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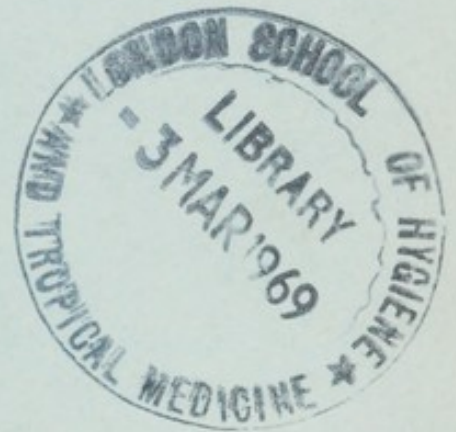
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City of Southampton

**Annual Report  
on the Health  
and Welfare  
Services of  
Southampton  
in 1967**



**ANGUS MCGREGOR**  
M.A., M.D., D.P.H.  
Medical Officer of Health



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THE  
HEALTH AND WELFARE  
OF  
SOUTHAMPTON  
IN  
1967

*by*

**DR. ANGUS MCGREGOR,**  
M.A., M.D., D.P.H.

*Medical Officer of Health*

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DEPARTMENT OF HEALTH AND WELFARE,  
CIVIC CENTRE,  
SOUTHAMPTON, SO9 4XG.

To THE RIGHT WORSHIPFUL THE MAYOR, ALDERMEN AND  
COUNCILLORS OF THE CITY OF SOUTHAMPTON.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health and welfare of Southampton in 1967.

The population of the City rose again slightly to 209,790 and the vital statistics continued to be generally satisfactory, while leaving room for improvement. In particular the illegitimate birth rate rose again to 13.9%, well above the national average. This re-emphasises a two-fold need. The first is to care for the unmarried mother and her child, a task lightened both by the City Council's broad acceptance of the powers given to it by the National Health (Family Planning) Act, 1967, and by the establishment in the City of an Advisory Centre for young people by a voluntary organisation, the Hamtun Centre. The second is the need to educate children comprehensively in human development, needs and relationships. Much still remains to be done in both these fields.

The amount of serious infections in the City was small in 1967. Though venereal disease increased further, tuberculosis declined. Lung cancer deaths of course increased again as they are bound to do while cigarette smoking continues. All too few people have yet learned that much of their own ill-health is caused by following an incorrect pattern of personal behaviour.

One of the most important events in the year was the introduction of the breathalyser. This led to an immediate reduction in injuries and deaths caused by motor vehicles, a trend which should continue. An obligatory reduction in noise from vehicles is the most obviously desirable next step, adding, as it would, improved amenity as well as improved health.

In the hospital field two important advances directly affecting the organisation and work of the community health and welfare services were at last finally announced—the decision to build a General Practitioner Maternity Unit in the grounds of the General Hospital, and the decision to build a Medical School. The Maternity Unit will have repercussions on the work of the domiciliary midwifery services within the next year. The Medical School will have profound and lasting effects not only on Southampton but on the whole pattern of medical services throughout the region within a very short time. The first students will be admitted in 1971 and by then a pre-clinical medical school and extensive alterations to fit the General Hospital for its teaching role will be well under way.

Some small progress was made towards integrating the community health nursing team—midwives, district nurses, and health visitors—with general medical practice. Trial attachments of midwives and of district nurses to some practices had been commenced by the end of the year but it was still not found possible to extend the liaison arrangements for health visitors into actual attachment. It is hoped to make better progress next year. The work of the City's 'personal health services' will be found described in detail in the body of the Report, and I would draw particular attention to the description of the new scheme for computer control of the vaccination programme, a forerunner of increasing use of this very useful management tool within the department.

### **Environmental Health**

No progress was made in the fluoridation of water supplies as the Water Undertaking has to have the consent of both Hampshire County Council and the City before it can proceed, and the County have not given approval to this measure.



In other fields good progress was made and the important changes will be found set out in the introductory remarks of the Chief Public Health Inspector and Chief Port Health Inspector to their sections.

### **Social Services**

During the year no further Homes for Old People were opened, and the total number of beds remained at 470. Despite very close co-operation with the hospital geriatric services the waiting list remained high and the demand for community services increased. More details are given in the Welfare Services section of this Report.

Further interesting developments took place in the Family Casework and Home Help Services and these will also be found described in the Report.

### **Senior Staff Changes**

I would particularly mention Miss M. C. Fare, Superintendent, Home Nursing Service, who retired after many years of valuable service. She was succeeded by Miss H. I. Ames. In addition Mr. W. T. Dorricott took over as Principal Welfare Services Officer, and Mr. T. Borrows as Chief Port Health Inspector.

### **Acknowledgments**

I must finally thank all those within and outside the Department who have helped forward the work of improving the health and welfare of Southampton. I would also like to thank you, Mr. Mayor, and the City's Aldermen and Councillors for your help and encouragement.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,

*Medical Officer of Health*

## PUBLIC HEALTH COMMITTEE

### Council Members

The Right Worshipful The Mayor (Alderman G. W. Husband, J.P.), Alderman Mrs. L. A. Ironside (*Chairman*), Mrs. R. M. Stonehouse, F. A. Childs; Councillors Mrs. I. F. Candy, B.Sc.(Econ.), A. Crabb, Mrs. J. E. A. Pitter, A. G. Reynard, Mrs. B. Sager, J.P., Mrs. K. Tostevin, S.R.N., F. T. West.

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### Co-opted Member

Mrs. D. M. Radwell.

## CHIEF AND SENIOR STAFF OF THE DEPARTMENT OF HEALTH AND WELFARE

Medical Officer of Health	.. ..	Angus McGregor, M.A., M.D., D.P.H.
Deputy Medical Officer of Health	.. ..	W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer	.. ..	Catherine M. Atkins, M.B., Ch.B.
Assistant Medical Officers of Health	.. ..	Bethan Davies, M.R.C.S., L.R.C.P. H. H. Bradbury, M.B., B.Ch., B.A.O. A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M.&H. J. G. Henly, M.B., B.Ch. F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (Resigned 31.1.67) Marthe Lebermann, M.D. J. J. Phillips, M.B., B.Ch. H. D. Rossiter, M.B., B.Ch., D.P.H. C. Edwards, B.Sc., M.B., Ch.B. (com- menced 1.3.67, left 31.8.67) A. Green, M.B., Ch.B. (commenced 20.2.67, left 30.11.67)
Director of Family and Child Guidance	.. ..	Dr. L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H.
Principal Dental Officer	.. ..	Alan Edwards, F.D.S., R.C.S.
Chief Public Health Inspector	.. ..	F. Saunders, F.R.S.H., Meat and Foods and Sanitary Science Certs.
Chief Port Health Inspector	.. ..	T. Borrows, Cert.R.S.H., Cert.R.S.I., Meat and Foods.
Principal Welfare Services Officer	.. ..	J. L. Davidge, F.I.S.W. (Resigned 30.6.67) W. T. Dorricott, D.M.A., Dip.Soc., A.I.S.W. (Commenced 1.10.67)
Superintendent Health Visitor	.. ..	Miss W. M. C. Melhuish, S.R.N., S.C.M., H.V.(Cert.), F.R.S.H., Dep. Social Studies (Lond.).
Supervisor of Midwives	.. ..	Miss B. Knox, S.R.N., R.F.N., S.C.M.
Superintendent Home Nursing Service	.. ..	Miss M. C. Fare, S.R.N., S.C.M., Q.N.
Senior Family Case Worker	.. ..	Miss D. Guyatt, Dip. Soc.
Principal Administrative Assistant	.. ..	W. M. Watts.
Senior Administrative Assistant	.. ..	G. A. Lane (Retired 30.9.67). W. J. Driver, D.M.A. (commenced 1.12.67)
Home Help Organiser	.. ..	Mrs. D. Taylor.
Ambulance Officer	.. ..	G. F. Houldsworth, F.I.A.C.A.P.

## STAFF SUMMARY as at 31.12.67

	<i>Establishment</i>	<i>Actual</i>
Medical Officers .. .. .	12 full-time 2 part-time	10 full-time 2 part-time
Dental Officers .. .. .	7	7
Dental Auxiliaries .. .. .	3	2
Dental Surgery Assistants .. .. .	8	8
Child Guidance (Psychologists and Psychiatric Social Workers) .. .. .	7	5 full-time 1 part-time
Speech Therapists .. .. .	3	2 full-time 2 part-time
Audiometrician .. .. .	1	1
Physiotherapist .. .. .	1	1
Midwives .. .. .	28	28
Health Visitors .. .. .	49	36 full-time 4 part-time
Home Nursing, State Enrolled Nurses and Nursing Auxiliaries .. .. .	37 full-time 3 part-time	31 full-time 6 part-time
Day Nursery Staff .. .. .	3	3
Clinic Staff .. .. .	32 full-time 4 part-time	28 full-time 9 part-time
Home Help Service (Whole Time Equivalent) Total employed	110	109 199 part-time
Ambulance/Transport Staff .. .. .	57	56
Public Health Inspectors .. .. .	20	18
Technical Assistants .. .. .	6 students 3	5 students 3
Rodent Officer .. .. .	1	1
Port Health Inspectors .. .. .	6	6
Rodent Operators (City and Port) .. .. .	6	6
Mental Health Training Centre Staff .. .. .	14	14
Mental Health Hostels Staff .. .. .	6	5
Mental Health Officers .. .. .	7	6
Family Caseworkers .. .. .	3	1
Other Social Workers .. .. .	5	5
District Welfare Officers .. .. .	5	5
Social Workers (Welfare) .. .. .	9	9
Staff in Homes for the Elderly (W.T.E.) .. .. .	136	128
Occupational Therapist .. .. .	1 full-time 1 part-time	1 part-time
Chiropodists .. .. .	2 full-time 3 part-time	1 full-time 3 part-time
Staff of Temporary accommodation .. .. .	2	2
Administrative and Clerical Staff .. .. .	71	64
Manual and Domestics .. .. .	29	29
Other Health and Welfare Staff (W.T.E.) (Gardeners and Driver/Handyman) .. .. .	10	10
TOTAL Whole-time .. .. .	700	645
Part-time .. .. .	13	28 (excl. Home Helps)



# VITAL STATISTICS

POPULATION

BIRTHS AND DEATHS

CAUSES OF DEATH



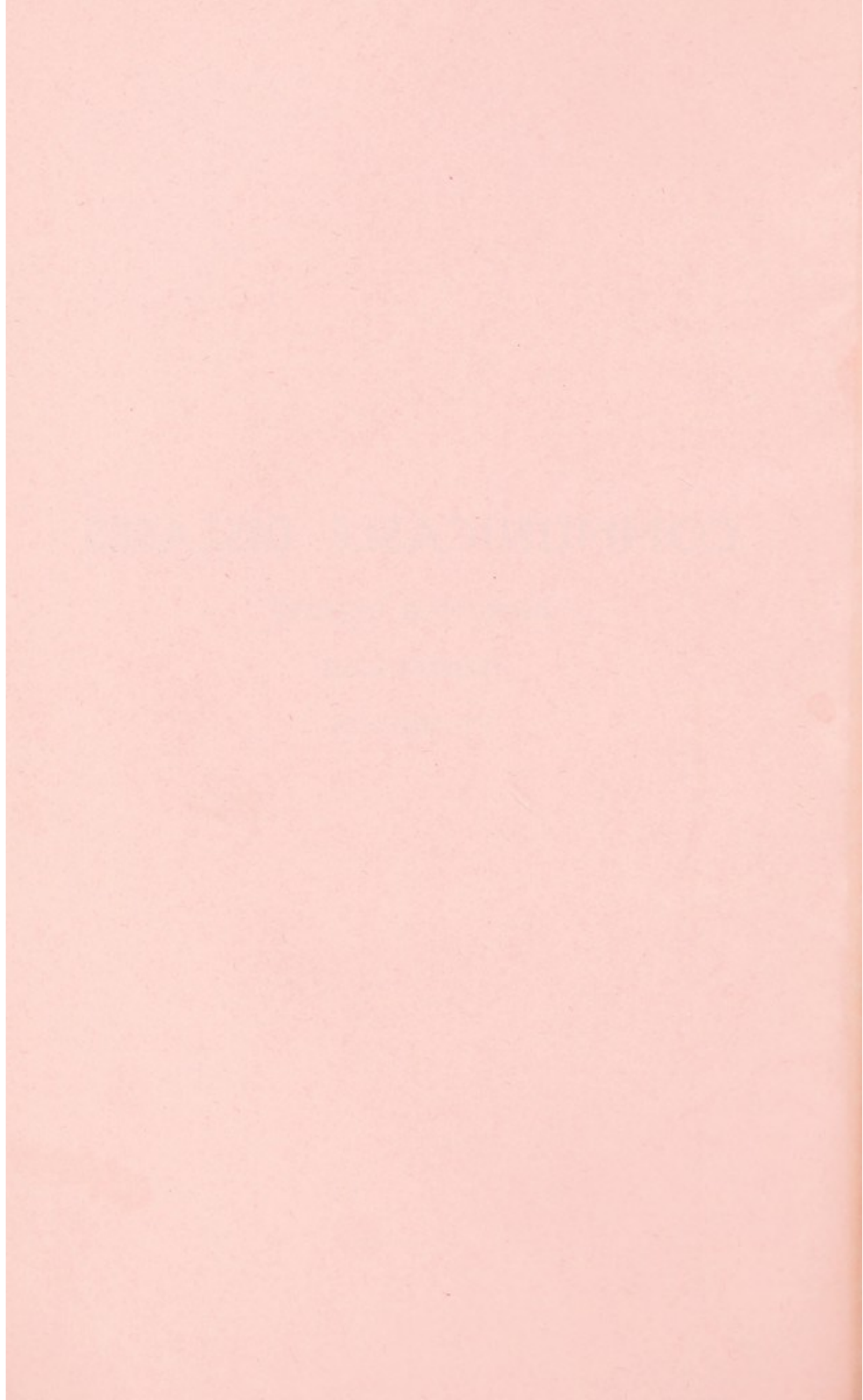
# COMMUNICABLE DISEASES

INFECTIOUS DISEASES

TUBERCULOSIS

VD SERVICES





## VITAL STATISTICS

The following are extracts from the vital statistics of 1967:

	So'ton	England and Wales (Provisional)
<b>Live Births</b>		
Number .. .. .	3,537	832,000
Rate per 1,000 population .. .. .	16.9	17.2
Illegitimate Live Births (% of total live births) ..	13.91	
<b>Stillbirths</b>		
Number .. .. .	63	12,500
Rate per 1,000 total live and still births ..	18	14.8
Total Live and Still Births .. .. .	3,600	
Infant Deaths (deaths under 1 year) .. .. .	113	15,267
<b>Infant Mortality Rates</b>		
Total infant deaths per 1,000 live births ..	25	18.3
Legitimate infant deaths per 1,000 legitimate live births .. .. .	27.98	
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .	34.48	
Neo-natal Mortality rate (deaths under 4 weeks per 1,000 total live births) .. .. .	9.02	12.5
Early Neo-natal Mortality rate (deaths under 1 week per 1,000 total live births) .. .. .	7.17	10.7
Perinatal Mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) .. .. .	25	25.4
<b>Maternal Mortality (including abortion)</b>		
Number of deaths .. .. .	—	
Rate per 1,000 total live and still births ..	—	
Number of deaths .. .. .	2,268	542,519
Death rate .. .. .	10.8	11.2
Number of Marriages .. .. .	1,950	
Marriage Rate .. .. .	18.6	
Number of deaths from Pulmonary Tuberculosis ..	10	
Rate per 100,000 population .. .. .	4.77	
Number of deaths from non-pulmonary tuberculosis ..	2	
Rate per 100,000 population .. .. .	0.95	
Registrar General's estimated population at the middle of 1967 .. .. .	209,790	
Area (above high water mark) .. .. .	12,058.7	
Area (foreshore and tidal water) .. .. .	1,851.3	

**CLASSIFICATION OF CAUSES OF DEATH  
ACCORDING TO DISEASES**

Cause of Death	Males	Females	Total
1. Tuberculosis, Respiratory .. ..	8	2	10
2. Tuberculosis, Other .. ..	2	—	2
3. Syphilitic Disease .. ..	2	1	3
4. Diphtheria .. ..	—	—	—
5. Whooping Cough .. ..	1	—	1
6. Meningococcal Infections .. ..	1	—	1
7. Acute Poliomyelitis .. ..	—	—	—
8. Measles .. ..	1	—	1
9. Other Infective and Parasitic Diseases ..	—	3	3
10. Malignant Neoplasm, Stomach .. ..	30	18	48
11. Malignant Neoplasm, Lung, Bronchus ..	109	32	141
12. Malignant Neoplasm, Breast .. ..	—	47	47
13. Malignant Neoplasm, Uterus .. ..	—	20	20
14. Other Malignant and Lymphatic Neoplasms .. ..	140	117	157
15. Leukaemia, Aleukaemia .. ..	8	7	15
16. Diabetes .. ..	4	8	12
17. Vascular Lesions of Nervous System ..	107	162	269
18. Coronary Disease, Angina .. ..	342	210	552
19. Hypertension with Heart Disease ..	19	25	44
20. Other Heart Disease .. ..	64	104	168
21. Other Circulatory Disease .. ..	41	52	93
22. Influenza .. ..	4	5	9
23. Pneumonia .. ..	63	75	138
24. Bronchitis .. ..	69	24	93
25. Other Diseases of Respiratory System ..	13	7	20
26. Ulcer of Stomach and Duodenum ..	15	10	25
27. Gastritis, Enteritis and Diarrhoea ..	4	9	13
28. Nephritis and Nephrosis .. ..	7	6	13
29. Hyperplasia of Prostate .. ..	9	—	9
30. Pregnancy, Childbirth, Abortion ..	—	—	—
31. Congenital Malformations .. ..	8	9	17
32. Other Defined and ill-Defined Diseases	65	76	141
33. Motor Vehicle Accidents .. ..	23	4	27
34. All Other Accidents .. ..	36	10	46
35. Suicide .. ..	17	12	29
36. Homicide and Operations of War ..	1	—	1
<b>TOTAL ALL CAUSES ..</b>	<b>1,213</b>	<b>1,055</b>	<b>2,268</b>

## COMMUNICABLE DISEASES

Disease	Number of Cases Notified at Ages—Years								Total cases
	Under 1 year	1-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65 years and over	Age unknown	
Scarlet Fever ..	—	10	27	—	—	—	—	—	39
Diphtheria ..	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—
Peurperal Pyrexia	—	—	—	56	50	—	—	—	106
Erysipelas ..	—	—	—	—	—	—	2	—	3
Meningococcal Infection ..	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—
Dysentery ..	2	6	10	—	4	1	—	1	24
Malaria ..	—	—	—	—	—	—	—	—	—
Pneumonia ..	—	—	2	1	2	3	3	—	11
Measles ..	74	1115	633	17	1	—	—	—	1862
Whooping Cough	8	36	34	—	—	—	—	4	82
Food Poisoning ..	2	1	1	3	1	1	—	3	12
<b>TOTALS ..</b>	<b>86</b>	<b>1168</b>	<b>708</b>	<b>78</b>	<b>59</b>	<b>6</b>	<b>5</b>	<b>9</b>	<b>2141</b>

Measles was again prevalent, mainly in the first quarter of the year.

In addition to one notified case of meningococcal infection, 14 cases of suspected meningitis were notified. Seven of these proved to be cases of aseptic meningitis, presumed viral, one was encephalitis following mumps, and one was diagnosed as polyneuritis after mumps.

Two cases of poliomyelitis were notified. The first of these was a woman admitted to hospital with a typical illness, acute polyneuritis being suspected. Poliomyelitis was diagnosed five weeks after death on the evidence of histological findings and an agglutination test positive for polio virus type II. The second case was a girl who made a quick recovery from an illness in which the main sign was meningism. Polio virus type II was later isolated from faecal specimens.

One case of typhoid fever was diagnosed during the year, in a patient admitted to general hospital for investigation of diarrhoea with bleeding from the bowel. A heavy growth of *S. typhi* was found in faeces culture. The patient was transferred to isolation hospital, but returned the following day for operation treatment of intestinal perforation. The source of the infection was not found, and no other persons were infected.

One man infected with *S. paratyphoid B* was found to have been a carrier since war service years previously. Drug treatment did not rid him of the infection, and removal of his gall bladder was under consideration at the end of the year.

Twenty-four cases of dysentery were notified in 23 families, and 24 other persons proved to be infected with Sonne dysentery.

Twenty cases of food poisoning were notified, in six family outbreaks and two sporadic cases. In one case admitted to hospital, a diagnosis of staphylococcal food poisoning was made, but the source was not ascertained. In the other cases, no causative agent was isolated, and no food incriminated with certainty.

Twenty-seven cases of salmonellosis were investigated, 20 in seven family outbreaks, and seven sporadic cases. Twenty cases were infected with *S. typhimurium*, the others with *S. stanley*, *S. oranienburg*, *S. panama*, *S. new brunswick* and *S. bareilly*. The last two infective agents were probably acquired by the patients in Portugal and Pakistan respectively.

Disease	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	TOTAL
Scarlet Fever	10	12	1	—	—	—	—	—	—	—	—	—	—	—	22
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Staphylococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Folliculitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmic Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	2	6	10	—	—	—	—	—	—	—	—	—	—	—	18
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Furunculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	74	112	633	17	—	—	—	—	—	—	—	—	—	—	836
Whooping Cough	8	36	34	—	—	—	—	—	—	—	—	—	—	—	78
Food Poisoning	2	1	—	—	—	—	—	—	—	—	—	—	—	—	3
TOTAL	88	168	708	17	—	—	—	—	—	—	—	—	—	—	981

Malaria was again prevalent during the first quarter of the year. In addition to the notified cases of meningococcal infection, 14 cases of meningitis were notified. Seven of these proved to be bacterial meningitis, the remaining viral, one was enterobacterial meningitis and one was diagnosed as poliomyelitis (serum number 4).

Two cases of poliomyelitis were notified. The first of these was a woman admitted to hospital with a typical illness, acute oligosacchariduria being suggested. Poliomyelitis was diagnosed five weeks after death on the evidence of pathological findings and an agglutination test positive for polio virus type B. The second case was a girl who made a quick recovery from an illness in which the spinal fluid was meningitic. Polio virus type B was later isolated from her local lymph node.

One case of typhoid fever was diagnosed during the year, in a patient admitted to general hospital for investigation of diarrhoea with bleeding from the bowels. A heavy growth of *S. typhi* was found in faecal culture. The patient was transferred to a specialist hospital, but died before the investigation for diagnosis treatment of intestinal perforation. The source of the infection was not found, and no other persons were infected.

One man infected with *S. paratyphoid B* was found to have been a carrier since war service years previously. Drug treatment did not rid him of the infection, and removal of his gall bladder was under consideration at the end of the year.

Twenty-four cases of dysentery were notified in 23 families, and 24 other persons proved to be infected with *Shigella dysenteriae*.

## TUBERCULOSIS

Report by DR. W. M. MACLEOD, Consultant Chest Physician,  
Southampton Central Chest Clinic.

Tuberculosis is not an easy disease to assess at a given moment in time. It is slow to manifest, slow to diagnose, slow to treat. It may become active in a patient who had his initial infection many years previously. This is one reason for the difficulty in controlling the disease.

The apparent downward trend in the number of new cases is misleading, there being no improvement in the numbers of Grade I and Grade II (active) cases. The incidence in Southampton remains above the national average and does not allow complacency. It is especially disappointing that cases of advanced, infectious disease are still being found. Contacts are followed up assiduously and numbers attending all clinics have increased this year.

The distressing increase in cancer of the lung goes on from year to year, and in the space of only three years the number of cases detected by the Chest Clinic has leapt from 71 to 95.

### Total Attendances 1967

Total attendances during the year.. .. .	10,518
New Patients (Diagnostic Clinics) .. .. .	1,405
New Patients (Contact Clinics) .. .. .	749

### X-Ray Examinations

Chest X-Rays.. .. .	7,547
Tomogram examinations .. .. .	162
Other examinations (including Barium Studies) .. .. .	188
Miniature Chest X-Rays .. .. .	3,515

11,412

### The Register

The number of persons on the Register at 31.12.66 .. .. .	1,219
The number of persons removed from the Register during 1967 .. .. .	108
The number of persons remaining on the Register .. .. .	1,111

*The number of persons added to the Register during 1967:*

Newly notified .. .. .	75
Transfers .. .. .	23

98

The number of persons on the Register at 31.12.67 .. .. . 1,209

### Primary Notifications:

#### Respiratory Tuberculosis

	1962	1963	1964	1965	1966	1967
Males .. .. .	71	69	67	56	53	40
Females .. .. .	29	33	32	30	18	17
Children .. .. .	7	10	6	2	3	7
	<u>107</u>	<u>112</u>	<u>105</u>	<u>88</u>	<u>74</u>	<u>64</u>

#### Respiratory Tuberculosis

Men	1962	1963	1964	1965	1966	1967
Grade 1 .. .. .	22	21	16	13	19	16
Grade 2 .. .. .	13	17	16	11	8	14
Grade 3 .. .. .	35	31	36	33	25	10
Grade 4 .. .. .	1	—	—	—	2	5
	<u>71</u>	<u>69</u>	<u>68</u>	<u>57</u>	<u>54</u>	<u>45</u>

Women									
Grade 1	..	..	6	5	5	4	3	6	
Grade 2	..	..	4	6	5	5	4	4	
Grade 3	..	..	19	22	27	22	12	6	
Grade 4	..	..	—	—	—	—	1	3	
			<u>29</u>	<u>33</u>	<u>37</u>	<u>31</u>	<u>20</u>	<u>19</u>	

Grade 1 Sputum direct examination positive.  
 Grade 2 Sputum or laryngeal swab cultures positive.  
 Grade 3 All tests negative.  
 Grade 4 No tests available.

### Non-Respiratory Tuberculosis

			1962	1963	1964	1965	1966	1967
Males	..	..	6	6	6	6	1	5
Females	..	..	4	5	2	8	8	5
Children	..	..	1	—	—	2	—	1
			<u>11</u>	<u>11</u>	<u>8</u>	<u>16</u>	<u>9</u>	<u>11</u>

### Source of New Cases:

									Pulmonary
General Practitioners (1) Direct	..	..	..	..	..	..	..	..	6
(2) After Miniature X-Ray									14
Mass Radiography Unit	..	..	..	..	..	..	..	..	23
Contact Clinics	..	..	..	..	..	..	..	..	7
Others	..	..	..	..	..	..	..	..	5
Hospitals	..	..	..	..	..	..	..	..	9
									<u>64</u>

### Miniature X-Ray Service

The number of persons referred by General Practitioners	..	..	2,863
The number found with active pulmonary tuberculosis	..	..	10
Rate	..	..	(per thousand) 3.49

### Death Rate (Registrar General's Statistics)

Population: 209,770.

							Deaths	Incidence per hundred thousand population
Respiratory	..	..	..	..	..	..	10	4.77
Non-Respiratory	..	..	..	..	..	..	2	0.95

### B.C.G. Vaccination

Contacts Vaccinated	..	..	..	..	..	..	..	504
Staff Vaccinated	..	..	..	..	..	..	..	89
								<u>593</u>

### Cancer of Lung (Primary)

Men	..	..	..	..	..	..	..	81
Women	..	..	..	..	..	..	..	14
								<u>95</u>

## V.D. SERVICES

### REPORT BY DR. R. M. WARREN, DIRECTOR, V.D. SERVICES

In 1967 the total number of new patients attending was the highest ever recorded, 2,723 (2,325). Figures for 1966 in brackets.

1967 also marks the 25th anniversary of the opening of the Dock Clinic. During this time 5,047 patients have recorded 25,307 attendances. The provision of this service is amply justified.

#### Syphilis

Twenty-six (24) cases of early syphilis were recorded 24 (19), being in the contagious primary or secondary stage. Five (four) males and no (one) female patients were infected in this locality, of these three were homosexual infections.

It is significant to note that three cases of yaws, two male, one female, were seen. This tropical disease requires expert differentiation from syphilis. All the cases were infected overseas.

#### Gonorrhoea

Four-hundred-and-ninety-eight (450) cases were seen. Three-hundred-and-seventy-six (354) males and 123 (97) females. The improvement in the ratios of males to females reflects the energetic work in the social field of contact tracing.

The incidence of relatively insensitive strains of gonococci to treatment with penicillin was noted last year. This year the proportion has risen; 39.6% of male cases and 31.7% of female cases have less sensitive infections. Kanamycin, two grammes intramuscularly, is an effective addition to our armamentarium.

Each year one sees cases of gonococcal ophthalmia in infants. One such case was noted in Southampton. The gonococcus, although the most serious, is not the only infecting agent and one looks ahead hopefully to the day when facilities will be available for routine antenatal urethral and cervical films and cultures and that this procedure will be as readily accepted as routine antenatal blood testing.

#### Other Conditions

Two-thousand, one-hundred-and-eighty-four (1,840). These figures show that the bulk of our work lies in this field.

In male patients urethritis, a condition indistinguishable clinically from gonorrhoea but of different social significance, is of increasing importance. Our numbers were 643 (457). A small proportion of these cases can cause the painful and troublesome complication of conjunctivitis and arthritis, Reiters Disease. Treatment of urethritis with wide spectrum antibiotics is quite different from gonorrhoea which makes accurate laboratory investigation an essential procedure.

Vaginitis mainly due to *Trichomonas* and/or *Monilia* is the commonest female condition dealt with. Three-hundred-and-thirty-two (222) women presented for diagnosis and treatment of this most uncomfortable malady and other similar conditions. The efforts of the social worker are emphasised in this sector of our work too.

The work of the department although primarily curative has a very important preventive medicine aspect. In this latter the subject of medical education is of increasing importance. Here expert knowledge and very great tact are paramount. The matter is under constant and energetic review by the Wessex Venereologists.

All this adds up to an increasing work load and it is disappointing to find staff recruitment at all levels is particularly difficult in Venereology.



### **Contact Slips**

One-hundred-and-sixty-seven contact slips were issued to male patients with Gonorrhoea.

Forty female patients attended as a result.

Thirty-six contact slips giving description were received in the female clinic.

Twenty-six visits were made to suspected sources of infection.

Nineteen attended.

Two reported by Social Worker, Holloway Prison, as receiving attention there.

One girl accounted for two slips as she was using two different names.

The identification of contacts sometimes presents difficulty as information received is not always reliable, but not one failure to attend was recorded where the contact was traced. However, some defaulted again after one or more attendances.

The statistical register and index are constantly under review with a view to improving contact detection.

### **Defaulters' Letters—Female Clinic**

One-hundred-and-six letters were sent out this year, 20% of which were second and third reminders but despite this effort, 35 patients continued to default. Thirty-eight patients re-attended.

### **Visits—Follow up to above**

A total of 52 visits was made to three families and 29 individual patients. All three families attended for W.R. checks.

First family had moved, but were eventually traced to their new address.

Second family received one letter and four visits before they were persuaded to attend and were subsequently transferred to their G.P.

Third family, husband, wife and child attended after one letter and two visits but defaulted again despite the help of the patient's Doctor and Health Visitor. The new baby's cord blood was obtained at the Maternity Unit. Unfortunately the baby died as a result of an accident in the home.

Of the 29 individual patients visited 16 attended, five defaulted and the rest left without trace.

### **Visits—Male Clinic**

Two patients attended as a result of visits having previously ignored letters. A vagrant with secondary syphilis defaulted and a visit to the Ministry of Social Security proved that he had moved on to Bristol. The patient, however, returned to Southampton and attended the clinic within the week.

A recent innovation has been the introduction of the rise of signals on patients' folders to indicate persistent defaulters.

Regular liaison with the Health Visitors has been maintained and it is a pleasure to record that their interest and co-operation has been most encouraging.

# ENVIRONMENTAL HEALTH SERVICES

WATER

SEWERAGE AND SEWERAGE DISPOSAL

PUBLIC HEALTH INSPECTION

OFFICES, SHOPS AND RAILWAY PREMISES

SMOKE CONTROL

FACTORIES ACT



## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY

The Waterworks Engineer and Manager submits the following reports relating to the supply of water in the City:

- (a) The supply to the area has been satisfactory in quality and quantity.
- (b) Regular bacteriological examinations were made of both the raw and treated water, and a summary of the results is included below. All the water from the Corporation's sources of supply is treated before distribution.

Description of water	Total No. of samples	Coliform Bacilli—MacConkey, 2 days 37°C. Number of samples showing probable numbers present in 100 ML.					More than 1,000 present
		Nil	1 to 2 present	3 to 10 present	11 to 100 present	101 to 1,000 present	
Otterbourne Well:							
Raw water ..	52	8	6	18	14	6	Nil
Treated ..	130	130	Nil	Nil	Nil	Nil	Nil
Twyford Well:							
Raw water ..	52	51	1	Nil	Nil	Nil	Nil
Treated ..	104	104	Nil	Nil	Nil	Nil	Nil
Timsbury Well:							
Raw water ..	52	32	6	10	4	Nil	Nil
Treated ..	78	77	1	Nil	Nil	Nil	Nil
River Itchen:							
Raw water ..	52	Nil	Nil	Nil	Nil	39	13
Treated ..	78	75	3	Nil	Nil	Nil	Nil
River Test:							
Raw water ..	8	Nil	Nil	Nil	Nil	4	4
Treated ..	32	32	Nil	Nil	Nil	Nil	Nil
Distribution System:							
Treated ..	93	93	Nil	Nil	Nil	Nil	Nil

Chemical Analyses of the water were taken at each source, and the average results over the year 1967 are as the table overleaf. Water from the River Test Supply is now in intermittent use, and relevant information is included in the table.

- (c) The water supplied by this Authority is moderately hard and has no plumbo-solvent action.
- (d) All the water supplied to the City of Southampton is softened by means of the lime process, and sterilised by means of chloramine treatment before distribution, and the water supplied from the River Itchen is subject, in addition, to a process of sedimentation, with the addition of Sulphate of Alumina, followed by filtration through rapid gravity and filters. This treatment removes all forms of contamination from the raw water.
- (e) The number of dwelling houses within the City of Southampton supplied from the Public Water Mains at the 31st December, 1967, was 70,846. There are no dwelling houses within the City supplied by means of stand-pipes. Regarding the population within the City, you may wish to make your own estimation of this figure.

Treated Water, 1967	Otter- bourne Wells	Twy- ford Wells	Tims- bury Wells	River Itchen	River Test
	<i>Parts per Million</i>				
<i>General Chemical Analysis</i>					
Free Chlorine .. .. .	<0.05	<0.05	Nil	Nil	0.28
Free Carbon Dioxide as CO <sub>2</sub> ..	10	12	12	6	Nil
Ammoniacal Nitrogen as N ..	0.13	0.07	0.06	0.12	0.015
Albuminoid Nitrogen as N ..	0.16	0.11	0.02	0.17	0.09
Nitrous Nitrogen as N ..	<0.01	<0.01	<0.01	<0.01	<0.05
Nitric Nitrogen as N ..	4	4	3	4	4.3
Oxygen absorbed as O (Per- manganate figure, 4 hrs. at 27°C.) .. .. .	0.10	0.10	0.11	0.19	0.28
Alkalinity, as CaCO <sub>3</sub> .. ..	165	165	180	125	75
Total Dissolved Solids .. ..	280	280	280	235	170
Reaction pH .. .. .	7.7	7.7	7.4	8.0	8.5
<i>Hardness</i>					
Temporary Hardness as CaCO <sub>3</sub>	165	165	180	125	75
Permanent Hardness as CaCO <sub>3</sub>	30	25	30	30	43
Total Hardness as CaCO <sub>3</sub> ..	195	190	210	155	120
Total Hardness °Clark ..	13.7	13.3	14.7	10.9	8.3
<i>Mineral Analysis</i>					
Calcium as Ca .. .. .	72	74	77	59	38
Magnesium as Mg .. .. .	1.5	2.0	3.0	2.0	5.5
Sodium as Na .. .. .	10.5	8	11	10	10
Carbonate as CO <sub>3</sub> .. .. .	100	98	107	75	45
Chloride as Cl .. .. .	13	13	16	14	15
Sulphate as SO <sub>4</sub> .. .. .	8	7	17	10	22
Nitrate as NO <sub>3</sub> .. .. .	19	17	14	18	19
Zinc .. .. .	<0.05	<0.05	<0.05	<0.05	<0.05
Iron .. .. .	<0.05	<0.05	<0.05	<0.05	<0.05
Copper .. .. .	<0.05	<0.05	<0.05	<0.05	<0.05
Lead .. .. .	<0.05	<0.05	<0.05	<0.05	<0.05
Phosphates .. .. .	Absent	Absent	Absent	Absent	Absent
Fluoride .. .. .	0.19	0.17	0.30	0.17	0.13

## FLUORIDATION

I commented fully on this subject in my 1966 Annual Report and nothing has changed since then. The position remains that since the Local Health Authorities in the area supplied by the Southampton Corporation Water Committee did not unanimously request the fluoridation of water supplies, it was impossible to proceed with the proposals.

## SEWAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor, Mr. L. R. Robertson, has kindly submitted the following report:

### Sewerage

No case of serious flooding has been reported during the year. In connection with the surface-water flooding in the area of Farringford Road, Thornhill, referred to in the previous year's report, a reservoir sewer has been completed, and no further trouble from flooding has been experienced. This year for the first time, closed-circuit television has been used, as part of an annual programme for the examination of sewers suspected of being faulty. By using this method bad joints, cracks, infiltration of ground-water, etc., can be pinpointed, and excavation to rectify the fault reduced to a minimum. New drainage works carried out during the year include surface-water sewers to deal with surface drainage from the Dorset Street-Docks Road, and the Millbrook Road schemes. Sewer construction for the drainage of Stage II of the new Lordshill Estate is proceeding.

### Sewage Treatment

The reconstruction of Woolston Sewage Works is nearing completion and it is expected that the new works will be commissioned in mid 1968. Work on the modernisation of Portswood Sewage Works has again been delayed due to financial restrictions, and it is not now expected that construction work will start before 1970.

## PUBLIC HEALTH INSPECTION

MR. F. SAUNDERS, THE CHIEF PUBLIC HEALTH INSPECTOR.

I would like to preface my report on environmental health for 1967 by comments mainly on food hygiene.

### Staff

First, however, I must mention that the continued improvement in the staffing position has enabled an extension to be carried out in all routine duties. This improvement is particularly welcome in connection with food inspection and food premises and six inspectors were engaged on these duties for most of the year.

### Food Hygiene

In the past, our efforts in connection with food hygiene have tended to be principally directed to constructional matters in premises and the provision of facilities in order to comply with the Food Hygiene (General) Regulations, 1960. Now we are in a position to encourage food handlers to use the facilities provided in a proper manner and the emphasis of inspections is in this direction. We are also able to devote more time to the education of food handlers in the principles of food hygiene.

There is one approach which seems to initiate an encouraging interest in food hygiene in the food sections of large departmental stores and this is talks to the staff, supported by an appropriate film or film strip. These talks, given by the Inspectors, must be brief and we have found that approximately half an hour for a film or film strip and the talk can usually be arranged sometime during the day at the place of employment. This type of approach seems to be worth pursuing, even with a small business or groups of businesses.

It must be recognised, however, that this brief talk approach to educating food handlers in food hygiene is limited in its scope but, nevertheless, it should not be discounted. This is a useful public relations effort, not too difficult to organise and we hope it will lead to attendance at a more advanced course.

In effect, this means attendance at a short course of lectures terminating in the Royal Society of Health Test in the Hygiene of Food Retailing and Catering. Unfortunately, it was not possible to start a course during 1967 but eventually with the ready co-operation of the food section of the Southampton College of Technology, an approved course of lectures was arranged to commence in January 1968. It was not without some trepidation that we embarked on this course in view of the disappointments experienced by some Authorities, but with the current highlighting of training in the catering and food industry, it was felt that the time was opportune for a series of approved courses. The majority of the people attending the first course arranged for evenings were either managing a catering or food department or supervising staff, and this was regarded as an encouraging sign of interest in this type of course. It also provided an excellent opportunity of discussing future courses aimed at all levels of workers and staff in the food trade, particularly the old problem of what time of day to hold lectures. There is an overwhelming opinion that afternoon lectures are necessary in future.

One must be prepared for a tremendous amount of work in organising an approved course with lectures, films and 'hand outs', if the course is to hold the interest of those attending. 'Hand outs' are very important and the demand insatiable.

During the year we had a routine food hygiene refresher session with the School Meals personnel, arranged during half term holidays in August and October

respectively. To keep the interest of approximately 200 ladies for two hours at each session requires careful organisation and we have found that a programme incorporating two or three films, three short lectures, winding up with a question period successfully breaks up the two hours. These sessions are intended to stimulate interest in food hygiene and we are grateful to the School Meals Organiser for the opportunity of talking to her staff.

### Houses in Multiple Occupation

Houses in multiple occupation have not presented any serious problems in Southampton to date, but their inspection has been very much in mind for some time, particularly in a certain part of the city tending to be dominated by immigrants. A few years ago, the routine inspection of houses in multiple occupation in this area was inaugurated but owing to staff depletions it was impossible to carry on. Furthermore, it was apparent that a tremendous amount of time is involved in follow-up work, so it was decided that house to house routine inspections of houses in multiple occupation would not be restarted until a marked improvement in the staff position was likely to be maintained for a reasonable period.

A limited amount of work was carried out, particularly regarding complaints and in respect of premises where plans have been submitted, but in December 1967 a staffing position had been reached whereby routine inspections could start again. Now that we are realising the benefits of student training on a three year basis, it is anticipated these inspections will gain momentum as additional qualified staff become available in 1968. The latest appraisal of the houses in multiple occupation which may require works carried out is approximately 2,000 houses.

The following particulars show the work carried out under the various Acts administered by the Department.

### Public Health Act, 1936

Number of complaints received .. .. .	1,622
Houses and premises visited or revisited .. .. .	5,210
Visits re noise nuisances, verminous premises, etc. .. .. .	435
School swimming bath samples .. .. .	218
Visits re infectious disease, food poisoning, etc. .. .. .	1,604
Houses disinfected/disinfested .. .. .	85
Inspection of cinemas, refuse tips, caravans and houseboats, etc. .. .. .	140
Drain tests and inspections .. .. .	172
Visits re houses in multiple occupation .. .. .	117
<i>Notices</i>	
Informal notices served .. .. .	497
Abatement notices served .. .. .	117
Nuisance Orders made .. .. .	2
<i>Details of Work Completed</i>	
Drains cleared or repaired, etc. .. .. .	137
Sanitary units renewed or repaired .. .. .	45
Defective roofs, gutters, damp walls, etc., repaired .. .. .	439
Floors, walls, windows, etc., repaired or renewed .. .. .	355
Accumulations removed .. .. .	18
Dustbins provided .. .. .	5
<i>Articles Disinfected at Disinfecting Station</i>	
Mattresses and pillows .. .. .	140
Blankets, sheets and pillowcases, etc. .. .. .	891
Books .. .. .	125
Items of clothing, etc. .. .. .	775
Persons cleansed .. .. .	103



## **Public Health Act 1936, Sections 93-95**

Twenty cases of non compliance with an Abatement Notice were referred to the Town Clerk with the following results:

- (a) Twelve notices were complied with after a warning letter had been sent from the Town Clerk.
- (b) In five instances proceedings were instituted, but the work was completed prior to the hearing, and the cases withdrawn.
- (c) In one instance the Magistrates made a Nuisance Order and as this was not complied with, they imposed a fine of £3 0s. 0d. and the work was done in default.
- (d) In two cases action was not completed by the end of the year.

In respect of twelve notices referred to the Town Clerk in 1966 and carried over into 1967, eleven notices were complied with after a warning letter from the Town Clerk, and in one instance a Nuisance Order was made and complied with.

## **Common Lodging Houses**

There is no change in the number of lodging houses and negotiations to replace St. Michaels House and the Salvation Army Bond Street Hostel have not been finalised. In the meantime, these two premises are kept in a reasonable condition in spite of the fact that major works would be required if they had not such a potential short life.

The Church Army Hostel continues to be maintained in a very satisfactory condition, and under constant pressure for accommodation.

## **Seamen's Lodging Houses**

The three Seamen's Lodging Houses continue to provide very satisfactory and necessary accommodation.

## **Riding Establishment Act 1964**

Only one establishment is licensed under this Act. The ten shilling licence fee seems totally inadequate, and the increase to £10 0s. 0d. in 1968 although large is justifiable in view of the veterinary officers and other expenses.

## **Pet Animals Act, 1951**

One business closed and one new licence was granted so that at the end of the year there were 16 licensed premises. Twenty-nine visits of inspection were carried out and the premises found to be satisfactory.

## **Prevention of Damage by Pests Act, 1949**

The rodent control services functioned very well throughout the year, with the exception of three months when shortage of staff caused a build-up of work. By the end of the year, staff had been engaged and the back-log of work cleared.

In view of what has happened in certain parts of the country, special attention was paid to the possibility of any rat resistance to Warfarin, but no evidence of such a resistance was found.

A favourable reflection on the satisfaction of the public with the service provided by the department, is the fact that very few shops now stock rat traps, and cage rat traps are unobtainable.

## *Sewage Disposal Works*

### *Portswood*

Two treatments with zinc phosphide and sausage rusk were undertaken at Portswood, the first being in February when 19 bodies were found and the second treatment in October, when 28 bodies were picked up.

## Woolston

Rat infestation occurred at Woolston in November, when rats burrowed around the new settling tanks which were under construction. The cause of this infestation was due to the workmen depositing unwanted food around the site, thus attracting rats. Treatment was successful, and the Clerk of Works undertook to see that workmen did not leave waste food around. No further complaint of rats was received.

## Chapel Wharf

Chapel Wharf was reasonably free of rats during this year, no doubt due to the fact that the foul sewage settling tanks have been rebuilt. The tanks are now used for excess storm water.

A small treatment for the destruction of rats was needed in the paper shed during August.

## *Refuse Tips: Stoneham Lane, Millbrook and Millers Pond*

The tip at Stoneham Lane required treatment in April, and after pre-baiting with damp sausage rusk, one hundred zinc phosphide poisonous baits were laid. When revisiting the following day, 46 bodies were picked up and there would be a larger number of bodies unrecovered under the refuse.

A second treatment using zinc phosphide was necessary during November, when 250 baits were required to control this infestation due to rats migrating from the adjoining country-side after the harvest had been gathered. Sixty-four bodies were picked up after this treatment.

## Millbrook Tip

Zinc phosphide treatment was carried out at Millbrook Tip in February in conjunction with simultaneous treatment by the British Transport Docks Authority on their adjoining tip, and British Rail on the embankments in the vicinity.

In June another small outbreak was dealt with around the workmen's hut and in October it was again necessary to treat this tip. Eighteen bodies were found after poisoning.

## Millers Pond Tip

Millers Pond Tip was treated in May when a medium infestation was discovered along the tip face. Sixty-one baits were laid and 47 takes recorded after the third pre-baiting. No bodies were found on the day after the zinc phosphide bait was put down, but 45 poison bait takes were recorded. It is possible that foxes known to be in this area at that time, had removed any bodies during the night.

## Schools

Twenty schools were treated for the destruction of rodents during 1967.

Eleven required treatment for rats in the school grounds, and nine for mice in the school kitchens.

## House Drains

Twenty-five house drains were tested for defects allowing the egress of rats from holes in lawns and paths. Twenty drains were found to be defective and were repaired by the owners concerned.

## Rodent Control in Sewers

Treatment for the destruction of rats in the City sewer systems was carried out at three monthly intervals, using Fluoracetamide poisonous bait.

The manholes showing bait takes when tested in December 1966 and January 1967, plus adjacent manholes and sections of sewer known to be infested by sign from defective drains, were mapped for treatment.

Three hundred and seventy six manholes were baited during each treatment and when tested before the fourth treatment, 49 showed takes on a non-poisonous bait, 33 of these being in the old town area. Nine takes occurred at Shirley, three takes at Woolston and four at Bitterne.

The following table summarises the 1967 treatments in comparison with the 1966 treatments:

Area	No. Baited	Takes	No Takes
Town .. ..	153	33	120
Shirley .. ..	57	9	48
Portswood .. ..	45	—	45
Woolston .. ..	64	3	61
Bitterne .. ..	57	4	53
1967 City Area ..	376	49	327
1966 City Area ..	381	30	351

The table below shows the work carried out by the Rodent Control Staff during 1967:

Survey and Routine	Local Authority	Business Premises	Private Dwellings	Bombed Sites etc.	Totals
Premises inspected ..	33	57	435	94	619
Rat infestations found	20	—	282	82	384
Mouse infestations found .. ..	4	—	13	—	17
<i>Complaints Investigated</i>					
Number of complaints	61	272	1,450	52	1,835
Rat infestations found	34	130	1,085	52	1,301
Mouse infestations found .. ..	25	95	226	—	346
No infestation .. ..	2	47	139	—	188
<i>Treatments</i>					
Number of treatments completed (rats) .. ..	54	130	1,367	134	1,685
Number of treatments completed (mice) .. ..	29	92	239	—	360
Number of visits made survey and treatment .. ..	413	1,009	9,880	568	11,870

## Noise Abatement Act, 1960

There were fifty-two complaints alleging noise nuisances but following investigations, only twenty-two complaints could be substantiated as requiring action of some kind. In each of the following, the noise causing the nuisance was reduced to a tolerable level or eliminated.

Noisy dogs .. ..	In five instances informal warnings were given and the noise was minimised by the dogs being kept under control or in three instances the dog was removed.
Bowling Alley .. ..	An informal approach to the management secured improved supervision of the car park late at night and effective precautions were taken to reduce the noise of pop groups by suitable window screening.
Railway Diesel Engines waiting in a siding opposite dwellings .. ..	The period during which an engine was running was reduced to a minimum. New time-tables have reduced the number of diesel trains standing in the siding.
Metal Works (complaints during summer months) ..	In one instance arrangements were made for the large factory doors opposite the block of flats to be closed when noisy work was being carried out. In the other case the large factory doors were kept closed during the night and Sundays.
Bantams early in the morning	All the bantams sold.
Refrigerator motor of ice-cream vending vans ..	In each case the driver of the van undertook not to park for long periods outside the houses concerned.
Wood working machinery in a residential area ..	An unauthorised business was closed by Town Planning Procedure.
Dogs and children .. ..	An improvement effected after an informal approach by the Inspector. The petitioners were satisfied.
Pet Shop .. ..	The noise reduced to a satisfactory level and fewer birds kept on the premises.
Plastic printing .. ..	Insulation of the building improved and certain machines not to operate at night or weekends. The interference with television reception was the real reason for complaint. The factory eventually ceased production.
Church Halls .. ..	In both instances the noise produced by dance music and amplifiers was reduced to a reasonable level by an informal approach to the Church Authorities.
Haulage Depot (working at night) .. ..	The site of the loading bays was changed and they are now screened from houses by buildings.
Pile Driving for Docks Extensions .. ..	Agreement reached for the periods of working to be 7.0 a.m. to 10.0 p.m. on weekdays and 9.0 a.m. to 6.0 p.m. on Sundays.
All night parties .. ..	Two warnings were given.

## HOUSING

During the year a further 262 houses were represented as unfit for human habitation. This leaves 596 houses still to be dealt with in the five year programme up to and including 1970, but it is estimated that a further number of houses in the region of 250 to 300 will have to be dealt with as unfit after 1970.

After this total of 850 to 900 houses have been cleared it is considered that the rate of deterioration of older houses in the city will not be very significant provided that a programme of repair and improvement for areas of older housing is pursued by the Council. The increasing trend towards the owner/occupation of dwellings will also greatly assist in the preservation of these older houses as satisfactory units of accommodation.

### Clearance Areas

#### **The Southampton (Chapel Nos. 10-12) Clearance Areas, 1964**

The houses included in these clearance areas also form part of the lands required for the approaches to the proposed bridge over the River Itchen and are being acquired under the provisions of the Southampton Corporation Act, 1960. During the year the three remaining families were rehoused by the Council and the last 21 houses demolished.

#### **The Southampton (Chapel No. 13) Clearance Area, 1965**

#### **The Southampton (Chapel No. 3) Compulsory Purchase Order, 1965**

The rehousing of the remaining thirteen families was completed in the year and a further 58 houses demolished. This leaves three houses to be cleared in 1968.

#### **The Southampton (Everton Street) Clearance Area, 1965**

#### **The Southampton (Everton Street) Compulsory Purchase Order, 1965**

Following confirmation of the order towards the end of 1966, seventy-eight families were rehoused from the Order area. The removal of the few remaining families will be effected next year and all the buildings will be cleared away.

#### **The Southampton (Clifford Street) Clearance Area, 1966**

#### **The Southampton (Bevois North) Housing Compulsory Purchase Order, 1966**

The Order was confirmed with modifications by the Minister of Housing and Local Government on 24th August, 1967, nine months after the Public Local Inquiry was held.

The modifications were as follows:

Nos. 12, 54 and 'Wilton House', Clifford Street and Nos. 16 and 43 Wilton Street transferred from Part I to Part II of the Order Schedule.

Nos. 7, 9 and 11 Clifford Street and sites of Nos. 13 to 47 (odd) Ascupart Street transferred from Part I to Part III of the Order Schedule.

Fifty-seven families have been rehoused from properties in the Order.

#### **The Southampton (Belgrave Road Nos. 1-5) Clearance Areas, 1966**

#### **The Southampton (Belgrave Road) Compulsory Purchase Order, 1967**

The clearance areas comprising 124 houses, were included in a compulsory purchase order made by the Council on 4th April 1967 with the addition of the following properties:

Thirteen dwelling houses, five shops with living accommodation, one Church Hall and land.

A Public Local Inquiry conducted by R. St. George Whelan, Esq., A.R.I.B.A., M.T.P.I., was held on 18th July 1967 as a result of objections made to the Order.

Confirmation of the Order by the Minister of Housing and Local Government was made on 10th November 1967, with the following modifications:

The site of 81 Belgrave Road excluded from the Order.

Nos. 360 and 468 Portswood Road and Nos. 4, 5, 11, 31, 41, 55, 57, 70, 89, 102, 116, 126, and 128 Belgrave Road transferred to Part III of the Order Schedule.

Rehousing of the families will commence in 1968.

### **The Southampton (Bevois Valley Road Nos. 1 and 2) Clearance Areas, 1966**

#### **The Southampton (Bevois Valley Road) Compulsory Purchase Order, 1967**

These clearance areas containing thirty-nine houses and three other buildings were represented to the Council on 9th December 1966 and subsequently included in a Compulsory Purchase Order made on 1st June 1967 with the addition of one property, a lock-up garage.

A Public Local Inquiry was held on 25th October 1967 by H. R. Parkin, Esq., A.R.I.B.A., on behalf of the Minister of Housing and Local Government and the Order was confirmed without modification on 28th December 1967.

The inhabitants of the properties in the Order will be rehoused in 1968.

### **The Southampton (Empress Road Nos. 1-3) Clearance Areas, 1967**

#### **The Southampton (Empress Road) Compulsory Purchase Order, 1967**

The clearance areas were represented to the Council on 10th March 1967 and contained 44 houses, one public house and one other building. A Compulsory Purchase Order was made on 7th November 1967 to include these properties with the adjoining vacant sites.

It is anticipated that a Public Inquiry will be held in 1968 to hear objections to the Order.

### **The Southampton (Randolph Street Nos. 1-6) Clearance Areas, 1967**

These clearance areas comprising 93 houses were represented on 13th October 1967. The properties are likely to be included in a Compulsory Purchase Order early in 1968.

### **Individual Unfit Houses**

During the year 47 houses were demolished consequent to Demolition Orders being made. In addition, 25 unfit houses owned by the City Council were also demolished.

Of the four houses represented at the end of 1966, the Council made two Demolition Orders and 1 Closing Order and accepted an undertaking to make the other house fit for human habitation.

Representations in accordance with Section 16 of the Housing Act, 1957 were made relative to 101 houses with the following results:

14 Demolition Orders made.

8 Closing Orders made.

58 Undertakings accepted that houses would not be used for human habitation.

The Orders have not yet been made in respect of the remaining 21 houses.

There were also 23 houses owned or acquired by the Council which were certified as being unfit for human habitation during the period under review.

### **A Summary Showing the Number of Houses Dealt With under the Housing Acts from 1953 to 1967**

(1) Number of houses included in clearance areas	..	..	..	2,643
(2) Number of houses outside clearance areas	..	..	..	372
(3) Number of houses demolished in (1) and (2)	..	..	..	2,417
(4) Number of individual houses demolished	..	..	..	620
(5) Number of individual houses closed or awaiting demolition	..	..	..	141

## Improvement Areas (Environmental Improvement)

In the first half of 1967 a preliminary survey was carried out by Public Health Inspectors and Technical Assistants of a part of Freemantle containing 574 housing units.

This figure incorporates all types of dwellings in the area including three blocks of Council flats for old people and private dwellings of recent construction. Of 473 premises inspected, it was found that 285 were owner/occupied and 188 were tenanted. Over 400 premises were found to be in fair to good repair and nearly 400 had five or more habitable rooms. Having regard to the average number of occupants per housing unit of 2.9 it can be seen that adequate room units are available for conversion in the survey area. This is borne out by the fact that 323 of the houses inspected already had a bath provided.

In November a joint officers report was submitted to the appropriate Committee of the City Council giving details of a scheme for the comprehensive improvement of this part of Freemantle. In addition to the repair and improvement of the dwellings in the area the scheme includes proposals for the external improvement of the houses, the reshaping of the road layout, the removal of unneighbourly uses and the provision of new buildings, open spaces and car parks in the area.

The report is still under consideration by the Council.

## FOOD INSPECTION

The wholesale meat depots were subject to 1,216 visits for the inspection of home killed and imported meat and offal and for the inspection of premises. Eighty-five of these visits were made to inspect consignments of meat sent from the Republic of Ireland in sealed containers. In addition, 403 visits were made to meat manufacturing premises, shipping butchers and retail butchers.

Seven tons, 15 cwts., 89 lbs. of meat and offal were voluntarily surrendered and destroyed.

The cold storage treatment was supervised of 72 carcasses of beef and offal affected with *Cysticercus Bovis* and sent to cold stores in the City from outside abattoirs for the approved treatment.

One hundred and fifty-three export certificates were issued following the inspection of animal casings at a local factory.

### Unsound Food

In connection with the inspection of food, 4,190 visits were made to shops, warehouses, stores and markets.

The following articles of food were found to be unfit for human consumption and were voluntarily surrendered and destroyed by the Corporation.

	Tons	Cwts.	lbs.
Meat, Bacon, Ham and Sausage .. ..	3	6	27
Biscuits and Cake .. .. .	—	—	98
Cheese .. .. .	—	2	108
Fish and Fish Cakes .. .. .	4	14	81
Flour .. .. .	—	1	33
Fruit .. .. .	63	7	42
Jam .. .. .	—	1	62
Margarine .. .. .	—	—	24
Milk and Cream, canned, Yoghourt .. ..	—	7	101
Nuts .. .. .	—	16	102
Poultry and Rabbits .. .. .	—	3	38
Quick frozen food .. .. .	4	3	45
Rice and Spaghetti, canned .. .. .	—	1	85
Salad Cream, Sauce and Spreads .. ..	—	—	64
Vegetables .. .. .	90	14	20
<b>TOTAL ..</b>	<b>168</b>	<b>3</b>	<b>34</b>

Total weight of food including diseased and unsound meat and offal found to be unfit for human consumption:

175 tons, 19 cwts., 11 lbs.

### Food Complaints

A total of 164 complaints were received concerning the unsatisfactory condition of foodstuffs, foreign matter in food or dirty milk bottles. This is a decrease on the previous year when 206 complaints were received. These complaints were all carefully investigated and with the exception of two instances, it was possible to deal with them in an informal manner. Legal proceedings were taken against a firm of pie makers for selling a pie containing a piece of metal staple, and resulted in a fine of £75 0s. 0d. and costs of £2 2s. 0d. being imposed. A firm of bakers were fined £20 0s. 0d. for selling a sausage roll containing a fly.

### Milk Supply

With the exception of small amounts of ultra heat treated and sterilised milk, all the milk retailed in the City was processed at three dairies in Southampton.



No untreated milk was sold. At the end of the year, there were 255 shops and 17 vending machines where liquid milk was sold. A large wholesale firm of grocers commenced to deal in ultra heat treated milk and others are expected to follow. No milk samples were submitted for *Brucella Abortus*.

Two hundred and ninety-two visits were made to dairies for sampling purposes and inspection of premises and plant.

No adverse reports were received on the 197 samples of milk submitted to the Public Analyst for chemical examination. Twenty-four of these samples were Channel Islands milk.

In addition, 227 samples of milk were submitted to the Public Analyst for the detection of anti-biotics. In three instances bottles of milk from dairies were found to contain penicillin. The incoming milk to these dairies was delivered by road tankers from a number of farms. With the co-operation of the dairymen, informal samples were quickly obtained from the farms concerned. One of these samples was positive but when the subsequent formal sample was taken, it was negative. The Milk Marketing Board were kept informed. An informal sample of milk from a vending machine was found to contain penicillin, but a subsequent formal sample was negative. The matter was taken up with the milk producer and further samples were negative.

The only failures in the 207 samples of milk submitted to the Public Health Laboratory were five consecutive samples of pasteurised milk from vending machines. These vending machines are owned by a milk producer from a neighbouring district and after investigations by the Public Health Inspector for this district, the fault in the pasteurising plant was corrected and subsequent samples were satisfactory.

During the year, the Council granted the following number of pre-packed milk licences to dealers under the Milk (Special Designation) Regulations, 1963-1965:

Pasteurised	..	..	..	..	..	..	..	..	..	63
Sterilised	..	..	..	..	..	..	..	..	..	2
Ultra Heat Treated	..	..	..	..	..	..	..	..	..	19

### Ice Cream

Thirty-six premises were registered by the Council under Sections 16 and 18 of the Food and Drugs Act, 1955 for the sale, manufacture or storage of ice cream and 34 applications were granted in respect of changes of occupier under the Southampton Corporation Act, 1931.

The number and type of premises on the register at the end of the year was as follows:

Manufacturers including premises where soft ice cream machines are installed or where the cold mix method of manufacture is used	..	9
Storage of ice cream	.. .. .	5
Vendors of ice cream	.. .. .	705

Two hundred and eighty-two visits were made to ice cream premises and inspections of ice cream vans.

All the 66 samples of ice cream were submitted to the Public Analyst for chemical examination were found to be satisfactory.

There were 20 samples of ice cream out of the 82 samples submitted to the Public Health Laboratory which failed to reach the standard of Provisional Grade I. Nine of the unsatisfactory samples were unsatisfactory samples from soft ice cream vans, eight from a local ice cream factory and three from shops. The unsatisfactory samples were followed up until Grade I samples were produced.

### Food Hygiene (General) Regulations, 1960

The improved staff position during the year has enabled a more systematic approach to be made in the inspection of food premises in general. In addition to the inspection of food premises already mentioned in the report, it has been possible to increase the number of inspections at other premises, for example, 657 inspections and revisits of licensed premises, restaurants and cafes received 757 inspections and 138 inspections were made of fried fish shops, guests houses

and school kitchens. Arising out of these visits 103 notices were served and, taking into account the carry-over of notices from the previous year, 124 notices were complied with. The following table indicated the variety of items of work carried out:

Floors, walls and ceilings repaired .. .. .	71
Rooms cleansed and redecorated .. .. .	32
Hot water provided to sinks or wash hand basins .. .. .	8
Washing facilities provided for staff or customers .. .. .	13
Sinks provided or renewed .. .. .	7
Utensils or equipment cleansed .. .. .	6
Ventilation improved .. .. .	2
Counter protection or working surfaces improved .. .. .	13
Clothes lockers provided .. .. .	2
Sanitary accommodation repaired, redecorated or improved .. .. .	40
First aid boxes provided .. .. .	7
Yards improved .. .. .	8
Bins provided .. .. .	12
New premises completed or premises reconstructed .. .. .	18

Classification	Number of Premises	Fitted to comply with Reg. 16	Premises to which Reg. 19 applies	Fitted to comply with Reg. 19
Bakehouses .. .. .	14	14	14	14
Works canteens .. .. .	62	62	62	62
Cafes, Restaurants .. .. .	159	148	159	159
Public Houses, Hotels, etc. .. .. .	354	351	354	354
Fish Friers .. .. .	43	41	43	43
Wholesale Meat Factories and depots .. .. .	24	24	24	24
Butchers .. .. .	101	100	101	101
Wholesale grocers .. .. .	8	8	8	8
Fishmongers and Greengrocers .. .. .	97	97	94	94
General shops, Sweet shops, Kiosks .. .. .	715	713	616	616

### Sampling—Food and Drugs Act, 1955

During the year, 829 samples were taken for analyses. The following table shows the number of samples taken of each article, and whether satisfactory or otherwise. A summary of unsatisfactory samples also follows:

Article	Formal	Informal	*N.S.
Sugar, confectionery, ice cream, etc. .. .. .	6	113	—
Flour, cake mixes, bread, etc. .. .. .	8	11	1
Milk, liquid, canned, etc. .. .. .	197	239	4
Fruit, fruit juices, Vegetables, etc. .. .. .	6	58	2
Fats .. .. .	7	16	—
Fish, meat and meat products, etc. .. .. .	6	11	3
Condiments, sauces, etc. .. .. .	1	24	2
Preserves .. .. .	1	6	2
Cereals .. .. .	—	12	—
Tea and coffee .. .. .	—	18	2
Wines, spirits, beer, cider .. .. .	13	12	1
Frozen meals .. .. .	—	6	—
Drugs .. .. .	—	58	1

\* Not satisfactory.

## Summary of Unsatisfactory Samples

Sample No. 96 ..	An informal zinc ointment sample was deficient in zinc oxide. The matter was taken up with the Vendor and wholesaler and further samples were satisfactory.
Sample No. 134 ..	A deficiency of chicken meat in chicken croquettes was corrected and further samples were satisfactory.
Samples Nos. 234 and 257	As a result of irregularities in the labelling, a consignment of coffee was withdrawn from sale.
Sample No. 245 ..	A slight deficiency of lean meat in dried chicken noodle soup was taken up with the manufacturers.
Samples Nos. 608, 646, 776, 822	Four informal samples of milk were found to contain 0.04 to 0.1. International Units per millilitre of penicillin. Follow up formal samples were negative.
Sample No. 458	Canned apricots were reported as deficient in sugar but twelve sample cans from the same consignment were satisfactory.
Samples Nos. 548, 573	Proceedings were commenced as a result of a deficiency of lemon oil in lemon curd, but owing to technical difficulties these were withdrawn.
Sample No. 584	A formal sample of iodised salt was satisfactory after a report of deficiency in Iodine in an informal sample.
Sample No. 620	A deficiency of chicken meat in chicken pie was corrected after consultation with the manufacturers.
Sample No. 767	The attention of the manufacturers was directed to a slight deficiency of fat in a Christmas Pudding.
Sample No. 781	An excessive amount of gristle and connective tissue in a sample of beef with vegetables and gravy was taken up with the manufacturers.
Sample No. 813	A sample of colouring matter was found to contain mould and the remaining stock was withdrawn from sale.
Sample No. 826	A caution was given to the vendor of Vodka, found to be slightly deficient in proof spirit.

## The Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966

The Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966 and Amendment came into operation on the 1st January 1967. A start was made with visits to firms owning fleets of vans, and enquiries were received from representatives of various trading organisations.

The applications of the Regulations to the Corporation owned Kingsland Square Market was then considered. Additional washing facilities were provided in the existing traders sanitary block. Twenty-five certificates of exemption in respect of the obligation to provide washing facilities were granted to food traders while at this market. Each foodstall was visited and the Regulations explained to the stallholder.

This open air market has been scheduled for improvement and modernisation for a number of years, and when at last provision for the necessary work to be carried out was included in the 1968 estimates, it was most unfortunate that considerable cuts had to be made in January owing to economic pressures.

However, the work which will be carried out in 1968 will enable the surface of the market to be relaid and drained, the lighting to be improved, re-arrangement of the stalls and improved refuse facilities.

Hopes of a more permanent type of stall instead of the unsightly and barely satisfactory wood or tubular steel and canvas stall will have to be deferred until money is available. Fortunately the majority of the food stalls at this market only deal in fruit and vegetables.

The most difficult part of the operation was dealing with the many individual mobile traders, principally selling fruit, vegetables and a few tins of food. These traders cover the whole residential area of the city, some on one day and some on another, all at various times. In most instances co-operation was received and many of the vans were equipped with all facilities before being approached.

At the end of the year, it could not be said that the Regulations had been fully met, but it is anticipated that remaining breaches of the Regulations will be dealt with during 1968.

### **Fertilisers and Feeding Stuffs Act, 1926**

Ten samples of fertilisers and nine samples of feeding stuffs were taken and submitted to the Agricultural Analyst for examination. With the exception of a sample of poultry fattening meal, which contained an excess of oil, all the samples were satisfactory. The excess of oil was brought to the notice of the manufacturer.

### **The Public Health (Shellfish) Regulations, 1934-1948**

*Orders made by the Council*

No instances were detected of persons infringing the Orders.

### **Salmonella in Pet Meat**

Thirty-four samples of raw meat from pet shops and 18 samples of raw meat from butchers shops were submitted for examination.

Salmonella organisms were found in the following samples:

- 2 imported horseflesh.
- 1 home killed horseflesh.
- 1 imported melts.
- 1 pet food of unknown origin.

### **National Scheme for Detection of Pesticides in Foodstuffs**

This authority again participated in the scheme and the following samples were taken and submitted to the Analyst:

- 5 raw vegetables
- 6 apples
- 2 cheese
- 6 lard
- 2 beef
- 4 milk
- 1 bread.

The pesticide found in the samples was well below any suggested limits.

### **The Liquid Egg (Pasteurisation) Regulations, 1963**

There are no egg pasteurisation plants in Southampton and no samples were taken during the year.

### **Poultry Inspection**

There are no poultry processing premises in the City.

## AIR POLLUTION CONTROL

Under the provisions of the Clean Air Act, 1956 a total of 529 visits were made. These do not include visits in connection with Smoke Control Areas which are considered below. Visits relate to the investigation of complaints, smoke observations, smoke nuisances under Section 16 and control and advisory visits in connection with the installation of new boiler plant or chimneys. It has not been found necessary to take formal action in any case.

Under the provisions of Section 10, where plans submitted to the Council included proposals for new chimneys, approval was given to the height in 17 cases. However, in four of these cases the plans were only approved after the original proposed height had been increased. No plans for new chimneys were refused under Section 10.

### Smoke Control Areas

During the year work proceeded on alterations and conversions of fireplaces in the No. 5 (Banister) Smoke Control Area which was confirmed at the end of 1966. This Order comes into operation in April, 1968.

In July the Council made the No. 6 (St. Marys) Smoke Control Order which was confirmed in September. This area is larger than any previous area, other than No. 5, but is different in character in that, being in the central area of the City it contains a higher proportion of commercial properties and large areas where obsolete housing is being cleared for redevelopment. There are considerably more Council owned than privately owned dwellings although the great majority of the former are of recent construction and require no alterations to fireplaces.

The No. 7 (Atherley) Smoke Control Order was made in December and submitted to the Minister for confirmation. It contains the highest number of dwellings yet included in an area.

A total of 3,662 visits were made in connection with Smoke Control Areas during the year.

## OFFENSIVE TRADES

Consent to carry on offensive trades was granted in respect of four dealers in rags and/or bones and one factory carrying on gut scraping, edible fat melting and inedible fat extraction.

During the year 1,087 visits were made to these premises almost entirely in connection with the animal by-products factory.

Over a long period there had been a large volume of complaint from adjoining residents regarding offensive smells caused by the inedible fat extraction process at the factory and legal proceedings took place in 1965 and 1966 either by way of nuisance order or appeals against the Council's refusal to grant consent for inedible fat extraction.

As a result of these facts the Council granted consent during the year on a monthly basis only so that the position could be kept under continual review, and in particular so that the position in the summer could be compared with previous summers, a time of the year when experience had shown that a nuisance was most likely. The number of complaints during the summer was very similar to those in 1966 and in September, following a review of the whole summer period, renewal of consent was refused. An appeal against this decision had not been heard by the end of the year.

## BAKEHOUSES

Visits under the Factories Act, 1961, and the Food Hygiene (General) Regulations, 1960, totalled 83. The number on the Factories Act Register at the end of the year was 14. This is a decrease of one and results from the closure of one bakehouse.

Since all the bakehouses in the City are power factories the only concern of the local authority under the Factories Act is the enforcement of Section 7 of the Act. Considerable attention is given, however, to the application of the Food Hygiene Regulations in these premises, which have received regular visits throughout the year.

### **RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951**

The number of premises registered under the Act to use filling materials is 15. There are no premises licensed to manufacture or store rag flock.

Six samples of filling materials taken and submitted to an approved analyst were all satisfactory.

Five informal samples were also taken of soft toys to ascertain if they were filled with materials to which the Act applies and preliminary examination by the approved analyst showed that in three cases the Act applied. Subsequently formal samples of two of these toys were submitted and in each case the filling material failed to comply with the standards required by the Act. Both of the toys concerned were of foreign manufacture and investigations with the wholesalers and importers were still in progress at the end of the year.

### **Consumer Protection—The Toys (Safety) Regulations, 1967**

These Regulations came into force on 1st November, 1967 and seven informal samples were taken and submitted for analysis of the paint film for toxic metals. All these toys were of foreign manufacture and were satisfactory.

Two samples of crayons and pencils were also examined and the pencils, manufactured in China, were found to contain very excessive amounts of toxic metals in the paint. Investigations continue into the source of these pencils and stocks held by the local supplier are being withheld from sale.

### **HAIRDRESSERS' PREMISES**

The Southampton Corporation Act, 1937 requires persons carrying on the business of hairdressing to register their premises with the Council and Bye-laws made under the Act, control the cleanliness of the premises.

There are 163 ladies' and 93 gentlemen's hairdressing businesses on the register, a small proportion being combined. The number of premises concerned is 230.

Eighty-nine visits specifically in connection with this Act have been made but in addition many more have been made in conjunction with the Offices, Shops and Railway Premises Act. The general standard of the premises has been found satisfactory.

### **SHOPS ACT, 1950**

The number of visits made was 324.

Opportunity is usually taken to combine visits under the Shops Act with inspections in connection with other statutes such as the Offices, Shops and Railway Premises Act.

Informal warnings were given on 48 occasions, these being related in 21 instances to the employment of assistants, in 7 cases to general shop hours and in 20 cases to infringements in connection with Sunday Trading. No written Notices were served.

### **PHARMACY AND POISONS ACT, 1953**

The duties of the Department are concerned with supervision of the sale of scheduled poisons in Part 2 of the Poisons List in shops other than chemists and pharmacists. Particular attention is paid to the sale of listed household disinfectants which fall within the Statutory definition of poisons in grocers or general shops.

Supervision is also exercised in the case of seedsmen and hardware merchants who sell arsenical, mercurial or nicotine poisons contained in weed killers or agricultural or horticultural insecticides. In this case a check is also kept on the maintenance of the Poisons Register.

In recent years an increasing number of hair colouring preparations containing scheduled poisons have come onto the market and control is exercised over shops where these are sold.

The number of inspections under the Act totalled 23. The number of applications for licences under Part 2 of the Act dealt with during the year and approved by the Council was eight. The number of premises on the register at the end of the year was 167.

### FACTORIES ACT, 1961

	No. on Register at end of year	No. of visits during year
Power factories .. .. .	795	650
Non-power factories .. .. .	32	29
TOTAL..	827	679

### Outworkers (Section 133 and 134)

The Factories Act, 1961, requires that factory occupiers and contractors shall send copies of lists of outworkers employed in certain classes of work to the district council in February and August of each year. Lists were received as follows:

Month	No. of Lists sent in by			No. of Outworkers notified			No. of Outworkers notified to other Local Authorities
	Local Firms	Other Local Authorities	Total	Local Firms	Other Local Authorities	Total	
February ..	5	3	8	12	3	15	1
August ..	3	5	8	8	6	14	2

Forty-four visits were made to outworkers premises. No cases were found of homework being carried on in unwholesome or undesirable premises.

Further details of action under the Factories Act is included in the attached prescribed appendix.

(The following appendix is included at the request of the Minister of Labour).

**Annual Report of the Medical Officer of Health**  
**in respect of the year 1967 for the City**  
**of Southampton in the County of Hampshire**

Prescribed Particulars on the Administration of  
the Factories Act, 1961

I. INSPECTIONS for purposes of provisions as to health (included inspection made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Pro- secuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	32	29	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	795	639	37	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	11	—	—
TOTAL ..	836	679	39	—



2. Cases in which DEFECTS were found  
(if defects are discovered at the premises on two, three, or more separate occasions they should be reckoned as two, three, or more 'cases').

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	—	—	1	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of (S.6) ..	—	—	—	—	—
Sanitary Conveniences: (S.7)					
(a) Insufficient ..	5	2	—	—	—
(b) Unsuitable or defective ..	38	18	—	1	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
<b>TOTAL ..</b>	<b>43</b>	<b>20</b>	<b>1</b>	<b>1</b>	<b>—</b>

## PART VIII OF THE ACT

### Outwork (Sections 110 and 111)

Nature of work (1)	Section 110			Section 111		
	No. of out-workers in Aug. list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel } Making etc. Cleaning and Washing ..	10	—	—	—	—	—
	—	—	—	—	—	—
Making of curtains and furniture hangings ..	4	—	—	—	—	—

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The improved staff position was reflected in the number of inspections carried out during the year, and at last the survey and inspection of all the offices in the City was practically completed. Special inspections of 72 medium-sized offices were carried out during the winter months to check the efficiency of the lighting and heating. All these offices were found to be adequately heated, but the lighting in ten of the offices was found to be below the standard recommended by the Illuminating Engineering Society.

In one instance proceedings were instigated regarding the unsatisfactory sanitary accommodation and washing facilities in an office with mixed sexes, but before the Court Hearing, the unsatisfactory conditions were remedied.

The survey of shops and other premises under the Act although not completed was making good progress by the end of the year. Inspections under other legislation are always carried out simultaneously with each general inspection.

Notified accidents show a slight decrease from the previous year, being a reduction from 121 to 103, but there is a strong suspicion that many accidents which, strictly speaking are notifiable, are not reported.

It is interesting to note that most of the shop accidents reported come from the same few multiple shops.

	Total number of registered premises	Number of registered premises receiving a general inspection
Offices .. .. .	868	477
Retail shops .. .. .	1,370	815
Wholesale shops, warehouses ..	215	12
Catering establishments open to the public, canteens .. .. .	287	362
Fuel storage depots .. .. .	9	1

Although 722 informal notifications of contraventions were served, most of them were of a minor nature and the following list indicates the type of contravention found:

Cleanliness .. .. .	30
Overcrowding .. .. .	17
Lighting .. .. .	43
Ventilation .. .. .	32
Heating .. .. .	9
Absence of thermometers .. .. .	219
Absence of first aid requirements .. .. .	248
Sanitary accommodation .. .. .	123
Washing facilities .. .. .	133
Supply of drinking water .. .. .	2
Clothing accommodation .. .. .	1
Seating facilities .. .. .	1
Floors, passages, stairs .. .. .	122
Eating facilities .. .. .	2
Fencing of machinery .. .. .	39
Absence of Abstracts .. .. .	401

General Inspections:

Offices.. .. .	477
Shops .. .. .	815
Wholesale warehouses .. .. .	12
Catering establishments .. .. .	360
Canteens .. .. .	2
Fuel Store .. .. .	1
Other visits to registered premises .. .. .	2,036
Contravention notices served .. .. .	722
Contraventions remedied .. .. .	611
The following contraventions were remedied:	
Overcrowding .. .. .	16
Cleanliness .. .. .	24
Lighting .. .. .	31
Ventilation .. .. .	23
Thermometer .. .. .	219
Accommodation for clothing .. .. .	3
Seating facilities .. .. .	3
Floors, etc. .. .. .	37
First Aid .. .. .	247
Fencing of machinery .. .. .	32
Sanitary accommodation .. .. .	158
Washing facilities .. .. .	129
Abstract of Act .. .. .	366
Stairways .. .. .	2
Heating .. .. .	4
O.S.R.I registration completed .. .. .	38
Handrail .. .. .	9
Sanitary dressings .. .. .	1
Eating facilities .. .. .	2
Drinking water .. .. .	1
Accumulation of refuse .. .. .	2

# PORT HEALTH

100-111

## PORT HEALTH SERVICE

DR. ANGUS MCGREGOR, PORT MEDICAL OFFICER.

During 1967 there was an appreciable increase both in the number of arrivals of vessels from foreign ports boarded on arrival and in work in relation to coast-wise vessels. Much of the increase was due to more ferry services from France and a new car ferry service from Spain but some resulted from a larger programme for cruise liners using the port. These additional services involved Medical Officers and port health inspectors in more frequent boarding for health clearance immigration work and general inspectorial duties.

It might be thought that cruise ships would return with their passengers more fit than when they began their trip. This is true of the majority of passengers but perhaps due to age and over exertion with games, shore excursions or even an excess of the excellent food and drink available, some require admission to hospital or transport home by ambulance on their return to Southampton. Admittedly the numbers are very small in proportion to total passenger lists but as hospital admission and ambulance transport arrangements, for cruise and other ships, are made after patients have been seen by port health officers, this means additional work for the staff. The port health launch was sold after being out of service for almost a year and car allowances were approved to enable inspectors to visit the oil jetties and to increase general flexibility in the port area.

Passengers on ships arriving here within 14 days from ports outside Europe and North America are required to hold valid vaccination certificates against smallpox and this applies to some cruise ships calling at North African ports. To minimise delay on arrival, agreement was reached with the ships concerned for checking of vaccination certificates by the ships' surgeons during the voyage. Persons not holding valid certificates are seen by the port health staff and arrangements made for the necessary surveillance by the medical officer of the area to which passengers proceed. Eight-hundred-and-ninety-three persons were placed under surveillance during the year.

The volume of passenger traffic increased in 1967 on all routes except those from the United States of America. The total increase was of the order of 110,000 bringing the number of passengers inward and outward up to over 1,000,000 persons. Fewer vessels were dealt with by tender in Cowes Roads. Six-hundred-and-fifteen tankers arrived at the Hamble and Fawley oil jetties from foreign ports.

Foodstuffs landed at the docks increased by about 16%. Included in this are foodstuffs arriving by the ferries from France and Spain, all requiring immediate inspection on arrival. To deal with this, consideration was given to the amalgamation of the port health and port food inspectors and forming a dual purpose inspectorate carrying out both duties.

No case of the six quarantinable diseases (plague, cholera, yellow fever, smallpox, typhus and relapsing fever) was landed in the port. Details of cases of other illnesses on ships arriving are given in the body of the report.

# REPORT OF THE CHIEF PORT HEALTH INSPECTOR

MR. T. BORROWS.

The changing methods of transporting goods by sea affects all port health authorities and Southampton Port Health Authority being no exception, was considerably affected by the build up of roll-on, roll-off ferry services. These, during the summer months were running at seven to eight dockings per day, spread over a period of about 15 hours. The food inspection service was severely affected and it was only possible to inspect a portion of the foodstuffs landed.

The carriage of foodstuffs in containers is expected to increase rapidly during the next two or three years and the Port Health Authority must be in a position to cope with and accommodate these new methods of transportation. The new Imported Food Regulations (effective 1st August 1968) should go some way to help. Rapid changes in the structure and re-organisation of the port health staff were essential during the year, and it is hoped that by the opening of the summer season 1968, retraining will be completed. Further details of food inspection will be found later in this report.

## **Rodent Control**

The number of rodents on ships using this port continues to be minimal, and it is therefore very necessary that port authorities should maintain the dockside areas in a reasonably rodent free condition.

A rodent survey of the dockside areas was carried out and this revealed an extensive slight infestation. An approach was made to the bodies concerned and a further survey will be carried out in 1968 to ascertain the success or otherwise of repressive measures.

## **Gastro-intestinal Sickness**

On two vessels using this port there were reports of a recurring gastro-intestinal sickness. A faecal sampling operation was mounted which involved the taking of over 200 specimens from the ships' catering staff. The specimens from one vessel proved to be negative but from the other vessel two cases of *Shigella sonnei* were isolated. The removal of the carriers and recommended improvements in hygiene appeared to be effective.

## **Living Standards Aboard Ships**

The port health inspectors report a continuous and progressive advance in conditions aboard ships with a diminution of vermin and a general improvement in living conditions on most vessels.

## **Clean Air**

Smoke control reports on vessels showed that most offences were due to carelessness and were abated immediately on notification but the increasing number of cases gave rise to some concern and the position will be kept closely under review.

## **Water Supply**

Section V of the Annual Report dealing with water supply shows a number of the samples taken from dock hydrants to be unsatisfactory. Investigation showed that the hydrant pits were not self-draining and were therefore frequently flooded by spillage from the hydrants and hoses. The hydrant pits had become dirty and were not capable of being adequately cleansed. In some cases hydrant covers were not replaced. Attention was given to all these matters, new valve washers were fitted and instructions given to all watermen and berthing masters regarding care

and maintenance of a proper standard of hygiene at all hydrants. Steps are being taken to ensure that hydrant pits on all new works are self-draining and it is hoped to carry out work at some berths to make existing hydrant pits self draining. After all remedial measures had been taken further samples of water were found to be satisfactory.

### Food Hygiene (Docks, Carriers, etc.) Regulations, 1960

The standards of cleanliness of the transit sheds and railway vans carrying foodstuffs was generally good. On the few occasions when it was necessary, verbal representation to the British Transport Docks Board was instrumental in having minor defects remedied.

### Contents of Report

The tables in Sections I to XVI inclusive are set out in the manner required by the Ministry of Health and are followed by certain supplementary material so that important aspects of the work of the Port Health Service are covered.

## Section I—Staff Changes 1967

Table 'A'

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
T. Borrows	Chief Port Health Inspector	1.4.67	Cert R.S.H. Cert. Meat and Other Foods. Cert. Liverpool University School of Hygiene for meat and food inspection. Intermediate Diploma in Municipal Administration.	—

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

Table 'B'

Ships from	Number	Tonnage	Number inspected		No. of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign ports	4,257	20,713,284	962	1,644	114
Coastwise ..	13,289	6,224,393	—	730	1
TOTAL ..	17,546	26,937,677	962 *	2,374	115

\* Of the 962 vessels, 928 were boarded by the Medical Officer alone and 34 were boarded by both Medical Officer and Port Health Inspector.



Section III—Character of Shipping and Trade During the Year  
Table 'C'

Passenger Traffic	Number of Passengers Inwards Number of Passengers Outwards	508,552 519,067
Cargo Traffic	Principal Imports (Foreign)  (Coastwise)  Principal Exports	Canned foods; dairy produce; fruit (deciduous); fruit (citrus); dried fruit; vegetables; meat and meat products; provisions; wines; miscellaneous frozen foods; grain; flour; animal feeding stuffs; timber; building materials; chemicals and chemical fertilizers; tobacco; crude and refined oils, etc., miscellaneous.  Coal; transhipped goods and home produce.  General manufactured goods; textiles; grain and flour; food and provisions; machinery; iron and steel; motor cars, etc.
Principal Ports from which ships arrive . .	Agadir Antwerp Amsterdam Auckland Baltic Ports Barbados Bilbao Boston Bremen Bremerhaven	Dieppe Famagusta Fort de France Freemantle Gdansk Gdynia Genoa Georgetown Guernsey
	Brisbane Buenos Aires Casablanca Capetown Cherbourg Colombo Corunna Curacao Durban	Gulfports Haifa Halifax Hamburg Hamina Jersey Kingston Kuwait La Guaria
	Le Havre Lco. Marques Madeira Melbourne Mena al Ahmadi Mersa el Brega Montreal Naples New York	New Orleans Philadelphia Pt. Elizabeth Port Said Port Antonio Quebec Rotterdam Rouen Sidon
	Singapore St. Helena Sydney Tangier Teneriffe Toronto Trinidad Wellington Yokohama	

Section IV—Inland Barge Traffic

Not applicable to this Port.

## Section V—Water Supply

### 1. Source of Supply for (a) The District and (b) Shipping.

No change.

### 2. Reports of Tests for Contamination.

Analysis of drinking water taken from Dock Hydrants:

Sixty-nine samples of drinking water were taken from dock hydrants and were submitted to the Public Health Laboratory, Southampton, for bacteriological examination; on analysis 12 samples were found to be unsatisfactory and remedial measures were prescribed to the British Transport Docks.

The following table shows the results of the water samples which were analysed:

#### *Bacteriological Examination*

No. of samples taken	No. of presumptive coliform organisms per 100 ml.				Bact. coli Type I present	No. of samples unsatisfactory	No. of samples satisfactory
	Less than 1	1-2	3-10	More than 10			
69	47	8	5	9	—	12	57

Analysis of drinking water supplied to the Docks:

Samples of water are taken fortnightly from special sampling taps by the department of the City Waterworks Engineer and Manager and submitted for bacteriological examination.

#### *Analysis of ships' drinking water:*

Two-hundred-and-thirty-four samples of drinking water taken from 75 vessels were submitted to the Public Health Laboratory Service for bacteriological examination and four samples taken from three vessels were submitted to the City Analyst for chemical examination.

On analysis 17 samples examined bacteriologically and one examined chemically were found to be below the standard of purity desirable for ships' supplies.

In all cases where results of analysis revealed contamination further investigation was made and remedial measures were prescribed to the masters, owners or agents of the vessels concerned.

The following tables show the results of the water samples which were analysed:

#### *Bacteriological Examination*

No. of vessels	No. of samples taken	No. of presumptive coliform organisms per 100 ml.				Bact. Coli Type I present	No. of samples unsatisfactory	No. of samples satisfactory
		Less than 1	1-2	3-10	More than 10			
75	234	205	14	9	6	6	17	217

## Chemical Examination

No. of vessels	No. of samples taken	Result of examination	No. of samples unsatisfactory	No. of samples satisfactory
1	2	(1) Pronounced petrol or similar solvent present. Not up to standard for satisfactory drinking water. (2) Water satisfactory providing Bacteriological Report is satisfactory.	1	1
1	1	Satisfactory. Pure Town water.	—	1
1	1	Some dissolved organic matter from the tank coating but will be well within limits for potability.	—	1
3	4	—	1	3

### 3. Precautions Taken Against Contamination of Hydrants and Hosepipes:

No change.

### 4. Number and Sanitary Condition of Water Boats, and Power of Control by the Authority:

No change.

## Section VI—Public Health (Ships) Regulations, 1966

### 1. List of Infected Areas (Regulation 6):

No change.

### 2. Radio Messages:

No change.

### 3. Notification otherwise than by Radio (Regulation 14 (1)(b))

No change.

### 4. Mooring Stations (Regulation 22 to 30):

No change.

## Section VII—Smallpox

### 1. Name of Isolation Hospital to which Smallpox Cases are sent from the District: Weyhill Hospital, near Andover.

### 2. Arrangements for transport of such Cases to that Hospital by Ambulance, giving the name of the Authority responsible for the Ambulance and the Vaccinal State of the Ambulance Crews:

The Southampton Corporation control and maintain a fleet of Ambulances at the Health Centre, East Park Terrace, and the transport of smallpox cases to hospital is effected by an ambulance from the depot.

All the crews are offered vaccination annually.

3. Name of Smallpox Consultant Available:

Dr. Angus McGregor, Medical Officer of Health.

4. Facilities for Laboratory Diagnosis of Smallpox:

All material from smallpox or suspected smallpox cases for which laboratory diagnosis is required, is sent to the Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

### Section VIII—Venereal Disease

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.

The treatment centre in Bullar Street, Southampton, and a clinic situated in the Eastern Docks are devoted entirely to the treatment of venereal diseases, and provide all facilities for treatment for sailors under the International Convention.

The two clinics are open at the following times:

Town Clinic: Monday to Friday	0900–1200 hours 1700–1900 hours
Dock Clinic: Monday to Friday	0900–1000 hours 1600–1700 hours
Saturday	0900–1000 hours

In-patient treatment is provided at the General Hospital, Southampton.

Leaflets giving particulars of the facilities available are left by the port health inspectors on board vessels visited by them, and particulars are also given to seamen making application at the Port Health Office.

Notices giving particulars about these diseases are fixed in all the public conveniences in the docks.

## Section IX—Cases of Notifiable and Other Infectious Diseases on Ships

Table 'D'

Category	Disease	No of cases during the year		No. of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Cerebro-spinal meningitis ..	1	—	—
	Chickenpox .. .. .	27	5	21
	Dysentery .. .. .	—	2	2
	Enteric or Paratyphoid fever	—	1	1
	Food poisoning .. .. .	2	—	2
	Gastro enteritis .. .. .	3	2	5
	German Measles .. .. .	6	5	3
	Glandular fever .. .. .	—	2	2
	Infective Hepatitis .. .. .	4	3	6
	Influenza .. .. .	1	—	1
	Measles .. .. .	125	—	28
	Mumps .. .. .	19	2	12
	Pneumonia .. .. .	6	3	6
	Pyrexia .. .. .	1	7	5
	Scarlet fever .. .. .	—	1	1
	Tonsillitis .. .. .	3	—	3
Tuberculosis .. .. .	4	1	5	
Venereal disease .. .. .	—	3	1	
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Infective Hepatitis .. .. .	—	1	1
	Measles .. .. .	5	—	4
	Mumps .. .. .	2	—	2
Cases landed from other ships	Tuberculosis .. .. .	—	1	1

### Section X—Observations on the Occurrence of Malaria in Ships

There was no report of any cases infected during the voyage on any ship arriving in the port.

### Section XI—Measures Taken Against Ships Infected with or Suspected for Plague

No ship arrived on which plague or suspected plague was reported during the voyage.

### Section XII—Measures Against Rodents in Ships from Foreign Ports

#### 1. Procedure for Inspection of Ships for Rats:

Vessels are regularly inspected for the renewal of their Deratting or Deratting Exemption Certificates.

Routine inspections are also carried out by the port health inspectors during the interim period of the granting of such Certificates to these vessels.

Where practicable, routine inspections for evidence of rat infestation are made by the port health inspectors and rodent operator on all other vessels arriving at the Port, and in special circumstances daily inspections of ships holds are carried out during the period of the discharge of the cargoes.

2. Arrangements for the Bacteriological or Pathological examination of rodents with special reference to rodent Plague, including the number of rodents sent for examination during the year:

A proportion of rats caught on vessels, and all rats found dead from causes not apparent, are submitted to the Public Health Laboratory in Southampton for examination. Four rats were sent to the laboratory.

3. Arrangements in the District for Deratting Ships, the methods used, and, if done by a commercial contractor, the name of the contractor:

Professional ratcatchers are available in the port and are employed by the shipping companies in all cases where methods of trapping or poisoning are considered adequate by the Port Health Authority.

In cases of pronounced or widespread rat infestations, the deratting of ships is carried out by fumigation contractors using cyanide gas or other approved methods.

The following commercial contractors are available for such purposes:

Rentokil Laboratories Ltd., 112 Victoria Dock Road, London, E.16.

The London Fumigation Co. Ltd., 7 Morocco Street, London, S.E.1.

Contra-Pest Service Ltd., 2 Ranelagh Road, London, E.6.

4. Progress in the Rat-Proofing of Ships:

Schedules of work are served on shipping companies in all cases where it is found necessary to correct or protect rat harbourages or runs in vessels requiring Deratting Exemption Certificates.

**Table 'E'**

Rodents destroyed during the year in ships from Foreign Ports:

Category	Number
Black rats .. .. .	7
Brown rats .. .. .	Nil
Species not known .. .. .	Nil
Sent for examination .. .. .	4
Infected with plague .. .. .	Nil

Table 'F'

## Deratting Certificates and Deratting Exemption Certificates issued during the Year for Ships from Foreign Ports

	No. of Deratting Certificates issued				Total	Number of Deratting Exemption Certificates issued	Total Certificates issued
	After fumigation with		After poisoning	Total			
	H.C.N.	Other fumigants					
Nil	Nil	Nil	Nil	Nil	222	222	

## Section XIII—Inspection of Ships for Nuisances

Table 'G'

	Inspections and Notices			Result of serving notices
	Notices served		Other notices	
Nature and number of inspections	Statutory notices	Other notices		
186 comprising: Structural defects through wear and tear (18) Dirt, vermin and other conditions prejudicial to health (279)	Nil	186	186	168 (complied)
TOTAL 186	Nil	186	186	168

## **Section XIV—Public Health (Shell-Fish) Regulations, 1934 and 1948**

No change.

## **Section XV—Medical Inspection of Aliens**

### 1. List of Medical Inspectors of Aliens holding Warrants of Appointment:

Dr. Angus McGregor	Dr. F. T. R. Hollins (until 31.1.67)
Dr. W. P. Cargill	Dr. J. J. Phillips
Dr. H. D. Rossiter	Dr. Bethan Davies
Dr. J. C. Henly	Dr. A. C. Franks
Dr. Catherine M. Atkins.	

### 2. List of Other Staff Engaged on This Work:

Nil.

### 3. Organisation of Work:

No change.

### 4. Nature and Amount of Aliens Traffic:

See table attached.

### 5. Accommodation for Medical Inspection and Examination:

No change.

## **Section XVI—Miscellaneous**

### Arrangements for the Burial on Shore of Persons who have Died on board Ship from Infectious Disease:

No change.



**Nature and Amount of Aliens Traffic**

	Number subjected to detail inspection	Certificates issued				C
		A	B(1)	B(2)	(c)	
		Unsound mind or mentally defective	Undesir- able for medical reasons	(a) Inability to support treatment	(b) Likely to require medical treatment	Inability to support and likely to require medical treatment
Total						
1. Total number of aliens landing in the port .. .. .	1,558	—	—	3	5	2
2. Aliens refused permission to land by the Immigration Officer .. .. .	11	1	9	1	—	—
TOTAL ..	1,569	1	9	4	5	2

Three Certificates (b2b) issued in respect of Alien Seamen, one of which was refused leave to land.

## Medical Inspection of Commonwealth Citizens

### 1. List of Medical Inspectors of Commonwealth Citizens holding Warrants of Appointment:

Dr. Angus McGregor	Dr. F. R. T. Hollins (until 31.1.67)
Dr. W. P. Cargill	Dr. Bethan Davies
Dr. H. D. Rossiter	Dr. A. C. Franks
Dr. J. C. Henly	Dr. J. J. Phillips
Dr. Catherine M. Atkins	Dr. Henrietta Bradbury

### 2. List of Other Staff Engaged on this Work:

Nil.

### 3. Organisation of Work:

No change.

### 4. Nature and Amount of Commonwealth Immigrant Traffic:

Table attached.

### 5. Accommodation for Medical Inspection and Examination:

No change.

## Commonwealth Immigrants Act, 1962

### Medical Examinations

Total number of arriving Commonwealth citizens subject to control under the Act	Total number Commonwealth citizens medically examined	Nature of report or certificate			Number of Commonwealth citizens refused entry
		A Suffering from mental disorder	B(1) Un-desirable for medical reasons	B(2) Likely to require major medical treatment	
22,207	2,197	—	4	9	5

Two certificates (A) issued in respect of Commonwealth seamen, both refused leave to land.

## Infectious and Other Diseases

Table showing the number of cases reported on vessels arriving in the Port of Southampton.

Disease	Total cases reported	How dealt with						Convalescent on arrival
		Removed to hospitals or nursing homes	Removed to military or naval hospitals	Landed at other ports before arriving at Southampton	Proceeded in vessels to other ports	Landed at Southampton but did not proceed to hospital	Died at Sea	
Abscesses .. ..	3	3	—	—	—	—	—	—
Accidents .. ..	32	16	—	1	7	7	—	1
Appendicitis .. ..	10	6	—	—	1	2	—	1
Bronchitis .. ..	20	2	—	—	2	11	3	2
Cancer .. ..	7	3	—	—	—	1	3	—
Cerebro-spinal Meningitis .. ..	1	1	—	—	—	—	—	—
Chickenpox .. ..	64	5	—	—	9	27	—	23
Diarrhoea .. ..	184	2	—	—	1	1	—	180
Duodenal Ulcer .. ..	3	1	—	—	1	—	1	—
Dysentery .. ..	2	—	—	—	—	2	—	—
Eczema .. ..	1	—	—	—	1	—	—	—
Food Poisoning .. ..	2	—	—	—	—	2	—	—
Gastro enteritis .. ..	231	3	—	—	26	2	—	200
German Measles .. ..	40	1	—	—	—	10	—	29
Glandular fever .. ..	2	1	—	—	—	1	—	—
Heart diseases .. ..	61	18	—	—	2	5	36	—
Infective Hepatitis .. ..	10	4	—	1	1	3	—	1
Influenza .. ..	3	—	—	—	2	1	—	—
Measles .. ..	236	25	—	5	21	100	—	85
Mumps .. ..	40	2	—	2	4	19	—	13
Mental Disorders .. ..	17	12	—	—	3	2	—	—
Pneumonia .. ..	15	7	—	—	1	2	3	2
Pyrexia .. ..	9	4	—	—	1	4	—	—
Rheumatism .. ..	1	—	—	—	—	1	—	—
Scarlet fever .. ..	1	1	—	—	—	—	—	—
Tonsillitis .. ..	8	1	—	—	5	2	—	—
Tuberculosis .. ..	6	5	—	—	—	1	—	—
Typhoid or Paratyphoid fevers .. ..	1	1	—	—	—	—	—	—
Ulcers .. ..	3	3	—	—	—	—	—	—
Venereal disease .. ..	7	—	—	—	4	3	—	—
Scabies .. ..	2	—	—	—	2	—	—	—
Other diseases .. ..	144	52	—	1	16	46	27	2
<b>TOTAL ..</b>	<b>1,166</b>	<b>179</b>	<b>—</b>	<b>10</b>	<b>110</b>	<b>255</b>	<b>73</b>	<b>539</b>

## Tracing of Contacts of Tuberculosis Among Merchant Seamen

The following notifications were sent to the Local Federation Medical Officer for follow up:

Tuberculosis cases arriving on vessels:

Catering department .. .. .	2
Contacts of tuberculosis among crew on vessels arriving:	
Catering department .. .. .	2
(contacts of two cases notified).	

Enquiries are made on all vessels boarded in the port, and master and surgeons have been most co-operative in this matter.

## Prevention of Damage by Pests Act, 1949

Part I of the Act require the Port Health Authority to secure as far as is practicable that their district is kept free from rats and mice, and require the owner or occupier of any land to take steps for the destruction of the rats and mice.

During the year a survey was carried out of the dockside areas and an extensive slight infestation was reported. An approach was made to the bodies concerned to take steps for the destruction of the rodents.

Under the Prevention of Damage by Pests (Application to Shipping) Order, 1951, requires a local Authority to secure as far as practicable that any vessel in the district which is not a 'sea-going' ship is kept free from rats and mice.

Eighty-four Rodent Control Certificates were issued to such ships. The certificates are valid for four months from the date of issue.

## Clean Air Act, 1956

Section I of the Clean Air Act, 1956, as applied by Section 20 of that Act, makes it an offence to emit dark smoke from the chimney (funnel) of a vessel for periods longer than those specified under The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958, which became operative 1st June 1958.

In enforcing the Regulations, the Port Health Authority's printed instructions on 'Smoke Control' are given to the Masters of arriving vessels and every endeavour is made by the Port Health Inspectors to observe vessels whilst in Port.

It was found necessary to warn the Masters of 20 British vessels and 10 vessels of other nationality in regard to the emission of dark or black smoke. Nineteen of the offences were attributed to faulty or negligent firing of furnaces whilst the vessels were in Port and 11 were caused by mechanical defects.

None of the smoke emissions was of a serious or persistent nature and all were remedied within a reasonable time.

## The Food Hygiene (General) Regulations, 1960

The Regulations in their application to 'home-going ships' came into operation 1st November 1961.

Seven vessels were inspected by the Authority.

## Hygiene of Crew Spaces

Routine inspections of crew spaces have been carried out. Nuisances, together with structural defects caused by wear and tear, defects of original construction and other matters considered prejudicial to health have been dealt with as under:

Verbal notices to abate nuisances .. .. .	186
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## SANITARY INSPECTION OF VESSELS AND CLASSIFICATION OF DEFECTS

Nationality of vessel	No. of sanitary inspections	No. of vessels on which defects were found	Classification of Defects		
			Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British ..	1,419	87	—	6	108
Other ..	1,367	99	—	12	171
<b>TOTAL ..</b>	<b>2,786</b>	<b>186</b>	<b>—</b>	<b>18</b>	<b>279</b>

The following table gives details of defects, nuisances and other conditions prejudicial to health found in vessels, and the number which were remedied.

Nature of complaint	Defects Found	Complied With
Accumulation of stagnant water, rubbish, etc. .. ..	20	20
Food storages—Defective or insanitary .. ..	10	9
Flooded, due to fractured water pipe ..	1	1
Method unsatisfactory .. ..	2	2
Galleys, pantries, etc., including equipment therein defective or insanitary .. ..	22	19
Infestations—Galleys and Pantries—Cockroaches ..	69	61
Provision stores—Cockroaches .. ..	24	16
Beetles .. ..	1	1
Accommodation (Passenger) Rats .. ..	1	1
Bugs .. ..	1	1
Mice .. ..	1	1
(crew) Cockroaches .. ..	22	20
Fleas .. ..	1	1
Laundry—Cockroaches .. ..	1	1
Holds—Rats .. ..	5	5
Mice .. ..	2	2
Holds—Untidy and dirty condition .. ..	2	2
Cargo water damaged and smelling .. ..	1	1
Living spaces—Dirty or insanitary .. ..	17	15
Equipment broken .. ..	1	1
Flooded .. ..	1	1
Scupper—deck—Blocked .. ..	4	4
Smoke emissions .. ..	30	30
W.C.s—Compartment insanitary .. ..	16	16
Scupper blocked .. ..	1	1
Traps defective .. ..	3	3
Flush defective .. ..	7	6
Pans choked and dirty .. ..	22	21
Soil pipe leaking .. ..	1	1
Washplaces—Dirty .. ..	3	2
Broken washhand basin .. ..	1	1
Scupper broken .. ..	1	1
Basin missing .. ..	2	2
Waste pipe defective .. ..	1	—
<b>TOTAL ..</b>	<b>297</b>	<b>267</b>
	(on 186 vessels)	(on 186 vessels)

### Southampton (Eastleigh) Airport

This airport was formally designated a Customs Airport in March 1962. The Borough Council had in, 1961, agreed to act as responsible authority under the Public Health (Aircraft) Regulations. During the year, the services operating did not require the attendance of a medical officer or port health inspector.

### Dangerous Drugs

Four Certificates were issued under the Dangerous Drugs Regulation, 1923.

### Medical Arrangements for Long-Stay Immigrants

The arrangements made at the request of the Minister of Health in a circular letter dated 4th January, 1965, continued during the year.

Three-thousand, two-hundred-and-fifty-one immigrants and dependants were notified by this Authority to Medical Officers of Health for districts throughout the United Kingdom.

## FOOD INSPECTION IN THE PORT

### The Food and Drugs Act, 1955, and regulations made thereunder The Public Health (Imported Food) Regulations, 1937 and 1948

During the year the following regulations affecting imported foods were introduced:

The Artificial Sweeteners in Food Regulations, 1967.

The Food (Control of Irradiation) Regulations, 1967.

The Solvents in Food Regulations, 1967.

The amount of foodstuffs landed in the port during 1967 was:

719,595 tons.

The following items were the principal imports:

Cereals, including flour	..	..	..	..	..	..	198,419 tons
Fruit and Vegetables including fresh, frozen and canned	..	..	..	..	..	..	424,774 tons
Dairy products	..	..	..	..	..	..	20,165 tons
Molasses and Sugar	..	..	..	..	..	..	160 tons
Fish, including canned and frozen meats and meat products	..	..	..	..	..	..	69,244 tons

TOTAL .. 719,595 tons

### Results of Inspections

The total amount of foodstuffs seized as unfit for human consumption during 1967 was:

Tons	cwts.	qrs.	lbs.
42	11	0	25

All commodities were surrendered to the Port Health Authority for destruction by burning or controlled tipping.

### Sampling of Imported Foodstuffs

One-hundred-and-two samples were submitted to the City Analyst for examination. The following were found unsatisfactory:

Sample No. 8 Minced Steak (S. Africa). Meat content deficient.

Sample No. 19 Groundnut Kernels (S. Africa). Aflatoxin present.

Sample No. 54 Crystallised and Glace Fruits (France). 'Greengage' fruits had a high copper content.

Sample No. 72 Ox Tongue (Hungary). Faulty seams in can.

Sample No. 86 Crystallised and Glace Fruits (France). 'Greengage' fruits had a high copper content. Imports of this commodity ceased.

Samples Nos. 96 to 98 Pork Flesh and Fat (N. Zealand). Slight taint detected.

Forty-two samples were submitted to the Public Health Laboratory for examination. The following were found unsatisfactory:

Samples Nos. 32 to 34 Ox Tongue (Hungary). Faulty seams in cans.

### **Frozen Meats**

On a number of consignments totalling 27,091 carcasses of lambs and 116 sides of pork taint was detected. The consignments were subjected to a period of ozonisation and after further examination were released as free from taint.

### **Groundnuts**

A consignment of groundnuts in a wet damaged condition were seized as unfit for human consumption. The Public Analysts report, on samples submitted, revealed the presence of aflatoxin in quantities sufficient to render the nuts unfit for poultry feeding. The consignment was destroyed.

### **Canned Fruit**

The condition of a consignment of canned peaches led to the carrying out of a 100% examination and five tons, 14 cwts. were found to be in a blown or burst condition resulting in their seizure and destruction.

### **Fresh Fruit**

A consignment of lemons showed signs of deterioration and a detailed examination showed many lemons to be in a wet and wasty condition, six tons, nine cwts. were seized and destroyed.

A consignment of grapefruit was found to be wet and wasty. Two-hundred-and-twenty-one cartons were seized and destroyed.

### **Official Certificates**

A consignment of hams and sausage products arrived with official certificates which were not completed by an approved establishment number. The consignment was exported.

### **Metallic Contamination**

The greengage fruits in consignments of glace fruits were found to have a high copper content. The attention of the importer was drawn to this matter and there have been no further imports.

# PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

IMMUNISATION AND VACCINATION

HEALTH VISITING

DENTAL SERVICE

MIDWIFERY SERVICES

CHIROPODY SERVICE

HOME NURSING SERVICE

HEALTH EDUCATION

MENTAL HEALTH SERVICES

FAMILY HEALTH SERVICE

CERVICAL CYTOLOGY

AMBULANCE SERVICE





## PERSONAL HEALTH SERVICES

Various sections of the National Health Service Act, 1948, assigned responsibility for certain Personal Health Services to the local authority Health and Welfare Department. Like the hospital and general practitioner services, these local authority Personal Health Services aim at securing the optimum health for each individual, but they differ in their methods. They are centred on the home rather than on the hospital; they may consider the needs of the family or the group, rather than of the isolated patient; they like to prevent rather than to treat; they are concerned not only with the problem of the moment but also to guess at the one of the future.

The index to the Personal Health Services shows the broad range they cover, which fall into a few main groups. Firstly, there are services provided in the home when active medical measures are required, e.g. the domiciliary midwifery and nursing services and the ambulance service. Secondly, there are services whereby action is taken to prevent illness, as in the immunisation and the cervical cytology screening programmes, in the health visiting and dental facilities available for mothers and young children, and the chiropody treatment offered to the elderly. Finally, there are social services to help handicapped persons or families in difficulties, e.g. the Welfare Services, the Family Casework Service, the Home Help Service.

The reports in the ensuing pages reflect the constant, day-to-day vigilance necessary by all to maintain the health of the citizens of Southampton.

LOCAL HEALTH SERVICES OPERATED UNDER PART III OF THE NATIONAL  
HEALTH SERVICE ACT, 1946

### Care of Mothers and Young Children

The following is a summary of cases seen at ante-natal and post-natal clinics held in Health Centres. Some are staffed only by local authority midwives and nurses, others are a joint hospital-local authority service, at which consultant obstetricians carry out the examinations.

	Ante-Natal Cases	Post-Natal Cases
Hospital .. .. .	4,081	1,914
Local Authority .. .. .	1,968	—
TOTAL ..	6,049	1,914

### Attendances at Child Health Centres

The advisory and preventive work carried out in the Child Health Clinics is discussed in the Health Visiting report. The following table gives attendance figures.

	Mothers	Children	Total	Consultations with doctor
Central Health Clinic .. .. .	3,638	4,002	7,640	1,630
Sydney House .. .. .	2,845	3,063	5,908	695
Oatlands House .. .. .	5,146	5,415	10,561	730
Swaythling .. .. .	3,962	4,366	8,328	616
Bitterne Park .. .. .	2,036	2,085	4,121	457
Surrey House .. .. .	3,551	3,850	7,401	831
Hazeleigh Avenue .. .. .	2,809	3,325	6,134	869
Thornhill .. .. .	3,398	3,742	7,140	444
Millbrook .. .. .	3,478	3,843	7,321	679
Harefield .. .. .	2,333	2,543	4,876	656
Townhill Park .. .. .	3,121	3,226	6,347	538
Chantry Hall .. .. .	887	876	1,763	269
	37,204	40,336	77,540	8,414

### Births

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, adjusted by any notifications transferred in or out of the area.

	Adjusted	Adjusted	Total Adjusted
	Live births	Stillbirths	Births
1. Domiciliary .. .. .	1,092	8	1,100
2. Institutional .. .. .	2,397	58	2,455
3. Total .. .. .	3,489	66	3,555

### Infectious Diseases

There were no cases of Ophthalmia or Pemphigus neonatorum during the year. One-hundred-and-four cases of puerperal pyrexia were notified, 103 cases occurring in institutional confinements and one in a domiciliary confinement.

## Supply of Dried Milks, etc.

At the commencement of the year, there were throughout the town, fifteen centres for the distribution of the national welfare foods. This number included three voluntary centres in shops. During the course of the year two shops ceased distributing.

The following table provides a comparison between the total issues of national welfare foods for the years 1966 and 1967.

	1966	1967
National Dried Milk .. .. .	33,208 tins	31,535 tins
Cod Liver Oil .. .. .	2,388 bottles	2,350 bottles
Vitamin A and D Tablets .. .. .	4,222 packets	4,349 packets
Orange Juice .. .. .	32,326 bottles	32,294 bottles

In addition to these national welfare foods, other dried milks, cod liver oil and malt, and various nutrient preparations were available at all the child health centres at cost price plus ten per cent.

## Congenital Malformations

Provision is made for the notification of congenital malformations observable at birth on the Notification of Birth Form.

During the year 59 notifications were received, the sources of these being:

Domiciliary Cases .. .. .	14
Hospital Cases .. .. .	43
Private nursing home cases .. .. .	2

The most common malformations noted were:

Talipes .. .. .	11
Spina Bifida .. .. .	8
Anencephalus .. .. .	7
Mongolism .. .. .	6
Hydrocephalus .. .. .	5
Cleft Lip .. .. .	5

## Vaccination and Immunisation

Statistics in most local authority areas throughout the country during recent years have shown that the population, as a whole, is becoming less immune from many of the preventable infectious diseases, and Southampton is no exception.

In collaboration with the County Councils of Hampshire, Hertfordshire and Wiltshire, Southampton has programmed the City Council's computer to enable parents to be offered immunological cover for their children according to a schedule recommended by the Ministry of Health for Diphtheria, Smallpox, Whooping Cough, Tetanus and Measles. At certain ages, according to the type of vaccination or immunisation, parents are invited to attend a health clinic or family doctor's surgery by appointment. The computer is used to do both the detailed and routine sorting of records and production of statistics.

The computerisation of these records has meant a radical re-organisation of the work. It has been necessary to centralise the work thus relieving the Clinic Sisters of much clerical work, but requiring instead additional staff at the Central Health Clinic. The bulk of the work has been involved in taking up the backlog of records of all children immunised after the 1st January, 1965, so that these could be fed into the computer. Unfortunately, the work to enable these records to be stored in the computer is of a dull routine nature and many members of the staff had to be asked to assist with the task. Fully operational, however, the application is exciting and offers a stimulating challenge to efficiency in record keeping, issuing of appointments and the keeping of accurate statistics.

The current procedure, now that the initial work has been completed, commences when the birth of a child is first notified to the Department by the midwife or hospital. This information is fed into the computer as a permanent record and a note produced for the health visitor. The health visitor will then visit the home within ten days to obtain the parents' consent to the immunisation of their child and the details are then again filed into the computer. Parents have the choice of attending the local health clinic or the general practitioner's surgery for treatment.

Most general practitioners in Southampton are participating in the scheme and as the immunological cover is improved it is hoped that all will participate. At the present time parents who wish to have treatment in the surgery of a non-participating general practitioner are sent a note advising them that their child is now due for treatment.

The computer scheme began on the 1st April, 1967, from when all 'live births' were fed in, and became fully operational on the 1st July, 1967. As it is accepted by the general public and medical profession in the City, it is hoped that a marked improvement in the accuracy and efficiency of record keeping and follow-up procedures will result in a corresponding improvement in the degree of protection against the dangerous diseases of childhood.

The following tables show details of inoculations:

Table 1—Completed Primary Courses. Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-1963		
1 Quadruple DTPP .. ..	—	—	—	—	—	—	—
2 Triple DTP .. ..	1016	1697	162	51	64	15	3005
3 Diphtheria/Pertussis ..	—	—	—	1	3	—	4
4 Diphtheria/Tetanus ..	5	16	5	15	169	33	243
5 Diphtheria .. ..	—	—	—	—	2	1	3
6 Pertussis .. ..	—	—	—	—	—	—	—
7 Tetanus .. ..	—	1	—	—	16	309	326
8 Salk .. ..	—	—	—	—	—	—	—
9 Sabin .. ..	978	1748	206	90	278	96	3396
10 Lines 1+2+3+4+5 (Diphtheria) .. ..	1021	1713	167	67	238	49	3255
11 Lines 1+2+3+6 (Whooping Cough) ..	1016	1697	162	52	67	15	3009
12 Lines 1+2+4+7 (Tetanus)	1021	1714	167	66	249	357	3574
13 Lines 1+8+9 (Polio) ..	978	1748	206	90	278	96	3396

Table 2—Reinforcing Doses. Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960–1963		
1 Quadruple DTPP .. ..	—	—	—	—	—	—	—
2 Triple DTP .. ..	7	519	1186	94	394	40	2240
3 Diphtheria/Pertussis ..	—	—	—	3	5	—	8
4 Diphtheria/Tetanus ..	2	8	18	39	1500	182	1749
5 Diphtheria .. ..	—	—	—	—	39	19	58
6 Pertussis .. ..	—	—	—	—	—	3	3
7 Tetanus .. ..	—	—	—	2	64	362	428
8 Salk .. ..	—	—	—	—	—	—	—
9 Sabin .. ..	7	505	1170	124	1911	302	4019
10 Lines 1+2+3+4+5 (Diphtheria) .. ..	9	527	1204	136	1938	241	4055
11 Lines 1+2+3+6 (Whooping Cough) ..	7	519	1186	97	399	43	2251
12 Lines 1+2+4+7 (Tetanus)	9	527	1204	135	1958	584	4417
13 Lines 1+8+9 (Polio) ..	7	505	1170	124	1911	302	4019

### Vaccination against Smallpox

	Under 1	1	2–4	5–15	Total
Number vaccinated ..	216	1,490	427	164	2,297
Number re-vaccinated	—	7	18	109	134

### Vaccination against Measles

Two-thousand, six-hundred-and-sixty-four children were vaccinated against measles.

### Vaccination against Yellow Fever

An internationally approved clinic is held at the Central Health Clinic and during 1967 a total of 1,322 persons were vaccinated against yellow fever.

### Co-operation with Family Doctor Services

At the end of the year, two District Nurses and two Midwives were attached to Family Doctors.

No Health Visitors were attached, but 25 were operating in liaison with the General Practitioners.

## HEALTH VISITING

MISS W. M. MELHUISE, SUPERINTENDENT HEALTH VISITOR.

### Health Visiting

The Department was still very much under strength in December, in spite of ten newly qualified health visitors joining the staff in September. The establishment was forty-nine and the number of full-time health visitors thirty-one.

Towards the end of the year, the possibility of attaching two health visitors to two group practices on an experimental basis was once again discussed, but it was decided, with regret, that this would have to be postponed owing to the staffing difficulties.

The staffing position would be improved if the maximum number of students could be trained each year, but this is not possible as it would put too much of a strain on the experienced health visitors who are responsible for field work instruction.

### Nurseries and Child Minders Regulation Act

#### Northlands Day Nursery

The waiting list for the one Day Nursery in the City averaged twenty throughout the year. These were all priority cases, the majority being unsupported mothers who found it essential to work. Every effort was made to recommend responsible day minders, but this was not possible in all cases. The children attending this nursery are between two and five years of age and the number of places twenty.

#### Play Groups

In December there were thirty-one registered play groups in the City catering for five hundred and sixty children between the ages of three to five years.

The majority of these groups operated during school terms only.

### Registration of Nursing Homes

Periodic inspections were made of all the registered nursing homes and the general conditions were found to be satisfactory.

The following are details of nursing homes registration:

	No. of beds provided for			Total
	No. of Homes	Maternity Cases	Other Cases	
Homes first registered during the year . .	—	—	—	—
Registrations withdrawn during the year . .	1	—	10	10
Homes registered at the end of the year . .	9	35	85	120

### Health Education

The health visitors continued to play an active part in the health education programmes for the City. A series of talks were given in six Secondary Schools. The subjects included Human Relationships, Marriage, Preparation for Parenthood, The Care of the New Baby and Child Development.

Two new Mothers' Clubs were formed during the year. Talks given by the health visitors were included in their year's programmes.

## MIDWIFERY

### MISS B. KNOX, SUPERVISOR OF MIDWIVES.

The Establishment of one Supervisor of Midwives and 27 midwives was maintained during the year. Three midwives resigned and three midwives were appointed.

The night rota system of nine nights on call and five nights off call every 14 days, and off duty planned for twelve months ahead continues to work well.

It was agreed to replace the oxygen sparklet apparatus with Portogen. Although this was an expensive replacement, its life saving potentialities far outweigh the initial expenditure, for oxygen can now be administered safely and easily to the mother and infant. The cost of renewal of oxygen is very small.

The service for disposal of placenta and soiled dressing continues to work satisfactorily.

A scheme whereby midwives could be contacted by radio-telephone was planned, but unfortunately had to be shelved in the light of the national economic situation. In view of the change in pattern of the midwives work, attachment to general practice involving much more travelling time, it will be necessary to find a quicker method of contacting midwives than the ones at present used, if the efficiency of the service is to be maintained.

#### **In Service Training**

A set of lectures was given by the Health Education Officer to the teaching midwives on the Principles of Education and methods of teaching.

#### **Statutory Refresher Courses**

Four midwives attended the Refresher Courses arranged by the Royal College of Midwives and two midwives attended the course in Southampton arranged by the Wessex Regional Hospital Board.

#### **Training School**

The Local Authority in conjunction with the Comprehensive Training School at the Maternity Unit, Southampton, is responsible for the district training of student midwives. There are 16 teaching midwives and during the year 49 student midwives were trained. Forty-eight were successful in passing the Central Midwives Board Examination first time and one passed the second time.

#### **Preparation for Childbirth and Mothercraft Teaching**

Classes for mothers having their first baby at home continue and are well supported and 154 mothers have attended.

#### **Ante-Natal Care**

It can be safely said that almost every expectant mother now seeks ante-natal care from her family doctor and midwife—only five women received no adequate ante-natal from either her doctor or midwife in 1967. The pattern of each midwife with a compact geographical area, and serving many doctors is slowly changing and the attachment of a midwife to a group practice where the ante-natal work is well organised, has much to commend it, in spite of some difficulties of administration. The midwife has a much increased mileage and consequently is away from her home and telephone for longer periods but this is offset to a certain extent by the avoidance of duplication of clerical work, unnecessary visits, and a closer working relationship with the general practitioner. Two experimental schemes were in full operation by October 1967 and two more scheduled to start January 1968 and these appear to be working satisfactorily.



### Assessment of Social Conditions and Planned Early Discharge

All patients who apply for a bed in the Maternity Unit are visited early in pregnancy by midwives to assess the social conditions. The assessment includes the suitability of the house for early discharge or home delivery and where there is adequate help for the care of the mother and baby. There were 2,242 requests for a hospital bed.

#### Analysis of requests

Booked for 48 hour discharge on Medical Grounds .. .. .	404
"    "    "    "    "    Social Grounds .. .. .	16
"    "    "    "    "    Medical/Social Grounds .. .. .	1
	TOTAL 48hr. ..
	*421
Booked for full stay on Social Grounds .. .. .	998
"    "    "    "    "    Medical/Social Grounds .. .. .	393
"    "    "    "    "    Medical Grounds.. .. .	167
	TOTAL Full Stay
	*1,558
Referred for home delivery .. .. .	*85
Found to be not pregnant .. .. .	7
Miscarried .. .. .	9
Moved or left City .. .. .	8
Baby born before report done .. .. .	5
To Nursing Homes .. .. .	3
	TOTAL .. .. .
	*32
Not yet assessed .. .. .	*137
Not properly assessed .. .. .	*9
	GRAND TOTAL
	2,242

There were 1,305 requests for home delivery.

#### Analysis of requests

Booked for home delivery .. .. .	1,290
Booked for full stay on social grounds .. .. .	10
Miscarried .. .. .	3
Moved from Southampton .. .. .	2
	1,305

### Post Natal Care

In addition to the care of all cases booked for home confinements, the midwife is responsible for the care of all patients discharged from the Maternity Hospital, and the Post Natal Unit before the tenth day. The following table shows the analysis of all cases attended by the domiciliary midwife and shows that the municipal midwifery service cares for 70% of the total births in the City.

Maternity cases	Midwifery cases	Patient discharged at 48 hours	Patient discharged before 10th day
169	917	469	924

Number of patients removed to hospital:

(a) Direct to hospital .. .. .	107
(b) Transferred during ante natal period for hospital delivery .. .. .	97
Number of flying squad calls .. .. .	25
Number of forcep delivery .. .. .	4

During the year 98 notifications of intention to practise in the City of Southampton were received and include all midwives employed by the Hospital Management Committee, Local Authority and Private Nursing Homes.

### Notifications received by the Local Supervisory Authority

Intention to Practise .. .. .	98
Sending for Medical Aid .. .. .	23
Stillbirths .. .. .	8
Contact with Infectious Diseases .. .. .	0
Pemphiguo Neonatorium .. .. .	0
Puerperal Pyrexia (District) .. .. .	3
Puerperal Pyrexia (Hospital) .. .. .	124
Ophthalmia Neonatorum .. .. .	0
Laying out of dead bodies (infant) .. .. .	0

### Analysis of Cases Attended by Midwives in the Area of the Local Supervising Authority 1967

	Domiciliary Cases			Institutional
	Doctor not Booked	Doctor Booked	Total	
Midwives employed by Local Authority .. .. .	5	1,081	1,086	—
Midwives employed by Hospital Management .. .. .	—	—	—	3,360
Midwives engaged in Private Practise including Nursing Homes .. .. .	—	1	1	276
<b>TOTAL ..</b>	<b>5</b>	<b>1,082</b>	<b>1,087</b>	<b>3,636</b>

### Maternity Homes

There are two private maternity homes providing 11 beds and one home for unmarried mothers providing 25 beds. Periodic inspections have been made, and the general conditions have been found to be satisfactory.

## HOME NURSING

MISS H. I. AMES, SUPERINTENDENT, HOME NURSING SERVICE.

The present administrative staff consists of Superintendent, Deputy Superintendent and on 1st September a male Assistant Superintendent commenced duties; this was to help with the increasing work load both in the administrative office and on the district.

The Nursing Staff consist of 28 full-time and four part-time district nurses and in addition one S.E.N. on a part-time basis. For the first time, two Nursing Auxiliaries have been employed specifically for the giving of blanket baths, a service which is particularly appreciated by patients in the over 65 age group and which has also relieved the trained district nurses for more nursing duties.

The District Nurses undertake the skilled nursing of all age groups in all types of homes, under the direction of the General Practitioners. The work consists of the care of patients suffering from acute and chronic medical and surgical conditions, including the instruction of relatives in their care of the patient between the nurse's visits; the rehabilitation and care of the aged and those with prolonged illness; the giving of all types of injections; pre-operative and X-ray

preparations; the nursing of sick children, both medical and surgical, with advice to parents. It also includes teaching the family a healthy way of living and putting people in touch, when necessary, with other organisations or with other members of the Public Health team. Many patients, particularly young children and old people, make better progress in familiar surroundings, and thus the nursing of patients in their own homes relieves the pressure on hospital beds.

### Night Attendant Service

The need for the Night Attendant Service continues to fluctuate; the number of persons employed varies from 11—15. They are under the direction of the Superintendent and the aim of the service is to provide relief for tired relatives and light, all night nursing care for the patient. The hours worked are from 10 p.m. to 7 a.m. and the maximum charge is £1 5s. 0d. per night, although in some cases no charge is made.

The Marie Curie Memorial Foundation still provides care for the cancer patient and this service is greatly appreciated by both relatives and patients.

On the 6th November last a new venture was inaugurated. Two district nurses were incorporated with a medical Group Practice. This arrangement is working well and it is hoped that further group practices will be started during the coming year.

## MENTAL HEALTH

DR. W. P. CARGILL, DEPUTY MEDICAL OFFICER OF HEALTH,  
SUBMITS THE FOLLOWING REPORT:

Six mental welfare officers are employed, two of whom are engaged chiefly in home visiting of the mentally subnormal. The remaining four officers have been increasingly concerned with after care in the community. The mental welfare officers have continued to work at the Mental Health Centre adjoining the Royal South Hants Hospital, each of the four officers dealing with the mentally ill being attached to a clinical team from Knowle Hospital; they also attend clinical conferences each week at the hospital. Subnormal patients have been seen by appointment at this Centre by psychiatrists from Coldeast and Tatchbury Mount Hospitals.

The following table shows the sources from which patients were referred to the mental welfare officers.

Referred by	Mentally ill adults		Sub-normal adults	Severely Subnormal		Total
	M	F		Children	Adults	
General Practitioners . .	179	257	1	—	—	437
Hospital in-patients . .	90	168	2	—	1	261
Hospital out-patients . .	62	61	—	—	—	123
Education Authority . .	—	—	—	20	—	20
Police and Courts . .	73	41	4	—	—	118
Other sources . .	146	145	24	—	1	316
TOTALS . .	550	672	31	20	2	1,275

### Residential Accommodation

During the year, six men were admitted to, and six men discharged from the hostel at Cranbury Terrace. Those admitted came from their own home (1), hospital (3), lodgings (1). One man under a Guardianship order was admitted

from a private home in Somerset and he attends the Training Centre. Two men were admitted to the hostel for short-term care while their families were on holiday. The highest number in residence during the year was 14.

There were no admissions or discharges at the women's hostel at Chatsworth Road during the year. This hostel which has 10 places remained full throughout the year.

About half the men resident at Cranbury Terrace hostel were regularly employed, but no residents at the women's hostel were in employment. Two women attend full time at the Training Centre and the remainder for one half day a week because of shortage of places at the Centre.

In addition to residents in the two hostels in Southampton, one subnormal woman was maintained in a hostel near London, and two subnormal men and four women were maintained in private homes, chiefly through arrangements made by the Brighton Guardianship Society. Two children were admitted to other homes for short periods.

Six of those in residential accommodation were under the legal guardianship of the Local Authority.

### Training Centre

The Centre at Freemantle Common provides places for subnormal or severely subnormal persons of all ages, the total number of places available during the year being 135.

Transport to the Centre is provided by two special buses and several physically handicapped children are taken to and from the Centre daily by the Hospital Car Service and the Ambulance Sitting Car. Sixteen persons make their own way to and from the Centre. The Centre is staffed on the basis of one assistant supervisor for each 15 attending. Meals are prepared on the premises by a cook, assistant cook and two part-time helpers, the midday meal being served at two sittings.

There was a waiting list of 12 to 15 persons for admission to the Centre throughout the year.

The Handicraft Instructor, Mr. A. Day, was seconded to a one year Diploma Course for staffs of Training Centres for mentally subnormal adults which was completed in July and Mr. Day was successful in obtaining a Diploma.

The department continued to co-operate with Dr. A. Kushlick in the sub-normality survey carried out by the Wessex Regional Hospital Board.

### Social Club

The British Red Cross Society continued to hold their club on one afternoon each week for patients from Knowle Hospital.

### Admissions to Hospital

The following admissions were arranged by the Mental Welfare Officers:

	Admission for Observation Section 25	Admission for Treatment Section 26	Emergency Admission Section 29	Hospital Order Section 60	Informal Admission
Mental illness ..	101	16	112	6	243
Psychopathic disorder	—	—	—	—	—
Subnormal .. ..	1	—	—	—	—
Severely subnormal ..	—	—	—	1	—

Included in the above are a number of patients who arrived in the port from overseas. Where no relative was available to take over the responsibility of caring for the patient, or where the patient was too ill for such disposal, admission to hospital was arranged.

The hospitals for the subnormal provided temporary residential care for 12 children and two adults.

Twenty severely subnormal patients came to notice for the first time during the year. At the end of the year the waiting list of subnormal persons for admission to hospital was as follows:

	Under 16 years		Over 16 years	
	Males	Females	Males	Females
A. (i) Urgent .. .. .	3	2	2	1
(ii) Less Urgent .. .. .	—	1	1	—
B. Future Hospital Patients ..	—	—	—	1
C. Patients in need of some hospital treatment .. ..	—	—	—	—

### Persons in Employment

Of the 178 males and 206 females under friendly supervision by the local health authority as subnormal persons at 31st December 1967, 48 males and 26 females are in employment as follows:

Labourers .. .. .	17	Domestics .. .. .	6
Road Sweepers .. .. .	9	Laundry Workers .. .. .	6
Laundry Worker .. .. .	1	Cafe Workers .. .. .	6
Parks .. .. .	1	Factory Packer .. .. .	1
Farm Workers .. .. .	2	Remploy .. .. .	4
Electricians Help .. .. .	2	Electric Blanket Factory .. .. .	1
Shop Porter .. .. .	1	Bakery .. .. .	1
Remploy .. .. .	1	Mount Industries .. .. .	1
Ship Steward .. .. .	1	Printing Works .. .. .	1
Carpet Factory .. .. .	1	Caretaker .. .. .	1
Cleaner .. .. .	1	Upholsterers .. .. .	2
Painter .. .. .	1	Handymen .. .. .	2
Blacksmith .. .. .	1	Spastics Workshop .. .. .	2
Railway Porter .. .. .	1		
	—		—
	40		34
	—		—

## CERVICAL CYTOLOGY CLINIC

DR. RICHARD MANCLARK.

Cancer of the womb has been an important cause of death in women. Because of its insidious, asymptomatic onset, it was often not discovered until it was too far advanced for successful treatment. A few years ago, a simple test was devised, whereby cells scraped from the mouth of the womb (i.e. the cervix) could be examined microscopically and a pre-cancerous change in them seen. This test is known as cervical cytology. If the cells are suspect, the test is repeated and, if indicated, a more rigorous examination carried out (cone biopsy).

The test was offered first to women over the age of 35, where the risk is greater. The hospital gynaecologists have been most helpful in demonstrating the technique to general practitioners, and the test can be carried out by the patient's family doctor or at the Local Authority Clinic, which was planned as an adjunct. Opportunity has been taken at the clinic to do routine checks for diabetes and breast cancer also.

Attendances started slowly but built up steadily as a result of advertising and of word-by-mouth recommendation by friends or family doctors. The latter are informed of any defects found. The hospital pathology service has been most co-operative. Already three cases of malignant cancer have been confirmed out of 725 examinations made, which is a very worthwhile proportion.

Figures for clinic for 1967:

Enquiries received	..	..	..	..	..	..	..	1,440
Patients registered as eligible	..	..	..	..	..	..	..	1,270
Tests performed	..	..	..	..	..	..	..	856
Evidence of malignancy	..	..	..	..	..	..	..	4
Malignancy confirmed	..	..	..	..	..	..	..	3

Other conditions noted:

Trichomonas infection	..	..	..	..	..	..	..	11
Large polyp	..	..	..	..	..	..	..	1
Diabetes	..	..	..	..	..	..	..	2
Referred to G.P. for conditions other than cancer of cervix	..	..	..	..	..	..	..	7

Figures for general practitioner service for 1967:

Cervical cytology tests	..	..	..	..	..	..	..	3,593
Evidence of malignancy	..	..	..	..	..	..	..	45

## SOUTHAMPTON AMBULANCE SERVICE

MR. G. F. HOULDSWORTH, AMBULANCE SUPERVISOR.

The Ambulance Service continued to expand during the year and a new sub-station sited at Lower Brownhill Road, Maybush, came into operation on 1st May 1967. This sub-station helps to supplement the Woolston sub-station, manned during peak periods, when it is found extremely difficult to get ambulances through the city traffic to answer emergency calls.

The ambulance fleet has increased to 12 ambulances and seven dual purpose vehicles. During the year, 61,066 patients were moved and the mileage covered was 284,223, showing an increase over the previous year of 6,968 patients and 25,559 miles.

### Training of Ambulance Staff

A new Ministry of Health experimental six-week course of basic training, for Ambulance staff, was set up by the Hampshire County Ambulance Service at Bishops Waltham. One of our staff was sent on this course, and we were very pleased with the standard of training he received. It is hoped to take advantage of this training by sending further staff during the coming year.

### Hospital Car Service

The demands on the Hospital Car Service decreased slightly during the year; 1,576 fewer patients being carried than during the preceding year.

### Southampton Ambulance Service, 1967

	Ambulances		Dual Purpose Ambulances	
	Patients Carried	Mileage	Patients Carried	Mileage
1965 .. ..	28,651	166,215	19,304	64,263
1966 .. ..	32,822	179,571	21,243	79,100
1967 .. ..	34,235	186,086	26,831	98,144

	Total Patients Carried	Total Mileage	Total Emergency Calls
1965 .. ..	47,955	230,478	2,952
1966 .. ..	54,065	258,671	3,435
1967 .. ..	61,066	284,230	3,524

### Hospital Car Service

	Patients Carried	Mileage
1965 .. ..	44,340	168,629
1966 .. ..	48,818	171,106
1967 .. ..	47,642	169,774

## DENTAL CLINIC

MR. A. EDWARDS, PRINCIPAL DENTAL OFFICER.

The attainment of dental health falls short in so many ways that it tends to be complacently ignored—perhaps not surprising in view of the fact that surveys show over half the population to have lost all their natural teeth by the age of fifty.

We are able to offer a progressive and comprehensive service to all children who are brought for treatment by their parents and whilst many pre-school children are treated by general dental practitioners, we are most anxious that these numbers should be increased overall.

Comment upon the School Dental Service is to be found elsewhere in this report; approximately ten per cent of our clinical time is spent in treating mothers and pre-school children. If a reasonable standard of dental health is to be achieved, treatment, or prevention should be successfully instituted in infancy. Thus we should like to spend a greater proportion of our time working on the younger age groups.

All health workers must be aware that the greater part of dental disease is preventable but that in all cases early treatment is most desirable. It is possible for infants to receive adequate vitamin dosage without habituation to dentally destructive syrups. Indiscriminate indulgence in sweets and snacks between meals can be avoided by all age groups, with additional benefits which are not only dental. It must repeatedly be pointed out that the optimum level of fluoride in our diet will bring the greatest possible benefit to our dental health. In the absence of similar scientific discovery we are most unlikely to maintain dental health in the rising generations unless fluoridation is swiftly brought about.

Health is indivisible and in a supposedly educated and civilised society it is extraordinary that the majority should apparently be content to contemplate another generation of dental cripples.

## CHIROPODY

Under Section 28 of the N.H.S. Act, Local Authorities are empowered to provide chiropody services. This is an aid particularly helpful for the elderly who, without it, often suffer unnecessary disability. Shortage of staff means that treatment can be offered only to expectant mothers, the physically handicapped and the elderly. Ninety per cent of those receiving treatment are aged over 65. The demand for the service has increased steadily and there are now 150 on the waiting list.

Treatment is given in the homes for the elderly, warden controlled premises, in Health Centres and, in a few cases, by domiciliary visits. There is a nominal charge of 2s. 6d., which can be waived when necessary.

The following statistics are for the year ended 31st December 1967:

	Homes for the elderly	Health Centres	Domiciliary Visits	Total
No. of patients treated . .	435	863	344	1,642
No. of treatments given	2,007	3,967	2,281	8,255

## DOMICILIARY BIRTH CONTROL SERVICE

DR. DOROTHY MORGAN, MEDICAL OFFICER IN CHARGE.

The aim of the Domiciliary Service is to take contraceptive advice to the mentally incapable and socially maladjusted families in the community who are overburdened with the difficulties of life and stand in the greatest need. The team consists of a doctor and two nurses with secretarial help. The doctor works four sessions per week and the nurses one session.

### Referral of Cases

The families may be referred by any of the social agencies in the town. The main source of referrals are from the Health Visitors, but patients are also referred to us by Midwives, Child Care Officers, Family Caseworkers, Probation Officers and General Practitioners. The consent of the family doctor is received before a visit to the home is made.

### Changing Pattern of Patients

The past 18 months has produced a new pattern of patient, who can be called the pre-problem family or potential problem family. These are young girls who are either married or cohabiting with boys who are far too young to accept the responsibility of husbands let alone fathers. The birth control advice if withheld from these families now, would produce a further source of problem families in the future.

The immigrant families from Pakistan and India are also coming forward for advice and family limitation counts greatly in integrating these newcomers into our society.

### Contraceptive Methods

The mechanical and the oral contraceptives can be given in the home; as can advice in such methods as the 'rhythm'. For the Intra-Uterine Device, however, the patient must come to the clinic and a weekly session is held at the Central Health Clinic for the insertion of the Intra-Uterine device for these families.



There is frequent discussion amongst these families concerning surgical sterilization both for the male and the female. We have been unable to persuade any husband to accept tubal tie and the number of women who have accepted tubal ligation in the past year is very low, though countless others have been offered this operation. It is my belief that the fear of operation, plus hospital discipline is too great. In the past year we have had eight pregnancies, most of these are due to failure by the patient of her pill taking. Although this figure is high, it should not discredit the 'pill', as by the very nature of these families they have never persevered with anything.

Appended below is the number of patients using various methods of birth control at the present time.

To number of families accepting contraceptive advice .. .. .	443
Types of Contraceptives Used:	
Sheaths .. .. .	11
Cap .. .. .	4
Oral Contraceptive (Pill) .. .. .	129
Intra Uterine Device .. .. .	300
Sterilized (1967-68) .. .. .	2
Pregnant (1967-68) .. .. .	8

## LOCAL GOVERNMENT SUPERANNUATION ACTS, 1937-53

### Medical Examinations

The Department has the responsibility of assessing candidates for superannuation purposes, at the request of other Corporation departments. In 1966 a new system was introduced, whereby a comprehensive medical questionnaire was completed and a full medical examination carried out only where the need was indicated. This system has continued to work very satisfactorily and to save much medical officer time.

Five-hundred-and-eighty-six questionnaires were scanned and 35 full medical examinations advised. Five of these proved to be medically unfit.

Other examinations are requested by departments for various specific purposes. Thirty-one of these examinations were performed and four people recommended for retiral on medical grounds.

Thirty medical examinations were carried out for other Local Authorities.

# SOCIAL SERVICES

WELFARE SERVICES—

—RESIDENTIAL CARE

—DOMICILIARY CARE

HOME HELP

FAMILY CASEWORK



## WELFARE SERVICES

MR. W. T. DORRICOTT, PRINCIPAL WELFARE SERVICES OFFICER.

Nineteen-hundred-and-sixty-seven was a difficult year, because of contract difficulties, changes in senior staff and financial restrictions, but these problems are in process of being resolved.

### **Residential Accommodation**

Throughout the year the Council provided 470 beds in 10 Homes in the City, with an additional 78 female and 26 male beds at Moorgreen Hospital. They also had financial responsibility for 45 residents in Homes run by Voluntary organisations and nine in Homes run by other Local Authorities. The waiting list was up to 150 in the Autumn, but by the end of the year was back to 135, about the average. It was hoped that the new Home at Bitterne would have been ready to receive residents by the end of October, but delays in construction prevented this. Similarly, the withdrawal of the contractor from the Brownhill House extension meant the appointment of another firm to complete the job, so this project cannot be completed until mid-1968. When these two projects are completed it is hoped to close Wildern House at Moorgreen by transferring residents.

Management of residential accommodation is becoming more difficult by reason of increasing infirmity of the residents and shortage of staff of all grades, but every endeavour is made to provide a suitable alternative to the homes which the old people have left. Elderly residents are demanding for personal attention and to satisfy this need requires tact, understanding and hard work from the staff.

### **Short Stay Accommodation**

The scheme for admitting elderly persons to Homes for short periods was continued and 54 such admissions were made for a variety of reasons, e.g. to allow caring relatives to go on holiday; the absence of wife or husband in hospital; illness of the persons providing normal care. This is a worthwhile scheme which affords a change of surroundings to the temporary residents, and an introduction to an Old Persons' Home which often removes doubts in an elderly person's mind about permanent residence.

### **Temporary Accommodation**

Provision is made for housing families with dependent children who are homeless and this takes the form of units at Waterloo Road and Millbrook Road, the latter also providing dormitory accommodation for a limited number of women with young children.

Most of the occupants of temporary accommodation have been evicted from Council property on more than one occasion for non-payment of rent and every effort is made to encourage them to pay off the arrears so that they can be rehoused. In other cases general inadequacy of the parents is the cause of their homelessness, although there may also be rent arrears, and such families need more intensive rehabilitation by use of specialist social workers. Unfortunately there are insufficient skilled workers on the present staff of the Health and Welfare Department to carry out this demanding work. A Family Rehabilitation Unit is envisaged, and this will need adequate staff, suitably trained and experienced. Some preventive work is undertaken in conjunction with other Council Departments, and the Probation Service. This produces limited results, but recruitment of specialist staff is indicated.

### **General Domiciliary Services**

Although provision of residential accommodation for elderly and disabled people is necessary and desirable, it is preferable that these people should stay

in their own homes and retain their independence as long as possible. With this in mind, the Council and Voluntary organisations provide the following services:

- (i) Home Help Service.
- (ii) Visiting Service.
- (iii) Meals on Wheels.

(i) *Home Help Service*

Close liaison is maintained between the Welfare Services and the Home Help Service, and there are frequent referrals in cases visited by the officers for the care of the elderly and handicapped. Cases are referred to the Welfare Officers by the Home Help Service where the aged or disabled person seems unable to cope, even with domiciliary services. Further details of this service can be found elsewhere in this report.

(ii) *Visiting Service*

At present there is no statutory obligation on Welfare Authorities to visit old people other than those who apply for residential accommodation or who are handicapped. Although this will probably be altered by a Bill now before Parliament the main visiting service has been provided by voluntary organisations, in this case the Friends of St. John, which is associated with the Southampton Old People's Welfare Committee. Miss F. M. Tutte, M.B.E., organises the service, and the Department is grateful to her for the pleasure and relief from loneliness which her service provides to 400 old people at any one time.

(iii) *Meals on Wheels*

The service in the city is organised by the Welfare Services section, the meals being cooked in the Civic Centre kitchens, and delivery undertaken by the Women's Royal Voluntary Service. Approximately 140 meals are delivered on four days a week, and there is no doubt that this service is of great value to the elderly, particularly the housebound, who look forward to the visit of the person delivering the meal as some relief from their loneliness.

## **Chiropody**

The increased staff reported last year has proved quite inadequate to cope with the demand for chiropody and the waiting list grows daily, in spite of very careful scrutiny of all cases where treatment is being given.

## **Protection of Property**

The Council has a duty under Section 48 of the National Assistance Act to protect movable property of any person admitted to hospital or residential accommodation where there is danger of loss or damage, and no other suitable arrangements are being made. By performance of this duty, elderly persons or persons suffering from mental illness are relieved from added anxiety by the knowledge that their personal possessions are safe during their absence.

## **SERVICES FOR THE BLIND**

Blind Welfare Services are provided by the Council and the Blind Welfare Voluntary Fund jointly, and a clearer distinction is necessary between what each should provide. This will no doubt be facilitated by the proposed establishment of an wholly independent Blind Welfare Body to administer the Fund. Under the Council's scheme, blind persons are visited by the Home Teachers, who give training in Braille, Moon and handicrafts, and advice on the services and resources available to blind persons. Social and industrial rehabilitation courses are provided when necessary, mainly for the newly blind.

Southampton is fortunate in having a first-class Social Centre for the Blind, and full use is made of the facilities for card games, dancing, bingo, concerts and meetings. The Centre is run by the staff of the Department in conjunction with the Blind Welfare Voluntary Fund, which, at the end of the year, was in process of

re-organisation to transfer control of the Fund from Council officials to volunteers from the community. Teams from Southampton take part in competitions against teams of blind persons from other Authorities.

Once again, through the courtesy of Mr. G. Wilmot, Manager of the Odeon Cinema, Southampton, a party of 400 blind people attended a film show 'Gigi' in December, and, through the generosity of the cinema's patrons, each blind person received a gift. Our sincere thanks are accorded to Mr. Wilmot and his staff for their continued help, and to the Southampton Amateur Operatic Society and the other Associations who invited blind persons to attend plays, recitals, concerts and stage shows.

### **The Deaf/Blind Guide Help Service**

Monthly socials continue to be held, one of which took the form of a Christmas party, and the deaf/blind persons, their relatives and guides derive considerable pleasure from these functions. The 'Guide Help Service' provides visitors who act as companions; write letters; accompany patients on visits and social calls; take them to church or entertainments and go on shopping expeditions. This class of handicap presents great problems, as the only means of communication is by the use of the manual language which has to be taught to the patient, and the results reflect great credit on the Home Teachers and helpers who have persevered in this work. Of course, there are deaf/blind people who, because of age or lack of any formal education, cannot be taught and, therefore, have no means of communication.

### **Holidays**

The group holiday at Paignton was organised during the Summer, and over 50 blind persons and their escorts enjoyed a happy week. Holidays were also arranged for individual blind persons, and financial assistance given to those who made private holiday arrangements. The cost of the holidays and transport was met from the Voluntary Fund.

### **Southampton Fund for the Blind**

This is an organisation mainly concerned with fund-raising on behalf of the Southampton Voluntary Fund for the Blind, the Royal National Institute for the Blind, the National Library for the Blind, and the Royal Normal College for the Blind. Miss Symondson, the Appeals Organiser, was succeeded during the year by Commander Ellis, himself a blind person, and due to their efforts, the local fund has continued to receive substantial monetary grants.

### **Handicraft Classes**

Two classes are held each week at the Social Centre, when instruction in basketry and other crafts is given by the Home Teachers. Attendances at each class average 50 persons, most of whom are quite elderly. The age range is, in fact, from twenty-one years to eighty-nine years. The value of the work produced for the year was £497 0s. 9d.

## SERVICES FOR THE DISABLED

Any person 'who is substantially or permanently handicapped by illness, injury, congenital deformity, or such other disability as may be prescribed by the Minister of Health' may register with the Welfare Authority and become eligible for welfare services, which take the form of visits from officers of the Department; instruction in methods of overcoming the effects of their disabilities; provision of aids and recreational facilities; and adaptations to their homes to increase accessibility and mobility of the patients. Registration is quite voluntary and there are at present 911 persons registered in the city, but there is a considerable number of persons not registered, probably through lack of knowledge of the services available.

### **Aids and Adaptations**

A wide range of aids to daily living have been lent to handicapped persons, and assistance has been given in the purchase of larger items, such as electric and hand-operated hoists, provision of ground floor toilet facilities. Co-operation has been maintained with the Ministry of Health (Appliances Division) in provision of wheelchairs and vehicles, and garages to house the latter. Where necessary, grab rails and handrails have been provided in homes of disabled persons. The cost to the Council in 1967 of all these services was £2,400.

### **Handicrafts**

Provision has been made for appointment of an Occupational Therapist on the staff of the Department to give instruction to handicapped persons in their homes, but it had not been possible to recruit such a person by the end of the year.

The British Red Cross Society continue to run clubs for the disabled at which handicrafts are taught, but there is a desperate need for a work centre, the building of which was again deferred. There are hopes that building might start in 1968 and when the centre opens it will not only provide occupation for the disabled, but it will act as a social and recreational centre for the various associations for the disabled within the city.

### **Holidays**

A party of 50 disabled persons and their escorts spent an enjoyable week at Westward Ho! Holiday Camp. The escorts consisted of departmental staff, police cadets, and a member of the British Red Cross Society. Such an undertaking involves hard work by the escorts, and our thanks are due to all who assisted to make the holiday such a success.

In addition to this group holiday individuals were assisted financially to take a holiday in voluntary homes or private lodgings.

**RESIDENTIAL ACCOMMODATION**  
**Number of Places and Summary of Admissions and Discharges 1967**

Home	Places	Admissions			Discharges		Deaths	Age Analysis		
		From Private Accommodation	From Hospital	To Private Accommodation	To Hospital	50-64		65-74	75-84	Over 85
Moorgreen Allington House Wildern House	94 Men and Women	11	30	6	32	4	1	22	48	21
Northlands House	42 Men and Women	10	20	6	21	7	3	5	22	7
Pear Tree House	41 Women	6	6	—	11	6	1	3	14	19
The Elms	15 Men	8	2	2	3	3	2	6	4	3
Homelands	43 Men and Women	41	4	26	10	9	1	5	16	21
Brownhill House	26 Men and Women	4	3	2	5	1	1	4	9	9
The Cedars	53 Women	7	16	2	17	3	—	10	19	23
Hillfield..	45 Men and Women	4	11	—	18	4	4	4	14	16
Archers House	29 Men	2	12	—	14	1	2	5	12	8
Holcroft House	40 Men and Women	15	10	7	12	3	2	6	19	12
Woodside Lodge	42 Men and Women	16	15	12	17	1	1	3	16	21
<b>TOTALS</b>	<b>470</b>	<b>124</b>	<b>129</b>	<b>63</b>	<b>160</b>	<b>42</b>	<b>18</b>	<b>73</b>	<b>193</b>	<b>160</b>

The number of residents accommodated on 31st December 1967 was 444, and the waiting list was 135 (27 men and 108 women).



## TEMPORARY ACCOMMODATION

The following statistics show the number of admissions to and discharges from temporary accommodation during the year:

### Dormitory Accommodation—12-14 Millbrook Road

	Women	Children
Admissions to dormitory to 31st December 1967 ..	29	63
Discharges from dormitory to 31st December 1967 ..	27	60

Of the 27 discharges, 22 families were transferred to Unit accommodation at Millbrook Road, and two families were rehoused by the Housing Department. The remainder found accommodation elsewhere.

### 76-76a Waterloo Road

This property provides accommodation for six small families and is in the main reserved for families who were admitted to 12-14 Millbrook Road in the first instance and who subsequently proved to be amenable to rehabilitation.

### Unit Accommodation—12-14 Millbrook Road and 76-76a Waterloo Road

No. of families in Unit accommodation as at 31.12.66 ..	17	
No. of families admitted to Unit accommodation during 1967: 20 for rent arrears (14 from Council housing) ..	25	{ 13 Men 25 Women 57 Children
No. of families discharged from Unit accommodation during 1967 ..	26	
No. of families in Unit accommodation as at 31.12.67 ..	16	

Of the 26 discharges, 23 were re-housed by the Housing Department.

Of the 16 families in residence on 31st December, 1967, all were admitted because of rent arrears, 10 of which came from Council property.

A cubicle at St. Michael's House is reserved permanently for men referred by the Department, and 126 admissions were made during the year.

## DOMICILIARY WELFARE—CENTRAL INDEX OF ELDERLY PERSONS

At the end of the year 3,594 elderly people were registered as having applied for welfare services (619 males, 2,166 females and 809 married couples).

## AUTHORISED PRIVATE ACCOMMODATION

Ten Private Homes are registered under Section 37 of the National Assistance Act, 1948, as at 31st December 1967 and provide a total of 94 beds.

## CHIROPODY

For details of this service please see Personal Health Services Section.

## BLIND PERSONS

for the year ended 31st December 1967

**Showing the Distribution by Age Groups of the Blind Population (including Additions to and Removals from the Register)**

	0		1-4		5-15		16-20		21-39		40-49		50-61		65-69		70 and over		Totals				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total		
Total as at 31.12.66 ..	—	—	—	—	4	4	2	2	19	6	11	15	45	46	18	20	118	224	217	317	534		
Additions:																							
New Registrations																							
From P.S. Register ..																							
(i.e. re-examined)																							
Transfer from other																							
Authorities ..																							
Re-registered ..																							
Removals:																							
Deaths ..																							
To P.S. Register ..																							
(i.e. re-examined)																							
Transfer to other																							
Authorities ..																							
De-certified ..																							
Total as at 31.12.67 ..	—	—	2	1	4	2	2	4	20	5	11	15	39	47	20	21	123	236	221	331	552		
Age at incidence of newly registered persons ..	—	—	—	2	—	—	—	1	2	—	—	3	2	4	3	4	17	42	24	56	80		

### Education, Employment, etc.

An analysis of the register of 552 blind persons is given below showing the education, training and employment position in two main groups, viz: Children, i.e. under 16 years, and adults, i.e. age sixteen years and over.

	Male	Female	Total
<i>Children:</i>			
Age 5-15 years—Educable:			
Attending special schools .. ..	1	2	3
Attending other schools .. ..	1	—	1
Not at School .. ..	1	1	2
Ineducable:			
(a) in Psychiatric Hospitals .. ..	1	1	2
(b) at home .. ..	—	—	—
TOTAL ..	4	4	8
<i>Adults aged 16 and upwards:</i>			
See Table below {			
Employed in Sheltered Workshops	6	1	7
Employed as Home Workers ..	3	—	3
Employed in open employment ..	15	7	22
Trainee for sheltered employment ..	1	—	1
Unemployed but capable and available for work:			
Trained for sheltered employment ..	1	—	1
Trained for open employment .. ..	5	—	5
Subject to training in open employment	1	1	2
Subject to training in sheltered employment .. ..	1	—	1
Without training in open employment ..	1	—	1
At school 16-20 .. ..	1	2	3
Not available for work, aged 16-64 ..	1	23	24
Not capable of work, aged 16-64 .. ..	37	37	74
Not employed, aged over 65 .. ..	144	256	400
TOTAL ..	217	327	544

Analysis of the Occupations of Employed Blind Persons shown in Table above:

	Sheltered Work-shops	Home Workers Scheme	Open Industry	Total
Fitters and Assemblers .. ..	—	—	3	3
Basket workers .. ..	5	1	—	6
Boot repairers .. ..	—	—	2	2
Chair seaters .. ..	—	1	—	1
Clerks and typists .. ..	—	—	2	2
Machine knitters .. ..	1	—	—	1
Labourers .. ..	—	—	2	2
Piano tuners .. ..	—	1	—	1
Porters, packers and cleaners ..	—	—	6	6
Telephone operators .. ..	—	—	5	5
Other open employment .. ..	—	—	2	2
Brush makers .. ..	1	—	—	1
Sales representatives .. ..	—	—	1	1
TOTAL ..	7	3	23	33

### Home Workers, etc.

A total of approximately £1,270 has been recorded for the year, representing the value of work produced by the three home workers and other blind persons, for which the Department has found a market.

### Social Events

The main social events of each year are the Annual Summer Outings and the Christmas Party. In June, July and September, a number of blind and partially sighted persons and escorts visited Swanage and Southsea for a day, and the more elderly were taken on a tour of the Meon Valley.

The Christmas Party was again held in the Guildhall and was attended by approximately 425 persons, including escorts and guests. Each blind person was given a Christmas gift of 10s.

Expenditure for these and similar items was met from the Voluntary Fund.

### The Deaf-Blind

There are 11 deaf-blind persons and a small number of these attend the 'Rainbow Club' each month. This club is run on a voluntary basis and the deaf-blind from Southampton and Hampshire can attend. Once a year a very successful 'sale of work' is organised, which helps to augment their funds.

### Home Teaching Service

The Home Teachers paid 4,109 regular visits to all registered blind and partially sighted persons during the year.

## PARTIALLY SIGHTED PERSONS

### Education

An analysis of the details of the eight children of school age gives the following position regarding their placement in special and other schools:

School, etc.	Children	
	Male	Female
Attending special schools .. .. .	3	—
Attending other schools .. .. .	1	1
At home, awaiting admission to special schools .. .. .	1	2

### Training and Employment

#### (a) Seriously Handicapped

There are 112 persons near and prospectively blind who require the full range of Welfare Services, viz:

	Male	Female
Employed .. .. .	8	2
Awaiting suitable placement .. .. .	5	2
Not available for employment .. .. .	3	14
Over 65 years of age and not capable of employment .. .. .	13	65

#### (b) Industrially Handicapped

Three persons are mainly industrially handicapped (i.e. requiring only assistance in placement in employment). Two are employed, one undergoing training.

#### (c) Not Seriously Handicapped

The remaining 53 adults on the register (24 M. 29 F.) are not seriously handicapped either socially or industrially and require observation only.

**PARTIALLY SIGHTED PERSONS**  
for the year ending 31st December 1967

**Showing the Distribution by Age Groups of Partially Sighted Persons (including Additions to and Removals from the Register)**

	0-1		2-4		5-15		16-20		21-49		50-64		65 and over		Totals		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Totals as at 31.12.66	..	..	..	..	4	4	5	4	15	11	10	10	24	70	58	99	157
Additions:																	
New Registrations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Re-certifications	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers from other Authorities	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Removals:																	
Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To Blind Register (i.e. re-examined)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Transfers to other Authorities	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
De-certifications	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals as at 31.12.67	..	..	..	..	5	3	3	3	18	13	11	15	24	84	61	119	180
Age at registration of newly registered persons	..	..	..	..	1	—	1	—	2	3	2	5	12	32	18	41	59

## HANDICAPPED PERSONS (GENERAL CLASSES)

Number of persons registered as suffering from handicaps of a severe nature, as at 31st December, 1967, was 911.

	Male	Female	Total
Children under 16 years .. .. .	13	8	21
Adults employed .. . . .	5	1	6
Adults not employed .. .. .	362	522	884
<b>TOTAL ..</b>	<b>380</b>	<b>531</b>	<b>911</b>

Notifications of disabled persons are received from many sources. The circumstances of each case are investigated at the earliest opportunity and placed on the main register if necessary, but where no immediate need is revealed, the details are recorded in an observation register.

### General Classes—Analysis

General Classes	Male	Female	Total
Amputation .. .. .	38	24	62
Arthritis and Rheumatism .. .. .	52	193	245
Congenital malformations and deformities ..	7	15	22
Diseases of the digestive and genito-urinary, heart, circulatory and respiratory systems	76	81	157
Injuries of head, face, neck, thorax, abdomen, pelvis, trunk, limbs, spine .. .. .	71	66	137
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis, etc. .. .. .	112	128	240
Neuroses, psychoses other than above ..	7	12	19
Tuberculosis, respiratory and non-respiratory	11	10	21
Diseases and injuries not specified .. .. .	6	2	8
<b>TOTAL ..</b>	<b>380</b>	<b>531</b>	<b>911</b>

New registrations during the year ended 31st December 1967 were 253, as follows:

Male	Female	Total
124	129	253

During the year 3,954 visits were made to handicapped persons in their homes

### Employment and Training

In conjunction with the Ministry of Labour remunerative employment has been obtained for a small number of disabled persons.

### Special Vehicle

During the year the special vehicle made 169 journeys, transporting 2,371 handicapped persons at a total cost of £1,167 12s. 1d. This service continues to be a great boon to handicapped persons.

## **WELFARE OF THE DEAF AND HARD OF HEARING**

The welfare of the deaf and hard of hearing is carried out on behalf of the Council by the Hampshire, Isle of Wight and Channel Islands Association for the Deaf in collaboration with the Department. The Committee was represented on the Council of the Association by the Chairman, Alderman Mrs. L. A. Ironside, and the Principal Welfare Services Officer, Mr. W. T. Dorricott.

The report of the Rev. R. G. Young, Chaplain and Secretary to the Association, is set out below:

### **Social Activities**

The Association own Fairbairn Hall and the former building is the centre for social and recreational activities. There is a football team, and, at the invitation of Mr. John Ashridge, young deaf people play ten-pin bowling at 'Bitterne Bowl'. Indoor activities include cards, dancing and billiards.

### **Church Activities**

Holy Communion is celebrated every month, Evensong once a month, and there is an Annual Diocesan Service.

### **Employment**

There has been no serious unemployment problem during the year. In one or two cases those employed with building firms have transferred from one to another. At the end of the year there was only one unemployed man, but he was placed in employment shortly after the end of the year.

### **Welfare**

Domestic problems are dealt with by the staff and very few of these are regarded as being long-term, being mostly matrimonial difficulties, and minor misunderstandings with neighbours or employers.

The staff are in constant touch with the Youth Employment Officer and the Ministry of Labour. Those who are unable to attend clubs, or do not wish to do so, are visited regularly.

### **Other Activities—Fairbairn Hall**

The Southampton Deaf Children's Association use the premises for monthly meetings and discussions on bringing up deaf children.

The Deaf-Blind also use the premises once a month. Deaf-Blind people are brought in from all over Hampshire.

### **Office**

The staff are normally in attendance at the office from 9.30 a.m. to 12.30 p.m. each day, and there are five telephone numbers through which staff may be contacted at any time.

### **Easthill Holiday Home, Ryde**

Five Southampton people were given holidays in this Home, which is maintained by the Association.

### **Publicity**

Every attempt is made to publicise the work of the Association and, in particular, by the hiring of a marquee for the Southampton Show every July. Through this many people are made aware of the facilities in Southampton for those who are deaf and hard of hearing.

## Analysis of Register as at 31st December 1967

Age Groups	Deaf without Speech			Deaf with Speech			Hard of Hearing			Children			Grand Total
	M	F	T	M	F	T	M	F	T	M	F	T	
0-15 ..	—	—	—	—	—	—	—	—	—	10	14	24	24
16-29 ..	14	4	18	6	6	12	3	4	7	—	—	—	37
30-49 ..	16	12	28	8	5	13	4	4	8	—	—	—	49
50-64 ..	7	7	14	8	9	17	3	4	7	—	—	—	38
65 and over	6	4	10	4	4	8	2	14	16	—	—	—	34
<b>TOTAL ..</b>	<b>43</b>	<b>27</b>	<b>70</b>	<b>26</b>	<b>24</b>	<b>50</b>	<b>12</b>	<b>26</b>	<b>38</b>	<b>10</b>	<b>14</b>	<b>24</b>	<b>182</b>
Numbers employed ..	33	6	39	22	9	31	9	6	15	(64 males, 21 females— Total 85)			

## BURIALS AND CREMATIONS 1967

During the year 24 burials—cremations were carried out in accordance with the provisions of Section 50 of the National Assistance Act, 1948, at a cost of £370 0s. 7d. The sum of £275 15s. 4d. representing 74.5% of the expenditure was recovered.

Persons dying in their own homes .. .. .	12
Persons dying in Part III accommodation .. .. .	8
Persons dying in transit to hospital .. .. .	—
Persons found dead in other circumstances .. .. .	4

## CEMETERIES AND CREMATORIUM

MR. J. SUTTON, M.Inst.B.C.A.,  
REGISTRAR OF CEMETERIES AND CREMATORIUM.

During 1967, burials in the five Cemeteries administered by the City Council decreased by 69 to 1,057, (excluding stillborn children). Cremations increased by 20 to 2,392.

Of the deaths registered in the City 1,266 were cremated at the Southampton Crematorium, 928 of the remainder were from areas within a radius of 15 miles of the City. Others came from as far afield as North Wales, Lancashire, Devon, Africa, Canada and the Far East.

Despite a large drop in the national death rate during the year, the number of cremations have increased marginally both locally and nationally. The average percentage of deaths now cremated throughout the country is 48.9%, an increase of 2% over 1966, locally the figures are 62% and 3½%.

Southampton .. .. .	1966	1967
Outer Southampton (inc. Romsey, Eastleigh and New Forest) .. .. .	1,387	1,266
Winchester and District .. .. .	520	535
Droxford .. .. .	230	332
Portsmouth, Gosport and Fareham .. .. .	61	61
Other areas .. .. .	56	82
	118	116
	<u>2,372</u>	<u>2,392</u>



## HOME HELP SERVICE

MRS. D. TAYLOR, HOME HELP ORGANISER.

During 1967, the Home Help Service became more established in its role and function. The demand on the Service for help for the aged is continuing to increase and more time is devoted to the care of the elderly than any other section of the community.

This year the Service has also played a bigger part in homes where there are young children and the mother is in hospital. Help has been provided in several cases from 8.30 a.m. to 5 p.m. The Home Help has taken over the running of the home completely, thus allowing the father to continue working knowing that his family is being cared for.

In October the first training course for Home Helps started, and this was very successful. Eighteen Helpers attended one afternoon each week for six weeks. Training must in itself raise the general standard and efficiency of the work. The course helped to establish a better relationship with each other and the service as a whole. It also enabled the helpers to see their significance in a large social service with responsibilities both to the family and to the local authority.

### Cases Helped during 1967

Aged and Infirm	Chronic Sick	Maternity	Others	Total
1,390	134	88	69	1,681
Number of helpers on the Register on 1st January 1967 .. ..				130
Number of helpers on the Register on 31st December 1967 .. ..				200

## FAMILY CASEWORK SERVICE

MISS D. GUYATT, SENIOR FAMILY CASE WORKER.

The Family Casework Service was established in November 1964 as a direct result of the Children and Young Persons Act, 1963. The aim of the service is by using intensive casework techniques to prevent the need for children to come into the care of the local authority, or to be brought before the Juvenile Court. The Family Caseworker deals with the whole family as a unit—assessing the needs of the individual member as well as the family group. The techniques include the development of insight and the provision of emotional support as well as giving direct advice, and using available environmental resources. The skill of the agency lies in careful scrutiny and diagnosis of the presenting problems in order to evaluate the underlying difficulties accurately. Only families who can gain the maximum benefit from casework techniques are selected. The Family Case Workers, in addition to long term work with specific families, a consultative and diagnostic service to other Social Agencies.

The year 1967 has seen various changes in the Family Casework Service. The two Family Caseworkers left the Agency for domestic reasons; on 30th October the Agency moved to 3 London Road—the accommodation being better and more adequate for the needs of a growing Service.

On the 27th November the four General Purpose Social Workers from the Welfare Section of the Health and Welfare Department joined the Family Casework Service in London Road. Their work has continued on the same general lines, but they are operating now within the Service. An additional Social Worker was appointed to the Family Casework Service in November.

During the year under review the Family Casework Service has continued to expand in spite of staff shortages, and as time goes on the function of the Service is being clarified. Referrals are still coming to the Agencies from all quarters, including the Health Service, Police, other Social Agencies, a number of self

referrals, and also from other clients. The presenting problems cannot be said to fall into categories, although many initially show environmental difficulties, i.e. housing, work problems, etc. Because of the long-term nature of the work it is impossible to indicate at an early stage whether or not work with a particular family has ceased, as a case is not regarded as closed until it has been dormant for twelve months.

During this past year the Family Caseworkers have dealt with approximately 85 families with 295 children. Of those families, four children have been received into care. They all came from one family, and were accepted by the local authority because of parental desertion. The five Social Workers are dealing with 45 families where there are 220 children (it should be noted that the Social Workers are still working with quite a number of old people).

The Caseworkers have directed their attention to developing existing group activities during the year. Also the Mother's Club was restarted when the Agency moved to London Road, and meets weekly. The object of this group is to provide a social situation where mothers can relax and pursue any activities that may interest them. The Boys Club meets every Thursday evening, and has again proved a very energetic and active group. The aim of work with these youngsters is to help them to adjust socially to a group and be prepared to join more sophisticated youth clubs as they grow older. During the ensuing year it is hoped that the group activities may be extended.



SCHOOL  
HEALTH SERVICES





City of Southampton

# ANNUAL REPORT

*on the*

## SCHOOL HEALTH SERVICE

For the Year 1967

*by*

ANGUS McGREGOR,

M.A., M.D., D.P.H.

*Principal School Medical Officer to the  
City of Southampton*

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## EDUCATION COMMITTEE

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Alderman M. W. F. Pettet  
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Councillor W. A. Stearn, M.Sc.(Econ.)  
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Councillor D. H. Thomas  
Councillor Mrs. E. E. Willcock, J.P.

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G. Cotton, Esq.  
Mrs. W. Edmunds, B.Sc.  
Canon K. W. H. Felstead, M.Sc.

Mrs. D. Franklin  
The Very Rev. Canon A. Ibbett  
Mrs. B. Martin, J.P.  
Rev. G. F. Seymour  
The Vice-Chancellor, University of  
Southampton

Chief Education Officer: J. J. B. Dempster, O.B.E., M.A., Ph.D.

## SCHOOL HEALTH JOINT SUB-COMMITTEE

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Councillor M. A. MacMillan  
Councillor Mrs. E. E. Willcock, J.P.

Hon. Alderman W. Greenaway, J.P.  
Mrs. B. Martin, J.P.

### Members of the Health Committee

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Alderman Mrs. L. A. Ironside (*Chairman*)  
Councillor Mrs. J. E. A. Pitter

Councillor A. G. Reynard  
Councillor Mrs. B. Sager, J.P.

## STAFF

### Medical Officer of Health and Principal School Medical Officer:

Angus McGregor, M.A., M.D., D.P.H.

### Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

### Senior Medical Officer:

Catherine M. Atkins, M.B., Ch.B.

### School Medical Officers:

Henrietta H. Bradbury, M.B., Ch.B., B.A.O.  
Bethan Davies, M.R.C.S., L.R.C.P.  
Christine D. M. Edwards, M.B., Ch.B. (Commenced 1.3.67, left 31.8.67)  
A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M.&H.  
Ann Green, M.B., ChB. (Commenced 20.2.67, left 30.11.67)  
J. G. Henly, M.B., Ch.B.  
F. R. T. Hollins, B.A., M.A., B.Ch., B.A.O., D.P.H. (Left 31.1.67)  
Martha Lebermann, M.D.  
J. J. Phillips, M.B., Ch.B.  
H. D. Rossiter, M.B., B.Ch., D.P.H.

### Consultants:

Ear, Nose and Throat: Bernard Sugden, M.B., B.S., M.R.C.S., L.R.C.P., D.L.O. \*  
Ophthalmic: J. Keyms, B.A., M.D., Ch.B. B.A.O. †  
Janet C. Simpson, M.A., B.D., Ch.B., D.O. †  
C. B. Walker, M.A., B.A., M.B., B.Chir., F.R.C.S. \*

\*By arrangement with the Regional Hospital Board.

†Employed on a sessional basis.



*Consultant Psychiatrists:*

- L. B. Bartlet, M.B., Ch.B., D.P.M., D.C.H. (Medical Director) \*\*  
Lotte Rosenberg, M.D., D.P.M. \*\*  
W. H. Allchin, M.A., M.D., Ch.B., D.P.M. \*\*  
R. M. Mehta, M.B., B.S., D.P.M. (Commenced 23.11.67)††  
E. C. Nelson, M.B., Ch.B., D.P.H., D.C.H., D.P.M. (Left 19.10.67)††  
\*\*Consultant Psychiatrists employed by Wessex Regional Hospital Board.  
††Senior Registrar employed by Wessex Regional Hospital Board.

*Educational Psychologists:*

- Mrs. M. L. Dickinson, M.A.(Oxon.), Dip.Ed.(Oxon.), B.A. (Commenced 8.5.67)  
I. R. Ferguson, M.A., Ed.B. (Left 31.8.67)  
Mrs. E. M. Gould, M.A., M.Litt. (Part-time)

*Therapist and Psychologist:*

- Mrs. E. Ellingham, Dip.Psych.

*Psychiatric Social Workers:*

- Miss Ishbel Beatty, A.A.P.S.W.  
Miss C. R. East, A.A.P.S.W.  
Mrs. S. M. Greve, B.A., A.A.P.S.W. (Commenced 9.10.67)  
Miss A. Trussler, A.A.P.S.W. (Left 15.9.67)

*Principal Dental Officer:*

- Alan Edwards, F.D.S.R.C.S.

*Consultant Anæsthetist:*

- W. L. M. Bigby, M.B.E., M.B., B.S., F.F.A.R.C.S. (Part-time)  
J. G. Manners, M.B., Ch.B., F.F.A.R.C.S. (Part-time)

*School Dental Officers:*

- Miss B. H. Black, B.D.S. (Part-time)  
D. T. Davis, L.D.S.R.C.S.  
R. Matthews, B.D.S. (Commenced 1.11.67)  
J. O. T. McGahon, B.D.S., N.U.Irel. (Part-time) (Commenced 3.4.67)  
Mrs. K. D. Nijenhuis, L.D.S.R.C.S.  
J. H. Thomson, L.D.S.R.C.S.  
Mrs. F. E. Topan, Stat.Exam. (B.D.S. Bombay)

*Dental Auxiliaries:*

- Miss D. J. Pollard (Left 31.10.67)  
Miss M. C. Supple  
Mrs. K. Sutton

*Speech Therapists:*

- Mrs. D. M. Walker, L.C.S.T., A.L.A.M. (Senior Speech Therapist)  
Miss P. Blackmore, L.C.S.T. (Commenced 14.8.67)  
Mrs. P. A. Brookes, L.C.S.T. (Part-time)  
Mrs. M. J. Olden, L.C.S.T. (Part-time)

*Physiotherapist:*

- W. F. Archer, M.R.C.G.

*Superintendent Health Visitor:*

- Miss W. M. Melhuish, S.R.N., S.C.M., H.V.(Cert.), F.R.S.H., Dip. Social Studies (Lond.)

*Deputy Superintendent Health Visitor:*

- Miss E. M. Clarke, S.R.N., S.C.M., S.T.D., H.V.(Cert.)

*Principal Administrative Assistant:*

- W. M. Watts

*Administrative Assistant:*

- H. Dickinson

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report of your Principal School Medical Officer on the work of the School Health Service in Southampton in 1967.

A further effort has been made to make this report more readable and more useful by cutting out statistical material of questionable value or that appears elsewhere.

During 1967 the increasing attention being paid to handicapped children and staff shortages resulted in it becoming necessary to drop the routine eleven year old school medical inspection. A very thorough medical inspection is now undertaken at school entry and it was felt safe to rely on certain other routine checks and on the reports of Head Teachers and other staff bringing forward all children developing handicaps during school life. Further streamlining of other aspects of the work of the service was carried out after discussion with the Chief Education Officer and Head Teachers.

I would particularly draw your attention to three important sections of this report—the reports on the School Dental Service, the Child and Family Guidance Clinic and on handicapped children.

There were as usual many staff changes during the year and I would again like to express my thanks to the staff of the department and to the officers of the many other departments and voluntary societies who contribute so much to the health and welfare of children. In particular I would like to thank the Chief Education Officer, Head Teachers and School Staff.

May I take this opportunity to offer to the Chairman and Members of the Education and School Health Joint Sub-Committee my thanks for their support and encouragement.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,

*Principal School Medical Officer.*

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen, I have the honor to submit the Annual Report of the School Health Service for the year 1941-42. The report is divided into two parts, the first dealing with the work of the service during the year and the second dealing with the work of the service during the year 1942-43. The report is divided into two parts, the first dealing with the work of the service during the year and the second dealing with the work of the service during the year 1942-43.

The work of the service during the year 1941-42 was characterized by a number of important developments. The first of these was the introduction of a new system of health inspection, which was designed to provide a more comprehensive and efficient service to the schools. This system was based on the principle of regular, periodic visits to the schools by health inspectors, who were to be responsible for the detection and treatment of all cases of communicable disease.

I would particularly draw your attention to three important features of the report—the report on the School Health Service for the year 1941-42, the report on the work of the service during the year 1942-43, and the report on the work of the service during the year 1942-43. These reports are of great importance and interest to the Committee and to the public.

I am sure that the report will be of great value to the Committee and to the public. I am sure that the report will be of great value to the Committee and to the public.

I am, Mr. Chairman, Ladies and Gentlemen,

Very obediently yours,

WALTER H. BROWN

WALTER H. BROWN  
Director, School Health Service  
New York State Department of Education  
Albany, New York

# SCHOOL HEALTH SERVICE

## STATISTICAL TABLES

and

## PROGRESS REPORT

1967

### *Section*

- I. School medical inspection.
- II. The work of the municipal clinics.
- III. Handicapped pupils.

### *Appendix*

- A. Medical inspection and treatment return.
- B. School meals and milk in school.

## I—SCHOOL MEDICAL INSPECTION

Analysis of Maintained School Departments and School Population on 1st January 1968.

School Departments	Number	School Population
Primary .. .. .	64	21,689
Secondary .. .. .	18	11,436
Grammar .. .. .	4 *	2,858
Special .. .. .	4	231
<b>TOTALS ..</b>	<b>90</b>	<b>36,214</b>

\*St. Anne's Grammar School is not included in this figure as it is a direct grant school and not maintained by the Local Education Authority.

### Number of Children Examined

School Departments	No. of Children examined
Primary .. .. .	3,454
Secondary:	
(a) Neighbourhood Comprehensive .. .. .	2,519
(b) Secondary Colleges .. .. .	303
(c) Other Schools .. .. .	250
Special:	
Aster House (Spastic) .. .. .	—
Bellemoor Adjustment Unit .. .. .	—
Netley Court (Day E.S.N.) (Juniors) .. .. .	—
Portswood Diagnostic Unit .. .. .	—
Red Lodge (Day E.S.N.) (Seniors) .. .. .	24
<b>TOTAL ..</b>	<b>6,550</b>

The overall percentage of parents present at school medical inspection was 63.7%. Ninety-four-point-four per cent attended with entrants to school and 31.1% with school leavers.

### Infestation

The assistant nurses, under the supervision of the health visitors, pay visits to schools at the commencement of term to check children for infestation. Where no infestation has been reported during the past two years examination is discontinued at the schools concerned.

The following table shows details of the types of schools at present inspected, and it will be noted that infestation continues to give rise to anxiety at many schools.

Type of School	Inspected Termly	Inspected Twice a Year	Inspected Once a Year
Infants .. .. .	33	—	—
Juniors .. .. .	33	2	—
Secondary .. .. .	4	1	2

Facilities exist at all the Authority's school clinics for the cleansing of children and during the year 176 were cleansed. The following table shows the frequently of attendances.

	135 children attended once
28	" " twice
10	" " three times
3	" " four times

### Weight and Height Measurements

The weighing and measuring of children were carried out periodically at all schools.

	Boys			Girls		
	No. of Children	Weight lbs. ozs.	Height-Inches	No. of Children	Weight lbs. ozs.	Height Inches
5 years 1967 ..	630	42 5.6	42.9	611	40 1.9	41.5
8 years 1967 ..	10	58 6.1	48.8	23	53 4.5	48.0
12 years 1967 ..	7	82 2.6	55.0	7	79 0.8	56.8
14 years 1967 ..	528	113 5.3	63.6	616	111 5.9	62.3

It should be noted that this will be the last year that weighing and measuring of children will be included in the Annual Report of the School Health Service. Weighing and measuring has now ceased except for medical reasons in certain cases and as a routine check on school entrants, as the information obtained no longer justified the very extensive work involved. In these days children are much more likely to be overweight than underweight.

## II—THE WORK OF THE MUNICIPAL CLINICS

### School Clinics

There have been no additions to the number of clinics in the City. Clinic facilities continue at the ten Health Clinics listed below, nine of which serve the peripheral areas of Southampton. Specialist clinics, together with the administrative staff, are accommodated at the Central Clinic.

- Bitterne Park clinic, Thorold Road
- Central Health Clinic, East Park Terrace
- Harefield Clinic, Exford Avenue
- Millbrook Clinic, Helvellyn Road
- Oatlands House Clinic, Winchester Road
- Surrey House Clinic, Sullivan Road
- Swaythling Clinic, Mayfield Road
- Sydney House Clinic, Peartree Avenue
- Thornhill Clinic, Farringford Road
- Townhill Park Clinic, Benhams Road.

As in previous years the clinics continued to function on the same lines, but with the resignation of some of the medical staff it was found necessary to either merge or delete certain clinics. Attendances at the school clinics were for the usual assortment of psychological problems, minor ailments and skin conditions. Amongst the latter verrucae were very prevalent at some clinics. Every effort is made to start treatment early and so facilitate cure and limit their spread.

The treatment of enuresis with the Buzzer Apparatus continues to be successful, and these units are in great demand at all clinics.

Sydney House Clinic reports that there was a minor spate of scabies which was effectively eradicated due to the efforts of the health visitors and clinic staff.

Advice is continually sought on behaviour and psychological problems. The number of pupils with psychological problems and adjustment difficulties continue to increase. Among the principal causes are broken homes, domestic quarrels and unwanted families. Millbrook Clinic comments that one major psychological problem was brought directly to the clinic but was transferred to the Child and Family Guidance Clinic. It was found that when the little girl concerned was transferred to another school her problems were resolved and she is now a normal happy child again. Many parents ask for advice about behaviour and psychological problems in order to be reassured on various matters.

At Surrey House Clinic a considerable amount of work is entailed on seeing children referred following audiometry at school. Although the failure rate for sweep audiometry is not high (about 6%) this, nevertheless, represents a large number of children needing follow up in the clinics.

## Dental Clinic

Mr. Alan Edwards, the Principal Dental Officer, submits the following report:

The average number of staff remained almost unchanged during this year. One of our dental auxiliaries resigned consequent upon her marriage.

There was a slight increase recorded in the number of items of clinical treatment carried out per session. The majority of primary and infant schools have been visited routinely during the year; the treatment of secondary schools, with minor exceptions, has not been attempted. It is apparent that a significant number of children seek or receive treatment at irregular or too infrequent intervals; our system has therefore been amended so that parents are notified when any dental condition which may require attention is found at school inspection. Whilst this may offend some whose children receive regular care elsewhere, it should ensure that all parents are made aware of treatable defects which may not be readily apparent.

Preliminary work has been undertaken on a statistical survey of dental health, in order that accurate knowledge of this may be obtained and annual comparison made. Dental health education has continued, although we have not made the progress in schools for which we hoped; next year should see an expansion of this activity.

The termination of the Experimental Scheme for Dental Auxiliaries was anticipated, together with the declaration of its success by the Government. Arrangements were undertaken to continue the employment of these ancillary workers as an effective and permanent part of our service.

It is axiomatic that prevention is better than treatment, not least on grounds of ethics and expense. It is therefore disappointing that fluoridation has been given no further practical consideration during the year. Since this is so fundamental a measure in the treatment of dental disease—equivalent to doubling dental manpower—the situation is keenly watched by all concerned. Opponents of the measure in this country have never pressed legal action to a conclusion in spite of years of fluoridation in some areas; meanwhile the Privy Council, on hearing appeals, have found in favour of fluoridation elsewhere. Until governmental backing is extended in a more realistic manner, it seems unlikely that progress can be achieved in Southampton, in spite of this authority's resolution in favour. It is to be hoped that the Minister's offer of legal indemnity may be extended to areas where a majority of health authorities favour the adoption of fluoridation. This must be one of the few facets of democracy where unanimity is essential before action is taken!

## Ophthalmic Clinic

There are three Ophthalmic Surgeons, Mr. J. Keyms, Dr. Janet Simpson and Mr. C. B. Walker, each conducting one session per week at the Central Health Clinic.

Mr. Walker reports.—Attendances appear to have fallen a little this year, possibly due to the opening and staffing of peripheral school clinics.

Pathological cases, squints and amblyopia, continue to be referred for treatment and operation as necessary at the Hospital.

A condition which is not uncommon and often causes confusion among parents and teachers is congenital dyslexia which occurs in boys and causes a specific defect in the ability to read or distinguish similar written symbols. Often labelled backward or lazy, these children have a genuine disability. At present recognition of their problems and patient tuition is all that can be offered.

Most overcome their disability in adult life and quite a proportion are of above average intelligence for their age.

The following table summarises the work carried out during the year and shows comparative figures for the years 1965 and 1966.

	1965	1966	1967
Attendances at clinic .. .. .	2,587	2,543	2,265
Individual children seen by specialist ..	1,617	1,563	1,463
Submitted to refraction .. .. .	807	697	638
Glasses prescribed .. .. .	755	636	579
Received other treatment .. .. .	21	36	21
Placed under observation .. .. .	545	614	578
Found not to require treatment or observation .. .. .	152	113	88
Number of individual children from whom spectacles were:			
(a) Prescribed .. .. .	691	555	502
(b) Obtained .. .. .	*615	*490	*405

\* This figure includes children for whom glasses were prescribed but not provided during the previous year.

## Ear, Nose and Throat Clinic

Mr. B. Sugden, Aural Surgeon, reports on the work of this clinic.

The Ear, Nose and Throat Clinic held twice weekly at the Central Health Clinic continues to provide a comprehensive service in this speciality. All the facilities of such a department of any general hospital are available under ideal working and psychological conditions for children.

In-patient accommodation for medical and surgical treatment is available in the Ear, Nose and Throat wards of the Southampton General Hospital where the segregation of children from adults results in a happy and almost 'convalescent-home' atmosphere.

The relatively low figure of tonsil and adenoid operations shows that at this clinic the most careful selection of cases is the policy and only when there is no reasonable doubt is surgical treatment advised.

A summary of the work at the Aural Clinic in 1967 is shown in the following table:

Total attendances .. .. .	1,601
New cases for consultation .. .. .	701
Return cases for review or treatment .. .. .	900
Tonsils and adenoid operations .. .. .	142
Nasal and aural operations .. .. .	16
Audiographs .. .. .	61

## Immunisation and Vaccination

The major part of the immunisation programme is completed by the second year of life and the figures for this can be found in the Annual Report of the Medical Officer of Health, q.v.



For school-children, booster doses against diphtheria, tetanus and poliomyelitis are given at school-entry and a further one against tetanus at 10 years of age. The figures in the tables below refer to these age groups.

Children are normally tested at the age of 13 years plus for susceptibility to tuberculosis. If this test is satisfactory B.C.G. vaccination is then given.

Type of Dose	Primary Courses	Reinforcing Doses
Diphtheria/Tetanus/Pertussis .. .. .	79	434
Diphtheria/Pertussis .. .. .	3	5
Diphtheria/Tetanus .. .. .	202	1,682
Diphtheria .. .. .	3	58
Pertussis .. .. .	—	3
Tetanus .. .. .	325	426
Poliomyelitis .. .. .	374	2,213
Smallpox .. .. .	164	109
Measles .. .. .	15	—
B.C.G. .. .. .	1,041	—

TUBERCULOSIS—The following table shows the number of children notified under the Public Health (Tuberculosis) Regulations, 1952, giving the previous year's notifications in brackets.

**Pulmonary Tuberculosis**

Boys .. .. .	8 (2)
Girls .. .. .	1 (2)

**Non-Pulmonary Tuberculosis**

Boys .. .. .	0 (0)
Girls .. .. .	0 (0)

TOTAL .. 9 (4)

**Child and Family Guidance Clinic**

Dr. L. Bartlet, Medical Director, reports:

*Staffing*

In the course of the year there were a number of important staff changes. Miss Audrey Trussler, Psychiatric Social Worker, and Mr. I. R. Ferguson, Educational Psychologist, both left to take up appointments elsewhere, thereby diminishing the Clinic's diagnostic and therapeutic potential. Miss Trussler was replaced by Mrs. Stella Greve and Mr. Ferguson by Mrs. Miriam Dickinson but at the end of the year the Clinic was still seriously understaffed on the educational psychology side.

*Clinic Data*

The number of psychiatric sessions held was 557. There were 1,192 child and 527 parent attendances for interviews with psychiatrists. The psychiatric social workers conducted 2,353 interviews in the Clinic and made 378 home visits.

*Breakdown of Work Carried Out*

Consultations .. .. .	254
Treatments .. .. .	1,974
Reviews .. .. .	129
Intelligence tests .. .. .	310
Educational tests .. .. .	303
Remedial teaching .. .. .	215
Psychologists' interviews with child .. .. .	3
Parent interviews .. .. .	2,919

#### Sources of referral:

Doctors from various clinics	..	..	..	..	..	..	..	..	69
Hospitals	..	..	..	..	..	..	..	..	26
Private doctors	..	..	..	..	..	..	..	..	69
Health visitors	..	..	..	..	..	..	..	..	3
Head teachers	..	..	..	..	..	..	..	..	61
Chief Education Officer	..	..	..	..	..	..	..	..	5
Chief Constable and Probation Officers				..	..	..	..	..	16
Children's Officer	..	..	..	..	..	..	..	..	27
Parents	..	..	..	..	..	..	..	..	29
Speech Therapist	..	..	..	..	..	..	..	..	3
N.S.P.C.C.	..	..	..	..	..	..	..	..	3
Patient	..	..	..	..	..	..	..	..	1

#### Features of the Year's Work

The pattern of work in 1967 showed little variation from previous years. Comparatively few immigrant children were referred. Quite a number of sub-normal children with behaviour problems were seen by psychiatrists. The majority of these handicapped youngsters were helped by attendance at Junior Training Centres; unhappily, a number had to wait for varying periods of time before they could be accommodated in the Peartree centre.

There are no playgroup facilities at all in the City for mentally handicapped 'under fives' which is a great pity as a proportion of children in this category seen by psychiatrists needed just such facilities. Two hour play sessions twice or thrice a week can be most stimulating and fulfilling for these children; equally, the break can be most relaxing for their overburdened mothers.

As the analysis of referrals shows many children were assessed at the request of Head Teachers. Liaison between schools and Clinic was usually adequate but the Clinic staff are conscious that this might have been even better had there been the full complement of educational psychologists.

In the course of the year several children were deemed as being 'maladjusted' and in need of special boarding school education. Early in the year 31 Southampton children were attending such schools. These children return to their homes at holiday times. Whilst home they are reviewed at the Clinic. Close links are maintained between these special schools and the clinic. Co-operation between the Education Department and the Clinic in this area of joint responsibility is excellent.

#### Educational Aspects of the Clinic's Work

The educational functions of the Clinic continue to expand. All the schemes described in the 1966 Report continued to operate in 1967. In addition, undergraduate medical students from the Royal Free Hospital attended several clinics. A half-day course was provided for Child Care students from the Trowbridge Further Education College.

#### School Psychological Service

The continued shortage of Educational Psychologists is a most disturbing feature of the School Psychological Service. The establishment has now been increased to four psychologists, but there were only two full-time psychologists in the field for four months, and for the rest of the year one only. This is serious enough for this year alone, but this has been a continuous pattern which must have an increasingly enervating effect upon the service. The fact that, in complete contrast, the Clinic is fully staffed with three Psychiatric Social Workers, three Psychiatrists, and one Senior Registrar only makes matters more difficult for the solitary educational psychologist who is under great pressure to keep her busy clinic colleagues well supplied with test results and educational recommendations, in order not to hold up their work. So not only are there less 'school' cases dealt with, but what is the worst feature of this situation, there is a disastrous lack of the daily personal contact between psychologist and schools which alone makes a school psychological service live and breathe.

At the end of the year the waiting list was over the seventy mark, with an average delay of a term before interview. Somehow the level of output has been reasonably well maintained despite staff shortages as the comparison of the statistics, particularly 1964-1965 figures (two full-time psychologists) against 1966-1967 (one full-time psychologist for eight months) show:

	1964-1965	1965-1966	1966-1967
Intelligence Tests .. .. .	166	103	112
Educational Tests .. .. .	131	82	147
Interviews with Teachers .. .. .	97	46	78
General Interviews .. .. .	54	28	31

Urgent cases were dealt with as emergencies—which inevitably made the more routine kind of problems have to wait longer than three months for treatment. This is clearly unsatisfactory. A teacher wants help now—not in an increasingly remote future.

One of the interesting developments during the year was the consultations with the Chief Education Officer, that led to the decision that the Bellemoor Adjustment Unit should become a full-time unit in 1968. This was wholeheartedly welcomed by the teachers in the unit and by the clinic itself as this had been felt for a long time to be a necessary expansion of Bellemoor's work.

Number attending Bellemoor during year ..	36
Number admitted to Bellemoor during year ..	9
Reason for admission .. .. .	7 school phobics 2 transfers from other authorities
Number discharged .. .. .	16
Destination of those discharged .. .. .	10 own school full-time 6 to employment

It is very satisfactory to see from the analysis of the discharges that the sixteen children who left Bellemoor during this year have all managed to 'make the grade'.

### Speech Clinic

Mrs. D. M. Walker, Senior Speech Therapist, submits the following report.

In August 1967, Miss Patricia Blackmore was appointed as full-time Speech Therapist, thus filling the vacancy created in June 1966.

The classes at Thornhill and Wimpson Infants' Schools have proved interesting and successful—and provision was made for speech therapy to be restarted at Netley Court School for children who have transferred there from these classes. A Speech Therapist also visits the Special Class in Thornhill Junior School to provide continuity of treatment for children transferred there. Speech therapy has also been made available at the following schools:

- Aldermoor Infants'
- Heathfield Infants'
- Heathfield Junior Mixed
- Harefield Infants'
- Harefield Junior Mixed
- St. John's Junior Mixed and Infants'
- Portswood Unit

Details of sessions conducted by Speech Therapists and attendances can be seen in the following table.

	Sessions	Attendances
East Park Terrace .. .. .	104	447
Harefield .. .. .	65½	311
Oatlands House .. .. .	122	459
Sydney House .. .. .	75	421
Surrey House .. .. .	79	253
Millbrook .. .. .	88	422
Swaythling .. .. .	41	259
Bitterne Park .. .. .	35	214
Thornhill .. .. .	29½	151
Home and school visits .. .. .	197	2,393
<b>Total .. .. .</b>	<b>836</b>	<b>5,330</b>
Treatments given .. .. .	..	4,950
Consultations .. .. .	..	358
Check examinations .. .. .	..	144
Children on register 31st December, 1967 .. .. .	..	472
Children discharged .. .. .	..	212
Children on Waiting List:		
(a) for first consultations .. .. .	79	..
(b) for check examinations .. .. .	229	..
	—	308

## Remedial Exercises

*Report of the Physiotherapist*—During 1967 there has been a great increase in the number of children recommended for treatment under this programme, there being 243 as compared with 107 the previous year.

However, there was, unfortunately, a proportionately larger number of children who ceased to attend voluntarily after only a few treatments. This, I feel, was mainly due to lack of co-operation by parents.

Follow-up and reminding letters were sent to these parents but with disappointing response. Nevertheless, I feel that in the majority of these cases, the children also were not very suitable patients and would not have benefitted greatly had they been compelled to continue and might even have retarded the progress of others in their groups.

Consequently the figure of 3,405 total attendances for the year, although approximately double last year's total, shows an average attendance of 14 per child compared to 16 in 1966.

Four new centres were included, Sydney House Training Centre, Bitterne Park School, Woolston R.C. School and Swaythling School. A few pre-school children were treated at home when desirable and where time permitted.

Very young children, I feel, do not benefit very much from exercises unless of good intelligence and conscientious parents. The best age groups appear to be from 8 or 9 years onwards.

The following table shows the number of children attending the centres during the year.

Name of Centre	No. of Children Attending
Banister School .. .. .	13
Bitterne Park Clinic .. .. .	20
Bitterne Park School .. .. .	1
Central Health Clinic .. .. .	16
Foundry Lane School .. .. .	14
Harefield Clinic .. .. .	6
Millbrook Secondary School .. .. .	13
Oatlands House Clinic .. .. .	47
Surrey House Clinic .. .. .	27
Swaythling Clinic .. .. .	25
Swaythling School .. .. .	1
Sydney House Clinic .. .. .	23
Sydney House Training Centre .. .. .	5
Thornhill Clinic .. .. .	22
Weston Park Secondary School .. .. .	5
Woolston R.C. School .. .. .	2
Domiciliary .. .. .	3
Total ..	243

### Medical Examination of Teachers and Entrants to Courses of Training

During the year arrangements were made to medically examine 36 teaching candidates (17 males and 19 females) and 211 training college candidates (53 males and 158 females).

### Employment of Children

Medical examination of 483 boys and 178 girls was arranged during 1967. All were passed as being fit.

## III—HANDICAPPED PUPILS

### Blind and Partially Sighted Children

Dr. H. H. Bradbury reports—The number of blind and partially sighted children remains static. Of the six blind children, three are in residential schools, two in hospital and one is awaiting admission. There are twelve partially sighted children. Four of these children are attending residential schools, five are in special classes at normal schools and the remaining three are below school age.

One 2 year old child suffering from Glaucoma and who was fitted with contact lenses when one year of age, also appears mentally retarded.

### Deaf and Partially Hearing Children

Dr. B. Davies reports—The pattern of services for this group of handicapped children has remained as in 1966.

#### Screening Tests

Health visitors have continued screening tests on infants both at home and in the clinics and similar tests have been used by the medical officers in the clinics.

At the end of 1967 there were four babies aged between one year and eighteen months using hearing-aids and their mothers were receiving guidance from the Teacher of the Deaf in charge of the Nursery Unit.

The importance of early detection of deafness cannot be over-emphasised as early treatment profoundly affects the subsequent degree of handicap of the child.

#### *Audiometry*

All five years olds have an audiometric test at the time of their first school medical examination. The number of children failing this test is approximately 6%—this institutes a large number of children needing follow-up at the neighbourhood school clinic and referral to the appropriate agency when indicated.

The Audiometrician has also tested, (a) many children referred by head teachers and general practitioners on account of suspicion about their hearing, and (b) all children referred for assessment because of failure to progress at school.

In June, 1967, a two day course was held for local medical officers on the subject of Deafness in Children. This was organised jointly by the Health Department and Dr. Ross Coles, Director of the Audiology Group of the Institute of Sound and Vibration Research at Southampton University. There were lectures on many aspects of the subject and techniques of testing pre-school and school children were demonstrated and practised.

During 1967 the pressure on places in our Nursery Unit was so great that several County Children had to be refused admission and it is now only possible to consider Southampton children for the Unit.

Regular review of all deaf children at residential schools has been started and closer links between these schools and local services are being established. Also collaboration between the teachers of the deaf, the youth employment officers, school medical officers and the voluntary bodies concerned has been started to improve the services available to the deaf child at the end of his school life and to ensure satisfactory placement in employment.

During the year the Register of Handicapped Pupils has been re-organised and an additional register established of children with a degree of deafness not necessitating special educational provision. An analysis of the causes of deafness in the children registered as deaf or partially hearing shows approximately:

- one third of the cases being due to genetic causes;
- one third of the cases being due to pre or perinatal causes;
- one third of the cases being of unknown origin.

The ratio of children at residential school to those in local units is 1 to 4. Approximately 30 children receive regular help from a peripatetic teacher but attend ordinary schools. The average rate of entry to residential schools for the deaf for the past 16 years has been 1 child per year.

During 1967 the Department of Education and Science issued a report on Units for partially hearing children. This showed a disquieting shortage of teachers of the deaf, particularly those with experience and a grave shortage in Special Schools. The general conclusion and recommendation of the report suggest fundamental changes in local authority provision to conserve the use of teachers. It is to be hoped that such fundamental changes will not be introduced locally until the present unit provisions have been adequately evaluated and compared with alternative services. The Nursery Unit in Southampton was established in 1958 and the original pupils are now at secondary level. A long term evaluation of the provisions is, therefore, only just becoming possible.

#### **Delicate Children**

Dr. H.H. Bradbury writes the following report—There are 84 children on the Handicapped Pupils Register as being delicate and one child who is being kept under observation. Of the aforementioned, 55 are at residential school and 11 are awaiting admission.

These children can be divided into two main groups (i) Asthma and/or Eczema and (ii) General Debility. The majority of the latter have very bad home backgrounds and their condition is due to parental neglect causing undernourishment and behaviour problems.

All children benefit greatly from their stay in residential schools. Only one boy was sent away, this being on account of gross overweight. He has a doting mother who completely failed to control his appetite or his diet.

### **Diabetic Children**

Dr. M. Lebermann reports—There are twenty-five children between the ages of 3½ and 17 years known to have diabetic conditions in Southampton.

One girl left a secretarial school during the year and was very fit. There are two pre-school children, one 15 year old boy who is educationally subnormal and epileptic attends Red Lodge Special School and two children in diabetic hostels on account of their home conditions being unsuitable to cope with their disorder.

The remaining nineteen are attending ordinary school, and their condition presents no handicap to their educational progress. They all have good attendance records and are able to join in normal school activities. Their achievements are as good as can be expected from their innate ability and home background.

As regards senior pupils two are attending grammar school, three are attending a grammar course and the remaining five are attending either a general or secretarial course. All are on insulin injections and some who are on a liberal diet have school dinners. The head teachers concerned are all aware of the possibility of hypoglycaemia reactions and are most co-operative in giving help if and when required.

The two children in diabetic hostels have done extremely well. They have greatly benefitted from mixing with other children who are suffering from the same complaint and being looked after by most capable staff with great understanding and humanity. An eight year old girl has improved tremendously and has changed from a very disturbed little girl to a well adjusted child and has learnt to give her own injections very competently.

There is one 6 year old child suffering from Leucine sensitive hypoglycaemia which is a similar metabolic disorder for which a special diet is required to prevent attacks followed by unconsciousness. Fortunately this little boy can go home for his lunch and there is no problem at school for the time being.

### **Epileptic Children**

Dr. J. J. Phillips reports—The majority of pupils suffering from epilepsy attend ordinary schooling. Some are under hospital supervision as outpatients and the remainder under the care of their family doctor. At the present time there are over thirty such pupils known to the school health service to be attending normal schools.

During the year four pupils were resident at Lingfield Hospital School, Surrey. One was discharged home and attended an ordinary school. Another returned home to start work on reaching the age of 16 years.

Three epileptic children attended Netley Court and Red Lodge Special Schools as day pupils and two were resident at special boarding schools for backward epileptic children.

### **Educationally Subnormal Children**

Dr. C. M. Atkins reports—The detection and assessment of the needs of educationally subnormal children is still a prime concern of the school medical officers. During the year, Dr. Franks and Dr. Bradbury attended the training course in London and qualified to help in this work. Increasing efforts are made to assess the more severely handicapped child before school age, so that his entry into school life can be eased. The help of the health visitors in this sphere is greatly appreciated, in bringing such children to our attention early and in providing unobtrusive observation and reports until full examination is considered advisable.

The trend is for increasingly early identification of these children. Not only does this make it easier to plan ahead for their needs, but the sooner help is supplied the more effective it is. The register of handicapped children is beginning

to show very real benefits. Medical officers can complete an examination and enter a suspect child as an unofficial case, for observation, at any age. Many children have been included for supervision at a year old.

The children can be offered the special help they require in the Junior and Senior Day E.S.N. Schools and at the the three Special Infant Reception Classes at Wimpson Lane, Portswood and Thornhill Schools. Some children, who are socially well adapted, can be helped in special classes in the ordinary schools. A few, who have additional home difficulties, are offered residential school placements.

Fortunately, it has been possible to allow a few children to enter the Special Infant Classes when they were barely 4 years old. Results have confirmed the feeling that assessment and therapeutic functions cannot be separated in this context. Two of these very young children were admitted to ratify their suspected unsuitability for education in school. Instead, they have progressed steadily and rapidly until one will quite obviously be capable of benefitting from education, and the other quite probably so.

Every effort has been made to give frequent advice and support to the special classes and schools, even when time has been limited because of the shortage of experienced medical officers. It is gratifying that increased aid in Speech Therapy has also been possible and that audiometry has been carried out for every new entrant.

The number of examinations to assess educational retardation carried out was 171. There are 366 E.S.N. children on the register.

### **Haemophiliac Children**

Dr. M. Lebermann reports—Three children are known to be suffering from haemophilia in Southampton. Two are brothers, one aged 9 and one aged 4 years, the other is a 17 year old boy. The 9 year old boy has had an extremely good attendance record at school during the year and was only absent for about one week following a fall. The 17 year old is a happy and well adjusted boy and is expected to do reasonably well academically. He did, however, miss some weeks of schooling on account of haemathesis after a fall. He is considered to be limited to about two thirds of his potential capacity by his physical handicap. The 4 year old boy will start school in January, 1968.

### **Physically Handicapped Children**

Dr. A. C. Franks reports—There are 60 Physically Handicapped Children on the Official Register. Of these 45 are of school age and 15 of pre-school age. There are also 6 young children (under 2 years of age) who are on the Observation Register and will in due course be placed on the Official Register.

There is a wide range of Handicap—the majority suffering from Cerebral Palsy and Menin gomyelocele and some of these are also Educationally Subnormal. Some suffer from Multiple Handicap, an example being a 3½ year old child (a Thalidomide baby) who is blind with rudimentary and shortened limbs. In contrast a 16 year old girl whose handicap is due to Spina Bifida and obesity was finally able to attend a normal school and has now been admitted to Queen Elizabeth's Foundation for the Disabled, Leatherhead, where she will have vocational training.

Of the 45 Handicapped Children at school 15 are at Residential Schools often some distance from Southampton, e.g. Cambridge and Broadstairs, those of normal or superior intelligence go to the Special Treloar Schools at Alton. 11 Children are at Aster House (a day school for Physically Handicapped Children in Southampton) and 12 children are attending ordinary day schools. Provided the handicap is not too severe it is often possible for the child to attend a normal school and for this purpose there are three Special Infant Classes at Portswood, Thornhill and Wimpson Schools, into which children with assorted handicaps can be admitted and assessed.

The Combined Clinics (held at the Children's Hospital every second month) have continued during the year and have been of value for assessment.



## Speech Defective Children

Dr. B. Davies reports—The appointment of a second full-time speech therapist has resulted in an improvement in the services available to these children. Intensive speech therapy has been provided at both Wimpson and Thornhill Special Infants' Classes. Also regular therapy is now provided at Netley Court School.

The results of the work of speech therapists and teachers together in developing speech and language in these schools have been excellent. At Thornhill a special junior class was opened in September, 1967, to receive some of the infants' special class on transfer and some children from other infants' schools needing special class placement at junior level.

The concentration of many children with considerable speech handicaps at Netley Court School has been a problem.

The differential diagnosis of mental retardation, aphasia and deafness has been difficult in several children during the year. Adequate provision for aphasic children remains a problem—both on a day or a boarding basis.

### CLASSIFICATION AND PLACEMENT OF HANDICAPPED CHILDREN

Examination of Physically Defective Children								Male	Female
Blind School	..	..	..	..	..	..	..	—	1
School for Partially Hearing	..	..	..	..	..	..	..	1	—
School for Partially Sighted	..	..	..	..	..	..	..	—	2
School for Physically Handicapped	..	..	..	..	..	..	..	—	2
School for Speech Defects	..	..	..	..	..	..	..	1	—
Residential Open Air School	..	..	..	..	..	..	..	14	5
Special Class Ordinary School	..	..	..	..	..	..	..	—	3
Ordinary School	..	..	..	..	..	..	..	11	7
Partially Hearing	..	..	..	..	..	..	..	—	3
Partially Sighted	..	..	..	..	..	..	..	1	—
Physically Handicapped	..	..	..	..	..	..	..	3	2
Speech Defects	..	..	..	..	..	..	..	1	—
Other Examinations	..	..	..	..	..	..	..	7	4
Deferred	..	..	..	..	..	..	..	7	5
Not Defective	..	..	..	..	..	..	..	2	1
Discharged	..	..	..	..	..	..	..	—	1
								—	—
Total								48	36
								—	—
Examination of E.S.N. Children									
Notification to Local Authority									
Unsuitable for Education at School	..	..	..	..	..	..	..	9	10
Requires supervision after leaving school	..	..	..	..	..	..	..	5	5
Ordinary School as E.S.N.	..	..	..	..	..	..	..	16	11
Special School Education as E.S.N.									
Day	..	..	..	..	..	..	..	30	23
Boarding	..	..	..	..	..	..	..	3	1
Deferred	..	..	..	..	..	..	..	14	16
Not defective	..	..	..	..	..	..	..	19	7
Other Examinations	..	..	..	..	..	..	..	2	—
								—	—
Total								98	73
								—	—
Admissions to Special Schools									
Physically Defective									23
E.S.N.									
Boarding	..	..	..	..	..	..	..	..	7
Day	..	..	..	..	..	..	..	..	77
Maladjusted	..	..	..	..	..	..	..	..	11
								—	—
Total								..	118
								—	—

## Handicapped Pupils on Register

Children with multiple defects are registered under the heading of the major defect. A child who is Educationally Subnormal and Epileptic would be recorded under 'Educationally Subnormal' in the first column of the following table and under 'Epileptic' in the second column headed 'Subsidiary Defects'.

	No. of children on Official Register	No. of children with Subsidiary Defects	Total
Blind .. .. .	2	1	3
Partially Sighted .. .. .	8	2	10
Deaf .. .. .	11	1	12
Partially Hearing .. .. .	58	3	61
Delicate .. .. .	84	9	93
Educationally Subnormal ..	356	10	366
Epileptic .. .. .	4	11	15
Maladjusted .. .. .	60	4	64
Physically Handicapped .. .. .	47	8	55
Speech Defect .. .. .	8	14	22
<b>Total No. of Children on Register</b>	<b>638</b>		

### Handicapped Pupils in Special Schools and Homes, at 31st December, 1967.

Blind .. .. .	1
Partially Blind .. .. .	4
Deaf .. .. .	10
Partially Deaf .. .. .	2
Delicate .. .. .	67
Physically Handicapped:	
Residential .. .. .	13
Day .. .. .	*21
Epileptic .. .. .	3
Maladjusted:	
Residential .. .. .	35
Day .. .. .	17
Educationally Subnormal:	
Residential .. .. .	25
Day .. .. .	231
Diagnostic Classes:	
Portswood Junior Mixed and Infants School .. .. .	19
Wimpson Infants' School .. .. .	18
Thornhill Infants' School .. .. .	19
Special Deaf Classes:	
Central Infants' School .. .. .	25
Tanners Brook Junior School .. .. .	10
Hightown Secondary Mixed School .. .. .	6
Speech Defect .. .. .	2

\*Includes 9 from Hampshire County Area.



APPENDIX A

DEPARTMENTAL OF EDUCATION AND SCIENCE STATISTICAL RETURNS

Year Ended 31st December, 1967

FORM 8M

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1968: 36,214.

PART I—Medical Inspection of pupils attending maintained primary and secondary schools (including nursery and special schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
1963 and later	25	25	—	—	1	4	5
1962	1,366	1,365	1	—	22	199	211
1961	1,652	1,649	3	—	28	290	302
1960	197	197	—	—	4	27	29
1959	78	77	1	—	3	6	8
1958	56	56	—	—	1	7	7
1957	38	38	—	—	2	5	6
1956	31	31	—	—	4	1	5
1955	51	51	—	—	8	6	13
1954	44	44	—	—	12	5	14
1953	1,405	1,402	3	—	82	99	180
1952 and earlier	1,607	1,605	2	—	130	138	230
TOTAL ..	6,550	6,540	10	—	297	787	1,010

Col. (3) total as a percentage of Col. (2) total .. 99.85%  
 Col. (4) total as a percentage of Col. (2) total .. 0.15%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections .. .. .	6,614
Number of Re-inspections .. .. .	10,141
Total ..	<u>16,755</u>

TABLE C—INFESTATION WITH VERMIN

Notes:

All cases of infestation, however slight, are recorded, and the numbers recorded relate to individual pupils and not to instances of infestation.

- (a) Total number of examinations of pupils in schools by school nurses or other authorised persons .. .. . 40,513
- (b) Total number of individual pupils found to be infested .. 99
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .. 59
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. —

TABLE A—PERIODIC MEDICAL INSPECTIONS

Year	No. of pupils inspected		No. of pupils found to require treatment (including dental disease and infestation with vermin)		No. of pupils who have been referred to medical officer	No. of pupils who have been referred to dental officer
	for any	for any	for any	for any		
1963	1,010	10	107	—	6,340	4,380
1962	1,010	10	107	—	1,403	1,607
1961	1,010	10	107	—	1,402	1,402
1960	1,010	10	107	—	1,402	1,402
1959	1,010	10	107	—	1,402	1,402
1958	1,010	10	107	—	1,402	1,402
1957	1,010	10	107	—	1,402	1,402
1956	1,010	10	107	—	1,402	1,402
1955	1,010	10	107	—	1,402	1,402
1954	1,010	10	107	—	1,402	1,402
1953	1,010	10	107	—	1,402	1,402
1952	1,010	10	107	—	1,402	1,402
1951	1,010	10	107	—	1,402	1,402
1950	1,010	10	107	—	1,402	1,402
1949	1,010	10	107	—	1,402	1,402
1948	1,010	10	107	—	1,402	1,402
1947	1,010	10	107	—	1,402	1,402
1946	1,010	10	107	—	1,402	1,402
1945	1,010	10	107	—	1,402	1,402
1944	1,010	10	107	—	1,402	1,402
1943	1,010	10	107	—	1,402	1,402
1942	1,010	10	107	—	1,402	1,402
1941	1,010	10	107	—	1,402	1,402
1940	1,010	10	107	—	1,402	1,402
1939	1,010	10	107	—	1,402	1,402
1938	1,010	10	107	—	1,402	1,402
1937	1,010	10	107	—	1,402	1,402
1936	1,010	10	107	—	1,402	1,402
1935	1,010	10	107	—	1,402	1,402
1934	1,010	10	107	—	1,402	1,402
1933	1,010	10	107	—	1,402	1,402
1932	1,010	10	107	—	1,402	1,402
1931	1,010	10	107	—	1,402	1,402
1930	1,010	10	107	—	1,402	1,402
1929	1,010	10	107	—	1,402	1,402
1928	1,010	10	107	—	1,402	1,402
1927	1,010	10	107	—	1,402	1,402
1926	1,010	10	107	—	1,402	1,402
1925	1,010	10	107	—	1,402	1,402
1924	1,010	10	107	—	1,402	1,402
1923	1,010	10	107	—	1,402	1,402
1922	1,010	10	107	—	1,402	1,402
1921	1,010	10	107	—	1,402	1,402
1920	1,010	10	107	—	1,402	1,402
1919	1,010	10	107	—	1,402	1,402
1918	1,010	10	107	—	1,402	1,402
1917	1,010	10	107	—	1,402	1,402
1916	1,010	10	107	—	1,402	1,402
1915	1,010	10	107	—	1,402	1,402
1914	1,010	10	107	—	1,402	1,402
1913	1,010	10	107	—	1,402	1,402
1912	1,010	10	107	—	1,402	1,402
1911	1,010	10	107	—	1,402	1,402
1910	1,010	10	107	—	1,402	1,402
1909	1,010	10	107	—	1,402	1,402
1908	1,010	10	107	—	1,402	1,402
1907	1,010	10	107	—	1,402	1,402
1906	1,010	10	107	—	1,402	1,402
1905	1,010	10	107	—	1,402	1,402
1904	1,010	10	107	—	1,402	1,402
1903	1,010	10	107	—	1,402	1,402
1902	1,010	10	107	—	1,402	1,402
1901	1,010	10	107	—	1,402	1,402
1900	1,010	10	107	—	1,402	1,402
TOTAL	1,010	10	107	—	6,340	4,380

Col (2) total as a percentage of Col (1) total 0.10%  
 Col (3) total as a percentage of Col (1) total 0.01%

TABLE B—OTHER INSPECTIONS

Year	Number of inspections	Number of special inspections
1963	10,141	2,014
1962	10,141	2,014
1961	10,141	2,014
1960	10,141	2,014
1959	10,141	2,014
1958	10,141	2,014
1957	10,141	2,014
1956	10,141	2,014
1955	10,141	2,014
1954	10,141	2,014
1953	10,141	2,014
1952	10,141	2,014
1951	10,141	2,014
1950	10,141	2,014
1949	10,141	2,014
1948	10,141	2,014
1947	10,141	2,014
1946	10,141	2,014
1945	10,141	2,014
1944	10,141	2,014
1943	10,141	2,014
1942	10,141	2,014
1941	10,141	2,014
1940	10,141	2,014
1939	10,141	2,014
1938	10,141	2,014
1937	10,141	2,014
1936	10,141	2,014
1935	10,141	2,014
1934	10,141	2,014
1933	10,141	2,014
1932	10,141	2,014
1931	10,141	2,014
1930	10,141	2,014
1929	10,141	2,014
1928	10,141	2,014
1927	10,141	2,014
1926	10,141	2,014
1925	10,141	2,014
1924	10,141	2,014
1923	10,141	2,014
1922	10,141	2,014
1921	10,141	2,014
1920	10,141	2,014
1919	10,141	2,014
1918	10,141	2,014
1917	10,141	2,014
1916	10,141	2,014
1915	10,141	2,014
1914	10,141	2,014
1913	10,141	2,014
1912	10,141	2,014
1911	10,141	2,014
1910	10,141	2,014
1909	10,141	2,014
1908	10,141	2,014
1907	10,141	2,014
1906	10,141	2,014
1905	10,141	2,014
1904	10,141	2,014
1903	10,141	2,014
1902	10,141	2,014
1901	10,141	2,014
1900	10,141	2,014
TOTAL	10,141	2,014

PART II—Defects found by Periodic and Medical Inspection

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	65	70	7	142	971
		O	99	100	12	21	—
5	Eyes	T	51	212	34	297	570
		O	375	328	35	738	585
	b. Squint	T	40	11	10	61	15
		O	61	12	4	77	4
	c. Other	T	5	4	—	9	39
		O	14	13	—	27	1
6	Ears	T	55	20	8	83	151
		O	125	35	19	179	16
	b. Otitis Media	T	27	5	4	36	7
		O	24	6	3	33	3
	c. Other	T	12	5	—	17	51
		O	33	5	6	44	6
7	Nose and Throat	T	138	24	8	170	155
		O	405	99	47	551	40
8	Speech	T	108	3	8	119	4
		O	197	5	10	212	1
9	Lymphatic Glands	T	18	3	—	21	—
		O	163	13	23	199	1
10	Heart	T	6	12	3	21	2
		O	90	45	10	145	—
11	Lungs	T	76	19	3	98	—
		O	160	48	17	225	1
12	Developmental	T	4	1	—	5	—
		O	18	7	4	29	—
	b. Other	T	14	4	3	21	2
		O	96	34	14	144	3
13	Orthopaedic	T	9	10	—	19	3
		O	51	39	4	94	5
	b. Feet	T	20	20	4	44	—
		O	189	112	16	317	1
	c. Other	T	22	14	4	40	—
		O	78	50	13	141	2
14	Nervous System	T	1	4	1	6	—
		O	18	8	1	27	2
	b. Other	T	6	1	—	7	—
		O	44	7	3	54	1
15	Psychological	T	6	2	3	11	173
		O	108	18	20	146	6
	b. Stability	T	33	8	4	45	3
		O	195	41	21	257	1
16	Abdomen	T	14	6	4	24	—
		O	50	24	4	78	2
17	Other	T	28	38	4	70	1,005
		O	75	89	7	171	13

PART III—Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	41
Errors of refraction (including squint).. .. .	700
Total .. .. .	741
Number of pupils for whom spectacles were prescribed .. .. .	502

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear .. .. .	12
(b) for adenoids and chronic tonsillitis .. .. .	151
(c) for other nose and throat conditions .. .. .	36
Received other forms of treatment .. .. .	553
Total .. .. .	752
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1967 .. .. .	17
(b) in previous years .. .. .	63

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
Pupils treated at clinics or out-patients departments	60
Pupils treated at school for postural defects .. .. .	16
Total .. .. .	76

TABLE D—DISEASES OF THE SKIN

	Number of cases known to have been dealt with
Ringworm .. .. .	
(i) Scalp .. .. .	1
(ii) Body .. .. .	—
Scabies .. .. .	41
Impetigo .. .. .	6
Other skin diseases .. .. .	1,090
Total ..	1,138

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinic .. ..	755

TABLE F—SPEECH THERAPY

	Number of cases known to have been dealt with
Number of pupils treated by Speech therapists ..	449

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments .. .. .	1,353
Pupils who received convalescent treatment under School Health Service arrangements .. ..	—
Pupils who received B.C.G. Vaccination .. ..	1,041
Other than above:	
(i) Rheumatism and Heart .. .. .	11
(ii) Nervous System .. .. .	7
(iii) Developmental .. .. .	8
(iv) Lungs .. .. .	16
Total ..	2,436



## Dental Inspection and Treatment carried out by the Authority

### Attendances and Treatment

First visit	..	..	..	..	..	..	..	..	5,541
Subsequent visits	..	..	..	..	..	..	..	..	8,918
Total visits	..	..	..	..	..	..	..	..	14,459
Additional courses of treatment commenced	..	..	..	..	..	..	..	..	545
Fillings in permanent teeth	..	..	..	..	..	..	..	..	9,834
Fillings in deciduous teeth	..	..	..	..	..	..	..	..	5,453
Permanent teeth filled	..	..	..	..	..	..	..	..	8,191
Deciduous teeth filled	..	..	..	..	..	..	..	..	4,885
Permanent teeth extracted	..	..	..	..	..	..	..	..	663
Deciduous teeth extracted	..	..	..	..	..	..	..	..	2,857
General anaesthetics	..	..	..	..	..	..	..	..	981
Emergencies	..	..	..	..	..	..	..	..	630
Number of pupils X-rayed	..	..	..	..	..	..	..	..	223
Prophylaxis	..	..	..	..	..	..	..	..	1,586
Teeth otherwise conserved	..	..	..	..	..	..	..	..	1,132
Number of teeth roots filled	..	..	..	..	..	..	..	..	22
Inlays	..	..	..	..	..	..	..	..	—
Crowns	..	..	..	..	..	..	..	..	23
Courses of treatment completed	..	..	..	..	..	..	..	..	4,573

### Orthodontics

Cases remaining from previous year	..	..	..	..	..	..	..	..	23
New cases commenced during year	..	..	..	..	..	..	..	..	32
Cases completed during year	..	..	..	..	..	..	..	..	21
Cases discontinued during year	..	..	..	..	..	..	..	..	4
Number of removable appliances fitted	..	..	..	..	..	..	..	..	47
Number of fixed appliances fitted	..	..	..	..	..	..	..	..	1
Pupils referred to Hospital Consultant	..	..	..	..	..	..	..	..	25

### Prosthetics

Pupils supplied with Full Upper or Full Lower (first time)	..	..	..	..	..	..	..	..	—
Pupils supplied with other dentures (first time)	..	..	..	..	..	..	..	..	15
Number of dentures supplied	..	..	..	..	..	..	..	..	19

### Anaesthetics

General Anaesthetics administered by Dental Officers	..	..	..	..	..	..	..	..	98
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### Inspections

(a) First inspection at school:									
Number of Pupils	..	..	..	..	..	..	..	..	19,717
(b) First inspection at clinic:									
Number of Pupils	..	..	..	..	..	..	..	..	3,698
Number of (a) and (b) found to require treatment	..	..	..	..	..	..	..	..	16,066
Number of (a) and (b) offered treatment	..	..	..	..	..	..	..	..	14,865
(c) Pupils re-inspected at school clinic	..	..	..	..	..	..	..	..	5,850
Number of (c) found to require treatment	..	..	..	..	..	..	..	..	4,115

### Sessions

Sessions devoted to treatment	..	..	..	..	..	..	..	..	2,841
Sessions devoted to inspection	..	..	..	..	..	..	..	..	188
Sessions devoted to Dental Health Education	..	..	..	..	..	..	..	..	147

## APPENDIX B

### School Meals

The total number of meals served during the year was 4,329,915 including those served at the four Grammar Schools, viz., Taunton's, King Edward VI, Itchen and Grammar School for Girls.

On the 20th September, 1967, when figures were supplied to the Department of Education and Science for School Meals statistics, there were 20,910 children taking meals. The percentage of free meals was 7.35%.

### Milk in School

During the year 5,119,939 third pints of milk were consumed by the children in the schools and were supplied free of charge.

