two years of the Joint Pesticides Survey; the decision to carry the scheme on a third or fourth year has not yet been taken.

During 1968 a report was presented on the accommodation of the Department, pointing out the inadequacy of the present premises. The ultimate outcome was the inclusion in the Capital Estimates of a sum of money for a purpose-built laboratory. I am now able to look forward to premises worthy of the scientific department of the City of Portsmouth. Capital expenditure on instrumentation continued according to plan and extra gas





Fluorimeter used in the examination of Riboflavin excretion rates in connection with the Nutritional Survey of the Elderly.



Infra Red Spectrophotometer in use for the examination of medicines and toxicological investigations.



chromatography equipment and an infra-red spectrophotometer have been obtained. During this year the new Fertilisers and Feeding Stuffs Regulations 1968, the contents of which were not known until the date of issue, taken together with the Toy (Safety) Regulations 1967, have made an Atomic Absorption spectrophotometer a desirable and economic addition and our capital expenditure programme will have to be adjusted to include this instrument in the near future.

A reassessment of fees charged has already resulted in a marked increase in the income of the Department, although the full effect of this change will not be realised until next year. The number of private samples continues to grow, but the fees the Department can earn are, at present, limited by the accommodation. With adequate supervision from the two graduate analysts, additional junior staff might well prove an overall financial asset. However, such expansion is, at present, severely limited by the space available in the existing premises.

I am grateful for the continuing support and advice of the Chairman and the Committee and wish to thank the other Chief Officers for their ready co-operation. My thanks are also due to Mr. Harrison, the Deputy City Analyst, and to the staff for their loyal service. The service given by the Department to the public could not be so efficient without the close co-operation of the Sampling Officer, Mr. E. J. Wright and his assistant Mr. A. Rose, for which I am very grateful.

Talks have been given during the year by the City Analyst or his Deputy to Young Wives Clubs, Women's Section of Political Organisations and to chemistry teachers from the College of Education. A lecture was also given at the College of Technology as part of the Licensed House Training Course. By arrangement with the Medical Officer of Health for Gibraltar a trainee was seconded to the laboratory to learn the work of the Public Analyst. Mr. J. L. Bruzon was, in fact, an asset and not, as trainees sometimes are, a liability. Close relations between the Portsmouth and Gibraltar laboratories continue and will be of mutual benefit.

Of the 1,488 samples purchased in the City of Portsmouth for analysis under the Food and Drugs Act 1955, 48 (equal to 3.2 per cent.) were found to be criticisable. The number of complaint samples from members of the public was 53 compared with 73 in 1967. A summary of the total number of samples examined in 1968 is set out in Table I at the end of the report.

I am, Mr. Chairman and Members,

Your obedient servant,

G. B. THACKRAY,

*Public Analyst.*



### Changes in Legislation

*Regulations under the Food and Drugs Act 1955, previously reported, coming into effect in 1968.*

The Meat Pie and Sausage Roll Regulations 1967.

#### *New Acts of Parliament affecting the City Analyst's Department*

Medicines Act 1968

replacing in part

The Food and Drugs Act 1955  
as it relates to drugs

Following the proposals set out in the White Paper the appropriate Ministers are given the power to (a) establish a Medicines Commission (b) make Regulations regarding the production and marketing of medicinal and veterinary substances (c) appoint either the Local Authority *or* the Pharmaceutical Society to enforce the Regulations on behalf of the Minister. The Act makes it an offence to sell medicines not of the nature or quality required, and the use of misleading labels and advertisements is also an offence. These sections of the Act replace similar sections in the Food and Drugs Act 1955, which will be repealed (as it affects drugs) from an appointed day. Medicines placed on a 'general sales list' may be sold from any suitable premises. Other medicines will only be allowed to be sold from a Pharmacy. Representations by the Association of Public Analysts have resulted in the inclusion in the Act of a clause enabling a member of the public to submit a sample; this essential privilege was previously available under the Food and Drugs Act 1955. The Minister has not yet taken any action under the Act but it appears to be his intention to make the Pharmaceutical Society the enforcing body at the point of retail sale of drugs not on the 'general sales list', and it may be that the Society will wish Public Analysts to undertake the analysis on a contract basis.

The Trade Descriptions Act  
1968

replacing

The Merchandise Marks Act  
1953

The new Act extends the law with regard to the misdescription of goods to include oral description. It makes enforcement obligatory on all Weights and Measures Authorities and includes provisions for the making of Regulations, enabling standards to be laid down. Informative labelling will now be required. Foods and medicines will not normally be involved, but a large number of other substances may require analysis to ascertain if the trade description is correct. The City Analyst will undertake, on behalf of the Weights and Measures Department, any analyses for which the appropriate equipment is available in the Department.



*Proposed new Acts of Parliament affecting the Public Analyst's Department*

## Legislation on Pesticides

A review of the present voluntary safety arrangements has led the Ministry of Agriculture, Fisheries and Food to replace these arrangements with compulsory measures. The Proposals are somewhat parallel to the Medicines Bill. An advisory Committee will be set up to examine applications for licence to manufacture and market any pesticide formulation and to set up some form of inspection. The present proposal is that three Public Analysts will be selected to examine approximately 200 samples of formulations per year. Your City Analyst feels that such a small number of samples would serve only to monitor new formulations and would not exercise any long term control of manufacturing processes. Provision should also be made for samples to be submitted by members of the public. However, suitably extended, the proposals would be a valuable protection. The proposed Bill does not appear to deal with Pesticide Residues, which will presumably be dealt with under existing Acts.

*New Regulations made under the Food and Drugs Act 1955*The Imported Food  
Regulations 1968

These Regulations which came into effect on 1st August, 1968, make it illegal to import food which is unfit for human consumption, and forbid the import of meat and meat products without an official certificate from the country of origin. The enforcement authorities are in most ports the Port Health Authority and samples are to be submitted to the Public Analyst. It is envisaged that an extension of our present Port Health commitments dealing mostly with pesticide residues on food will result.

The Skimmed Milk with  
Non-Milk Fat (amendment)  
Regulations 1968  
replacingThe Skimmed Milk with  
Non-Milk Fat Regulations  
1960 (as amended)

These Regulations allow for the addition of a number of new products containing non-milk fat to the schedule of those allowed to be sold without displaying the words 'unfit for babies' and became operative on the 26th September, 1968.

The Canned Meat Product  
(amendment) Regulations 1968

amending

The Canned Meat Product  
Regulations 1967

These Regulations come into effect before the Canned Meat Product Regulations which will, therefore, come into force in May 1969 fully amended. The amendments include the total exemption of sliced bacon, the introduction of a new standard for canned, chopped or minced meat, and a restriction on the use of the words 'ready meal' as the sole description of a canned meat product.



The Sausage and Other Meat Product (amendment) Regulations 1968	These Regulations come into effect before the main Regulations which, therefore, come into effect in May 1969 fully amended. The amendments consist of a restriction of the use of the words 'ready meal' as the sole description of a meat product and an exemption for canned meat products sold after removal from the container.
amending	
The Sausage and Other Meat Product Regulations 1967	
The Fish and Meat Spreadable Product Regulations 1968	Coming into force in March 1971 these Regulations prescribe standards for meat and fish pastes, patés, spreads, etc. The standard for meat paste is raised from 55 per cent. to 70 per cent., making both meat and fish paste of the same quality. Potted, chopped or minced meat and fish must both contain 95 per cent. of meat or fish; the word 'spread' is reserved for products containing at least 70 per cent. of a named variety of meat or fish. Standards are also prescribed for brawn and dressed crab, and for potted, chopped, minced or flaked fish (or meat), which contain two varieties of fish (or meat).
replacing	
The Food Standards (Fish Paste) Order 1951 and The Food Standards (Meat Paste) Order 1951	

*Proposed Regulations under the Food and Drugs Act 1955*

Cream Regulations  which will replace	These Regulations will lay down minimum fat contents for various grades of cream and will permit the addition of various substances to some kinds of cream; for example sodium alginate and sugar to 'whipped cream'. The proposed Regulations will apparently require that products having 12—18 per cent. of milk fat be labelled 'half-cream'. Clotted cream is to have a minimum fat content of 55 per cent.; traditional clotted cream from the West Country has a fat content of 65 per cent.; the proposed standard, therefore, seems to be low and representations have been made by the Association of Public Analysts to increase this minimum. No bacteriological standards are laid down but all cream would have to be labelled either 'sterilised', 'pasteurised', 'U.H.T.' or 'untreated'.
The Food Standards (Cream) Order 1951	

*Reports of the Food Additives and Contaminants Committee (sub-committee of the Food Standards Committee)*

Report on Further Classes of Food Additives	The following classes of food additives are not covered by Regulations and have not previously been reviewed by the Food Standards Committee:—acids, bases and buffers, humectants, sequestrants, propellants, glazing agents, anti-foaming agents, anti-caking agents, release agents and firming and crisping agents. The Committee considers that no limits need be laid down
---	--



for most of the above classes of additives proposed to be permitted for use in food, but lays down the general principle that no more shall be added than is necessary to secure the intended technological effect. The pharmacology sub-committee has considered some 135 food additives, those recommended to be permitted are divided into 2 groups. Group A contains all the additives for which all available evidence suggests are suitable for use in foods and Group B those provisionally satisfactory but the use of which should be reviewed after five years when additional information has been collected. In many of the classes of additives considered by the Committee there are enough in Class A, and Class B additives could well have been omitted from the proposed permitted list. If, in five years time, additional information promotes any additive from Class B to Class A the permitted list could be revised. Other proposed additives were not recommended to be permitted, having some evidence of toxicity or insufficient pharmacological information. The number of acids to be permitted (26) seems exceptionally high and some could be omitted with advantage.

**Report on Azodicarbonamide** Azodicarbonamide is a flour 'maturer' which, it is represented, is a considerable technological advance in bread-making. After hearing the views of the relevant Research Associations the Committee were not convinced that there was a need for this ingredient to be added to the permitted bread and flour additives. The pharmacological evidence, although very satisfactory to date, is not entirely complete. The Committee therefore recommends that azodicarbonamide be reconsidered when the Bread and Flour Regulations are revised, probably in 1969.

#### *Reports of the Food Standards Committee*

##### **Soups**

The Report recognises the difficulties of determining meat content of soups and considers that the manufacture (as well as sale) of non-standard soups should be an offence, thereby making inspection at the factory a possible method of enforcement. Powdered soups should be described as soup mixes. The most important varieties of soup should be the subject of legislation, and other soups and soup mixes should be the subject of Codes of Practice. Meat soups



(canned) should be required to contain 6 per cent. of meat. There is some ambiguity in the wording used in this Report, but it seems the intention is that meat soup mixes should be required to have 3 per cent. of meat when made up according to instructions. Standards are also proposed for meat and vegetable soups and poultry and game soups. 'Cream of . . . soup' and 'Cream of . . . soup mix' have proposed standards for total fat and butter fat as distinct from cream soups and soup mixes, which may contain no butter fat but  $3\frac{1}{2}$  per cent. total fat. Other recommendations are restrictions on the use of the word 'condensed' on can labels and that prepared soups should display a list of ingredients.

#### Jams and Other Preserves

The Committee have considered the present Food Standard (Preserves) Order 1953 and propose that few exceptions should be made to the basic standard of 40 per cent. fruit content, that jam, jelly, marmalade, etc. should be defined, and that a permitted list of sugars should be laid down. New forms of packaging have been examined by the Committee, which thinks that the lower total soluble solids now permitted for hermetically sealed packs should also be permitted for seals which are not vacuum seals but are sufficient to preclude the entry of micro-organisms. There should be a new category of preserve, viz. fruit-flavoured curd, not made with fruit or fruit juice. The Committee has considered the proposal of the Association of Public Analysts that the fruit content of jams should be defined as the amount present and not the amount used in preparation. Analysis can only reveal the fruit content and the amount of fruit, stones, pips, skin, etc. which can be reasonably removed in preparation, is very variable. Consequently the present standards are difficult to enforce. The Committee was divided on this issue, but by a majority decided to retain the present system. Changes for mincemeat are recommended and the addition of artificial sweeteners is not recommended to be permitted except for diabetic jams clearly labelled.

#### *New Regulations under the Fertilisers and Feeding Stuffs Act 1926*

The rapid introduction of these new Regulations, issued in February and coming into effect in July, presented the Department with new analytical problems and an unexpected increase in the work load. As urea



The Fertilisers and Feeding  
Regulations 1968

replacing

The Fertilisers and Feeding  
Stuffs Regulations 1960 as  
amended 1962, 1964

is now being used in both fertilisers and feeding stuffs, new requirements include the declaration of urea and new methods of analysis for nitrogen, protein and urea. Herbicides and pesticides when added to fertilisers, and hormones when added to feeding stuffs, must now be declared. A quantitative declaration of minerals added to fertilisers, and magnesium and copper added to feeding stuffs, is required, and a declaration of the amount of coccidiostats and anti-blackhead drugs in feeding stuffs is also required. Other changes include revised definitions and modern methods of analysis. By means of these new Regulations, control can now be exercised over modern commercial practice.

The Public Analysts' legal book of reference over the years has been Bell's 'Sale of Food and Drugs'. Latterly this has been kept up to date by O'Keefe. Recently it seemed appropriate to undertake a complete revision of the text and this was undertaken by O'Keefe, the new volume being issued in 1968. In the introduction these words appear:—

'There is no illusion that has been more persistent than that Food and Drugs administration is a Public Health matter. It is nothing of the sort. It is aimed primarily at protecting the ordinary consumers' desire and the honest traders' standards. It is a constant battle against the debasement of the coinage of nomenclature and detrimental variations and substitutions in food composition.'

There is no doubt that the protection to which O'Keefe refers is now the major part of the work of the Public Analyst. It should not be overlooked, however, that public health considerations brought in the first legislation regarding Food and Drugs and brought the Public Analyst into existence. This aspect of the Public Analysts' work would doubtless return very rapidly should control cease to be effective.

Control at the point of retail sale is, perhaps, no longer sufficient. A significant trend in legislation is the gradual acceptance of the need for sampling at the place of manufacture or processing. The Bread and Flour Regulations 1963 lay down a sampling procedure at the mill. The Mineral Hydrocarbons in Food Regulations 1966 cannot be fully implemented without taking samples of ingredients used in chewing gum manufacture. More recently the Food Standards Committee Reports on Soups and Jams imply that control is more efficient at the factory. Lastly the Medicines Act and the proposed Pesticide Bill embrace the principle of manufacture under licence, which could also imply factory inspection.

It therefore seems possible that eventually Central Government may consider the introduction of a new Food Act making a combination of factory inspection and sampling in the food chain the method of enforcement. Valuable though factory inspection might be, a great deal can happen to food between the factory and the food shop. In order that the customer is properly protected, local sampling at the grocer or restaurant is essential for the protection of the public and local enforcement has much to commend it. The expertise of the Public Analyst will not be easily replaced, and a remote inspectorate could become divorced from the requirements of the housewife and the needs of the consumer. Local Authorities should be prepared to consider carefully and comment on any such proposal.



### Milk

678 samples of ordinary milk and 175 Channel Island milk were examined during the year and all were free from added colour and preservative.

The samples were derived from the following sources:—

419 in pint bottles and cartons obtained from retailers selling to the public;

356 ex-farm milks being delivered to dairies and

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

#### Ordinary Milk

Of the 287 samples of milk contained in pint bottles and cartons, 19 were of poor quality, i.e. free from added water but deficient in solids-not-fat. There was no evidence of the abstraction of cream or the addition of water in these cases.

313 samples of ex-farm milk were taken from churns and tankers immediately upon arrival at the local dairies. Of these, 33 were found to be of poor quality, being deficient in solids-not-fat. One sample taken from a collective bulk milk tanker contained a trace of added water (0.2 per cent.) but further samples were satisfactory.

Of the 78 samples of milk in one-third pint bottles, supplied to schools, 12 were of poor quality being deficient in solids-not-fat.

Mention was made in the 1967 Annual Report of the improvement in many areas of the quality of milk since the introduction of the 'bonus' scheme by the Ministry for higher quality milk but no such improvement had been noticeable in the milk on sale in Portsmouth. This year, however, has shown a considerable improvement in quality with only 9.4 per cent. being deficient in solids-not-fat as compared with 24.3 per cent. in 1967. However, one low figure may occur by chance. It is to be hoped that, when the corresponding figures for 1969 and 1970 are available, a permanent improvement will be found.

The natural seasonal variations in quality follow the same pattern as before as shown in the table below.

Month	Fat per cent.	Solids-not-Fat per cent.	Total Solids per cent.	Number of Samples Examined
January .. ..	3.70	8.53	12.23	36
February .. ..	3.65	8.52	12.17	19
March .. ..	3.61	8.51	12.12	28
April .. ..	3.45	8.63	12.08	35
May .. ..	3.46	8.73	12.19	32
June .. ..	3.61	8.70	12.31	30
July .. ..	3.66	8.63	12.29	39
August .. ..	3.64	8.71	12.35	28
September .. ..	3.70	8.66	12.36	29
October .. ..	3.84	8.59	12.43	30
November .. ..	3.84	8.55	12.39	31
December .. ..	3.76	8.54	12.30	28
Average 1968 ..	3.66	8.61	12.27	365
„ 1967 ..	3.68	8.59	12.27	352
„ 1966 ..	3.71	8.60	12.31	340



*Channel Island Milk*

132 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 the 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>
1967 .. .. .	4.48	3.68
1968 .. .. .	4.50	3.66

In addition, 43 samples of ex-farm Channel Island milk delivered to dairies were examined. Of these, one sample contained 7.8 per cent. of added water. A further sample from this farm was satisfactory.

*Hygienic Quality of Milk*

410 samples of milk were examined by the phosphatase test to check the efficiency of pasteurisation and 3 samples from one dairy failed on different occasions. No satisfactory explanation could be given for the failures and the Authority in whose area the dairy was situated was informed in order that the appropriate action could be taken.

Of the 464 samples of milk examined for keeping quality by the methylene blue test 12 failed. The three dairies concerned were informed and further samples were satisfactory. In one case the dairy rectified the sterilising procedure and undertook to keep a stricter control over their operatives.

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

*Antibiotics in Milk*

During the year, 364 samples of ex-farm milk were examined for penicillin and other antibiotic residues. Penicillin was detected in 27 samples but the amounts were less than 0.05 i.u. per millilitre. However, 3 samples from one farm each contained 0.1 i.u. per millilitre. The farm manager revealed that there had been a lack of co-ordination between the herdsman and his relief and a caution was issued.

**Washed Milk Bottles**

Bacteriological examination of milk bottles after washing and before filling is an indication of the cleanliness and efficiency of a dairy. Once a month a series of washed, unfilled milk bottles are collected from each dairy; the bottles are then taken to the laboratory, where they are examined bacteriologically.

Generally, the two dairies within the City boundary have very good records. There were, however, some poor results in the year from one dairy. Immediate action resulted in an inspection of the whole plant and, with some increase in chlorination of the well water used, the normal high standard was resumed. The total number of washed milk bottles examined during the year was 276.

**Ice Cream***Hygienic Quality*

65 samples of ice cream were examined by the methylene blue test. 7 samples were found to be unsatisfactory from a hygienic (bacteriological) viewpoint but further samples were found to be satisfactory.

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 samples falling into the respective grades during the last three years.

		1968	1967	1966
Satisfactory	Grade 1	63%	76%	51%
Satisfactory	Grade 2	21%	14%	15%
Inferior	Grade 3	5%	8%	13%
Unsatisfactory	Grade 4	11%	2%	21%
		84%	90%	66%

It must be stressed that the above table does **not** imply that 16 per cent. of ice cream sold in the City is of inferior bacteriological quality since manufacturers found to be producing inferior or unsatisfactory quality ice cream are revisited and further samples are taken until the product is satisfactory.



### Foods other than Milk

A steeping tablet supplied with a packet of dried peas and a sample of assorted rock pieces both contained the non-permitted dye Blue VRS. This dye was withdrawn from the permitted list in June 1967; the manufacturers, however, should have been aware of the revised list from September 1966. Two samples of Indian tonic water had suffered undue exposure to light and were consequently deficient in quinine. A jar of asparagus spears was in very bad condition, having an odour of hydrogen sulphide ('bad eggs') on opening, and the inside of the lid was severely corroded. Two samples of fruit juice were, in fact, only soft drinks and contained not more than one third fruit juice; a further sample was, in fact, almost entirely fruit juice but was in very poor condition.

### FOOD COMPLAINTS

53 food complaints made by members of the public in the Portsmouth area were investigated, compared with 73 in 1967.

Members of the public are, understandably, often puzzled by natural phenomena. Analysis of the 'glassy' matter in canned grapes showed it to consist of crystals of potassium hydrogen tartrate, a substance natural to grapes. Likewise the white specks in canned grapefruit segments was naringin, natural to grapefruit. A sample of pilchards showed a very marked green colour, both in the gut and in the flesh. The cause of this colour was the presence of green algae in the gut. Since it cannot be detected until the can is opened, the occurrence of algae in pilchards is, fortunately, both rare and harmless. Many people have noticed a purple colour, particularly marked toward the edge in potato crisps. This is a colouring matter natural to potatoes and, in particular, to a variety of potato beloved of crisp manufacturers.

Other complaint samples contained more reprehensible matter. The bitumen found in a loaf of bread was probably originally on the drive belt used on the machinery; a staple found in a cooked sausage may have come from a packing case. The furry object in a pork croquette was, at first, rather puzzling, having a microscopic appearance similar to a feather but much larger than any seen previously. It proved to be part of a tail feather of a large bird.

A triangular piece of aluminium about  $\frac{1}{16}$ " thick was found in a beef steak and kidney pie. Investigation revealed that a piece of aluminium of this size was unlikely to have been revealed by the metal detector used at the factory. Subsequently an improved detector was installed. Hoof, horn and hide have all been found in meat products.

Perhaps the most interesting complaint sample was a packet of dried milk, the label of which made an exaggerated claim that the powder would dissolve instantly. Not only did the powder not dissolve instantly but a quarter of it did not dissolve at all. Subsequent examination of purchased samples from the same batch showed a high moisture content. The dried milk was either very old or very inadequately stored. There were also criticisms of the label.

The following summary sets out some of the materials identified in other complaint samples.

#### Bread

Mould, copper salts, cadmium plated metal screw, abraded metal, dust, cotton fibres, metal, paper, ferruginous matter, dried grape.



Flour confectionery	Brass 'nut', fragment of wood, nylon finger stall, cotton and wool fibres, wheat chaff, wasp fragments.
Jam	Honey bee.
Flour	Dirt, grit, fibres, wheat seed coat.
Mandarin Oranges (canned)	Bandage.
Peeled Plum Tomatoes (canned)	Larva of house fly.
Meat Pies	Synthetic rubber, mould, bovine hide.
Ice Lolly	Dirt particles.
Sour Cherry Juice	Mould.
Dates	Vegetable debris and sand.
Sweet Corn	Pink corn worm.
Whitfield's Ointment	Splinter of glass.

#### LABELLING OFFENCES

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.	Dried peas.
List of ingredients not declared, in the wrong order or incomplete.	Dairy cream trifle, savoury tomatoes, pizza anchois, milk chocolate powder, angelica.
Incorrect designation of product.	Skinless sausages, white coffee.
Incorrect declaration of vitamins and/or minerals.	Carob flour, rice crispies, Muesli Munch.
Unsatisfactory statutory declaration.	Dried full cream milk.

A sample of mixed salts, recommended for use as a table salt, displayed a claim that it corresponded to the saline content of normal human blood serum. Neither the iron content found, nor that claimed in the declaration (which were different) corresponded in any way with the proportion of iron in the salts of human blood serum. A sample clearly labelled 'skinless sausages' not only had skins but the skins were clearly inedible. The instructions to remove the skins before cooking were not at all prominent on the underside of the pack. It is difficult to imagine how such a product could have been sold for fifteen years in this country without criticism, as the manufacturer claimed. A large manufacturer of breakfast food launched an extensive television advertising campaign and claimed the presence of vitamins in his breakfast foods but failed to display the quantitative vitamin declaration, made necessary by the television advertisement, on the smaller packets of his product. Subsequently the manufacturer submitted all his labels for inspection.

The sample of 'Muesli Munch' claimed the presence of vitamin C but gave no quantitative declaration. The label also claimed that 'no synthetics' were used. This claim proved to be correct in that the vitamin C was extracted from rose hips. This is a rather expensive way of obtaining vitamin C and presumably accounts for the high price of the 'Muesli Munch!' Samples of white coffee purchased from vending machines were found to



contain only 'skimmed milk'. That 'white coffee' implies the use of whole milk has been disputed by some. However, all the owners of the vending machines except one agreed to display the words 'made with skimmed milk' so that no purchaser should be misled. The vendor who refused is a nationalised concern.

#### MEDICINES

Two samples of sal volatile were deficient in ammonia and incorrectly labelled. Both were found to be from very old stock. The pharmacists stated that this commodity is now in little demand and after withdrawing remaining stocks they do not propose to restock. Analysis detected the presence of flavouring in samples of ammoniated tincture of quinine, which is not permitted. Although purchased from different pharmacies both samples were from the same drug house. The contamination was accidental and had gone unnoticed because of the strong smell of ammonia.

#### 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	.. ..	149	132	145	293
Unsatisfactory	.. ..	21	7	20	18
Percentage unsatisfactory		14.1	5.3	13.8	6.1

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

#### ISLE OF WIGHT

The sample-of-the-year was submitted by the above Authority—labelled 'Cheese Gateau' and with an adequate proportion of fat, it was reasonable to assume that it was a normal cheese with added parsley. However, the analyst decided that there was something unusual about the fat and proceeded to determine how much was butter fat. It turned out that less than 1 per cent. of the fat was butter fat. To find a cheese product with skimmed milk and fat other than butter fat was totally unexpected. So the age of sophistication is not yet over, new forms may yet be found. A legal description for such a product was found and the importers agreed to alter the label accordingly. A sample of 'Crackle Cakes' had insufficient butter fat to justify the claim 'made with butter' and the manufacturer was persuaded to alter the label to 'contains butter.' A full fat Ayrshire cheese was inadequately drained but otherwise complied with the Regulations. A sample labelled 'Dany Vanille' was without a list of ingredients or an informative description. It turned out to be a yoghurt-like preparation and the manufacturer undertook to alter the label. The revised label was also inaccurate in that the list of ingredients was in the wrong order. Eventually a satisfactory label was submitted for inspection.

A sample of peeled plum tomatoes did not display an adequate identification of the packer.

A sample of Swiss Dessert from a well-known chocolate firm contained an inadequate list of ingredients; this sample was subsequently examined for and reported to two other authorities. A sample called 'Whole Lemon Drink Triple Concentrated' caused some difficulty. It was reasonable to expect that 'triple concentrate' meant three times as strong as the ordinary citrus squashes.



However three times the sugar content of a citrus squash would be impracticable. The sample was criticised and a completely new product (and label) has now taken the place of the enigmatic 'Triple Concentrate'. Lastly an Instant Low-Fat Skimmed Milk was sold by retail in a container probably intended for sale to catering establishments and accordingly was not correctly labelled.

#### GOSPORT

A milk with 7.5 per cent. added water aroused some consternation. When formal samples were taken, these also had been watered. However, before proceedings could be undertaken the third portion of the sample blew its cork! Since it is necessary to have the third portion to produce in Court, in case the analysis is disputed, no legal action was possible. This Authority also submitted a badly-dented can containing pineapple pieces, the contents of which were entirely satisfactory and—a hardy annual—a can of condensed milk with an incorrect statutory declaration.

#### FAREHAM

Complaint samples of bread contained metal, pieces of cloth and rust. A medicine contained very small fragments of vegetable tissue, probably valerian root. A complaint sample of butter was suspected of rancidity, but was, in fact, rather high in salt content and not rancid. A can of peaches had suffered considerable corrosion and had an objectionable sulphide odour.

Although dented cans must always be considered a hazard, two severely damaged cans of evaporated milk had satisfactory contents. The green specks in a sample of Instant Whip were not mould as was supposed, but specks of dye which had been insufficiently mixed. A can of meat, sold without a label, but with the words 'Stewed Steak' written on the can, was not only inadequately labelled but was grossly deficient in meat content. A cheese with a label in German did not comply with the labelling requirements of the Cheese Regulations 1966 and should have been described as 'Medium Fat Processed Cheese with Ham' in English. A sample of Home Brew Beer Concentrate used generic terms in the list of ingredients, and more seriously, made a general claim for the presence of vitamins without giving any quantitative declaration. Samples of Swiss Dessert and Turkey and Veal Loaf had unsatisfactory lists of ingredients.

Two medicines failed to satisfy the high standard required of medicinal products. Geriatric capsules contained an advertising leaflet which referred to the use of the capsules in the treatment of arteriosclerosis, arthritis and blood pressure, contrary to the British Code of Standards relating to the Advertisement of Medicines. This Code of Standards is designed to prevent the hopes of the more gullible being raised unnecessarily. A sample of multi-vitamin tablets contravened both the Labelling of Food Order 1953 and the Pharmacy and Medicines Act 1941 in that it failed to display the appropriate quantitative particulars of the minerals claimed to be active ingredients. This sample also made misleading claims regarding the value of one of its more exotic constituents.

#### HAVANT

The analysis of jams for fruit content depends on certain rather variable properties of the fruit. As a result, only jams with a very low probable fruit content can ultimately be established as below standard. This seemed to be the case with a sample of Hungarian Apricot Jam. Allowance had been made for the presence of stones in the original fruit—which the manufacturer may weigh as fruit and then remove in the process. The



manufacturer maintained however, that Hungarian apricots are smaller than Western European apricots and have a much larger proportion of stone. Samples of apricots from the 1969 crop are now awaited, in order to verify the manufacturer's statement.

A sample of French Mayonnaise had a voluntary list of ingredients, which were in the wrong order. In November two samples of minced meat were found to contain the preservative sulphur dioxide, not permitted to be added to minced meat, except in Scotland in the summer months. Many samples of meat used for mincing were examined subsequently from the butchers in the area but the source of the preservative has not yet been discovered.

Chutney, curry paste and Swiss Dessert were all incorrectly labelled. A list of contaminants found is given below:—

Bread	Machine lubricant.
Beef and Vegetable Curry	Sand.
Soft Drink	Mould.

### Port Health Samples

9 foods imported at Portsmouth docks during the year included tomato puree, tomatoes and grapefruit. The puree did not contain excessive mould fragments and the tomatoes and grapefruit showed no excessive spray residues.

### School Meals Service

45 samples of a variety of foods derived from School Meals Kitchens were examined.

A sample of haricot beans was found to contain an excessive proportion of spoiled beans and was, therefore, of poor commercial quality. Sympathy must lie, in such cases, with the cook, who having discovered the unattractive appearance of her raw material, has to decide whether to spend an hour or so hand-picking the beans or to serve up the good and bad together, risking complaints from parents and children. On another occasion it was suspected by a Headmistress that the foreign matter from the outer surface of a lid of a school meals container was rodent excreta. However, microscopical examination showed the particles to consist of partially charred food fragments, dust and dirt.

### Pesticide Residues in Food

Pesticide residues in foodstuffs sold in England and Wales have been the subject of a two year survey undertaken jointly by the County Councils Association, the Association of Municipal Corporations, the Urban District Councils Association and the Association of Public Analysts. Samples have been taken of many classes of foodstuffs, covering the major items of diet. The sampling scheme, devised by Rothamstead Experimental Station, was intended to be amenable to statistical evaluation and to provide a mean national dietary intake of pesticide residues.

The second year of the scheme is now complete and the results are at present being correlated. The first year's results have already been correlated, the mean level of dietary intake calculated and this information is published as an interim report. The results show no evidence of any gross contamination. However, only a limited number of foodstuffs are free from pesticides, and certain groups of foodstuffs contained small quantities of residues, particularly the persistent organochlorine pesticides, which do not appear to



be the result of direct spraying, but must have been derived from environmental sources. Since such residues are not directly controllable either by the present 'voluntary' scheme for limiting the use of pesticides or by any future legislation, it is very important to continue to protect the public from such unexpected sources of contamination. In particular it is important to make sure that pesticide residues are not increasing year by year, as might well be the case with organochlorine pesticides.

In general the conclusions of the first year of the survey is that the 'average diet' figures obtained for Lindane (B.H.C.), D.D.T. etc., are well below the 'acceptable daily intake' as calculated by the World Health Organisation and the Food and Agriculture Organisation. However, the dietary level of aldrin and dieldrin is slightly above the 'acceptable daily intake'. When considering these conclusions, it must be borne in mind that a very considerable safety factor (at least 1 to 100) is built in to the assessment of an acceptable daily intake from animal toxicity studies.

Results obtained in the first year of the Survey include a wide range of chlorinated pesticides in lard, many samples containing B.H.C., D.D.T., D.D.E., T.D.E. and dieldrin. B.H.C. was also found in many products including dried milk and vegetables. Apples have mostly shown traces of D.D.T. and related pesticides. Of particular interest in the first Survey year was a sample of home-grown Conference Pears submitted to this laboratory by Fareham U.D.C. which contained, unexpectedly, an acaricide known as Tedion. Many imported foods were found to contain unexpected residues. The use of pesticides in some countries is still in the experimental stage and the nation should be safeguarded against the unwise use of pesticides abroad.

During 1968, 16 samples for pesticide analysis have been received in the Portsmouth Laboratory. In general our results have been very similar to the national pattern as indicated by the Interim Report. Latterly, the Department was allocated a number of samples of a fatty nature which were found to be above reporting levels, confirming that organochlorine pesticide residues tend to accumulate in fatty materials.

The highest residue, which consisted of D.D.T. and its metabolites, recorded in this Department was in Polish green bacon, serving to emphasise the need to monitor imported foodstuffs. In the final period of the survey 3 samples of chocolate and one of imitation chocolate were examined and were found to contain B.H.C. residues above or about the reporting level.

It is clear that residues may be detected in almost any food. Only onions, broad beans and red currants were completely free from any trace of pesticide. Additionally a number of pesticides, for example mercury salts and dithiocarbamates, have not yet been properly covered by the first two years of the scheme and some minor foods such as mushrooms, which are subject to intensive pesticide treatment, have not been covered by the scheme so far.

The Survey was originally devised for two years with a proviso that the continuance of the scheme should be considered after that time. In the view of your City Analyst the facts accumulated so far, whilst not serious enough to cause alarm, are sufficient to justify the continuance of the scheme for a third and fourth year, if not indefinitely.

In addition to the samples allocated to this laboratory under the Scheme, 9 samples of imported foods taken at the Portsmouth Docks have been examined for pesticide residues.



## **Waters**

### **CITY WATER SUPPLY**

Seven complaints from consumers were investigated and samples were examined chemically and bacteriologically. Some of the conclusions involved a certain amount of detective work on the part of the sampling officer.

There were two complaints of taste. In one case the water supply was said to taste bitter but the sample submitted had a normal taste and a perfectly normal analysis. The other consumer complained of a taste of chlorine, and connected this abnormal taste with outbreaks of sickness. Again the sample was of normal analysis and taste. However, the householder was using a plastic tap adaptor of a type known to have given rise to abnormal taste in water but not to sickness. It seemed probable that the adaptor might have caused the taste in the sample but that the origin of the ill-health was to be sought elsewhere.

A complaint of sediment in water accounted for another sample. There was no sediment in the sample but the zinc and iron contents, whilst perfectly acceptable, were slightly higher than usual; indicating that some corrosion was probably taking place in the plumbing system (perhaps the galvanised tank) which might, therefore, from time to time produce sediment. Another complainant had noticed that the 'lime scale' in the kettle was green. In this case the water had a copper content, sufficient to produce a green appearance in the kettle. The copper content was not high enough to be harmful, but, as frequently happens with new copper piping, some copper had dissolved from the plumbing system. After a year or so this action will cease, since the pipes develop a 'protective' coating.

The affluent society in which we now live has resulted in a problem of what to do with a spare denture. The complainant left the spare denture in a mug covered with water for several days and was surprised to find the water turned green. The water supply was perfectly normal, so also is a growth of green algae in static water. A more interesting problem from a scientific point of view was the black staining produced when a spoon was left standing (overnight) in tap water. Again the water supply was not to blame since the same effect was produced when the spoon stood in distilled water. Eventually, minute pitting was discovered on the plating of the spoon. Because of this an electrochemical change was taking place, dissolving the copper from under the surface plate and depositing it on the spoon in the form of a black oxide.

Two children were suffering from lead poisoning and, very wisely, a sample from the water supply was submitted. However, the lead content was very low and the water was not, in this case, to blame.

### **SOUTHSEA BATHING BEACHES**

Following the extensive Survey undertaken in 1967, sampling of sea water has continued on a more modest scale. Selected points along the coast-line were sampled on 10 occasions making a total of 95 samples, each of which was examined for total bacterial count, coliform organisms and E coli Type 1.

The results followed the pattern expected as a result of the 1967 Survey. The summer figures (June, July and August) were again very low, or nil, on the bathing beaches and, with the exception of Hayling Ferry, no contamination could be detected. E coli Type 1 were only present in one sample during the above months, taken from the upper reaches of Paulsgrove Lake. In the winter months there were some higher counts but no serious contamination was indicated.



## SWIMMING POOL WATERS

Swimming Pool Waters, as distinct from sea water, are not subject to 'infinite' dilution and bathers are in close proximity. The water, therefore, should be substantially sterile. Excessive chlorination, however, can be unacceptable to bathers. Correct dosing of swimming pool waters can therefore be a difficult matter.

Victoria Park indoor swimming pool has maintained an excellent standard both bacteriologically and in appearance. On only one occasion was the chlorine below the safe limit; on this occasion the samples had been unwittingly taken when the filters were in the process of being cleaned by 'back-washing'. Hilsea Lido outdoor swimming and paddling pools have also had an excellent record throughout the season.

Southsea Castle outdoor swimming and paddling pools are very difficult to control. These pools were sampled on 15 occasions and on 5 occasions the chlorine was not as high as is desirable. *E. coli* Type 1 was not detected in the Swimming Pool throughout the season, but further investigation of these pools is warranted.

Swimming Pool waters from 5 schools have been examined throughout the season. Two schools have had difficulty in maintaining a correct alkalinity and chlorine dose owing to very variable loading; one school was advised of insufficient chlorination and appropriate action was taken. The problem of maintaining a balance between making the best use of a school swimming pool and controlling the bathing load to make correct chlorination possible is at present being carefully studied.

In September the Department gave advice to 9 swimming pool attendants regarding the use of a new testing reagent, as the traditional reagent has been found to be carcinogenic. A by-product of this meeting was the discovery of another swimming pool, not previously sampled, which had been open for a number of weeks. When sampled the water was low in free chlorine and was subsequently adjusted. Suitable arrangements have now been made for notification of swimming pools about to be opened.

It would appear from the results obtained in 1968 that indoor school swimming pools are easier to control and it is hoped that two further pools will be enclosed next year. In order to ensure both the safety and comfort of bathers the sampling of school swimming pool waters might well be increased, and recommendations will be made regarding replacement of some equipment.



### **Fertilisers and Feeding Stuffs Act 1926**

7 samples of fertilisers were examined under the above Act. 2 samples were not accompanied by statutory statements at the time of purchase and the retailers undertook to comply with the law in the future. One of these was a sample of hydrated lime from a builder's merchant, who sold a few pre-packed fertilisers, also a loose hydrated lime from a sack. The latter was sold for both constructional and agricultural purposes. The vendor was totally unaware of the requirements to display a statutory statement in respect of the sale of the article as a fertiliser. Subsequently it has become apparent that, throughout the country, many builder's merchants fall into this error. The trader in question now stocks a separate supply of Garden Lime.

### **Atmospheric Pollution**

During the year 1,155 sulphur dioxide and 1,152 smoke determinations were carried out in connection with the National Survey of Atmospheric Pollution. This is the seventh year of participation in the Survey. In recent Annual Reports the results obtained in Portsmouth have been compared with other similar environments. However, the time has now come when it is more appropriate that the pollution in a holiday resort such as Portsmouth should be compared with the rapidly increasing number of smoke-controlled areas. The air of many smoke-controlled areas is becoming significantly less polluted than Portsmouth air.

The monthly analysis of deposited matter in rain water collected at Church Road, Fratton, has continued during 1968.

### **Toys (Safety) Regulations 1967**

8 Toys were submitted for compliance with the above Regulations. 6 toys complied, one toy contained an excessive quantity of lead in one paint film—these toys were removed from sale—and another toy was the subject of a prosecution. To carry out the additional analyses required by these Regulations as from 31st October, 1968, on a number of samples, some of which have very thin paint films, is proving tedious and expensive. The purchase of a new piece of equipment, an Atomic Absorption Spectrophotometer, which could also be used to streamline other analyses, is worthy of consideration.

### **Toxicology**

An interesting analysis resulted in connection with a drug addict, whose death was due indirectly to his addiction. I was required to decide whether a small bottle had previously contained a 'junkies' dose of heroin. There was verbal evidence that an injection had been previously administered from this bottle and subsequently the remainder had been spilt. All that was left in the bottle were a few drops which had drained to the bottom and a few crystals around the stopper. Before commencing work on the sample it was necessary to make refinements to accepted methods of analysis in order to obtain the sensitivity required. Only after being certain that detection of this small amount was possible could the sample be examined. The results indicated that no significant amount of heroin, dextromethorphan, cocaine or morphine had been used on this occasion and that the self-administered injection had been made by dissolving Diconal tablets in a few millilitres of water. The label was slightly charred indicating that the bottle had been warmed over a match, as was stated in the verbal evidence. Then came the real problem. Could the City Analyst say if heroin had been used in a previous injection,



before the Diconal? Limits of detection were such that it was possible to indicate that heroin was unlikely to have been used in the bottle unless the latter had been well rinsed between injections.

In 1968 a total of 223 specimens were submitted for analysis by the Coroners of Portsmouth, South East Hampshire and the Isle of Wight in connection with 98 inquests.

Examination of specimens for alcohol from 36 fatalities resulting from road traffic accidents showed blood alcohol levels in the range 50—440 milligrammes per 100 millilitres in 20 cases (55 per cent.). This represents an increase compared with 1967 (20 per cent.). 6 other cases with positive blood alcohol levels were associated with death from heart failure, burning, drowning, etc.

Barbiturates without alcohol or other drugs were found in quantities which could be considered an overdose in 27 of the remaining cases, together with 7 cases of barbiturate with alcohol as a contributory factor. 3 cases of excessive barbiturate together with a variety of other drugs were also reported. Only 2 cases of salicylate poisoning were reported (compared with 10 in 1967). In both cases no other drug was involved. Exhaustive searches for a wide variety of drugs known to have been available to the deceased yielded negative results in 8 cases.

In the remaining 9 cases, thioridazine, imipramine, chlordiazepoxide, fluphenazine, nitrazepam, diazepam, amphetamine, methaqualone, diphenhydramine hydrochloride and bemigrade were detected during the normal routine screening procedure. In each case the substances were extracted from blood, urine, stomach contents and liver, estimated, and finally confirmed by thin layer chromatography and/or infra-red spectrophotometry. The infra-red spectrophotometer, acquired during the year, has proved of immense value in complex toxicological problems.

### **Cobalt in Beer**

Following a report about the addition of toxic levels of cobalt to beer elsewhere in the U.K. and in the U.S.A., a survey of beer brewed in the locality of Portsmouth was undertaken. Happily there was no evidence of the addition of cobalt to any sample.

### **Nitrates in Baby Foods**

Following an enquiry by a Council member regarding the presence of nitrates in baby food a can of each variety on sale in the City was examined for the presence of nitrates. A brand of canned spinach previously reported as containing excessive quantities of nitrate was unobtainable and had doubtless been withdrawn from sale. The results on the samples obtained were submitted to the Ministry of Health. In the opinion of the experts the results indicated that in the amounts likely to be consumed, the nitrate intake would be within the acceptable limits although, in the case of the highest, only just within.

In view of the early age at which solid foods are now given in infant feeding, and the desirability of keeping the nitrate intake by children under six months as low as possible, it was decided to keep baby foods under surveillance.

### **Lead in Vegetables**

Vegetables grown on 'made' land have been reported as containing considerable quantities of lead, possibly due to the presence in the refuse of



discarded lead batteries. Since there are a number of such allotments in Portsmouth it was felt desirable to warn allotment holders of this hazard and to carry out a survey of lead in vegetables grown on the allotments. Such a Survey required the co-operation of the Allotment Holder's Association, which was readily forthcoming. However, no analysis could be carried out until the next years crops were available.

In the meantime a survey of vegetables from market gardeners was thought to be valuable, in case any of these supplies were affected and to provide comparison figures for the allotment survey. 24 vegetables were examined and all had reasonably low lead contents.

### Nutritional Survey

A Nutritional Survey of the elderly in selected areas of the United Kingdom was undertaken in 1967. The results are being co-ordinated by the Panel for the Nutrition of the Elderly, under the auspices of the Ministry of Health Committee on Medical Aspects of Food Policy. The department carried out 134 riboflavin determinations on urine during the year. A few very low results were obtained, indicating deficiency of riboflavin intake, and curiously, one very high result.

### Miscellaneous Samples

A drinking glass used in a Licensed House was seen to have a brown deposit. When the customer complained, the barman explained that the stain was caused by serving 'scrumpy'—draught cider, which he maintained left a residue difficult to remove. However, examination of the deposit showed the presence of barley tissue and not apple tissue. The deposit was, therefore, the remains of beer, ale or stout and quite unconnected with the sale of cider.

A tablet found in the possession of a schoolboy was not a drug of addiction, as was feared, but a 1 gramme tablet of sodium chloride (common salt). Two samples of urine were examined for a local hospital, one of which contained amphetamine.

Toys kindly donated to handicapped children were examined for the lead content of the paints used. No serious hazard was found, although a number exceeded the amount of lead permitted in paint film on toys. The amateur toy-maker should beware of this possible hazard, either to his own or other children. A number of samples of paints from a 'painting-by-numbers' kit were examined for lead content. Apparently it has been held that these kits are to be considered as 'toys' for the purposes of the Toys (Safety) Regulations 1967.

A local garage, undertaking the extensive repairs required to a commercial vehicle, submitted a sample of the contents of the fuel tank. The diesel fuel was contaminated with bitumen, lead chloride and hydrochloric acid. It would seem that an anti-rust paint (bitumen and lead oxide) was involved in the spoilage of this vehicle, but the presence of hydrochloric acid converting the lead to lead chloride is enigmatic. A sample of sludge from a central heating system was submitted and the analytical results, taken with other information, led to the conclusion that hydrogen corrosion had taken place and a suitable additive was suggested to prevent a recurrence.

A member of the public complained of a persistent irritation of the tongue and, having decided that honey was to blame, submitted a sample. The honey was perfectly normal and was unlikely to have had any adverse effects whatever.

A black 'spongy' finish on palladium electroplate was traced to inadequate changing of a rinse water. An examination of an archeological



'find', consisting of broken clay pipes in a matrix, showed the matrix to consist of clay and sand.

A Scot, now living on the Isle of Wight, wished to obtain a repeat of a medicine prescribed in Scotland to treat indigestion, endowed apparently with almost magical properties. On analysis it was substantially sodium bicarbonate and oil of peppermint with a trace of a plant emollient. As a result, the Isle of Wight pharmacist will be able to make a suitable equivalent remedy.

An investigation into crumbling brickwork involved many analyses of mortar and bricks and much consultation with experts in this field. As frequently happens, a combination of factors had led to the deterioration of the brickwork, but it was clear from the analysis that had the builder complied with the agreed mortar mix the walls would not have deteriorated so rapidly. It is hoped that as a result of this study the City Council may be saved unnecessary expense. A further investigation for the City Architect on another building showed that a plaster failure was due to the use of ingredients in the backing plaster, which should only have been used in the skimming.

A teddy bear with the dangerous urea-formaldehyde filling was examined early in the year. It was not found in Portsmouth, however, but submitted by the Public Health Inspector of a neighbouring Authority.

A girl returning from an institution for the disabled was given by the institution a motley collection of tablets, alleged to be penicillin. The parents were somewhat disturbed in case a gross error in dispensing had occurred. In fact all the tablets were penicillin, some were benzyl penicillin and some phenoxymethylpenicillin. These two forms of penicillin do have rather different actions and one should not be dispensed for the other. The institution, not in Portsmouth, was informed and undertook to look into the matter.

A Gosport trader, on opening a case of pears, found a paper bag containing a white powder. Knowing that illegal importation of dangerous drugs is all too prevalent and not wishing to be arrested for illegal possession, he submitted the bag and contents for analysis. The excitement died down when the contents were shown to consist of calcium carbonate (chalk). This is a 'free gift' age, but the advantages of a free packet of chalk with every case of pears was not, at first, obvious. However, now that fruits are despatched in air-tight packs it seems that the evolution of carbon dioxide from the fruit inhibits further ripening. The presence of a small packet of lime, which absorbs the carbon dioxide and becomes calcium carbonate, permits the normal ripening process to continue, so that the fruit is ready for sale on arrival.

As usual there were a number of enquiries from manufacturers and wholesalers regarding compliance with food standards and labelling requirements, including a request to examine a large range of cartons from a well-known manufacturer of breakfast foods.

#### A POTENT COOKING OIL

An unusual and interesting problem was investigated by the Department on behalf of a local hospital. A whole family had been admitted having acute symptoms of poisoning. At first lead poisoning was suspected and representatives of the Public Health Department visited the home and submitted to the laboratory a large number of foods and cooking utensils used by the family. Since the wife was coloured the samples included many curry powders and spices. The results showed that a number of the curries had somewhat high lead contents and that the glaze on one of the cooking vessels was of



Samples examined for the City of Portsmouth									
Food and Drugs Act	..	..	..	..	..	..	..	..	1,488
Designated Milk	..	..	..	..	..	..	..	..	517
Ice Cream	..	..	..	..	..	..	..	..	65
City Water	..	..	..	..	..	..	..	..	16
Swimming Bath Water	..	..	..	..	..	..	..	..	298
Sea Water	..	..	..	..	..	..	..	..	95
Port Health	..	..	..	..	..	..	..	..	9
Fertilisers and Feeding Stuffs Act	..	..	..	..	..	..	..	..	7
Corporation Departments	..	..	..	..	..	..	..	..	513
Miscellaneous	..	..	..	..	..	..	..	..	18
Other Samples									
Borough of Gosport	..	..	..	..	..	..	..	..	132
Isle of Wight County Council	..	..	..	..	..	..	..	..	149
Fareham Urban District Council	..	..	..	..	..	..	..	..	145
Havant and Waterloo Urban District Council	..	..	..	..	..	..	..	..	293
Other Local Authorities	..	..	..	..	..	..	..	..	86
Miscellaneous	..	..	..	..	..	..	..	..	507
TOTAL									4,338
Atmospheric Pollution Tests:—									
Total number SO <sub>2</sub> Determinations	..	..	..	..	..	..	..	..	1,155
Total number smoke determinations	..	..	..	..	..	..	..	..	1,152
Rain water gauge	..	..	..	..	..	..	..	..	12

**TABLE II**  
FOOD AND MEDICINE SAMPLES SUBMITTED 1968

<i>Nature of Sample</i>	<i>Number Examined</i>	<i>Number Irregular</i>
<b>Foods</b>		
Milk .. .. .	853	2
Alcoholic Beverages .. .. .	4	—
Angelica .. .. .	6	1
Baking Powder .. .. .	3	—
Biscuits .. .. .	20	—
Cake Confectionery .. .. .	1	—
Cake and Pudding Mixture .. .. .	7	1
Canned Foods		
Baby Foods .. .. .	16	—
Chocolate Creme .. .. .	2	—
Fruit .. .. .	10	—
Meat Preparations .. .. .	12	—
Pudding .. .. .	4	—
Soup .. .. .	3	—
Tomatoes .. .. .	9	1
Vegetables .. .. .	9	1
Carob Flour .. .. .	1	1
Cereals .. .. .	36	1
Cheese—full fat hard .. .. .	15	—
Chocolate Preparations .. .. .	2	—
Chow Mein Noodles .. .. .	1	—
Christmas Pudding .. .. .	4	—
Cockles .. .. .	1	—
Cocktail Cherries .. .. .	4	—
Cocktail Onions .. .. .	5	—
Coffee (prepared) .. .. .	6	5
Condensed Milk (unsweetened) .. .. .	1	—
Cooking Fat .. .. .	4	—
Cranberry Sauce .. .. .	1	—
Cream .. .. .	4	—
Crystallised Fruit .. .. .	10	—
Custard Powder .. .. .	4	—
Dairy Cream Trifle .. .. .	1	1
Dried Foods		
Bread Sauce Mix .. .. .	1	—
Fruit .. .. .	17	—
Milk .. .. .	9	2
Vegetables .. .. .	4	—
Flour (plain) .. .. .	1	—
Fresh Vegetables .. .. .	24	—
Frozen Fish .. .. .	5	—
Fruit Juice .. .. .	14	3
Gelatine .. .. .	2	—
Golden Raising Powder .. .. .	1	—
Gravy Powder, Salt, Mix .. .. .	7	—
Ground Almonds .. .. .	5	—
Honey .. .. .	1	—
Jam .. .. .	11	2
Lard .. .. .	8	—
Margarine .. .. .	13	—
Marzipan .. .. .	4	—
Meat Extract .. .. .	2	—
Meat Paste .. .. .	3	—
Mincemeat .. .. .	4	—
Mineral Water .. .. .	3	—
Mustard .. .. .	3	—
Paprika Salad .. .. .	1	—
Pickles .. .. .	1	—
Pulses .. .. .	6	1
Saccharin .. .. .	5	—
Salt .. .. .	1	1
	1,215	23



<i>Nature of Sample</i>							<i>Number Examined 1,215</i>	<i>Number Irregular 23</i>
<b>Food—continued</b>								
Brought forward ..								
Sauce ..	..	..	..	..	..	..	1	—
Sausages and Sausage Meat ..	..	..	..	..	..	..	9	8
Self-separating Honeycomb Mould Mix ..	..	..	..	..	..	..	1	—
Shandy ..	..	..	..	..	..	..	1	—
Soft Drink (concentrated) ..	..	..	..	..	..	..	14	—
Soft Drink (ready-to-drink) ..	..	..	..	..	..	..	57	3
Solid Soft Drink ..	..	..	..	..	..	..	3	—
Soup Powder ..	..	..	..	..	..	..	2	—
Spirits ..	..	..	..	..	..	..	15	—
Stuffing ..	..	..	..	..	..	..	5	—
Sugar ..	..	..	..	..	..	..	9	—
Sugar Confectionery ..	..	..	..	..	..	..	29	5
Swiss Dessert ..	..	..	..	..	..	..	2	1
Table Jelly ..	..	..	..	..	..	..	4	—
Tea ..	..	..	..	..	..	..	9	—
Tomato Paste and Purée ..	..	..	..	..	..	..	5	—
TOTAL FOODS ..							1,381	40
<b>Medicines</b>								
Ammoniated Tincture of Quinine ..	..	..	..	..	..	..	6	2
Aspirin Tablets ..	..	..	..	..	..	..	6	—
Benadryl Capsules ..	..	..	..	..	..	..	8	—
Bioxil Tablets ..	..	..	..	..	..	..	1	—
Eucalyptus Oil ..	..	..	..	..	..	..	4	—
Largactil Tablets ..	..	..	..	..	..	..	5	—
Largactil Syrup ..	..	..	..	..	..	..	5	—
Librium Capsules ..	..	..	..	..	..	..	8	—
Listerine Antiseptic ..	..	..	..	..	..	..	1	—
Mandrax Tablets ..	..	..	..	..	..	..	5	—
Melleril Tablets ..	..	..	..	..	..	..	10	—
Melsedin Tablets ..	..	..	..	..	..	..	1	—
Merocet Gargle and Mouthwash ..	..	..	..	..	..	..	1	—
Minadex Syrup ..	..	..	..	..	..	..	1	—
Oblivon Capsules ..	..	..	..	..	..	..	3	—
Parrish's Chemical Food ..	..	..	..	..	..	..	4	—
Phenylbutazone Tablets ..	..	..	..	..	..	..	1	—
Romilar Tablets ..	..	..	..	..	..	..	1	—
Sparine Suspension ..	..	..	..	..	..	..	2	—
Sparine Tablets ..	..	..	..	..	..	..	5	—
Spirit of Sal Volatile ..	..	..	..	..	..	..	8	3
Stelazine Tablets ..	..	..	..	..	..	..	10	—
Sweet Spirit of Nitre ..	..	..	..	..	..	..	2	2
Tincture of Iodine ..	..	..	..	..	..	..	7	1
Tonic Elixir ..	..	..	..	..	..	..	1	—
Triptafen-DA ..	..	..	..	..	..	..	1	—
TOTAL MEDICINES ..							107	8
Total Food and Medicines ..							1,488	48

## PERCENTAGE IRREGULAR

	<i>Number Examined</i>	<i>Number Irregular</i>	<i>Percentage Irregular</i>
Milks ..	853	2	0.23
Other Foods ..	528	38	7.20
Drugs (Medicines) ..	107	8	7.48

TABLE III

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
B88	Dried Peas	I	The steeping tablet contained the non-permitted colour Blue VRS and the label failed to disclose the name and address of the packer.	The product was old stock. The manufacturer had discontinued the use of this colour. Label to be amended to include the name and address of the packer.
B90	Biosalt	I	Incorrect declaration of minerals, iron and phosphorus given on the label. Also falsely described as corresponding to the saline content of human blood serum.	Label to be amended.
B175	Sweet Spirit of Nitre	I	78.4 per cent. deficient of its proper proportion of ethyl nitrite.	The two pharmacists destroyed the remainder of the stock.
B180	Sweet Spirit of Nitre.	I	Almost completely deficient of ethyl nitrite.	
B182	Pork Sausage Meat	I	Contained undeclared sulphur dioxide preservative.	Four manufacturers/retailers were cautioned and undertook to display the requisite notice in the future.
B185	Pork Sausages	I		
B186	Beef Sausages	I		
B187	Beef Sausage Meat	I		
B184	Pork Sausages	I	18.2 per cent. deficient of its proper proportion of meat and contained 240 parts per million of undeclared sulphur dioxide preservative.	Retailer discontinued the source of supply.
B213	Dairy Cream Trifle	I	Label failed to give a list of ingredients.	Label to be amended.
B224	Spirit of Sal Volatile B.P.	I	30.4 per cent. deficient of its proper proportion of free ammonia probably due to prolonged storage. Incorrectly labelled—now a B.P.C. preparation.	The pharmacist destroyed the remainder of the stock and undertook to correct the label on future supplies.
B225	Spirit of Sal Volatile	I	15.2 per cent. deficient of its proper proportion of ammonium carbonate and 16.9 per cent. deficient of its proper proportion of free ammonia.	Pharmacist cautioned. Remainder of the stock was destroyed and an undertaking to maintain a careful supervision of products subject to deterioration was given by the pharmacist.
B247		I		



<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Infor- mal</i>	<i>Nature of Offence</i>	<i>Observations</i>
B259	Skinless Pork Sausages	I	Mouldy and unfit for human consumption. The mould was not visible at the time of sale as the inspection patch was obscured by ice particles.	The retailer voluntarily surrendered the affected packages.
B260	Pork Sausages	I	Contained 200 parts per million undeclared sulphur dioxide preservative.	Retailer undertook to display the requisite notice in the future.
B261	Skinless Pork Sausages (preserved) 'Remove skins before cooking' was printed on the underside of the pack.	I	The description 'skinless Sausages' was held to be misleading. The appropriate description for the article was 'Pork sausages with inedible skins—remove skins before cooking.' The address of the packer was inadequate.	The manufacturer agreed to omit the inedible skins in future and to amend the carton at the next printing.
B292	Corab Flour	I	Claimed the presence of vitamins and minerals but gave no quantitative declaration of vitamins.	Label to be amended.
B293	Rice Crispies (included in Breakfast Cereal Variety Pack)	I	Television advertisement claimed the presence of vitamins but the packet failed to specify the vitamins or prescribe the minimum quantities present.	Label to be amended.
B401	Iodine Tincture B.P.	I	Contained excess iodine and excess potassium iodide.	Retailer (not a pharmacist) cautioned. Old stock was sold in error.
B427	Muesli Munch (sugar confectionery)	I	The label claimed the presence of Vitamin C but failed to declare the amount in milligrammes per ounce.	Label to be amended.
B448 B452	} Indian Tonic Water	I I	Deficient of proper proportion of quinine.	Manufacturers and retailers advised not to expose beverages containing quinine to strong sunlight.
B456 B457	} Ammoniated Tincture of Quinine B.P.C.	I I	Both samples had odours indicative of the addition of flavourings.	Investigation carried out by the manufacturer revealed that the odour was probably a flavour 'pick-up' during packing.
B573	Savoury Tomatoes (canned)	I	The generic term 'calcium salt' used in the list of ingredients.	Label to be amended.

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
B575	Pizza Anchois	I	The label failed to give a list of ingredients in English on the inner and outer wrappers.	Label to be amended.
B577	Asparagus Spears (bottled)	I	The inside surface of the metal lid was corroded probably due to sulphur attack and the sample had a marked odour of hydrogen sulphide.	The remainder of the stock was removed from retail sale.
B627	Coffee White	I	These samples were purchased from vending machines and contained no significant quantities of milk fat.	One vendor did not agree that white coffee should contain whole milk and correspondence is being continued. Three vendors agreed to inform the public by notice that the article contained skimmed milk and one vendor removed the vending machine from site.
B629	Coffee White	I		
B630	Coffee White	I		
B631	Milky White Coffee	I		
B1041	Fresh White Coffee	I		
B693	Rock (sugar confectionery)	I	Contained a non-permitted colour.	The manufacturer to use only permitted colours in the future.
B698	'Pork Sausages' (sugar confectionery)	I	The generic term 'glucose' given in the list of ingredients instead of glucose syrup.	Label to be amended.
B766	Swiss Dessert (chocolate)	I	The ingredient 'Milk Chocolate powder' included in the list of ingredients contained more than one constituent each of which should have been specified.	Label to be amended.
B795	Assorted Rock Pieces (sugar confectionery.)	I	Contained a non-permitted blue dye.	Old stock manufactured before the Colouring Matter in Food Regulations came into force.
B839	Dried Full Cream Milk	I	The letters used in the statutory declaration were fractionally below the size required by law.	The importer seemed to have made a genuine attempt to comply with the law after a previous criticism and advised to further amend the label at the next printing.



<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Informal</i>	<i>Nature of Offence</i>	<i>Observations</i>
B947	Sour Cherry Juice	I	Evidence of corrosion of the foil liner of the cap. The sample was cloudy and of poor commercial quality.	The retailer and importer were cautioned. The remaining stock was destroyed.
B960	Blackcurrant Juice	I	Deficient of its proper proportion of blackcurrant juice.	
B961	Red Currant Juice	I	Deficient of its proper proportion of red currant juice and was mouldy.	
B981	Orange Crush	I	Contaminated with wild yeast.	Vendor removed the entire stock from all vending machines.
B1014 B1165	} Apricot Jam	I	Deficient of the proper proportion of apricots.	Importer informed and an investigation to be carried out on the Hungarian varieties of apricots.
		I		
B1315	Nut Chocolate Liqueurs	I	Two chocolates contained no alcohol.	The manufacturer was cautioned.
B1422	Angelica	I	The label failed to display a list of ingredients.	Label to be amended.
B1531	Instant Non-Fat Milk	I	Contained excess moisture and insoluble matter; the legend on the packet referred to the protein content of the milk and the statutory declaration was within an elliptical line. The packet also displayed a misleading pictorial device showing eggs.	A Formal sample to be taken with a view to proceedings under the Dried Milk Regulations 1965.

TABLE IV

## MISCELLANEOUS SAMPLES

<b>Consulting Service</b>		<b>Pesticide Residue Survey</b>		<b>Canned Green Beans</b>	
Caviare Paste ..	2	<b>Portsmouth:</b>		Drinking Glass ..	1
Chicken Fat ..	20	Full Fat Soft Cheese ..		Foods ..	27
Clay ..	2	Grapes ..		Kitchen Utensils ..	5
Deposit from Heater ..	2	Onions ..		Paint Scraping ..	1
Epanutin Elixir ..	2	Untreated Milk ..		Peeled Potatoes ..	3
Fuel Oil ..	1	<b>Gosport:</b>		Plaster ..	3
Liquid ..	1	Bread ..		Scale from Kettle ..	1
Maggot ..	1	Green Bacon ..		Sub Floor Space	
Material with Stain ..	1	Pears ..		Water ..	10
Meat Pie ..	4	<b>Fareham:</b>		Toys ..	4
Medicine ..	1	Lard ..		Urine ..	2
Milk ..	24	Sausages ..		Wallpaper ..	2
Milk Bottle ..	1	<b>Havant:</b>		Water from Southsea	
Mock Clotted Cream ..	1	Broad Beans ..		Boating Lake ..	5
Mutton Fat ..	5	Plain Chocolate ..		Water Residue from	
Nickel Steel ..	1	<b>Isle of Wight:</b>		Soaking Lolly	
Paint Capsules ..	12	Red Currants ..		Sticks ..	1
Paste from Fuel Tank ..	1	Sugar ..		Washed Milk Bottles	276
Petrol/Oil ..	1	Confectionery ..		<b>Coroners' Specimens</b>	
Pillowslip ..	1	<b>Purchaser's Complaints</b>		Portsmouth ..	131
Printed and Plated		Advocaat ..		Isle of Wight ..	35
Circuits, Pumice		Bread ..		South East Hampshire	54
and Cleaner ..	4	Butter ..		Miscellaneous ..	3
Sachet ..	1	Cake Confectionery ..		<b>Architect's Department</b>	
Sausages ..	3	Canned Fish ..		Mortar ..	1
Sausage and Pasty		Canned Fruit ..		Paint Scrapings ..	6
Meat ..	2	Canned Tomatoes ..		Plaster ..	3
Sausage Roll ..	1	Cooked Chicken ..		<b>Contracts and Supplies</b>	
Scale from Kettle ..	1	Cooked Sausage ..		Bleach ..	1
Sludge ..	1	Corned Beef ..		Floor Cleaner ..	2
Sugar Confectionery ..	2	Dates ..		Floor Polish ..	3
Tobacco ..	11	Dried Milk ..		<b>Curator's Department</b>	
Undersealing		Flour ..		Geological Specimen	1
Compound ..	1	Fruit Juice ..		<b>Education Department</b>	
Urine ..	2	Ice Lolly ..		Fluoride Tablets ..	1
Varnish ..	1	Jam ..		Tablet ..	1
Water (drinking) ..	8	Meat Pies ..		School Meals Service	45
Water (not drinking) ..	9	Meat Preparation ..		Sodium Fluoride	
<b>Laboratory Information</b>		Milk ..		Mouth Rinse ..	11
Adhesive and Sealant ..	1	Milk Bottle ..		Sodium Fluoride	
Belt Adhesive from		Ointment ..		Topical application	1
Bakery ..	1	Potato Crisps ..		<b>Engineer's Department</b>	
Goddards Silver Dip ..	1	Raw Meat ..		Ground Water ..	3
Grapefruit (canned) ..	1	Sandwich ..		<b>Fire Brigade Department</b>	
Honey ..	1	Sugar Confectionery ..		Cleaning Spirit ..	1
Prescription Tablets ..	1	Tea ..		Thermometers ..	2
Raw Meat ..	4	<b>Health Department</b>			
Seasoning ..	2	Atmospheric Deposit ..			
Steeping Tablet ..	1	Beef Broth Can ..			
Tetracycline ..	1	Bracelet ..			
<b>Nutritional Survey</b>					
Urine ..	134				



<b>Housing Department</b>		<b>Alton R.D.C.</b>		<b>Sub Floor Space</b>	
Building Materials ..	27	Sewage ..	7	Water ..	1
		Water (drinking) ..	3	Trade Effluent ..	12
				Water (drinking) ..	1
				Water (not drinking)	2
<b>Police Department</b>		<b>Borough of Gosport</b>		<b>Fleet U.D.C.</b>	
Medicine ..	1	Trade Effluent ..	3	Water (drinking) ..	3
		White Solid ..	1		
<b>Testing Department</b>		<b>Borough of Newport</b>		<b>Havant and Waterloo U.D.C.</b>	
Toys ..	8	Apricot Halves ..	1	Sewage Effluent ..	1
		Bread ..	2	Water (not drinking)	5
		Cheese ..	1		
<b>Welfare Services Department</b>		Lancashire Hotpot (canned) ..	1		
Scrapings from Steam		Meat Pie ..	1	<b>Isle of Wight R.D.C.</b>	
Iron ..	1	Tea ..	1	Water (drinking) ..	1
<b>Portsmouth Group Hospitals</b>		<b>Fareham U.D.C.</b>		<b>Isle of Wight River and Water Authority</b>	
Blood ..	4	Apple Leaves, Twigs and Fruit ..	1	Water (drinking) ..	10
Urine ..	4	Cloche Glass and Deposit ..	1		
		Fish ..	1		
		Deposit from Rain Gauge ..	1	<b>Petersfield R.D.C.</b>	
<b>Aldershot U.D.C.</b>		Strawberry Leaves ..	1	Swimming Pool Water	1
Water (drinking) ..	10				





