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"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

THE HEALTH OF THE CITY OF PORTSMOUTH 1969



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

"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

THE HEALTH OF THE CITY OF PORTSMOUTH 1969



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MEDICAL OFFICER OF HEALTH

Dr. P. G. ROADS
MEDICAL OFFICER OF HEALTH
DEPARTMENT OF PUBLIC HEALTH
LOMBARD STREET
PORTSMOUTH

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MR. G. B. THACKRAY, City Analyst.

MR. T. F. WARD, Ambulance Officer.

The Right Worshipful the Lord Mayor
ALDERMAN W. J. EVANS, C.ENG., F.I.MECH.E., M.I.PROD.E.

HEALTH COMMITTEE

1969-1970

Chairman

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

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

Alderman

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J. R. H. LEWIS, D.F.C., M.INST.I.B.

E. W. MARRIOTT to 17/2/70

J. S. MARSHALL

A. J. SANSOM

MRS. A. H. SCOREY—from 17/2/70

MISS M. SEAMAN

MISS M. W. SUTCLIFFE

MRS. E. M. THOMAS

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MR. D. J. DOWNHAM

MR. D. LINDSAY, L.D.S., R.C.S.

DR. J. O. WINTER

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 to the Port of Portsmouth*

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

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D. D. HILTON, M.B., CH.B., D.P.H., D.R.C.O.G., D.T.M.&H from 1.4.69

Senior Medical Officer, Maternal, Child Welfare and Geriatric Services

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Senior Medical Officer, Mental Health Service

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MAY MONRO, M.A., M.D., D.P.M., DIP. SOC. from 1.4.69

Senior Medical Officer, School Health Service and Major Disasters

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Replacement not appointed until 1.1.70

*Assistant Senior Medical Officer, Vaccination and Environmental Health
Services*

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Assistant Senior Medical Officer, Maternal and Child Welfare Service

MARGARET C. COWAN, M.A., M.B., M.R.C.O.G., B.CH. from 21-4-69

Assistant Senior Medical Officer, Audiology

SONIA G. BOLTON, M.B.B.S., M.R.C.S., L.R.C.P., D.R.C.O.G. from 2-6-69

Chief Public Health Inspector, Chief Port Health Inspector

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

Principal Administrative Assistant

A. HEALEY, LL.B., A.C.I.S.

Chief Nursing Officer

MISS D. O. LEARMONT, S.R.N., S.C.M., H.V.CERT., CERT. NURSING ADMIN.,
from 1-9-69

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 to 31-8-69

MRS. P. M. BOTTING, S.R.N., S.C.M., H.V. from 10-11-69

Supervisor of Midwives

MISS D. J. KINSEY, S.R.N., S.C.M., M.T.D., to 14-10-69

MISS E. PARKER, S.R.N., S.C.M., H.V., Q.N.S., M.T.D. from 15.10.69

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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.

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Part I

FOREWORD

BY THE MEDICAL OFFICER OF HEALTH

Foreword

by

THE MEDICAL OFFICER OF HEALTH

My Lord Mayor, Ladies and Gentlemen,

INTRODUCTION

Each year it is my duty and responsibility to report on the health of the citizens of Portsmouth. This year may I commence by pointing out the problems and limitations involved in the measurement of 'Health', unless this measurement is made the subject of a detailed research project. 'Health' is defined by the World Health Organisation as 'the state of complete physical, mental and social wellbeing'. This definition, as applied to an individual, offers little scope for direct measurement and, when applied to a community, is even less quantifiable. It has therefore become customary to apply indirect measurements, such as the size and changes in the population, the birth and death rates and any available indices of sickness. These are collectively and traditionally termed 'Vital Statistics'—a quite separate meaning from the modern idiom! Of these indirect assessments the infant mortality and still-birth rates are usually considered to be of special significance. These are commented on later, but I am pleased to say here, they were particularly favourable in 1969.

SCOPE

These annual reports may have various objectives, but all will try to give as much basic information as possible on the health of the citizens. Many services or individuals in addition to the Department of Public Health influence this state of well being or they can provide useful information on it, and it is always most helpful to include reports from these. This year I would refer particularly to the contributions on Environmental Improvement, on Cleansing Services, on the work of St. James' Psychiatric Hospital, and on the control of tuberculosis. The various contributions are given as received from the authors (apart from minor editorial control) so that the picture is presented from various angles. Our problems are not tidy and neat, and these varied reports may therefore present a rather more authentic picture.

VITAL STATISTICS

Once again the Registrar General's estimate of the population of the City of Portsmouth has shown a decrease from 218,790 in mid 1968 to 214,800 to mid 1969. This represents the lowest population estimate in post war years and is mainly attributable to the large redevelopment programme which is taking place in the centre of the City together with a decline in the City's birth rate.

The total number of live births (3,061) during the year fell by some 9% when compared with the figures for 1968 (3,365) but nevertheless there was less change in the corresponding total number of illegitimate live births, 441 in 1969, compared with 452 in 1968. This is a statistic of very considerable long-term effect. Converted into human terms it means that one in eight of

children born in 1969 will suffer the handicaps of an illegitimate birth throughout its lifetime.

It is interesting to note that for the first time the number of female births were fewer than the number of female deaths during a year resulting in a natural decrease in the female population of the City rather than a natural increase.

A reduction upon which I am pleased to comment is in the infant mortality statistics i.e. children under the age of one year. All of these, together with the Still Birth Rate, show significant decreases on previous years and are all now well below the national average for England and Wales. In fact the rates are the lowest recorded in Portsmouth since records were first kept.

In this context it is interesting to recall the comments of my distinguished predecessor made fifty years ago in his annual report for 1919 when he said: 'the infantile mortality rate has also reached the extremely low figure of seventy-one deaths per 1,000 births, which is not equalled by any other equally large town' . . .

The corresponding rate for 1969 was fifteen per 1,000 births and I think this serves to illustrate the advances which have been made during the last fifty years.

Once again I have pleasure in recording the fact that no maternal deaths occurred in the City during the year.

Included in the vital statistics section of my report this year is a table indicating the principle causes of death in the City during 1969. Heart and circulatory diseases are still responsible for a large proportion of deaths (over one third), and are, in fact, almost double the number of deaths from cancer, which were the next highest in the 1969 statistics.

Deaths from suicide and self-inflicted injury once again decreased. The total of twenty-two being the lowest recorded during the last ten years.

CO-OPERATION

For many years the policy of the Health Department has been to work in close and reciprocal co-operation with the other branches of the National Health Service. During 1969 considerable advances took place in this direction. The Health Committee gave their approval to the attachment of their nursing and midwifery staff to general medical practitioners. This in turn is progressing to a partnership between these various health professions and one hopes it may lead to the evolution of multi disciplinary domiciliary health teams. The Joint Committee of the Local Health Authority and the Local Executive Council agreed to a programme for health centre building. The provision of a single operational base either in a health centre or in group practice premises, if adequate, is an obvious aid to liaison and the establishment of the domiciliary health team. It will furthermore be of great assistance to the residents to be able to go to one place with their medical, nursing and social problems.

Progress with the attachment of nursing staff could proceed only slowly until the appointment of a Chief Nursing Officer, which took place during the autumn. There were at the same time considerable changes in the senior professional staff; this and the limitations of financial provision unfortunately delayed the full implementation until 1970. The long-existing liaison schemes between health visitors and general practice and the hospital service have, of course, continued and even been extended.

MATERNAL HEALTH

It is a general observation, although not confirmed by statistical evidence, that the level of maternal health is high. A visit to a clinic or centre for expectant or nursing mothers will readily show this. It is therefore not surprising that I can report, as mentioned elsewhere, there was no maternal death in the City.

A full description is given of the first eleven months of the General Practitioner Maternity Unit, and a very encouraging start it has proved to be. Credit is due to the general practitioners and midwives involved, and to your Senior Medical Officer. This Unit has brought about a considerable change in the pattern of maternity care. This involved an expansion of the establishment of domiciliary midwives. The Council agreed to this and made available the necessary resources.

DENTAL HEALTH

During the autumn a dental health review of Portsmouth citizens was undertaken in collaboration with the Chief Dental Officer. This was an attempt to assess the degree of dental health of various groups of the population, and covered not only the services provided for the priority classes by the Local Authority, but also dental health of other groups in the community. One fundamental difficulty in proceeding with the review was arriving at a definition of 'dental health' and its measurement. Certain research projects have provided measurements of dental health but, unfortunately, these were not generally available for Portsmouth. It was therefore decided that measurement of dental disease should be used, on the same rationale as previously stated, that when there is disease there cannot be health. This approach, admittedly, may set a lower standard, in that the absence of disease does not automatically mean that a person is healthy.

A detailed report of the review was prepared in October and submitted to both the Health and Education Committees. It showed the great gaps in systematic knowledge of dental health in the City, and efforts are therefore being made to obtain more information for another review. Even with the limitations imposed by lack of knowledge, certain facts relating to the priority groups nevertheless emerged:—

- (i) At school entry 25% of children were found to be in need of dental treatment.
- (ii) By school leaving age less than 2% of children were found to have all teeth present and naturally sound.
- (iii) Of a very small sample of expectant mothers two-thirds were found to require treatment.

To improve dental health and prevent this extensive dental disease certain measures can be taken. Two of the measures advocated in the report were (a) fluoridation of the water supply, and (b) provision of more dental health education. In spite of vigorous public debate the City Council, unfortunately, did not confirm the resolution of the Health Committee over fluoridation of the City's water supply, which contains much less than the optimum necessary. The optimum recommended is one part per million parts of water (1 ppm.) The main source of supply contains less than 0.1 ppm. A small supply is obtained from the Worlds End source and also contains less than 0.1 ppm. This is distributed principally to houses on Portsdown Hill, although the exact area of distribution varies from time to time. Extension and development of other preventive dental care was continued as staff and resources allowed.

The Chief Dental Officer comments in his report (on page 62), that the section of the community in greatest dental need are children in the Under-5 age group. Although the statistics quoted in his report show a considerable increase in the work in this field over the years, the general standard of dental health for this group will remain low until parents ensure early and regular dental inspections for their offspring. This apparent disinterest is shown in the response to the Reminder Scheme operated for three-year-olds; only 31% of the total contacted acknowledged receipt in one way or another, and 11.3% of these did not attend for examination.

MENTAL HEALTH

This part of the report covers probably the largest single area of need, which is, unfortunately, also the most difficult to assess. The term 'mental health' conveys different meanings to different people and few of the meanings are quantifiable. The reverse condition is covered by the general description 'mental disorder', which was introduced and legally standardised by the Mental Health Act, 1959. This includes both illness and handicap, which are explained more fully by Dr. Monro on page 124. Patients may, indeed, have both.

As if mental disorder was not difficult enough to measure there has, until recently, been no universally agreed terminology available. Mortality statistics, apart from a few deaths due to two or three conditions, have similarly been of limited help because, in addition to the difficulties over the terminology, few deaths are ascribed to mental causes, and much mental illness is quite compatible with life.

The prospect for the future is improving. The general term 'Mental Disorder' is now widely and legally accepted and carries a diminishing social stigma. There is now a terminology for diseases and handicaps which is universally standardised and this will greatly assist in their investigation. Such investigation deserves and is likely to get great encouragement since mental disorder absorbs such a large part of the available resources. As knowledge increases so will the prospect for prevention increase.

INFECTIOUS DISEASES

MENINGITIS

Meningococcal meningitis was responsible for two tragic deaths early in the year. A young sailor complained of feeling ill on a Friday evening with symptoms of what was thought to be influenza. His condition rapidly deteriorated until he became unconscious and, in the morning, was found to be dead. The distracted wife called in neighbours, who in an heroic effort to revive him, attempted mouth-to-mouth resuscitation. The wife, who was well advanced in pregnancy, then developed symptoms identical with those of her husband, and was transferred to hospital, where an emergency Caesarean section failed to save the child. This infinitely sad story concluded with the death of the wife on the Monday.

The virulence of the infecting organism was undoubted yet, despite the extremely intimate contact with the two victims by friends and neighbours, police and ambulance staff, no secondary cases occurred.

FOOD POISONING

1969 passed without major incident through food poisoning, although there were a few sporadic infections in the City. The follow-up of the Salmonella drypool outbreak of 1968 continued until the middle of the year, when the last of the persistent excretors and, incidentally, the most severe cases, produced the desired negative results.

TUBERCULOSIS/LUNG CANCER

Diseases of the chest and lung show little variation from the statistics recorded in 1968. Pulmonary tuberculosis notifications indicated that there were twice as many males notified during 1969 as there were females.

The Medical Director of the Mass Radiography Unit draws attention to a rise in the incidence of cancer of the bronchus during 1969. The mortality from this condition, furthermore, remained at the same high level as in 1968.

HOUSING

The health of each citizen and of the community as a whole is dependent upon the physical environment. While the environment is made up of many factors an important one is the adequacy of housing accommodation. A great deal of ill health is caused or aggravated by bad housing, and the promotion of health is therefore inextricably bound up with the betterment of housing.

My professional interests with regard to housing matters (quite apart from my statutory responsibilities) can therefore be considered under the following headings:—

- (i) **AN ADEQUATE SUPPLY** of appropriate residential accommodation for all the citizens. In the last decade the City's building programme should have improved this situation considerably. Furthermore the total population has declined slightly, but this relief has been to some extent offset by a fall in the average size of the family with an increased number of small families. This is confirmed by the still sizeable list of those waiting for suitable Council accommodation. In January, 1969, the total number of applications waiting was 2,248 (1,407 Ordinary; 841 Old Age Pensioners). There were during the year 2,197 new applications (1,858 Ordinary; 339 Old Age Pensioners), so that in spite of 1,858 families either being rehoused or cancelling their applications (1,466 Ordinary; 393 Old Age Pensioners), the waiting list at the end of 1969 totalled 2,587 (1,799 Ordinary; 788 Old Age Pensioners). It is estimated that something like one in forty of the elderly citizens of Portsmouth are awaiting rehousing—a cause for particular concern since many of them may well deteriorate in health or even die before a suitable property becomes available.
- (ii) **GROSS INSANITARY CONDITIONS**—the old, so-called 'slums'. Sometimes these conditions are mainly due to the structure of the property. However, there are now few such houses remaining in Portsmouth. The others—the majority—are due primarily to misuse by the residents and only secondly to deficiencies of structure. The main line of improvement is therefore by means of health education by health visitors, other nurses or social workers. Any physical deficiencies, even though secondary, should simultaneously be improved.
- (iii) **THE FITNESS** or otherwise of premises **FOR HUMAN HABITATION**—either of the repairable kind, or so defective as to require closure or clearance. Although the clearance programme had dealt with the majority of the unfit houses in the City the end of this problem has not yet been reached.
- (iv) **THE APPROPRIATENESS OF THE HOUSES AND THEIR SURROUNDINGS** for a healthy life. This, of course, includes the improvement of

houses and their environment. The City Development Officer refers particularly to this problem on page 177.

- (v) **MULTIPLE PROBLEMS** which each aggravate the other. Thus, a family without a house moves in with another family, causing overcrowding or multiple occupation, with or without sanitary defects.

The Report of the Chief Public Health Inspector gives much information on the present situation and, in spite of considerable efforts, the community is still faced with major problems. In addition to building, repairing and improving still more houses, consideration should be given to seeing if more use cannot be made of the City's existing stock of houses. If the vacant or underoccupied houses could be brought into full use by financial or other measures, then some families could be relieved both quickly and with little call on the building industry. All measures to improve housing conditions should be considered so that the amount of ill-health due to or aggravated by housing difficulties is reduced to the minimum.

CLEANSING

To keep the City clean and attractive is not only a mammoth and expensive present task, but is also one that is likely to increase with the years. The developments currently taking place in the production of disposable articles and more elaborate wrappings add to this task. Great consciousness on the part of many ordinary citizens would materially assist in this matter. While the large items, such as motor cars, furniture and packing cases, immediately catch the eye, smaller items, such as scattered pieces of paper, boxes and other petty and miscellaneous refuse, create a depressing environment and greatly add to the cost of cleansing.

The task of keeping an urban environment not only nuisance-free and wholesome but clean and attractive is one in which all citizens should join with the community's service. The City Council encourages co-operation by such means as a free collection of bulky items of household refuse and more rubbish bins, but the co-operation of the public will increasingly be necessary.

One particular aspect of this is the complaint of dog faeces fouling the pavements and grassed areas used for recreation. While the extent of the danger to health is open to discussion, there can be little argument over the objection on aesthetic grounds. Over the years various suggestions—e.g., easily cleansed dog 'conveniences', reduction in the number of uncared-for dogs, and increased training for dogs—have been made, but with little positive result in Portsmouth. Attempts to improve the situation are handicapped by confusing and weak legislation, the possibility of incurring expenditure, and emotional misunderstandings, but a vigorous policy aimed at keeping pavements and mown grass undefiled, the proper training of dogs and dog-owners, and the elimination of the stray would, in my view, be well worthwhile in this seaside resort.

May I therefore commend to your attention the contribution on page 179 which details the Corporation's services but may I re-iterate that to provide a clean and attractive City must increasingly be the care of every citizen.

THE CITY AMBULANCE SERVICE

May I draw attention to the Ambulance Officer's report which sets out very fully the statistics of the Ambulance Service, particularly those relating to the emergency, or '999', calls.

A very full analysis carried out on 4,601 emergency calls shows that the growth in demand here is greater than the average. This draws attention to the need for accident prevention in all its various forms, but especially that connected with road accidents. The one welcome decrease is in the emergency maternity cases, and this may be connected with the opening of the General Practitioner Maternity Unit, which is referred to in the maternity section.

The growth of the whole service in the twenty-one years since the National Health Service was inaugurated is shown in the final paragraph, and it is relevant to realise what an essential part it now plays in the health services. The increased demand in the last few years is pointed out in the early paragraphs of the report, and is particularly marked in the 'Two-man lift', or stretcher cases which are, of course, those requiring most help. A notable development during the year was the increased training given to the Ambulance Service staff for their work. This follows the recommendations of the national report, and is covered fully in paragraph 6. This paragraph ends with a note on the relationship between the staff and the patients, and it is a great encouragement to the Ambulance Service to receive letters of appreciation; the occasional letter of complaint is viewed always as an opportunity to improve the service. It is, I think, generally accepted that the Portsmouth Ambulance Service is one which not only renders a service to the citizens of Portsmouth, but is also a credit to the Health Committee.

NATIONAL CHANGES

This year was notable for the issue of various reports and papers dealing with the future organisation of health and social services and, indeed, local government generally. While many people desire change there is, of course, no agreement on exactly what these changes should be, and a great deal of discussion took place on these topics.

The Committee on Local Authority and Allied Personal Social Services, under the Chairmanship of Colonel (later Sir) Frederick Seebohm, which reported in July, 1968, made various recommendations dealing particularly with the future administration, deployment to area offices, and increased provision of resources. While some of the reasons advanced for change are not applicable in Portsmouth and, indeed, there are a number of fundamental disadvantages in making a division between health and social services (a person or family all too often has interconnected health and social problems) I, and most other doctors, are sympathetic to the natural desire of social workers to have a better career structure. On the provision of resources members of the Council will remember my appeals for the home help and other social services, as well as those for the medical services.

The Department of Health issued a Second Green Paper in March, which recommended the establishment of area health authorities and, in the case of Portsmouth, the population covered would be greatly increased. Many of the suggestions were widely acceptable, but a controversial one concerned the relationship of the Health Services and Local Government. The feasibility of any relationship is, of course, dependant on the form of local government in the future.

The Royal Commission on Local Government reported in June, 1969, and recommended the establishment of a new local authority area, covering the Isle of Wight, Portsmouth and the south-east part of Hampshire. The White Paper which followed in February, 1970, accepted many of the recommendations of the report, but recommended that the Isle of Wight should be a separate authority. Certain other differences were recommended, but these were not related to the Health Services, except in the environmental field.

Many of these recommendations have much to commend them, but there are of course some doubtful components in each. A great deal of discussion was devoted to these matters to try and ensure that the future needs of the citizens of Portsmouth would be adequately met, and if possible, in an improved manner. In spite of all this discussion and the time devoted to it, there was little to show, indeed the only result was a sense of insecurity about the future.

STAFF CHANGES

During 1969 there was a considerable changeover in the senior medical staff. Dr. Tom Hall left at the end of March to take up an important post in London. During his period of service in Portsmouth he rendered invaluable assistance, particularly in the development of good communications and liaison. He was also associated especially with the needs of the non-communicating child and with industrial health problems. I, and I know many other colleagues in the Department, owe him a great debt of personal gratitude for all he did.

Dr. Denis Hilton, who had been Senior Medical Officer for the School Health Services since 1964, was appointed to succeed Dr. Hall. He had developed his considerable talents in the school health services, and supervised their transfer to the new premises in Battenburg Avenue, as well as seeing to the development of services, particularly those for handicapped school children. There was great difficulty in finding a suitable replacement for Dr. Hilton, and it was not until January, 1970, that his successor could take up her post. During the intervening nine months Dr. Hilton, therefore, managed not only his own duties as Deputy Medical Officer of Health, but also carried a watching brief for his previous post. Both these appointments are busy and, in fact, he had two full-time posts on his hands.

Dr. Roger Congdon resigned from the staff in January, 1969, on his appointment to a senior post in Canada. During his time in Portsmouth he produced two notable reports—'Towards Community Care' and 'Drug Dependence'. The former provoked a great deal of discussion and perhaps the comment made by a medical member of the Health Committee is apposite, viz.: 'it's ideas (were) ten years in advance of it's time'. Dr. Congdon's second report on 'Drug Dependence' was widely acclaimed as being most helpful and led to the formation of the Standing Committee on Drug Misuse. Dr. Congdon was replaced by Dr. May Monro, who joined the Department on 1st April, 1969. She has excellent qualifications and wide experience in psychiatry, and we were very pleased to welcome her.

Another notable change in the medical staff was the resignation of Dr. Dorothy Klein, the City's Medical Audiologist, in February, to take up a similar appointment in London, and her replacement by Dr. Sonia Bolton in June. This is an appointment shared with the Education Committee, dealing with the ascertainment and problems of deafness in children, as well as providing a service for the hospital.

Dr. E. D. B. Wolfe retired after fifteen years in the Department as Vaccination and Immunisation Medical Officer and, after an interval, he was replaced by Dr. C. Gazidis. He had just completed successfully the course at Edinburgh for the Diploma in Social Medicine, and will be most welcome in this expanding field of action.

The year also covered considerable changes in the nursing and midwifery fields, as noted elsewhere. Miss D. O. Learmont was appointed, after national advertisement and outside selection, to be the City's first Chief

Nursing Officer. Her former post of Superintendent Health Visitor then had to be filled. Furthermore, Miss Kinsey retired from the post of Supervisor of Midwives. Both posts were advertised nationally, but in each case the applicant considered most suitable was internal, and we were pleased to welcome Mrs. P. M. Botting and Miss E. M. Parker as their successors.

CONCLUSION

These many changes in the professional staff threw considerable burdens onto the other members of the Department. Maintenance of the services became the primary concern and this duty was, I think, effectively discharged. May I therefore express and record my appreciation to all members of the staff, both named and un-named in this report, who devoted themselves so enthusiastically to coping with problems of many types.

May I also thank the Chairman and Members of the Health and other Committees for their encouragement and support during a difficult year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

PETER G. ROADS,

Medical Officer of Health.

March, 1971.

Part II

STATISTICS AND SOCIAL CONDITIONS OF
PORTSMOUTH

TABLE I
VITAL STATISTICS

	1969	1968
Estimated Mid-year Population ..	214,800	218,790
Population 1961 Census	215,077	
Area in Acres (Land and Water) ..	9,245 acres*	9,244 acres
Number of Dwellings (as at 31-12-69)	64,367	64,458

*—Latest figure quoted by the Ordnance Survey, includes inland waters.

TABLE II
VITAL STATISTICS

	1969			1968		
	Male	Female	Total	Male	Female	Total
LIVE BIRTHS:						
Legitimate	1,414	1,206	2,620	1,503	1,410	2,913
Illegitimate	239	202	441	233	219	452
Total ..	1,653	1,408	3,061	1,736	1,629	3,365
STILL BIRTHS:						
Legitimate	18	13	31	24	15	39
Illegitimate	1	3	4	5	2	7
Total ..	19	16	35	29	17	46
TOTAL LIVE AND STILL BIRTHS ..	1,672	1,424	3,096	1,765	1,646	3,411
DEATHS—ALL AGES	1,458	1,449	2,907	1,443	1,365	2,808
NATURAL INCREASE	195	41	154	293	264	557
INFANT MORTALITY: (Infants under 1 year of age)						
Legitimate	23	15	38	35	30	65
Illegitimate	5	4	9	8	1	9
Total ..	28	19	47	43	31	74
NEO-NATAL MORTALITY: (Infants under 4 weeks)						
Legitimate	15	8	23	22	23	45
Illegitimate	4	4	8	6	1	7
Total ..	19	12	31	28	24	52
EARLY NEO-NATAL MORTALITY: (Infants under 1 week)						
Legitimate	11	7	18	15	16	31
Illegitimate	4	4	8	6	1	7
Total ..	15	11	26	21	17	38
PÉRI-NATAL DEATHS: (Still births and deaths under 1 week)						
Legitimate	29	20	49	39	31	70
Illegitimate	5	7	12	11	3	14
Total ..	34	27	61	50	34	84
MATERNAL DEATHS	—	0	0	—	0	0

TABLE III
BIRTH AND DEATH RATES

<i>Rates</i>	<i>Portsmouth County Borough</i>		<i>England and Wales</i>		<i>Comparability Factor</i>	
	1969	1968	1969	1968	1969	1968
Crude Birth Rate/1,000 population ..	14.3	15.4	16.3	17.2	1.04	1.04
Adjusted Birth Rate/1,000 population	14.9	16.0				
Illegitimate Birth Rate/1,000 total births ..	143.1	134.6				
Stillbirth Rate/1,000 total births ..	11.0	13.0	13.0	14.0		
Crude Death Rate/1,000 population	13.5	12.8	11.9	11.9	0.83	0.85
Adjusted Death Rate/ 1,000 population ..	11.2	10.9				
Infant Mortality Rate/ 1,000 total live births ..	15.0	22.0	18.0	18.0		
Infant Mortality Rate/ 1,000 legitimate live births ..	15.0	22.3	17.0			
Infant Mortality Rate/ 1,000 illegitimate live births ..	20.0	19.9	25.0			
Neo-Natal Mortality Rate/ 1,000 total live births ..	10.0	15.5	12.0	12.3		
Neo-Natal Mortality Rate/ 1,000 legitimate live births ..	9.0	15.5				
Neo-Natal Mortality Rate/ 1,000 illegitimate live births ..	18.0	15.5				
Early Neo-Natal Mortality Rate/ 1,000 total live births ..	8.0	11.3	10.0	10.5		
Early Neo-Natal Mortality Rate/ 1,000 legitimate live births ..	7.0	10.6				
Early Neo-Natal Mortality Rate/ 1,000 illegitimate live births ..	18.0	15.5				
Peri-Natal Mortality Rate/ 1,000 live births and still births ..	20.0	25.0	23.0	25.0		
Peri-Natal Mortality Rate/ 1,000 legitimate live and still births	19.0	23.7				
Peri-Natal Mortality Rate/ 1,000 illegitimate live and still births	27.0	30.5				
Maternal Mortality Rate/1,000 ..	0.0	0.0	0.19	0.24		

TABLE IV
PORTSMOUTH BIRTH RATES, DEATH RATES AND POPULATION—1960-1969

Year	(Crude) Birth-rate per 1,000 population	(Crude) Death-rate per 1,000 population	Peri-natal Mortality Rate per 1,000 Live and Still Births	Total Deaths of Children under 1 year per 1,000 Live Births	Population (R.G.'s Estimate)
1969	14.3	13.5	20.0	15.0	214,800
1968	15.4	12.8	25.0	22.0	218,790
1967	15.5	12.3	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	12.3	29.1	20.7	221,470
1963	18.0	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	23.0	227,930
1960	17.0	12.6	28.6	15.7	217,520

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

Average for 1960-1969 ..	16.5	13.0	28.5	19.9	
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TABLE V
CAUSES OF DEATH—PORTSMOUTH COUNTY BOROUGH

<i>Cause of Death</i>		1969			1968		
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
B 4	Enteritis and other Diarrhoeal Diseases	1	—	1	—	—	—
B 5	Tuberculosis of respiratory system	4	2	6	7	1	8
B 6	Other Tuberculosis including late effects	3	1	4	3	1	4
B11	Meningococcal infection	1	1	2	1	—	1
B17	Syphilis and its sequelae	1	—	1	—	1	1
B18	Other infective and parasitic diseases	3	—	3	5	1	6
B19 (1)	Malignant Neoplasm, Buccal Cavity, etc. *	5	7	12			
B19 (2)	Malignant Neoplasm, Oesophagus *	9	8	17			
B19 (3)	Malignant Neoplasm, Stomach	27	25	52	26	23	49
B19 (4)	Malignant Neoplasm, Intestine *	27	41	68			
B19 (5)	Malignant Neoplasm, Larynx *	7	2	9			
B19 (6)	Malignant Neoplasm, Lung, Bronchus	125	36	161	135	26	161
B19 (7)	Malignant Neoplasm, Breast	—	44	44	2	50	52
B19 (8)	Malignant Neoplasm, Uterus	—	18	18	—	10	10
B19 (9)	Malignant Neoplasm, Prostate *	24	—	24			
B19(10)	Leukaemia	6	6	12	12	6	18
B19(11)	Other malignant Neoplasms	62	76	138	126	125	251
B20	Benign and unspecified neoplasms	2	1	3	—	3	3
B21	Diabetes mellitus	9	15	24	8	11	19
B22	Avitaminosis, etc.	—	—	—	1	—	1
B46 (1)	Other endocrine, etc. diseases	7	7	14	2	4	6
B23	Anaemias	3	8	11	1	—	1
B46 (2)	Other diseases of blood, etc.	—	2	2	1	1	2
B46 (3)	Mental disorders	—	1	1	3	3	6
B24	Meningitis	1	1	2	—	1	1
B46 (4)	Other diseases of nervous system, etc.	14	23	37	11	12	23
B26	Chronic Rheumatic Heart Disease	8	20	28	13	25	38
B27	Hypertensive disease	31	49	80	29	37	66
B28	Ischaemic heart disease	368	313	681	386	276	662
B29	Other forms of heart disease	67	115	182	70	122	192
B30	Cerebrovascular disease	157	215	372	162	250	412
B46 (5)	Other diseases of circulatory system	64	57	121	65	66	131

<i>Cause of Death</i>		1969			1968		
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
B31	Influenza	13	17	30	7	4	11
B32	Pneumonia	123	151	274	70	128	198
B33	Bronchitis and emphysema ..	115	32	147	114	39	153
B33 (2)	Asthma	5	2	7	3	1	4
B46 (6)	Other diseases of respiratory system	23	15	38	31	23	54
B34	Peptic ulcer	13	5	18	8	10	18
B36	Intestinal obstruction and hernia ..	1	8	9	3	5	8
B37	Cirrhosis of liver	2	2	4	3	1	4
B46 (7)	Other diseases of digestive system	14	18	32	14	9	23
B38	Nephritis and nephrosis	5	5	10	4	3	7
B39	Hyperplasia of prostate	6	—	6	5	—	5
B46 (8)	Other diseases, genito-urinary system	12	16	28	10	7	17
B46 (9)	Diseases of skin, subcutaneous tissue	1	2	3	—	1	1
B46(10)	Diseases of musculo-skeletal system	7	9	16	3	7	10
B42	Congenital anomalies	9	6	15	15	13	28
B43	Birth injury, difficult labour, etc. ..	7	6	13	10	8	18
B44	Other causes of peri-natal mortality	4	3	7	7	4	11
B45	Symptoms and ill-defined conditions	1	5	6	3	3	6
BE47	Motor vehicle accidents	20	12	32	14	6	20
BE48	All other accidents	22	29	51	27	27	54
BE49	Suicide and self-inflicted injuries ..	15	7	22	16	10	26
BE50	All other external causes	4	5	9	7	1	8
TOTAL ALL CAUSES ..		1,458	1,449	2,907	1,443	1,365	2,808

* Additional headings now included in the International Abbreviated List (B list) by the Registrar General to improve comparability with statistics published each year in his Statistical Review, Part I (Table 19).

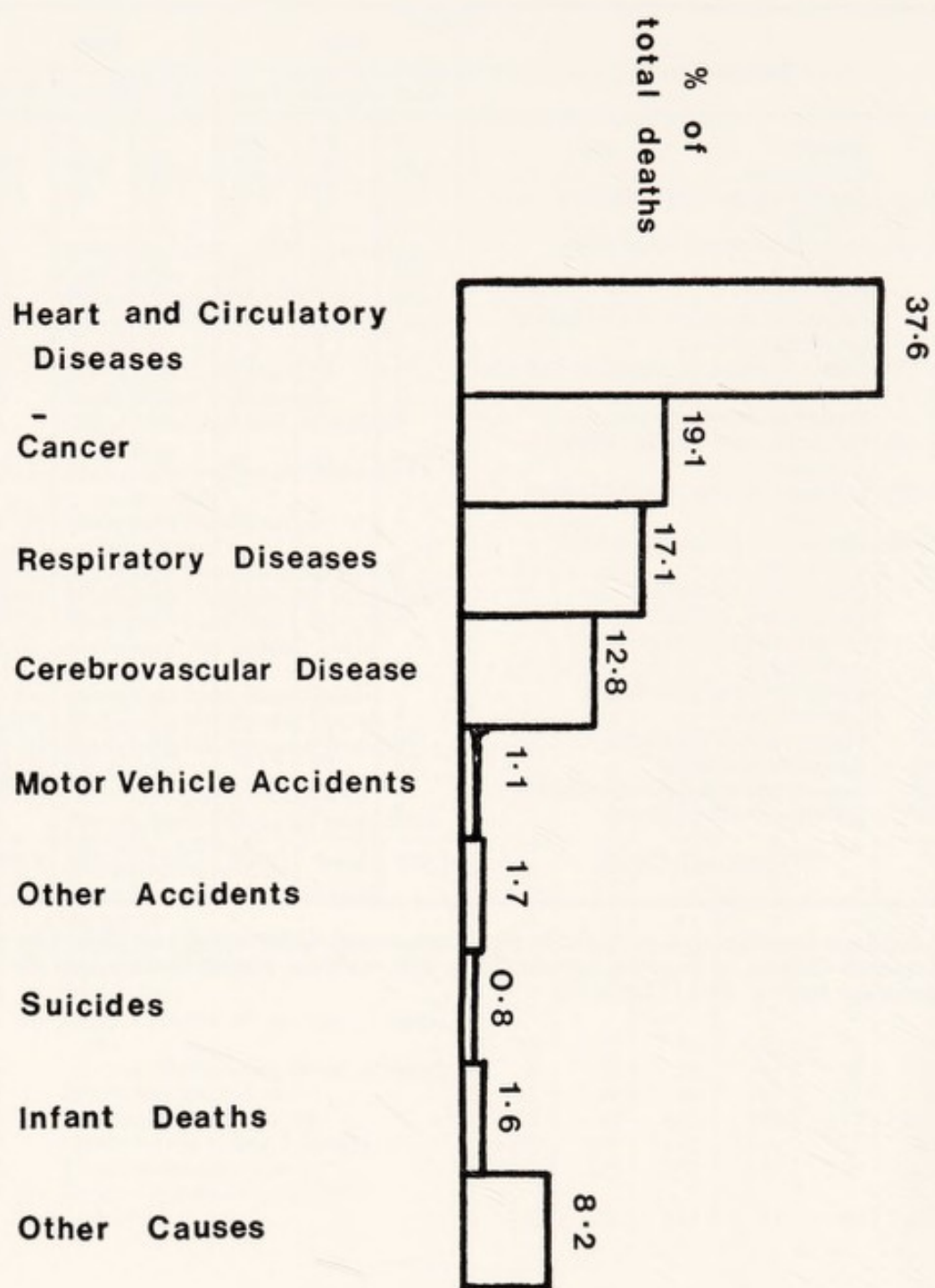


TABLE VII
AGE AT DEATH — PORTSMOUTH 1969

<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	19	9	5	6	19	17	17	85	265	460	556	1,458
Female	12	7	—	3	3	7	20	66	146	353	832	1,449
TOTAL	31	16	5	9	22	24	37	151	411	813	1,388	2,907

METEOROLOGY — 1969

BAROMETER.	The mean barometric pressure (corrected to sea level) for the year was 29.918 inches (29.929). The highest observed reading was 30.599 inches on 27th October, and the lowest 28.793 inches on 13th January.
TEMPERATURES.	<p>The mean temperature in the shade was 51.8°F. (11°C). <i>Maximum</i>—The mean maximum temperature in the shade was 57.0°F. (56.2°) the highest being 83°F. on 12th July (84°).</p> <p><i>Minimum</i>—The mean minimum temperature was 46.6°F. (46.6°) the lowest being 23°F. on 8th February (25°).</p> <p><i>Minimum on Grass</i>—The mean minimum temperature on the grass was 42°F. (41.3°), the lowest being 18°F. on 8th and 18th February.</p> <p><i>Earth Temperature</i>—The mean temperature in the shade, one foot below the ground was 53.0°F. (53.2°), and at four feet 53.0°F. (53.1°).</p> <p><i>Frosts</i>—The minimum temperature in the shade, four feet above the ground fell to and below freezing point on 23 days (23) and there were 74 (72) ground frosts during the year.</p>
SUNSHINE.	1,704 hours 18 minutes (1,666 hours 12 minutes) of sunshine were recorded by the Campbell—Stokes recorder. The greatest amount on one day was 14 hours 36 minutes on 12th July (15 hours 12 minutes).
RAINFALL.	The total rainfall was 27.06 inches (31.54). The greatest fall in 24 hours was 1.43 inches on 6th July (1.44).
HUMIDITY.	The mean humidity in the air (saturation 100) was 80 (80). The following phenomena were recorded:—
HAIL.	No hail reported (1).
SNOW OR SLEET.	On eleven occasions (7).
THUNDER.	On four occasions (6).
FOG.	On three occasions (2).
GALES.	One one occasion—one fresh, nill moderate, (7 fresh, nil moderate).

AVERAGES FOR THE PAST TEN YEARS (1959–1968)

<i>Rainfall</i>	<i>Sunshine</i>	<i>Mean Temperature</i>
29.122 inches	1699.61 hours	51.14
(Figures in brackets refer to 1968)		

MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1969

Month	Mean Pressure (ins.)	Temperature—Degrees F.						Sunshine		Rainfall		Relative Humidity (saturation 100)
		Mean	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.	Max.	Min.						
January ..	29.773	44.3	54	31	47.8	40.8	7.0	44 hrs. 12 mins.	17	4.10	19	89
February ..	29.790	37.6	55	23	42.5	32.7	9.8	83 hrs. 54 mins.	17	1.58	11	88
March ..	29.867	42.0	54	29	46.6	37.3	9.3	76 hrs. 48 mins.	12	2.86	15	82
April ..	29.953	47.5	63	32	54.7	41.0	13.7	207 hrs. 6 mins.	28	1.21	7	74
May ..	29.802	54.1	69	42	59.1	49.0	10.1	182 hrs. 24 mins.	30	3.11	21	79
June ..	29.979	58.8	77	43	67.0	52.6	14.4	284 hrs. 42 mins	29	0.55	3	69
July ..	30.133	65.0	83	51	71.5	58.4	13.1	257 hrs. 24 mins.	29	1.88	5	72
August ..	29.985	64.2	82	49	69.8	58.6	11.2	190 hrs. 6 mins.	29	3.40	14	76
September ..	30.012	61.5	72	46	66.2	56.5	9.7	118 hrs. 30 mins.	24	0.69	6	81
October ..	30.114	58.7	73	39	63.8	53.5	10.3	135 hrs. 54 mins.	22	0.09	4	85
November ..	29.690	46.4	65	28	50.8	42.0	8.8	91 hrs. 24 mins.	22	5.13	16	80
December ..	29.917	41.0	53	30	44.7	37.0	7.7	31 hrs. 54 mins.	10	2.46	15	85
TOTAL ..	—	—	—	—	—	—	—	1,704 hrs. 18 mins.	269	27.06	136	—
MEAN ..	29.918	51.8	—	—	57.0	46.6	10.4	142 hrs. 2 mins.	22	—	11	80

Part III

COMMUNITY HEALTH

Maternal and Child Health

Health Services for the Elderly

Health Centres

Executive Council Services

Nursing Services

Dental Care

Ambulance Service

Diseases—

Infectious Diseases, Vaccination and
Immunisation

Venereal Diseases

Chest Diseases

Parasitic Infestation

Health Education

MATERNAL AND CHILD HEALTH*by***DR. MERCY PLOWRIGHT****Statistics**

The Annual Report for 1969 provides an opportunity to review some of the vital statistics of the last two decades. The estimated mid-year population of the City was 214,800 a decrease of 3,990 on the previous year's figure of 218,710. The Registrar General's returns show a steady fall in the population over the last twenty years except in the three census years 1957, 1961 and 1966; in both decades the figures for the pre census years have been the lowest for the period.

While the current population figures are the lowest for the period under review, the loss of population since the 1961 census was 17,130, compared with 24,100 in the years 1951-59.

Despite the fluctuations in population, the annual total births in the last twenty years have consistently exceeded 3,500, except in 1955, until the last three years. In 1969 there were 3,096 births in the City a decrease of 315 on the previous year's figure of 3,411; an even greater decrease of 334 occurred in 1955 compared with 1954. The only years in which fewer births were recorded since these statistics were first compiled in 1885, were the war years 1941 (2,638) and 1942 (3,068).

The number of deaths in the City has not shown the same variation as births, with the result that the natural increase (excess births over deaths) has declined sharply in recent years, from a peak figure of 1,083 in 1964 to 154 in 1969. A fall of 260 between 1964 and 1966 was followed by a further decrease of 541 in 1967-69. An unusual feature of the 1969 figures was a negative increase for females.

Altogether these figures, the decrease in population, number of births and natural increase, suggest that there has been considerable migration of younger age groups from the City in recent years. The development of the Leigh Park estate, and other private housing schemes in neighbouring areas have obviously contributed to this movement.

In the same period, family planning has been increasingly available to women through General Practitioners and birth control clinics. Some of the sharp fall in number of births since the Family Planning Act, 1967, must be attributed to the increase in publicity and services made possible by the Act.

Young people with initiative who move out of the City to new housing developments are those who are most likely to avail themselves of any extension of family planning facilities. Those who remain, often with many more domestic problems, must have equal opportunity to benefit from the improved facilities for fertility control if the future citizens of Portsmouth are to be as healthy as those who have migrated to neighbouring areas.

Detailed analysis of the number of births shows that there has been a welcome although slight fall in the actual number of illegitimate births from 459 to 441, although the reduction in the total births has resulted in a rate of 143.1/1,000 births as against 134.6 in 1968. The fall in the actual number in Portsmouth contrasts with the general rise in the national figures.

The number of stillbirths and the stillbirth rate both decreased. In the last five years there has been a marked rise in the proportion of live born infants with birth weights of 5½lbs. or less. This is clearly demonstrated in

the following table which shows the number of these infants that could have been expected if the rate remained at the 1960 figures. (See Table I—Comparison Premature Live Births).

TABLE I
COMPARISON PREMATURE LIVE BIRTHS, 1960-1969

(i) <i>Years</i>	(ii) <i>Premature Live Births/ 1,000 Total Live Births</i>	(iii) <i>Number of Premature Live Births</i>	(iv) <i>Expected No. at 1960 Rate of 61.9</i>	(v) <i>Gain/Loss</i>
1969 ..	72.9	223	189	+ 34
1968 ..	82.0	275	208	+ 67
1967 ..	74.1	251	210	+ 41
1966 ..	68.3	238	216	+ 22
1965 ..	63.8	257	231	+ 26
1964 ..	62.9	241	239	+ 2
1963 ..	62.6	252	249	+ 3
1962 ..	59.6	231	240	- 9
1961 ..	59.2	220	230	- 10
1960 ..	61.9	226	226	—

* Gain/Loss—difference between column (iii) and column (iv).

Table based on L.H.S. 27 figures. (Detail not available on Registrar's figures).

The cause of this increase cannot be identified immediately, but the younger age of marriage, and the increase in smoking among women may have a bearing on this finding. A further analysis of birth weights shows there has been a decline in the number of infants with birth weights of less than 3lbs. 4ozs. and a noticeable increase in those of 4lbs. 6ozs.—5lbs. 8ozs. (See Table II—Premature Births by Weights).

TABLE II
ANALYSIS OF PREMATURE BIRTHS BY WEIGHT

<i>Premature Births</i>	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960
2lbs. 3ozs or less ..	5	7	11	9	7	16	15	25	22	21
Over 2lbs. 3ozs. up to and including 3lbs. 4ozs. ..	25	17	10	13	13	13	18			
Over 3lbs. 4ozs. up to and including 4lbs. 6ozs. ..	27	47	39	35	29	31	34	25	33	32
Over 4lbs. 6ozs. up to and including 4lbs. 15ozs.	43	56	62	44	46	41	26	37	30	31
Over 4lbs 15 ozs. up to and including 5lbs. 8ozs.	116	113	83	85	100	77	95	66	72	66
TOTAL LIVE BIRTHS ..	223	275	251	238	257	241	252	231	220	226
TOTAL STILLBIRTHS ..	20	30	35	36	32	40	41	53	34	40

Perinatal Mortality is a sensitive index of the quality of maternity services and the fact that the number of deaths and the rate have fallen for the third year in succession is a tribute to the increased skill and facilities available to expectant mothers in the City.

The influx into the City of young general practitioners whose obstetric training post dated the publication of the Perinatal Survey Report in 1961, increased post graduate facilities for established practitioners, the opening of the Maternity Hospital, the improved training, equipment and mobility of domiciliary midwives, and more adequate health education of expectant parents have all contributed to the steady fall in perinatal deaths.

Twenty-six infants died in the first week of life; in eighteen the birth weight was less than 5½lbs. (2·5 kg.) and in thirteen, respiratory difficulty was a major factor in the death. Low birth weight and the respiratory distress syndrome are the present hard core problems of Perinatal Mortality.

There were three deaths from congenital deformity in the first week of life, two in the first month of life, and a total of twelve in the first year.

The scheme for notifying the occurrence of congenital defects to the Wessex Regional Hospital Board has continued. Eighty-seven abnormalities were notified involving seventy-one children. The major three categories were:—central nervous system, congenital heart disease and talipes. A rising incidence of the latter category has been noted in recent years.

Infant Mortality

Forty-seven infants died in the first year of life in 1969, 27 fewer than in 1968; the decrease occurred in the following groups:

TABLE III

	1969	1968
Congenital Abnormalities	12	20
Birth Injury and Hypoxic Deaths	13	18
Other cause of Perinatal Mortality	7	11
Other diseases of Respiratory System	6	16
	38	65

The category 'Other Diseases of the Respiratory system' was introduced by the Registrar General in 1968, when 16 deaths were coded to this group. Fourteen of these were identified as 'Cot deaths', whereas in 1969 there were only 9 of these deaths. The decrease in this group alone accounts for one third of the total reduction in infant deaths in 1969 but it is also the lowest figure since 1966 when detailed records were first kept.

There is no immediately apparent explanation for this finding; the cases are identified by the circumstances of the death as well as the pathologist's report.

Maternal Mortality

There were no deaths attributable to childbirth. One woman died from a fulminating meningococcal infection 24 hours after delivery of a stillborn infant, also infected.

A second woman on steroid therapy for asthma died 8 months after delivery, from Bronco Pneumonia.

There were no deaths due to abortion in the City.

Child Health

In February 1969 all medical officers working in Child Health clinics attended a weekend course at Winchester on Developmental Paediatrics, organised by the Southern Branch of the Society of Medical Officers of Health. Dr. Dorothy Egan demonstrated methods of assessing the development of infants and children under 5 years old; Dr. Ludwig Fisch and Dr. Peter Gardner dealt with the early detection of hearing and visual defects, while Dr. Ronald McKeith in the closing lecture discussed the relationship between parent, child and doctor.

Developmental Paediatrics provides a more accurate assessment of the physical, mental and emotional progress of a child than the 'milestones', e.g. the age of sitting up, walking, talking, cup feeding, previously used, could do. By this method, deviations from the normal, or the indication of a possible handicap can be detected early, and the necessary treatment and supportive services organised for the child and the family.

The Winchester course stimulated the interest of medical officers in this new approach to work in Child Health clinics, and with the appointment

* See also Ambulance Officer's report on emergency admission to hospital—Page 66 and use made of the Obstetric Flying Squad—Page 67.

of additional medical officers, the reorientation of the service became practicable.

Dr. Margaret Cowan who joined the staff as Assistant Senior Medical Officer for Maternal and Child Health already had some experience in this field, and was responsible for equipping the clinics with the necessary testing materials.

Dr. E. L. Howells, who was appointed jointly with the Education Department as a Departmental Medical Officer in the School Health Service and the Department of Public Health, also had experience of developmental testing of children.

Later in the year active steps were taken to introduce an observation register for the follow up of infants with handicaps or at risk of developing them. It was decided to model the scheme on that in West Sussex, which used a similar computer to that which it was hoped would eventually be available to the Portsmouth Department of Public Health. Obstetricians, Paediatricians and general practitioners were invited to co-operate in the provision of information for the register.

Health visitors were briefed on the type of information that would be required on follow-up visits; inevitably much of the success of the register is dependant on their skill in obtaining information and assessing child development.

Through these two channels, the practice of Developmental Paediatrics aims to assess regularly the progress of children in the City and ensure the real health, not only the physical well being, of the future citizens of Portsmouth.

General Practitioner Maternity Unit

The Unit¹ came into operation on the 1st February, 1969, and by the end of the year 541 mothers had been delivered there.

The accommodation consists of 12 single room delivery suites, one of which is equipped with an Oxford bed, and two 4 bedded wards for patients staying longer than 48 hours. Most babies are kept at their mother's bedside, but a nursery is provided for those requiring nursing supervision. The Unit is equipped to Flying Squad standards so that in the event of an emergency arising only the medical staff have to be summoned.

A comfortably furnished day room equipped with television is available for ambulant patients.

The clinical control of the Unit is in the hands of the Medical Management Committee which consists of 5 general practitioners and the Senior Medical Officer for Maternal and Child Health for Portsmouth who acts as Secretary. The Chairman provides the liaison between the Consultant and General Practitioner Obstetricians.

All general practitioners on the Portsmouth Obstetric List may use the Unit for their patients living within the City boundary; these practitioners and the domiciliary midwives of the City are responsible for the medical and nursing care of the patients.

The Unit is also available to women living immediately adjacent to the City boundary; by arrangement with the County, the Portsmouth domiciliary midwives undertake their post natal care. Patients of doctors on the Portsmouth Obstetric List, who live further away, e.g. Purbrook, Waterlooville, Bedhampton, can be confined in the Unit if they have relatives within the

¹ See also Community Nursing Services Report—Page 57.

Sixty-seven patients booked for the Unit were delivered at home, usually because labour was too far advanced when the midwife was called, for admission to be arranged.

The Unit operated throughout the year with remarkably few teething troubles; in the early months, it was, inevitably, under occupied but by the end of the year patients who had been delivered in the Unit soon after it opened, were booking for a subsequent delivery.

The medical and nursing staff appreciated the facilities available to their patients and their ready access to the Hospital service if the need arose. The Head of the Anaesthetic Department arranged several demonstrations of the Resuscitaire, and the technique of intubation for the benefit of all practitioners and domiciliary midwives. A model of an infant's head was left in the Unit to allow staff to acquire the necessary expertise in this procedure.

It was more difficult to provide job satisfaction for the administrative nursing and auxiliary staff, but this is a well known problem in Units of this type and a satisfactory solution varies with the personalities involved.

Domiciliary Midwifery Services

The Chief Nursing Officer in her report on the Domiciliary Nursing services¹ comments on the increased number of cases for which the domiciliary midwives were responsible. They delivered 36.5% of the infants born, and cared for 1,661 mothers discharged within 48 hours of confinement. This latter figure is almost exactly 1,000 more than in 1963, the first year for which early discharge figures are available.

The early discharge policy² which has been a feature of the maternity service of the 60's has meant considerable reorientation for the midwifery staff. With less opportunity of exercising her special skill at the time of delivery, the midwife has had to acquire new skills in the field of human relationships and the use of community services. Midwifery training has more recently been affected; pupil midwives now have to be instructed in community care as well as in the domiciliary practice of midwifery during their district training.

Everyone who works with people will appreciate that the change in the midwives' role in the last ten years has meant that though the number of deliveries is less, her case load is as heavy and as time consuming at the end of the decade as at the beginning.

It has been increasingly recognized that the total care given to the mother and child from the time of conception to the end of the puerperium is the foundation for the future health of each individual.

The current pattern of daily living would seem to suggest that a midwife experienced in community care, sharing the same environment as her patients, exposed to similar stresses, will have as vital a part to play in promoting family and community health in the future as she has ever had in the past—and she will be no less needed in the 1970's than in the last decade.

1 See Page 57.

2 See Page 57.

TABLE V

Parentcraft and Pre-Natal Relaxation Classes

No of Courses—24	1969	1968
No. of persons attending during year:—		
(a) Institutional Bookings	116	
(b) Domiciliary Bookings	395	
TOTALS	511	531
Total Attendances made	2,236	2,136
Average Attending	4.3	4.0

Cervical Cytology

Publicity for the Cervical Cytology Service in 1969 was sought through two channels, in addition to advertisements and the present notices in clinics. The Medical Officer of Health for East Sussex generously allowed us to adapt the leaflet drawn up in his Department for use in Portsmouth. These were made available, with the agreement of the Local Pharmaceutical Committee, to women through retail chemists' shops. In addition leaflets were distributed to tenants in the multi-storey blocks of flats through the house mothers.

Special sessions were arranged for the women employees of three firms in the City; the results were notified to the family doctors.

Despite these efforts only 800 women availed themselves of this preventive service provided by the Local Authority.

Dr. Margaret Foley F.R.C.O.G. comments:—

'The total numbers are disappointingly low.

One quarter of the total is from the relatively low risk age groups, which is perhaps to be expected since the general practitioners take few smears in these age groups. For the same reason probably, the number of childless women is disproportionately high, 19.5%.

The small number of high parity women attending emphasises the need for a mobile service for women who are not motivated to attend clinics or are prevented by family commitments.

In view of the small overall numbers attending, there should be a programme for a routine of check visits at one, two or three year intervals at the discretion of the doctor taking the smears.

The service is still not widely recognized as a "well woman" service; a high proportion of patients attend because of a minor symptom, using the clinic as a sort of minor gynaecological out-patients service, which though valuable of course, means that we are attracting even fewer truly well women than the figures would suggest.'

It is recognized that many women attend their family doctor for this screening procedure; others are screened through the obstetric and gynaecological clinics of the Hospital and the family planning clinics.

* See also Dental Officer's Report on Dental Care of Expectant and Nursing Mothers—Page 62.

Nevertheless, the service is not being utilised by the high risk groups—women over 30 years of age who have had several children.

There were 18 deaths from cancer of the womb in 1969; 11 of these were from generalised cancer that had spread from a growth in the neck of the womb. It is this type of cancer which can be detected in its very early stages by the 'Cyto' (short for Cervical Cytology) test, and when found, can usually be treated by a small operation and eradicated. These deaths therefore, should be regarded as preventable in future particularly as they affect married women with several children.

TABLE VI
CERVICAL CYTOLOGY — JANUARY—DECEMBER 1969

<i>Clinic of Firm</i>	<i>Re-Tests</i>	<i>Return Visits</i>	<i>New Patients</i>	<i>Attended</i>	<i>Number of Smears</i>	<i>Negative Result</i>	<i>Positive Carc.</i>	<i>Trichomonas</i>	<i>Monilial Hyphae</i>	<i>Hyperplastic Endometrial Cells</i>	<i>Atypical</i>	<i>Other Reasons</i>
Northern Parade ..	21	5	422	448	440	418	—	11	7	—	1	3
Portsea ..	8	1	213	222	218	205	—	7	3	—	—	3
Post-natal ..	1	—	11	12	12	12	—	—	—	—	—	—
S.E.B. ..	—	2	33	35	34	33	—	—	1	—	—	—
Brickwoods ..	—	—	13	13	13	13	—	—	—	—	—	—
C. & A... ..	—	—	70	70	69	62	2	2	1	2	—	—
TOTALS ..	30	8	762	800	786	743	2	20	12	2	1	6

TABLE VII
CERVICAL CYTOLOGY — JANUARY—DECEMBER 1969
AGE GROUPS AND NUMBER OF CHILDREN

<i>Clinic or Firm</i>	<i>Age 15-24 Years</i>	25-34	35-44	45-54	55+	<i>Attended</i>	<i>Children 0</i>	1	2	3	4	5+
Northern Parade	15	91	146	141	55	448	77	79	156	69	32	35
Portsea ..	7	42	76	69	28	222	36	46	72	35	22	11
Post-natal	5	6	1	—	—	12	—	6	3	1	1	1
S.E.B. ..	12	7	13	3	—	35	25	2	5	—	2	1
Brickwoods	3	2	3	3	2	13	6	5	2	—	—	—
C. & A...	1	9	17	33	10	70	12	16	19	11	6	6
TOTALS ..	43	157	256	249	95	800	156	154	257	116	63	54

TABLE VIII
DEATHS FROM CERVICAL CANCER 1969

<i>Married Single ..</i>	10 1	<i>Age Groups</i>			<i>Parity</i>				<i>Not Known</i>
		35-44	45-54	55+	0	1-3	4-6	7+	
TOTALS ..	11	2	2	7	4	4	1	1	1

Family Planning

1969 was the first full year in which the responsibility of the City for the provision of family planning services under the Family Planning Act 1967 was discharged through the Portsmouth and District Family Planning Centre. There are therefore not strictly comparable figures for previous years.

The Portsmouth clinics are held in Local Authority premises, but are attended by a considerable number of patients from outside the City boundary. The following tables, extracted from the Annual Report of the Portsmouth and District Family Planning Centre, indicate the overall work load of the City clinics and the third table, the total number of Portsmouth residents receiving advice through the service.

TABLE IX

<i>Clinics</i>	<i>Fratton</i>		<i>Cosham</i>		<i>Eastney</i>		<i>Hilsea</i>		<i>Portsea</i>	
	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968
Sessions	102	102	52	51	50	50	48	48	32	52
Total new cases ..	624	603	85	125	133	140	72	104	166	104
Total attendance ..	5,192	4,750	1,468	1,899	1,222	1,118	652	624	772	326
Pts. free treatment	331	391	95	190	107	139	45	97	34	74
<i>Reasons:</i>										
Medical	104	85	19	28	20	29	9	27	8	7
Planning	121	124	39	57	78	73	52	66	18	17
Pre-Marriage ..	400	391	25	37	36	37	11	9	140	80

TABLE X

<i>Clinics</i>	<i>Free Patients</i>		<i>Attendances (all patients)</i>	
	1969	1968	1969	1968
Clive Road	331	391	5,192	4,750
Cosham	95	190	1,468	1,899
Prince Albert Road	107	139	1,222	1,118
Northern Parade	45	97	652	624
Portsea	34	74	772	326
TOTALS	612	891	9,306	8,717

Portsmouth and District Family Planning Centre

1ST JANUARY 1969 TO 31ST DECEMBER 1969:

Total No. New Portsmouth Patients	1,168	of whom 314 received free treatment and supplies
Further Visits	1,400	
Intra uterine Devices	183	

It will be noted that only Clive Road and Portsea clinics showed an increase in the number of patients attending in 1969; again, it was at the same two clinics that the majority of premarital advice was given. Both these clinics serve areas with a plethora of social problems but they are also the most convenient ones for students and members of the Women's Royal Naval Service to attend.

The Portsmouth and District Family Planning Centre extended its services during the year to provide contraceptive advice for patients in St. Mary's Maternity Hospital, the General Practitioner Maternity Unit and the Gynaecological wards of St. Mary's General Hospital. This ensured that women at particular risk, e.g. grand multiparae, and those who had had a miscarriage or abortion had easy access to birth control advice when they had the incentive and leisure to obtain it.

The general decrease in the number of new referrals may be a reflection of the increasing interest of family doctors in this aspect of family care. In the past very little attention has been paid to the training of medical students and doctors in family planning. The Department of Public Health therefore actively supported the Portsmouth and District Family Planning Centre in providing training facilities for the resident staff at the Hospitals, in addition to the training programme that has been offered to interested practitioners for many years.

Domiciliary Family Planning

This service takes family planning advice into homes where multiple factors prevent the mother from attending clinics. The relevance of family planning to the circumstances of the particular family can be discussed with both partners—and sometimes, other interested persons! Patients find it easier to raise problems of tablet remembering, side effects and the relative values of different methods of birth control while chatting informally to an experienced medical officer in their own home, than in a clinic. In this way co-operation in the control of excessive fertility may be achieved for families swamped by social difficulties.

During 1969 fifty-six patients were referred to the service—47 were sent by health visitors, 6 by Child Care Officers, 2 by midwives and 1 by a general practitioner. It will be noticed in the table below that 25 patients (44%) were referred from Portsea—a figure that is a reflection not only of the problems of that area, but of the efforts that have been made in the last year towards alleviating some of them.

Areas:

Portsea	25
Paulsgrove and Wymering ..	8
Fratton	7
Landport and Mile End ..	7
Southsea	3
Drayton	1

In addition 2 patients were referred from Lacey Lodge and 2 from Ker House.

<i>Parity</i>			<i>Reasons</i>		
No children	..	2	'Problem' family	..	16
1—3 children	..	28	Low I.Q.	..	6
4—6 children	..	23	Physical illness	..	5
7+ children	..	3	Mental illness	..	4
		—	Unmarried mother	..	3
		56	Overworked, young mothers,		
		—	large family, frequent preg-		
		—	nancy	..	7
					—
					41
					—

Reasons for referral of the other 15 cases covered the variety of social need—financial, refusal of sterilisation, marital difficulties, promiscuity. One case was referred on prophylactic grounds with the mother's agreement.

Thirty-two patients were given oral contraceptives, 19 were fitted with an intra uterine device, 1 refused advice, 2 had prescriptions from their family doctor and, in one case, the method had not been decided.

There were two pregnancies in women referred to the domiciliary service, in both cases due to the patient not taking the prescribed oral contraceptive.

The Medical Officer, Dr. Marion Whitwham comments:—

'15 of the domiciliary family planning patients are either unmarried or separated from their husbands and these women have 42 children amongst them. 41 women had had a baby in the year before referral.

There is increasing awareness of the relationship between high parity and social incompetence and it is hoped that the Domiciliary Service will be used more widely for potential problem families before too frequent pregnancies have caused actual breakdown.'

SERVICES FOR THE ELDERLY

by

DR. MERCY PLOWRIGHT

The services provided through the Geriatric Section of the Department of Public Health are some of the most appreciated by the community. However, only limited expansion in the past year has been possible and that usually as the result of recruitment difficulties in another part of the service.

Chiropody

Two additional sessions were started at Victoria Road North Clinic in April 1969, and another at Prince Albert Road Clinic in November, bringing the total number of clinics per week to 21. Despite these extra sessions, the waiting list and the time interval between treatments continued to grow, to the frustration of the chiropodists who found themselves repeatedly confronted with painful foot conditions that more frequent treatment could have prevented.

Transport was another frustration felt by patients and staff alike; delays in collecting patients for clinics, or taking them home again were invariable topics of conversation and complaint.

The Chiropody Service is a major user of ambulance transport. Without it many people would be deprived of treatment and often a welcome outing or could only be treated by adding to the domiciliary visiting load and cost. The ambulance staff did their best to meet the demands made by the chiropody service but with insufficient staff and vehicles to meet the total demand in the City, it was inevitable that priorities had to be assessed and the chiropody service could not have priority over some hospital cases.

The following tables give the details of service (1968 figures in parentheses):—

TABLE I

<i>Clinics</i>	<i>Sessions</i>	<i>Attendances</i>	<i>Transport</i>	<i>Comments</i>
Northern Parade ..	507	4,127 (4,167)	1,537 (1,853)	10 sessions per week
Prince Albert Road	212	1,648 (1,605)	492 (584)	5 sessions per week (4 until 28.10.69)
Victoria Road				6 sessions per week (4 until 3.4.69)
North	281	2,147 (340)	789 (122)	
Domiciliary				
Service ..	—	2,846 (2,469)	— —	—
Residential Homes	—	2,081 (998)	— —	—
TOTALS	1,000	12,859 (9,579)	2,818 (2559)	—

Average attendance per clinic session—7.9 (7.9).

*Number of Patients Treated**New Referrals*

(Clinics and Home Visits only)

Elderly	1,796 (1,685)	General practitioners	163 (209)
Handicapped ..	35 (30)	Health Visitors ..	240 (347)
Expectant Mother	1 (—1)	Queen's Nurses ..	10 (27)
		Others	16 (14)
	<u>1,832 (1,715)</u>		<u>429 (597)</u>

Only 117 more patients from the community were treated in 1969, a number which could be accounted for by the additional 3 sessions at Victoria Road North and Prince Albert Road without affecting the treatment interval at the other clinics at all.

The increase in the number of treatments is almost entirely due to the use of Victoria Road North clinic for the whole year, the provision of chiropody in the Welfare Services homes for a similar period, and the increase in the number of domiciliary visits. In many cases the latter service was the only way in which urgent or sufficient frequent treatment could be arranged.

In March a charge of 2s. 6d. per attendance was introduced; patients in receipt of supplementary benefit were exempt but many preferred to pay.

Staff

Mr. W. R. Dear joined the staff in February on a sessional basis, largely to provide a service for a welfare services homes.

Mr. and Mrs. Graham undertook locum sessions from August.

The appointment of a second full-time chiropodist was deferred on financial grounds though it might have shown a saving as well as providing a more adequate and efficient service.

The present staff at 1 full-time and 7 sessional chiropodists are deployed as follows:—

TABLE II

<i>Name</i>		<i>Clinics</i>	<i>Residential Homes</i>
Miss Bromhead	Full-Time	Northern Parade (7) Prince Albert Road (2) Victoria Road North (1)	3
Mrs. Leach	Sessional	Northern Parade (2) Prince Albert Road (1)	—
Mrs. Allard	Sessional	Prince Albert Road (2) Domiciliary	1
Miss West	Sessional	Victoria Road North (2)	—
Mr. Dear	Sessional	Prince Albert Road (1) Victoria Road North (3)	8
Mrs. Graham	Sessional	—	4
Mrs. Young		Domiciliary	
Mr. Miller		Domiciliary	

Elderly people with grossly deformed nails or unaware of the chiropody service are still being reported with a frequency that only serves to emphasise that the facilities are still quite inadequate to meet the conservative estimate of 5,000 patients requiring treatment that was made when the service started in 1963.

Chiropody clinics need to be sited so that they are easily accessible to patients, if the service is to fulfil its function of maintaining mobility in elderly people. It is planned to provide chiropody in Health Centres and

Welfare Services Homes as they are built but additional clinics near to elderly persons' homes will still be required throughout the City.

Night Attendant Service

One hundred and sixty-eight patients were nursed by this service in 1969; the reasons for referrals are given below but it will be noticed that cancer accounted for almost 31 %, and cardiac disease and cerebro-vascular accidents together for a similar proportion. This service is, with the District Nursing Service, making a major contribution to terminal care of patients in the community, often to the relief of relatives, and certainly to the Hospital.

TABLE III
TYPES OF CASES

<i>Reason for Service</i>	1965	1966	1967	1968	1969
Cancer	6	24	29	41	52
Cardiac disease	3	12	20	23	28
Senility—unable to be alone	1	12	12	12	19
Pneumonia	1	5	4	7	5
Admission/discharge hospital	—	2	10	6	8
Admission/discharge nursing home	2	1	1	1	2
Tuberculosis	—	—	1	—	—
Hypothermia	—	—	1	—	—
Asthma	1	—	—	—	4
Diabetes	—	1	—	1	1
Bronchitis	—	1	2	3	6
Pleurisy	—	1	—	—	—
Neurotic disease	—	1	—	—	2
Relief for relatives	—	5	15	14	11
Cerebral accident	—	1	7	30	25
Multiple sclerosis	—	—	—	1	1
Varicose ulcers	—	—	—	—	2
Parkinson's disease	—	—	—	—	2
TOTALS	14	66	102	140	168

Although the case load varies quite unpredictably, there has been a constant demand for the service throughout the year and at times, priorities have had to be assessed for the service, when insufficient staff were available to meet the demand.

The staff complement fluctuated throughout the year but tribute must be paid to the willingness of staff to work extra nights when the need arose.

The charge for the service remained unchanged at 4s. per hour except for patients on supplementary benefit or comparable incomes.

It is obvious that the service meets a need in the community but its extension depends largely on the recruitment of suitable staff.

House Mothers

Three additional appointments were made in 1969—to Barkis House in February, Pickwick House in May and Nickleby House in September. This brought the total number of staff employed in this capacity to 11 at the end of the year. Appointments of other staff were deferred for financial reasons.

Two way communication systems were installed in all blocks before the house mothers were appointed. It is hoped to provide house mothers for all remaining tall blocks and for a new low rise development in 1970.

Laundry Service

One hundred and forty-four patients were assisted with this service during 1969 and without it many of these patients would have required hospital beds. Families are assured of an adequate supply of linen when incontinence is a problem and relieved of the difficulty of washing soiled linen and drying it. Keeping track of stock is a problem in view of the age of many of the recipients of the service.

Nursing Equipment

The range of articles available to the public through this service has extended both in quantity and type during the year but the service is still not used in many cases where it is needed. Heaters have been supplied to maternity cases where suitable and safe appliances were not available in the home.

Difficulty is still experienced with the repair of damaged items—wheel chairs for instance have been waiting months for apparently unobtainable new parts, while patients remain imprisoned at home for lack of chairs.

Home Nursing Equipment

Number of separate items loaned during 1969	..	..	1,925
Total number of items on loan at December 1969	..	..	1,542
Number of incontinence pads issued during year:			
(discontinued October 1969) small	..	..	39,319
large	..	..	20,939
			<hr/> 60,258
Number of interliners issued during year	..	..	43,808

Convalescence

Seventeen patients went to Wenham Holt, and thirty-one to other convalescent homes from Southend to Bournemouth.

Compulsory Removals

These cases continue to arise in the City though there were only 10 in 1969 compared with the 'all time high' of 19 in 1968. It is a moot point as to whether elderly people, who like most people dislike change—only more so and are often incapable of appreciating their condition, should be left to sink slowly and inevitably into a state of physical and mental degradation, when adequate warmth, food and suitable medication could reverse the process to a greater or lesser degree. Particularly is this so with the depressed forgetful elderly person; without facilities for care, they are denied the relief and improvement that antidepressive treatment could give. Yet adequate care is rarely possible in their own homes and removal to Hospital or Welfare Services Homes is the only means by which it can be obtained for them.

Early recognition of depressive state in an elderly person and adequate treatment could possibly avert the need for some of these removals but while 'age' is accepted as sufficient explanation for deterioration in habits, interest and appearance, the need for compulsory removals will remain.

Case Conferences

An attempt was made to reduce the frequency of meetings by holding all the area meetings on one morning each quarter; this proved a marathon

session and was replaced by quarterly meetings for all staff working in the geriatric field. Topics of interest were discussed, such as the Conference at the Hospital Centre on Incontinence, and the, by now, hardy annual, 'Hypothermia' at the autumn session.

Co-ordinating Committee for Geriatric Services

This body continued to meet quarterly and to provide a forum for the discussion of developments within the Hospital/Local Authority/medical and voluntary services.

Voluntary Services

In November a small rehabilitation and recuperative project was initiated as a joint venture by the Abbeyfield Society and the Old Peoples Welfare Committee of the Council of Social Service. A semidetached house in Copnor was adapted to provide accommodation for three guests and a housekeeper. The house was completed and redecorated inside largely by voluntary labour and was furnished with gifts made at various times, to the Council of Social Service.

The house named Albertha house after the landlord's mother, was opened by Lady Frewen in November when three guests were in residence.

The aim is to provide short term care, interpreted usually as a month, for elderly people in need of 'building up', physically and mentally, to enable them to continue living in their own homes.¹

Luncheon Clubs continue to flourish and provide vital social contact and food for about 350 people usually once a week.

The visiting service provides another type of friendly care and at the same time keeps the statutory and voluntary workers informed about community needs.

The Old Peoples Welfare Officer regularly attends the Geriatric Case Conferences together with the Meals on Wheels organiser of the Womens Royal Voluntary Service.

Various vehicles donated by local charities provided outings for a large number of elderly people during the summer months. In addition, a week's holiday for 30 people at the Queen Elizabeth the Queen Mother Hall was organised in September for the 5th successive year. These holidays are provided for people who are housebound and would not normally have the opportunity of going away. A varied and interesting programme is arranged with the help of various voluntary bodies and other interested persons. Members of the visiting service, the Red Cross and other organisations provided the necessary help for guests while the College of Education generously place its halls and grounds at the disposal of the visitors and undertakes the catering.

There is a tradition of close and active co-operation between statutory and voluntary services in the City. The further expansion of the Community services for the elderly within the present financial limits will be dependent on all staff, statutory and voluntary being alert to new opportunities of augmenting each others' efforts, and learning to use the services available in new ways.

¹ See also Medical Social Workers Report—page 92

King Edward Hospital Fund Conference

The King Edward Hospital Fund for London organised a series of three study days on 'working together'. The Medical Officer of Health was invited to talk on co-ordination of geriatric services and in his paper used the experience of Portsmouth in integrating services for the elderly. The following contributed to this discussion, the Medical Officer of Health, the Senior Medical Officer for Geriatric Services, a consultant geriatrician, a general practitioner, the Director of Welfare Services and the Director of Housing. It was considered to have been a very successful conference and demonstrated unmistakably the close co-operation of the services which exist in Portsmouth.

HEALTH CENTRES

by

MR. D. A. SIMPSON

1969 can be regarded as the year when the major throes of negotiation with the National Health Service Executive Council were dealt with and considerable work was carried out on the overall planning of Health Centres in the City of Portsmouth.

A revision of the overall plan for Health Centres was agreed as follows:

<i>Health Centre</i>	<i>Year for Completion</i>
Somers Town	1971
Cosham	1972
Kingston Crescent	1973
Eastney	1973
Southsea	} 1974-1975
Fratton	
Paulsgrove	} 1975-1980
Portsea	
Copnor	

In previous annual reports I have referred only briefly to the individual Health Centres. I am now including individual comments on each of the ones under active consideration, as this will be helpful to those of you within the City of Portsmouth who are particularly interested in the future development of the Health Centres as one of the methods of improving the liaison of the medical and social service.

Somers Town Health Centre

During the early part of this year, the City Architect prepared the detailed drawings of this scheme ready for going out to tender and also work was going on with the agreement between the Local Health Authority and the National Health Service Executive Council. In October, the National Health Service Executive Council informed us that they did not wish us to provide a dental suite for General Dental Practitioners. At the beginning of October, as previously stated, the draft agreements were under preparation for presentation to the various committees and in November the Finance and Policy Committee, following a joint report of the Town Clerk, City Treasurer and Medical Officer of Health on this project, approved the scheme subject to no building being proceeded with until the terms of the agreement with the National Health Service Executive Council had been agreed by the Finance and Policy Committee. This was ratified by the City Council on 18th November, 1969. Progress at this stage seemed very successful. However, towards the end of November, it was realised that due to a Ministry decision there would be no access road from the south of the East/West Road in the immediate vicinity of the Health Centre.

Discussions then took place between various Chief Officers and the doctors concerned on this subject, together with the effect of the new road works on the population in the area. These factors were analysed and I am pleased to report that in March, 1970, the doctors indicated their willingness to practice from the Somers Town Health Centre in spite of previous doubts which were raised on the road and population problems.

I am fairly confident that in my next Annual Report I will be reporting that building has commenced on site, and will be in a position to report a programmed completion date.

Cosham Health Centre

During the beginning of the year, the City Architect prepared the initial sketch plans for our observations and modification prior to forwarding them to the Department of Health and Social Security for approval. In July, 1969, the working party met and approved the initial sketch plans subject to certain modifications. The comments of the Department of Health and Social Security were received and analysed and the majority of the points were accepted and will be incorporated in the revised sketch plans. Unfortunately, after the schedule of accommodation was agreed with the Department of Health and Social Security, the City Architect was unable to proceed any further with this project pending various decisions by the City Council.

Kingston Crescent Health Centre

The schedule of accommodation for this Health Centre was submitted to the Department of Health and Social Security and at the end of the year it was still under consideration by both ourselves and the Department. When this has been agreed the City Architect will be requested to commence the initial sketch plans. Following the meeting of the Special Joint Committee regarding Health Centres in June, the City Treasurer stated that he required a firm understanding that the doctors would participate in this team. The Clerk of the Executive Council again contacted the fourteen doctors concerned and in the light of the knowledge that was available at that time, I was informed that they will require ten General Practitioner suites, bearing in mind that the cost to the doctors was based on that already calculated for the Somers Town Health Centre. In November, the Finance and Policy Committee approved the recommendation that a compulsory purchase order be promoted to acquire the site on the corner of Kingston Crescent and Gamble Road, primarily for Health Centre purposes, and that the Development and Estates Committee be asked to consider using planning powers. This was subsequently ratified by the City Council.

Eastney Area Health Centre

A meeting was held at the Prince Albert Road Clinic, on 1st December 1969, and all the General Practitioners within that area were invited to attend, to discuss Health Centres in the Eastney area and Health Centres in the general context. It was a very rewarding meeting and I think that those who participated benefitted from the exchange of views. Following the meeting, a request was made to the City Development Officer for the allocation of a large site, or alternatively two smaller sites, in order that the Health Centre projects be built to serve the Eastney and Southsea areas.

Northern Parade Advisory Clinic, Conversion to a Health Centre for the Hilsea Area

Following the meeting of the special joint committee on Health Centres in June, a study was undertaken to explore the possibility of the conversion of the Northern Parade Advisory Clinic in order to provide the accommodation requested by the General Medical Practitioners for their group practice in the Hilsea area. If the extension of these premises is a feasible proposition then this will ensure the effective co-operation between the doctors and the local authority to their mutual advantage and, at the same time, overcome the difficulty of finding a suitable site to provide group practice accommodation in the Hilsea area. In fact, this would provide all the facilities and services required of a small Health Centre at a relatively small additional cost. The problem is to provide the required number of car parking spaces.

NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL SERVICES*by***MR. A. R. GODDARD****The Medical Service**

At the end of December, 1969, there were 121 general practitioners on the Portsmouth Medical List, and of these 28 practice mainly outside Portsmouth and 3 have lists limited to hospital staff. The number of persons on doctors' lists was 202,053, and the average number of Portsmouth patients per doctor, excluding those mainly in practice outside Portsmouth, and those with limited lists, was therefore 2,224. During the academic year ended 31st August, 1969, 75 Portsmouth doctors attended refresher course under the scheme for the Post-graduate Education of General Practitioners.

3,411 women received maternity medical services through Portsmouth general practitioners.

8,117 persons received medical treatment as Temporary Residents during the year, 1,284 of whom were from all parts of the world and various nationalities.

The Dental Service

During the year 112,616 courses of dental treatment were provided by Portsmouth dental practitioners. There are 63 dental practitioners providing general dental services in Portsmouth, i.e. one dentist to every 3,181 of the population.

The Pharmaceutical Service

Portsmouth chemists dispensed 1,217,772 prescriptions during the year. There are 56 pharmacies and 5 persons supplying appliances only. 46 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 total number of prescriptions dispensed in England and Wales during 1969 was 245,539,405.

The General Ophthalmic Service

At the end of your year there were 12 ophthalmic medical practitioners, 28 ophthalmic opticians, and 21 dispensing opticians on the Portsmouth Ophthalmic List. During the year 33,823 sight tests were given.

The total cost of the Service administered by the Executive Council for 1969 was £1,882,816.

DOMICILIARY NURSING SERVICES*by*

MISS D. O. LEARMONT

General

1969 was a year in which many events occurred which will have a direct bearing on the Community Nursing Services. In February, the General Nursing Council published their new syllabus which laid down that the student nurses in general training should have the choice of one of four options—psychiatry or geriatrics and/or obstetrics or community nursing until 1974 and from 1975 onwards 2 out of the 4. This has vast implications with regard to training and the load that the community nursing staff can be expected to accept, and also the patients in their own homes. Miss D. Mahony resigned from the post of Community Nurse Tutor in September and in November Miss M. Dancer was appointed to the post. Interesting and amicable discussions are taking place with our hospital colleagues on the best way of implementing these decisions, and in consequence the scope of the Community Nurse Tutor's work is increasing greatly. One of the by-products of this is that more in-service training of staff will have to take place in order to prepare them to teach at this level. There has also been an increasing demand for lectures on the community nursing services and also nursing knowledge and procedure, to be given to the students in the social science department of Portsmouth Polytechnic. Thus more awareness and understanding of each others problems is increasing.

The City Council approved the decision to appoint a Chief Nursing Officer for the City to undertake the co-ordination and control of the three domiciliary nursing services and their supportive ancillary staffs in September. Miss D. O. Learmont, former Superintendent Health Visitor/School Nurse was appointed to the post. With the retirement of Miss Kinsey and the appointment of Miss Learmont this means that during the year there had been a complete change of all senior nursing staff but the change was achieved with the minimum of upset to the staff and the services. It is anticipated that the district nursing service, at present administered by the Portsmouth Victoria Nursing Association, will be transferred to the direct control and administration of the Chief Nursing Officer in 1970.

In 1969, the Department of Health and Social Security published a book entitled 'The Attachment of Local Authority Nursing Staff to General Practice' and local authorities were urged to give consideration to this. The aim of our work is to give the patient the best service possible to the highest nursing standard, and it is thought that this will be better achieved if nursing staff work on a General Practitioner practice case load rather than the traditional area case load. In Portsmouth there has been an official liaison scheme in practice between the General Practitioners and the local authority nursing staff since 1964 and a great deal has already been achieved in co-ordinating action to the patient and in understanding each others role and function. Much thought in the latter part of the year was given on the best way of implementing a full partnership method of working and it is hoped to start a pilot venture in 1970.

Midwifery

Miss D. J. Kinsey, Supervisor of Midwives and Superintendent of the Domiciliary Midwifery Service in Portsmouth for 24 years, retired in September. The esteem in which she was held by medical and nursing staff and the mothers of the City was marked by a presentation dinner at the

Medical Centre. Miss E. M. Parker succeeded her as Supervisor of Midwives and Superintendent of the Domiciliary Midwifery Service.

This year was also marked by the opening of the General Practitioner Maternity Unit* in the grounds of St. Mary's Hospital in February. This gave an increase of work to the domiciliary service and in consequence the number of midwives employed had to be increased by 6 in August. The bias has shifted from home delivery to delivery in the Unit and in the first eleven months of running there were 541 confinements in the Unit and 592 home deliveries compared with 985 home confinements in 1968. Domiciliary midwives were responsible for total patient care, that is pre-natal, intra-natal and post-natal of 1,133 mothers. In addition they undertook the post-natal midwifery care of 956 mothers who were delivered in St. Mary's Maternity Hospital on the planned early discharge scheme, which means they were in hospital 48 hours or less and the post-natal care of 705 mothers whose early discharge was unplanned and where special pre-natal care was asked for by the hospital for their patients. With a total of 3,096 births for the year, it can be seen therefore that the domiciliary midwives provided the major proportion of the City's midwifery care.

Good communications are one of the hall-marks of any community service and the radio-telephone system† was increased to cover the part-time midwives who give such valuable assistance to the total service. To try and reduce the number of staff any mother and her family needs to know, the City was divided into 6 areas each covered by 4 midwives who relieve each other for off-duty periods and holidays.

1969 saw the end of the first complete year of the experimental integrated midwifery training undertaken with St. Mary's Maternity Hospital. The pupils undertake their domiciliary experience at the end of the first 16 weeks of training, and are with the teaching midwives for 12 weeks. In this period apart from the midwifery teaching, an overall introduction to the allied community services is given them and an understanding of firstly where the domiciliary midwife fits into the team and secondly the services that are available for the expectant mother. The assistance that has been given to us in this part of the syllabus by our social work colleagues has been invaluable and we are most grateful to them. The Part II training school continued with entry every three months but for reduced numbers. The Part II pupils are a valuable source of recruitment to the domiciliary service.

1969 was a year of expansion to keep pace with the needs in the midwifery service, and also a year of re-organisation of working methods preparatory to introducing group partnership with the general practitioners.

Health Visiting

1969 proved to be a year of upheaval due to numerous staff changes. Miss D. O. Learmont was appointed in September to the newly created post of Chief Nursing Officer. She was succeeded as Superintendent Health Visitor/Superintendent School Nurse by Mrs. P. Botting.

Miss J. Andrews was promoted to the post of Group Adviser Health Visitor, Prince Albert Road Health Advisory Centre, on the retirement of Miss G. Spratt, who had served the Department for 21 years. In addition, five Health Visitors resigned, and of the six students who successfully completed their training at Southampton University in September only one was able to join the staff. Miss Dancer, Group Adviser Health Visitor, Health Education Section, was appointed Tutor to the Community Nursing Services on the resignation of Miss D. Mahony.

* See also Maternal and Child Welfare Report—Page 38.

† See also Ambulance Officer's comment—Page 68.

Statistics

The following number of home visits were carried out during 1969, with figures for 1968 in brackets:—

Children 0—5 years 43,768 (47,299)

The decreased number of visits to this age group may attributed to the increased awareness of family planning, resulting in a drop of 304 live births in the City compared with the previous year, the clearance for re-development of large areas of the City and the increased demand by families with young children to be rehoused at Leigh Park and the drop in the number of premature births from 275 to 223. It is interesting to note that attendances at Child Welfare Clinics decreased by a similar proportion.

The elderly 15,346 (12,710)

The appointment of an additional Public Health Nurse, Mrs. Barker, to Portsdown House, and the increase in referral through general practitioner and hospital liaison schemes accounts for much of the increase in work with this age group.

Other clients, including chronic sick, handicapped, mentally ill and expectant mothers 4,283 (3,830)

Patients suffering from pulmonary tuberculosis and other diseases of the chest 3,285 (3,388)

HEALTH VISITORS HOSPITAL LIAISON 1969

Number of Patients Referred

GERIATRIC HOSPITAL LIAISON

	<i>Geriatric</i>	<i>Others</i>	<i>Home Reports</i>	<i>Health Visitor Referrals</i>
Saint Mary's Hospital	283	19	93	9
Queen Alexandra Hospital	121	45	40	20
TOTALS	404	64	133	29

PAEDIATRIC HOSPITAL LIAISON

	<i>Maternity</i>	<i>Admissions</i>	<i>Home Reports</i>	<i>Health Visitor Referrals</i>	<i>Premature Baby Clinic</i>
Saint Mary's Hospital ..	455	959	194	168	438

PAEDIATRIC AND GERIATRIC HOSPITAL LIAISON

Referred by Medical Social Worker

	<i>Over 65 years</i>	<i>Under 65 years</i>	<i>Children</i>	<i>Health Visitor Referrals</i>	<i>Over 65 years Interviewed by H.V.</i>
Royal Portsmouth Hospital	62	21	162 (11 School Children)	3	5 (1 referred by G.P.)

HOME NURSING

(Report of the Portsmouth Victoria Nursing Association)

There has been little change in the trend of nursing required throughout the year other than the continuing rise in the number of elderly and handicapped people living alone. Care of patients with cancer and other terminal diseases occupies much time of the qualified staff. The introduction of disposable equipment has made a helpful contribution. Great demands on nursing time were made by a number of patients in a variety of difficult social circumstances, where nursing in the community proved quite impossible. An equally large number of patients had social problems which were overcome with the invaluable co-operation of health visitors, welfare officers and mental health officers, thus facilitating home nursing.

A total of 4,392 patients were nursed during the year and visits numbered 126,796. The difficult staff situation this year was further aggravated by the loss of nine experienced Queen's Sisters mainly for domestic reasons and although these have been replaced numerically experience is irreplaceable. There has been no recruitment of suitable state enrolled nurses and the year terminated with the number very much below requirements.

The auxilliary scheme for assisting the elderly and handicapped patients is now well established and greatly appreciated by staff and patients. The maximum number of auxiliaries employed at any one time was ten. Particular tribute should be paid to the loyalty and sense of responsibility of all grades of nursing staff who, during the influenza epidemic in December cheerfully worked harder and for longer hours. Fifteen of the staff reported sick during this period, but the majority were absent only for an average of three days.

In January, 1969 eight S.R.N. students including one from the Isle of Wight commenced the district nurse training course and qualified in May, receiving the Ministry of Health certificate. 35 students from hospital were given a brief insight into nursing in the home by accompanying the sisters for a morning round.

General practitioners continued to use the service unhesitatingly, and there is direct communication between the doctors and nursing staff. In some cases sisters visit the surgeries on specified days by arrangement for consultation and discussion. Good liaison with hospitals is maintained and patients are being discharged earlier especially from the G.P. maternity unit for intra-muscular injections.

The Association's Welfare Fund has continued to benefit both patients and nurses and a higher level of income has made possible increased expenditure on gifts to elderly patients and comforts such as lotion and ointments. New forms of bandaging of which certain sizes are now on prescription have been provided for the comfort of patients and to facilitate application.

Developments during 1969

The extension of liaison schemes between Health Visitors and medical and nursing colleagues continued. Mrs. MacDermott commenced weekly discussions with a group of practitioners at their surgery in North End, and even closer ties with general practitioners are anticipated in the forthcoming year, on the introduction of General Practitioner/Health Visitor partnerships with a limited number of practices. The existing liaison schemes with hospital staff continued to flourish and the number of referrals rose steadily. An encouraging feature was the increased exchange of information on patients in medical and surgical wards. Paediatric and geriatric consultants have

observed an increased turnover in beds since the introduction of the liaison scheme. It is hoped to extend the scheme to the Eye and Ear Hospital in the near future.

Increase in liaison schemes and the utilisation of Health Visitors reports as an aid to the selection of children for admission to the Local Authority Day Nurseries have caused additional time to be spent in writing reports. Part-time clerical assistance for the staff based at Russell Street has proved invaluable. Direct clerical assistance is now available at four of the seven centres, the other three being covered by the central clerical pool. Due to the general financial situation it was not possible to start the experimental scheme planned for Portsea staff of supplying them with portable tape recorders, and clerical assistance to undertake the typing of information onto records. Provision of clerical assistance for book-keeping tasks enabled the Day Nursery Matrons to use their professional skills to greater advantage.

There has been considerable activity in the Health Education field. In-service training in teaching techniques was given to Public Health Nurses and School Nurses, enabling them to participate with the Health Visitors in giving talks in schools and to community groups. Health Visiting staff continued to undertake regular teaching sessions at Milton Secondary Modern School, Hilsea Secondary Modern School, Manor Court School and Kingston Secondary Modern School. Weekly sessions continued to be given at the Salvation Army Hostel, Villiers Road, and there was a great increase in demand from schools and youth groups for talks on the sexually transmitted diseases.

Increased attendance by patients at the Special Treatment Centre, St. Mary's Hospital, gave rise to Health Visitor participation in three additional sessions. Miss Albertolli, Mrs. Godden, Mrs. Cox and Miss Sage undertake this work jointly.

Health Visitor participation in the training of Student Nurses, both general and psychiatric, Student and Pupil Midwives and Social Work Students increased. A total of 200 students accompanied the staff on visits of observation. There was a greater awareness and desire for knowledge of the services provided in the community. This is likely to increase as pilot schemes precede the implementation of the 1969 G.N.C. Syllabus (in 1971). Training of existing staff continued. Miss Evans and Miss Rogers, Group Advisers, undertook a two-part management course organised by the Health Visitor Association. Miss Boyle and Mrs. MacDermott attended a course in family psychiatry at Ipswich, and for two weeks two other members of staff joined the Integrated Health Visitors Students during their psychiatric placement at St. James' Hospital. The staff selected the topics and speakers for the Annual Study Day in November, and the occasion proved to be a great success.

THE LOCAL HEALTH AUTHORITY DENTAL SERVICE

by

MR. P. D. BRISTOW

General Comment

When I joined the Authority in 1965, a total of 229 examinations were carried out for patients in the priority classes. In 1969, 1,287 such patients attended for examination. Detailed statistics are as follows:—

TABLE I
PROVISION OF DENTAL CARE TO THE PRIORITY CLASSES

	<i>Numbers Provided with Dental Care</i>			
	<i>Children</i>		<i>Mothers</i>	
	1965	1969	1965	1969
Examinations carried out	113	1,046	116	241
Treatment required	75	575	89	175
Treated	60	566	68	122
No. of Fillings	298	834	241	371
Extractions	140	309	49	86
General Anaesthetics	35	124	10	18
Scaling and gum treatments	23	171	21	66
Radiographs	3	8	3	25
Full dentures	—	—	2	8
Partial dentures	—	—	3	2

Expectant and Nursing Mothers

Whilst there has been an increase in the amount of work carried out it is, unfortunately, true to say that all patients who would benefit from treatment are not receiving it. Attitudes towards dental care are usually established early in life either by parental example and/or by education, and there is undoubtedly a hard-core of mothers requiring treatment who in childhood were not made aware of its importance to their general health and wellbeing. It is hoped that by directing our efforts towards children at an early age the right kind of attitude to dental health can be inculcated. Ideally, each pre-natal clinic session should have a dental officer in attendance for consultation. This is, however, only possible at one clinic at the present time, i.e., the session held on Northern Parade Advisory Centre. Not only staffing but accommodation problems must be solved before this work can be extended.

Pre-School Children

The most dentally neglected section of the Portsmouth community are children in the pre-school age groups. Some 25% of children on school entry are found to be in need of dental treatment and, even at the age of three, 20.4% of the children seen required treatment.

The 'Three-year-old Reminder' scheme is resulting in more children coming forward for examination from this age group. The parents of these children are reminded that a dental examination is due for their child—

the results of this approach are shown in the table below, and an extension of the scheme would seem worthy of consideration:—

TABLE II

THREE-YEAR-OLD SURVEY — 1969					
<i>No. sent for</i>	<i>No. Acknowledged but did not attend</i>	<i>No. Examined</i>	<i>No. Requiring Treatment</i>	<i>No. of Fillings Required</i>	<i>No. of Extractions</i>
1,214	137 (11.3%)	245 (20.0%)	50 (20.4%)	144 (2.9 per patient)	9 (0.18 per patient)

The total response was 31% although this takes no account of parents who reacted by contacting their own dentist.

Handicapped Patients

It has fortunately been possible to decrease the amount of time allocated to the care of the mentally handicapped, and only three sessions per week are now necessary at Langstone House. The dental hygienist attends each week to provide regular supervision of oral hygiene, and 45% of the patients are included in the fluoride mouth-rinsing scheme.

There is a great need for a register to be established of patients for whom early, continuous dental supervision is particularly necessary or important. A start has been made in this direction, although staffing difficulties at the hospitals providing data has created a problem. It is possible, however, that when the 'Observation' register at present being compiled in the Department is complete, this will provide a fruitful source of information for the dental service.

Dental Health Education

Health education is provided weekly at Northern Parade, Clive Road and Eastney pre-natal clinics, although unfortunately child welfare clinics cannot be covered at the present time. Invaluable assistance in this work is, however, rendered by health visitors and midwives who see both mothers and children in their own homes. The ultimate aim is to integrate prevention with treatment, organised from each area clinic. Lack of resources has, so far, precluded this except in one area of the City, viz. that centred on the Central School Clinic in Battensburg Avenue. Here it is possible to make regular visits not only to pre-natal clinics, but also to child welfare clinics and a nursery school in the area.

THE AMBULANCE SERVICE

by

MR. T. F. WARD

General

A very busy year stretched the resources of the Ambulance Service to the limit on many occasions. The total patients conveyed was 111,532 covering 460,640 miles, and in comparison with the previous year this was a 4% increase in patients and a 9% increase in mileage; in comparison with five years ago the increases were 14% and 24% respectively. There were 14,461 stretcher cases, 26,213 two man lift cases and 70,858 walking cases.

Peak hours of patient conveyance continued to be between 0800 and 1700 hours Monday to Friday, with a concentration of requests between the hours of 0830 and 1030 and again between 1530 and 1700 each day; demands on Saturdays and Sundays continued to be at a much lower rate than on weekdays and remained at about the same level as in recent years. The highest number of patients conveyed in one day during this year was 497 (Tuesday 3rd June), the monthly totals varied rather more than normal this year from 7,913 in August to 10,374 in July. The main users were the Hospital Authorities, but there was an increased demand from the Local Health Authority whose requests were 18% of the total conveyed.

The total demand on the Ambulance Service was appreciably higher than the number of patients conveyed, there being 5,825 requests when, for various reasons, an ambulance was not required when it arrived at the pick-up point.

Emergency Calls

There were 4,601 emergency calls via the '999' system during the year, and in response to these calls, 4,205 accident and emergency cases were conveyed covering 21,412 miles. In comparison with last year there was a 7% increase in calls and a 6.5% increase in casualties—these are very appreciable increases for this category of patient conveyance.

The increases show that the public generally are now very aware of the medical services available to them as the result of making a '999' call for an ambulance, there were a number of instances where the calls were for minor emergencies that could well have been treated by the family doctor—but in most cases there was some degree of emergency and there were relatively few calls where there was no real need.

An ambulance was not required for about 12% of the calls received, but these were made with good intent and demonstrated public awareness of the need to summon help quickly. In many instances these 'no case' calls were due to the refusal of the persons concerned to go to hospital, quite often they refused even though advised by the ambulance crew to have a medical check. There were, however, 50 malicious calls and although this is a small percentage of the whole, they were very time consuming in ensuring that there was no one in need.

Road Accidents

In comparison with the previous year, people injured in road accidents increased by about 4% and is approaching the number conveyed 'pre-breathyliser'. July had the highest monthly total of road accident cases; the highest number conveyed on any one day was 13; the highest number from any one accident was 8. About 9% of the total road accident cases occurred

between midnight and 0600 hours; 22% between 0600 and 1200 hours; 39% between 1200 and 1800 hours; 30% between 1800 and mid-night.

Other Accidents

People who suffered injury through causes other than road accidents increased by over 7% in comparison with last year and the total number injured was considerably higher than those injured in road accidents. The highest monthly total was in August; the highest number in any one day was 13; the highest number from any one accident was 3. About 5% of those injured were between midnight and 0600 hours; 22% between 0600 and mid-day; 47% between 1200 and 1800 hours; 26% between 1800 and mid-night.

TABLE I
WHOLE SERVICE

	A.S.	Trains	Supplementary			Total	% of Total
			H.C.S.	V.O.	M.W.O.		
Accident and Emergency ..	4,205	—	—	—	—	4,205	3·8%
Admissions	6,432	29	45	—	20	6,526	5·9%
Discharges	5,159	54	232	—	5	5,450	4·9%
Transfers	8,567	46	288	—	9	8,710	7·9%
Outpatients	83,496	89	282	—	—	83,867	75·2%
Other Persons	2,574	—	—	—	—	2,574	2·3%
Total Patients	110,433	218	847	—	34	111,532	100·0%
Total Miles	398,055	16,802	43,767	—	2,016	460,640	
Miles per Patient	3·6	77·0	51·6	—	59·3	4·1	

TABLE II
EMERGENCY CALL PATIENTS

	Injuries		Illness	Matty.	Over-doses	C.G.P.	Burns	Scalds	Drn.	Total
	R.T.A.	Other								
Jan. ..	73	107	117	2	17	2	1	5	1	325
Feb. ..	62	105	113	9	13	3	4	1	1	311
March ..	66	104	119	3	19	1	3	1	—	316
April ..	62	102	103	4	21	1	2	3	—	298
May ..	76	105	99	4	19	2	—	2	1	308
June ..	81	134	117	9	33	2	1	2	1	380
July ..	101	152	175	6	26	—	—	5	1	466
Aug. ..	79	169	138	2	26	4	2	1	—	421
Sept. ..	67	137	130	2	16	—	1	—	1	354
Oct. ..	95	112	121	4	16	—	2	2	—	352
Nov. ..	82	99	114	6	9	1	3	2	—	316
Dec. ..	75	110	156	5	10	—	—	2	—	358
TOTAL ..	919	1,436	1,502	56	225	16	19	26	6	4,205
% of Total ..	21·8%	34·2%	35·7%	1·4%	5·3%	0·4%	0·6%	0·5%	0·1%	100·0%

Medical Emergencies

Those afflicted by sudden illness increased by about 14% in comparison with the previous year, this is the steepest incline in this group of emergency cases yet experienced by this Service. The highest monthly total was in July; the highest number on any one day was 10. Approximately 8% were attended to between midnight and 0600 hours; 23% between 0600 and 1200 hours; 42% between mid-day and 1800 hours; 27% between 1800 and midnight.

Maternity Emergencies

There was a remarkable reduction of about 50% in the number of emergency maternity cases when compared with the previous year. The highest monthly total was in June and the highest number on any one day was 2. About 32% were between midnight and 0600 hours; 11% between 0600 and mid-day; 21% between 1200 and 1800 hours; 36% between 1800 and midnight.

Overdoses

The 11% increase in cases of overdoses of pills and other similar substances is approximately the same as the average yearly increase of recent years. The highest monthly total was in June, the highest number on any one day was 5. There were 9% of these cases occurring between midnight and 0600 hours; 20% were between 0600 and 1200 hours; 37% were between mid-day and 1800 hours; 34% between 1800 and midnight.

Coal Gas Poisoning

There was about a 30% decrease in coal gas poisoning cases compared with last year and this decrease continues the trend in recent years. August had the highest monthly figure, the highest on any one day was 3. Of the total of 16 cases, one occurred in the early hours of the morning; 4 between 0600 and mid-day; 8 in the afternoon and 3 in the evening.

Burns and Scalds

There was a slight increase in cases of burns and scalds, but these remain at a comparatively low figure. January had the highest monthly total; the highest number in any one day was 2. About 2% were in the early hours; 29% in the morning; 42% in the afternoon; 27% in the evening.

Drowning

Again there was a very low number of drowning cases—a total of 6. One was in the early hours; 2 in the afternoon; 3 in the evening.

General Comment

The general pattern of emergency call cases was that 7.7% were in the early hours (00 to 06); 22.5% were during the morning (06 to 12); 42.0% were in the afternoon (12 to 18); 27.8% were in the evening (18 to 24). All groups in the emergency category followed this pattern of occurrence with the exception of emergency maternity cases where the greater percentage of them occurred in the evening and in the early hours (18 to 06). The 593 'no case' calls followed the same pattern.

The greatest demand in emergency call cases was for people who were injured either in road accidents or through some other cause, and these two groups were 56% of all emergency call cases. The injuries treated by ambulance crews varied from minor cuts and bruises to multiple injuries,

and this variety of injuries was found in both groups; there was no discernible pattern of seriously injured predominantly occurring during a particular period of the day. Cases of sudden illness were 35.7% of the whole and these varied from minor to serious; a considerable number of them were people taken ill when away from their homes; as far as can be ascertained there were no cases of Caissons Disease* even though there is considerable underground workings in the south of the City. The third highest group was pill overdoses which was 5.3% of the whole; these cases varied from slight sleepiness to those deeply unconscious requiring all the skill of the ambulance-men to maintain respiration. Of the remaining groups, emergency maternity calls were very much below what was anticipated at the beginning of the year when it was thought the General Practitioners Maternity Unit would increase the calls considerably—probably the care and supervision exercised by the Midwifery Service in this field was responsible for the reduction in ambulance demand.

The highest monthly total for emergency call cases was in July, the lowest was in April; the average busiest days were Fridays and Saturdays. The average time taken from the receipt of call to arrival at the incident was 5.7 minutes, and from receipt of call to arrival at hospital was 16.2 minutes—these times are the same as last year despite the growth of traffic.

Use of Helicopter

There were two emergency removals by helicopter during the year, both from the Royal Portsmouth Hospital to Stoke Mandeville Hospital.

Maternity Flying Squad

There were 90 calls for the emergency obstetric service during the year, 68 of them for the County Area and 22 for the City. The total cases conveyed was 70, of these 52 were from the County and 18 from the City. The 20 calls where no patients were conveyed were 16 County and 4 City.

The average time before an ambulance was available was 7 minutes; the average time from the receipt of the call until arrival at the patients' address was 26 minutes; the average time spent by the 'flying squad' team at the patients' address was 37 minutes; the average time from call until the ambulance was clear was 1 hour 32 minutes. The average miles per call was 20.3.

The number of calls received between midnight and 6.0 a.m. was 23; between 6.0 a.m. and noon was 21; between mid-day and 6.0 p.m. was 22; between 6.0 p.m. and midnight was 24. The highest number of calls on any one day was 3. There were 48 calls to home addresses; 36 to maternity homes; 4 to the General Practitioners Maternity Unit; 1 to a doctor's surgery; and 1 to the Gosport War Memorial Hospital.

General Comments

In addition to those mentioned in paragraphs 2 and 3 above, the directly provided service conveyed 106,158 patients covering 376,643 miles. There were 36,399 patients requiring two men to handle them and 69,759 one man assisted cases; the two man assisted cases increased by 6.9% in comparison with the previous year and the one man assisted patients increased by 2.4%. These increases follow the trend of previous years, but the upward trend in stretcher and two man lift cases was steeper than in recent years, the increase in one man assisted patients was a little higher than in the recent past.

* Disease due to compressed air.

The supplementary services conveyed 1,099 patients covering 62,585 miles—a slight decrease in patients and an appreciable increase in mileage.

Admissions to hospitals and other medical establishments increased by nearly 5% compared with the previous year, the main increase was in stretcher cases. During this year, the majority of admissions had some degree of priority of removal given them by the requesting doctor, usually 'urgent' or 'semi-urgent', there were relatively few that were for a particular time of admission or for admission a.m./p.m.. Discharges from hospitals and other places increased by 9% in comparison with last year, the main increases were in stretcher and two man lift cases. This category of patient generally has the lowest priority of removal and during the year there were a few complaints about delays. Inter-hospital and other transfers decreased by about 5%, the decrease was mainly in sitting cases; it is interesting to note that about 51% of this category were patients being transferred to another hospital for out-patient treatment and then returning to their hospital of admission. Out-patients increased by nearly 6% over the previous year, the main increase being in two man lift cases. The highest demand for out-patient conveyance was for physical medicine cases which were nearly 29% of all out-patients, the next highest demands were for psychiatric and day patients to St. James' Hospital and for consultant out-patient appointments at other hospitals. There was an appreciable decrease in the number of 'other persons' conveyed. Out-patients transported for the Department were 21% of all out-patients conveyed and of these the greatest demand was for chiropody cases.

During the year there was increased activity in almost all medical and allied departments which increased the demand on the Ambulance Service. A new clinic was opened at St. James' Hospital, a new Handicapped Childrens Unit was opened at the Twyford Avenue Day Nursery and the General Practitioners Maternity Unit opened. There was a considerably increased number of journeys to hospitals in Southampton, particularly to the Neurosurgical Hospital to where patients are conveyed almost every day.

There was a slightly increased demand from the Renal Unit, St. Mary's Hospital for patient discharges to Southampton and to Dorset County, these were very adequately dealt with by the Hospital Car Service. There was an increased number of police escorted journeys during the year in comparison with previous years and these were mainly to specialist hospitals in London, but there were also a few to Southampton hospitals and to Odstock Hospital, Salisbury. In general however, the increases were mainly from existing clinics and treatment departments.

The midwives rota for nights and weekend duty operated very well and there were no delays in providing midwives for expectant mothers. The use of the pocket radio-telephones by the midwives was of a high standard and the speech procedure was generally good. This means of communication once more proved its worth in the passing of information between midwife and general practitioner.

The Mental Welfare Officers' night and weekend rota ran smoothly and their use of the pocket radio-telephone and speech procedure was good.

In general the use of radio-telephony by these two sections during the night and weekends saved considerable time and eliminated the frustration of trying to locate either a midwife or a Mental Welfare Officer by ordinary telephone when they are away from their base.

The somewhat unusual conditions under which the City's ambulance staff sometimes have to operate is shown in the photograph accompanying this section of the report. In this case the ambulance staff had to take a

seriously ill yachtsman off his boat on arrival at the Camber Docks after the Selsey lifeboat had towed him for seven hours through the gale lashed channel. The stretcher, patient and ambulance men were swung from the boat across the Camber dockside by one of the dockside cranes. This was an actual occurrence which took place at the beginning of July and was not a simulated exercise.

Staff Changes

During the year eight members of the staff left the Service—one clerk/typist and seven ambulancemen. The clerk/typist transferred to another section in the Department; two of the ambulancemen transferred to other Departments, three left and joined industrial companies, one was retired due to ill health and one was dismissed as unsuitable.

Training

The training given during this year was ten trainee ambulancemen who had one week post entry training; ten ambulancemen had a six week basic course at the Ambulance Training School, Bishops Waltham; fourteen ambulancemen had a two week qualifying course at the same School; 4 shift leaders a one week junior officers course. The Ambulance Officer attended a one week Civil Defence Course for Senior Officers at Easingwold, Yorks; the Deputy Ambulance Officer and three Control Officers attended a one day major accident study at Police Headquarters, Winchester. One clerk/typist attended a three day secretarial course run by the Management Services Officer; one clerk/typist had a one week induction course; one clerk/typist was granted day release to study for the Local Government Examination Board's Diploma in Municipal Administration. Two member of the staff passed the Graduate examination of Institute of Ambulance Officers. By the end of the year fifty-nine members of the staff had obtained the Proficiency Certificate of the Ambulance Services Advisory Council.

Relations with Patients, Doctors and Others

Throughout the year there continued to be a good and happy relationship between the staff and patients, members of the public, the medical and nursing professions. Many letters of appreciation were received and only two of complaint against two of the staff. In general all the staff have worked well and conscientiously.

Vehicles and Premises

There were eight new ambulances purchased during 1969 as part of the long term replacement programme. These have all been equipped with stretcher trolleys as recommended in the Report of the Working Party on Ambulance Services.

In April work commenced on the building of the new control room and garage extension, but these had not been completed by the end of the year.

In addition to the monthly reports to the Health Committee, reports were presented on Ambulance Service Training; staffing of the Ambulance Service; Ambulance Vehicles.



"Ambulance personnel assisting R.N.L.I. Rescue Service
at the Camber Docks, Portsmouth"

Circulars

Of the circulars received the one of greatest interest was the National Joint Councils' Circular N.M. No. 192A which gave the conditions of pay for qualification and also the criteria of pay and productivity agreements. As a consequence of this circular various meetings were arranged by the Management Services Officers and by the end of the year a programme of work study had been agreed for the Ambulance Service.

Visitors

There were various visitors to the Main Ambulance Station during the year including the Right Honourable Mr. Julian Snow, M.P. accompanied by various members of his staff; the District Auditor; Doctors Howells, Cowan and Bolton from the Department and Dr. Bainbridge from the Department of Health and Social Security. Talks on the Ambulance Service were given to various organisations during the year.

Conclusion

The year 1969 was the 21st year of the National Health Service Act and in these 21 years this Ambulance Service has conveyed 1,623,184 patients and of these 59,691 were accident and emergency cases, the total mileage was 6,287,439 miles. In the first full year of the National Health Service Act (1949) the Service conveyed 28,579 patients, 1,503 of them emergency call cases, the mileage was 212,282; in 1969 there were 111,532 patients of which 4,205 were accident and emergency, the mileage was 460,640.

TABLE III
EMERGENCY CALL PATIENTS — TIME OF OCCURRENCE

	00—06	06—12	12—18	18—24	Totals
Injured—Road Accidents	80	205	355	279	919
Injured—Other Causes	74	322	669	371	1,436
Sudden Illness	126	350	621	405	1,502
Emergency Maternity	18	6	12	20	56
Overdoses of Pills	21	45	83	76	225
Coal Gas Poisoning	1	4	8	3	16
Burns	—	4	12	3	19
Scalds	1	9	7	9	26
Drowning	1	—	2	3	6
TOTALS	322	945	1,769	1,169	4,205

TABLE IV
OUT-PATIENTS ANALYSIS

(1) HOSPITALS

Accident and Emergency ..	962	Laboratories	1,253
Orthopaedic	4,701	Maternity	185
Physical Medicine	24,118	Ministry of Health	2,427
Radio	5,326	Eye and Ear	1,383
Hospital Clinics	11,123	St. James	11,342
Chest Clinic	487	Miscellaneous	1,422
'X' Ray	1,134		
		TOTAL	65,863

(2) LOCAL AUTHORITY

S.C.U. Langstone House ..	4,878	Ford Lodge	1,189
Spastics	2,565	Chiropody	5,344
Schools	2,574	Miscellaneous	1,467
H.C. Unit Twyford Avenue	2,561		
		TOTAL	20,578

TABLE V
NO CASES

Malicious Calls	50	Wrong Address	146
Ambulance Not Required ..	2,508	Wrong Date/Time	740
Too Ill to Attend	1,046	No Reply	947
Treatment Finished	246	Miscellaneous	142
		TOTAL	5,825

TABLE VI
GROWTH OF SERVICE

	1965		1966		1967		1968		1969	
	Total	%	Total	%	Total	%	Total	%	Total	%
Accident and Emergency ..	3,677	3.8	3,919	3.8	3,975	3.8	3,946	3.6	4,205	3.8
Admissions	5,965	6.1	6,099	5.9	6,313	5.9	6,226	5.8	6,526	5.9
Discharges	6,044	6.2	5,157	5.0	4,895	4.9	4,990	4.6	5,450	4.9
Transfers	15,502	15.9	12,790	12.5	9,994	9.4	9,166	8.6	8,710	7.9
Out-patients	65,301	66.9	71,859	70.1	76,313	71.9	79,333	74.0	83,867	75.2
Other Persons	1,054	1.1	2,717	2.7	4,698	4.4	3,599	3.4	2,574	2.3
TOTAL	97,543		102,541		106,188		107,260		111,532	
MILEAGE	369,577		369,660		414,543		421,331		460,640	

Key to Abbreviations:

A.S.	..	..	..	..	..	Ambulance Service
H.C.S.	..	..	..	..	..	Hospital Car Service
V.O.	..	..	..	..	..	Voluntary Organisations
M.W.O.	..	..	..	..	..	Mental Welfare Officer
A. & E.	..	..	..	..	..	Accident and Emergency
Ad.	..	..	..	..	..	Admissions
Dis.	..	..	..	..	..	Discharges
Trans.	..	..	..	..	..	Transfers
O.P's	..	..	..	..	..	Out-patients
R.T.A.	..	..	..	..	..	Road Traffic Accident
Matty.	..	..	..	..	..	Maternity
C.G.P.	..	..	..	..	..	Coal Gas Poisoning
Drn.	..	..	..	..	..	Drowning
Acc. & Emerg.	..	..	..	..	..	Accident and Emergency
Orth.	..	..	..	..	..	Orthopaedic
Phy. Med.	..	..	..	..	..	Physical Medicine
Radio.	..	..	..	..	..	Radiotherapy
Hos. Clinics	..	..	..	..	..	Hospital Clinics
Labs.	..	..	..	..	..	Laboratories
S.C.U. Langstone House	..	..	..	..	..	Special Care Unit, Langstone House
H.C. Unit Tw. Ave.	..	..	..	..	..	Connors Nursery

COMMUNICABLE DISEASES*by***DR. C. GAZIDIS**

The overall position is that the epidemic diseases of the past have been controlled but not always eliminated. The growing armamentarium of vaccines, the good sanitary state of the environment and antibiotics have all contributed to keeping infectious diseases well to the background of national life.

The contemporary problems are caused to a large extent by viruses but are problems of morbidity rather than mortality. The mode of controlling these infections has been centred on developing live attenuated strains of the pathogenic virus and with marked success; the oral poliomyelitis vaccine is the most notable established success in this field. Measles, influenza and rubella vaccines have also emerged but we must not forget that cowpox inoculation to protect against smallpox was the first brilliant (albeit empirical) venture of this type.

But there can be no respite. Vigilance is indispensable in the maintenance of health. The old diseases such as tuberculosis have not been eradicated and newer virul diseases such as infectious hepatitis are on the ascendency. Outbreaks of food poisoning still occur and mumps and chicken pox are still endemic. The efficacy and acceptance of available vaccines requires constant monitoring. Local epidemiological studies are an indispensable weapon in the constant struggle against the communicable diseases.

The infectious disease statistics for Portsmouth for 1969 are as follows:

TABLE I
INFECTIOUS DISEASES

Diseases	Sex	Confirmed Noti- fications at all Ages	Ages									Number Originally Notified
			0—	1—	2—	3—	4—	5—	10—	15—	25 +	
Measles (excluding Rubella) . .	M	254	9	44	37	31	43	85	2	3	—	254
	F	229	17	32	38	40	34	64	2	2	—	229
Dysentery	M	7	1	1	1	—	—	—	3	—	1	30
	F	3	—	—	—	—	1	1	—	—	1	30
Scarlet Fever	M	15	—	—	—	1	3	9	—	1	1	15
	F	11	—	—	—	1	3	4	—	1	2	11
Acute Meningitis	M	15	5	2	—	1	—	1	1	2	3	15
	F	13	1	2	1	—	1	2	1	1	4	13
Food Poisoning	M	17	2	1	—	—	—	2	3	—	9	21
	F	28	—	2	1	2	1	2	1	4	15	30
Whooping Cough	M	10	2	1	1	1	1	3	1	—	—	10
	F	13	1	3	3	1	2	1	2	—	—	13
Infective Jaundice	M	22	—	—	—	—	—	1	1	8	12	22
	F	16	—	—	—	—	—	2	—	12	2	16
Respiratory T.B.	M	22	—	—	—	—	—	1	—	—	21	22
	F	11	—	—	—	—	—	—	—	3	8	11
Other T.B.	M	7	—	—	—	—	—	1	—	2	4	7
	F	4	—	—	—	—	—	—	—	—	4	4
Acute Fucephalitis (Infective)	M	1	—	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	1
Paratyphoid Fever	M	1	—	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum . .	M	—	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	3
Malaria	M	1	—	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—
TOTAL	M	372	19	49	39	34	47	105	11	16	52	399
	F	332	22	39	43	44	42	76	6	23	37	358
TOTAL BOTH SEXES . .		704	41	88	82	78	89	181	17	39	89	757

Smallpox

Again no case of smallpox was notified during the year.

The rate of vaccination has remained low. Last year, only 36% of children under the age of two were vaccinated. This was 2% below the national average.

From the table below it can be seen that the number of primary vaccinations in 1969 fell by 272 on the 1968 figure. This trend cannot be regarded as satisfactory.

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

TABLE II

	1969			1968		
	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>
Health Department ..	555	850	1,405	581	587	1,168
Practitioners	1,467	1,169	2,636	1,713	1,308	3,021
TOTALS	2,022	2,019	4,041	2,294	1,895	4,189

In accordance with Ministry of Health recommendations, children are vaccinated in the second year of life, except for a few younger children going abroad with parents and requiring international certificates. A letter encouraging mothers to have their children vaccinated against smallpox is given to each mother in the clinics when she presents her child for the third dose of triple vaccine.

The parents of children who have reached the age of thirteen months and for whom we have no record card are sent a reminder letter encouraging them to have their children vaccinated.

882 (475) international certificates were completed at our own Vaccination Clinic and 2,013 (2,234) were brought to the Vaccination Office for countersigning.

Diphtheria, Tetanus and Whooping Cough

DIPHTHERIA

No cases of diphtheria have been notified in Portsmouth since 1956. The last death from diphtheria occurred in 1951.

TETANUS

No case of tetanus was reported during the year.

WHOOPING COUGH

23 cases were notified during the year (45 cases in 1968). 16 cases (70%) were in children under the age of five. Of the 23 cases, one had been fully immunised in 1969, one in 1968, two in 1966 and two in 1965. For the remainder no record of previous immunisation could be found.

Immunisation against Diphtheria, Whooping Cough and Tetanus

Primary immunisations with triple vaccine are carried out from the age of four months. The doses are given at a six week interval for the second dose and six months for the third dose. 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 only when they reach the age of eighteen months if the old schedule of giving three doses at monthly intervals was used. Monthly lists of the children who are due for eighteen month booster doses are sent to the general practitioners in order that they may give these doses to their own patients. This schedule has now been superseded in the Health Department.

1,173 (1,555) of these booster doses were given during 1969 by the general practitioners and a few at the child welfare clinics.

Unprotected school children are immunised at school entry with a course of two injections of 0.5 ml. combined (diphtheria and tetanus) vaccine given six weeks apart. After the second injection a cord card is posted to each parent with the advice that a third dose of tetanus toxoid should be given in six months time. These are not given in the schools. Combined Diphtheria and Tetanus vaccine is also used for supplementary immunisations. These supplementary immunisations are given to children in the schools at the time of entry. The dosage administered is 0.1 ml., which is an adequate booster dose.

TABLE III

Number of children who received the completed course:

	1969	1968
Under five years	1,704	2,849
Five year olds	331	295
TOTAL	2,035	3,144

TABLE IV

Supplementary doses:

School children	2,645	4,361
GRAND TOTAL	4,680	7,505

The number of children primarily immunised since the inception of the Scheme in 1935 is 131,135.

Reactions

Out of 448 children immunised with triple vaccine in the child welfare clinics and nurseries, twenty-six were known to have had reactions (6%). These were mild or moderate. There were no severe reactions, but two children are known to have been hospitalised for short periods. Both completely recovered. Whenever there is a reaction the pertussis fraction is omitted from the rest of the course with gratifying results.

TABLE V

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

<i>Year</i>	<i>Completed Course</i>	<i>'Booster' doses</i>	<i>Year</i>	<i>Completed Course</i>	<i>'Booster' doses</i>
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
1964	3,758	6,486	1969	2,035	2,645

The marked fall in the numbers of children who were given a complete course of triple vaccine this year is due to the change-over to the new schedule. The complete course now covers nine months as compared with the previous three. The figure for the coming year can be expected to be substantially higher.

Six-monthly visits to the authority's infants schools continued. The help given by the head teachers and secretaries has again been excellent. Five private schools were also visited for diphtheria/tetanus immunisation. The proportion immunised by the various agencies (shown as a percentage of children under the age of five years) was:

	1969	1968	1967	1966
Clinics	25.1	31.6	33.9	35.7
Nurseries	0.2	0.2	0.3	0.4
General Practitioners	74.7	68.2	65.8	63.9

The trend for family doctors to be doing more of the immunisations continues.

Protective Value of Triple Vaccine

The diphtheria and tetanus injections offer excellent protection against the respective diseases. However, the fact that 6 of the 23 children notified with whooping cough in Portsmouth had been previously immunised against the disease is an index of the low level of protection achieved by the present vaccine.

A recent national report by the Whooping Cough Working Party indicates that the present pertussis vaccine has only a low protective value against the disease. However it is still used in our clinics except—

1. When there has been a reaction to the triple vaccine.
2. When there is a history of encephalopathy.

Tetanus Immunisation

In adulthood the protection against tetanus needs to be boosted. It has been recommended by the Department of Health and Social Security that school-leavers should be given booster doses of tetanus toxoid. We anticipate commencing this schedule in Portsmouth in the near future.

TABLE VI

The table below indicates the numbers immunised in 1969.

TETANUS IMMUNISATION	Year of Birth of Person Vaccinated							Total
	1969	1968	1967	1966	1962-1965	Others Under Age 16	Others age 16 and Over	
Primary Courses (3 Doses)	—	—	—	—	1	20	85	106
Reinforcing Doses ..	—	—	—	—	5	17	61	83

In addition to the above numbers 115 persons were given first doses, and 113 given two doses by the general practitioners.

Poliomyelitis

No cases of poliomyelitis were notified during the year. There has not been a single case notified in the City since the Sabin-oral vaccine was introduced in 1962. In that year there were four cases in the five to nine year old age group, none of whom had been vaccinated.

Poliomyelitis Vaccinations 1969

TABLE VII

Completed Primary Courses:

Vaccine Given	Year of Birth of Person Vaccinated							Total
	1969	1968	1967	1966	1962-1965	Others Under Age 16	Others Age 16 and Over	
Sabin-oral	230	1,499	195	42	527	19	217	2,729

TABLE VIII

Reinforcing Doses:

Vaccine Given	Year of Birth of Person Vaccinated							Total
	1969	1968	1967	1966	1962-1965	Others Under Age 16	Others Age 16 and Over	
Sabin-oral	—	122	143	68	1,542	137	349	2,361

The Sabin oral vaccine is given concurrently with triple vaccine in the under fives at the immunisation clinics and by most family doctors.

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

Children who missed vaccination at infancy are offered it at school entry.

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.

Tuberculosis

This is the classical social disease and its incidence has always been related to living standards. By all accounts it should have been completely eliminated since the knowledge for its prevention and cure has been long available. But there are still 909 registered T.B. sufferers in Portsmouth. Although the death rate for respiratory T.B. this year was the lowest ever recorded, the number of primary notifications has remained very constant over the last 3 years (36 in 1967, 32 in 1968 and 34 in 1969).

One tragedy is not reflected in these figures. A girl of 3 years old died of tuberculos meningitis in Southampton Hospital. She almost certainly contracted the disease from her grandfather, a known T.B. sufferer living in the City, whom she visited frequently. The web of contact tracing has now been widened and liaison between health authorities reinforced. The biggest difficulty in this regard is probably the difficulty in getting all tuberculosics to persevere with the prolonged treatment until completely cured.

Poor nutrition and inadequate housing still persist in the community particularly among the elderly. It is thus no accident that the spectrum of victims has shifted to this vulnerable group. B.C.G. vaccination is very well accepted in the young but will not compensate for any lowering of nutritional or housing standards. The only ultimate safeguard against tuberculosis are constantly improving living conditions. In the meantime, as the Consultant Chest Physician emphasises in his report¹, we cannot afford to relax our efforts at prevention and case finding.

B.C.G. Vaccination of 13-Year-Old School Children

This is an important part of the campaign to eliminate tuberculosis.

All 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 Immunisation Medical Officer visits seven days later to read the results of the tests and to vaccinate the negative reactors. Positive reactors are ferred for X-ray screening, except when there is a history of recent B.C.G. vaccination.

The acceptance rate amongst the 13-year-old school children in the Local Education Authority's schools was 96.0% compared with 94.4% in 1968. This level can be considered most satisfactory.

¹ See Page 94.

Statistics Relating to B.C.G. Vaccination

TABLE IX

L.E.A. Schools

<i>Year</i>	<i>No. of Schools Visited</i>	<i>Forms Sent Out</i>	<i>No. of Accept- ances</i>	<i>Number Tested</i>	<i>Negative Reactors (Vaccinated)</i>	<i>Positive Reactors (X-rayed)</i>
1969	24	2,224	2,135	2,068	1,591 (84.4%)	294 (15.6%)
1968	28	2,219	2,095	2,030	1,587 (86.9%)	240 (13.1%)

TABLE X

Non-L.E.A. Schools

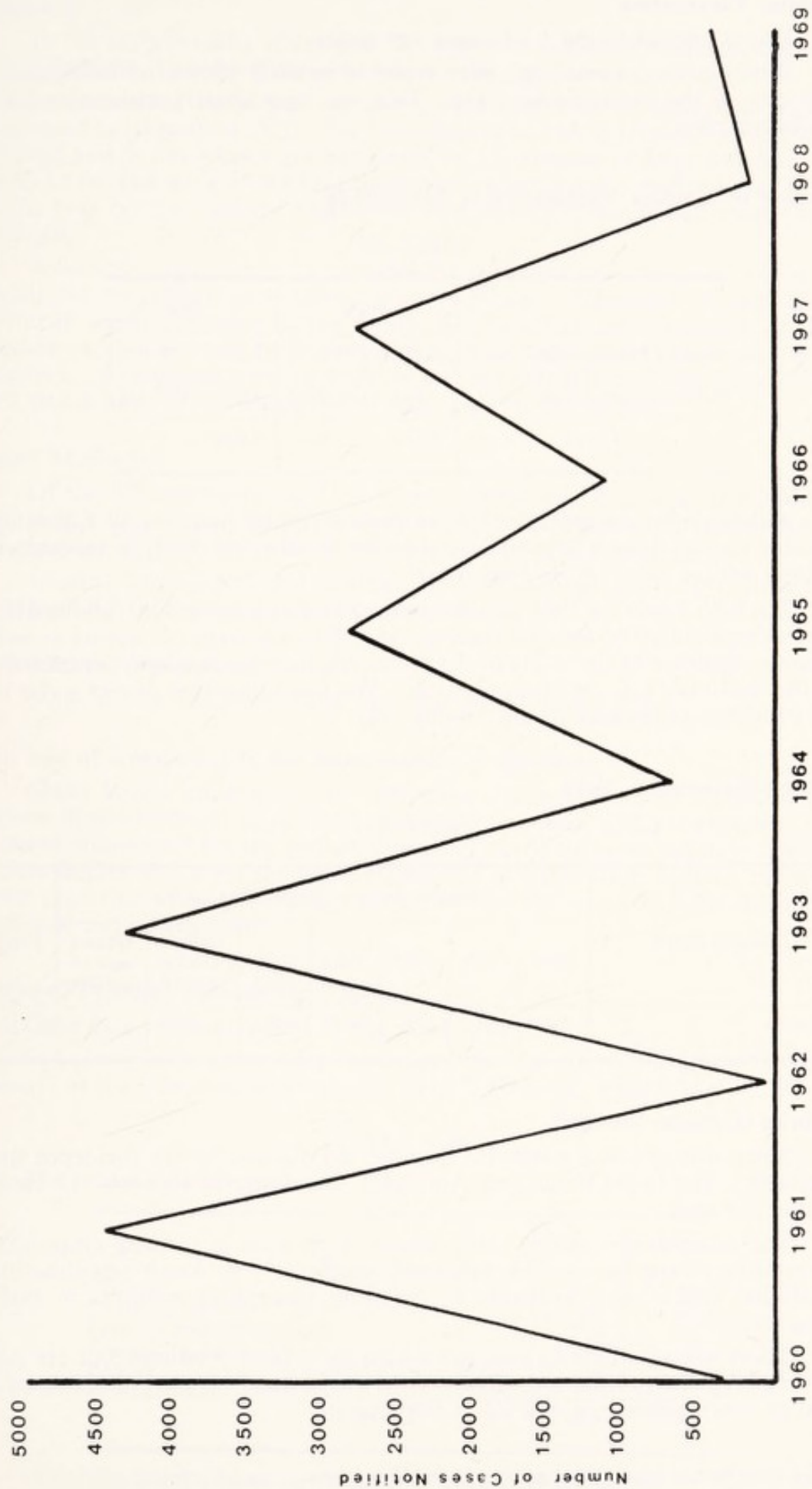
<i>Year</i>	<i>Number of Schools Visited</i>	<i>Number Tested</i>	<i>Negative Reactors (Vaccinated)</i>	<i>Positive Reactors (X-rayed)</i>
1969	5	345	269	60
1968	2	103	87	15

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

There were 483 cases notified during the year. Almost half of these cases were in the 4—9 year old group. (10 children were admitted to St. Mary's General Hospital, East Wing, with severe or complicated measles. All were aged 5 or under.)

The graph below shows the trend in measles notifications in the City over the past 10 years. From being a disease with a biennial epidemic pattern it has now changed. The reduction in numbers and the absence of a peak this year can be ascribed to the introduction of measles vaccine. In 1965 a small number of children took part in a trial of vaccine in the City. Live measles vaccine was introduced as a routine measure in July 1968 and the hope of avoiding an epidemic in early 1969 was realised.



Measles Vaccination

This is offered to the 1—15 year age group.

Some untoward reactions were reported in early 1969 after inoculation with one of the available vaccines. This was immediately withdrawn and stocks returned.

Number of Measles Vaccination in Portsmouth

TABLE XI

	1969	1968
General Practitioners ..	1,197 (70·0%)	3,983 (79·0%)
Immunisation Clinic ..	514 (30·0%)	1,056 (21·0%)
TOTAL ..	1,711	5,039

Although no complications have been reported in the City following measles vaccination, it can be seen that the number of children vaccinated in 1969 fell far short of the 1968 total.

The high figure for 1968 was due to the fact that a campaign¹ followed the general availability of measles vaccine. In 1969 a shortage of vaccine as well as some suspicion of the safety of the remaining measles vaccines, contributed to the declining rate of immunisation. We must therefore expect a rise in the incidence of measles in the coming year.

Annual Statistics — 1969

TABLE XII

Vaccine Given	Year of Birth of Person Vaccinated							Total
	1969	1968	1967	1966	1962-1965	Others Under Age 16	Others Age 16 and Over	
Measles	3	501	479	264	398	63	3	1,711

Rubella (German Measles)

Since this is not a notifiable disease, no figures of its incidence are available. The Local Education Authority schools have reported 12 cases during the year.

The significance of this mild disease is its role in causing congenital deformities when it attacks pregnant mothers. A haem-agglutination inhibition test is now available to indentify susceptible mothers in early pregnancy.

There are also rubella vaccines which have been produced but are not yet available for routine use. Discussions are in hand on the possibility of a trial of vaccine being conducted in Portsmouth.

¹ See also Health Education Report—Page 117.

Influenza

In the early months of the year the expected influenza epidemic did not reach England from the Continent where it was prevalent.

In December there was an unexpected outbreak of influenza which continued to its peak in 1970. The Department of Public Health was severely affected and our services were hampered by the absence of large numbers of staff. In the last week of the year there were twice as many deaths in the City as the year before, and the number of new sickness benefits had more than doubled.

Available vaccines are not suitable for mass immunisation, but are very useful for short-term protection of key workers. Whenever an influenza outbreak seems imminent in the future, it is hoped to have sufficient of the specific vaccine in stock to protect nurses, home helps, ambulance men and teachers. Susceptible persons such as the chronic sick and the elderly are best immunised at the discretion of their general practitioner.

Acute Meningitis

Of the 28 cases notified, 7 were meningococcal. A young couple died within 36 hours of each other. Both had developed fulminating meningococcal meningitis. The wife was 39 weeks pregnant at the time.

In cases of meningococcal meningitis there is a strong case for prophylactic treatment of close contacts with sulphonamides.

Ophthalmia Neonatorum

None of the 3 cases notified were due to the gonococcus.

The Use of Computers in the Immunisation Programme

Many health authorities are now using computers to record immunisations done, send out reminders, make appointments and produce lists of patients immunised for the general practitioner. We do not yet have access to this facility and must therefore expect our immunisation rate to remain lower than that of neighbouring authorities who do have computer facilities until this can be achieved.

Cholera, Typhoid, Tetanus and Typhus

Once case of Paratyphoid B was notified in 1969.

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

TABLE XIII

The actual numbers were:

	1969	1968
Cholera	150	77
Cholera-Typhoid	45	43
Typhoid and Paratyphoid	284	41
Tetanus-Typhoid	—	13
Typhus	5	6
TOTAL ..	484	180

195 (120) international certificates of cholera were issued.

TABLE XIV

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

	1969	1968
Cholera	38	20
Cholera (Reinforcing Doses)	9	6
Cholera-Typhoid	87	27
Cholera-Typhoid (Reinforcing Doses)	6	5
Typhoid and Paratyphoid	111	19
Typhoid and Paratyphoid (Reinforcing Doses)	18	3
Tetanus-Typhoid	4	11
Tetanus-Typhoid (Reinforcing Doses)	2	3
TOTALS ..	275	94

Medical Arrangements for Long-Stay Immigrants

During the year 64 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 had moved were informed.

SPECIAL TREATMENT CENTRE

by

DR. J. M. COUCHMAN

New cases treated at the Centre during 1969 increased by 22% to a total of 2,236, the percentage increase in males and females was equal. New cases in 1959 totalled 588 and in 1964 1,032.

The greater part of the increase was in non-venereal sexually transmitted diseases¹ amounting to 32% in males and 29% in females in 1969.

Age Groups and Marital Status of all Patients Attending

A survey taken during November and December showed the following facts:

DISTRIBUTION BY AGE

	14—20	20—25	25+
Male	15 (12½%)	33 (27%)	74 (61%)
Female	16 (27%)	24 (41%)	18 (32%)

MARITAL STATUS

	Single	Married	Div. Sep. Wid.
Male	55 (45%)	61 (50%)	6 (5%)
Female	26 (45%)	23 (39%)	9 (16%)

Syphilis

26 cases were seen, a small but insignificant increase on 1968.

Gonorrhoea

There was an increase of 6% in numbers of new cases. Amongst males, teenagers accounted for 12% and amongst females 30% of cases seen.

Non-Gonococcal Urethritis

Increased by 6% to 422.

Contact Tracing

54% of source and secondary contacts of gonorrhoea were traced and treated. This is 6% lower than in 1968 but a higher proportion of women, 54%, attended of their own accord than have done previously (38% in 1967).

Health Education²

The increasing numbers of patients attending and the closing of the male/female ratio to 1.7:1, together with the increasing proportion of female patients attending on their own accord, may well be, in fact, the first fruits of the Health Education programme being energetically carried out by the Health Department in spite of the limited resources available.

1 Conditions other than Syphilis and Gonorrhoea.

2 See Health Education Report—Page 116.

VENEREAL DISEASES

Treatment of Portsmouth Patients — New Cases

<i>Treatment Centre Attended</i>	<i>Total No. Patients</i>	<i>Syphilis Primary and Secondary</i>	<i>Other</i>	<i>Gonorrhoea</i>	<i>Others</i>
St. Mary's Hospital (West Wing), Portsmouth	1,413	10	10	231	1,162
	* 2,236	13	13	347	1,863
Royal Hampshire County Hospital, Winchester	19	—	—	3	16
44-46 Bullar Street, Southampton	21	1	—	3	17
TOTAL	1,453	11	10	237	1,195

*—These figures indicate the total number of patients treated from inside and outside the City boundary at the Centre at Saint Mary's Hospital.

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

			<i>Totals</i>	<i>Male</i>	<i>Female</i>
SYPHILIS	1	(i) Primary	7	6	1
		(ii) Secondary	6	6	—
		(iii) TOTAL OF LINES 1 (i) and 1 (ii)	13	12	1
		(iv) Latent in the first year of infection	1	1	—
		(v) Cardio-vascular	1	1	—
		(vi) Of the nervous system	1	1	—
		(vii) All other late and latent stages	10	7	3
		(viii) Congenital, aged under 1 year	—	—	—
		(ix) Congenital, aged 1 but under 5 years	—	—	—
		(x) Congenital, aged 5 but under 15 years	—	—	—
		(xi) Congenital, aged 15 and over	—	—	—
		(xii) TOTAL OF LINES 1 (iii) to 1 (xi)	26	22	4
	2	(i) Under 16	—	—	—
		(ii) 16 and 17	1	1	—
		(iii) 18 and 19	1	1	—
GONORRHOEA		(iv) 20—24	3	3	—
		(v) 25 and over	8	7	1
		(vi) TOTAL OF LINES 2 (i) to (v)	13	12	1
	3	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	2	1	1
	4	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	20	12	8
	5	(i) Post-pubertal infections	347	234	113
		(ii) Vulvo-vaginitis	—		
		(iii) Ophthalmia neonatorum	—	—	—
		(iv) TOTAL OF LINES 5 (i) to 5 (iii)	347	234	113
	6	(i) Under 16	5	1	4
GONORRHOEA		(ii) 16 and 17	17	1	16
		(iii) 18 and 19	41	27	14
		(iv) 20—24	123	81	42
		(v) 25 and over	161	124	37
		(vi) TOTAL OF LINES 6 (i) to 6 (v)	347	234	113
	7	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	9	5	4
	8	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	197	116	81

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	422	422	
			(v) Non-Gonococcal Urethritis with Arthritis	5	5	
			(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	1	1	—
			(vii) Other conditions requiring treatment within the centre	987	389	598
			(viii) Conditions requiring no treatment within the centre	445	341	104
			(ix) Undiagnosed conditions	2	2	—
			(x) TOTAL OF LINES 9 (i) to 9 (ix)	1,863	1,161	702
	10	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS		6	6	—
	11	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED		1,671	1,120	551
	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		1	1	—
		(iii) 18 and 19		1	1	—
		(iv) 20—24		3	3	—
		(v) 25 and over		8	7	1
		(vi) TOTAL OF LINES 12 (1) (i) to 12 (1) (v)		13	12	1
		(2) GONORRHOEA (Post-pubertal)				
		AGE GROUPS				
		(i) Under 16		5	1	4
		(ii) 16 and 17		16	1	15
		(iii) 18 and 19		36	23	13
		(iv) 20—24		116	77	39
		(v) 25 and over		157	122	35
		(vi) TOTAL OF LINES 12 (2) (i) to 12 (2) (v)		330	224	106
	13	LOCALITIES IN WHICH INFECTIONS TOOK PLACE:				
		(1) PRIMARY OR SECONDARY SYPHILIS				
		(i) In locality of Centre		2	1	1
		(ii) Elsewhere in Great Britain and Northern Ireland		2	2	—
		(iii) Outside Great Britain and Northern Ireland		9	9	—
		(iv) Not known		—	—	—
		(v) TOTAL OF LINES 13 (1) (i) to 13 (1) (iv) to agree with line 1 (iii)		13	12	1
		(2) GONORRHOEA (Post-pubertal)				
		(i) In locality of Centre		257	152	105
		(ii) Elsewhere in Great Britain and Northern Ireland		56	48	8
		(iii) Outside Great Britain and Northern Ireland		22	22	—
		(iv) Not known		12	12	—
		(v) TOTAL OF LINES 13 (2) (i) to 13 (2) (iv) to agree with line 5 (i)		347	234	113

	<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	6	1	5
(ii) Gonorrhoea	152	147	5
(2) Contacts attending with			
(i) Syphilis, primary and secondary	1	1	—
(ii) Gonorrhoea	83	79	4
(iii) Other conditions	98	88	10
15 TOTAL ATTENDANCES OF ALL PATIENTS			
(i) Syphilis	244	183	61
(ii) Gonorrhoea	1,131	720	411
(iii) Other conditions	4,323	2,717	1,606
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))	5,698	3,620	2,078
16 Cultures for the gonococcus	3,284	310	2 974

PLEASE REFER TO ACCOMPANYING NOTES.

MEDICAL SOCIAL WORK

by

Miss D. MAYBIN

As in 1968, statistics have not been kept during the year for patients who merely required information, for example about National Health Insurance, Pensions, Supplementary Benefits, etc. but casepapers have been recorded for 345 patients, all of whom presented complex problems.

Out of this number, 90 patients were suffering from Pulmonary Tuberculosis, 45 from Bronchitis and other chest diseases, 45 were Cancer patients, and 45 general medical patients. The remaining 120 were unmarried mothers (Report in Maternity and Child Welfare Section).

The aim of the Social Worker is to give support and practical assistance to patients, helping them to help themselves so that they can adjust and return to as normal a life as their illness will allow. The help required by the patient may involve acting for him, or showing him how to act, so as to improve his social situation over such matters as housing or employment difficulties, financial or domestic problems.

Long-term illness has serious repercussions on the family. A man used to activity and a regular job becomes frustrated and disheartened by having to remain at home; the family, too, has to re-organise to having an invalid, and much of the time of the Social Worker is spent in giving support and help in every way possible. The problems are often aggravated by financial worry resulting from years of existing on a limited income, and the Portsmouth Voluntary Care Committee for Tuberculosis and Other Chest Diseases, and other organisations have given invaluable help with grants to replace furniture and clothes, to supply extra nourishment and fuel in the winter, and to maintain property.

It has again been necessary to find accommodation on discharge from hospital for patients who had previously been of no fixed abode or were living in lodging houses where they had to fend for themselves. This was done in some instances through advertising in the local paper, or through personal contacts, but it is not easy to find suitable accommodation in a sea-side town.

The problem of making suitable arrangements for elderly people when they are ready for discharge from hospital is one which occupies much of the time of all Medical Social Workers. For the patient who is willing to give up his own house, or has, in fact, no home, there is the excellent accommodation provided by the Local Authority. Many people, however, cling to their independence and wish to remain in their own surroundings as long as possible, and it is sometimes possible to arrange this with the services of a Home Help, Meals on Wheels and the Friendly Visiting Service. There is a need for more Home Helps, and a hot meal every day instead of twice a week.

There is also the problem of patients who do not need hospital treatment but who are not fit enough to go into ordinary lodgings. For them arrangements have been made in private homes where they can get a little nursing care if necessary. The Voluntary Care Committee, and the National Society for Cancer Relief, supplemented the fees in these instances as patients are not usually in a position to pay themselves, and the Supplementary Benefits Section of the Ministry of Social Security cannot give more than the ordinary board and lodging allowance which does not meet the cost.

Problems arise when the patient becomes fit to return to work. During a long period of illness some people grow unaccustomed to the idea of work

and require a great deal of encouragement to get back to a normal working day. This is sometimes made more difficult because the benefits they have received during their illness are little short of what can be earned in unskilled jobs or the lighter work they may have to take as a result of their illness. Others are eager to return to work but suitable jobs may not be easily obtainable. Employers are contacted and close co-operation is maintained with the Disablement Resettlement Officer at the Ministry of Employment and Productivity, and also with firms' Welfare Officers.

A few of the patients suffering from lung cancer have been fit to return to their own work, but some have needed work of a lighter nature when their own jobs were too heavy, and, for them too, efforts to find suitable work have been made. The majority of these patients, however, have needed terminal care either in their own homes or in hospital. When they have been nursed at home, full use has been made of the services provided and these have been much appreciated.

Students working for the Certificate in Social Work continue to have their field work placements here—two days a week for six months for the first year students, and three days a week for six months for second year students.

THE CHEST CLINIC*by***DR. J. H. DADDS**

It will be seen from the accompanying figures that there are still a small number of cases of Pulmonary Tuberculosis occurring each year and the figures over the last three years have remained very comparable. It is clear that we cannot afford to relax our preventative and case-finding methods, as yet.

NOTIFICATIONS BY AGE GROUPS

NEW CASES*

Age Group	Respiratory		Non-Respiratory		Combined		Grand Total
	Male	Female	Male	Female	Male	Female	
0—1 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1—4 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
5—14 ..	— (—)	1 (1)	1 (—)	— (—)	1 (—)	1 (1)	2 (1)
15—24 ..	— (1)	3 (—)	2 (—)	— (—)	2 (1)	3 (—)	5 (1)
25—34 ..	— (3)	1 (2)	— (—)	1 (—)	— (3)	2 (2)	2 (5)
35—44 ..	6 (2)	3 (1)	1 (—)	— (1)	7 (2)	3 (2)	10 (4)
45—54 ..	7 (1)	— (3)	— (—)	— (—)	7 (1)	— (3)	7 (4)
55—64 ..	2 (5)	2 (4)	— (1)	— (—)	2 (6)	2 (4)	4 (10)
65 and over ..	8 (6)	1 (3)	1 (—)	2 (2)	9 (6)	3 (5)	12 (11)
TOTAL ..	23 (18)	11 (14)	5 (1)	3 (3)	28 (19)	14 (17)	42 (36)

*—Includes all primary notifications and new cases coming to the notice of the Medical Officers of Health by other means.
(Figures in brackets are those of 1968).

NUMBER OF CASES ON REGISTER AS AT 31st DECEMBER

	1963	1964	1965	1966	1967	1968	1969
Respiratory ..	1,204	1,152	1,088	1,017	907	842	801
Non-Respiratory ..	90	94	95	95	97	101	108
TOTAL ..	1,294	1,246	1,183	1,112	1,004	943	909

PRIMARY NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1963 ..	70	8	78
1964 ..	65	7	72
1965 ..	64	4	68
1966 ..	47	6	53
1967 ..	36	3	39
1968 ..	32	4	36
1969 ..	34	8	42

CONTACTS

	1963	1964	1965	1966	1967	1968	1969
No. of new contacts examined ..	561	525	373	368	298	212	183
No. of contacts proved to be definite cases	10	10	10	4	3	5	1

SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1969

	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 1969 ..	525	278	39	49	43	9	574	321	48	943
(2) Transfers from other authorities	4	2	—	—	—	—	4	2	—	6
(3) Lost sight of cases returned during year	2	1	—	—	—	—	2	1	—	3
B. No. of new cases diagnosed as tuberculosis during 1969:										
(1) Class A. (T.B. minus)	8	5	1	5	1	1	13	6	2	21
(2) Class B. (T.B. plus)	13	4	—	1	3	—	14	7	—	21
C. No. of cases included in A and B written off the Register during the year as:										
(1) Recovered	32	20	4	—	1	—	32	21	4	57
(2) Dead (all causes)	18	4	—	—	—	—	18	4	—	22
(3) Removed to other areas	11	5	—	—	—	—	11	5	—	16
(4) For other reasons	2	—	1	1	—	—	3	—	1	4
D. No. of definite cases of tuberculosis on Register at 31st December 1969 ..	489	261	35	54	46	10	543	307	45	895

DEATHS

Year	Respiratory	Death Rate per 100,000 Population	Respiratory Non-	Death Rate per 100,000 Population
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	—	—
1969 ..	2	0.9	—	—

DEATHS BY AGE GROUPS

Age Group	Respiratory		Non-Respiratory		Combined		Grand Total
	Male	Female	Male	Female	Male	Female	
0—1 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1—4 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
5—14 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
15—24 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
25—34 ..	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
35—44 ..	— (—)	— (1)	— (—)	— (—)	— (—)	— (1)	— (1)
45—54 ..	1 (1)	— (—)	— (—)	— (—)	1 (1)	— (—)	1 (1)
55—64 ..	— (2)	— (—)	— (—)	— (—)	— (2)	— (—)	— (2)
65plus ..	1 (6)	— (—)	— (—)	— (—)	1 (6)	— (—)	1 (6)
TOTAL ..	2 (9)	— (1)	— (—)	— (—)	2 (9)	— (1)	2 (10)

Of the 2 deaths from respiratory tuberculosis, both cases were notified posthumously.
(Figures in brackets are those of 1968).

THE MASS RADIOGRAPHY SERVICE

by

Mr. J. D. LENDRUM

General

Two Mobile and one Static Unit have continued to operate throughout the year.

15A undertakes surveys of the General Public and Industry in Portsmouth, East Hants and West Sussex: this Unit visited 108 sites during the year.

15B works for General Practitioners throughout the same area, as well as doing Out-patient and Chest Clinic Sessions at Portsmouth and Gosport. Chest Clinic films taken total 279: these are not included in the General Statistics.

15C large films as required at base.

A total of 67,917 examinations were carried out excluding 279 Chest Clinic films (76,934 in 1968).

Proposed Change of Area

It has been agreed that as from 1st April 1970 the South West Metropolitan Regional Hospital Board will take over the work in West Sussex (which is part of that Region) hitherto done by the Wessex Regional Hospital Board. This Report will, therefore, be the last Annual Report covering the full area. I will be very sorry to have to give up this work which I have found very interesting and rewarding.

Work for General Practitioners

The value of this work is shown by the figures below: and has increased in each year of the '60s except 1967.

		PORTSMOUTH	E. HANTS	W. SUSSEX		
1961 ..	..	3,787	2,837	4,463	=	11,087
1962 ..	..	3,604	3,194	5,028	=	11,826
1963 ..	..	4,023	3,506	5,183	=	12,712
1964 ..	..	3,830	3,972	5,638	=	13,440
1965 ..	..	4,083	4,317	5,830	=	14,230
1966 ..	..	3,946	5,029	6,697	=	15,672
1967 ..	..	2,943	5,062	6,334	=	15,339
1968 ..	..	4,151	5,975	6,657	=	16,783
1969 ..	..	4,250	6,440	6,750	=	17,440

In 1969, 27 cases of Tuberculosis requiring treatment were found in this group (24 in 1968) giving the highest incidence of all groups of 1.55 per 1,000 (1.43).

The number of Hospital Out-patients, excluding Chest Clinic cases, has increased from 1,942 in 1967 to 2,802 this year.

Pulmonary Tuberculosis in Need of Treatment

The total found is the same as in 1968 i.e., 41 cases: last year's figures showed a rise of 9 over 1967. The incidence of cases in 1969 rose from 0.53 per 1,000 in 1968 to 0.6 per 1,000.

A total of 14 active cases (0.49 per 1,000) were found in Portsmouth, a fall of one case.

I wish to stress that these figures are for individuals who received active treatment.

Carcinoma of the Bronchus

The incidence has risen somewhat, from 1.78 per 1,000 to 2.09 per 1,000 examined, a total of 142 cases being found (137 in 1968). Of these 49 (1.72 per 1,000) were found in Portsmouth, a rise from the 1968 figure of 36 (1.65 per 1,000).

Co-operation

I wish to thank all who have helped in our work especially the Chest Physicians concerned, the Medical Officers of Health and the Unit Staff who have worked hard under conditions which are sometimes difficult.

The Future

I have two comments to make on the Department of Health's Circular HM (69)97 : I feel that the absence of mobility means that facilities for General Practitioners are reduced and more time and money must be spent by patients: this in turn means fewer attendances, surely a retrograde step? Secondly, I fail to see how General Radiological Departments will be able to cope with the work unless facilities and personnel are increased or unless the Units continue to function as they are, even if under a different name and administration.

The Wessex Regional Hospital Board is considering the Circular and at the time of writing have made known no proposals.

TABLE I
MASS RADIOGRAPHY STATISTICS
TOTAL NUMBERS EXAMINED — IN AGE GROUPS

PORTSMOUTH UNITS:—15A 15B 15C

Age Groups	—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 ..	236	0.35	155	0.23	2,491	3.67	3,743	5.51	6,302	9.28	6,333	9.33	6,448	9.49	2,873	4.23	2,406	3.54	3,126	4.6	34,113	50.23
Female ..	236	0.35	129	0.19	3,313	4.88	4,305	6.34	6,609	9.73	6,664	9.81	5,930	8.73	2,390	3.52	1,771	2.61	2,457	3.61	33,804	49.77
TOTAL ..	472	0.69	284	0.42	5,804	8.55	8,048	11.85	12,911	19.01	12,997	19.14	12,378	18.22	5,263	7.75	4,177	6.15	5,583	8.22	67,917	100.00

TABLE II
 CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS (Rate per 1,000 in each group)
 ANALYSIS BY AGE

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000
Male ..	—	—	—	—	1	0.40	1	0.23	7	1.11	8	1.26	3	0.47	2	0.70	6	2.49	3	0.96	31	0.91
Female ..	—	—	—	—	3	0.91	2	0.46	2	0.3	2	0.3	—	—	1	0.42	—	—	—	—	10	0.30
TOTAL ..	—	—	—	—	4	0.69	3	0.37	9	0.7	10	0.77	3	0.24	3	0.57	6	1.44	3	0.54	41	0.6

TABLE III
ANALYSIS OF ABNORMAL FINDINGS

SECTION A. NEWLY DISCOVERED CASES OF PULMONARY TUBERCULOSIS								
0. Cases of Tuberculosis referred to the Chest Clinic or Hospital and considered on investigation to require close Clinic supervision or treatment					Male	Female	Total	Rate per 1,000
					31	10	41	0.6
(a) Not infectious								
(b) Infectious								
(c) Not examined								
(d) Domiciliary treatment								
(e) Hospital treatment a					1	1	2	
ad					8	3	11	
ae					6	1	7	
bd					3	—	3	
be					10	4	14	
cd					3	1	4	
1. Cases of tuberculosis requiring occasional out-patient supervision only					158	95	253	3.73
SECTION B. NON-TUBERCULOUS CONDITIONS								
2. Malignant Neoplasms:								
(a) Primary carcinoma bronchus					113	29	142	2.09
(b) Others					10	7	17	
3. Non-malignant Neoplasms					4	5	9	
4. Lymphadenopathies—excluding sarcoids					—	1	1	
5. Sarcoids—including enlarged hilar glands					15	15	30	
6. Congenital cardiac abnormalities					3	2	5	
7. Acquired cardiac abnormalities					21	18	39	
8. Pneumoconiosis without P.M.F.					6	—	6	
9. Pneumoconiosis with P.M.F.					1	—	1	
20. Bacterial and virus infections of the lungs					116	80	196	
21. Bronchiectasis					17	12	29	
22. Pulmonary Fibrosis (Non-Tuberculous)					17	11	28	
23. Spontaneous Pneumothorax					13	4	17	
24. Abnormalities of the diaphragm and oesophagus					7	17	24	
25. Pleural effusion (Non-Tuberculous)					12	5	17	

TABLE IV
ORGANISED GROUPS

	Number examined			Numbers showing evidence of significant Pulmonary Tuberculosis						
	Code No.	Male	Female	Total	Male		Female		Combined Total	Combined Incidence
					No.	Incidence per 1,000	No.	Incidence pre 1,000		
General Public	7	9,619	12,822	22,441	1	0.1	2	0.16	3	0.13
Industrial Groups	6	13,600	10,408	24,008	9	0.66	2	0.19	11	0.46
School Children—Positive Reactors ..	3v	191	200	391	—	—	—	—	—	—
General Practitioner Referrals ..	2	8,685	8,755	17,440	21	2.42	6	0.69	27	1.55
Psychiatric Hospitals	9	—	11	11	—	—	—	—	—	—
Contacts	4	11	67	78	—	—	—	—	—	—
Contacts of Positive Reactors ..	40	115	163	278	—	—	—	—	—	—
Out-patients—General Hospitals ..	—	1,475	1,327	2,802	—	—	—	—	—	—
Persons in Prisons, Borstals, etc. ..	6x	417	51	468	—	—	—	—	—	—
TOTALS	—	34,113	33,804	67,917	31	0.91	10	0.3	41	0.6

TABLE V
PORTSMOUTH
CASES OF SIGNIFICANT TUBERCULOSIS

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	115	115	57	43	1,006	1,441	1,822	2,017	2,704	2,293	2,815	2,385	3,028	2,544	1,334	1,014	1,024	676	1,177	829	15,082	13,357
Number of active cases	—	—	—	—	1	2	—	1	—	1	3	—	2	—	1	—	1	—	2	—	10	4
Rate per 1,000 examined	—	—	—	—	0.99	1.39	—	0.5	—	0.44	1.07	—	0.66	—	0.75	—	0.98	—	1.7	—	0.66	0.3
Combined Rate	—	—	—	—	1.23	0.26	0.2	0.58	0.36	0.43	0.59	1.0	0.49	0.3	0.66	0.3	0.49	0.3	0.66	0.3	0.49	0.3

PARASITIC INFESTATION

by

DR. C. GAZIDIS

Head lice and scabies continue to present a health problem. The numbers of people treated at the Disinfestation Clinic for these two infestations have gone up for the first time in many years. This reflects a national trend. Most referrals were from the School Health Service which must be commended for the fine work it is doing. The situation must be carefully watched in the coming years, particularly among large families and the elderly.

Pediculosis

The figures for the year showed a large increase of cases from those for the previous year. The downward trend shown since 1964 has been reversed.

During the year 32 households of 33 families, comprising 88 individuals attended, compared with 25 households of 27 families, comprising 66 individuals in 1968.

Total number of patients attending during:

			1969	1968
Cases	..	..	80	42
Contacts	..	..	8	24
			<hr/> 88	<hr/> 66

The distribution as to age and sex was:

	Under 5			5—15			Over 15			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested	6	7	13	28	25	53	6	8	14	40	40	80
Non-Infested	—	—	—	2	1	3	2	3	5	4	4	8
Total of first attendances ..	6	7	13	30	26	56	8	11	19	44	44	88
Subsequent attendances ..	13	13	26	64	43	107	2	10	12	79	66	145

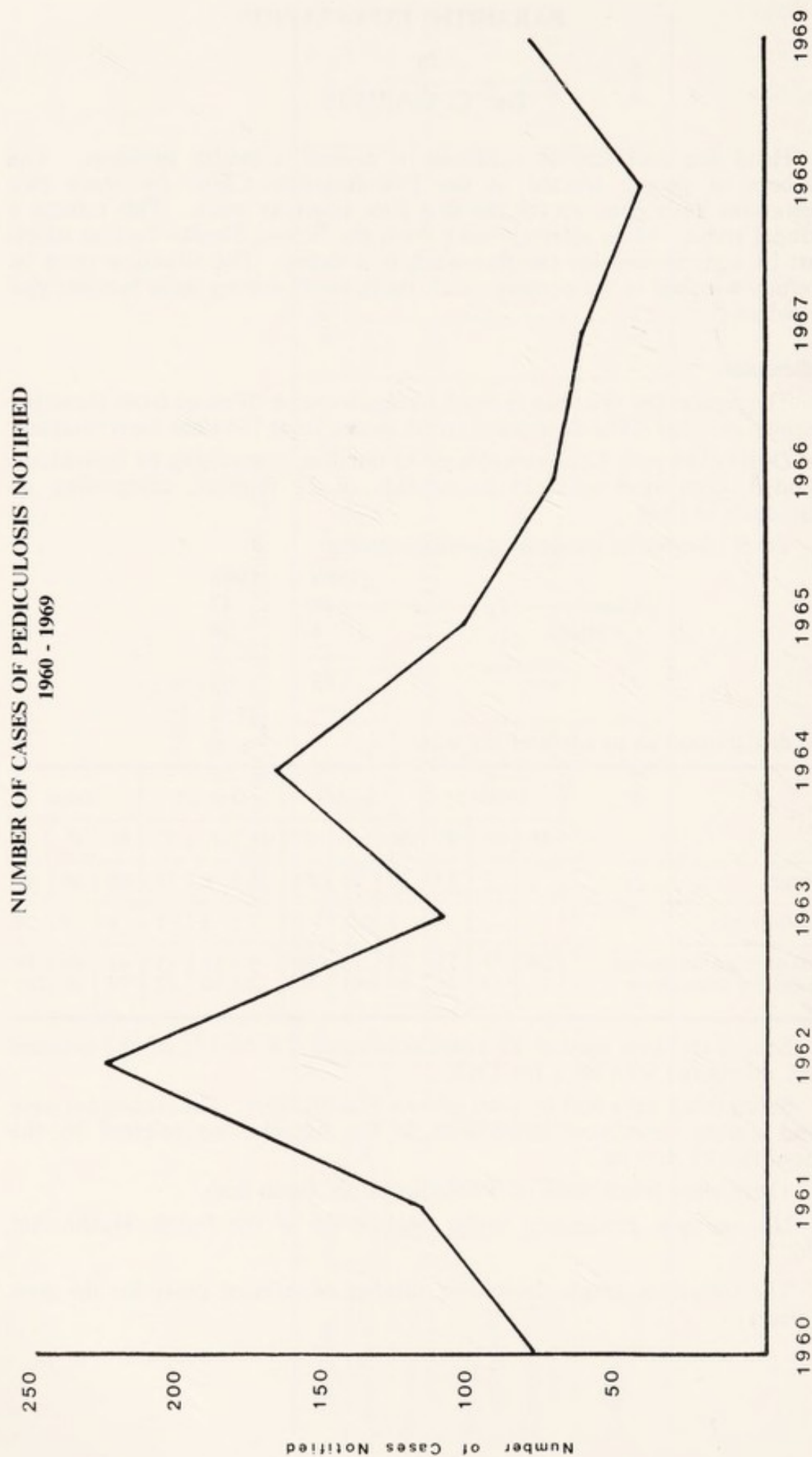
School children aged 5–15 years accounted for 65.1% of the infested cases, compared with 68% for 1968.

Seven cases were sent by local general practitioners. The remainder were found during cleanliness inspections in the schools and referred by the School Health Service.

There were seven cases of 'Phthirius pubis' (crab lice).

No one was prosecuted under Section 85 of the Public Health Act 1936.

The following graph shows the number of infested cases for the past ten years:



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

<i>Clinic</i>	<i>Old Cases</i>		<i>New Cases</i>	
	1969	1968	1969	1968
Hillside	180	360	58	42
St. George's Square	256	305	41	70
	<hr/> 436	<hr/> 665	<hr/> 99	<hr/> 112

49 home visits were made by the Nursing Assistant during 1969 compared with 73 during 1968.

Scabies

During the year 147 households of 158 families, comprising 497 individuals attended, compared with 54 households, 54 families and 147 individuals for 1968.

Total number dealt with during the year:

	1969	1968
Cases	372	76
Contacts	125	71
	<hr/> 497	<hr/> 147

Ninety cases were sent by local general practitioners, two by the hospitals and one from the Welfare Services Department.

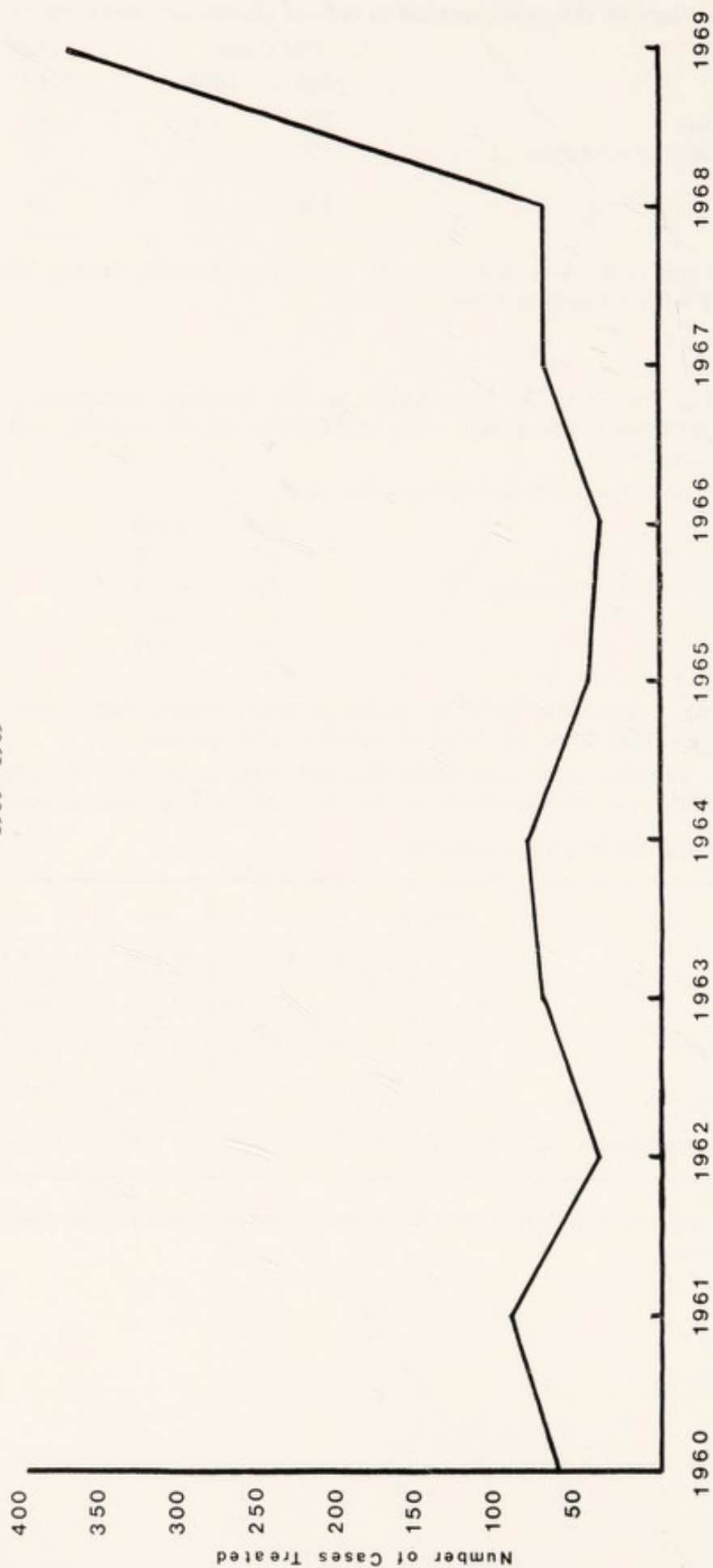
Eight families were sent from Havant. These are not included in the figures mentioned above, which are for the City of Portsmouth only.

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	34	35	69	93	97	190	42	71	113	169	203	372
Non-Infested	9	10	19	22	24	46	13	47	60	44	81	125
Total of first attendances ..	43	45	88	115	121	236	55	118	173	213	284	497
Subsequent attendances ..	60	68	128	137	162	299	89	149	238	286	379	665

The following graph shows the known number of infested cases for the past ten years:

NUMBER OF CASES OF SCABIES TREATED
1960 - 1969



Scabies is not a notifiable disease in this area, but from information generally available it was considered that there was increased prevalence of this infestation. Measures were therefore taken during the autumn to increase the precautions and a letter was sent to family doctors in October reminding them of the treatment facilities at the clinic. The number of cases then referred by general practitioners trebled, and this was the main reason for the dramatic increase in the number of cases treated during the year. This underlines the fact that the incidence, as quoted, can only be very loosely related to the number of cases treated at the Disinfestation Clinic. It must be remembered that general practitioners can treat scabies quite successfully in the normal households. It is, however, very difficult when there are social problems involved, or when a family is not registered with one general practitioner, and it is these cases of socially handicapped families (particularly if registered with more than one practitioner—or even in some instances not registered with any practitioner) that the value of the community services is especially apparent. It would be of great value to be able to obtain more information about the incidence of this unpleasant infestation. It may well be on the increase and does seem to be affecting more young adults.

125 contacts were given prophylactic treatment during the year. Every effort is made to trace the source of an infection not only in the household but also among classmates and workmates.

Demonstrations to Student Nurses

At the request of the Sister Tutors of St. Mary's General Hospital and Queen Alexandra Hospital, groups of Student Nurses have been attending at 'F' Ward for demonstrations on the treatment of Pediculosis and Scabies.

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

HEALTH EDUCATION

by

DR. D. D. HILTON

Organisation

During the year the work of the health education unit was once again directed by the Health Education Working Party under the Chairmanship of Dr. D. D. Hilton, and included representatives of the Education Department, Mental Health, the Chief Dental Officer, the Public Health Inspectors, Chief Nursing Officer, Supervisor of Midwives and Superintendent Health Visitor.

For most of the year we felt the benefit of having two full-time workers in the unit, namely Miss M. E. G. Dancer, the Group Adviser Health Visitor, and Mr. R. J. Turner, the Administrative Assistant. The effect on the working of the unit generally is demonstrated in all sections of this report where growth has been possible.

The tremendous increase in the use of film is particularly notable, and our policy of purchasing suitable films is obviously proving worthwhile.

Most films purchased have been seen and reviewed at the Film Appraisal sessions which continue to be beneficial not only for this particular purpose but also because they bring together Head Teachers with members of the Health Department to consider films, and any member of the group is able to contribute either to the discussion, because they are specialists in their field, or give an assessment of public reaction and help in assessing the value of the film for particular groups and sections of the community.

Use of Films

The use of 16 mm. films held in our own library for health education showed an increase of some 275% during the year, the total showings being 86 in 1968 and 323 in 1969. The number of films hired, however, showed a slight drop from 1968 from 60 to 49 in 1969. The stock of films held in our own library, however, has doubled during the year.

The total showings of our own and hired films during 1969 was 372 as compared with 146 during 1968.

The table below shows individual number of showings and attendances of films held in our own library.

<i>Title</i>	<i>Schools and Youth Clubs</i>	<i>Adult Groups</i>	<i>Total</i>	<i>Total Audiences</i>
To Janet a Son	21	11	32	821
Drugs and the Nervous System ..	29	13	42	1,630
Emergency Resuscitation	13	7	20	421
½ of Million Teenagers	54	17	71	2,377
Accident in the Home	1	6	7	136
Smoking and You	35	3	38	815
The Smoking Machine	15	1	16	715
This is Your Lung	—	3	3	71
What to Eat	5	12	17	504
Room for Hygiene	2	8	10	278
Time for Decision	13	6	19	542
No Smoking	9	3	12	425
Family Planning	14	4	18	461
To Plan Your Family	9	1	10	299
Motherhood	6	1	7	204
Yesterday's Tomorrow	1	—	1	14
	227	96	323	9,713

At the 49 showings of hired films some 901 people attended, and of these films 19 were shown at appraisal sessions so that Health Department staff and Teachers could assess their value for educational purposes.

Over-all there was an average attendance of 28 persons at each showing of a film.

Smoking and Health

THE TASK

The following table* shows the consumption per adult male in the United Kingdom of manufactured cigarettes per head of male population aged 15 and over.

1920	1930	1940	1945	1950	1955	1960	1965	1966	1967	1968	1969
2,290	2,760	3,670	4,420	3,370	3,830	4,030	3,580	3,640	3,720	3,850	3,780

Thus although there has been a slight drop between 1968 and 1969 in the number of cigarettes consumed in the year per adult male, it might be unwise to state that these figures indicate any significant trend since the period before the publication of the first report by the Royal College of Physicians entitled 'Smoking and Health'. There has been, however, a steady decline in the pounds of tobacco consumed as manufactured cigarettes per head since the high figure of 8.7 in 1960, and this is presumably largely due to the increasing popularity of filter-tipped cigarettes.

*Consumption (manufactured cigarettes)
per adult male in lbs. per head**

1960	..	..	..	..	8.7
1961	..	..	..	..	8.6
1962	..	..	..	..	8.0
1963	..	..	..	..	8.0
1964	..	..	..	..	7.7
1965	..	..	..	..	7.2
1966	..	..	..	..	7.1
1967	..	..	..	..	7.1
1968	..	..	..	..	7.1
1969	..	..	..	..	6.7

Cigarette consumption per adult female in the United Kingdom has been as follows in recent year:*

1950	1955	1960	1965	1966	1967	1968	1969
1,080	1,360	1,620	1,860	2,040	2,020	2,020	2,210

There is thus a clear indication that the consumption of cigarettes by adult females continues its relentless rise. The total is now more than twice as many per female head as in 1950.

*—Tobacco Research Council, Research Paper No. 1. entitled "Statistics of Smoking in the United Kingdom", 5th edition 1969.

The weight of tobacco consumed as cigarettes in pounds per adult female each year has also increased:*

1950	1955	1960	1965	1966	1967	1968	1969	
2.3	2.9	3.5	3.6	3.7	3.6	3.5	3.7	lbs. per head

CIGARS

There has been a very interesting swing towards the smoking of cigars and from the same source* we learn that the total sales of tobacco goods in the form of cigars to the public in the United Kingdom in millions of pounds weight has grown as follows:

Calendar Year: 1950	..	0.8
1955	..	0.9
1960	..	1.6
1965	..	2.9
1969	..	4.1

The total sales of tobacco goods of all kinds to the public in the United Kingdom in millions of pounds weight has fortunately shown a slight drop since 1961, when the total was 277.7. In 1965 the total was 254.8 and in 1969 249.3*.

YOUNG PEOPLE

Are changes taking place in the smoking habits of young people?

The following figures are extracted from a table prepared by the Tobacco Research Council showing percentage of smokers recorded amongst young people.

Percentage of boys smoking at least one cigarette a day

Age		1961	1968
11 years	.. ..	0%	0%
12 years	.. ..	1%	1%
13 years	.. ..	3%	4%
14 years	.. ..	6%	9%
15 years	.. ..	32%	23%

We might consider this to be confirmation that boys were still trying cigarettes in their early teens, at least as much as in 1961, but we may feel less confident that at the age of 15 a smaller proportion were continuing to smoke cigarettes compared with 1961, because although the table seems to give that indication, the levels of accuracy of the figures are not high.

In girls, unfortunately, the trend is the other way.

At the age of 15, 12% of girls were smoking at least one cigarette per day in 1961, whereas in 1968 15% were smoking at least one cigarette per day*.

There is considerable interest in comparing the percentage of smokers in each age group over a period of several years.

*—Tobacco Research Council, Research Paper No. 1, entitled "Statistics of Smoking in the United Kingdom", 5th edition 1969.

Age Group (Years) Men				1956	1961	1965	1968
16—19	..	..	..	55%	62%	52%	58%
20—24	..	..	..	67%	71%	68%	65%
25—29	..	..	..	74%	69%	65%	66%
30—34	..	..	..	75%	68%	68%	68%
35—49	..	..	..	79%	77%	70%	72%
50—59	..	..	..	79%	74%	71%	73%
60+	..	..	..	79%	71%	69%	68%
All Ages	..	..	..	75.2	71.9	67.6	68.6

There may be, therefore, a tendency for less smoking in the under thirty age group since 1961, although we are not yet as low as the total for all ages in 1965, when perhaps the cumulative effects of all the steps taken to convey the message of the Royal College of Physicians Report were beginning to show.

In the case of women, the percentage of smokers considering all ages together had, at 43.2% in 1968, remained very close to the figure available for 1961, i.e. 43.7%.

Certainly it would be unwise to concentrate our efforts only on the male population, and there remains a very considerable need to influence young people against acquiring a cigarette smoking habit.

Mortality of Members of Parliament

G. Pincherle of the Institute of Directors contributed an article to the British Journal of Preventive and Social Medicine in volume 23 No. 2, May 1969, with this title.

In the study, 1,364 male M.P.'s and ex-M.P.'s were investigated and it was found that 'Members in general fared much better than the population as a whole, only sixty-three dying for every hundred who would have been expected to die'.

Under individual causes of death, there were eighty-one coronary deaths, although, 97.2 were expected. This gives a mortality ratio of 83%. Under the cancer heading, fifty-four deaths occurred from malignant neoplasms although the expected number was 94.6 giving a mortality ratio of 57%. Accidents, suicide, etc., were responsible for twenty-four deaths although the expected number of deaths was 15.5 (nine died in traffic accidents, three of whom were under fifty-five).

A questionnaire on health and way of life was also completed by members, and it was thus possible to discuss some of the factors which are known to effect health. It was found that members smoked less than other groups and so perhaps this helped in producing a favourable mortality experience although maybe the main credit is due to the process of selection:

'The sort of person who works towards becoming a successful M.P. must not only tolerate the stresses but must thrive on them'.

Unfortunately a number of people who have chronic chest disease still have difficulty in stopping smoking, and in a recent paper B. H. Burns comments that 'The female patients were significantly less successful in stopping smoking than the males'.*

It does seem particularly unfortunate that some people with chronic chest disease not only smoke cigarettes, but the 'smokers in this investigation smoked more than the national average'.*

We find at our Portsmouth Smokers' Advisory Clinic that one of the difficulties mentioned by people in their attempt to stop smoking cigarettes, is the attitude of their friends and relatives who offer cigarettes. This is referred to amongst the difficulties mentioned by Dr. Burns in his article, when he states that *'inability to refuse cigarettes offered at social functions . . . was among common reasons given, although the main reason described for lack of success was the withdrawal effect which may last for several weeks'.

Portsmouth Smokers' Advisory Clinic

During 1969 three series of the Advisory Clinics were held dealing with, in total, 89 persons (50 men and 39 women). When last seen, a total of 33 persons had stopped smoking (19 men and 14 women) representing approximately 37% of those who attended. In addition to this, 22 people had reduced their smoking habit by at least half (11 men and 11 women) representing approximately 27% of the total attendance.

Over 77% of those who attended the clinics gave health as their main reason for wishing to stop, and approximately 12% gave finance as their main reason. Reasons were as follows:

Health	..	..	..	..	..	70
Financial	..	..	..	..	..	11
Break a habit	..	..	..	..	..	4
To put on weight	..	..	..	..	..	2
To discourage their children	..	..	..	..	..	2
						<hr/> 89

Sixteen men (i.e. 32% of the men who attended the Clinic) and 84% of those who managed to break the habit, did increase weight by a few pounds each. In the case of women, only 7 put on a little weight, but they were 50% of those who broke the habit and their weight was of sufficient interest to cause us to include advice about nutrition and weight control in the series of clinic attendances.

The average weight increase, whether male or female, of those who did increase at all was about 4½ lbs.

The Topic in Schools

Twenty-nine sessions were carried out in schools and educational establishments, and eight sessions in youth clubs during the year. In one school at the Northern part of the City nine sessions were held, and in addition a display was erected during the term and a questionnaire was used to evaluate the smoking habits of the children.

The children's ages ranged from 11 to 17, and overall 22% claimed to be smokers. It was interesting to find when the age range was broken into three groups that a greater percentage of smokers was to be found in the 13 to 15 age group, where just over 40% were smoking.

During three sessions carried out at the College of Education, when some 180 future teachers were met, a questionnaire there revealed the fact that only 52 were smoking, i.e. 29%, so that perhaps the hope for the future is that teachers will be amongst those members of the community who are offering an example of non-smoking to young people. This would be a very vital and important contribution by the profession to the future health of the community.

* B. H. Burns, British Journal of Preventive and Social Medicine volume 23, No. 1, February 1969, pages 25, 26.

'Lucky'?

'It's the luxuries which help to make life worth living, and in the 1970's every family deserves its share.' 'That's why the millions of . . . club members are so much luckier than the rest.'

The above quotation is from the club newsletter accompanying the new edition of a gift book available, perhaps surprisingly, to people who buy certain brands of cigarettes.

In 1969 the deaths from lung cancer in the City of Portsmouth numbered 161, but another quotation from the gift book is as follows: '. . . and it's lucky for everybody.'

The housewife may be particularly tempted if she opens another envelope bearing the message 'There's something inside this envelope for you . . .'. The cigarette company not only informs the housewife that there is craftsmanship in a cigarette, but also thoughtfully provides a catalogue with 'fabulous things for you' and a saver book for the trading stamps which accompany each packet of twenty.

Effects on Babies where Mothers have Smoked during Pregnancy¹

New evidence of the dangers of smoking in pregnancy comes from a British study of seventeen thousand babies born in one week in 1958.

In this large scale research exercise, the babies were re-examined seven years later, and the processing of the results has taken a considerable time. One of the most recently available results is evidence of a link between smoking and convulsive illness in babies.

In those who smoked ten or more cigarettes a day 18% of mothers had children with convulsive disorder compared with 13% who did not smoke.

'The risk of having a child with a convulsive history is nearly 50% higher in mothers who smoked heavily in pregnancy compared with those who do not'. *(Dr. Evan C. Ross).

No definite relationship could be found between epilepsy and abnormal delivery.

'So there is some comfort there', Dr. Ross is stated to have commented.

'Where we cannot give comfort is over the question of smoking and its effect'.

Family Planning²

One of the large secondary schools for boys in the City asked if we could offer a session on this topic for the boys who were about to leave the school. After discussion with the Headmaster it was decided that two members of our staff, Miss Dancer and Dr. Hilton would discuss the matter with boys, using, as visual aids both the W.H.O. film on The World Population Problem in relation to family planning, and a second film about available techniques. The session developed into a group discussion with active participation of the boys, and a considerable amount of responsibility was evident. The opinion was voiced quite strongly that this sort of topic could have greater value several years earlier in their programme, and this has led to much

1. See also Maternal and Child Health Report—Page 33.

*—Medical News—Tribune volume 2 No. 27 July 3rd 1970. Referring to a report presented to the third European Symposium on Epilepsy at Helsingor, Denmark, by Dr. Euan C. Ross, from the Department of Child Health at Bristol University.

2—See also Maternal and Child Health Report—Page 44.

deeper consideration being given to the matter and discussion with our educational colleagues resulting in further developments being planned for 1970.

Sexually Transmitted Disease

Considerable attention has been given to this topic during the year. It will be noticed that in the table of 16 mm. films used that the film entitled 'Quarter of a Million Teenagers' was projected on 71 occasions to a total audience of 2,377 persons.

This film is a lively, colourful production made in the United States, but nevertheless very acceptable to British audiences. It has proved itself as a visual aid which is a useful start to discussions, and although, like most films, it is by no means perfect, we are pleased to see that it heads the list as the most used film in our library, although we are continually on the lookout for other films dealing with these topics.

The emphasis fortunately has been on work in schools and youth clubs, but the topic has also been dealt with in Colleges of Further Education and with adult groups.

SCHOOLS

In certain schools it has been possible to introduce the topic to a younger age rather than continue the earlier pattern of leaving this matter until children are about to leave school.

Questionnaires are now being used at sessions and there is a clear indication that most children have learned something new at all sessions.

Every effort has still to be made to ensure that the groups are sufficiently small to allow the more shy child to put a question, but it is realised that some children will keep their question until an opportunity arises when they can seek a personal word with a member of the school staff or with their parents at home.

It is therefore, necessary for us to consider whether more should be done to encourage parents to see and hear the sort of material which is being offered to their children in schools on some of these vital, sometimes controversial and emotional topics.

We remember one of the recommendations in the Cohen Report: 'Health education must do more than provide information. It must also seek to influence people to act on the advice and information given, and must seek to counteract pressures which are inimical to health'. **

Unfortunately, much of the mass media influence to today's adolescent may tend to confuse him or her and parents are only just recovering from a lengthy period of reaction against authoritarianism and realising that over-permissiveness is equally unfortunate and the consequences can be at least as serious.

INDUSTRY

Several industrial premises have accepted new notices about the treatment facilities for sexually transmitted diseases in their toilet cubicles.

Following a survey of notices in the various public conveniences in the City, carried out in July 1969, it was found necessary to fit new notices

**—Page 156 of the Handbook of Health Education, Department of Education and Science, 1968.

*—See also report on Special Treatment Centre—Page 87.

giving the present times of treatment at the Special Treatment Clinic, where facilities in the new out-patient block at St. Mary's Hospital are quite excellent.*

During the last quarter of the year, a monthly announcement about the treatment facilities was published in the local evening paper, 'The News'.

Measles Campaign

It was decided to include a leaflet about measles vaccination with the letter inviting parents to attend for the Medical examination of their young children at Infant or Nursery schools.

In this way we supported the Department of Health and Social Security in a Vaccination campaign against Measles, and distributed 3,060 leaflets to parents at a time when they would be thinking about the future health of their child.*

Mobile Unit—Health Education Council

We were fortunate to be approached by the Health Education Council Limited, to enquire whether we would wish to be included in the first tour of a specially equipped Mobile Unit for Health Education Purposes. The Unit included amongst its equipment, closed circuit television and videotape recording facilities.

After considering the planning and staff problems which this would involve, we decided that this would be very beneficial and stimulating to the City Health Education Unit, and the topic of Cancer Education was chosen.

From the 10th to the 17th November 1969 the Health Education Council Ltd., had a Mobile Exhibition Unit in the city on Cancer Education. This involved a refresher course on the subject in the early part of the week for a number of Health Department staff. After which the unit visited several areas in the city for the benefit of the public. In all some 510 people visited the unit and use was made of slides, films and closed circuit television. The public appeared suitably impressed by the exhibition and it was generally felt that this was a good way of getting health education topics over to the public.

Experience which we have had with the Mobile Unit and its facilities causes us to think that we could very well use a similar unit in the City and overcome some of our difficulties in contacting people in many parts of the City where there are not yet suitable premises, and where there is no prospect of a Health Centre being built for several years yet.

Exhibitions

It was possible to improve the standard of our Exhibitions by the acquisition of further display materials including lighting which adds a good deal to the attractiveness and sparkle of the material available

We are now in a position to offer to schools, clinics and other organisations small displays together with literature on topics of interest in the health education field. An example is Water Safety with which we had an introductory experience in 1968.

Although it may be possible to have small displays at several parts of the City at once, the total equipment would usually be required for the larger events such as the Southsea Show.

* See also Communicable Disease Report—Page 84.

Seven exhibitions were staged during 1969 covering a varied number of topics, they were as follows:

'TOYS' AT BATTENBURGH AVENUE

Depicting different toys at various age ranges in child development and showing how simple educational toys could be made at home from household articles.

HEALTH EDUCATION AIDS AT WESTERN PARADE

Showing the availability of equipment, leaflets, and all types of visual aids available for use by Health Department staff.

'HOME IMPROVEMENT' AT THE GUILDHALL

Covering the problem of clean air and the need for more care in food hygiene.

DAIRY SHOW ON SOUTHSEA COMMON

Dealt with the aspects of dental decay and the effects of fluoridation.

SOUTHSEA SHOW ON SOUTHSEA COMMON

Covering cervical cytology, care of medicines and drugs, clean air and dental health.

DEPARTMENT FUNCTIONS AT WESTERN PARADE

Depicting work of the Department for the benefit of City Councillors.

MOBILE EXHIBITION IN VARIOUS PARTS OF THE CITY

In co-operation with the Health Education Council on Cancer Education for the public. Useful in-service training also.

Talks

In January 1969, a circular letter was sent to all known adult groups such as Young Wives Clubs, Townswomens Guilds, etc.: and also to all Youth Organisations with the result that, during the year, 211 talks were given covering a range of 26 topics in the field of health and safety.

Five elementary first aid courses were run during the year, one was held for Housemothers and four for the School Meals Service personnel. In addition to this six sessions were given to Student Teachers on classroom emergencies and mouth to mouth resuscitation at the College of Education.

Cervical Cytology¹

One of the earlier text books on the diagnosis of early carcinoma of the cervix written by Stanley Way in 1963 states:

*"As has been said before, and cannot be repeated too often, the true value of vaginal cytology lies in its ability to reveal entirely unsuspected lesions which cannot be diagnosed by any other means. This implies taking smears from women who have no gynaecological complaints".

Thus we see cervical cytology as a technique of preventive gynaecology and the function of health education is to provide public information and influence attitude so that women in the age groups who are best able to benefit from cervical cytology will come forward, seek appointments and have the test taken.

* "The Diagnosis of Early Carcinoma of the Cervix" by Stanley Way, F.R.C.O.G. J. and A. Churchill Ltd., 1963.

¹ See also Maternal and Child Health Report—Page 40.

'APPOINTMENT LEAFLET' DISTRIBUTION

The limited distribution of the Department of Public Health's own appointment leaflet on Cervical Cytology required the co-operation of 27 Chemists, 9 Ladies Hairdressers and all General Practitioners in the City, and involved some 3,975 leaflets being made available at various points throughout the City (2,500 at Chemists, 850 at Ladies Hairdressers, and 625 at General Practitioners Surgeries).

The distribution did not take place until May and June and as a result some 121 leaflets requesting appointments were received by the end of the year.

The breakdown is as follows:

Chemists	..	47	
Hairdressers	..	17	
Doctors	..	10	
Mobile Unit	..	3	(the Health Education Unit, open to Public for one Day)
Unknown	..	44	(at least 10 of these came in from Exhibition at Southsea Show)
Total	..	121	

A further 72 telephone calls were received for appointments as a direct result of the local leaflet. This being ascertained at the time the calls were made.

This represents overall 193 appointments resulting from the use of our own leaflet.

It is interesting to note that the Health Education Mobile Unit was only on display to the general public for one day, and that in that comparatively short period of 6 hours three appointments were made.

Three special clinic sessions were arranged during the year, having gained the co-operation of local Industry in the use of a part of their premises for the benefit of their female staff. This resulted in 118 women receiving the Test.

A distribution of local leaflets was carried out at three blocks of flats in the City with the result that 11 persons requested appointments.

We understand that 800 persons attended for the Test during 1969 and it will be noted that of these:

193	appointments were as a result of the local leaflet.
118	appointments were due to co-operation with Industry.
11	appointments resulted from leaflet distribution in blocks of Flats.
322	representing some $\frac{3}{8}$ of the total Tests.

DRUG MISUSE ¹

The latest literature available from the British Medical Association on this topic is a useful small booklet entitled 'Behind the Drug Scene'. The following quotation is an important one for young people. It is in the section written by Dr. Peter Chapple.

" 'THIS CAN'T HAPPEN TO ME' — could be the epitaph on every addict's tombstone, and they have all started from the innocent smoking of pot or a few pills taken without thought on the spur of the moment."

1. See also Mental Health Report—Page 126.

*—See Dental Officer's Report on Dental Health Education—Page 63.

In another part of the booklet Michael Schofield asks the question 'Why do so many people need to take drugs to affect their moods? This is not just a teenage problem. It appears that many men and women are unable to live contented lives without a chemical crutch of one kind or another, and a few abnormal persons become hopelessly dependant on one. There are said to be about 70,000 severely incapacitated alcoholics in this country and more than 30,000 deaths a year from smoking tobacco.'

In the booklet we find presented the thoughts of five men deeply involved with the subject—a social psychologist, a pharmacologist, a psychiatrist, a sociologist and a doctor specialising in this field.

We will wish, in the City, to improve the availability of information in a reliable form to our young people so that they can make up their minds before they are in a situation of very considerable temptation and social pressure.

In the latest report of the Chief Medical Officer of the Department of Education and Science entitled 'The Health of the School Child 1966-68' reference is made to the fact that 'It is not always accepted that children at school should be taught about the dangers of drug use. Clearly the giving of information to school children should not be a crisis measure, but should be form part of advanced pattern of Health Education'.

A number of sessions dealing with the problems of drug misuse have been held in schools, colleges, Youth Clubs and Adult groups, and in fact the film 'Drugs and the Nervous System' has been the second most used of our films during the year—being presented to a total audience of 1,630 people. There has been a tendency to request this sort of session for the 15 and 16 year old children, doubtless with a view to preparing young people with information prior to their leaving school. Where the matter has been discussed with the youngsters and sometimes with parents, there has been a feeling that the subject could well be discussed much earlier than this. It would seem that a shift in the general climate of opinion about drugs and their availability is needed and that the over ready rush to the medicine cupboard which appears to take place in so many households when any minor deviation from normality is detected, should be counteracted by the reflection that the human body and mentality fortunately is robust and very often able to effect a rapid recovery without any medication. In this respect I think it is particularly useful to remind ourselves that even the very much valued effects of the aspirin tablet, which is chemically relatively simple, has other effects than the relief of pain and headache.

Part IV

HEALTH SOCIAL SERVICES

Home Help Service

Mental Health and Welfare

Day Care of Children

Unmarried Mothers

HOME HELP SERVICE

by

Miss S. C. HEAPS

The recent Government Social Survey on the Home Help Service in England and Wales suggests that, on the basis of their findings, the size of the service would need to be increased to between two and three times its present size in order to satisfy the unmet needs of present recipients and to provide home help for those who are eligible by present standards.

It is of course apparent that need in an area will be related to such variables as the number of people living alone, advancing age, marital status, accommodation, income and regional habits, customs and attitudes. All surveys however, are based on personal interviews and it must be recognised that there is a difference between demand and need. On the one hand those not actually in real need may request a service, alternatively, many will resist admitting their need for a service, such as home help or meals on wheels, and give a false picture of their ability to cope with household chores.

Whilst acknowledging the needs of the elderly, which every year absorb a larger proportion of home help hours, I am deeply concerned that with the limitations of the service at present, not nearly enough work is done in the field of real support for the younger age group of the chronic sick.

I feel this is an aspect of the service which in the future should be developed (as finances are made available), and should prove of inestimable value to families deprived of the normal life and pursuits of their contemporaries.

The position in the City of Portsmouth is that the size of the service is at present limited by the finances available, and accordingly it is difficult to assess the actual need in this area if finances allowed expansion to meet the demand. It has been necessary for several years to organise the service with rigid economy in order to make the utmost use of the home help hours available. Consequently all cases are receiving the bare minimum of help, and as all agencies involved with the sick and elderly are aware of the limitations of the service, only the most urgent cases are recommended for help. I think it is true to say that at present we are forced to operate little more than a Local Authority Domestic Agency, and cannot even embark on preventive work, or widening our field, concerned as we are with the ever increasing demand upon the service to meet vitally urgent needs of the elderly.

During the year under review the growth of the service in cases and hours has been greater than for many years, the sixty-five plus group accounting for the high increase in the number of cases assisted.

There has been evidence during the past year of an increased awareness and interest in the service, and as a result the Home Help Organiser has addressed 11 Clubs and Groups in the City.

During the year 2,111 home visits have been made by the Organiser and Assistant Organiser, to ascertain that work was being carried out efficiently and that recipients were satisfied with the Service. Any complaint was carefully investigated and where necessary action taken.

In view of the limited amount of home help hours available, it has been necessary for the Organiser and Assistant to plan with the Home Helps the most economical use of their time, and work schedules have been prepared accordingly. This constant necessity of endeavouring to provide a 'baker's

MENTAL HEALTH AND WELFARE

by

DR. MAY MONRO

Historically, psychiatric illness and subnormality have been considered as a single problem although even as long ago as the fourteenth century a distinction was recognised between lunatics and idiots (or natural fools). This confusion stemmed largely from ignorance, prejudice, superstition and fear and even today these operate to an astonishing degree despite the enormous strides which have been taking during the past two decades, in the assessment and treatment of mental disorder.

Subnormality is a condition of impaired intellectual development which may be congenital or may result from disease or trauma during early life. Psychiatric illness, on the other hand, may present as impaired intellectual functioning because of the poverty of thought or the highly abnormal thought processes exhibited by the patient but the underlying pathology involves abnormal and distorted perception and thought processes, which are related to emotional disturbances, generally intrinsic in the disease. Put very simply, it is as though the brain itself in subnormality is wrong while its capacity for normal functioning is wrong in mental illness. Mental disorder is a wider term used to cover both mental subnormality and mental illness. Perhaps it is evident, therefore, that there are two basically separate problems, each requiring special facilities and techniques if the individuals involved are to be helped to fit into community life.

Subnormality

The investigations of Dr. A. Kushlick and his team, who surveyed the total population of the Wessex region to establish how many subnormal individuals there are requiring facilities provided by Hospital Boards and Local Authorities, show that there are, on average, 335 such persons in the Wessex region, per 100,000 total population. In Portsmouth, with an estimated population of approximately 215,000, there should therefore be approximately 720 subnormal men, women and children requiring hospital beds, training centre facilities, home teaching, mental welfare officer support at one time or another in their lives.

In fact, at the end of 1969, 579 cases of subnormality in Portsmouth were known to the Mental Health Department. The services received are shown in Table I.

TABLE I

<i>Year of Birth</i>	<i>Coldeast Hospital</i>	<i>Adult Training Centre</i>	<i>Junior Training Centre</i>	<i>Home Teacher</i>	<i>No. Training Support</i>	<i>Totals</i>
1890-99 ..	4	—	—	—	2	6
1900-09 ..	19	—	—	—	11	30
1910-19 ..	18	8	—	2	23	51
1920-29 ..	24	14	1	3	33	75
1930-39 ..	19	19	1	3	37	79
1940-49 ..	24	40	13	6	62	145
1950-59 ..	25	9	68	1	29	132
1960-69 ..	8	—	37	—	16	61
TOTALS ..	141	90	120	15	213	579

The discrepancy between the known and expected figures may be due in part to the fact that many mildly subnormal individuals are able to take their place in society, as stable, independent men and women who remain in steady employment, make satisfactory marriages and are indistinguishable from those of average intelligence. In part it may be explained by the difficulty in ascertaining all subnormal children under five years of age. Whatever the reasons, however, it is plain that present resources are quite inadequate to cope even with cases already known.

The Adult Training Centre at Langstone House has seventy-five places and it is only by arranging part-time attendance for thirty trainees that ninety can be placed. In the Junior Training Centre there are many over sixteen years of age who should be in the Adult Centre but, for lack of places, have been unable to move on. Recommendations that Local Authority Education Committees accept responsibility for Junior Training Centres will require the Social Service Committee to provide adequate adult centre places. The home teacher, Mrs. Long, has agreed to extend her services beyond retirement age to continue giving support to her fifteen pupils but they would probably benefit even more if social contact could be established by Centre attendance. It is known that at least twenty-three men and women of those receiving no training support are in need of places so it is clear that an extension of one hundred places for the Adult Training Centre is urgently required.

On the other hand, however, the opening of a further ten places in the Special Care Unit in September has greatly relieved the pressure for such support and here again, part-time attendance has enabled larger numbers, from time to time, to benefit from the total of thirty-five places.

Lacey Lodge, the hostel for twenty-eight mentally handicapped men and women, continued to provide support for patients discharged from Coldeast Hospital and for men and women from the community whose family circumstances necessitated them leaving home either temporarily or permanently.

Youth Action sent a group of young volunteers to organise social activities, with some members of the staff of the Adult Training Centre, one evening weekly at the Centre. This compensated, to some extent, for inadequate club facilities for mentally handicapped people in Portsmouth and for that, one is much indebted to the young volunteers involved, but, at the same time, it should be remembered that far greater facilities are required.

Mental Illness

Total referrals of 1,601 cases of mental illness showed an increase, of 380, over 1968 but there was a slight decrease in hospital admissions, due, most probably, to the opening of the Day Hospital at St. James' Hospital and to treatment on a day-patient rather than in-patient basis. Of the total of 1,405 admissions to St. James' Hospital, 141 involved Mental Welfare Officers and of out-patients discharged from hospital, 160 were referred to Mental Welfare Officers.

Provision in the community for those handicapped by chronic mental illness is a task still to be faced in Portsmouth. So far there is no hostel except Ford Lodge, with 35 psycho-geriatric places, no sheltered workshop specifically for this group, no occupation centre and the social club which did exist is no longer functioning—mainly because the mental welfare staff have so many demands on their time they cannot continue to run social activities also. It is increasingly clear that training in casework for Mental Welfare Officers is essential if preventive and supportive work is to be done and the present trend for each local authority to second its employees for training makes it unlikely that any vacancy, except in senior posts, will

attract trained applicants. The current programme must therefore be widened wherever possible to ensure as many officers as possible can be seconded for training. In 1969 only one, Mr. Southam, joined the C.S.W. Course at Portsmouth Polytechnic and only one of the staff at Langstone Junior Training Centre went to Manchester for the N.A.M.H. Teaching Course.

A policy for Ford Lodge was agreed, that enabled a larger number of short-stay patients to be accepted, thus relieving considerable difficulty in providing care for psycho-geriatric men and women during periods of family stress. This was achieved by no longer retaining ten beds for mentally infirm from Welfare Homes.

Drug Misuse

This is a problem causing increasing concern to the community in general and to all directly associated with the misusers in particular¹. Various estimates of the numbers of young people involved in misuse of heroin, amphetamines, cannabis, and now barbiturates and other hypnotics, have been made and it is calculated that at least two thousand, more likely over three thousand, are misusing these drugs regularly or occasionally.

To meet this situation, the Drugs Advisory Service was formed during 1969. It is a body of officers, mainly of the Health and Education Departments, with a representative from the Police Drug Squad, who can pool information regarding the drug scene and take measures to protect the community from the inroads of misuse wherever possible. Health Education especially has been able to make use of this service and teachers and youth club leaders have shown considerable interest and requested help and support in a number of ways. There is no doubt that the work of this service will expand and increasing use be made of its reference library and other facilities.

Staff Changes

Mr. and Mrs. Buckner left Lacey Lodge after 4 years service as Superintendent and Matron. They were replaced by Mrs. Robinson and Mr. Ryan. Three new Mental Welfare Officers were appointed—Mrs. Allison, Mr. Price and Mr. Smith—and Dr. Monro took up the post as Senior Medical Officer, Mental Health.

¹ See also Health Education Reports—Page 119.

†—See also Dental Officer's Report on Dental Care of Handicapped patients—Page 63.

*—See Ambulance Officers comment regarding Radio-telephone system—Page 68.

MENTAL HEALTH SERVICES PROVIDED BY ST. JAMES' HOSPITAL

by

DR. D. I. BROUGH AND MR. D. J. DOWNHAM

General Note

In considering the in-patient work undertaken at St. James' Hospital, it must be borne in mind that the 'catchment area' includes not only the City of Portsmouth, but also the Urban District Council area of Havant and Waterloo and the Urban and Rural District areas of Petersfield. In terms of population, the total served is approximately 350,000 of which the City of Portsmouth contributes nearly 215,000.

Hospital Admissions (1968 figures in brackets)

Total—1,405 (1,412). Male—623 (577). Female—782 (835).

Over the past four years, the proportion of male admissions to total admissions has shown a significant rise:

38.8% (1966). 41.4% (1967). 40.8% (1968). 44.3% (1969).

Of the 623 (577) male admissions, 65 (100) were aged 65 years or over = 10.4% (17.3%).

Of the 782 (835) female admissions, 158 (175) were aged 65 years or over = 20.2% (20.9%).

Day Patients (City of Portsmouth)

The main development in the field of Mental Care in 1969, was the opening in February of the Solent Clinic Day Hospital at St. James' Hospital. The objective is to provide patients with full facilities for investigation and treatment without actually being admitted in the general sense. The clinic has facilities for 45 patients who attend from 9 a.m. to 4.30 p.m., Monday to Friday as necessary.

The general policy of the Unit is to ensure that patients are fully and Therapeutically occupied during their stay. The programme of activities is under the general direction of Dr. D. I. Brough who is assisted by an integrated team comprising full nursing staff, psychiatric social worker, occupational therapist, plus the services of psychologists when required. A Disablement Resettlement Officer also attends one afternoon a week.

Some features of the working of the Clinic merit special mention:

- (a) Group psychotherapy—organised by a consultant psychiatrist for the treatment of phobic anxiety states.
- (b) Treatment of young people with personality problems—organised by the Senior Social Worker.
- (c) Group counselling in marital problems—organised by a senior marriage guidance counsellor from the Marriage Guidance Council in Portsmouth.
- (d) Solent Clinic Social Club—organised by patients themselves, open to present and past patients. It provides opportunities to discuss progress, being supported by medical, nursing, social worker and occupational therapy staff.

A total of 246 patients were admitted to 31st December 1969, (101 male, 145 female). Nearly 90% of admissions were below the age of 60 years and the majority required further hospital care in one way or another. Only 8 were re-admitted to the Day Hospital itself.

DIAGNOSES

Depression	141	Schizophrenia	8
Phobic anxiety	35	Anxiety	5
Mixed affective disorders ..	30	Manic depressive	4
Personality disorders	21	Obsessive compulsive neurosis	2

CARE AFTER DISCHARGE

Out-patients	60	Long Day Unit and Occupational Therapy ..	13
General practitioner	40	Group Therapy	18
Solent Clinic Social Club ..	31	Psychologist	9
In-patient care	34	Other miscellaneous	14
Mental welfare	18	Re-admissions	8

DAY CARE OF CHILDREN UNDER 5*by***DR. MERCY PLOWRIGHT**

Eighteen hundred and eighty-nine children in the City received day-time care by other than their own relatives in 1969.

This represents an increase of 28.8% over the 1968 figures.

The actual statistics are given below:

	<i>No.</i>	<i>Places</i>	<i>Total</i>
Local Authority Day Nurseries ..	2	70	
		8 handicapped	78
Premises registered under Day Nurseries and Child-Minders Regulation Act, 1948	40	1,216	
Persons registered under Day Nurseries and Child-Minders Regulation Act, 1948	99	595	1,811
		Total Day Care Places	1,889

Number on Waiting List of Local Authority Day Nurseries 56 (73)

Day Nurseries and Child-Minders Regulation Act 1948:

Number of New Applications	171
Number of New Registrations:	
Child-Minders	71
Day Nurseries	12
Registrations Voluntarily Withdrawn:	
Child-Minders	26
Day Nurseries	1
Registrations Cancelled by Committee	1
Registrations Refused by Committee ..	1
Application withdrawn by applicant before registration	41
Application withdrawn on Medical Officers advice before registration	5

There were 47 additional registrations of premises and persons for 68 children during the year as a result of implementation of the Health Service and Public Health Act, 1968.

St. Mary's Hospital provides day care facilities for children of nursing and other staff, but as Crown properties they are exempt from the provisions of the Day Nurseries and Child Minders Regulation Act, 1948, and the Health Services and Public Health Act, 1968; they do not therefore have to comply with standards for other Day Nurseries.

During the year a report on the facilities for the day care of children under 5 was prepared for the Health, Development and Estates Committees of the Council. The following statistics are extracted from the report:

TABLE I

Updated where necessary to 31.12.69.

<i>Private Care</i>	1953		1968		1969	
	<i>No.</i>	<i>Places</i>	<i>No.</i>	<i>Places</i>	<i>No.</i>	<i>Places</i>
Child Minders ..	3	19	52	546	99	595
Day Nurseries ..	16	325	28	850	40	1,216

TABLE II

Registered Numbers for Child Minders

<i>No. of Children..</i>	1	2	3-5	6-10	11-20	20+
<i>No. of Registrations ..</i>	24	21	6	12	12	4

TABLE III (as at 1.7.69).

<i>Type of Premises</i>	<i>Registered C.M.</i>	<i>Day Nurseries</i>	<i>Play Groups</i>
Detached	4	34	3
Semi-Detached	23	—	4
Terraced	39	—	8
Flats	3	—	—
Community Rooms ..	—	1	—
TOTALS	69	35	15

TABLE IV

Places in Nursery Schools (4) .. 100

The registrations for child minders in flats relate to single children; the Community Room is in a multi-storey block of flats and provides facilities for other neighbouring blocks.

At the same time the scale of charges, which had been unchanged since 1956, was revised on the basis of the Department of Health and Social Security standards.

The reduction in the waiting list for the Local Authority Day Nurseries is not entirely due to diminished needs; it is more often the result of the frustration felt by many unsupported mothers at the long waiting period before a child can be admitted. She is driven, at least in her view at the time, to making other less satisfactory arrangements, but hesitates to alter them when at last a vacancy occurs at a Local Authority Day Nursery.

The care of unsupported mothers and other groups in social need prompted the inclusion of a new day nursery in the projects of the Council presented under the Urban Need Programme, and in June, this, among others, was approved by the Department of Health and Social Security.

The site was chosen to provide more accessible day care facilities to mothers living on the eastern side of the City; it is also adjacent to the Day Hospital at St. James' Psychiatric Hospital and it is hoped will facilitate the attendance of mothers for treatment. Two large public parks and part of

the shore are within easy reach of the nursery. By the end of the year, most of the preliminary work for the sketch plans was completed.

Building started on the site of the Somers Town Day Nursery in December 1968, but as this incorporated a 5-storey block of flats, only the shell of the nursery was built by the end of the year. Provision for 8 physically handicapped children was included in this Unit.

During the year it became urgent to find a site for the nursery to replace that at Twyford Avenue which is to be demolished in the North/South Road development. Eventually a site at Battenburg Avenue, adjacent to the School Health Clinic and Clifdale Junior School, was made available by the Education Committee. This nursery, like that at Somers Town, will accommodate 53 children, including 8 with physical handicaps. The present nursery provision will therefore be more than doubled in the next few years as the following table shows.

<i>Present</i>		<i>Future</i>	
St. Peters	35 Places	Somers Town	45 + 8 Handicapped
Twyford Avenue	35 Places	Battenburg Avenue	45 + 8 Handicapped
including		Hester Road	55
Connors Unit	8 Places		
	<hr/> 70 + 8 Handicapped		<hr/> 145 + 16 Handicapped

Extra places have been allowed at Hester Road for mothers attending the Solent Clinic at St. James' Psychiatric Hospital.

The benefits of this programme of expansion will be seen in lessened stress for many families and a more secure and stimulating environment for their children as they grow up.

The routine work of ensuring that standards of day care throughout the City were maintained continued to be the responsibility of two sessional Medical Officers and a Senior Health Visitor.

In January 1969 all qualified nursery staff from the Local Authority nurseries in the area, play groups, private day nurseries and child minders were invited to a Study Day. Fifty people attended; the programme proved very stimulating and involved considerable audience participation in the afternoon. Those present appreciated this opportunity of extending their knowledge and also of meeting together as a group with a common and often absorbing interest in the daytime care of children under school age.

The Connors Nursery

The building which houses this Unit was handed over to the City at the end of December 1968; it was equipped and ready for use by the end of February 1969. While it has been built on to the existing nursery premises at Twyford Avenue it was planned as an integral part of the nursery to give the handicapped child the opportunity of mixing with other normal children in a group, as well as providing play facilities that are not always possible in their homes.

The team responsible for the Unit consists of:

Matron	..	..	..	Miss V. Giles
Chief Nursing Officer	..	..	..	Miss D. O. Learmont
Medical Officer	..	..	..	Dr. Margaret Cowan
Superintendent Health Visitor	..	..	..	Mrs. P. Botting

The following is an extract from the report on the work of the team, written by Dr. Cowan and Miss Learmont.

Nursing Report

The first children to be admitted to the Connors Unit at Twyford Avenue Day Nursery arrived on 3rd March 1969, accompanied by their mothers. This is an important point because the essence of this undertaking has been that the parents should be fully aware of what was happening and to feel that they were able to contact Miss Giles, Matron of Twyford Avenue Day Nursery, at any time. The parents have been wonderfully co-operative and displayed great interest in their children's needs. After the first few months of settling down, Mothers' Group Meetings were started, which take place once a month in the afternoon. The mothers are invited to tea, other children if they cannot be left come with them, and the Nursery staff look after them for this short period. During these informal sessions general discussions take place about their mutual difficulties, how they have tackled various problems and how the Nursery has tackled various problems. The mothers gained much support from each other and the general interchange of comment and information was most useful. The Medical Officer of the Unit and the Superintendent Health Visitor also attended the meetings and if there was any private query the parents were seen separately.

The type of subject which has been discussed is the mothers' indignation and distress about being stopped in the street by a friend or neighbour for a chat, and how the neighbour 'will talk in front of the child as though they are not there or are daft'. The discovery that this was not an isolated experience and that they all suffered from it gave a group feeling of support, and from there the discussion led them as to how this problem could be tackled. It was decided that no central attack was possible but that every time one person understood this was a victory.

With regard to the children, it was anticipated that there might be two areas of uncertainty, the first being that of the problem of separation from the mother, and the second with how much ease could the integration of the normal and handicapped child take place. With regard to the first, there was very little difficulty and the majority of children came with their mothers the first morning, settled in and adapted straight away. In passing, thanks must be given to the ambulance men who brought the children in and took them home, and who took such a great interest in them that a good relationship was built up from the start; the children looked forward to their rides.

Integration, or otherwise, of the children in the Unit with the Nursery children was watched with great interest, particularly with regard to the normal child's feelings about the situation. Some of the Nursery children mixed well from the beginning. One of them, in his fourth year, who was an 'old boy' having been in the nursery since he was a small baby struck up some firm friendships and it was interesting to watch his caring attitude. Others accepted but did not take much notice and continued to play with their own friends. After a few months it was noticed that the Nursery children were producing some comments in their play by putting splints on their dolls. This was a short lived phase, and as far as can be judged the Nursery children have accepted the Unit children and relationships are very happy.

The policy of not having a separate Unit but siting it alongside a Day Nursery under the control and supervision of an experienced Matron has been justified, as the Nursery children have provided a normal competitive environment for the handicapped who were living in a sheltered and protected atmosphere in the home. They had to fight for what they wanted—at least verbally!—rather than having it handed to them. This helped to release their aggression as well as stimulate them to move. Another aspect of parental over-protection was that the children disliked becoming 'grubby' at first. It appeared that as a compensation they had been kept beautifully dressed and

spotless at home, and so when faced with a sand tray, water play, finger painting and so on, they were afraid of getting dirty. This soon wore off and they began participating in all kinds of play, learning new skills and increasing their understanding of the world around them. They learnt the feel of sand, how to fill bottles with water, float boats, measure in jugs, how to use paint, make collages, do jigsaws and so on. Story reading, story telling and the singing of nursery rhymes and action songs are much enjoyed along with the Nursery children. They delight in crawling through the canvas tunnel, making buffers, train, etc., out of the polypropylene furniture, and it has been astonishing how mobile they have become in spite of their various handicaps and what a sense of achievement they have acquired. This has also helped the parents to understand what each child can accomplish.

Medical Report

During the first year, 23 children have been regular attenders at the Unit. They have attended 8 at a time two or three times a week. 16 of these children are still on the books. All are primarily physically handicapped; some show a certain degree of development or mental retardation, but this is usually of secondary importance to the physical handicap, and may, in fact, be a result of the former.

Children have attended for the following medical conditions:

SPINA BIFIDA AND HYDROCEPHALUS

4 children. 2 are mobile but unable to walk, one child learned to walk at the nursery, and the other walks with the aid of the parallel bars. All have Spitz Holter valves, and are under supervision by Mr Eckstein.

All have normal intelligence, are well adjusted socially, but have some perceptual difficulties.

Only one has bladder control at present.

DIASTEMATOMYELIA

1 child. He can walk in calipers with the aid of tripods. He has normal intelligence, and no apparent perceptual difficulty.

HYDROCEPHALUS—SPITZ HOLTER VALVE

1 child, who can walk, has normal intelligence and a very lively personality. She has not yet developed bladder control.

CEREBRAL PALSY

6 children (plus 1 awaiting placement and attending part-time).

4 have low average or normal intelligence. One is retarded, but thought to be educable, and in fact the psychologist remarked that his mental age had increased by six months in the six months he had attended the nursery.

PARTIALLY SIGHTED AND RETARDED

1 child, as a result of a head injury, and one with the additional handicap of deafness (she had congenital cataracts, following a virus infection in pregnancy). These children are becoming much more active and affectionate, since attending the nursery. They are almost walking, but speech development is slow.

A child with *Mobius's syndrome* is also visually handicapped, in that she needs to raise her eyelids with her hands in order to see. This means that she can use only one hand at a time for other purposes. Her speech development is also very slow, and she is unable to smile or show any facial expression because of her disability.

CONGENITAL ABSENCE OF LEG BELOW KNEE

A foster child who was unable to tolerate her artificial leg, and preferred to crawl, learned to walk steadily in less than a fortnight, and changed from an unhappy and frustrated child to one quite normal.

CHRISTMAS DISEASE

This child was grossly over protected at home, and had a very poor appetite. He had a very anxious mother. He settled very well, ate everything which came his way and mixed well with the other children. His mother was a different woman as a result.

Other conditions were:

HEMIHYPERTROPHY AND RENAL TRACT ABNORMALITY. (This child has spent a lot of time in hospital, and is shy in consequence).

REMOVAL OF BRAIN TUMOUR leading to failure to speak and motor disability. Understanding is difficult.

BRAIN DAMAGE, BATTERED BABY SYNDROME

FAILURE TO THRIVE and poor weight gain, but no reason found.

It is interesting to note, when one considers the multiplicity of handicaps, that only one child has been withdrawn by the parents as failing to benefit. This child has brain damage, but has since had an operation.

Four children have left for school—2 to Fitcher's School for physically handicapped children, 1 for a trial in normal school and 1 to one of the Diagnostic units.

One child, who has just reached school age, is waiting for a place at the Cerebral Palsy Unit.

We are especially pleased at the progress which the children with cerebral palsy have made. Two who have very great motor disability have learned to walk and one other who could neither sit nor crawl is walking along the parallel bars. There is a great deal of competition amongst the children to learn such skills, and the encouragement they receive from their fellows and nurses gives them that confidence which they need.

The siting of the unit beside a Corporation day nursery offers great benefits for children whose lives have been centred round hospitals. They are in a normal environment, and mix when possible with normal children, but in the shelter of their own unit, and their own nurse. Each nurse is responsible for her three children, and with her training and skill with normal children, she is well able to understand their social and emotional needs.

The children attend the hospital with their parents for appointments with the Consultants, and for such treatment as physiotherapy. Although this is essential it would be a great advantage if the physiotherapists, speech therapists and psychologists could go into the nursery from time to time. They could instruct the nursery nurses in the day to day management of their patients with benefit to all. It has been demonstrated so many times, that the children will do far more for their nurse than for their parents.

The early diagnosis of handicap does point to the need for earlier treatment wherever possible, if the periods of 'Critical Learning' are not to be missed.

There are many children waiting for admission to the nursery, and the Health Visitors are finding others who would benefit from attending. As a result of improved medical treatment, many children are being saved, who would otherwise have died. Amongst these are some with potential or proved handicap, who need a great deal of help from the community.

Units such as the Connors Nursery fill a very great social need.

Relieved of what must be an intolerable burden at times, the parents can devote some time to the rest of the family, or have time for shopping or to meet friends. Moreover as they see the children progress and eventually leave for school, they realise that there is hope for the future.

It will be interesting to see whether such pre-school experience will help in their future adjustment to their disabilities, and degree of enjoyment of life. It is a lot to hope for, but well worth while.

Mention must be made of the practical interest and help given by voluntary bodies. Cosham Mothers' Club continues to act as a League of Friends and has given much valuable help and we are very grateful. The Lions Club made a marvellous sand tray which enables the children to sit in it and play and which has given them much joy. Alderman and Mrs. Connors and the Trustees of the Connors Fund have promptly listened to our requests for particular equipment or assistance for a particular child and his family.

The Unit has also aroused great interest in the professional world and we have had many visitors, some of whom are listed below:

Medical and Nursing Staff from Department of Health and Social Security

Members of the Society of Medical Officers of Health

Members of Portsmouth Social Welfare Workers Group

Members of the Southern Area Branch of the Nursery Matrons Association who invited 2 members of their National Executive

Dr. J. Parfitt from the National Bureau of Child Care

Mrs. J. Toomer of the Royal National Institute for the Blind

Dr. K. Tyler, Consultant in Physical Medicine

Several General Practitioners who have patients attending the Unit

It has also been illustrated in the special supplement on Education of the Architectural Review January 1970.

The photograph accompanying this part of the report shows some of the handicapped children at play in the Connors Unit.

† See also Dental Officer's report on Dental Care of Pre-School Children—Page 62.



"Children at play in the Connors Unit"

STATISTICS

DAY PLACES AVAILABLE	No.	Places
Local Authority Nurseries	2	70+8 (Handicapped Unit)
Day Nurseries and Play Group Registrations..	40	1,216
Child Minder	99	595
Total Number of Places for Day Care		<u>1,889</u>

LOCAL AUTHORITY NURSERIES—ATTENDANCES 1.1.69–31.12.69

Admissions During Year (New Cases)	56
Total Attendances—Full	15,040+1,417 in Handicapped Unit
Half	340
Number on Register at 13.12.69	78+17 (Handicapped Unit)
Number of Children on Waiting List at 31st December	56 (All Priority Cases)

UNMARRIED MOTHERS

by

MISS D. MAYBIN

During the year 120 unsupported mothers were referred for help, or sought help themselves. Out of this number some were already known to the Medical Social Worker in 1968. Few very young girls were referred, and the average age was 19.

During their pregnancy the girls needed supportive help and advice, and help over accommodation and financial matters. The majority decided to keep their babies, and when they had the support of their parents in this and were able to return home with their babies, difficulties over accommodation did not arise. There were, however, girls who were living in very unsuitable bedsitting rooms, and alternative accommodation had to be found for them. A few were allocated Council flats, and, with the consent of the Director of Housing, arrangements were made for one girl to share a Council flat with another unmarried mother.

Some of the girls had come to Portsmouth because they were pregnant and were on bad terms with their families. They did not fulfil the necessary residential qualifications to apply for a Council flat and it was very difficult to find suitable accommodation for them. In one instance, arrangements were made for a girl, aged 17, to live with a private family, and this proved satisfactory.

Most of the girls naturally want to look after their babies while they are very young, but later on when they have decided to return to work it has proved extremely difficult to get a place in a day nursery. Unless the girl's mother is willing to look after the child, she has to continue living on Social Security and looking after the baby herself. There is a great need for more places in Day Nurseries.

I should like to suggest that something should be done soon about accommodation for unsupported mothers, both before and after confinement, and that short-stay flatlets be provided for them. I feel it is very important that the housing needs of the whole group of fatherless families, i.e. young widows, wives separated from their husbands, and deserted wives, should be considered at the same time to avoid any question of the segregation of unmarried mothers. If this temporary accommodation were provided it would be necessary for the length of time a girl might remain there to be very flexible. Some girls might get married, or move away, or return to their own homes, and those who needed more permanent accommodation could be rehoused by the Local Authority in the ordinary way.

Part V

ENVIRONMENTAL HEALTH

Report by the Chief Public Health Inspector

Inspection of Premises

Nuisances

Pest Control

Food Inspection

Common Lodging House

Offices, Shops and Factories

Housing

Port Health Report

Report by the City Development Officer

Report on Cleansing by the City Engineer

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**MR. W. MEREDITH**

To be of real value annual reports should not be mere recitals of the year's work load and how it was carried out. They should also state opinions on the future and, if necessary, criticise the faults of the past. With the proposed structures of both local Government and the Health Service under consideration it is more important than ever before that opinion and criticism should be stated plainly and openly.

In my Annual Report this year therefore I feel, I must open on the subject which has become compulsorily the greatest time consuming activity in the Inspectorate's history. I refer to the continuing verbal and written debate on the responsibility for, and location of, certain housing functions. It is as unjust as it is inexplicable why the merest hint of the word 'Housing' by a public health inspector seems to alienate the sympathies not only of his colleagues in other departments but of the majority of Council members. If it is the tenacity with which the inspectorate has stuck to its case for retaining the whole of Housing and improvement work, which has seemed undisciplined, then the Council should take a good hard look at the reasons for obduracy.

No mere nostalgia makes the subject of housing of paramount importance to public health inspectors. It is true that the inspectorate has over a century of experience in the improvement of the community's environment and especially in regard to dwelling houses. No other department during that period laid claim to the onerous task of inspecting and cataloguing the ferocious slums that existed in this City, and which were cleared despite ungenerous and unpopular housing statutory powers. Concurrently the inspectorate achieved vast repair-improvements to other defective premises through Part III of the Public Health Act 1936, Section 9 of the Housing Act 1936 and Section 9 of the Housing Act 1957. Now that a more favourable financial climate exists and generous aid is available for property owners to carry out works, the improvement of the remaining stock of dwelling houses is a natural corollary for the public health inspector to demonstrate. A thing that was being done well and thoroughly and without inter-departmental dissension until the present controversy developed. Public health inspectors see no comparison between the run-of-the-mill improvement of stereotyped blocks of corporation flats and houses and the intensely varied private sector of houses. They also see as a clear intrusion upon their duties and sphere of activity any proposal for other officers to serve and pursue abatement and other notices which have by tradition and statute been exclusively part of the duty of the public health inspectorate. Surely, the unanimous opinion of a body of men, long experienced in the discipline of local authority employment, must cause management and council members to see that the matter is developing into a trade union demarcation dispute.

If other and more robust arguments are acceptable then the Council should consider:—

- (a) The ethical advisability of making the biggest property owners' agent responsible for enforcing improvement works upon privately owned property i.e., being literally judge, jury and executioner.
- (b) The reaction of Corporation tenants awaiting repairs when they learn that the Housing Department are enforcing repairs to private houses.

The second preoccupation of the inspectorate was that of office accommodation. The deplorable conditions under which the inspectors and technical assistants carried out their office duties at Western Parade were accidentally revealed to H.M. Factory Inspectorate. Following a lengthy meeting to arrange lectures on the Hoists and Lifts Regulations, H.M. Superintending Inspector of Factories—a lady of considerable authority, whose jurisdiction extends to local authorities' properties—required the facilities of the ladies' powder room. She was, perforce, shown to the female sanitary accommodation, through the unventilated intervening space of which the public health inspectors had to pass to their office. The embarrassment experienced for so long by the female staff of Western Parade drew caustic comment from the Inspector on the subject of a local authority enforcing the Act on private businesses and permitting infringements in their own establishments. Her views were unfortunately confined to the Corporation's employees at the time, but later were directed officially to the local authority. The subsequent hunt for suitable offices ended with the fiasco of Kingston Crescent when the inspectorate, on the eve of moving into this approved accommodation, were instructed to remain at Western Parade. At the end of the year it was decided to move the Public Health department to modern office accommodation at Lombard Street. It is perhaps cynical to observe that the Public Health inspectors were pleased to know that after staff not contravening the Offices, Shops and Railways Premises Act, 1963, had been moved to first class offices, the inspectorate could expand into the space vacated provided that the requirements of two other departments and the operations of some builders were not interfered with.

In June the final examination for the Public Health Inspectors' diploma brought the moment of truth for three students. When the examination results were published, one student was successful and two were referred back for re-examination. The inspectorate thus acquired the services of Mr. B. Olding, a most promising young man whose appointment could not be confirmed until he attained his majority. By December this personable officer, having been confirmed in his post in August, was convinced that his career prospects were jeopardised by the housing controversy and was looking for a post with another authority. In November, one student of the two referred for re-examination satisfied the examiners and Miss A. Port became the second woman public health inspector to serve in the City. In November, one of the vacant student posts was filled when Mr. Adrian Sharpe embarked upon his three-year training for the diploma.

A case based upon the redesignation of two vacant technical assistants' posts as Public Health inspectors, to carry out container meat examination and other duties, was presented to and secured the support of Committee.

During the year examination of published air pollution statistics was carried out and comparisons were made with the pollution figures for Portsmouth with other comparable resorts on the south coast and residential areas on the Greater London fringe. The comparison revealed that Portsmouth showed a considerably higher degree of smoke pollution than any of the other areas examined. Further studies revealed that prior to those Greater London areas establishing smoke control areas, their levels of pollution were much in excess of Portsmouth. This information was demonstrated graphically to the Health Committee and as a result it was decided in principle to implement a 15 year programme for smoke control areas to cover the entire City. The scheme was submitted to the Ministry for approval in principle but regrettably, owing to the national and local financial climate, commencement was deferred for what is hoped will be only one year. It is interesting to note that the detailed information necessary for the declaration of the first

proposed smoke control area was obtained concurrently and by the same staff engaged in the detailed survey of the 1964 Act Improvement Areas.

1969 also saw the coming into operation of the Clean Air Act, 1968, which, whilst relaxing the control of heights of chimneys serving small appliances, nevertheless affords more stringent control over larger industrial plant and other premises previously exempt. The Act also strengthens control over other conditions giving rise to air pollution.

The question of air pollution must be kept under constant surveillance particularly in view of the international concern currently expressed with regard to environmental pollution.

When correspondence addressed to 'Lord Meredith' arrived at the Health Department during the latter months of 1969, I was tempted to think that I had been elevated to the peerage without my knowledge or consent. Further correspondence from the same source bore additional honours in the abbreviations N.B.G. and D.C.L. When my correspondent added a glossary indicating that D.C.L. was initialed for 'damn corporation liar', I did not trouble to ask what the first distinction was. Subsequently this correspondent's private honours list extended to the City Estates Officer and others of my colleagues. Though at first slightly amusing, the correspondence lost its pristine inventiveness and deteriorated into repetitive abuse. All of which stemmed from a landlord's resentment against officialdom applying the Housing Act requirements to her property.

A year has passed since I commented upon the future of local government as being nebulous, and although much more gas has been added to the nebula it is still difficult to see any structure forming. A further complication arises from the ebbing life of the present Government, which may possibly expire at the 1970 election. A change of Government in that year could bring amendments to previous proposals, in which case any stay of action should be utilised for greater consultation with staffs affected by any new look at National Health, Social Services and Local Government. It is imperative that local authorities realise to the full that any attempt to fragment the duties of public health inspectors constitutes, not only a threat to the career prospects of those students aspiring to the diploma, but also a dissipation of expertise over the widest spectrum of environmental health. With the conservation of the environment the chief aim of the future it is essential that public health inspectors be able to concentrate their skills on this formidable task.

In conclusion of this foreword to my report I am happy to comment on the consideration and courtesy which have been the keynote of meetings between the Chairman and members of the Committee and the public health inspectorate. I wish to emphasise on behalf of the inspectorate their keen appreciation of this relationship out of which only good can come for the City. I again recommend to your notice my personal indebtedness to the loyal and conscientious staff of inspectors, technical assistants and clerks of this section of the Department who have contributed both individually and collectively to the successful working of the Public Health Inspectorate.

Public Health Acts

1,754 complaints recorded for 1969 showed a slight increase over the previous year. Public health inspectors are inured to calamities and emergencies, but are not so used to the effects of larceny. The inspectorate was considerably intrigued when required by one complainant to enforce the 'replacement of our toilet stolen last week'. This from the sitting tenant of a corporation property was thought almost to equate the great train robbery for planning, execution, and loss of public property. A complaint regarding

a noisy animal was reminiscent of the classical warning of the Capitoline geese plus a little touch of Noah, for it claimed that 'the dog was barking at No. 17 because it was TIDE up'. Family planning seemed more appropriate in the case of the correspondent who directed the Department's attention to the claim that her 'young baby was ill on and off since born through excessive dampness'.

All the complaints made were investigated and resulted in the issue or service of—

- 497 Intimation notices
228 Abatement notices
33 Without further delay letters
65 Seven day letters
5 Forthwith letters

In addition to the foregoing nuisances action—

- 19 Section 17—Requiring clearance of choked drain
4 Section 18—Requiring repair to defective drain
2 Section 27—Requiring repair of unions and dilapidated buildings
2 Section 34—Requiring removal of rubbish from sites
2 Public Health (Recurring Nuisances) Act 1969—Notices were served

41 of the statutory notices were unresolved despite extensions of the time period allowed. These difficult cases were referred to the Town Clerk for the summary jurisdiction of the magistrates' court. Of the 41 cases submitted, 33 were settled out of court by the threat of legal proceedings. The adamant 8 resulted in 2 court orders for the work to be done, 4 adjournments, and 2 withdrawals before case was heard. Further proceedings were taken in 2 cases.

INSPECTION OF PREMISES

Public Health Acts, etc.	..	..	..	..	..	..	..	2,464
<i>Re</i> Water supply ..	..	..	..	..	..	..	..	87
Overcrowding ..	..	..	..	..	..	..	..	9
Common Lodging house	..	..	..	..	..	..	..	4
Temporary buildings	..	..	..	..	..	..	..	10
Moveable dwellings	..	..	..	..	..	..	..	61
Verminous premises	..	..	..	..	..	..	..	10
Lifts and hoists ..	..	..	..	..	..	..	..	20
Offensive trade premises	..	..	..	..	..	..	..	4
Smoke and colour tests to old drains	..	..	..	..	..	..	..	50
<i>Re</i> Sewers and drains	..	..	..	..	..	..	..	286
Outworkers ..	..	..	..	..	..	..	..	108
Nursery school and child minders	..	..	..	..	..	..	..	149
Old persons' homes	..	..	..	..	..	..	..	1
Hairdressers' ..	..	..	..	..	..	..	..	430
Public conveniences	..	..	..	..	..	..	..	8
Hotels, guest houses, etc.	..	..	..	..	..	..	..	286
Places of public entertainment, cinemas, etc.	..	..	..	..	..	..	..	41

MISCELLANEOUS INSPECTIONS

Swimming and paddling pools, beaches, etc.	..	..	..	..	..	85
Rodent control and infestations	..	..	..	..	..	260
Tips, refuse and accumulations	..	..	..	..	..	221
<i>Re</i> Air pollution	..	..	..	..	..	3,157
Air pollution meter readings	..	..	..	..	..	1,044
<i>Re</i> Smells	..	..	..	..	..	124

VISITS TO DWELLING HOUSES

[illegible]

INVESTIGATIONS

Merchandise Marks Act 1926	740
Noise, dust, effluents, etc.	262
Flooding, sub-floor water, etc.	62
Nuisances from animals, etc.	79
Nuisances from laundry	10
Infectious diseases, food poisoning contacts	1,103
Council house applications	168
Extraneous matter in food	457
Unsound food	1,598
Deposited plans	63

NOTICES AND NOTIFICATIONS

Intimation notices issued	497
Abatement notices served	228
Public Health Act, Section 17	19
Public Health Act, Section 18	4
Public Health Act, Section 37	2
Public Health Act, Section 27	2
Public Health (Recurring Nuisances) Act 1969	2
Without further delay letters	23
Seven day letters	65
Forthwith letters	5
Factory Act Notices (Informal)	43
Food Hygiene Regulations notices	46

LOCAL LAND CHARGES	4,281
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Nuisances from Accumulations, Deposits, Noise, etc.

In this year of conservation of the environment all aspects of pollution are important. Not all pollution is obvious. But there is no doubt that one particular type of pollution of the environment is not only obvious but is on the increase, and is steadily detracting from the appearance of the City. This is the amount of public dejecta which is shed illegally and promiscuously about the area. In retrospect it would appear that the Department has been a lone voice crying in the wilderness about this particular problem, for a long succession of annual reports has called for sterner action against the anti-social minority. Since 1953 the Chief Public Health Inspector's Section of the annual report has expressed concern about the depressing appearance of the City due to the increase in material abandoned on sites and in derelict buildings. Much criticism has been levelled at the Corporation for its failure to clear scheduled areas without causing pockets of pollution between vacated properties. When such accumulations come to public notice the outcry is directed against the public cleansing service¹ or the public health inspectorate. The former for not providing a secondary refuse collection and the latter for not preventing or abating such nuisances. The removal of accretions of filth is an expensive matter and causes most unwelcome additions to the budgets of both departments. It is therefore no wonder that such extra refuse collection is undertaken reluctantly by the cleansing service. With the public health inspectorate the problem is that of operating an emasculated piece of legislation. Section 34 of the Public Health Act 1961 which enables the local authority to require the owner of land to remove accumulated rubbish carries no penalty for non-compliance. All that the owner of a littered site has to do is ignore the local authority's notice. The local authority is then forced into either removing the refuse or allowing the accumulation to remain undisturbed. If the refuse is removed there is no provision for recovery by the local authority of the expenses involved. This means that the average citizen is subject to an imposition to pay for the gathering up of the filth

¹ See Report—Page 179.

of a few. The *Evening News* has made many public-spirited efforts to rouse public concern about the littered City, but Portsmouth citizens are notably apathetic unless the muck is literally on their doorstep. The City no longer has an assured income from its historical role as a premier naval port and dockyard. There is much more money in the holiday business and a comparatively untapped gold mine in the tourist trade. But Portsmouth, at present, stands little chance of prosperity as a first class resort, for the discerning traveller looking for an attractive playground will not see it in the seedy City of Portsmouth even though that blowsy old woman fringes her dirty under-garments with a bright lace of sea. The Council must give priority to a facelift for the City. The drives of the *Evening News* should be followed up by an all-out Corporation effort to clean up the environment. If men and vehicles were made available the public health inspectorate would speedily rid the City of any middens, with which they are at present powerless to deal because departmental finances will not permit.

Another creation of unsightliness is the inexplicable derelict property. Portsmouth seems cursed with a remarkable number of eccentric property owners who leave their properties standing vacant for years. Wilful wastage of good housing stock in a home-hungry community is an anti-social act of the worst kind. It should be countered by every sanction the local authority can impose. Vacant houses are inevitable targets for the vandals and occupy the attention of the police, fire brigade and health inspectors to an unnecessary degree. The department has had experiences of such properties in Margate Road, Knox Road, Monmouth Road, Shearer Road, Burlington Road, Randolph Road, Hawthorn Crescent, and has had other examples of wilful dereliction of property in Chichester Road, Winchester Road, Osborne Road. In every case where a long-empty house is concerned I subdue my antipathy to the intrusion of Council ownership in the private sector and advocate a compulsory purchase order. The lethargic, ponderous course of this process is however, of little comfort to the neighbours who are suffering the immediate disquiet and devaluation of their own property. Future Corporation Acts could well include speedier powers for dealing with ruinous and dilapidated or derelict buildings. Above all, ownership should be easily established, say in the compulsory registration by an owner of premises intended to be left vacant, so that in the event of nuisance arising there is no interminable delay. That property vacant for a long period and engaging the attention of many local authority's officials should not pay rates is illogical and is condonation of an anti-social act.

It would be quite wrong to pass from comment on the appearance of Portsmouth without including remarks on one particular detraction which draws innumerable complaints from visitors each year. I refer to the antiquated, insanitary conveniences which disgrace British Rail's deplorable town station. The impact upon the visitor cannot easily be assessed, because it depends when the visitor arrives. The nausea is not so marked if it is shortly after the hard-pressed staff have done their good cleaning job and before the hygiene-unconscious minority of users have been in. British Rail should appreciate that a good amount of their traffic to Portsmouth is due to the amenities provided by the City. It would be a hygienic contribution to those amenities and a better welcome to the visitor if the railway authorities anticipated the long awaited reconstruction of their station and either demolished and rebuilt their sanitary accommodation or at least refurbished the present insanitary toilets and provided a watchful attendant.

Noise

If pollution of the environment by noise could be measured in like manner to that in which the monitoring of the atmosphere is proceeding then it

would be found that a very serious situation has already developed. Noise is making life more complicated. From the anticipation of a high percentage of the nation's youth becoming hard of hearing through aural exposure to excessive sound pressure levels in discotheques, to the rehousing of people from houses fringing motorways, the problem of noise escalates in complexity and cost. If quiet zones were created one would witness migrations of noise-hating people comparable with the massed flights of sun-seeking birds. The majority of those people would be of the higher age groups; people whose individual susceptibility is such, that exposure to the normal noise levels of modern life produces marked changes in their central nervous systems and consequent change in temperament. The variety of effect of noise on different individuals is one of the many imponderables which make the investigation of alleged noise nuisance so difficult. If each ear has a standard performance of reception instant decisions could be made without the aid of noise level measurements, and abatement of nuisance would become simple.

In Portsmouth one particular noise source has been under surveillance since 1968. The factory concerned is badly situated planning-wise, as it actually adjoins residential property and is apart from the neighbouring factory estate. In the choice between proper extraction of the excess steam in the factory and good neighbourly relations with the complainants, the factory management plumped for the former. The extractor fans were switched on for the first time during a night in 1968 and since then have been the subject of more auditions than candidates for the chorus of the *Folies Bergere*. Even the auditors from the Department have disagreed as to whether the whine of the fans at full power constitutes a noise nuisance. However the management were left in no doubt that at night such operation of the fans interfered with the residents' quiet enjoyment of their homes. Accordingly, a rethink of the problem by the ventilating engineers brought a marked improvement. By varying the pitch and the frequency of revolution of the blades, so that each machine produced a different vibration, a 'mixed' sound resulted which was acceptable to most of the complainants. The firm also undertook to have a study made by a company of noise prevention experts. Unfortunately the obdurate complainants are still aggrieved although much improvement has been secured.

Over three times the number of complaints in 1968 were received in 1969 and absorbed much inspectorial time. The majority of this went into discussions with complainants and offenders. The most common form of complaint was from noise by neighbours, it being remembered that some industrial concerns can be neighbours. Noise Abatement notices were served on two occasions. One was on the management of a bakery depot where all night loading of delivery vans generated noise from metal loading trolleys, mechanical hoists and warming-up diesel engines. The investigation cut into the leisure hours of the inspectorate, no less than four inspectors giving up their evenings to check the complainants' allegations of night disturbance. In the case of the bakery depot all night vigils were maintained by a public health inspector on three occasions. He fortunately had an understanding wife and three good breakfasts!

The mushrooming of washeterias and launderettes in the City brings possible noise and vibration problems with it, and in the examination of any plans for such establishments referred from the City Engineer, I require that adequate provision shall be made for the prevention of nuisance not only from fumes and other emissions, but also for safeguards against noise and vibration.

No prosecutions were made in 1969.

Summary of Action Under Noise Abatement Act 1960

Section I (Noise or Vibration Nuisance)

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>	<i>Total</i>
Number of nuisances confirmed ..	13	6	—	19
Number of nuisances remedied informally	2	5	—	7
Number of abatement notices under Section I	1	1	—	2
Number of nuisance orders	—	—	—	—

Most common cause of complaint—noise from neighbours.

Analysis of complaints received:—

Industrial	24
Commercial	23
Domestic	11
	<hr/>
	58

Section II (Restriction of Operation on Highways of Loudspeakers)

No complaints and no action.

PEST CONTROL

Rodent Control

The following tables show:

- (1) Number and type of complaints received.
- (2) The number of infestations treated by the Department, and
- (3) Suspect drains tested during the course of this work.

(1) Complaints Received — 1,762

	<i>Rats</i>	<i>Mice</i>
Dwellings	550	686
*Business Premises ..	120	176
Local Authority	151	55

(2) Surveys Carried Out — 828

	<i>Rats</i>	<i>Mice</i>
Dwellings	143	133
*Business Premises ..	17	13
Local Authority	95	9

(3) Examination of Drains:

<i>Tested</i>	<i>Found Defective</i>
45	43

Routine surveys are made to refuse tips, demolition areas, foreshores, sewerage disposal stations, parks, allotments and open areas.

Warfarin is still the principle poison used although resistance was found in mice, and overcome by using other rodenticides.

A contract still exists between the City Council and the Ministry of Defence for the control of rodents in Naval establishments.

The Treatments of the City's sewerage system still continues in liaison with the Ministry of Agriculture, Fisheries and Food. Good results are still being obtained. In this particular aspect of his work the Pests Officer was complimented by the Ministry and congratulated by the Committee.

* Disinfestation.

* Rechargeable work.

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cock-roaches</i>
Dwellings }	63	529	2	8
Dwellings (L.A.) .. . }				
Other Premises (L.A.) ..	2	25	—	10
Business Premises ..	6	29	2	20

Rooms Treated:

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cock-roaches</i>
Dwellings }	166	2,007	1	8
Dwellings (L.A.) .. . }				
Other Premises (L.A.) ..	1	75	—	21

Insecticides used in this work remain unchanged.

Pigeons

The remarkable increase in the pigeon population is one of the new features of urban life. Much of this proliferation is due to encouragement by misguided members of the public who put out scraps of food for the birds. It is difficult to see a public health menace in the lovable feathered creatures unless you happen to have acquired a severe pneumonic type infection from close association with them, or your sleep happens to be disturbed by their occupation of your roof space, or you happen to have your premises re-decorated by their particularly obnoxious and extremely adhesive excretions. It would be difficult to control the encouragement of feral pigeons in private gardens but future Corporation Acts could well include public feeding of wild pigeons as a public health nuisance.

* Rechargeable work.

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955

During the year, 1,438 samples were purchased or taken. 36 were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory, or 2.5%, compared with 3.2% in 1968.

The adulterated, incorrectly labelled or otherwise unsatisfactory samples were dealt with by prosecution, caution, or the acceptance of undertakings by the firms in question.

Milk (Special Designation) Regulations, 1963, as amended

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

Pasteurised	..	..	5
Sterilised	..	..	1
Ultra Heat Treated	..	..	47

503 samples of designated milk were submitted for testing:

Designation	No. Taken	Failures	
		Methylene Blue Test	Phosphatase Test
Pasteurised	161	2	—
Pasteurised School	66	5	2
Pasteurised Homogenised	36	2	—
Channel Island (Pasteurised)	110	3	2
Sterilised	54	—	—
Untreated	52	5	—
Ultra Heat Treated	24	—	—

Milk

909 samples were taken during the year. 24 samples were subsequently criticised. A further 130 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, 406 represented milk supplied by producers to processors within the City.

Antibiotics in Milk

Of 158 samples submitted for testing, 154 gave negative results. The 4 positive results showed:

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

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

18 premises were registered for the sale of ice cream.

54 samples, comprising 52 ordinary and 2 dairy ice creams, were taken and examined for hygienic quality, with the following results:

- 30 samples — Grade I
- 17 samples — Grade II
- 5 samples — Grade III
- 2 samples — Grade IV

Medicines

120 samples were taken. Of this number, 4 were criticised as not being in accordance with requisite legislation or standards. 74 samples represented medicines normally dispensed on prescription.

Schools Meals Service

During the year 53 samples of various foodstuffs were submitted for analysis.

Merchandise Marks Orders pursuant to the Trade Descriptions Act 1968

377 visits were made to business premises to see that the provisions of these Orders were being adhered to.

Port Health

Test samples of 18 consignments of foodstuffs unloaded at the Port were submitted for analysis. No adverse reports were made.

Water

394 samples of water were taken. This number represents:

- 42 — City Supply Waters
- 198 — Swimming Pool Waters
- 36 — Paddling Pool Waters
- 118 — Sea Waters

Washed Milk Bottles

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

Food

There is no doubt that since the implementation by the public health inspectorate of the Food Hygiene Regulations 1955 and the revised Food Hygiene (General) Regulations 1960, the condition of catering premises in the City steadily improved. This improvement ceased on the application of the Selective Employment Tax which undoubtedly was a set back to many caterers. Observation on the staff in the local catering industry shows a decline in the quality of employee. This is most marked in those establishments in Southsea with a seasonal activity. In the catering trade appearances undoubtedly count for a lot. An indifferently cooked meal served by an impeccable attendant in clean surroundings is infinitely more palatable than a well-cooked meal brought to stained table by a sleazy waiter. Undoubtedly Southsea is mainly judged as a resort by the quality of the amenities in the vicinity of the sea-front. At the beginning of the season, after the refurnishing

and redecoration during the winter or spring, these amenities show a business-like approach to visitor attraction. As the season waxes these amenities inevitably wane. This is particularly noticeable in the case of cafes. Under pressure of numbers of patrons the service to the public and the standard of hygiene decline. Uncollected food scraps, unwiped tables, indifferently cleaned crockery and cutlery, unclean sanitary conveniences all figure in complaints to the Department from visitors. If only the directors of many of the catering firms and hotels would take the trouble to leave their offices and go as customers into their own catering concerns their reactions would probably match those of the irate complainants who contact the Department. What is not appreciated by aloof managements is that when the public health inspector descends upon an establishment and finds contraventions of the Regulations, costly legal proceedings could ensue. For the offence is immediate and there is no requirement for the local authority to issue a warning notice. Some of the points managements could well take a long hard look at to prevent their cafes and shops from becoming complaint sources are:

(1) STAFF

Clean hands, clean general appearance, freshly laundered uniforms, non-smoking whilst handling open food or in any food room in which there is open food. Managers relying upon the integrity of their staff in this respect should inspect the shelves and ledges behind counters for cigarette burn marks.

(2) FLOORS

It is reassuring to patrons to see attention is paid to the floor covering. Dust raising, sweeping activity should be avoided, but the presentation of a clean floor discourages the indoor litterer.

In cleaning floors, attention should be paid to the junctions of floor and skirting boards. The ugly black line circumscribing the floor area is a source of possible infestation and infection. Door mats need frequent attention and mat wells special cleaning.

(3) WALLS

The customer will hesitate to desecrate a virgin expanse of wall with tomato sauce, but will add massively to the collage of previous splashes. Removal of food traces on walls should be swift and thorough.

Too many cafes leave the marks where the thermals from radiators soil the walls.

(4) COUNTERS

Extraneous matter behind counters should be avoided. Cardboard boxes are unnecessary; tins and personal impediments should be avoided. Refuse, spillage, and debris should be removed frequently. The junctions of material from which counters are made should be cleaned thoroughly, especially at floor level.

Food holding cabinets should be kept free from debris and smear marks.

All open food displays must be protected against contamination.

(5) EQUIPMENT

Grills, friers, dispensers, ice cream scoops, should present a reassuring appearance to the customer. Too many grills bear the carbonised fragments of past orders. Many friers are encrusted with grease. Coffee dispensers are often left stained and marked with coffee grains.

(6) CROCKERY

Crockery must be clean and free from chipped surfaces and must be so sterilized as to prevent contamination.

(7) CUTLERY

Forks must receive particular attention.

(8) DISPOSABLE DRINKING UTENSILS

That type of drinking utensil which has a permanent plastic holder and a disposable plastic cup are suspect unless the plastic holders are maintained in immaculate condition. Managements should be at pains to show that the disposables are really thrown away by providing receptacles for the soiled cups.

(9) WASH-UP

Wooden surrounds and draining boards to wash-up sinks should be maintained in a thoroughly clean condition or replaced with stainless steel. Many such surrounds are reservoirs of contamination for cleaned utensils.

(10) FOOD STORAGE

Food must be maintained at all times so as to avoid risk of contamination.

SANITARY CONVENIENCES

The condition of the sanitary conveniences which are used by the public reflect the general hygiene conditions throughout the establishment, even more so if the staff share the use. It is no use managements pleading vandalism. More frequent inspection would defeat much vandalism and would certainly prevent a lot of uncleanness.

THE SURROUNDS

Many cafes and hotels with areas at side back or front, present deplorable spectacles at closing times with cigarette ends, food scraps and general litter remaining on wet and stained tables till re-opening, and all this blatantly exposed to the critical visitor.

These comments are based on observations made after complaints about various establishments in Portsmouth mainly by holiday makers. There is the inevitable comparison with the superior hygiene practised in the complainant's home town. This is particularly a source of irritation to the public health inspectorate who wonder what is the ultimate sanction against the defaulter. Instead of the sometimes lengthy legal proceedings it might be more effective to publish the names and locations of the establishments about which justifiable complaints have been received.

Food Hygiene (General) Regulations, 1960

<i>Regulation No.</i>	<i>Contravention</i>	<i>No. of Offences</i>
5	Food business carried on at insanitary premises	2
6	Cleanliness of Equipment	9
8	Food to be protected from risk of contamination	3
9	Personal cleanliness	1
14	Sanitary conveniences	14
14(1)(a)	Sanitary conveniences—unclean and defective	1
16	Provision of wash hand basins	17
16(1)	Wash hand basin—not conveniently accessible	1
16(2)	Provision of hot and cold water to wash hand basin	3
17	Provision of first aid equipment	5
18	Clothing accommodation	1
19	Facilities for washing of food/equipment	4
19(1)(b)	Sink—no hot and cold water	1
21	Ventilation of food rooms	2
23	Cleanliness repair, etc. of food rooms	20
		<hr/> 84 <hr/>

Food Hygiene

(MARKET STALLS AND DELIVERY VEHICLES/REGULATIONS, 1966)

CHARLOTTE STREET MARKET

With the Moores Square and Charlotte Street redevelopment project now coming to fruition, the sword of Damocles now hangs over the majority of the stall-holders in Charlotte Street who have now been in contravention of the Regulations for over three years. This suspension of justice will end next year when the process of notice serving begins.

Unfit Food

The execution of a search warrant by the Hampshire Constabulary on a street trader at one of his stores was a fortunate occasion for Portsmouth consumers. What the police saw made them phone the Health Department immediately. The subsequent investigation by public health inspectors brought to light accumulations of unlabelled, leaking, rusted, damaged and blown tinned foodstuffs, damaged and spilling bagged cereals, mouldy packages, dubious sauces and condiments. There were also traces of rodents.

The owner of this festering heap of muck was quick to declare that none of it was intended for sale for human consumption, neither was there any evidence to support a charge of preparation for sale for human consumption. The owner agreed to surrender the lot and to meet the expense of transport to the Corporation tip where it would be bulldozed in.

Altogether four of the traders' premises were found to have caches of unfit foods and six tons of this unpleasantness were removed to the tip.

The upshot of this affair was a charge by the police of bribery and corruption against the trader for an attempt to influence the course of justice. At Winchester Assizes where the trader was tried and to which the Principal Public Health Inspector was summoned to attend, the trader's defending counsel put forward the original defence that the police had put his client in jeopardy by involving the Health Department and not confining themselves to the Queen's business. The police counsel countered by producing a printer's copy of the Royal Charter of the borough of Portsmouth granted by Charles I on 17-11-1627, the Local Government Act, 1858 amending the Public Health Act, 1848, and certain council minutes of the 15th June, 1863 in an endeavour to prove that the Principal Public Health Inspector was

a servant of the Crown and therefore automatically involved by the police. No adjudication on this issue was made for his Lordship ruled that the police had acted properly by informing the Health Department, and approved the whole action taken by police and public health inspectorate. An important aspect of the case was a statement by the defendant on oath, that the night before the search warrant was executed he had been to London and made a bulk purchase of foodstuff which he had transported to the raided store to sort over. This inferred that the surrendered unfit food had been intended for sale. Accordingly a close watch is being maintained on the establishments of this convicted trader.

The Senior Food Inspector has commented on the appalling wastage of frozen foods due to refrigerator cabinet breakdowns. Many breakdowns are due to indifferent servicing. This not only causes loss of money to insurance companies but has a more sinister aspect in that there is a tendency on the part of certain managers to judge on the fitness of partially thawed food without reference to the inspector. Such impromptu decisions are made conscientiously enough, but without due appreciation of the risks involved through bacterial activity being enhanced by temperature fluctuations. This assumption of a food inspector's function may be brought about by the natural desire on the part of the management, constantly under pressure from his head office, to avoid loss of profit.

The Imported Food Regulations, 1968, have given the opportunity to certain Port Health Authorities to lighten their work load at the expense of the 'receiving authority'. It is only with constant vigilance of the Food Inspector and indeed, the co-operation of the City's wholesalers that many container cargoes are not sold before notification of despatch have been received by the inspector. This emphasises the need for additional assistance in this particular field of consumer protection. It also makes essential the preservation of goodwill between market managers and the inspectorate. The regulations also provide opportunities for buck passing propensities to develop, e.g. when it is known at the port of entry that refrigeration units on the ship have been suspect, and containers have nevertheless been allowed to go forward to the receiving authority. The latter is then confronted with a possibility of additional cargo deterioration due to delay of inspection.

FOOD SURRENDERED OR CONDEMNED

Imported meat and offal	2 tons	2 cwts.	77 lbs.
English meat and offal		18 cwts.	10 lbs.
Bacon	1 ton	4 cwts.	1 lb.
Cold meats		3 cwts.	9 lbs.
Meat pies, sausage rolls and pastries			7,803 (No.)
Poultry and rabbits			1,053 lbs.
Fish	1 ton	6 cwts.	28 lbs.
Fruit and vegetables		14 tons	2 cwts.
Frozen foods (packets)			14,545 (No.)
Canned and Bottled Goods (Nos.)			
Meat and meat products			1,755
Fish			262
Fruit			1,242
Vegetables			1,350
Miscellaneous			1,218
TOTAL			5,827

There were, in addition, smaller quantities of ice cream, yoghurt, dried fruit, cereals, bread, cakes, cheese, sugar, haggis, confectionery, eggs, milk flour, salt, butter, margarine and lard.

Extraneous Matter in Food

Last years pièce de résistance in this particular field of work was of course 'CORNE BEEF CONTAINING MUSLIM'. This years most remarkable complaint was "PARASITE INSISTED ON LAMB'S LIVER".

457 investigation into the presence of foreign matter in foodstuffs is a bald statement of fact which could dismiss the whole matter and leave the reader unimpressed. This figure represents to the inspectorate a great deal of time, sometimes spent in the most exasperating of frustrations, at others most rewardingly conclusive. To the firms whose products have provided a lodgment for intrusive matter the investigation into the cause can absorb hours of patient search. Failure to provide a reasonable explanation usually indicates carelessness and in the production of food for human consumption carelessness costs a great deal of money. There is not only the expense of a flawed product which may have to be withdrawn from sale, but the possibility of a fine and legal costs with the concomitant adverse publicity.

Of the 115 cases reported, 55 concerned mouldy foodstuffs of which 25 loaves and 17 pies were the articles of diet chiefly effected.

30 cases were sufficiently serious to warrant action. 7 of these offenders received warning letters from the Town Clerk, 22 warning letters from the Chief Inspector; whilst the one prosecution conducted against a bakery firm for a particularly bad case of stale and mouldy bread brought a fine of £25 and £5 costs.

FOREIGN MATTER AND MOULD

Commodity	Foreign Matter		Mould
	Number Home Produced	Number Imported	Number
Milk	9	—	—
Butter	1	—	—
Cheese	—	—	3
Bread	18	—	18
Canned Meat ..	1	1	1
Cooked Meat ..	3	—	3
Meat Pies	6	—	17
Fish	4	1	—
Fruit	4	4	—
Jam	—	—	1
Vegetables ..	8	4	—
Cereals	1	—	—
Sweets	2	—	2
Confectionery ..	10	—	3
Other Food ..	29	9	7
TOTALS	96	19	55

Number of prosecutions under Section 2, Food and Drugs Act 1955 — 1
Fine—£30 0s. 0d.

(NOTE:—Some of these items also included in following Food and Drugs Consumer Complaints)

FOOD AND DRUGS CONSUMER COMPLAINTS —

<i>Product:</i>	<i>Allegation:</i>	<i>Outcome:</i>
Chocolate covered ice lolly	Bitter taste	Not substantiated
Chopped pork and ham	Mouldy	Taken up with retailer
Bread roll	Brush bristle embedded	Taken up with bakery
Cox's Orange	Contaminated by	
Pippin Apples	insecticide	Not substantiated
Ice cream	Sour	Not substantiated
Procea sliced loaf	Brown staining	No further action: (in fact caramel)
Prepacked mixed fruit	Dirty	Not substantiated
Pure honey	Responsible for D. & V.	Not substantiated
White sliced Nimble loaf	Paper sack fragment present	No further action because of doubt as to supplier
Medium sliced white loaf	Mineral oil present	C.H.I. warning
Pasteurised milk	Dirty bottle	C.H.I. warning
Danish Bacon	Dirty	No further action: had touched walls of smoke box
Canned tomatoes	Hydrogen swell	No further action in absence of sample
Creamed rice milk pudding	Tea leaves	No further action: contamin- ated in complainant's home
Curried chicken	Considered to be rabbit	Not substantiated
Cocktail pie	Unfit	Not substantiated
Epsom Salts	Said to have discoloured bath water	Taken up with pharmacist
Untreated milk	Absence of indication on vending machine	Taken up with concessionaire
Sliced brown Procea	Brown foreign matter	Not substantiated: wheat fragments
New potatoes	Said not to be new potatoes	Not substantiated
Swedish crisp bread	Infested with spider beetles	C.H.I. warning
Streaky bacon and tender cured bacon	Out of code	Taken up with vendor
Pork pie remnant	Mouldy	Town Clerk warning
Pasteurised milk	Dirty bottle	C.H.I. warning
White sliced Nimble loaf	Mouldy	No further action, due to time lag
Salmon sandwich	Plaster fragment present	Not substantiated
Cheese snaps	Chewing gum present	Not substantiated
White sliced bread	Mouldy	C.H.I. warning
Cherry served with drink	Drawing pin present	Referred to local authority concerned
Dairy milk chocolate buttons	Fragment of plastic and chromed catch present	C.H.I. warning
Pasty	Mouldy	C.H.I. warning
Liver sausage	Maggots present	Town Clerk warning
Sliced Ham and sliced pork	Infested with maggots	Town Clerk warning
Fillet steak	Said to be rump steak	Not substantiated
Channel Island pasteurised Milk	Imperfectly sealed	Taken up with dairy
Bread rolls	Mouldy	Taken up with bakery
Pasty	Mouldy	No further action, due to time lag
Fly-blown bacon	Said to be fly-blown	No sample submitted
Fish and chips	Unsavory condition	Not substantiated
Pasty, chips and peas	Wasp present	C.H.I. warning
Beef Risotto	Glass present	No sample submitted, but dealt with by local authority concerned
Bubble Gum	Old stock	Not substantiated
Ice cream cornet remnant	Bone fragment present	No further action: (in fact, uncooked paste)
Brown sliced bread	Mouldy	Town Clerk warning
Bagged potatoes	5 lb. of half a cwt. rotten	Settled privately
Chicken	Unfit	No official action in absence of sample
Cocktail pie	Mouldy	C.H.I. warning
Farmhouse loaf	Mouldy	Taken up with bakery

<i>Product:</i>	<i>Allegation:</i>	<i>Outcome:</i>
Pork pie	Mouldy	C.H.I. warning
Wheat crisp bread	Infested	Taken up with manufacturer, and retailer concerned
Peeled plum tomatoes	Infested	Not substantiated
Walnuts	Infested	C.H.I. warning
Chocolate marshmallow cakes	Infested	C.H.I. warning
Plaice	Unfit	No further action, due to absence of sample
Red salmon	Unfit	Not substantiated
Iced Chelsea bun	Unfit	Insufficient sample to enable opinion to be given—check purchases found no abnormality
Ryvita crisp bread	Infested	C.H.I. warning to manufacturer and retailer
Cooked pork	Fly-blown	No further action: (in fact, rice grains)
Pasteurised milk	Damaged bottle	No glass isolated
Cambridge formula	Stale and mouldy	£25 fine and £5 costs as a result of legal proceedings
Dietary loaves		Unsatisfactory manner in which products were kept on domestic premises responsible
Chicken portions	Offensive smell	C.H.I. warning
Unsalted butter	Rancid	Taken up with retailer
Stewed steak with gravy	Bitter taste	No further action, due to time lag
Porterhouse beef steak	Objectionable odour	C.H.I. warning
Empty milk bottle	Dirty bottle	Domestic handling of product responsible
New Zealand lamb	Offensive smell	Not substantiated
Pasteurised milk	Dirty bottle	No further action, due to time lag
Crumpets	Mouldy	
Beef steak pudding with kidney	Metal fragment present	Town Clerk warning
Cheese and onion flavour crisps	Absence of flavour	Taken up with manufacturer
Cornish pasty	Mouldy	C.H.I. warning
White thin sliced bread	Mouldy	C.H.I. warning
Cheese spread	Mouldy	Taken up with manufacturer
Bicarbonate of soda	Said to have stained bath	Not substantiated
Peeled plum tomatoes	Astringent taste	Isolated case, taken up with retailer
Minced beef pie	Black specks on surface	Settled privately
Battered haddock	Unfit	Not substantiated
Real fruit low fat yoghurt	Mouldy	Town Clerk warning
Raspberry flan	Wood fragment present	Taken up with retailer
Fish and chips	Offensive smell	Not substantiated
Processed peas	Bitter taste	Insufficient sample submitted
Crinkle cut chips	Several green areas	Taken up with manufacturer
Flavoured coconut chocolates	Rancid	C.H.I. warning
Mixture of Kaolin and Morphine B.P.C.	Difference observed on separation of constituents	No abnormality: purely due to particle size
Cooked steak pie	Overcooked	Referred to appropriate authority
Blackcurrant sundaes	Metal fragment present	Town Clerk warning
Broad beans	Slug present	Not substantiated: (in fact, bean pod)
Low fat yoghurt	Mouldy	No further action: mishandled by complainant
Bread rolls	Hair present	Taken up with bakery
Sausage roll	Fibre present	C.H.I. warning
Dutch loaf	Mouldy	Not substantiated
Demarara sugar	Rat dropping present	Not substantiated: (in fact, vegetable matter)
Frozen turkey	Green discoloration to portion of breast	No further action: localised bruising

Inspection of Food Premises, etc.

School meal kitchens	51
Milk and dairies	107
Ice cream factories, depots	37
Bakeries	216
Restaurants, cafes, factory canteens, etc.	912
Grocers and supermarkets	1,089
Grocers (wholesale)	371
Butchers, retail and delicatessen	276
Butchers, wholesale	506
Bread, cake shops and sweet shops	424
Preserved Food Premises—Section 16	240
Market stalls, vans, milk floats	1,148
Potato crisp manufacturers	2
Public houses and off licences	257
Hotels and guest houses	286
Confectioners, wholesale	137
Confectioners, retail and ice cream retailers	326
Greengrocers, retail	347
Greengrocers, wholesale	93
Fried fish shops	107
Fishmongers, retail and shellfish vendors	70
Fishmongers, wholesale	201
Miscellaneous	221

INFORMATION REQUIRED BY MINISTRY CIRCULAR 1/70

<i>Category of Premises</i>	<i>Number of Premises</i>	<i>To comply with Regulation 16*</i>	<i>To which Regulation 19* applies</i>	<i>To comply with Regulation 19*</i>
Grocers	416	395	416	355
School Kitchens	31	31	31	31
Confectioners	147	125	121	98
Butchers	137	131	137	119
Greengrocers	159	133	102	99
Public Houses	107	107	107	107
Canteens	104	86	104	100
Nursing Homes, Day Nurseries and Old People's Homes	32	28	32	31
Fried Fish	62	56	62	57
Fresh Fish	40	39	40	39
Cafes	142	134	142	138
Cake Shops	130	100	87	84
Off Licences	42	39	42	37
Snack Bars	55	55	55	53
Bakeries	17	17	17	17
Private Clubs	26	22	26	24
Supermarkets	22	19	22	19
Restaurants	62	56	62	58
Kiosks	35	27	33	27
Delicatessen	22	20	22	19
Hotels, Guest Houses	347	303	247	330
Ice Cream Parlours	4	4	4	4

*—Regulation 16 requires adequate provision of wash hand basins.

Regulation 19 requires adequate facilities for washing food and equipment.

COMMON LODGING HOUSE

Whymark's Common Lodging House at 2-4 St. George's Square began its long metamorphosis in 1969 when this venerable building was purchased by the Corporation. The extensive works of modernisation and reconstruction for which Mr. Whymark and the Public Health Department have long campaigned necessitated a temporary vacation of the premises. Property of the size, situation and convenience compatible with the specialised requirements of Mr. Whymark's clientele was almost non-existent in the City at the time. However a property suitable save only for slight space deficiency came vacant within one of the compulsory purchase order areas and the City Estates Officer arranged a temporary tenancy for twelve months. Although this transfer of tenancy meant exceeding the permitted number of beds by one in each of four rooms, it was felt that the consistently high standard of cleanliness and management maintained by Mr. Whymark justified the approval of his application for registration. Accordingly Mr. Wymark is registered as the Keeper of the Common Lodging House 206-208 Lake Road.

FACTORIES ACT 1961

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	22	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	754	1,740	43	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	1	—	—	—
TOTAL	777	1,743	43	—

Cases in which DEFECTS were found.

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ..	22	16	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	18	13	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient	2	—	—	1	—
(b) Unsuitable or defective ..	41	33	—	2	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	83	62	—	3	—

Part VIII of the Act**OUTWORK**

(Sections 133 and 134)

Section 133. No. of out-workers in August list required by Section 133(1)(c). Wearing apparel: making, etc., 76.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The operation of this Act to safeguard the working conditions of the 25,419 persons employed in 2,979 registered premises in Portsmouth was eminently satisfactory in 1969. The number of premises receiving more than one inspection nearly doubled. The allocation of work load arranged in 1968 was adhered to generally, the increase in secondary inspections being partly accounted for by a step-up in consultative joint visits by inspectors and technical assistants.

Registration of Premises

Newly registered premises increased in 1969. The percentage of un-registered premises in the city must be extremely small. One of the safeguards against premises being overlooked is the submission to the City Engineer of plans of new offices. These are forwarded to the inspectorate for vetting for the purposes of the Act and the future premises are noted for registration.

The facility with which business names can be altered was commented upon last year, and still remains a problem to the visiting official trying to pin-point legal responsibility. To this has recently been added a further complication which requires clarification by the Ministry. An Oriental restaurant, the location of multiple offences under another Act, was found to be missing from the file of registered premises. As there were waiters employed the management was asked to complete the necessary O.S.R.1. This was refused by the head of the firm on the contention that the numerous staff were not employees but partners in the firm. This is an obvious evasion and in any revision of the Act such subterfuges should not be possible.

Compliance

Although 1,665 contraventions were found in 1969 there were 1,832 complied with, the excess being a carry over of 1968's contraventions. (See Table A).

No prosecutions were necessary.

TABLE A
OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Section	Number of Contraventions						Found	Complied
4	Cleanliness						75	65
5	Overcrowding						14	18
6	Temperature						167	179
7	Ventilation						22	42
8	Lighting						12	12
9	Sanitary conveniences						418	411
10	Washing facilities						195	234
11	Supply of drinking water						2	3
12	Clothing accommodation						16	44
13	Sitting facilities						2	4
14	Seats (sedentary workers)						2	1
15	Eating facilities						1	1
16	Floors, passages and stairs						248	292
17	Fencing exposed parts machinery						53	60
18	Protection of young persons working at dangerous machinery						—	—
19	Training of young persons working at dangerous machinery						—	—
23	Prohibition of heavy work						—	—
24	First Aid						244	235
50	Information for employees						194	231
	TOTAL						1,665	1,832

TABLE B
REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i> (1)	<i>Number of premises newly registered during the year</i> (2)	<i>Total number of registered premises at end of year</i> (3)	<i>Number of registered premises receiving one or more general inspections during the year</i> (4)
Offices	64	708	525
Retail shops	109	1,682	1,244
Wholesale shops, warehouses	17	143	72
Catering establishments open to the public, canteens	18	439	912
Fuel storage depots ..	—	7	2
TOTALS ..	208	2,979	2,755

TABLE C

Number of Visits of all kinds (including general inspections) to Registered Premises— 5,597

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

<i>Class of workplace</i> (1)	<i>Number of persons employed</i> (2)
Offices	10,707
Retail shops	10,029
Wholesale departments, warehouses	1,794
Catering establishments open to the public	2,701
Canteens	163
Fuel storage depots	25
TOTAL	25,419
Total Males	10,281
Total Females	15,138

TABLE E

No. of exemptions current at end of year, Sanitary Conveniences	..	..	..	2
No. of applications refused, Washing Facilities	..	..	..	-

TABLE F

STAFF

No. of inspectors appointed under Section 52(1) or (5) of the Act — 17.
(only 8 inspectors actually engaged on 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

208 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>
64	109	17	18	—	208

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

NOTIFICATION OF ACCIDENTS

Reported Accidents:

	<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	—	7	3	—	1	1	1
Retail shops	—	69	17	—	1	7	9
Wholesale shops, Warehouses	—	7	3	—	—	—	3
Catering establishments open to public canteens, ..	—	1	1	—	—	1	—
Fuel storage depots	—	—	—	—	—	—	—
TOTALS	—	84	24	—	2	9	13

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale ware-houses</i>	<i>Catering establishments open to public canteens</i>	<i>Fuel storage depots</i>
Machinery	—	3	—	—	—
Transport	—	2	1	—	—
Falls of persons	4	18	2	1	—
Stepping on or striking against object or person	—	3	1	—	—
Handling goods	—	29	3	—	—
Struck by falling object ..	—	2	—	—	—
Fires and explosions ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	6	—	—	—
Not otherwise specified ..	3	6	—	—	—

HOUSING

In 1969 official representations continued with respect to the Clearance Programme for the period 1967—1971, embracing 2,931 houses in 28 areas in Landport.

For 1969 the areas represented were:

Landport 31
Landport 32
Landport 33
Landport 34
Landport 35
Landport 36

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

Landport 31	Claxton Street No. 1 Railway View No. 1 Railway View No. 2 Railway View No. 3
Landport 32	Princes Street No. 1 Victoria Street No. 1 Victoria Street No. 2
Landport 33	Commercial Road No. 2 Emanuel Street No. 1 Commercial Road No. 3
Landport 34	Grafton Street No. 1 Grafton Street No. 2 Grafton Street No. 3
Landport 35	Gladstone Street No. 1 Grafton Street No. 4
Landport 36	Gladstone Street No. 2 Gladstone Street No. 3

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

Milford Road No. 1	Compulsory Purchase Order
Princes Street No. 1	Compulsory Purchase Order
Emanuel Street No. 1	Compulsory Purchase Order
Grafton Street No. 1	Compulsory Purchase Order
Gladstone Street No. 1	Compulsory Purchase Order
Gladstone Street No. 2	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.

At the end of the year of the other 15 properties involved:

No. of properties where work has been completed	13
No. of properties rebuilt	1
No. of properties where work is still in hand	1
Declaration of Unfitness Orders	Nil

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

Closing Orders	3
Demolition Orders	1
Undertakings not to be used for human habitation	—
Parts of buildings closed	3
Undertakings to demolish	—

The results from 1968's programme are shown in the following table of Public Inquiries which were held during 1969:

<i>Local Public Inquiry</i>	<i>Date</i>	<i>Result</i>
City of Portsmouth (Kilmiston Street No. 1) Compulsory Purchase Order—1967	28. 1.69	Confirmed with modification by Ministry of Housing and Local Government on 23.6.69
City of Portsmouth (Gunner Street No. 1) Compulsory Purchase Order—1968	25. 3.69	Confirmed with modification by Ministry of Housing and Local Government on 6.8.69
City of Portsmouth (Timpson Road No. 1) Compulsory Purchase Order—1968	15. 7.69	Confirmed by Ministry of Housing and Local Government on 30.9.69
City of Portsmouth (Northbrook Street No. 1) Compulsory Purchase Order—1968	26. 8.69	Confirmed with modification by Ministry of Housing and Local Government on 3.11.69
City of Portsmouth (Longs Road No. 1) Compulsory Purchase Order—1969	12.11.69	Awaiting confirmation
City of Portsmouth (Milford Road No. 1) Compulsory Purchase Order—1969	10.12.69	Awaiting confirmation

Orders confirmed by Minister of Housing and Local Government

City of Portsmouth (Newcastle Street No. 1) Compulsory Purchase Order—1968	Confirmed with modification by Ministry of Housing and Local Government on 8.1.69
City of Portsmouth (Fifth Street No. 1) Compulsory Purchase Order—1968	Confirmed with modification by Ministry of Housing and Local Government on 25.6.69
City of Portsmouth (Kilmiston Street No. 1) Compulsory Purchase Order—1968	Confirmed with modification by Ministry of Housing and Local Government on 23.6.69
City of Portsmouth (Gunner Street No. 1) Compulsory Purchase Order—1968	Confirmed with modification by Ministry of Housing and Local Government on 6.8.69
City of Portsmouth (Timpson Road No. 1) Compulsory Purchase Order—1968	Confirmed by Ministry of Housing and Local Government on 30.9.69
City of Portsmouth (Northbrook Street No. 1) Compulsory Purchase Order—1968	Confirmed with modification by Ministry of Housing and Local Government on 3.11.69

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

Agincourt Road	Dumbarton Street	Hercules Street
Bedford Street	Elm Road	Malins Road
Centaur Street	Gamble Road	Nessus Street
Commercial Road	Garfield Road	Stirling Street
Cressy Road	Henry Road	Washington Street

During the year pilot surveys were carried out to ascertain the condition of living accommodation in the following streets:

Abingdon Road	Alexandra Road	Beecham Road
Adames Road	Ariel Road	Besant Road
Addison Road	Arundel Street	Bettesworth Road
Admiralty Road	Balliol Road	Bevis Road
Alver Road	Barnes Road	Binstead Road

Bishop Street, Portsea	Forton Road	New Road
Bradford Road	Fratton Buildings	Norland Road
Britannia Road	(Selbourne Road)	Northumberland Road
Britannia Road North	Garnier Street	Ordnance Row
Brookfield Road	George Street	Orchard Road
Burleigh Road	Glencoe Road	Olinda Street
Byerley Road	Goldsmith Avenue	Penhale Road
Campbell Road	(207 only—Public House	Pitcroft Lane
Cardigan Road	Grenville Road	Pitcroft Road
Carlisle Road	Guildford Road	Power Road
Church Road	Harcourt Road	Queen's Road
Clarkes Road	Hampshire Street	Queen Street
Cleveland Road	Harrow Road	Rugby Road
Clive Road	Havant Street	St. Stephen's Road
Clock Street	Havelock Road	St. George's Square
Collingwood Road	Hawke Street	St. James's Street
Cornwall Road	Holland Road	St. Mary's Crescent
Commercial Road	Jersey Street	St. Mary's Road
Cranleigh Road	Kent Road	Sandringham Road
Cranleigh Avenue	Kingston Crescent	Selbourne Terrace
Croft Road	Kingston Road	Samuel Road
Cumberland Road	Lake Road	Shearer Road
Curzon Howe Road	Langford Road	Shakespeare Road
Cuthbert Road	Langley Road	Somers Road
Cyprus Road	Lawson Road	Stansted Road
Daulston Road	Leonard Road	Sydenham Terrace
Drummond Road	Livingstone Road	Talbot Road
Durban Road	Lower Brookfield Road	Toronto Road
Ernest Road	Lucknow Street	Tottenham Road
Ethel Road	Lynn Road	The Hard
Eton Road	Malta Road	Victoria Road North
Ewart Road	Manor Road	Victory Road
Fawcett Road	Moorland Road	Walmer Road
Fifth Street	Morpeth Road	Wharf Road
Francis Avenue	Montgomerie Road	Wickham Street
Fratton Road	Moulin Avenue	Winchester Road
Fratton Grove	Napier Road	Wisborough Road

Improvement Areas

Inspection of Southsea Improvement Area continued and the detailed survey of the houses included in the proposed Southsea Nos. 10 and 11 Areas revealed that the prevailing conditions were as follows:

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

			Tenanted	Owner/ Occupier	Vacant
Southsea No. 10 Improvement Area					
(Chetwynd Road No. 1 Improvement Area)	..	..	34	43	3
Southsea No. 11 Improvement Area					
(Chetwynd Road No. 2 Improvement Area)	..	..	28	38	4

Dwellings having all amenities;—

Southsea No. 10 Improvement Area					
(Chetwynd Road No. 1 Improvement Area)	..	..	2	11	—
Southsea No. 11 Improvement Area					
(Chetwynd Road No. 2 Improvement Area)	..	..	4	21	—

Dwellings in Council Ownership;—

Southsea No. 10 Improvement Area					
(Chetwynd Road No. 1 Improvement Area)	..	..		Nil	
Southsea No. 11 Improvement Area					
(Chetwynd Road No. 2 Improvement Area)	..	..		Nil	

Dwellings in Multiple Occupation;—

Southsea No. 10 Improvement Area					
(Chetwynd Road No. 1 Improvement Area)	..	..		7	
Southsea No. 11 Improvement Area					
(Chetwynd Road No. 2 Improvement Area)	..	..		2	

Analysis of Dwellings lacking the 'five standard amenities'**Southsea No. 10 Improvement Area****(Chetwynd Road No. 1 Improvement Area)**

	<i>Tenanted</i>	<i>Owner/ Occupied</i>
Dwellings lacking a bath or shower in a bathroom	11	12
Dwellings lacking a wash hand basin	15	14
Dwellings lacking a hot and cold water supply to a fixed bath or shower	10	10
Dwellings lacking a hot and cold water supply to a wash hand basin ..	25	20
Dwellings lacking a hot and cold water supply to a sink	16	10
Dwellings lacking internal water closet	18	20
Dwellings lacking satisfactory facilities for storing food	29	37

Southsea No. 11 Improvement Area**(Chetwynd Road No. 2 Improvement Area)**

	<i>Tenanted</i>	<i>Owner Occupied</i>
Dwellings lacking a bath or shower in a bathroom	12	16
Dwellings lacking a wash hand basin	17	17
Dwellings lacking a hot and cold water supply to a fixed bath or shower	13	15
Dwellings lacking a hot and cold water supply to a wash hand basin ..	22	24
Dwellings lacking a hot and cold water supply to a sink	16	13
Dwellings lacking internal water closet	14	19
Dwellings lacking satisfactory facilities for storing food	24	28

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 15 years, the Council declared these areas to be improvement areas.

Houses considered for purchase in Advance of Requirements 27

Housing Act 1957

Number of inspections	5,741
Number of visits	11,725
Number of inspections re demolitions	3,447

Housing Act 1964

Number of inspections	222
Number of visits	391

Houses in Multiple Occupation

Of necessity work in this field was confined to dealing with a limited number of specific cases where complaints had been made. This was due primarily to the fact that policy decisions regarding the administration of Special Grants authorised under the Housing Act, 1969, and the introduction of a Registration Scheme were not finalised, and the increase in the rate of survey work for the proposed General Improvement Areas.

Housing Act 1961

Number of inspections	171
Number of visits	342

New Buildings

284 private dwellings and 107 Corporation dwellings were completed in 1969 necessitating a total of 1,036 inspections and visits for the issue of 293 Occupation Certificates in respect of the 391 dwellings.

DETAILS OF CLEARANCE AREAS

LANDPORT 31

Railway View No. 1

No. of houses	9
Railway View—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	11
No. of persons	39

Railway View No. 2

No. of houses	7
Railway View—Nos. 20, 22, 24, 26, 28, 30 and 32. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	8
No. of persons	11

Railway View No. 3

No. of houses	81
Canal Walk—Nos. 21 and 23. Curtis Terrace—Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35. Milford Road—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32 and 34. Railway View—Nos. 36, 38, 40, 42, 44, 46, 48 and 50. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of other buildings	1
Canal Walk—No. 22.	
No. of families	78
No. of persons	224

Claxton Street No. 1

No. of houses	38
Arundel Street—Nos. 120, 130 and 132. Claxton Street—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28 and 30. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of other buildings	1
Claxton Street—No. 2.	
No. of families	35
No. of persons	114

The Census of the number of persons who were occupying the Clearance Areas was taken on the 15th January 1969.

Victoria Street No. 2

No. of houses	2
Commercial Road—Nos. 390 and 392. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	1
No. of persons	2

The Census of the number of persons who were occupying the Clearance Areas was taken on the 26th February 1969.

LANDPORT 33

Commercial Road No. 2

No. of houses	2
Commercial Road—Nos. 456 and 458. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	2
No. of persons	2

Emanuel Street No. 1

No. of houses	105
Brompton Road—Nos. 1, 5, 7, 13, 21, 23, 25, 27, 29, 41, 45, 8, 10, 14, 20, 28, 30 and 46.	
Commercial Road—Nos. 440, 442, 444, 448, 450, 452, 466 and 470.	
Emanuel Street—Nos. 1, 3, 5, 7, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 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 and 58.	
Grafton Street—Nos. 2, 4, 6, 8, 10, 12 and 14.	
Sultan 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, 49 and 51.	
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	124
No. of persons	335

The Census of the number who were occupying the Clearance Areas was taken on the 28th May 1969.

LANDPORT 34

Commercial Road No. 3

No. of houses	2
Commercial Road—Nos. 474 and 476. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	2
No. of persons	6

Grafton Street No. 1

No. of houses	36
Commercial Road—Nos. 516/518, 520, 522, 524, 526, 528, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558 and 560.	
Elm Road—Nos. 2.	
Grafton Street—Nos. 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 87, 89, 91 and 93. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	46
No. of persons	126

Grafton Street No. 2

No. of houses	13
Commercial Road—Nos. 492, 494, 496, 498, 502, 506 and 510.	
Grafton Street—Nos. 21, 23, 25, 35, 41 and 43. and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of other buildings	1
Grafton Street—Nos. 37/39.	
No. of families	19
No. of persons	57

Grafton Street No. 3

No. of houses	11
Commercial Road—Nos. 480, 482, 484, 486 and 488.	
Grafton Street—Nos. 1, 3, 5, 7, 9 and 11.	
and any yards, gardens, outhouses and appurtenances, belonging thereto or usually enjoyed therewith.	
No. of families	13
No. of persons	31

The Census of the number of persons who were occupying the Clearance Areas was taken on 2nd July 1969.

LANDPORT 35**Gladstone Street No. 1**

No. of houses	89
Emanuel Street—Nos. 41, 43, 45, 47, 49, 51 and 53.	
Gladstone Street—Nos. 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116, 118, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 101, 103, 105, 107, 109 and 111.	
Grafton Avenue—Nos. 2, 3, 4, 5, 10, 11, 12 and 13.	
Grafton Street—Nos. 20, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 60, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84 and 86.	
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of other buildings	1
Emmanuel Street—No. 47A.	
No. of families	87
No. of persons	241

Grafton Street No. 4

No. of houses	5
Grafton Street—Nos. 48, 50, 52, 54, and 56.	
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	4
No. of persons	13

The Census of the number of persons who were occupying the Clearance Areas was taken on 15th October 1969.

LANDPORT 36**Gladstone Street No. 2**

No. of houses	69
Elm Road—Nos. 10B, 10, 12, 14, 16, 18, 20, 22, 24, 26, 32, 34, 36, 38, 40 and 42.	
Gladstone Street—Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 23, 27, 35, 37, 41, 2, 6, 8, 12, 14, 16, 18, 20, 28, 30, 32, 34, 36, 38, 40, 42, 44/46 and 48.	
Grafton Street—Nos. 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116, 118, 120, 122, 126 and 128.	
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	68
No. of persons	171

Gladstone Street No. 3

No. of houses	12
Gladstone Street—Nos. 47, 53, 55, 57, 61, 52, 54, 56, 58, 62, 64 and 66.	
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith.	
No. of families	12
No. of persons	29

The Census of the number of persons who were occupying the Clearance Areas was taken on the 26th November 1969.

PORT HEALTH

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 Chief Administrative Medical Officer to Portsmouth City Council.
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**Private:* 8 Burbidge Grove, Southsea, Portsmouth 33325

*(Lombard House, Lombard Street, Portsmouth from 9-2-70)

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

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage (Net)</i>	<i>Number inspected</i>		<i>Number of ships reported as having or having had, during the voyage, infectious disease on board</i>
			<i>By M.O.H.</i>	<i>By P.H.I.</i>	
Foreign Ports ..	386	140,000	—	209	1
Coastwise* ..	4,970	1,315,839	—	167	—
TOTALS ..	5,356	1,455,839	—	376	1

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

Section III—Character of Shipping and Trade during the Year

TABLE C

There was no passenger trade from foreign ports.

CARGO TRAFFIC

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

The principal exports to foreign countries were barley and other cereals and scrap iron.

The considerable traffic between the Channel Islands and Portsmouth was maintained during the year. The principal imported goods were potatoes, tomatoes, cauliflowers, lettuces and tinned milk; exports consisted of building materials, general foodstuffs, spirits, tobacco and general cargo.

Section IV—Inland Barge Traffic

There is no inland barge traffic.

Section V—Water Supply

1. The water used in the Docks is supplied by the Portsmouth 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 IX**TABLE D**

No cases of notifiable diseases, except for one case of infective hepatitis.

Section XII (3)—13 Deratting Exemption Certificates were issued during the year by the Southampton Port Health Authority.

Section XIII—Inspection of Ships for Nuisances**TABLE G**

<i>Nature and Number of Inspections</i>	<i>Notices Served</i>		<i>Result of such Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	
Primary 362	—	6	6 complied with
Other 14	—	—	—
TOTAL 376	—	6	6 complied with

Port Health

The accidental drowning of a foreign national in the waters of the port health authority brought an unusual request of the department. Before the body of the deceased seaman could be admitted to its native country for burial it had to conform with consular requirements. These were that the body be hermetically sealed into a zinc-lined coffin, to the satisfaction of the local health authority and certified accordingly. A principal health inspector therefore attended the chapel of rest belonging to a local undertaker, and from the data provided by the Coroner's office indentified the embalmed body.

Afterwards a plumber soldered an airtight joint between the zinc shell and lid, under the supervision of the inspector. An attestment was then made that this dolous export conformed to the rules governing the admission of corpses to Scandinavia.

Although long-serving officers of the department could not recall a similar incident in forty years, only a month elapsed before the Inspector was required for a similar obsequy. This occurred when the same undertaker had to airlift the body of another Scandinavian who died most tragically whilst holidaying in Southsea.

ENVIRONMENTAL IMPROVEMENT

by

MR. G. F. HEATH

Two of the matters introduced by the Public Health Act, 1875, were of considerable importance because although they were intended and indeed were admirable measures at the time they have unfortunately left a legacy for present day town planners; these two introductions were Building Byelaws and New Street Byelaws.

The principal fault of the Building Byelaws was that the Byelaw applied to the individual house and had little regard to the relationship of one property to another, or, in fact the juxtaposition of uses.

The second introduction related solely to the individual street and had no regard to the relationship of one street to another.

There are now in the City virtually square miles of 'Byelaw Streets and Houses'. In these areas it is common to find the front door of the house opening directly on to the footway; only in a limited number of cases is there a secondary rear access; dustbins have to be brought through the living accommodation to the front door; there is hardly a tree or blade of grass to be seen in many of the areas. In fact, in two wards of the City (Nelson and Havelock) there is no open space whatsoever; there is rarely anywhere to park a motor car other than in the street.

For more than a decade now it has been possible to improve the interior of a house by way of grants and loans but most people would now agree that a dwelling which has all interior 'mod cons' is still very deficient if matching environmental improvement is not provided.

When the Housing Act 1964 reached the Statute books the Minister of Housing and Local Government issued a Circular in which he stated that he hoped Local Authorities, while they were ensuring internal improvements to houses, would also endeavour to carry out environmental improvements. This was easier said than done, for the planning processes which would have been necessary to enable such improvement to be carried out would have meant designating areas as liable to compulsory acquisition, defining comprehensive development areas and amending Development Plans.

With this in mind, and with the preparation of a new Bill (which eventually became the Portsmouth Corporation Act, 1967), the Corporation sought powers to enable the environmental improvements to be carried out in a much less complicated manner. The Ministry of Housing and Local Government, with whom discussions had taken place, were very encouraging and the Bill, making provision for environmental improvement areas, received an easy passage through Parliament.

The process of declaring Environmental Improvement Areas was simple and in such areas the Corporation was empowered to provide open spaces, gardens, trees, shrubs, plants, children's playspaces, pedestrian ways and precincts, access to rear of properties, street furniture, etc.

The Corporation was also empowered to acquire land by agreement, or by Compulsory Purchase Order if necessary, for any of these purposes. This was a great step forward and the provisions of the Portsmouth Corporation Act, 1967, have in substance now been incorporated into the Housing Act, 1969, in the provisions relating to General Improvement Areas.

In preparing the Corporation's Bill a demonstration scheme was worked out for an area of approximately 2,000 houses in the Fratton area. Within

this area proposals were drawn up to obviate through traffic; car parking provision was made for every house remaining, by way of new rear access facilities, small two tier car parks, or street parking; amenity planting and play spaces were provided; a school was given an extended playground. To implement the outline scheme it would have been found necessary to demolish approximately 8% of the houses and the total cost worked out at nearly half a million pounds or £270 per dwelling remaining, but the scheme if implemented would have given all houses remaining in the area a minimum life of 15 years and would have provided desirable environmental improvements while 'mod cons' were being provided internally to all houses.

The City has a major housing problem in that of the 65,000 dwellings about 14,000 are more than 100 years old and a further 15,000 are more than 60 years old; so it can be said as a general statement that half the City's stock of dwellings is more than half a century old.

Over 20,000 dwellings of the City's dwellings are sub-standard to some degree (lacking piped hotwater, fixed bath, outside toilets, etc.) and although the programme of housing redevelopment has reached its target of 600 dwellings per year it is obvious that this in itself can never deal with the City's unsatisfactory housing conditions, and the appropriate Committee of the Council have resolved that greater accent should be placed on improvement, both internally and environmentally, arriving at a programme of approximately 2,000 dwellings per year.

The motor vehicle creates one of the City's biggest problems and some idea of the size of the problem can be gathered from the fact that where in the early months of 1960 a night census showed that approximately 5,000 vehicles were parked on the streets and on vacant parcels of land, by 1965 this figure had gone up to over 10,000 and in 1968 it was over 15,000.

One of the major factors needing to be taken into consideration regarding improvements to dwellings and environmental improvements is, of course, the public expenditure which will be involved and whether any of it can be recouped.

Grants made by the City for internal improvement can take the form of Improvement Grants (maximum normally £1,000), Standard Grants (maximum normally £200) or Special Grants (one half of cost), and the Ministry of Housing and Local Government may make a contribution to the City roughly equal to three quarters of the cost.

Within General Improvement Areas the Government will make a grant equal to one-half of the cost of the environmental improvements but limited to a maximum of £50 per dwelling.

The report of the survey which was prepared in connection with the City's Development Plan stated:

'The purpose of the Development Plan is to secure the best use of all land and property within the City and the interests of the community by zoning or reserving land for the purpose for which it appears to be most suitable having regard to the demand for the particular form of development, the preservation and creation of amenities and the practicability of implementing proposals'.

It is believed that the aims of the development plan so far as living conditions are concerned can be more nearly achieved by pursuing a vigorous policy of housing and environmental improvement.

REPORT ON CLEANSING*by*

MR. J. G. COTTON

The weekly service of collection of house and trade refuse was maintained during 1969. Domestic refuse was collected by 15 teams of one driver and four loaders using 50 cubic yard Shelvoke and Drewry refuse collection vehicles, and trade refuse was dealt with by 7 bulk container vehicles each staffed by a driver and mate. All refuse collection staff now participate in the incentive bonus scheme and on the basis of 'daily task and home' all refuse is collected before 4.00 p.m. daily.

Controlled Tipping continued at Milton Lake where some 400 tons of domestic and trade refuse were dealt with daily. Three bulldozers level and cover the area which is now nearing completion. Regular visits paid by the Pest Control Unit and the continued use of tip dressing during the summer months contained the nuisance from vermin and flies and no serious complaints were received.

A staff of 70 manual sweepers and 4 mechanical sweepers carried out the work of street cleansing with labour augmented by students during the summer months for beach cleansing and weeding. The many open spaces in the City continued to attract the 'dumpers' despite advertisements informing the public that the Cleansing Section would remove bulk items of household refuse free of charge.

The number of cars abandoned also increased and the total collected, together with those taken to the tip privately, approximated 2,500.

Gully cleansing and cesspool emptying was carried out by two machines and four men and a regular service maintained.

* See also Report by Chief Public Health Inspector.



Part VI

REPORT OF THE CITY ANALYST

CITY ANALYST'S DEPARTMENT STAFF 1969

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 (to 31.3.69)

MISS M. S. KINGTON (from 7.7.69)

D. G. WOOLLEY

C. J. CATES

M. D. CHILDS

S. W. SWAIN

K. S. MALES (from 12.5.69)

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 to present my fourth Annual Report dealing with the work of the Department.

The resignation of Mr. P. J. Gillingham to take up a post in industry led to a change of establishment during the year. Mr. E. E. J. King and Mr. A. R. Perry, the two graduate members of the staff, have been assuming more responsibility under the Public Analyst and his Deputy and it was thought appropriate to increase the number of assistant analysts working under supervision, instead of replacing one analyst. Accordingly, Miss M. S. Kington and Mr. K. S. Males joined the staff as assistants and, at 31st December 1969, the Department was at full establishment.

The increased number of school swimming pools in use and the additional samples taken from each are now putting a strain on our bacteriological and chemical facilities. There was also a significant increase during the year of samples taken under Consumer Protection legislation other than Food and Drugs. The demand for private work has increased and has sometimes had to go unsatisfied. The extensive survey work gladly undertaken for the City Engineer on the sewer contracts (both the east and west side of the Island) added somewhat to the load. Lastly some increase in the statutory duties arising from the expansion of the Port facilities has already occurred.

Extra staff without an early prospect of a corresponding increase in laboratory space and equipment would be of limited value. The progress of the new laboratory is, therefore, being followed anxiously and the extra work involved in the detailed planning is readily undertaken. It is not too soon to express my appreciation of the ready co-operation of the City Architect and his staff for their earnest endeavour to see that the new accommodation is completely functional as well as architecturally attractive. It is difficult, however, to see how the Department will fulfil its increasing obligations in the existing premises until the new premises are available in 1972 and it was disappointing that financial considerations prevented some temporary expansion in Trafalgar Place in 1969.

The Pesticide Residue Survey has been in abeyance for this year, pending the production of the Report of the first two years of the study. It is anticipated that the third year of the scheme may begin during 1970.

The instrumentation of the laboratory has been increased by two purchases. An Atomic Absorption Spectrophotometer which, whilst necessary for the determination of toxic metals in paint film on toys, will eventually also improve both the time and the accuracy of the determination of toxic metals in foods. A Recording Ultra-Violet Spectrophotometer, a time-saving device for many types of chemical analysis, has also been obtained. The laboratory now has most modern facilities; there remains, however, one major deficiency—the complete lack of radiochemical equipment which is, of course, linked with the lack of suitable accommodation capable of reaching the standard required for the safe use of radioactive materials.

Following the reassessment of fees in 1968 the income of the Department has continued to rise but space and consequent staff limitations may well prevent further substantial increases until the new premises are available.



Trace Metal Analysis using an Atomic Absorption Spectrophotometer



Colorimetric determination of sulphate in test boreholes associated with new trunk sewer

In the early part of the year a modern record system was introduced; a superhuman effort was involved to effect the change but, ultimately, there should be a significant reduction in the clerical work on each sample.

Talks have been given by the City Analyst or his Deputy to Women's Clubs, Young Wives, Women's Sections of Political Parties, School Science Clubs and Men's Fellowships and to a Luncheon Club. Lectures have been given to Student Public Health Inspectors, Teachers on Refresher Courses and Domestic Science Students preparing for the Teacher's Certificate. Visitors to the Department included Student Public Health Inspectors, two parties of schoolgirls (Science sixth) and Students from the College of Education.

I continue to be grateful to the Chairman and Members of the Health Committee for their interest and enthusiasm. I am also grateful for the help of other Chief Officers particularly those who smoothed the path for the new premises. The enthusiasm and loyal support of Mr. A. J. Harrison, the Deputy City Analyst, is much appreciated and Miss A. Cook deserves a special mention for the production of the excellent sketch plans for the new laboratory. I wish to thank the staff for maintaining a high standard of work, together with a high output and for achieving all my objectives. Lastly, the ready co-operation of the Sampling Officer, Mr. E. J. Wright, has also made the year's work much more effective than would otherwise have been possible.

To summarise, I believe, I can report a satisfactory year's work and considerable progress in many different fields. However, there still remains much useful scientific work that should be done in further extensions of the Consumer Protection field, more control of School swimming pools and a further substantial increase in the number of Port Health Samples. There is also a valuable field of work in environmental studies which should be undertaken, but for which space is not yet available.

Of the 1438 samples purchased for examination under the Food and Drugs Act, 36 were found to be criticisable and of 9 samples for examination under the Trade Descriptions Act and other consumer protection legislation one was found to be criticisable. A summary of the total number of samples examined in 1969 is set out in Table I at the end of the Report.

To assess the work done by the Department solely on the number of samples analysed would be to consider the matter from the wrong standpoint. Modern food technology and legislation arising from modern methods of food manufacture are imposing more and more work on each sample submitted. Equally important in this 'scientific age' is the value of a local scientific service to the public generally and to the other Departments of the City Council in particular. The prompt action of this Department in the matter of the eastern sewer contract alone must have saved a very large sum of money, enough to maintain the Department for several years. Not all the results of the scientific service can appear in the Annual Accounts. Your City Analyst's Department claims to provide an important backing service to the City Council as well as maintaining high standards in the food and medicines on sale in Portsmouth.

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 1969.

The Canned Meat Product Regulations (as amended) 1967.

The Sausage and Other Meat Product Regulations (as amended) 1967.

Proposed Regulations under the Food and Drugs Act 1955.

Cheese Regulations

which will replace

Cheese Regulations 1965
and the Cheese (amendment)
Regulations 1966

The proposals are that the new Regulations will amend and consolidate the existing Regulations. The amendments include a relaxation of labelling requirements. The 1965 Regulations demand a minimum relative size of the lettering used for the appropriate description. This quantitative requirement is to be replaced by more general provisions similar to those in the Labelling of Food Regulations 1967 (see later). Calcium hydroxide will be permitted as an ingredient in cheese. The new Regulations will also include in Schedule 1, soft cheeses and further varieties of foreign cheese, for which international standards have been approved and which may also be described by their varietal name, if made to that standard. The new Regulations are to be made as soon as possible and to come into force immediately, except for the labelling provisions, which will be effective at the same time as the Labelling of Food Regulations.

Food (Control of Irradiation)
Amendments Regulation 1969
addition to the Food (Control
of Irradiation) Regulations
1967

These Regulations permit the use of low-level radiation as a processing and packaging aid and the irradiation of certain foods for use by patients certified by a doctor as requiring a sterile diet.

Food Labelling

which will replace

A letter from the Ministry has indicated their intentions regarding Food Labelling. The Regulations, at present due to come into force in 1971, which have been criticised by Public Analysts, Local Authorities and by the trade interests, are to be amended and combined with provisions relating to Claims and Misleading Descriptions and reissued. The combined Regulations will not come into effect until three years after the date of issue. The Legislation on this matter is already chaotic. This new decision does not bring any order out of chaos, in that articles complying with the 1953, 1967 or the new Legislation will all be acceptable until the three years have passed. Other notified changes relate to the quantitative relation between type sizes for the appropriate description and other printed matter.

Labelling of Food
Regulations 1967
and
Claims and Misleading
Descriptions
Regulations 1967

This provision in the 1967 Regulations has been the subject of much pressure from industry and has been relaxed. It is now 'only necessary that it shall be more prominent than other matter on the label'. This kind of provision, depending on a subjective assessment, is very difficult to enforce, except in extreme cases.

Further proposed changes include an increase in the size of the container on which 3 mm (description) and 1.5 mm (list of ingredients) type can be used. It is, of course, very proper that labelling Regulations should be not only a protection for the public but also a reasonable standard for manufacturers, leaving some scope for originality in design of label on their part. Such a compromise is not easily achieved; however, these new proposals mean that the time interval between the first consideration of further food labelling regulations and their coming into force will be approximately 12 years, which is excessive, particularly as the final outcome omits many of the valuable proposals in the Food Standards Committee Report of 1964.

Artificial Sweeteners
in Food Regulations—
Amendment

These amending Regulations, announced in November 1969, were to become operative from 1st January 1970. The effect of these amendments is to prohibit the use of cyclamates. The toxicological evidence on the use of cyclamates is still by no means clear, but it seems a reasonable precaution to prohibit its use at present.

Soft Drink Regulations—
Amendment

Labelling of Food
Regulations—
Amendment

The interesting modification proposed from the 1st January 1970 includes provisions to remove the use of the generic term 'artificial sweeteners'. Hence it will become necessary to declare cyclamates should they ever be permitted again. The City Council gave support to such a requirement early in 1969.

Reports of the Food Standard Committee

Condensed Milk Report

Commissioned to investigate the difference between the Condensed Milk Regulations and corresponding requirements for Dried Milk, the Committee recommended that the terms 'Condensed Milk' (for the sweetened variety) and 'Evaporated Milk' (now in common usage) should be able to be used on the label, and the statutory declarations should be revised. Additionally in line with the Dried Milk Regulations the maximum fat content for condensed skimmed milk should be 0.5 per cent. and the term 'low fat' should be permitted on the label if

accompanied by a declaration of the fat content. Not more than 0.2 per cent. of specified additives should be allowed and the exemptions from labelling requirements for large containers should only apply to condensed milk for use in manufacturing processes. Additives should be controlled and certain minor changes in the statutory declaration are recommended.

Report of the Advisory Committee on Pesticides and Other Toxic Chemicals

The Committee did not consider that there was a case for the complete withdrawal of persistent organochlorine pesticides (D.D.T., Aldrin, Camphiclor, Chloridane, Dieldrin, Endosulphan, Endrin, Heptachlor or T.D.E.), but recommended that certain uses should be prohibited—for example D.D.T. in home, garden or in thermal vapourisers and Aldrin, Dieldrin and D.D.T. on certain crops. The Committee agree that the small accumulations in human fat are probably of little significance, although some of its conclusions were contested by the British Pest Control Association.

Code of Practice, agreed between Local Authorities and the Manufacturers

Marzipan

The Local Authorities Joint Advisory Committee on Food Standards is set up to recommend codes of practice acceptable to both reputable manufacturers, through their trade associations, and Local Authorities, as enforcement bodies. L.A.J.A.C. was intended to consider food standards in cases where Regulations are not practical or, occasionally, as a preliminary or speedy step in advance of legislation. Unfortunately L.A.J.A.C. has never been noted for speed of operation. One of the first foods to be considered for a Code of Practice in 1960, when L.A.J.A.C. was set up, was marzipan. At last a Code has been agreed and ratified by all parties. The Code requires that marzipan shall contain not less than $23\frac{1}{2}$ per cent. of dry almond substance and no other nut tissue, and that not less than $\frac{3}{4}$ of the remainder shall be solid 'carbohydrate sweetening matter', i.e. sugar, liquid glucose or invert sugar or similar substance. The Code does not apply to cake decorations or sugar confectionery but only to marzipan sold in block. However, cakes claiming to be covered with marzipan should have a layer or coating of marzipan complying with the Code of Practice.

The amount of new Legislation is less than in previous years and the Public Analyst may feel he has a little 'breathing space'. However, some of the subjects now under discussion by the Food Standards and the Food Additives and Contaminants Committee suggest that the 'breathing space' may be short-lived. Technological advance in food manufacture cannot but bring more scientific control.

A new set of Food Standards having international agreement are under discussion and, in a few cases, approaching finality; known to many as the Codex Alimentarius, the new standards will eventually be published in a succession of booklets and will be binding in all countries who accept the standards. The different nations involved in negotiations will incorporate agreed standards in their own legislation, in order that there will not be any problems such as might arise from two different standards. In the U.K. the Codex Alimentarius may mean some modification of Regulations made under the Food and Drugs Act 1955. There will be stages of acceptance of the international standards; some standards may be accepted by the U.K. with minor modifications. Public Analysts sit on all the U.K. Committees and have raised a number of important matters as well as providing much background information regarding the present quality of food supplies. Ultimately the Codex should alleviate the problems of imported foods at least in so far as responsible merchants are involved. If, however, international standards are more stringent than British standards it will become very important to exercise the functions of the Port Health Authority to prevent the U.K. becoming a 'dumping ground' for inferior produce.

Milk

780 samples of ordinary milk and 129 of Channel Islands milk were examined during the year and all were free from added colour and preservative.

The samples were derived from the following sources:—

- 439 in pint bottles and cartons obtained from retailers selling to the public;
- 406 ex-farm milks being delivered to dairies and
- 64 in one-third pint bottles delivered to various schools.

Ordinary Milk

Of the 329 samples of milk contained in pint bottles and cartons, 44 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. One sample of untreated milk was 6.6 per cent. deficient in milk fat due to inadequate mixing and the vendor was severely cautioned.

387 samples of ex-farm milk were taken from churns and tankers immediately upon arrival at the local dairies. Of these 84 were found to be of poor quality, being deficient in solids-not-fat.

Of the 64 samples of milk in one-third pint bottles supplied to schools, 12 were of poor quality being deficient in solids-not-fat.

My 1968 Annual Report mentioned a considerable improvement in the quality of milk on previous years and that, when corresponding figures for 1969 and 1970 were available, it was hoped that the improvement would be maintained. This year's results are intermediate, showing some maintained improvement over 1967, but less satisfactory than 1968. 17.8 per cent. of samples were of poor quality, i.e. deficient in solids-not-fat, compared with 9.4 per cent. in 1968 and 24.3 per cent. in 1967. The mean solids-not-fat is the same as in 1968, i.e. 8.61 per cent.

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	3.63	8.48	12.11	32
February	3.70	8.46	12.16	29
March	3.65	8.40	12.05	41
April	3.47	8.59	12.06	29
May	3.47	8.75	12.22	31
June	3.45	8.75	12.20	41
July	3.51	8.69	12.20	23
August	3.63	8.68	12.31	30
September	3.69	8.65	12.34	41
October	3.66	8.69	12.35	31
November	3.74	8.67	12.41	29
December	3.83	8.57	12.40	36
Average 1969 ..	3.62	8.61	12.23	393
„ 1968 ..	3.66	8.61	12.27	365
„ 1967 ..	3.68	8.59	12.27	352

Channel Islands Milk

110 pint bottles of Channel Islands Milk were examined from retailers selling to the public. All were satisfactory in that they contained at least

4.0 per cent. of milk fat as required by law.

The quality of Channel Islands 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 Islands Milk</i>	<i>Ordinary Milk</i>
1968	..	..	..	4.50	3.66
1969	..	..	..	4.53	3.62

In addition, 19 samples of ex-farm Channel Islands milk delivered to dairies were examined. One sample was 7.5 per cent. deficient of the minimum standard of milk fat and was being classed as ordinary milk by the dairy.

Hygienic Quality of Milk

366 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.

Of the 440 samples of milk examined for keeping quality by the methylene blue test, 16 failed. On one occasion the sample had been purchased from a shop and the retailer was advised on milk storage. An investigation was carried out concerning the failure of 5 samples of untreated milk from 2 vending machines. Difficulty was encountered with one machine, as when checks were made, it appeared to be in good working order. However, it was eventually discovered that the thermostat control was faulty and caused the refrigerator to run intermittently. The sample from the second machine, because sales had been low, had remained in the machine for two days. The distributor was cautioned to maintain the milk in the vending machines in a satisfactory bacteriological state.

8 samples of milk from a dairy were of unsatisfactory bacteriological quality and 3 samples from the same dairy were inadequately pasteurised during 1969. Investigations failed to reveal any cause and the Local Authority in whose area the dairy is situated were rather puzzled as all the samples taken by them were satisfactory. A comparison of our techniques with those of the Public Health Laboratory showed no difference in results, only differences in the way samples were reported. Engineers were eventually called in to strip down the plant at the dairy and clean it thoroughly and some potential sources of contamination were found.

54 samples of sterilised milk were examined and found to be adequately sterilised. In one sample taken as a result of a complaint, some caramelisation had taken place and the milk was quite brown in colour. Correspondence with the dairy in the West Country, which produces all the sterilised milk sold in this area, may have borne some fruit as no further sample of this colour has been received.

Antibiotics in Milk

During the year 162 samples of ex-farm milk were examined for penicillin and other antibiotic residues. Penicillin was detected in 4 samples but the amounts were less than 0.05 i.u. per millilitre.

The test for penicillin and other antibiotics was suspended as a routine procedure in June when the tanker system for the collection of ex-farm milk was inaugurated.

Sampling of Milk

The bulk tanker system of collecting milk from the farm has much in its favour from the point of view of hygiene and efficiency. Milks delivered in Portsmouth were, as from June, entirely collected in bulk tankers. A tanker

will contain as much as 1,500 gallons and will collect from up to 15 farms from as far afield as Dorset.

A little consideration of the problem involved in maintaining the legal requirement that milk shall contain no added water and no significant quantity of antibiotic will show that the enforcement of these requirements will now be very much a matter for the Food and Drug Authorities in whose areas the farms are situated. Of course, sampling in the City and in the Urban areas will be continued to monitor the quality, i.e. the fat and non-fatty solids content of the milk, and gross adulteration will be taken up with the dairy concerned and with the Food and Drug Authorities which might be involved.

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 the dairy and taken to the laboratory where they are examined bacteriologically. A total of 108 bottles have been examined in 1969. One dairy gave unsatisfactory results towards the end of the year and it seems probable that earth-works in the neighbourhood had affected the well water used by the bottle washing plant. Additional chlorination was introduced and some improvement in the washed milk bottles followed.

Ice Cream

Hygienic Quality

54 samples of ice cream were examined by the methylene blue test. 2 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.

		1969		1968		1967
Satisfactory	Grade 1	56%	} 7%	63%	} 84%	76%
Satisfactory	Grade 2	31%		21%		14%
Inferior	Grade 3	9%		5%		8%
Unsatisfactory	Grade 4	4%		11%		2%

It must be stressed that the above table does not imply that 13 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

COMPOSITIONAL CRITICISMS

Minced meat and *minced steak* were found to contain the preservative sulphur dioxide, which is not permitted in these products in England and is only allowed to be used in Scotland in the summer months. The retailer had no knowledge of the preservative being used and it seemed possible that it was associated with the Christmas closure and had been used to preserve the carcass meat over the holidays. Examination of the butcher's supplies failed to confirm this supposition and further samples of minced meat (some taken during the Easter break) were satisfactory. A survey of *haricot beans* produced one sample which seemed an unusually bad buy, containing 12 per cent. of spoilt beans, some blackened and some bored. A sample of *instant non-fat milk* was unpalatable, had poor solubility and a moisture content over the legal limit. A formal repeat of a *non-fat milk* sample taken in 1968 showed similarly unfortunate properties and contained a moisture content above the legal limit. This sample was the subject of a prosecution. A sample submitted as *sardines in tomato* contained giant 'sardines'. The fish in the tin were, in fact, herrings.

A sample was labelled 'Whole Fruit Apricot Jam'. The significance of the term 'whole fruit' is somewhat doubtful. Does it mean that the jam contains the whole of the fruit required for an apricot jam?—or that whole apricots are present?—or does it mean some whole pieces of apricots are present? In fact, the sample proved to be deficient in apricots but some whole pieces of apricot were present. The importer was a company manufacturing and exporting engineering products to Hungary and receiving jam in exchange on the barter principle. The manufacturer maintained that Hungarian apricots were of different composition from the Spanish apricots usually used in British jam manufacture, so that the calculations of fruit content were incorrect. In an attempt to prove the accuracy of this assertion, as soon as apricots were in season, samples were sent by air, from Hungary, to this laboratory. The analysis proved very similar to all other apricots. Other samples of this variety of jam had been examined by other Authorities and one Public Analyst was flown over to the jam-making district of Hungary to see the manufacturing methods for himself. No admission of error has ever been received but subsequent samples of apricot jam from this source showed a considerable improvement.

A miniature bottle of *liqueur* was slightly deficient of alcohol, i.e. a little below the proof stated. The response to my letters and certificate was typical of the reaction of many manufacturers. The first letter was ignored and a second letter brought a letter of explanation. The manufacturer had not thought it was anything to do with him, that all his products were exactly as stated and had to be so because of Customs and Excise requirements. When it was pointed out that an offence had been committed and legal action might be taken on a formal sample (should it have the same analysis as the informal sample) and that the Public Analyst was familiar with the requirements of Her Majesty's Customs and Excise, the firm in question expressed great concern, took samples and put forward a hypothesis that a few bottles might have been wet before filling—an unlikely event. At last a telephone call gave an overt admission of some unsuspected loss of proof on filling such small bottles and a more cautious letter undertook to increase the proof strength slightly in order to comply with the statement of proof on the bottle.

The Code of Practice for cream soups allows butter fat to be replaced by an additional amount of other fat; a *cream soup* contained neither butter fat nor sufficient other fat. Correspondence with the manufacturer indicated

that this was old stock, being one of the first batches made and that the error had been corrected. Further samples have proved satisfactory. A *food colour*, also subject to a labelling criticism, was found to be above the recommended limit for copper and the mixing vessel has been replaced. A survey of cream-filled products produced samples of *cream doughnuts* and *cream meringues* filled with artificial cream. The purchaser must be notified by word or by notice displayed on the premises if cream-like fillings are artificial cream.

COMPLAINT SAMPLES

44 complaints made by the public in the Portsmouth area were investigated, compared with 53 in 1968.

The following summary gives some of the material identified:—

Currant Bun	Nylon fingerstall.
Raisins	Fuel oil.
Beetroots (bottled)	Aluminium (alloy) rivet.
Bread	Machine oil (2), blue dye, paint flakes.
Rice Pudding	Tea leaves.
Tea	Small pieces of wood.
Bacon	Charred matter and fat.
Bramble Preserve	Mould.
Milk	Dried milk solids, bottle glass, scavenger fly pupae.
Cheese Snaps	Polymerised oil and starch.
Meat	Mould.
Rye Biscuit	Pink corn worm.
Beefsteak and Kidney Pudding	Piece of aluminium.
Blackcurrant Sundae	Cupronickel washer.
Sausage Roll	Sacking.

Two samples of *bacon*, one cooked and the other uncooked, were both very rancid and a block of *sugar confectionery* was also rancid. A sample of *Epsom Salts*, purchased for the purpose of adding to bath water, was submitted as the cause of an objectionable brown stain on the bath. The salts contained much iron, quite sufficient to cause an unpleasant brown stain. Since the pharmacist was aware of the purpose for which the salts were purchased it was considered that he should not have sold such an impure product although, of course, the standard need not have been as high as for internal consumption. A sample of *cheese and onion potato crisps* appeared without hazard and quite normal crisps, except that no flavour of cheese or of onions could be detected. A sample of *Italian peeled plum tomatoes* was submitted as in poor condition, which was an understatement. The lacquer had peeled off the tin and 30 parts per million of iron from the can was present in the tomatoes, giving a very astringent taste; fortunately no health hazard was involved. Chocolates are not always in the pink of condition and the fat from *half a chocolate* submitted gave a strong pink colour with the Kreis test, indicating that ketone rancidity was present. A somewhat unusual complaint sample was a *lucky surprise bag* containing sugar confectionery and a 'joke' or 'trick' in the form of an imitation blob of 'spilled ink'. The mother of the young purchaser felt that the child might well have had an 'unlucky' surprise when investigating the contents of the bag. The edges of the painted metal, shaped to resemble spilled ink, were very sharp indeed and contact between these edges and the child's fingers was inevitable. Action under the Food and Drugs Act 1955 was clearly not appropriate but the article did not comply with the Code of Safety for Children's Toys and Playthings. The retailer was very concerned when the matter was pointed out and searched through all his stock of lucky surprise bags, discarding those containing 'ink blobs'. The Home Office was informed.

As usual a number of complaints were received which could not be substantiated; two such samples were submitted as containing maggots. However, the 'maggots' in the *cooked pork* ceased to be maggots under the microscope and on further examination were found to consist of grains of rice (of the Patna variety) and the 'maggots' in the *peeled plum tomatoes* were small pieces of fat.

LABELLING CRITICISMS

The *instant non-fat milk*, which was over the permitted moisture content and was the subject of a prosecution, was also found by the Court to contravene the Labelling of Food Order 1953 in that it made a general claim for minerals. A can of *fruit salad* was criticised as having the list of ingredients in the wrong order. This comparatively simple criticism led to correspondence which continued for six months and became unbelievably complex. The firm proposed to revise the label in accordance with the Labelling of Food Regulations 1967, which were not due to come into force until 1971 but which make provision for an alphabetical list of ingredients. The legality of this suggestion was originally in doubt but a letter from the Ministry of Agriculture, Fisheries and Food suggested to all Authorities that such early preparations for the new Regulations should be allowed and the use of an alphabetical list for fruit was therefore accepted. However, a possible interpretation of the new Regulations was that only fruits present in approximately equal proportions should be allowed to be listed alphabetically and not all the fruits, particularly as the first ingredient in an alphabetical list of fruits will often be cherries, which is the fruit present in the smallest proportion. Other interpretations of the Regulations were equally possible and after consulting other Public Analysts, legal opinion, housewives and the Ministry itself, it was decided that the 1967 Regulations permitted all the fruits to be declared in alphabetical order, provided no undue prominence was given to any item in that list, either by spacing or size of letters, etc.

A sample of *cut mixed peel* declared 'glucose syrup' in the list of ingredients and no trace of glucose was detected. On being informed of my criticism the manufacturer in question consulted another analyst, in a casual way, almost 'over the garden fence', and repeated these remarks in a garbled form in his reply. After a further letter, which amounted to an introduction to sugar chemistry, he finally agreed to issue a correct label for the food in question. Later in the year another sample of *cut mixed peel* from another manufacturer had the reverse fault. Glucose syrup was present but was not included in the list of ingredients. These two manufacturers should get together some time. A *salad cream* indicated from its list of ingredients that there was more salt than spirit vinegar, an unlikely recipe. Analysis confirmed that the sample was of normal composition and that the label was incorrect. The production of this article was found to have been discontinued two years ago indicating the length of time certain articles remain in the food 'chain'.

The Colouring Matter in Food Regulations 1966, coming into operation in June 1967, was still causing difficulty in 1969. Four food colours did not display the statutory declaration or did not comply with all the requirements of the Regulations. A 'sauce cocktail *met au* whisky' was not a cocktail, did not contain enough whisky to justify such a description and did not display the required name and address or registered trade mark of the manufacturer. For good measure the list of ingredients was in the wrong order. This was an imported product and neither the manufacturer nor the importer seemed aware of the implications of the Food and Drugs Act. The name was amended on the next consignment to 'Cocktail Sauce' with a correct list of ingredients.

A *slimming article* was sold without the cautionary words 'aids slimming only as a part of a calorie controlled diet'. The manufacturer held that the preparation was a medicine and not a food and that the Labelling of Food requirements could be ignored. He was reminded that, in law, a substance is not to be considered not a food simply because it can also be used as a medicine and such an article, containing sugar, must be considered a food. The required cautionary words are now added. A can of *herrings in sauce* had a list of ingredients in the wrong order and insufficient wine to justify the description 'Herring Tidbits in Wine Sauce'.

A canned product with an advertising leaflet was an example of modern witchcraft. The leaflet contained the most extravagant claims for relief of every kind of illness and the food consisted largely of an extract of artichoke. The leaflet was considered misleading but correspondence with the manufacturer produced some alleged medical evidence, consisting of inadequate clinical trials without proper controls and much pseudo-scientific explanation of the action of the preparation. A battle in Court was likely to be time consuming and not necessarily successful. Much correspondence, including a joint letter by the Public Analyst and the Medical Officer of Health, produced no results and the manufacturer remained obdurate regarding his claims. Although the legal position was in some doubt there was no doubt that the advertising matter failed to comply with the British Code of Advertising Practice. The Advertising Standards Authority has many sanctions it can apply other than legal. Therefore the unusual step was taken of submitting the certificate of analysis and the relevant correspondence to the above Authority who readily agreed to take up the matter.

MEDICINES

A sample of *ammoniated mercury ointment* was described as 'White Precipitate Ointment'. The use of this very old fashioned name is precluded by the Pharmacy and Poisons Act 1933—in the case of poisons the name in the British Pharmacopoeia must be used. In addition this sample was deficient in the proportion of ammoniated mercury. The sample proved to be an old jar of a rarely prescribed commodity and there was no residual stock to sell. A sample of *tincture of iodine* had so evaporated that it no longer complied with the B.P. standards. Two samples of *aspirin* contained an excess of salicylic acid, a decomposition product of aspirin. This criticism is a hardy annual, but in one case there was also an overdose of aspirin and in the other case a declaration of quantity in 'grains', confirming that the tablets were old stock—the pharmaceutical manufacturer having 'gone metric' already.

74 prescription only drugs were assayed and also examined by infra-red spectrophotometry. No significant impurities were detected and all were, fortunately, satisfactory.

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>
Foods and Medicines ..	150	137	147	303
Number criticised ..	19	5	19	32
Percentage criticised ..	12.7	3.6	12.9	10.6

Many of these foods and medicines are on sale over a wide area and the criticisms are therefore of general interest.

FAREHAM

A *meat patie* did not comply with the requirements of the Meat Pie and Sausage Roll Regulations 1967—containing insufficient meat. Fareham produced the 'sample of the year' for 1969 with an *oral vaccine capsule* containing too much vitamin A, in fact more than four times the stated dosage; consumption of this capsule would undoubtedly have led to over-dosage with vitamin A, followed by acute and unpleasant symptoms. A sample of *instant non-fat milk* had an incorrect statutory declaration. A sample of *ice cream* and an *ice cream lolly* were submitted as having a bitter taste. No abnormal taste was present in the samples when received in the Department and the expected high level of zinc (sometimes present from the freezing trays) was not found in either case. The outer layer which was, of course, mixed with the remainder on receipt, might have had a high local concentration of zinc, however. A sample of *Swiss breakfast* contained so many ingredients that it was scarcely surprising that the manufacturer failed to get the list of ingredients in the right order. A sample sold as *shandy* was deficient in alcohol, indicating less beer than the purchaser is entitled to expect. A *savoury cheese* sample, clearly coming within the scope of the Cheese Regulations 1965, should have displayed the informative words 'cheese spread with onions, spices and herbs'. A *high protein drink* contained a curious ingredient 'nougat'. Although an unusual ingredient, there is no contravention of the law in its use; however, nougat is a compound article and the components of the nougat should have been listed among the ingredients, instead of the word 'nougat'. A composite food *dried rice with ham and tomatoes*, contained a plastic pack of tomato sauce; the pack was leaking which indicated a short shelf-life and a potential hazard to the consumer. *Potatoes* distributed in bags marked 'POISON' called forth a very understandable complaint. The bags had been used for feeding stuffs containing added arsenic. Fortunately, analysis showed that the potatoes, even before peeling, had not become seriously contaminated with arsenic.

A manufacturer has the option of declaring either substances present or substances added, i.e. the recipe. A sample of *raspberry milk shake* syrup had a list of ingredients which fitted neither requirement but was half-way between the two. A sample of *cheese whiz* submitted as containing a splinter of glass was acquitted of this serious charge—the splinter was a crystal of sodium phosphate—such crystals sometimes appear in cheese spread due to the separation of the emulsifying salts. A *processed cheese* and a *lemon tea* each had an undeclared ingredient—the preservative called sorbic acid and artificial colouring respectively.

GOSPORT

A sample of *minced beef and gravy* was deficient in meat content and the words 'and gravy' were so small as to be almost unnoticeable. The meat content was, therefore, grossly inadequate for any person shopping in a hurry, who could have read the label as 'Minced Beef'. A sample of *bread* was found to contain rodent droppings and had all the appearance of having been nibbled by a mouse. A sample of *double cream* seemed to be in doubt as to its contents—the words 'Fresh Farm Eggs' and 'Butter' and 'Yoghurt' appearing side by side with the intended designation; a revised label now separates the main designation of the article from the advertisements. A sample of *steak and kidney pie* contained the aluminium foil from a cigarette packet; however, it was not possible to establish that it was baked in the pie. A survey of *cider* produced no criticisms and a survey of *minced beef* on sale in this town failed to discover any containing preservative.

HAVANT

A sample of *minced beef and onion with gravy* was low in meat content and a can of *minced beef and gravy* was scarcely recognisable as such, the words 'and gravy' being diminutive; these words make the difference between 95 per cent. and 75 per cent. of meat. A *soft ice cream* was deficient in fat and a sample of *apricot jam* contained an unlikely contaminant, a pine needle. No explanation was attempted! Two samples of *sweets* had a voluntary but incorrect list of ingredients. Two samples of canned fruit, a *fruit salad* and a *fruit cocktail*, did not comply with the Code of Practice for canned fruit. However, this Code of Practice requires ten cans to be examined and when further samples were submitted they were satisfactory. A sample of *prawn cocktail sauce* with a very recognisable prawn on the label, contained no prawns. It was, therefore, obvious after opening, that it was a sauce for use with prawns. Nevertheless, the legislation requires the label to be informative before the sample is opened and, therefore, the manufacturer was persuaded to add explanatory words 'for prawn and shrimp cocktails' and remove the illustration of a prawn. The description on a *sweetener* was quite misleading, claiming to be ten times sweeter than sugar and to have one tenth the calorie content, either of which could have been true separately but not both together. A snail in a *bottle of milk* was unlikely to have been through the bottle-washing process and its presence in the milk remains a mystery.

A formal sample of *apricot jam* was of satisfactory composition and was reported genuine. Never has a genuine sample provided more correspondence. Before the analysis was complete the manufacturer had queried the method of taking the sample. Believing jam to be an article to which the special provisions of Section 97 of the Food and Drugs Act 1955 would apply, i.e. a sample impractical to mix properly on the vendor's premises, the sampling officer had purchased nine jars and divided them into three lots of three jars—one lot of which he kept, one he passed to the vendor which in turn he passed to the manufacturer and the third portion he submitted to me for analysis. Extensive correspondence over many months and legal advice brought the final decision that, although less fair to the manufacturer in many ways, only one bottle of jam should be purchased and this mixed as far as possible and divided into three. Section 97 would seem to have but little use in this event and it was agreed by all parties that further legislation was required.

A sample of *minced meat* contained a preservative, sulphur dioxide, not permitted in England and examination of meat failed to reveal any reason for its presence. Two *food colours* were incorrectly labelled and did not display the statutory statement. A complaint sample of *haddock* was found to suffer from 'pinking', a form of deterioration associated with infected brine. A sample described as 'Rosy Cheeks' failed to give a quantitative declaration of the Vitamin C content of which much was made on the label and also failed to display an informative description. The importers agreed readily (for once) to have the label altered on the next consignment.

ISLE OF WIGHT

A sample of *peeled plum tomatoes* failed to display a name and address or a registered trade mark properly designated. A *pork sausage* was deficient of meat and a further sausage contained undeclared preservative. A *French cheese* had a bold declaration, in French, of fat content calculated on the dry basis. This declaration could be mistaken for a fat content on the cheese as sold, which is the method of expressing the composition of cheese in this country and thus a very inflated idea of the fat content could result. Two samples of *cream cakes* were found to contain imitation cream. Two samples

of *minced beef and gravy* were deficient in meat contents and in one case the small size of the words 'and gravy' could have led to a misunderstanding regarding the quality of the product. A sample of *stewed steak* was also slightly deficient of meat and a sample of *strawberry jam* contained insufficient fruit. A sample of *Old Scotch whisky* contained approximately one-fifth water; another sample of *whisky* in an attractive gift pack failed to observe the labelling regulations on the outer pack. A sample of *couverture* looking very much like chocolate, was not clearly marked and there was an obvious risk that it could be purchased for chocolate. A sample of *processed cheese* was deficient of milk fat but would have been satisfactory if described as a 'medium fat processed cheese'.

Port Health Samples

The Food and Drugs Act 1955 and Regulations made under the Act make it an offence to import food with additives other than the permitted additives. These provisions are one important aspect of the control of food supplies in this country. The enforcement in the case of Portsmouth rests with the City Council as the Port Health Authority. In 1969, 17 samples were taken from the Port and were analysed for pesticide residues and, where appropriate, preservatives. One sample was examined for alcohol. All the samples were satisfactory.

Seventeen samples represents a very low sampling rate for the amount of foodstuffs at present handled by the docks at Portsmouth. With the strict application of E.E.C. standards in Europe there is an increasing risk of the U.K. becoming a 'dumping ground' for substandard materials. Sampling at the docks should, therefore, be taken much more seriously. Arrangements are in hand to increase the number of samples to approximately 100 per annum, but this will still be a very low sampling rate and any significant increase is dependant on the staff and facilities being made available to the Public Health Inspectorate and the City Analyst.

School Meals Service

A total of 52 samples from School Meals Kitchens were examined in 1969. 33 were satisfactory, palatable and were considered suitable for school meals.

Two *sausages* examined as a result of a complaint were found to comply with the requirements of the Sausage and Other Meat Products Regulations 1967, with respect to meat content. However, they contained the maximum amount of fat permitted by the Regulations and more than is usual in the sausages supplied to the School Meals Service. It was probably the unusually high proportion of fat which gave rise to the complaint and a specification for School Meals sausages is being considered, in order to limit the fat content to a figure lower than that permitted in the Sausage and Other Meat Products Regulations. A sample of *semolina* was submitted and was found to be normal. A foreign body found in a *fish cake* was only charred cereal matter.

A problem with *custard* was also submitted to this Department. Custard prepared 3-4 hours before it was required was found to be 'thin' at lunch-time. The ingredients were examined and custards prepared in the laboratory. The custard powder was normal but the spray-dried skimmed milk was high in moisture content and showed incipient fat rancidity. A survey of existing stocks recently delivered, involving the analysis of 15 samples, showed that the problem was a general one—all the moisture contents were high, i.e. either above the legal limit or marginal, and many of the samples showed fat rancidity. The Milk Marketing Board admitted that the powder in

question had been stored longer than normal and the whole 50 cwt. was replaced.

Science Saves a Sewer

In the course of construction of a new £4M. trunk sewer system beneath the City, a unique problem was experienced by the contractors in the Locksway Road area (see Figure I).

The sewer construction was carried out in the following sequence. First a tunnel approximately 10 ft. in diameter was cut through the silty strata of this low lying area commencing at the bottom of a previously constructed shaft referred to as manhole 102. The silty nature of the ground and the need to tunnel at points below the natural water table of the area, necessitated working in an atmosphere of 15–18 pounds per square inch of compressed air. As each section of tunnel was excavated a number of pre-cast concrete segments were bolted into position forming a ring 2 ft. in length, which was in turn bolted to the previously constructed section to form a tunnel 9 ft. in diameter. The space between this tunnel wall and the surrounding ground was next filled by grouting with a liquid mixture of cement and fly ash and finally it was intended to line the tunnel with 1½ in.–2 in. of insitu concrete to provide a smooth uninterrupted wall.

The problem referred to above manifested itself in several disturbing ways. The first serious indication occurred when a drop of seepage water fell into a man's eye, causing him considerable pain; this evidence, together with the knowledge that men's shirts had developed holes, tunnel bolts had wasted away and dropped out and the pump responsible for the removal of the seepage water ceased to function as the impeller had 'disappeared' indicated that an analysis of this corrosive seepage was indeed desirable. The analysis showed acid conditions (pH's of 2–3) and sulphate concentrations of the order of 8,000 parts per million, both indicating totally unsuitable conditions for the use of concrete. The acidity would directly attack concrete and metal and clearly had been responsible for the failures described above; on the other hand, the presence of sulphate at this concentration would attack and undermine the very structure of the concrete, reducing it to a crumbling mass.

As a result of these observations the City Analyst's Department undertook an investigation to discover the source of the contamination.

As a preliminary exercise 28 samples of seepage water were taken at suitable intervals along the length of constructed, grouted but as yet unlined, tunnel in this area, up to a point on either side of the acid water seepage where non-corrosive waters were found. Regular samples were taken over a period of weeks in order to plot the course of any movement of the waters and to establish any tendency for the composition to vary. Figure II shows the pH and sulphate concentrations of the seepage waters along the tunnel in April 1969—pH 7 represents neutrality, the lower the pH becomes the more acid the seepage. Tests carried out until the end of the year showed very little tendency for these concentrations to alter and other than a slight southerly movement of the acid peak on the south side of manhole 102, there was no evidence to suggest a flow of the acid waters.

Figure II clearly shows that the presence of excessive sulphates was paralleled by the increase in acidity and that the most corrosive waters occurred at two points, one north and one south of manhole 102, with a very noticeable band free from corrosive seepage between 50 and 100 rings south of the manhole which coincides with the area beneath Locksway Road and the adjoining houses.

FIG. 1

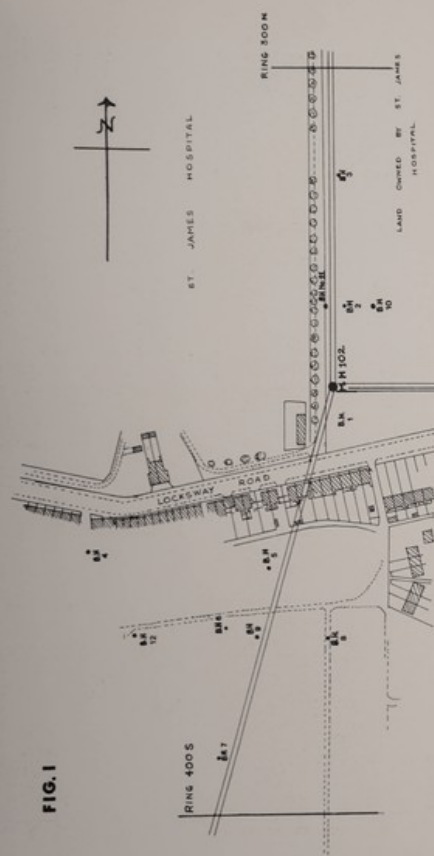


FIG. 2

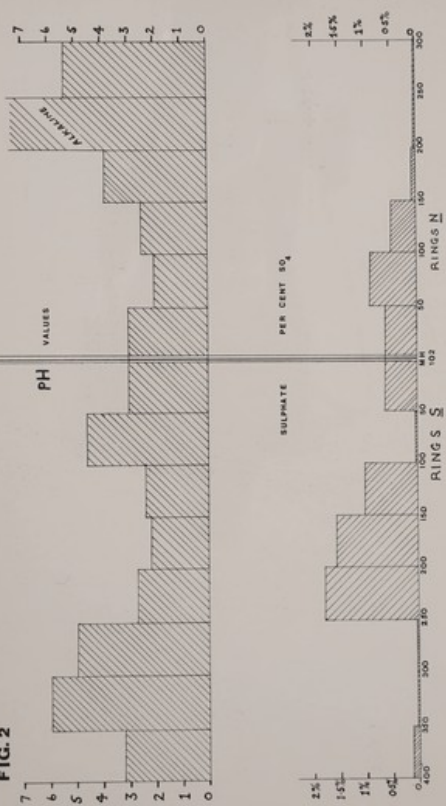
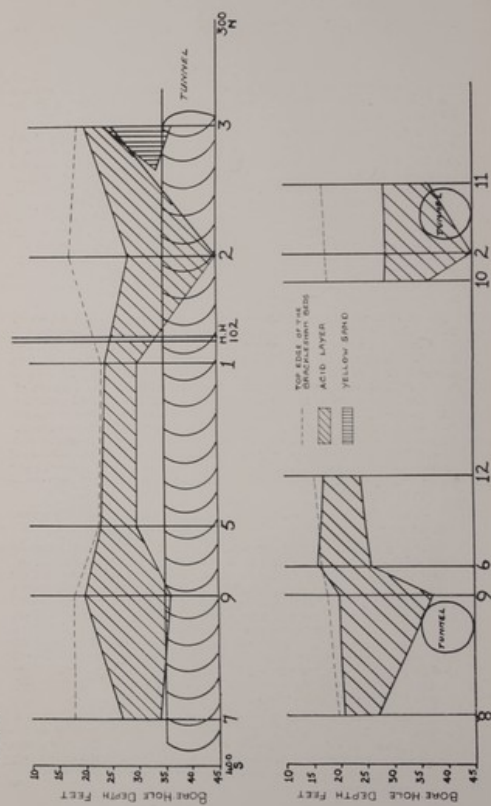
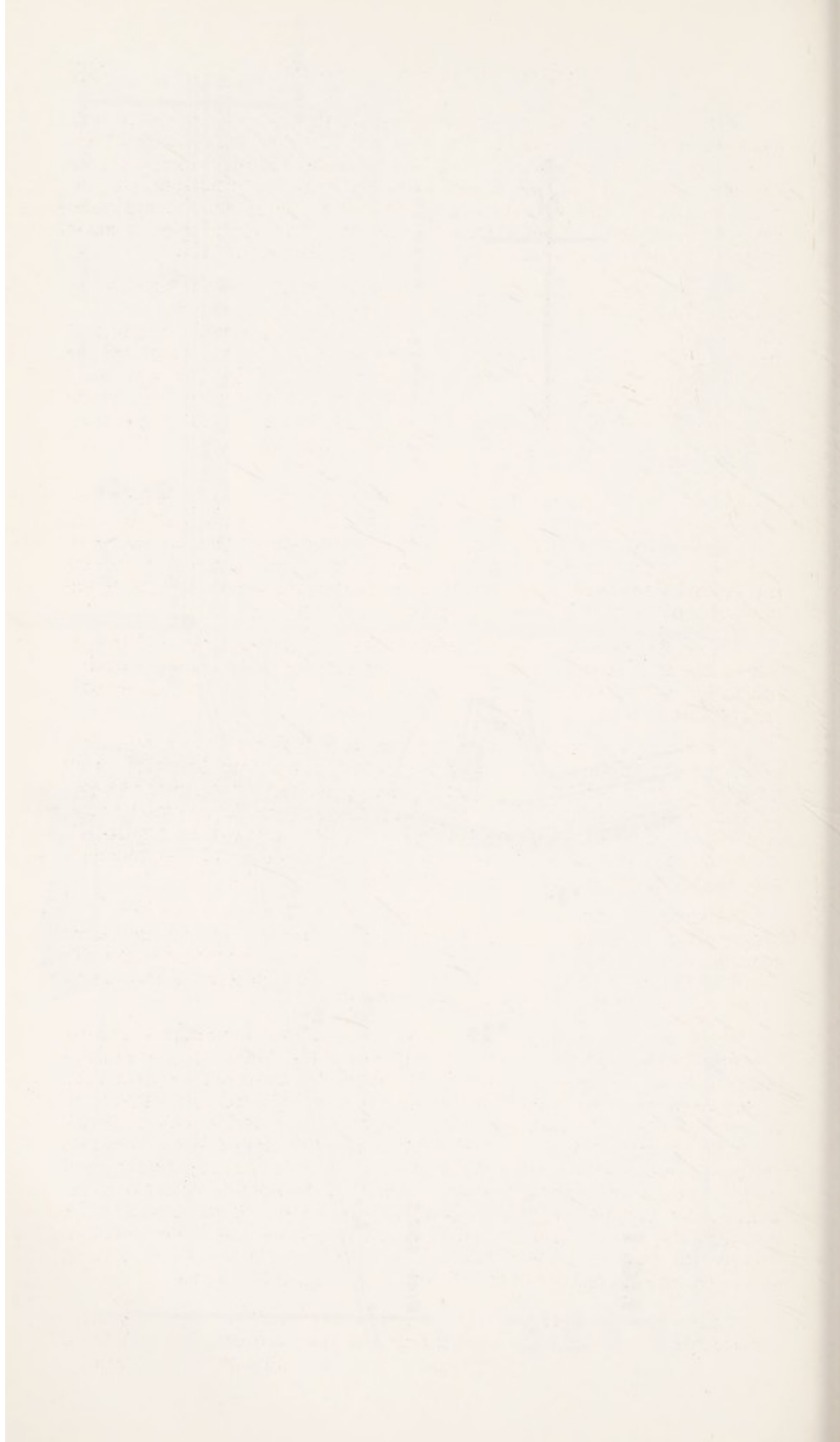


FIG. 3





Serious consideration was given to the possibility that some industrial waste water was contaminating the ground. However, the area is largely undeveloped or residential and there was no 'local industry' likely to contaminate an area of this size to such an extent by casual discharge. A consideration of the volume of acid involved to saturate the area at the maximum level found, assuming the silty strata to consist of close packed spheres, made the recovery of sulphuric acid almost a commercial proposition!

It is well known that coal stack drainage is acid in nature and that it can often attain a pH of 2.0; this information, coupled with the fact that Locksway Road was built on the site of an old canal tow path—the bed of the canal, now filled in—originally running below the houses, suggested the possibility that some acid drainage in another part of the City was being conducted along the impervious bed of the old canal toward the sea at the Locksway Road end. This theory appeared to have distinct possibilities when it was discovered that British Railways' coal stockyard was also built further inland on the site of the old canal.

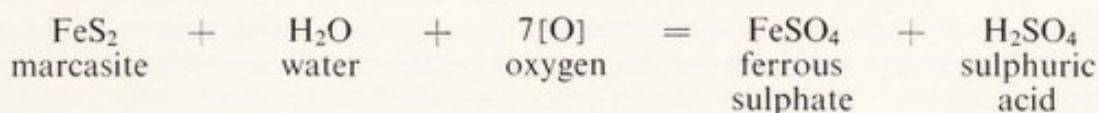
In view of this accumulated data 12 boreholes, 45 ft. deep, were bored in the vicinity of the tunnel as indicated on Figure I, to establish the area and depth of contamination, particularly in the ground above the points of maximum acid penetration into the tunnel. In all 398 samples of borings and ground water were examined, involving some 224 determinations of soil and water pH and over 200 sulphate determinations.

Figure III shows a pictorial representation of the acid bands detected. Where the acid band crossed the tunnel the seepage had maximum acidity and maximum sulphate. This can be seen to be the case in two directions, i.e. both along the tunnel and across the tunnel.

The results also showed that every borehole in this group contained an acid band the depth of which varied but always occurred below the grey sandy clay strata (Bracklesham Beds). Boreholes remote from the tunnel showed more compact acid layers which generally occurred immediately below the upper limit of the Bracklesham Beds, as shown in Figure III. See boreholes 8 and 12, the area between numbers 1 and 5 and also number 3 where the acid did not penetrate significantly the yellow sand.

Borehole number 4, put through the bed of the old canal and at a considerable distance from the tunnelling operation, showed the same geological structure as the others but did not contain an acid layer nor did it contain sulphates in excess of 0.1 per cent., thereby refuting the best theory so far, i.e. coal stack drainage along the canal bed.

Analysis of the water associated with the acid layer showed it to consist of a mixture of ferrous sulphate and sulphuric acid. Microscopy of borings taken at the commencement of the Bracklesham Beds revealed the occurrence of occasional dark particles of a substance which appeared to consist of an accumulation of sand particles, bonded together by a dark friable material. Furthermore, this otherwise inert substance, when tested with hydrogen peroxide (to simulate oxidation by air over a protracted period), decomposed readily to produce a mixture of iron sulphate and sulphuric acid which, on quantitative analysis, showed the composition of the original mineral to be iron disulphide FeS_2 . Iron disulphide occurs in two natural forms, either as iron pyrites which is stable in moist air or marcasite which oxidises in moist air to give an efflorescence of ferrous sulphate and sulphuric acid.



Oxidation of samples from borehole 12 throughout the Bracklesham layer showed significant increases in sulphate, particularly towards the top of the layer where up to 0.4 per cent. additional sulphate could be generated.

An investigation into the geological history of the area produced the following facts which completed the jigsaw and explained the occurrence of corrosive seepage.

The Bracklesham Beds represent the oldest strata encountered in the borings, they were most probably at the surface during the ice age when this area was thought to be of a boggy nature. Marcasite is believed to be formed by the reducing action of decaying vegetable matter on sulphate ions in the presence of iron. All the strata encountered above the Bracklesham Beds were of a sedimentary type and frequently contained peaty enclosures. Clearly an acid sulphate layer of a compact nature and natural origin may well exist immediately below the Bracklesham Beds formed by the action of percolating rainwater containing air. The tunnelling under air pressure for 18 months has obviously permitted air to percolate through the strata and up to the marcasite layer and, on occasions, was seen to break through to the surface. This air generated further acid and sulphate. Once the tunnel's outer structure was complete the air pressure was removed and fissures through which air was escaping up into the strata then became drainage runs back to the de-pressurised tunnel which then began to operate as a giant land drain necessitating pumping procedures to remove the seepage.

Referring to Figure III the drainage action of the empty tunnel is clearly seen at boreholes 9 and 12, especially as the acid layer has detached itself from the top edge of the Bracklesham Bed. The area immediately beneath Locksway Road and the associated housing, between boreholes 1 and 5 shows a broad acid layer but no draining effect; this can be explained by the fact that particular attention was paid to the tunnel grouting at this point to prevent any disturbance in the foundations above thereby producing an almost air-tight structure which tended not to leak air under pressure and even less tendency to drain at the later stage.

As a consequence of this investigation consideration had to be given to the probable 'life' of the sewer under these conditions. The precast concrete rings forming the main sewer structure had been manufactured from sulphate resistant Portland cement but the British Standards Code of Practice for Foundations, C.P. 2004, only recommends the use of high density concrete made from this material with a rich cement content up to sulphate concentrations of 0.6 per cent. Above this figure the Code of Practice recommends the use of an impervious barrier of asphalt or bituminous material on the 'outside' of the concrete to form a protective membrane. Obviously at this stage such a preventive measure was impossible and after consideration of several theoretical alternatives the City Engineers recommended that the planned insitu concrete lining was replaced by lengths of fibreglass pipe 8 ft. in diameter, welded together below ground to form an impervious sewer lining from a point 200 rings north of manhole 102 to 600 rings south, some 1,600 feet in all. Finally the space between the fibre glass lining and the sewer was grouted with a sulphate resistant grout. The fibreglass lining tube was calculated to be capable of withstanding the weight of the overlying ground should the entire surrounding concrete structure fail to take the load as a result of sulphate corrosion.

The lining exercise was by no means cheap at around £180,000 but undoubtedly it was infinitely cheaper than the cost of a trunk sewer collapsing under working conditions carrying approximately 3 million gallons of sewage per day.

A sample of the mineral isolated from the Bracklesham Beds was subsequently examined by X-Ray crystallography at the Portsmouth Polytechnic by Dr. G. Ingram, who was able to confirm that the structure was that of marcasite.

Whilst marcasite deposits are by no means uncommon the deposits found in this instance are minute but apparently spread in a very thin layer along the surface of the Bracklesham Beds. Certainly the generation of sulphuric and ferrous sulphate by moist oxidation of the mineral was known, but never before to our knowledge, has this occurred on such a scale as a direct result of tunnelling under air pressure, nor was the mineral known to exist in this area.

It is interesting to note that subsequent to our investigation it was discovered that the Institution of Civil Engineers had published, in May 1969, an account of an accident experienced by contractors tunnelling under Paris for the new east-west Metro. This tunnel was also constructed under air pressure and here also, sulphuric acid was generated at the face of the tunnel as a result of the action of the air on sand containing a small percentage of iron disulphide.

Although this exercise, involving over 400 determinations, obviously caused some disruption in the normal service provided by the City Analyst's Department, it also showed quite clearly the advantages of using a local scientific advisory service. Not only does it serve to indicate the flexibility of the Department and its staff but also establishes that from this centre a whole spectrum of local expert knowledge and opinion can be brought to bear. To this one must add the obvious advantages of being able to inspect, sample, negotiate and report at a local level, thereby saving much time and effort.

Waters

CITY WATER SUPPLY

Nine City Supply waters have been examined as a result of complaints of taste and one as a result of green hardness scale produced in a kettle. The sample responsible for the green scale and a sample having a 'metallic' taste contained copper above the normal copper content for City Supply due, in both cases, to the recent installation of copper piping. Another sample was submitted just after a water-heater had been descaled; complaints of taste following this operation have occurred previously. In a further sample there was rather less nitrate than would be expected from City Supply water. The sample was sterile as received but some chemical or bacteriological action must have taken place in the water system. The remainder of the City Supply waters were normal and no hazard was involved in any sample examined.

WELL WATERS

As a result of occasional poor bacteriological counts on washed milk bottles the well water used for the washing plant was examined. Inadequate chlorination was observed in three samples. After improving the chlorination 2 bacteriologically satisfactory samples were obtained and the washed milk bottles showed some improvement. The matter continued to be investigated into the following year.

SOUTHSEA BATHING BEACHES

Bacteriological examination of the coastal waters continued during 1969 on a monthly basis. The bathing beaches continued to show very satisfactory counts from March to October, with the exception of one very high result

at Victoria Pier in June. A week later a repeat sample was taken and, happily, the water surrounding the pier appeared to have returned to its normal summer state.

SWIMMING POOL WATERS

The swimming pool waters in Portsmouth were examined as frequently as possible in 1969. The main pool at Victoria Park gave very satisfactory results. The immersion pool, however, illustrated the importance of laboratory checks by scientific personnel. Samples taken in August showed dangerously high quantities of free chlorine, sufficient to cause eye irritation or even damage if splashed. The pool operator had exceeded the limits of chlorine to which his testing kit could be applied and the resulting colour in his test tube led him to suppose that there was insufficient chlorine and chlorination therefore, had been increased further and further, up to 20 times the proper strength.

Hilsea Lido swimming pool had a very satisfactory record; the paddling pool at Hilsea did show a high free chlorine on one occasion; this situation may be considered on the 'safe side' but 'enough' is better and the free chlorine was subsequently reduced. Southsea Castle swimming pool continues to have difficulty in maintaining sufficient free chlorine at the outlet as a result of which the bacteriological results have indicated lack of total sterility but no serious hazard has been found during 1969. The paddling pool nearby, after a good record in the spring, showed a deficiency of free chlorine at the outlet in June and the presence of coliform organisms in July. The matter was corrected and the pool remained satisfactory for the rest of the season.

The school swimming pools continued to show the difficulties pointed out in 1968. One pool suffered from building in the locality early in the season and subsequently failed to reach a proper free chlorine level. Another pool suffered from a failure in the chlorination and apparently never recovered. Two pools only had completely satisfactory waters throughout the season and, as a result of the warning issued in 1968, a new pool not previously notified was added to the list of those examined. A plan, involving training for school pool operators and better co-operation with this Department, is being prepared and it is hoped will bear fruit in 1970.

After noting the potential hazards of school swimming pools in Portsmouth in 1968, it has now become apparent that the condition of pools, provided by voluntary contribution, which schoolkeepers are expected to maintain in addition to their other duties, are causing widespread concern throughout the country.

Fertilisers and Feeding Stuffs

Nine samples of fertilisers were examined under the above Regulations. Two samples gave no statutory statement, one sample was deficient in soluble phosphoric acid and enquiries showed that no stock remained and production of this article had already ceased. A sample of *dried blood* gave a voluntary declaration of ammonia; the figure declared was inaccurate.

One sample declared trace metals and, under the new Regulations, such declarations must be checked. All the statements were correct except that the nitrogen and phosphoric acid were quoted using only chemical symbols, contrary to advice given by the Ministry that words should be used as well. On taking the matter up with the manufacturer, the latter stated that this sample is a foliar fertiliser, meant to act through the leaves and, therefore, technically does not come within the Fertilisers and Feeding Stuffs Act which, anachronistically, defines a fertiliser as 'any substance intended for

use as a fertiliser of the soil'. In reply it was pointed out that the standards laid down for fertilisers of the soil might well be held to be presumptive standards of labelling for any other fertilisers and, therefore, action might be possible under the Trade Descriptions Act 1968. There was no further correspondence. A sample of *pony nuts* was submitted. This article is also outside the Fertilisers and Feeding Stuffs Act 1926 but appeared to be a suitable feed for ponies.

It is expected that the new Agriculture Bill will bring the advertising and sale of all such products under some sort of control.

Atmospheric Pollution

The Department continues to determine sulphur dioxide and smoke concentrations in connection with the National Survey of Atmospheric Pollution now in its eighth year of observations.

The monthly analysis of rain water collected by a gauge at Church Road, Fratton, continues to indicate that there is no excessive contamination of the atmosphere with dust and other materials. Comparison with results obtained in the Smokeless Zones in other cities does indicate that further improvement is possible.

Toys (Safety) Regulations 1967

Seven samples were submitted by the Portsmouth Testing Department for examination under the Toys (Safety) Regulations. The Regulations are now fully in force and it is necessary to examine each paint film for 6 toxic metals; in addition some toys have five or six different colours, each representing a different paint film. Thus the 7 samples represented in all some 111 analyses. Toy samples may also have to be examined for the presence of celluloid. All the Portsmouth samples proved satisfactory.

Four samples were submitted by the Weights and Measures Department of the County Council of the Isle of Wight. Two of these samples were examined for celluloid only, having no paint films. The Regulations did not apply to one of the samples but the sample was considered a hazard and is noted elsewhere in this Report. One sample, a *toy farm*, contained grossly excessive quantities of chromium in three different paint films and could have been dangerous if sucked. The results of putting chromate pigments to the mouth have been noted elsewhere in this Report in connection with Trick Squirt Cigars. On this particular toy 24 metal determinations were required, in order to check all the paint films for the toxic metals covered by the Regulations.

The volume of work introduced by the Toys (Safety) Regulations could not have been undertaken without the Atomic Absorption Spectrophotometer acquired during the year.

Trade Descriptions Act 1968

In 1969 a list of tests which the Department could undertake on test purchases under the above Act was circulated to the two Weights and Measures Authorities for which your City Analyst acts as Public Analyst, viz. City of Portsmouth and the Isle of Wight County Council. Two samples were received from the Portsmouth Testing Department; the Isle of Wight Weights and Measures Department submitted three samples but took action under the Act on 5 samples.

PORTSMOUTH

A *tanning lotion* was submitted with a number of claims or descriptions.

Analysis showed that the claims were generally true; in particular, a good ultra-violet absorption was obtained. Two other claims were slightly exaggerated. A sample of *Oil/petrol mixture* was found to be somewhat wide of the ratio required. Further examination showed the dispensing pump to be working satisfactorily but the oil in the supply tank to be contaminated with petrol.

ISLE OF WIGHT

A sample of *Isle of Wight violets perfume* was submitted for analysis. After considerable difficulty it was established that this perfume contained the normal amount of a violet extract or 'violet absolute' as it is usually known in the perfume trade. Although 'violet absolutes' can vary considerably according to the district in which the violets are grown, it was not possible to prove that the violets extracted were not those of the Isle of Wight; however, circumstantial evidence suggested that it was unlikely to be so. The manufacturer alleged that the perfume was a genuine attempt to reproduce the true perfume of Isle of Wight violets and agreed to alter the label to read 'Fragrance of Isle of Wight Violets', which is certainly a more accurate description of the product.

A sample originally submitted under the Toys (Safety) Regulations 1967 illustrated the inadequacy of these Regulations in the protection of children. The sample was a coloured toy consisting of a central peg on which was filed a series of concentric rings of wood of decreasing diameter—making a gaily-coloured pyramid. Preliminary investigation showed that there was no paint film on the article. Since the Toys (Safety) Regulations refer to the presence of toxic metals in paint films on a toy there was obviously nothing to analyse—under these Regulations. However, the Authority concerned requested that investigations be continued into the safety of the toy with a view to a report on the suitability of the article for the purpose for which it was sold, i.e. under the Trade Descriptions Act. The gay colours were produced by dyeing or staining the wood and proved to be five dyes, three of which were known carcinogens and none of which were permitted food dyes. As the Toys (Safety) Regulations were drawn up because small children tend to suck toys, such dyed articles clearly represent a complete loophole in these Regulations.

Twelve spherical *plastic balls*, intended for cooling spirits without dilution were submitted. These plastic balls are the successors to the 'pink elephants' which have been found in the past to be filled with contaminated water. The contents of these coloured plastic balls did not show any evidence of sewage contamination but the water used was far from sterile and, should a leak develop, the balls would spill their unpleasant contents into the drink.

A *plastic toy piano* also submitted under the Toys (Safety) Regulations contained no celluloid and complied with the Regulations. However, one key did not work and, therefore, an offence could have been maintained under the Trade Descriptions Act.

A *musical toy monica* proved similar to the plastic toy piano, i.e. containing no celluloid and having no paint films it complied with the Toys (Safety) Regulations 1967 but, could well have been unsuitable for the purpose, as considerable blow was required to sustain a single note and one key stuck firmly down on using and refused to return to the 'off' position; this sample was, therefore, criticisable under the Trade Descriptions Act.

It would be fair to say that the response of the Department to these requests for testing has not been as prompt as it should have been. The reason was a combination of the fact that the work was new, was a 'one at a time' job and that, of knowing how many test purchases could be expected,

the Department could not adjust its complement to take account of this new work beforehand. It is hoped to give a more prompt service in the future.

Road Safety Act 1967

With the introduction of this Act, motorists who are required by the police to give a sample of blood or urine for alcohol content, are at the same time, offered a duplicate sample for their own retention and analysis. The motorist may then approach any analyst whose name appears in a list, published by the Royal Institute of Chemistry, of approved analysts capable of carrying out this type of analysis. On payment of a fee he can have the sample analysed in the same manner as that of the police forensic laboratories, i.e. by Gas Chromatography. Your Public Analyst undertakes this type of analytical work as a service to the public and in 1969, 20 samples were submitted, 14 being above the legal limit of 80 milligrammes per 100 millilitres.

Toxicology

The staff have examined a total of 230 specimens of biological materials associated with 102 inquests held by the Coroners for Portsmouth, South-East Hampshire and the Isle of Wight.

Examinations for alcohol were carried out on specimens from 60 fatalities resulting from road accidents, death by drowning, etc. In 34 cases no alcohol was detected. The remaining 16 cases had alcohol contents ranging from 60 milligrammes per 100 millilitres to 280 milligrammes per 100 millilitres.

Barbiturates continue to be the most common cause of death by an overdose of drugs, 19 cases detected during the year. 2 cases of overdoses of aspirin were reported and 1 case of an overdose of anadin tablets in conjunction with alcohol.

An exhaustive search for the presence of drugs in 10 cases proved negative in each case. Work on this kind of case is always more difficult and time-consuming particularly with the large number of new medicinal substances produced each year.

In the routine screening of 10 other cases the following drugs were encountered—methaqualone hydrochloride, diphenhydramine hydrochloride, diazepam, amitriptyline hydrochloride, chloridiazepoxide, tofranil, aldomet, chlorpromazine, codeine, caffeine, amphetamine, orphenadrine hydrochloride, dipipanone, cyclizine hydrochloride, paracetamol and dichloralphenazone. In some cases as many as four or five of these drugs were found in admixture, very often posing a research problem involving many hours of work.

The modern instrumentation which the Department has recently acquired, i.e. a recording ultra-violet and an infra-red spectrophotometer, together with the considerable use of thin layer chromatography, has enabled the staff to resolve many of the arduous tasks of toxicological analysis speedily and efficiently.

Miscellaneous Samples

Perhaps the sample causing most concern this year was *Toy Plastic Cigars*. The sample was received from the Medical Officer of Health for Havant and Waterloo Urban District Council but was of equal importance to Portsmouth since the cigars in question had been purchased in Portsmouth. The Medical Officer of Health had received the sample from a general practitioner who had discovered this 'toy' as the only common factor in six

cases of mouth ulcers in children. The sample consisted of a soft plastic body with a dab of red paint on the end (presumably to simulate a lighted cigar) and a hard yellow plastic mouthpiece. It was requested that the mouth-piece should be examined for lead. The hard plastics release very little toxic metal into the mouth even after prolonged chewing, so it was decided to examine the whole cigar. The mouthpiece contained some lead, the body of the cigar rather more but the painted tip contained 4.2 per cent. of lead. It seemed curious that this amount, although well over the amount suitable for paint films on toys, should produce mouth ulcers and not the more characteristic symptoms of lead poisoning. The cigar was, therefore, also examined for chromium when it became obvious that the pigment used on the tip contained 3.5 per cent. of lead chromate. Chromates are a greater hazard than other lead salts when applied to the surface of the soft tissues, producing 'chrome ulcers'. The vendor sorted through his 'bran tub' and removed all the cigars from sale at once and the Home Office was grateful for notification of this dangerous 'toy'. The Weights and Measures Department now have this shop under surveillance. Another unusual sample was submitted by the Public Health Inspector of Havant and Waterloo Urban District Council. A soft plastic toy sold as a 'squeaky policeman' was the subject of a complaint to the Public Health Inspectorate, who purchased a similar toy and submitted it to the laboratory. After immersion in water the paint layer was found to peel off *in toto*. When the layer was examined in accordance with the Toys (Safety) Regulations 1967 it was found to contain soluble cadmium salts grossly in excess of the amount permitted. Only informal action was possible as the responsibility for administering the above Regulations, in common with other Regulations made under the Consumer Protection Act 1961, rests with Weights and Measures Departments.

A local general practitioner submitted 3 sinister *black capsules* in a pill box which a lady client had given to him. The capsules had been purchased locally from a 'contact' at a cost of thirty shillings as 'abortifacients'. Analysis showed the capsule contents to consist of a mixture of ferrous sulphate, Vitamin B₁ and dried yeast. No doubt the vendor felt that the colour and appearance of his wares were fitting for the alleged application; however, the contents were not, but could have been useful in cases of anaemia! Tablets taken from a child at school were nothing more sinister than penicillin tablets, however, it may be expecting an old head on young shoulders to allow children to dose themselves with penicillin, or to have possession of such tablets. A single cigarette arriving through the post, addressed to a twelve year old, naturally aroused parental suspicions. An examination showed that the cigarette contained only tobacco and no cannabis; this result was to be anticipated since the cigarette was of the neatly-rolled filter tip variety, reefers are usually rather 'shaggy'. The parents were left to discover why the cigarette was changing hands in such an expensive manner. A small amount of a *blue powder*, believed to have been found by a firm's doctor working in the middle east, caused quite a stir when it was found to contain L.S.D. in amounts likely to produce a 'trip'. The methods of identification previously available were unsatisfactory and a little research was thought to be worthwhile. A much better differentiation between L.S.D. and other indole drugs was found and the method of analysis used in this connection was afterwards the subject of a short paper presented to the Association of Public Analysts. A tablet submitted by a member of the public was found to be a diconal tablet.

An unusual strong smell from a *carpet* produced a complaint from a member of the public—who was himself a carpet retailer. The smell was found to be due to the latex used to glue the pile to the carpet. The vapours, still being released from the carpet after fitting, were found not to contain

benzene and hence there was no serious toxic hazard. Samples of *asbestos filter media*, as sold for the now popular hobby, home-made wine making, were brought into question. A type of asbestos known as 'crocidolite', referred to variously as green and blue asbestos, is alleged to be a potential hazard. The analysis of the purchased sample was puzzling at first, until it was realised that the filter medium, as sold, is partly paper pulp and only partly asbestos. The asbestos part was not of the hazardous variety. A number of *tattoo pigments* were examined for toxic metals in order that those who wish to decorate themselves in this manner are not subjected to unnecessary risks. 500 parts per million of cadmium was present in Venetian Brown and just over 1,000 parts per million of mercury was found in the New Red. A further red pigment submitted was clearly to be preferred, since no mercury was detected at all. A sample of *water* submitted for examination for the presence of spray residues in addition to the normal water analysis was free from any serious contamination. A *deposit* on surgical instruments was the subject of a complaint to the manufacturer. However, analysis showed that the water used in the steriliser was not soft, as it should have been; the hospital water softener was scarcely softening the water at all. It would have been better had this Department been consulted before the complaint was made! An early failure in the central heating system of a large new building resulted in samples of deposit and of the water in the circulation system. The water contained sodium carbonate and bicarbonate in unsuitable amounts, showing that the system had not been filled according to instructions. An insecticide fluid was found to consist of 5 per cent. solution of D.D.T. in a hydrocarbon oil.

Claims made on a laundry arising from the discharge of effluent, appeared to be based on a few isolated analyses and the engineer's general impressions. In order to be fair to all parties it seemed necessary to survey such an effluent, which is likely to be variable in composition, over a period of time and to compare it with the sewage effluent over the same period of time. The laundry owner was very pleased to pay for such a survey. Accordingly, both the laundry effluent and the sewage effluent were sampled at four-hourly intervals over one week, combined into twelve samples for analysis. From the results obtained in this particular week and after some extensive calculations, it was evident that this laundry was a considerable load on a 'village' sewage works, although perhaps not quite as great as was originally suggested. A proud car owner was concerned about the finish of his car, which collected a deposit when parked outside his place of business. There was no hazard due to the deposit which was typical of a light industrial environment.

The death of *Theobaldi*, an expensive Doberman bitch, resulted in an extensive search for poisons in the stomach contents and liver. Two moles found in the locality of the kennels were also examined to find out if strychnine had been used for the destruction of moles. All the findings were negative. Two samples of *clay* were analysed for a pottery and a local food manufacturer submitted samples of meat pies, sausages and other small goods for meat content. A ballroom manager, suspicious of his bartender, was shown to have good grounds—a sample of *whisky* having been diluted by 14 per cent. water. Samples of *sea water* have been examined for oil content, in cases where a contravention of the Oil in Navigable Waters Act was suspected, an activity very appropriate to the Conservation year.

During the year work has been undertaken for the Chief Dental Officer. Solutions and gels for rubbing on the teeth have been analysed and, as a consequence, this Department has been able to prepare materials having the same effect in respect of dental caries, at a much reduced cost. Likewise

TABLE II
FOOD AND MEDICINE SAMPLES SUBMITTED 1969

<i>Nature of Sample</i>	<i>Number Examined</i>	<i>Number Criticised</i>
Foods		
Milk	909	3
Alcoholic Beverages	15	1
Non-alcoholic Beverages	43	2
Cereal and Starch Products	12	—
Cheese and Cheese Products	7	—
Fats and Oils	13	—
Fish and Fish Products	29	2
Flavourings and Colourings	8	4
Flour and Flour Confectionery	19	3
Fruit	45	3
Gelatine and Products	5	1
Meat and Meat Products	49	2
Milk Products	18	2
Nut and Nut Products	18	—
Preserves	9	1
Sauces and Pickles	8	2
Slimming, Remedial and Diabetic Products	16	3
Spices, Herbs and Condiments	15	1
Soups	8	1
Sugar and Sugar Confectionery	34	—
Vegetables	38	1
TOTAL FOODS ..	1,318	32
Medicines	120	4
TOTAL FOODS AND MEDICINES ..	1,438	36

PERCENTAGE CRITICISED

	<i>Number Examined</i>	<i>Number Criticised</i>	<i>Percentage Criticised</i>
Milks	909	3	0.33
Other Foods	409	29	7.09
Medicines	120	4	3.33

TABLE III

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Informal</i>	<i>Nature of Criticism</i>	<i>Observations</i>
C1 C16	Minced Meat Minced Steak	I F	Contained 290 and 24 parts per million respectively of non-permitted sulphur dioxide preservative.	Retailer stated that no preservative was being used. Further samples were free from preservative.
C27	Haricot Beans	I	Contained 12 per cent. of spoilt beans.	Manufacturer removed the balance of old stock from the retailer's premises.
C91	Instant Non-Fat Milk	I	Contained excess moisture, was unpalatable, had suffered some deterioration and had poor solubility.	Old stock. The retailer withdrew the product from sale.
C118	Instant Non-Fat Milk	F	Contained excess moisture and insoluble matter, the legend on the packet referred to the protein content of the milk, made a claim for the presence of minerals without a quantitative declaration and the packet displayed a misleading pictorial device.	The manufacturer was found guilty on three counts and the fine and costs amounted to 65 guineas.
C130	Sardines in Tomato	I	Contained fish too large to be designated 'sardines'.	Manufacturer cautioned.
C132	Fruit Salad in Syrup	I	The list of ingredients was given in the wrong order of proportion by weight.	List of ingredients to be amended.
C144	Cut Mixed Peel	I	Contained undeclared liquid glucose.	List of ingredients to be amended.
C193	Ammoniated Mercury Ointment	I	24.4 per cent. deficient of its proper proportion of ammoniated mercury and incorrectly labelled 'White Precipitate Ointment'.	Pharmacist cautioned.
C400 C402	Grape Strawberry	I I	Labels failed to give the common or usual name for the articles, i.e. soft drink powder.	Labels to be amended.
C486	Iodine Tincture	I	Contained a gross excess of iodine and potassium iodide.	Retailer (not a pharmacist) destroyed the remainder of the stock.
C487	Salad Cream	I	The list of ingredients was given in the wrong order of proportion by weight.	Production of the article had ceased.
C558	Aspirin Tablets B.P.	I	Contained an excess of salicylic acid and also an excess of aspirin.	Retailer (not a pharmacist) withdrew the remainder of the stock.

No.	Nature of Sample	Formal Informal	Nature of Criticism	Observations
C559	Aspirin Tablets	I	Contained an excess of salicylic acid.	Retailer (not a pharmacist) withdrew the remainder of the stock.
C586	Strained Vegetable Soup	I	The generic term 'vegetable extract' used in the list of ingredients instead of a specific name.	Label to be amended.
C615	Whole Fruit Apricot Jam	I	At least 10 per cent. deficient of its proper proportion of apricots.	The importer has taken the matter up with the manufacturer in Hungary. Samples taken subsequently were satisfactory.
C692	Cake Mix	I	The generic term 'freshness preserver' used in the list of ingredients instead of a specific term.	The product has been discontinued.
C695	Carminc Red Liquid Food Colour	I	The label failed to display a statutory declaration.	Label to be amended.
C696	Violet Food Colour	I	Contained an excess of copper and the label failed to display the statutory declaration in the prescribed form.	The manufacturer destroyed the remainder of the food colour and replaced the suspect mixing vessel. Label to be amended.
C697	Yellow Food Colour	I	{ The labels failed to display the statutory statement in the prescribed form.	Labels to be amended.
C704	Cochineal Extract Food Colour	I		
C789	Sauce Cocktail <i>met au</i> Whisky	I	List of ingredients was given in the wrong order of proportion by weight. The amount of whisky was insufficient to justify the prominence given to the ingredient on the label.	Label to be amended.
C965	Concentrated Artichoke Bouillon	I	Advertisement distributed with the article falsely described the food as to its nutritional value. The list of ingredients and name and address of the packer were not clearly legible.	The matter was reported to the Advertising Standards Authority.
C971	Golden Grains for Slimmers	I	List of ingredients was incomplete and not displayed on the outer packet. The recommended words 'aids slimming as part of a calorie-controlled diet' were omitted on the outer packet.	Label to be amended.

<i>No.</i>	<i>Nature of Sample</i>	<i>Formal Informal</i>	<i>Nature of Criticism</i>	<i>Observations</i>
C978	Cream of Tomato Soup	I	25.7 per cent. deficient of its proper proportion of fat.	The product was the first batch marketed and had been inadequately mixed. Subsequent samples were satisfactory.
C1009	Liqueur (miniature)	I	1.8 per cent. deficient of stated proportion of proof spirit.	Manufacturers to take precautions to avoid the loss of spirit strength in miniature bottles.
C1157	Cream Doughnuts	I	{ Filling consisted wholly of imitation cream.	Retailers have undertaken to inform the purchaser by notice that cakes sold on the premises contain imitation cream unless otherwise stated.
C1159	Cream Meringues	I		
C1246	Mixed Cut Peel	I	Failed to declare glucose syrup in the list of ingredients.	Label to be amended.
C1295	Table Jelly	I	Contained invert sugar and not glucose as included in the list of ingredients.	Label to be amended.
C1521	Herring Tidbits in Wine Sauce	I	Contained insufficient alcohol to justify the prominence given to the wine content.	Label to be amended.

TABLE IV

MISCELLANEOUS SAMPLES

Consulting Service		Purchaser's Complaints		Emergency Planning Officer	
Activated Carbon ..	1	Apples	2	Water	1
Ammonium Chloride ..	1	Bicarbonate of Soda ..	1	Engineer's Department	
Anode	1	Biscuits	2	Detergents	2
Atmospheric Dust ..	1	Bread	6	Main Drainage	
Blood	2	Butter	1	Contracts	82
Blood (Road Safety Act)	20	Cake Confectionery ..	2	Matter from Sewers ..	17
Cake Icing	1	Canned Rice Milk		Soil	1
Cheese and Bacon		Pudding	1	Housing Department	
Roll	1	Canned Tomatoes ..	2	Brick	1
Chicken Fat	23	Canned Vegetables ..	2	Floor Screed	1
Clay	2	Cheese	1	Mortar	1
Corned Beef	1	Cheese and Tomato		Port Manager and Harbour Master	
Deposit from Car ..	1	Roll	1	Sea Water (Oil in	
Distillate Test Fluid ..	1	Crisps	1	Navigable Waters	
Fuel Oil	2	Fish Cake	1	Acts 1955)	3
Hardening Solution ..	1	Honey	1	Testing Department	
Insecticide Fluid ..	1	Household Epsom		Petrol/Oil Mixture ..	1
Jam	2	Salts	1	Tanning Lotion ..	1
Meat Burgers and Pies	10	Kaolin and Morphine	1	Toys	7
Milk	14	Meat Preparations ..	6	Portsmouth Group Hospitals	
Mole	1	Milk Bottle	5	Brake Lining Dust ..	1
Mutton Fat	2	Pastie, chips and peas	1	Haemoglobin Lysing	
Palladium Solution ..	4	Preserve	1	Solution	1
Powder	2	Sugar	1	Isoton	1
Residue from		Sugar Confectionery	3	Urine	2
refrigeration plant	1	Tea	1	Aldershot U.D.C.	
Sausages and Sausage		Health Department		Water (drinking) ..	10
Meat	6	Atmospheric Dust		Alton R.D.C.	
Sausage Roll	1	and Stains	4	Effluent	4
Sewage	1	Carpet Strip	1	Onion	1
Siliphos	1	Cheese	3	Borough of Newport	
Slug	1	Hessian	1	Canned Peaches ..	1
Snuff	1	Orange Juice	1	Cake	1
Solid Matter	2	Pony Nuts	1	Pieces of Glass ..	2
Solvents	4	Raisins	1	Chichester R.D.C.	
Specimens from dog	3	Synthetic Adhesive ..	1	Chicken Fat	2
Spirits	3	Sub-Floor Space		Soil	3
Tablets	2	Water	9	Fareham U.D.C.	
Television Cabinet ..	1	Tattoo Pigment ..	6	Plates of Glass ..	4
Tobacco	33	Washed Milk Bottles	108	White Powder ..	1
Trade effluent ..	14	Coroners' Specimens		Fleet U.D.C.	
Water (drinking) ..	34	Portsmouth	88	Trade Effluent ..	2
Water (not drinking)	13	Isle of Wight	42	Water (drinking) ..	3
Wine	1	South East Hampshire	94		
Wire	1	Miscellaneous	6		
Laboratory Information		Architect's Department			
Apricots	1	Sub-Floor Water ..	3		
Asbestos Filter Pulp ..	1	Contracts and Supplies			
Bird Seed	1	Floor Cleaner	2		
Canned Fruit	1	Education Department			
Capsules	1	School Dental Section			
Cigarette	1	Phosphate Fluoride ..	1		
Filter Media	1	Karidium Phosphate			
Food Colour	1	Fluoride Topical			
Haricot Beans	4	Gel	1		
Ping Pong Balls ..	1	School Meals Service			
Sodium Hypochlorite	1	Foods	52		
Trick Squirt Cigars ..	2	Paper Sack	1		

**Havant and Waterloo
U.D.C.**
Sea Water 2
Sub-Floor Space
Water 1
Toy 1

Isle of Wight C.C.
Fertilisers 6

Feeding Stuff .. 1
Ice Balls .. 1
Perfume .. 1
Toys 5

Isle of Wight U.D.C.
Water (drinking) .. 1

**Isle of Wight River and
Water Authority**
River Water .. 5
Water (drinking) .. 13

Petersfield U.D.C.
Sewage Effluent .. 1

Sandown/Shanklin U.D.C.
Car Paint 1

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DEPARTMENT OF HEALTH AND
SOCIAL SECURITY

LIBRARY

LIBY. 15