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London Borough of Wandsworth



ANNUAL REPORT

of the

**Medical Officer of Health**

and

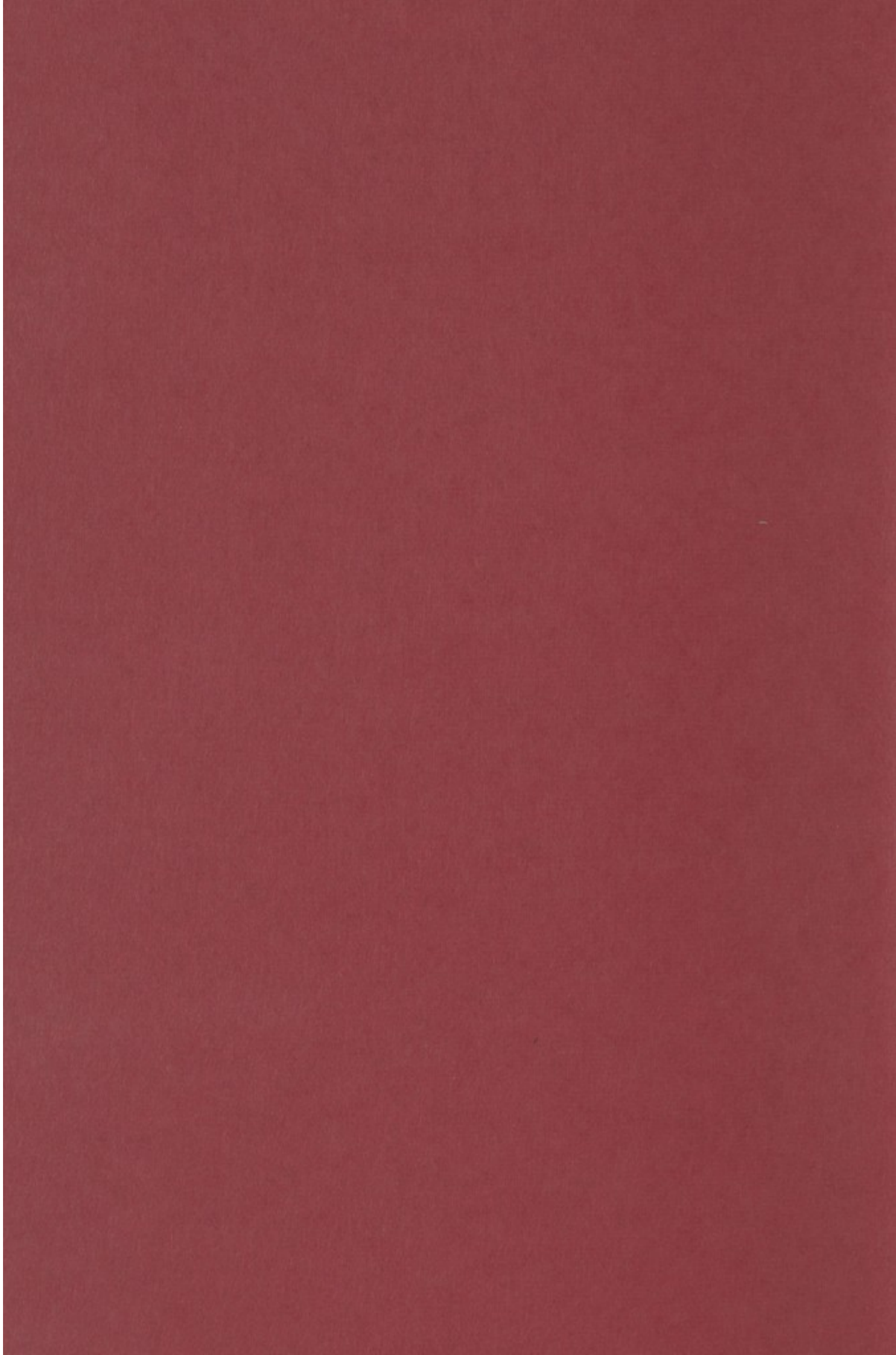
**Principal School Medical Officer**

for the Year

**1969**

by

**J. TUDOR LEWIS, M.D., D.P.H.**



London Borough of Wandsworth



ANNUAL REPORT

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and

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## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1969

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*To the Mayor, Aldermen and Councillors  
of the London Borough of Wandsworth.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the pleasure of presenting to you the fifth Annual Report on the health of the London Borough of Wandsworth covering the year ended 31st December, 1969.

In the statistical section of the Report, the birth and death rates for England and Wales and Greater London are shown for purposes of comparison and in this preamble, for convenience of reference, the corresponding rates are shown in brackets after the rate for the Borough.

The civilian population of the Borough, as estimated by the Registrar-General, was 319,190, a decrease of 2,530 compared with the previous year. The total number of live births was 5,231 which, compared with 5,635 for 1968 gives an adjusted birth rate of 15.7 per 1,000 of the population compared with 16.8 for 1968. The number of deaths at all ages was 4,228 as against 4,571 last year, so that the adjusted death rate was 11.0 per 1,000 of the population, showing a decrease compared with 1968. The total number of deaths of infants under one year was 105, giving an infant mortality rate of 20 per thousand live births, an increase of 0.5 per thousand. The perinatal mortality rate, which is based on the sum of the number of stillbirths and the number of deaths at ages under one week per 1,000 total live and still births was 24.7, a slight increase over the figure for 1968. In 1969, three women died from causes associated with childbirth, giving a maternal mortality rate of 0.56 per 1,000 live and still births.

A total of 2,190 notifications of communicable diseases was received in 1969 compared with 1,487 in 1968, the increase being due to the fact that 1969 was "measles year". There was the usual amount of work in investigating the environmental aspects of cases, particularly those possibly concerned with food handling such as dysentery, food poisoning and the enteric group of illnesses. The number of cases of confirmed dysentery investigated was 120 as against 133 in 1968 and there were 46 cases of proved food poisoning, mainly due to salmonella organisms, the various

serological types of which are shown in Part 2 of this report. In 1968 there were 28 confirmed cases of food poisoning. As regards infective jaundice, which became notifiable in 1968, there were 54 cases for the whole year compared with 56 for the second half of 1968. These were fairly evenly distributed and did not show any local concentration and although they were all investigated, no direct link was established between the illicit injection of drugs and the incidence of jaundice. Two cases of typhoid fever were investigated, both involving newly arrived immigrants to this country from Asia. During the year, 132 new cases of tuberculosis came to our notice, of which 33 were from other areas, and details of these cases are shown in Part 2 of this report. In the previous year, new cases numbered 164.

I referred last year to the introduction of immunisation against measles and to the effect which it might have on the incidence of measles in the Borough. In 1969, a total of 1,686 children were immunised, 374 by general practitioners and 1,312 in our own clinics, this total being slightly more than the total of 1,657 immunised in 1968 and reflecting a smaller number immunised by general practitioners but a larger number immunised in our clinics. Unfortunately, during the course of the year, one of the commercial vaccines in use was withdrawn, with the result that the supply of vaccine was limited. Had it not been for this, it is probable that the number of children immunised against measles would have been substantially greater. As I pointed out last year, it is difficult to make comparisons from one year to the next as to the incidence of measles because of the biennial incidence which is expected. As mentioned earlier, 1969 was, or would normally have been considered, a "measles year" and there were, in fact, 1,652 cases of measles notified. Reference back to the previous "measles year", namely, 1967, shows that there were 2,698 cases of measles notified; in other words, 1969 saw a marked reduction over 1967. The same trend was noted last year and I think it is reasonable to assume that this reduction is associated with the number of children who have now been immunised against this illness. At the time of writing, further supplies of measles vaccine have been promised and plans have been made for a substantial increase in the numbers to be immunised in 1970. If this is achieved one may confidently expect that the number of measles cases arising will progressively decline.

The Social Services Committee gave much thought during the year to the forward planning of the community health services, focussing particular attention on the provision of comprehensive health centres and the day-time care of young children under five, with special reference to day nursery facilities.

As regards comprehensive health centres, a plan covering the Borough was put forward and approved, linking the provision of health centres in various parts with the clinic premises already existing. This not only provides for an ambitious health centre

programme in the years immediately ahead but forms a basis in the longer term for the extension of general and family practice from health centres, which it is confidently expected will increase in momentum in the future. Within the general scheme, detailed planning of three comprehensive health centres commenced. These were situated respectively in the Brocklebank, the Larch Road and the Bridge Lane areas. Sites were allocated by the Housing Committee, preliminary discussions took place with the general practitioners and the Executive Council and occupational briefs approved. These three health centres, which are expected to come to completion within the next two or three years, will greatly strengthen the community and family health services of Wandsworth and may well form the pattern for the future development of these services.

In July, the Worshipful the Mayor, Alderman Miss G. A. Morgan, opened the Tooting Child Health Centre. Although, for reasons which were not under our control, this was not designed as comprehensive health centre and does not at present make provision for general practice, it does include a wide range of services. It incorporates the usual local authority child and school health services with office accommodation for the group of health visitors serving that area; there are facilities for chiropody, family planning, audiology, speech therapy, ophthalmology and health education, and the building also includes office accommodation for the South West London Branch of the Family Planning Association. The new centre replaces the former Tooting School Treatment Centre which was accommodated in an adapted house and maternity and child health sessions previously held in rented Church halls. The design of the centre is such that facilities for general practitioners could be provided at some future date should it be desirable to do so. This centre will improve the community health services in Tooting.

Turning to the provision of facilities for the day-time care of children under five, the Social Services Committee approved proposals for the replacement of some day nurseries in Wandsworth, all of which, with one exception, are accommodated in old houses not really suitable for day nursery purposes. Firm plans for a new day nursery on the Brocklebank site to replace the Summerley Day Nursery are well ahead as are plans for the erection of an additional day nursery in Oldridge Road under the Government's Urban Development Programme. These two new day nurseries, which are expected to be completed within the next two or three years, will improve in the short term the facilities available for the day-time care of children under the age of five but the replacement of the other day nurseries will not be neglected and will be dealt with as and when the opportunity presents itself.

The general day nursery replacement programme, in conjunction with the new powers for registering private day nurseries and

child-minders given in the Health Services and Public Health Act, 1968, will improve the supervision and, in the longer term, increase the facilities for the day-time care of children under five. The effects of the registration provisions of the Health Services and Public Health Act, 1968, became more apparent in 1969 and necessitated the appointment of an Assistant Nursing Officer with ancillary clerical staff to meet the extra work which this Act had imposed. It has meant an increase not only in the time which the district health visitors are called upon to give to these questions but also in the demands on the senior medical staff who may be called in to advise on some of the problems. Nevertheless, the fact that registration is now required, no matter how few children are to be minded for profit, enables a more consistent approach to be made to this important aspect of child care which in an area like Wandsworth poses many difficulties both of size and type.

I referred in my Annual Reports for 1966, 1967 and again last year to the highly current question of attachment/liason schemes or, as we in Wandsworth prefer to call it, "linkage" of our community health staff with general practitioners and other health services. My only reason for returning to the subject yet again is a specific request from the Department of Health and Social Security that Medical Officers of Health should do so in their Reports for 1969.

There is no dispute that there must be the closest links, co-operation, liaison (call it what you will) between the general practitioner, as the domiciliary doctor responsible for his patients' care in the community and these ancillary services, the responsibility of health visitors, home nurses and midwives, who also care for the health and welfare of people, whether patients or not, living in the community. Where opinion is divided is how these links are best forged.

Ideally, but certainly a long way in the future, most if not all family doctors will be practising in groups either from purpose-built health centres erected by the local health authorities (or their successors), or from premises built and owned by the group of doctors itself. To each such group or team of doctors should be attached similar teams or groups of health visitors, home nurses and midwives. This ideal is not likely to be achieved on any extensive scale for many years to come but it seems sensible in the meantime to approach as near as possible to this ideal. This is particularly the case in a highly urbanised area like Wandsworth where the number of health visitors, home nurses or midwives is small in relation to the number of family doctors and where it is difficult to arrange for the full-time attachment of a health visitor, home nurse or midwife to any one particular practice unless it is a group practice of reasonable size.

In Wandsworth, as I have explained in previous years, the health visiting service is decentralised and all the health visitors work in

groups, each group having its headquarters or office for the most part in purpose-built Centres situated throughout the area. The opening of the Tooting Child Health Centre during the year has taken this a stage further and when the three comprehensive health centres now being planned come into operation, this process will be greatly reinforced.

The groups of health visitors are therefore said to be "linked" to all the health services, including the family doctors, in the area where they work. Within this linkage system we are able to arrange for specific liaison with individual doctors but this is not and cannot be to the extent of a complete attachment. This combination of "liaison within linkage" seems to work very well and has many advantages, to which I have drawn attention in previous years.

So much for health visitors and their linkage with local health services. Turning now to home nursing services, much the same principles apply. It is generally agreed that the deployment of home nursing staff should encourage maximum productivity in that the most skilled and difficult nursing tasks should be undertaken by nurses with the highest qualifications and the greatest experience, whilst the less skilled tasks such as straightforward blanket bathing, can be undertaken quite effectively by members of the nursing team who need not necessarily hold an academic nursing qualification. This, in fact, is the basic principle of the nursing organisation in a hospital ward where the head of the ward nursing team is the Sister, a State Registered Nurse of considerable experience, who is assisted by her staff nurses, also State Registered, and supported by appropriate nursing personnel, some of whom may be State Enrolled nurses, others at various stages in their training and yet others without any academic qualifications, and with no intention of obtaining them, but who have had some practical training and experience in nursing techniques; these are usually known as nursing auxiliaries. It is not merely a play on words to say that this ward organisation in a hospital can be applied to a "ward" organisation in the community, for if a number of municipal wards are grouped together to cover an area of the Borough, the same principles can apply. In Wandsworth, our home nursing staff are, in fact, organised along these lines. Accordingly, we have eight self-contained groups of home nurses, each of which is headed by a group leader who is a State Registered Nurse of considerable experience and members of the team consist of other State Registered Nurses, some State Enrolled Nurses and yet others will be the equivalent of a hospital ward's nursing auxiliary but who are known by the somewhat indeterminate title of "bathing attendant". In the same way as the health visitor team has a link within the area within which it works, so the home nursing team has similar links, particularly with the general practitioners. This organisation enables the deployment of nursing skills to be such that each nurse is accorded tasks within his or her capabilities and best

suiting to individual knowledge and experience. It obviates, for instance, the need for an experienced S.R.N. to undertake routine blanket bathing and it also has other advantages. Within this group organisation we can and do arrange for individual nurses to liaise with individual doctors but again, as in the case of health visitors, not to the extent of a full-time attachment. For some years, our Home Nursing Service has been moving towards this form of organisation which was finally settled in 1969. It should be said that it is still somewhat in its formative period but already it has proved its worth and seems a much more sensible method from the point of view of economical use of staff and productivity than the individual attachment of a highly qualified nurse to one particular practice, which presumably would mean her performing some quite elementary and relatively unskilled tasks which can equally well be delegated to less skilled and less experienced personnel.

This approach, of course, does not mean that full scale attachment in certain circumstances has not a good deal to commend it. There are many advantages in such attachment, particularly in those rural or semi-rural areas where one nurse may cover the duties of home nurse, health visitor and even possibly midwife over a circumscribed area served perhaps by only one family doctor, but in highly built-up areas like Wandsworth it would seem that our ideas are the more rational.

Among the most encouraging and satisfactory features of the modern outlook on mental disorder are the new ideas about the education and training of the mentally handicapped. It is becoming accepted that a great deal more can be achieved by way of education, albeit of an elementary type, and of training of the mentally handicapped than was formerly thought to be the case. The Social Services Committee had already agreed that the balance of advantage to the junior mentally handicapped trainees would follow the transfer of Junior Training Schools to the Education Authority, where the full range of educational expertise would be available. In fact, in our Wandsworth Junior Training School in Spencer Park "modern" methods have been in use for some time and there is no doubt that excellent results and work are being seen. In our Adult Training Centres, steps were taken to improve the educational and training facilities and discussions took place with the local Divisional Education Officer with a view to obtaining the services of part-time specialist teachers to help in instruction on music, physical activities and art. In a service such as this, the results achieved are in relation to the quality of staff, their training, experience and dedication, but modern and convenient buildings also play an important part. It was, therefore, with considerable satisfaction that we were able to obtain premises in Battersea to which to transfer one of our Adult Training Centres. When it was found that this building could be made available and that at a modest cost it could be adapted for use as a Training

Centre, the Council agreed to this change of use. The new Centre, known as "Battersea Training Centre", has been adapted with comparatively little difficulty and for all practical purposes is as good as a purpose-built training centre. It opened as such towards the end of the year and will undoubtedly provide much greater scope for training than the former centre. At the end of the year, progress had been made in drawing up a new syllabus and it is confidently hoped that once the Centre settles down, there will be substantial benefits to those attending.

Although progress continued during the year in the building of the hostel for mentally handicapped adults and the new Adult Training Centre in Roehampton, it was disappointing that, owing to construction difficulties, we had not, at the end of the year, taken possession of the new buildings as we had expected and the date of handing over has now been deferred until the New Year. However, another development during the year was the approval given by the Committee for the boarding-out of mentally handicapped persons. While it is not likely that a great deal of use will be made of this power in the immediate future, it is hoped that we can begin in a small way to use this facility which, in the longer term, is likely to be an important method of caring for the mentally disordered in the community.

In parallel with the development of buildings and premises, the salary structure of the hostel and training centre staff was reviewed, with the result that improvements in salaries were agreed for the staff of this service. This will give a boost to morale and will help in recruitment of new staff and in retaining our existing staff, who are dedicated to this very important and humanitarian work.

While discussing the Mental Health Service, the point should perhaps be made that it is not only in the field of the nursing services that liaison with general practitioners and hospitals is fostered. In fact, steps were taken during the year to strengthen the already close ties which exist between the mental health social workers, general practitioners and mental hospitals. Our mental health social workers already work in teams located in various areas of the Borough in much the same way as described above for health visitors and home nurses. Within these teams liaison has been established with various general practitioner practices. At the time of writing, three of our mental health social workers have close liaison links with three practices in the area and this is working extremely well and is appreciated by the doctors concerned as much as it is by the social workers. As described in earlier reports, the close links between the mental health social workers and various hospitals have continued.

The health authorities of many countries are becoming increasingly concerned with problems of what has become known as "environmental pollution". Up to fairly recent years, when one

spoke of environmental pollution, one thought mainly of atmospheric pollution, more particularly by smoke, and in industrial localities of pollution by objectionable smells and effluvia. It is becoming apparent, however, that with the advances in technology and the increasing influences that technological processes have on modern living, environmental pollution in its broadest sense is a good deal more "sophisticated" than mere pollution by smoke and noxious effluvia. I referred last year to the problem of noise, especially to noise from aircraft in flight and it is satisfactory to note that increasing attention is being given at national level to this problem. On the international scene, the pollution of the River Rhine achieved a good deal of publicity and in the United States of America these problems are receiving increasing attention. The possible effects of the use of pesticides in agriculture and of antibiotics in animal husbandry are other examples and, nearer home, the pollution of our rivers by industrial or sewage effluents yet another. So far in Wandsworth, apart from noise and smoke abatement, these problems have not come specifically to our notice although as a riparian authority, being one of the London Boroughs with a frontage on the Thames, we have an interest in the pollution of the river, even though we have no direct responsibility as such.

I mention environmental pollution in the broad sense because it is likely that in the years ahead we shall be called upon to give more attention to these problems than has been the case in the past. It follows, that for from there being a reduction in the work of the Environmental Health Section of the Health Department (as has sometimes been predicted), there is likely to be an increase, which will call for specialised expertise and new knowledge. In this connection, mention should therefore be made that the staffing structure of the Environmental Health Section of my department was carefully examined during the year and proposals formulated for a more specialised approach to the work of the public health inspectors and technical assistants. It is confidently expected that the new proposals, if approved, will enable the work to be streamlined and to be brought into line with what are anticipated to be the main problems in the years ahead. Particularly will this be the case in respect of the supervision of houses in multiple occupation and in the control and supervision of food supplies.

Reverting to the question of atmospheric pollution, the clean air programme was continued and the London Borough of Wandsworth (No. 3) Smoke Control Order was approved by the Council in February. The work on the No. 4 area was completed and was approved by the Council in February, 1970. The map in Part 3 of this Report shows the present position, from which it will be seen that the programme is approaching completion. Preliminary work on the No. 5 area is already well advanced, leaving only No. 6 and No. 7 areas to be dealt with.

It has always been my pleasure in closing this foreword in previous years to record my sincere appreciation of the help and co-operation of my colleagues in the Health Department and in other Departments of the Corporation, and of the help and guidance of the Chairman and Members of the Committee. These thanks I again express most willingly and sincerely, but since this is the last occasion on which I shall present an Annual Report, I would wish to extend my grateful thanks also to the many individuals and organisations whose help and co-operation over the past years has done so much to improve and develop the health services in Wandsworth. It would be impossible, within the confines of this foreword, to mention all those who spring to mind, but I would like to refer particularly to the general practitioners and staffs of the many hospitals concerned, both within and without Wandsworth ; the Chief Officers and staffs of the Regional Hospital Board, the Hospital Management Committees, the Inner London Executive Council and the Inner London Local Medical Committee ; the Medical Adviser to the Greater London Council/Inner London Education Authority and his staff ; the Education Officer and his staff, both at County Hall and Divisional Office ; the headmasters, headmistresses and teachers of the schools throughout the borough ; and last, but by no means least, the many Members, both elected and co-opted, of the Council and its Committees, without whose encouragement and support much of my work would have been worthless.

To all these and to the many others whose help, advice, and encouragement I have valued, my grateful thanks.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

J. TUDOR LEWIS,

*Medical Officer of Health  
and*

*Principal School Medical Officer.*

## MEMBERS OF THE SOCIAL SERVICES COMMITTEE

(at 31st December, 1969)

*Chairman* : Councillor H. C. A. Turner.

*Vice-Chairman* : Councillor Mrs. M. Williams.

*Deputy Chairman* : Councillor P. Handyside

Alderman H. D. Lester

J. Parker

Councillor Mrs. A. E. Cawsey

B. Clapton

E. J. S. Clarke, T.D., M.A.

Miss N. F. Clark-Lawrence

Major W. E. Davidson

Mrs. E. Dixon

F. P. Howell

P. L. Mitchell

Mrs. H. G. Paxton

Mrs. Diana Pruszek

G. Rundle

Mrs. M. F. Sporle

Mrs. J. D. Standing

Dr. E. D. M. Tod, M.B., CH.B.

Dr. E. G. Wilson, B.A., PH.D.

*Ex-Officio Members* :

The Worshipful the Mayor

(Alderman Miss G. A. Morgan)

Alderman R. F. Ash, J.P.

Alderman S. F. C. Sporle

## SENIOR OFFICERS OF THE HEALTH DEPARTMENT

(at 31st December, 1969)

<i>Medical Officer of Health</i>	... ..	J. Tudor Lewis
<i>Deputy Medical Officer of Health</i>	... ..	H. Gordon
<i>Senior Medical Officers</i>	... ..	A. Garland
		A. L. Frenkiel
<i>Principal Administrative Officer</i>	... ..	H. J. Horsnell
<i>Chief Public Health Inspector</i>	... ..	K. J. Winton
<i>Principal Nursing Officer</i>	... ..	Miss W. M. Winch
<i>Principal Mental Welfare Officer</i>	... ..	Miss A. Julia
<i>Principal Social Worker (Health Services)</i>	... ..	Mrs. M. J. Koolman
<i>Principal Dental Officer</i>	... ..	A. F. Weedon

## **PART 1**

### **VITAL STATISTICS**

#### **Population**

The civilian population at the middle of the year was estimated by the Registrar-General to be 319,190.

#### **Movement of Population**

As in previous years, the work of the Health Department is made more difficult by the continual movement of population into and out of the Borough; much time and effort has to be spent—and much of it is wasted—in trying to trace children who are known to need special attention. The records of children under five years of age show that during the year nearly 2,900 arrived in Wandsworth and over 3,300 moved out. In addition, over 2,000 children moved away without leaving any trace of their destinations; but searching inquiries led to the tracing of over 600 of them. Over 2,500 children changed their addresses inside the Borough.

#### **Area Comparability Factors**

Each year, the Registrar-General provides area comparability factors relating to births and deaths. These factors take into account the extent to which the age and sex distribution of the local population differs from that of England and Wales as a whole and this enables valid comparisons to be made between the birth and death rates in Wandsworth and those in other areas.

For the year 1969 the factor for births is 0.96 and for deaths 0.83.

## Extracts from Vital Statistics

Live Births :					<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	2,303	2,135	4,438
Illegitimate	...	...	...	...	416	377	793
Totals					2,719	2,512	5,231
Rate per 1,000 population :							
Crude	...	...	...	...	16.40		
Adjusted	...	...	...	...	15.70		
Stillbirths :	...	...	...	...	33	36	69
Rate per 1,000 total live and still births							
...	...	...	...	...	13.00		
Deaths :							
All ages	...	...	...	...	2,041	2,187	4,228
Rate per 1,000 population :							
Crude	...	...	...	...	13.20		
Adjusted	...	...	...	...	11.00		
Infant Mortality Rates :							
Deaths under 1 year	...	...	...	...	49	56	105
Total infant deaths per 1,000 live births							
...	...	...	...	...	20.7		
Legitimate infant deaths per 1,000 legitimate live births							
...	...	...	...	...	19.60		
Illegitimate infant deaths per 1,000 illegitimate live births							
...	...	...	...	...	22.70		
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)							
...	...	...	...	...	12.40		
Early Neo-Natal Mortality Rate (death under one week per 1,000 total live births)							
...	...	...	...	...	11.80		
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)							
...	...	...	...	...	24.70		
Maternal Mortality Rate (per 1,000 total live and still births)							
...	...	...	...	...	0.56		
Number of deaths from puerperal causes							3
Number of deaths from cancer							839
Number of deaths from tuberculosis							11

### Births

The total number of live births to residents in the Borough registered during 1969 was 5,231 comprising 2,719 males and 2,512 females.

The crude birth-rate was 16.4 per 1,000 population. After taking into account the area comparability factor supplied by the Registrar-General the adjusted rate was 15.7. The live-birth rate for England and Wales was 16.3.

During the year there were 793 illegitimate live birth to residents of the Borough, representing 15.1% of the total live births for the area.

Stillbirths during the year numbered 69 giving a total of 5,300 live and still births for the area.

### Deaths

There has been no unusual or excessive mortality during the year.

The number of deaths assigned to the Borough, after adjustment for inward and outward transfers, was 4,228 comprising 2,041 males and 2,187 females.

The crude death-rate for the year was 13.2 per 1,000 population but after applying the area comparability factor the adjusted rate was 11.0. The death-rate for England and Wales was 11.9.

Table 1 is the general mortality table for the Borough and shows the number of deaths from each cause divided into sexes, age groups and locality. Table 2 shows the deaths from heart disease.

The causes of death shown in Table 1 are based on the International Abbreviated List of 50 causes (B. list) with some subdivisions, from the manual of the Eighth Revision of the International Classification of Diseases.

TABLE 1. CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1969

CAUSES OF DEATH	Deaths assigned to Borough in age groups												Deaths shown in localities (all ages)			
	All ages	Males	Females	Under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 upwards	Putney	Central	Battersea
Cholera .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bacillary dysentery and amoebiasis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis and other diarrhoeal diseases .. .. .	4	3	1	1	1	—	—	—	—	—	—	—	—	1	2	1
Tuberculosis of respiratory system .. .. .	7	6	1	—	—	—	—	1	1	—	—	2	—	2	3	—
Other tuberculosis, including late effects .. .. .	4	2	2	—	—	—	—	—	1	—	—	2	—	1	1	2
Plague .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough .. .. .	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Streptococcal sore throat and scarlet fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection .. .. .	1	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Acute poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus and other rickettsioses .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its sequelae .. .. .	4	2	2	—	—	—	—	—	1	—	3	—	—	2	—	2
All other infective and parasitic diseases .. .. .	7	6	1	1	—	—	1	1	1	2	—	1	—	2	3	2
Malignant neoplasm, Buccal cavity, etc. .. .. .	8	5	3	—	—	—	—	—	1	2	3	2	—	2	2	4
"  "  Oesophagus .. .. .	22	13	9	—	—	—	—	—	2	6	6	8	—	5	8	9
"  "  Stomach .. .. .	77	48	29	—	—	—	1	—	5	14	24	33	—	24	27	26
"  "  Intestine .. .. .	102	40	62	—	—	—	—	1	3	6	21	23	—	30	29	43
"  "  Larynx .. .. .	7	6	1	—	—	—	—	—	1	4	1	1	—	2	3	2
"  "  Lung, bronchus .. .. .	267	212	55	—	—	—	—	—	1	28	91	87	56	82	94	91
"  "  Breast .. .. .	77	1	76	—	—	—	—	1	4	13	26	14	21	26	29	22
"  "  Uterus .. .. .	25	—	25	—	—	—	—	—	3	4	9	2	7	9	7	9
"  "  Prostate .. .. .	19	19	—	—	—	—	—	—	3	4	9	2	7	9	7	9
Leukaemia .. .. .	19	10	9	—	—	—	1	1	1	2	3	5	12	4	4	11
Other malignant neoplasms .. .. .	204	102	102	—	3	1	1	5	13	21	44	62	54	62	74	68
Benign and unspecified neoplasms .. .. .	12	6	6	—	—	—	1	1	—	1	5	1	3	5	3	4
Diabetes mellitus .. .. .	31	10	21	—	—	—	—	1	—	2	5	8	15	11	11	9
Avitaminosis and other nutritional deficiency .. .. .	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—
Other endocrine, nutritional and metabolic diseases .. .. .	17	8	9	1	—	—	—	—	2	1	6	3	4	5	4	8
Anaemias .. .. .	14	5	9	1	—	—	—	—	—	1	2	2	8	3	7	4
Other diseases of blood and blood-forming organs .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental disorders .. .. .	28	10	18	—	—	—	1	1	1	4	2	6	13	9	9	10
Meningitis .. .. .	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Carried forward .. .. .	959	517	442	5	4	1	6	13	32	97	244	262	295	294	326	339

TABLE 1. CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1969—contd.

CAUSES OF DEATH	Deaths assigned to Borough in age groups													Deaths shown in localities (all ages)		
	All ages	Males	Females	Under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 upwards	Putney	Central	Battersea
Brought forward ..	959	517	442	5	4	1	6	13	32	97	244	262	295	294	326	339
Other diseases of nervous system and sense organs ..	65	29	36	3	2	—	2	2	—	14	15	11	16	23	19	23
Active rheumatic fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic rheumatic heart disease ..	56	19	37	—	—	—	—	—	2	7	16	14	17	17	19	20
Hypertensive disease ..	73	29	44	—	—	—	—	—	4	6	11	14	38	21	19	33
Ischaemic heart disease ..	1,007	499	508	—	—	—	—	1	16	45	154	272	519	310	372	325
Other forms of heart disease ..	201	72	129	—	—	—	1	—	2	4	12	25	157	54	72	75
Cerebrovascular disease ..	486	174	312	—	—	—	—	2	2	13	43	107	319	141	157	188
Other diseases of the circulatory system ..	230	78	152	—	—	—	—	—	2	4	19	50	155	57	66	107
Influenza ..	34	17	17	—	—	—	—	—	1	6	8	9	10	9	12	13
Pneumonia ..	348	141	207	13	—	2	1	—	2	5	22	88	215	107	140	101
Bronchitis, emphysema ..	273	207	66	—	—	—	—	3	10	45	98	117	90	88	95	5
Asthma ..	14	6	8	—	1	—	—	—	2	2	2	4	3	5	4	5
Other diseases of the respiratory system ..	40	22	18	—	—	—	1	1	—	1	4	12	21	12	16	12
Peptic ulcer ..	31	21	10	—	1	—	—	—	—	1	7	7	15	9	8	14
Appendicitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal obstruction and hernia ..	22	6	16	2	—	1	—	—	—	1	2	5	11	6	6	10
Cirrhosis of liver ..	10	4	6	—	—	—	—	—	—	2	3	5	—	4	4	2
Other diseases of the digestive system ..	46	18	28	2	1	—	—	—	—	2	4	8	30	13	19	14
Nephritis and nephrosis ..	9	7	2	—	—	—	—	—	—	—	—	2	3	2	5	2
Hyperplasia of prostate ..	11	11	—	—	—	—	—	—	—	—	—	2	9	4	4	3
Other diseases of genito-urinary system ..	29	13	16	—	—	—	—	—	—	—	5	10	14	12	9	8
Abortion ..	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Other complications of pregnancy, child-birth and puerperium ..	2	—	2	—	—	—	1	1	—	—	—	—	—	—	1	1
Diseases of the skin and subcutaneous tissue ..	12	2	10	—	—	—	—	—	1	—	1	3	7	3	4	5
Diseases of the musculo-skeletal system and connective tissue ..	25	8	17	—	—	—	—	—	—	—	3	9	13	6	8	11
Congenital anomalies ..	33	14	19	22	4	2	2	—	1	—	1	1	—	10	10	13
Birth injury, difficult labour, and other anoxic and hypoxic conditions ..	33	13	20	33	—	—	—	—	—	—	—	—	—	8	9	16
Other causes of perinatal mortality ..	19	10	9	19	—	—	—	—	—	—	—	—	—	5	8	6
Symptoms and ill-defined conditions ..	15	10	5	—	—	—	—	—	—	—	—	1	14	4	7	4
Motor vehicle accidents ..	33	22	11	—	2	3	6	5	1	4	3	4	5	9	8	16
All other accidents ..	41	23	18	6	3	—	2	4	—	6	5	3	12	12	13	16
Suicide and self-inflicted injuries ..	57	41	16	—	—	—	5	10	7	16	12	4	3	17	21	19
All other external causes ..	13	8	5	—	—	—	—	2	3	2	1	4	1	3	5	5
TOTALS ..	4,228	2,041	2,187	105	18	9	27	42	81	247	646	1,034	2,019	1,267	1,459	1,502

TABLE 2. DEATHS FROM HEART DISEASE

	Males in age groups							Females in age groups							Grand totals		
	under 25	25-35	35-45	45-55	55-65	65-75	75+	Totals	under 25	25-35	35-45	45-55	55-65	65-75		75+	Totals
Chronic rheumatic heart disease ...	—	—	2	4	8	4	1	19	—	—	—	3	8	10	16	37	56
Hypertensive disease ...	—	—	2	4	4	7	12	29	—	—	2	2	7	7	26	44	73
Ischaemic heart disease ...	—	1	15	39	120	152	172	499	—	—	1	6	34	120	347	508	1,007
Other forms of heart disease ...	1	—	1	2	9	12	47	72	—	—	1	2	3	13	110	129	201
Totals ...	1	1	20	49	141	175	232	619	—	—	4	13	52	150	499	718	1,337

### Infant Mortality

There were 105 deaths of children under one year, giving an infant mortality rate of 20 per 1,000 live births. The infant mortality rate for England and Wales was 18.

TABLE 3. DEATHS OF CHILDREN UNDER ONE YEAR OF AGE

Causes of death	Under 24 hours	1-7 days	1-4 weeks	Totals under 4 weeks	1-12 months	TOTAL DEATHS UNDER 1 YEAR
Pneumonia ... ..	—	—	—	—	13	13
Enteritis and other diarrhoeal diseases	—	—	—	—	1	1
Congenital anomalies ... ..	5	3	3	11	11	22
Prematurity ... ..	22	11	—	33	—	33
Other causes ... ..	9	10	2	21	15	36
TOTALS ... ..	36	24	5	65	40	105

### Maternal Mortality

Three deaths occurred from accidents and diseases of pregnancy or childbirth. This is equivalent to a rate of 0.56 per 1,000 live and still births.

## **PART 2**

### **COMMUNICABLE DISEASES**

During the year, 2,190 cases of infectious disease were reported compared with 1,487 in 1968, the variation being mainly due to the anticipated biennial increase in the incidence of measles. The number of confirmed cases of infectious disease was 2,013 and these are shown in age groups and areas of incidence in Tables 1 and 2 which follow. A commentary on the notifications is given in the following pages.

Vaccination and immunization against certain infectious diseases is one of the personal health services available to certain groups of people and a reference to this service appears in Part 4 of this report.

#### **Dysentery**

Of 212 reported cases of dysentery or suspected dysentery, the provisional diagnosis was eliminated in 92 cases after laboratory investigation. Most of the 120 confirmed cases were single unrelated cases. In the previous year 133 confirmed cases occurred.

#### **Acute encephalitis**

One post-infectious case following mumps was notified in 1969.

#### **Food poisoning**

One hundred and thirty-one notified or otherwise reported cases were investigated during the year. Following laboratory examination of faecal specimens from those affected, 85 were found not to be food poisoning. Of the remaining 46 confirmed cases, 25 were single unrelated cases and 8 were minor family outbreaks involving 21 persons.

Most of the cases were only slightly affected, the causative agents being *Salmonellae typhimurium* (15), *stanley* (2), *panama* (2), *indiana* (1), *enteritidis* (13), *virchow* (4), *infantis* (3), *montevideo* (1), *isangi* (1) and unidentified (4).

#### **Infective jaundice**

Fifty-four cases were notified during 1969, compared with 56 in the second half of the previous year when this disease became notifiable.

### Malaria

One notification of recurrent malaria was received, the patient having previously contracted the disease abroad.

### Measles

There were 1,562 notifications compared with 658 in 1968. As already mentioned, the increase in number was expected. The possible effect of immunization against measles is commented upon in my introduction to this Report.

### Ophthalmia neonatorum

This is an acute inflammatory condition of the eyes which sometimes occurs in new-born babies, and twelve notifications were received during the year.

### Tuberculosis

New cases reported to the Department during 1969 totalled 132, the sources of information being:—

Primary notifications	...	...	...	...	...	94
Unnotified at death	...	...	...	...	...	5
Transfers from other areas	...	...	...	...	...	33
						132

The number of deaths certified as due to various forms of tuberculosis was 11.

The following table gives details of primary notifications and deaths during the year classified by sex and age:—

Age Groups	Primary Notifications				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1-4	2	1	—	—	—	—	—	—
5-9	2	3	—	—	—	—	—	—
10-14	1	1	—	1	—	—	—	—
15-24	4	4	3	—	—	—	—	—
25-44	15	10	3	7	2	—	—	1
45-64	16	5	1	—	—	—	1	—
65 and over	8	4	—	3	4	1	1	1
Totals	48	28	7	11	6	1	2	2

### Typhoid fever and Paratyphoid fever

Two confirmed cases of typhoid fever were notified during the year, a youth of 17 years of age and a girl of 7, both newly-arrived immigrants to this country, one from Pakistan, the other from India, in which countries it was thought they had first become

infected. Between the dates of arrival in this country and their admission to hospital, neither of the patients had been in contact with anyone outside their homes. Investigation by the Department was, therefore, restricted to the laboratory examination of faecal specimens from family and home contacts of the patients. No further cases came to light and in due course the patients were discharged from hospital as recovered and free from infection.

The one case of paratyphoid fever reported during the year was also an immigrant who had been in this country for the past three years. Some difficulty was experienced before a definite diagnosis of paratyphoid fever was decided on as the patient had been admitted to hospital with a haemorrhage and initial bacteriological examination indicated an unidentified *Salmonella* organism. This patient also recovered and was discharged from hospital. The examination of family and home contacts proved negative.

#### **International Certificates of Vaccination against Smallpox**

Persons travelling abroad to certain specified countries are required to possess a certificate of vaccination or inoculation bearing the authenticating stamp of the local authority of the area in which they were vaccinated. During 1969, 9,179 certificates were endorsed on request, and the signature on the certificate was verified in each case as being that of a registered medical practitioner, practising in Wandsworth.

Occasional requests are made by persons travelling abroad for a certificate to the effect that no recent cases of smallpox have occurred in the borough. Certificates in this form are accepted by certain countries from persons who do not wish to be vaccinated. Only one such certificate was issued by the department in 1969.

Under the Public Health (Aircraft) Regulations, 1966, and the Public Health (Ships) Regulations, 1966, persons arriving in this country from abroad who are not in possession of a valid international certificate of vaccination against smallpox must be placed under surveillance for a specific period. Forty-seven such persons who were travelling to addresses in the borough were kept under observation.

#### **Bacteriological examinations**

Bacteriological examination of stools and other specimens taken in connection with food poisoning and for infectious diseases was carried out by the joint Microbiology and Public Health Laboratory, St. George's Hospital, Tooting, and 2,299 specimens, made up as follows, were examined during the year.

Stool and urine	...	...	2,288
Nose and throat swabs	...	...	11

Bacteriological examinations in connection with routine food sampling were carried out at the Public Health Laboratory at County Hall.

TABLE 1

NOTIFIABLE DISEASES	NO. OF NOTIFIED CASES OF INFECTIOUS DISEASES IN AGE GROUPS											
	Under 1 year	1	2	3	4	5-9	10-14	15-24	25-44	45-64	65 and over	Totals
Acute encephalitis ... ..	—	—	1	—	—	—	—	—	—	—	—	1
Acute meningitis ... ..	—	1	—	—	—	1	1	1	1	—	—	5
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Cholera ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ... ..	10	12	13	15	8	29	3	10	17	2	1	120
Food poisoning ... ..	3	3	3	3	—	6	—	12	8	5	3	46
Infective jaundice ... ..	1	—	1	7	4	10	7	13	6	2	3	54
Leprosy ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ... ..	—	—	—	—	—	—	—	1	—	—	—	1
Measles ... ..	74	189	246	239	240	530	30	13	1	—	—	1562
Ophthalmia neonatorum ... ..	12	—	—	—	—	—	—	—	—	—	—	12
Paratyphoid fever ... ..	—	—	—	—	—	—	—	—	1	—	—	1
Plague ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ... ..	—	2	1	9	10	38	4	5	1	—	—	70
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ... ..	—	—	1	1	1	5	3	11	35	22	15	94
Typhoid fever ... ..	—	—	—	—	—	1	—	1	—	—	—	2
Typhus ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ... ..	8	7	3	9	11	7	—	—	—	—	—	45
Yellow fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Totals ... ..	108	214	269	283	274	627	48	67	70	31	22	2,013



## PART 3

### ENVIRONMENTAL HEALTH SERVICES

The past year has again been one of struggle against staff shortages ; one senior inspector retired for health reasons and one of the younger inspectors left to take up an appointment with an urban authority. Technical assistants have again proved their worth and greater use of them must be made in the future.

Several items of legislation were introduced during the year but the most far-reaching was the Housing Act, 1969, which came into force on the 25th August. This Act has placed a very great deal of extra work upon the inspectorate in dealing with applications for qualifying certificates, provisional certificates, advice on improvements, etc.

Housing work generally, both in connection with slum clearance and multiple occupation, was very actively carried out during the year, and a great deal of work was accomplished in spite of the shortage of staff available for this specialised work.

Although a large number of inspections were carried out on food premises and several successful prosecutions taken for food not of the nature, substance and quality demanded, I am not satisfied that itinerant traders are being inspected often enough, particularly at weekends. This is due, of course, to shortage of staff and, whilst the shortage persists, this type of visit must be kept to a minimum in order that everyday complaints etc. are dealt with as speedily as possible.

One interesting complaint which I feel is worthy of mention concerns sneezing powder sold in Battersea Festival Gardens. The powder was manufactured in France and contained certain highly irritant ingredients which are not permitted in this country. Correspondence with the manufacturers was conducted in French (for which I thank the Council's interpreters) and eventually, with the assistance of the Home Office, the manufacturers agreed to stop all deliveries to this country of sneezing powder containing dianisidine.

We have increased our efforts in the past year in the education of the public on health matters and encouraging their participation in local affairs. In this connection, public health inspectors have, in their own time, given many lectures and informal talks to

various local groups such as boy scouts, girl guides, schools, women's institutes, etc., with, I might add, great success, if we are to judge from further requests which we have had for talks to be given.

## PUBLIC HEALTH INSPECTION

### Work of the Public Health Inspectors

A summary of the inspections carried out during the year is given in Table 1.

TABLE 1

	Inspections	Revisits	Totals
To investigate complaints ... ..	7,909	7,608	15,517
Offices, Shops and Railway Premises Act ... ..	1,753	5,069	6,822
Infectious diseases ... ..	1,049	510	1,559
Factories Act ... ..	260	—	260
Housing clearance area scheme ...	628	—	628
Housing reports ... ..	2,591	—	2,591
Houses in multiple occupation ...	298	2,916	3,214
New drainage ... ..	480	7,548	8,028
Hairdressers ... ..	424	54	478
Others ... ..	6,926	3,783	10,709
<b>Totals ... ..</b>	<b>22,318</b>	<b>27,488</b>	<b>49,806</b>

Table 2 gives details of the sanitary operations carried out in the year.

TABLE 2

	Putney	Central	Battersea	Totals
Premises cleansed and repaired...	188	359	462	1,009
Drains tested ... ..	68	31	38	137
Drains cleansed or repaired ...	424	464	462	1,350
Water closets cleansed, repaired or renewed ... ..	98	93	123	314
Soil pipes altered or repaired ...	33	22	39	94
Waste pipes provided, altered or repaired ... ..	64	27	59	150
Rainwater pipes repaired ...	13	22	41	76
Roofs and gutters repaired ...	111	206	319	636
Damp-courses inserted ... ..	6	2	2	10
Damp conditions otherwise reme- died ... ..	101	208	238	547
Yards drained or paved ... ..	—	6	4	10
Dustbins provided ... ..	14	4	21	39
Water cisterns cleansed, covered or repaired ... ..	6	2	9	17
Water supply reinstated ... ..	36	66	129	231
Defective stoves and fireplaces remedied ... ..	1	7	7	15
Animals improperly kept ... ..	—	—	3	3
Accumulations of rubbish, etc., removed ... ..	30	17	38	85
Urinals cleansed or repaired ...	—	1	3	4
Smoke nuisances ... ..	23	7	6	36
Other nuisances ... ..	21	13	11	45
<b>Totals ... ..</b>	<b>1,237</b>	<b>1,557</b>	<b>2,014</b>	<b>4,808</b>
Number of preliminary notices served ... ..	205	297	312	814
Number of preliminary notices complied with ... ..	214	353	367	934
Number of abatement notices served ... ..	115	115	339	569
Number of abatement notices complied with ... ..	101	140	295	536

### Legal proceedings

During the year, legal proceedings were taken by the Council in forty-seven instances in connection with the abatement of nuisances.

### Drainage work

Drainage work to new premises, reconstruction of drains to existing premises and drainage in connection with conversion schemes are carried out under the supervision of technical assistants of the department in co-ordination with the public health inspectors. Plans are required to be submitted to the Council for approval under the drainage by-laws and during the year 478 applications were received.

There were 3,212 tests made in connection with drainage installations and 46 connections made to the Council's sewers during the year.

The clearance and maintenance of public sewers is the responsibility of the Council and maintenance costs are reclaimed from owners of properties connected to the public sewer. A close working liaison with the Borough Engineer and Surveyor's Department implements the rapid clearance and repair of public sewers.

### **Sewerage and sewage disposal**

The trunk sewers and sewage disposal of London are the responsibility of the Greater London Council, and the local sewers which discharge into the trunk sewers are the responsibility of the Borough Councils.

The Council's brick and pipe sewers are regularly cleansed and are reasonably adequate for their purpose.

### **Water supply**

The bulk of the water supply in Wandsworth, as in other Inner London Boroughs, is obtained from the mains of the Metropolitan Water Board who are responsible for its purity. Water supplies from this and other sources proved satisfactory both in quality and quantity throughout the year.

To ensure the quality and purity of the water, the Board carry out daily sampling from the sources of supply, from the treatment works or well stations and from the distribution system. Any sign of contamination or any other abnormality is immediately investigated by the Board, and in this connection a close liaison is maintained with the Board by the Health Department.

There remain a few houses on the Council's Latchmere Estate which are supplied with water from the deep wells situated at the adjoining Latchmere Baths. As referred to in earlier reports, the Housing Department is taking the opportunity of carrying out improvements to the properties on the Estate whilst the Metropolitan Water Board's works of conversion are in progress. These works necessitate rehousing the families involved and completion of the Board's work of converting the whole Estate to piped mains supply continues to be held up because in a few cases difficulties are still being experienced in finding suitable alternative accommodation for the families concerned.

All other dwelling houses in the Borough, numbering approximately 96,000, are supplied from the Metropolitan Water Board's mains.

No artificial fluoride was added by the Metropolitan Water Board to the water supply in Wandsworth, and where the fluoride

content is indicated in the analyses it represents the naturally occurring fluoride in the water. The natural fluoride content of the mains water is 0.25 to 0.50 parts per million.

The situation in regard to the question of general fluoridation of the public water supply remains unaltered. Although the Council has made a decision in favour of fluoridation, no action will be taken by the Metropolitan Water Board until there is uniformity of opinion between all the local authorities whose areas it serves.

### **Nursing homes**

The Council controls the registration and supervision of all nursing homes within the Borough, and its powers in this connection are contained in the following Acts and Regulations :—

Public Health Act, 1936.

Nursing Homes Act, 1963.

The Conduct of Nursing Homes Regulations, 1963.

and, for mental nursing homes :—

Mental Health Act, 1959.

The Mental Health (Registration and Inspection of Mental Nursing Homes) Regulations, 1960.

The Conduct of Mental Nursing Homes Regulations, 1962.

There were six registered nursing homes in the Borough at the end of the year. During the year a mother-and-baby home closed down and the registration was withdrawn.

Periodic visits were made to all the homes by the Department's medical and nursing officers and public health inspectors, and in addition to the supervision of the nursing care provided and of the sanitary arrangements in the homes, there is a close liaison between the Department's staff and that of the Superintending Architect of the Greater London Council and the London Fire Brigade's Fire Prevention Officers to ensure that fire precautions and means of escape in case of fire are at all times satisfactory.

The categories and accommodation of the nursing homes at the end of the year are given below, together with the number of inspections made during the year :—

Mental nursing homes (2) ... ..	171 beds
Mother-and-baby homes (1) ... ..	17 beds
Other nursing homes (3) ... ..	67 beds
Inspections by medical and nursing officers	14
Inspections by public health inspectors ...	8

### **Hairdressers and barbers**

The provisions made under Section 21 of the Greater London (General Powers) Act, 1967, state that no person may carry on a

business as a hairdresser or barber at any premises unless he is registered in respect of those premises by the Borough Council.

A total of 478 visits were made by technical assistants during the year in connection with the work of registration and the enforcement of existing bye-laws which lay down standards of cleanliness in hairdressers' establishments.

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

This Act gives the Council power to require steps to be taken to eradicate and, where possible, to prevent infestation by rats and mice. These duties are carried out by the rodent officer, assisted by five rodent operatives.

All infestations coming to light, whether by complaint or otherwise, are systematically investigated and appropriate action taken. Where the cause of the trouble is obviously a defective drain or other structural defects in the building, the owner is called upon to effect the necessary repairs. This aspect of the work involves close co-operation between the rodent control staff and the public health inspectors. In the case of private dwellings the work of disinfection is carried out by the rodent control staff without charge, and on request at business premises when the cost is charged in full.

During the year 2,603 complaints of infestation were received in respect of which a total of 8,466 visits were made by the staff. It is interesting to note that more than two-thirds of these complaints related to the presence of mice, whereas complaints about rats have decreased. The increase in the number of complaints about mice over the last few years appears to be associated with the growth in the number of houses which are in multiple occupation in certain parts of the Borough. Experience shows that when a house is let to an excessive number of families, there is an initial hesitance to call in the local authority to deal with the presence of mice. Eventually, the premises become over-run and, at that stage, complete eradication becomes extremely difficult.

In addition to the work of rodent control, the rodent officer continued to carry out evening "forays" on pigeons roosting under railway bridges in the Borough. These bridges are a favourite breeding ground and one of the causes of the high pigeon population of the Borough and, by attacking them at their roosting sites, profitable results were obtained.

### **Offensive trades**

There is one establishment in the Borough at which the scheduled offensive trade of fat-melting is carried on. The firm concerned has been established for many years and the trade is conducted satisfactorily.

### **Pharmacy and Poisons Act, 1933**

This Act is chiefly concerned with the distribution by sale or otherwise of poisonous substances. The list of poisons is contained in an Order made under the Act and is divided into two parts. The Council are not concerned with the poisons contained in Part I since an "authorised seller" is a pharmacist registered with the Pharmaceutical Society, and enforcement is entrusted to Inspectors appointed by that Society.

Substances specified in Part II may be sold by "listed sellers", and these are persons who, on written application in a prescribed form, and on payment of stated fees, are recorded by the Council as "persons entitled to sell poisons in Part II of the Poisons List" at the premises recorded in the Register. The Council are required to enforce the Act and Orders so far as they relate to "listed sellers" and have appointed the Public Health Inspectors as Inspectors under the Act. At the end of the year there were 158 persons registered under the Act.

Under the Poisons Rules (No. 2) Order, 1968, the following fees to be paid by listed sellers of Part II poisons are authorised :—

- (a) for entry of name in the Corporation's list, twenty-five shillings ;
- (b) for retention of name in the Corporation's list, fifteen shillings a year.

### **Consumer Protection Act, 1961**

This Act repealed the Heating Appliances (Fireguards) Act, 1952, and the Oil Burners (Standards) Act, 1960, but Regulations made under the former Act concerning fireguards on certain heating appliances offered for sale are still in force. Regulations have been made concerning oil burners, specifying standards of safety, and prohibiting the sale of oil heaters or component parts which do not comply with the Regulations.

Several reports were received from the Fire Authority during the year concerning fires caused by oil heaters which did not comply with the Regulations. However, in every case, upon investigation, it was impossible to ascertain where these heaters had been purchased ; persons are often reluctant to give information which might be incriminating. Secondhand shops where old-type oil stoves might be sold are constantly being inspected and advice is given to shopkeepers where appropriate.

### **Noise Abatement Act, 1960**

During the past year, 68 complaints were received and investigated by the public health inspectors concerning noise. The older members of the public are becoming increasingly conscious of noise, whilst youngsters appear to absorb it into their natural way of life.

Industrial noise clearly has a health angle in that it is often continuous and of varying intensities. Complaints have increased concerning laundrettes, particularly self-operated laundrettes which often operate until a late hour. Visits and observations by the inspectors in connection with noise complaints are invariably made either in the early morning, during the evening or late at night, and necessitates a considerable amount of work outside normal hours.

Investigations are often very protracted in trying to decide whether the best practicable steps have been taken to reduce noise at least to a tolerable level. In many cases an informal approach by the public health inspector has been met by willing co-operation on the part of the "offenders" but in three cases it was necessary to serve notices to abate the nuisances.

Noise other than industrial noise, however, is difficult to deal with, as it is often of an intermittent character. Similar difficulties can arise when offences related to the sounding of chimes are committed by ice-cream vendors, for it is unlikely that an inspector will be on the spot at the time the offence is committed. The Act provides for any three persons aggrieved by a noise nuisance to initiate action by complaining to the local authority.

I must thank the Scientific Branch of the Greater London Council for the assistance which they have given to the inspectors during the past year in recording and making observations on various noise nuisances.

### **Offices, Shops and Railway Premises Act, 1963**

Over the last twelve months considerable improvement was made in connection with visits under the above Act. The separate section, comprising one public health inspector and two technical assistants, which was formed in 1968 has proved its worth and quite obviously this type of specialisation is the answer for the future. The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, came into operation in May, 1969, and this has put additional responsibilities upon the staff and posed new problems. The general provisions of the 1963 Act cover the following matters —

*Cleanliness.*—Standards of cleanliness are still on the low side in many premises but it must be remembered that many premises in the Borough are thought to have a limited life which tends to make occupiers reluctant to carry out decorations. There were very few cases of gross dirt or filth.

*Overcrowding.*—As far as possible, firms are tending to employ staff with the utmost economy and overcrowding is not at the moment a great problem.

*Temperature and ventilation.*—Through informal action, a considerable amount of extra heating capacity has been provided where required. Female staff tend to find the legal limits of temperature low; it happens that generally offices are heated to well above this limit, but shops, and offices within shops, still need improvement and it is necessary to keep a close watch on certain premises. It is unfortunate that so many break-ins occur in business premises (in some cases shops in the Borough have been burgled three times in one year), because premises with perfectly satisfactory ventilation arrangements immediately become unsuitable through window openings, etc., being sealed after burglaries.

It would be an advantage if the advice of ventilation specialists were sought by occupiers so that expenditure incurred is put to the best economical advantage.

*Lighting.*—Improvements are constantly being made, but many premises still have parts where the lighting could be improved.

*Sanitary conveniences and washing facilities.*—During the year, running hot water has been installed in many premises but a close watch needs to be kept to ensure that the apparatus is maintained in working order. In new premises the legal minimum standards are normally exceeded to quite an appreciable extent.

*Floors, passages and stairs.*—Constant inspection is needed to ensure that potential sources of danger are eliminated.

*Dangerous machinery.*—There is still much reluctance on the part of both managements and workers to make the duty of guarding all dangerous machinery an absolute priority. Employees often remove guards from machines without realising that they are exposing themselves to risk. It is regretted that meat cutting band saws are in use at all.

*Accidents.*—A very large proportion of the accidents reported come from the big multiple firms who have the best methods of staff training. Consequently, one is led to assume that there must be many accidents in smaller firms which are not reported. Where possible, inspectors raise the question of safety during their visits but in addition to personal contact, publicity at national level might persuade the more complacent firms to show greater concern for the safety of their staff.

The following table shows the classification and number of premises registered at the end of 1969, the number of persons employed and the number of inspections and other visits made during the year :—

Class of premises	Number registered	Persons employed	General inspections	Revisits & other visits
Offices ... ..	898	9,936	375	2,756
Retail shops ...	1,903	8,483	554	4,710
Wholesale shops, warehouses ...	106	1,316	49	52
Catering establishments open to the public, canteens ...	254	1,983	185	125
Fuel storage depôts	4	29	—	—
Totals ... ..	3,165	21,747	1,163	7,643

### Protection of Animals

The Council has an agency arrangement with the City of London Corporation whereby that Authority's veterinary officer carries out inspections of premises in respect of which applications have been made for licences under the various Animal Protection Acts.

The three main Acts under which action was taken during the year are as follows :—

*Pet Animals Act, 1951.*—A pet shop may not be kept except under the authority of a licence granted in accordance with the provisions of the Act, the object of which is to regulate the sale of pet animals, with particular reference to their welfare whilst kept for sale. Thirty-four licences were issued by the Council during 1969.

*Animal Boarding Establishments Act, 1963.*—This Act provides that no person may keep a boarding establishment for animals (defined as cats or dogs) in the Borough except under licence. One such licence was granted during the year.

*Riding Establishments Act, 1964.*—This Act provides for the licensing and inspection of any establishment at which a business of keeping horses for hire, for riding or for providing riding instruction is carried on. Licences in respect of three riding establishments were granted.

### Common lodging houses

There are no registered common lodging houses in the Borough.

### Land Charges Act, 1925

During the year the Department dealt with 6,150 enquiries relating to local land charges. These enquiries necessitate a careful search of records, drainage plans, etc., to ascertain the existence of any orders or restrictions on the properties concerned such as outstanding statutory or informal notices, certificates of disrepair under the Rent Acts, inclusion in housing development programmes, slum clearance areas, etc.

## HOUSING

### Housing Act, 1957

*Clearance Areas.*—Eighteen houses were represented under Section 157 of the Housing Act, 1957; sixty-six houses were demolished following declaration of Clearance Areas under Section 42 and a further 224 following compulsory acquisition under Section 43 (2)

*Closing Orders.*—Under Section 157 of the Act, twelve individual houses and two basements were represented for closure, twelve Closing Orders were made under Section 17 (1) and one Closing Order under Section 18.

Under Section 27, Closing Orders were determined in respect of one house and one undertaking not to use a house was cancelled.

### Housing Act, 1961

#### Houses in multiple occupation

Out of an estimated total of 15,000 houses in multiple occupation, 3,369 have now been fully inspected, 150 houses having been visited this year for the first time. An analysis of the register shows the occupation of the 3,369 houses to be as follows :—

<i>Occupancies :</i>	2	3	4	5	6	7	8	9	10+
<i>No. of houses :</i>	1,643	868	385	183	116	76	43	28	27

A great deal of work has again been carried out during the past year in spite of the resignation of one of the two technical assistants in July. A replacement was obtained towards the end of the year but by the time he had been trained it could be said that this section was working only on half strength for the latter half of the year.

The rate of initial inspections of premises has dropped unavoidably due to the need for continual revisiting of properties under surveillance and the number of staff available for this is only sufficient to cover the number of properties already inspected. Before any real progress can be made on initial inspections, it is clear that additional staff will need to be engaged for this work.

The general practice is to try to get properties in multiple occupation brought up to a standard acceptable to the Corporation by informal action, and although a considerable amount of work has been carried out by some owners voluntarily, others have not been so co-operative, and consequently it has been necessary to serve 108 notices under Section 16 of the Housing Act, 1961, requiring the provision of means of escape from fire, and fifty-seven notices under Section 15 of the Act requiring additional facilities within the premises. Where owners do not comply with

these notices the work is carried out in default and during the past year this was necessary on five occasions.

The work carried out by owners, both voluntarily and following the service of notices, resulted in ninety-three houses being brought up to standard.

In eighteen instances, owners who had received either formal or informal notification that work was required reduced the number of lettings in their premises and in these circumstances no further action was taken.

In continuation of our efforts to limit the number of tenants in over-occupied premises which do not comply with the required standards, four Notices of Intention were served giving notice of the Council's intention to restrict the number of occupants. Subsequently four Direction Orders were served fixing the number of occupants of the premises, and five variations were made to Direction Orders where owners had put in extra facilities. Two summonses were taken out during the year for contravention of Direction Orders and the Court findings were as follows : —

Case (1) — £15 fine, £5 costs.

Case (2) — £10 fine, £10 costs.

In six instances where squalor existed, Management Orders were made ; these Orders require the person managing the premises to ensure the cleanliness, repair and maintenance of all the common parts of the property.

In two instances, application had to be made to the Courts for warrants to enter where owners have refused access to both inspectors and builders.

Multiple occupation is a serious and growing problem in the Borough and unless tackled in an energetic and forthright manner shows little chance of being overcome or even contained in the foreseeable future. This type of work is extremely arduous on the staff employed. Visits frequently have to be made at night and weekends, in view of the fact that the majority of occupants are never at home in the daytime, and the inspector is often received with suspicion and even hostility on occasions. Difficulty has been, and always will be, experienced in obtaining the right staff for this type of work.

### **Housing Act, 1969**

This Act came into force on 25th August and not only made important changes in the law concerning improvement and repair of houses but also in the rents chargeable for privately-owned dwellings.

Provided that a rent-controlled dwelling satisfies the qualifying conditions, a landlord is empowered to apply to the Rent Officer for an increase in rent. Although no rent increase can take effect before 1st January, 1971, 411 applications for qualification certifi-

cates had been received by 31st December, 1969. An additional thirty-nine applications were received for certificates of provisional approval from landlords wishing to improve their property. A statutory period of twenty-eight days is allowed in which tenants may lodge an appeal against a proposal to increase rent, after which each dwelling is visited by an inspector. By the end of the year, 226 of these dwellings had been surveyed, eleven certificates of provisional approval were issued and 159 applications held in abeyance for landlords to rectify items of disrepair before issuing qualification certificates.

#### **Caravan Sites and Control of Development Act, 1960**

There are six licensed caravan sites containing a total of 28 dwellings in the Borough.

#### **Rent Act, 1957**

This Act provides, amongst other things, for the issue by the Council of certificates of disrepair to tenants of controlled dwelling houses which are considered to be in disrepair by reason of defects which ought reasonably to be remedied, having regard to the age, character and locality of the dwelling. There is also provision for the issue, by landlords, of undertakings to remedy such defects.

The following is a summary of action taken in this connection during the year :—

Applications for certificates of disrepair received ... ..	9
Certificates of disrepair refused ... ..	3
Decisions to issue certificates of disrepair ... ..	7
Certificates of disrepair issued ... ..	4
Undertakings received from landlords ... ..	3
Applications for certificates re undertakings received from landlords ... ..	2
Certificates re undertakings issued to landlords ... ..	2
Applications for cancellation of certificates of disrepair received ... ..	4
Certificates of disrepair cancelled ... ..	3

#### **Housing accommodation applications**

Applications made to the Council are normally dealt with by the Housing Manager who refers to me those cases in which the application is based wholly or partly on health grounds. These cases include applications for transfer from Council tenants. Any case involving some special feature concerning the Health Department (e.g. fitness of basement rooms) is also referred to me.

During the year 1,098 applications were considered for eligibility for additional points on health grounds in accordance with the Council's points scheme. A further 542 recommendations were made in respect of Council tenants who requested transfer to more suitable alternative accommodation on health grounds.

## FOOD AND FOOD PREMISES

In order to ensure that food businesses are supervised systematically, an up-to-date register is maintained of all premises where such business is carried on. Supervision is governed mainly by powers under the Food and Drugs Act, 1955, and regulations made thereunder but there are numerous other Acts of Parliament, etc., which relate to specific types of food.

The supervision of catering establishments and premises where food is sold, stored, manufactured or prepared for sale is carried out by all public health inspectors. The district public health inspectors obtain samples of food and drugs for analysis by the Public Analyst, and a detailed account of this work appears later in this section of the report.

A number of complaints were received during the year concerning articles of food, each of which was thoroughly investigated and appropriate action was taken. A typical example is shown in the centre pages (plate A).

The total number of food premises of all kinds on the register in the Borough is 2,396 and during 1969 they were visited on 4,855 occasions. Details of the various types of food premises will be found in Tables 1 and 2 which follow.

### Food Hygiene (General) Regulations, 1960

Work in connection with food hygiene continued throughout the year, and occupiers of food premises proved receptive to suggestions made by the inspectors for necessary improvements to their premises.

The separate categories of trade carried on in food premises which are subject to these Regulations are shown in Table 1 which also indicates the number of premises which comply with Regulation 16, relating to the provisions of washing facilities for food handlers, and Regulation 19 which requires the provision of facilities for washing food and equipment. Table 2 summarises the visits paid to food premises during the year and Table 3 shows the work carried out to comply with statutory requirements.

One summons, issued under these regulations against a café proprietor in respect of the condition of the premises, resulted in the Court imposing a fine of £40 and costs of £5.

TABLE 1

## PREMISES WHERE FOOD IS SOLD, STORED OR PREPARED

	<i>Number</i>	<i>No. fitted to comply with Regn. 16</i>	<i>No. to which Regn. 19 applies</i>	<i>No. fitted to comply with Regn. 19</i>
Bakehouses ... ..	17	17	17	17
Bakers and confectioners ... ..	466	443	362	251
Butchers ... ..	157	157	157	157
Chemists ... ..	41	41	41	41
Dairies and milk depôts ... ..	8	8	8	8
Fish friers ... ..	61	61	61	61
Fishmongers ... ..	34	34	34	34
Food factories ... ..	17	17	17	17
Greengrocers ... ..	180	180	180	152
Grocers ... ..	479	479	479	472
Ice-cream manufacturers ... ..	13	13	13	13
Market stalls ... ..	161	3	—	—
Off licences ... ..	141	135	31	31
Public houses ... ..	165	159	165	165
Restaurants, cafés and canteens ... ..	456	456	456	456
Totals ...	2,396	2,203	2,021	1,875

TABLE 2

## VISITS TO FOOD PREMISES

Bakehouses ... ..	80
Butchers' shops ... ..	470
Confectioners' shops ... ..	460
Dairies and milk depôts ... ..	33
Fishmongers' shops ... ..	84
Fried-fish shops ... ..	190
Greengrocers' shops ... ..	267
Grocers' shops ... ..	1,105
Ice-cream premises ... ..	290
Market stalls ... ..	268
Restaurant kitchens ... ..	1,033
Other premises ... ..	575
	<hr/> 4,855

TABLE 3

## WORK COMPLETED TO COMPLY WITH STATUTORY REQUIREMENTS

Washhand basins provided ... ..	16
Sinks provided ... ..	20
Provision of hot water over sink and washhand basin ... ..	11
Accommodation for clothing provided ... ..	2
Premises repaired and redecorated ... ..	60
Water closet accommodation provided ... ..	17
Soap, towels and nailbrushes provided ... ..	27
Floors and floor covering repaired ... ..	38

### **Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966**

These Regulations lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles. The principal requirements relate to :—

- Cleanliness of stalls and delivery vehicles.
- Cleanliness of persons engaged in the handling of food and of their clothing.
- Hygienic handling of food.
- Provision of water supply and washing facilities.
- Proper disposal of waste material.
- Granting of certificates of exemption from certain requirements.

The principal difficulty in securing stallholders' compliance with the Regulations related to proper screening to prevent contamination of food.

### **Food and Drugs Act, 1955**

Section 16(1) of this Act provides that no premises shall be used for (a) the sale, or manufacture for the purpose of sale, of ice-cream or the storage of ice-cream intended for sale or (b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, unless they are registered under this section for that purpose with a local authority.

During the year 40 applications for registration under the provisions of Section 16(1)(a) and 14 applications for registration under the provisions of Section 16(7)(b) were submitted to the Council. In all cases the premises were found to be satisfactory and registration was granted.

### **Legal proceedings—Food and Drugs Act, 1955**

Summonses were issued against a number of traders for offences under this Act and the reasons for prosecution and the Court's findings are given below :—

<i>Subject of complaint</i>	<i>Fine</i>	<i>Costs</i>
Mouldy Rum Baba cakes ... ..	£30 0s. 0d.	£20 0s. 0d.
Rodent excretion in sliced wrapped loaf ... ..	£25 0s. 0d.	£15 0s. 0d.
Insects in Crisp Bread ... ..	£25 0s. 0d.	—
Foreign matter in cheese roll ... ..	£3 0s. 0d.	£1 0s. 0d.
Fly in cream doughnut ... ..	£10 0s. 0d.	£3 3s. 0d.

### **Milk supply**

#### *Milk and Dairies (General) Regulations, 1959*

These regulations require local authorities to keep a register of all persons carrying on the trade of distributor in their district and of all premises within their district which are used as dairies, not being dairy farms.

During the year 18 applications were received from persons to be registered as distributors of milk. In each case a certificate of registration was granted. Five notices of cancellation of registration were received. At the end of the year there were 262 persons and one dairy on the register.

The bulk of the milk sold by retailers in the Borough is bottled in well-designed dairies and its quality is good.

#### *Food and Drugs Act, 1955*

During the year, 100 samples of milk were submitted for analysis to which reference is made towards the end of this section of the report.

#### *Milk (Special Designation) Regulations, 1963*

These regulations provide for the issue of Dealers (Prepacked Milk) Licences under certain designations and the number of licences granted during 1969 is given below :—

<i>Special designation</i>	<i>Number of licences issued</i>
" Pasteurised " ... ..	23
" Sterilised " ... ..	12
" Untreated " ... ..	1

#### *Milk (Special Designation) (Amendment) Regulations, 1965*

These regulations provide for the issue of Dealers (Prepacked Milk) Licences under the special designation " Ultra-Heat Treated " and 15 applications for such licences were received during the year.

#### **Butchers' shops**

There are 157 butchers' shops in the Borough. The majority are registered under Section 16(1)(b) of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages or potted, preserved, pickled or pressed foods. Visits made to these shops during the year numbered 470.

#### **Slaughter of animals**

There are no licensed slaughterhouses in the Borough.

#### **Poultry processing**

There is one establishment in the Borough at which the preparation of poultry for sale is carried out on a comparatively large scale. The birds are received from the proprietor's own farms where they have been bred, killed and de-feathered and at this stage the carcasses are subject to a preliminary inspection. On arrival at the premises in this Borough, the carcasses are eviscerated and dressed, following which a further inspection is made. The majority of these birds go to cafés and hotels and some are for retail sale.

Fifty-nine visits were made to the above premises during the year, the number of birds processed being 130,500, made up of broilers, hens, ducks, pheasants, turkeys and capons. The percentage of birds rejected as unfit for human consumption was .032 and the weight of poultry condemned as unfit 126 lb. The very small percentage of birds rejected as unfit for human consumption is by reason of the fact that the birds have already been inspected at the farms where they are killed.

### Fish shops

Shops in which fish, either cooked or uncooked, is sold, or where the curing or smoking of fish is carried on, are regularly inspected. There are 95 such shops in the Borough and 274 inspections were made during the year.

### Catering establishments

All restaurants, cafés, canteens and kitchens were regularly inspected throughout the year. There are 456 such premises on the register, and 1,033 inspections were made.

### Food stalls

All street stalls from which food for human consumption is sold are regularly inspected and, where the food sold is stored in the Borough, the storage places are also inspected.

There are 161 food stalls in the Borough, and 268 inspections were made during the year.

### Bakehouses

There are 17 bakehouses in the Borough and during the year 80 visits by the food inspectors were made to these premises. Five of the bakehouses are in basements and, as such, are subject to the provisions of Section 70 of the Factories Act, 1961. Certificates of suitability under this Act were granted in all cases.

### Bacteriological examination of food

One hundred and seventy-two food samples were examined bacteriologically at the Public Health Laboratory during the year, and details are given below :—

Milk ... ..	18
Cream ... ..	2
Ice-cream ... ..	138
Miscellaneous ... ..	14
	<hr/>
Total ... ..	172
	<hr/>

*Milk*

The 18 samples of milk submitted to the turbidity test were reported to be satisfactory.

*Cream*

The two samples were submitted for tests in respect of brucella abortus and salmonella but no organisms were isolated.

*Ice-cream*

The 138 samples of ice-cream were examined at the Public Health Laboratory by the methylene-blue test. The grading is determined by the length of time taken to decolourize the methylene-blue, grade 1 indicating the highest standard bacteriologically.

The following table gives a summary of the results : —

<i>Grade</i>	<i>Number of Samples</i>
1	58
2	19
3	16
4	45
	138
Total	138

*Miscellaneous*

The fourteen miscellaneous food samples proved to be free from pathogenic organisms.

**Analysis of food and drugs**

During the year 1,000 samples of food and drugs were submitted for analysis; 100 samples of milk, 824 other foodstuffs and 76 drugs. Of these 13 were submitted as formal samples, while 987 were purchased informally. Two of the formal samples and 91 of the informal samples were found to be adulterated or below standard, representing 9.3 per cent. of the total samples submitted.

Details of these 93 samples are given in the Report on the work of the Public Analyst which follows.

## REPORT OF THE WORK OF THE PUBLIC ANALYST FOR 1969

The analysis of samples of food and drugs purchased formally and informally under the Food and Drugs Act, 1955, is carried out by the Public Analyst, D. G. Forbes, Esq., B.Sc., F.R.I.C.

Of the 1,000 samples submitted to the Public Analyst during the year under review, 13 were taken with the formalities required by the Act and 987 taken informally. The number of food samples was 924 and the remaining 76 were drugs.

The samples submitted for analysis comprised the following substances :—

Beers, wines and spirits	...	...	...	...	...	7
Beverages (cocoa, coffee, tea, etc.)	...	...	...	...	...	22
Cereal preparations	...	...	...	...	...	30
Cheese products	...	...	...	...	...	33
Confectionery	...	...	...	...	...	122
Cream	...	...	...	...	...	15
Fats (butter, margarine, etc.)	...	...	...	...	...	50
Fish (canned, etc.)	...	...	...	...	...	37
Fruit (canned and dried)	...	...	...	...	...	30
Ice-cream	...	...	...	...	...	44
Meat products (including sausages)	...	...	...	...	...	165
Milk	...	...	...	...	...	100
Milk products	...	...	...	...	...	18
Pickles and condiments (including spices)	...	...	...	...	...	91
Preserves	...	...	...	...	...	37
Soft drinks	...	...	...	...	...	64
Soups	...	...	...	...	...	14
Vegetables	...	...	...	...	...	45
Drugs	...	...	...	...	...	76

### SAMPLES FOUND TO BE ADULTERATED OR BELOW STANDARD

Case No.	Nature of Sample	Report
Formal 199	Pork sausages	Deficient in meat
204	Corned chicken	Deficient in meat
Informal 3541	Milk	Deficient in fat
3542	Margarine	Excess moisture
3548	Cheese and piccalilli	Unfit to eat. Mouldy
3550	Full fat soft cheese	Contained mould
3559*	Cheese roll: black patch	Dirt and mould
3582*	Corned beef: stains on meat	Rust and slight corrosion of can
3597	Fruit salad (canned)	Incorrect labelling

Case No.	Nature of Sample	Report
3604	Sausages (pork)	Deficient in meat
3605*	Hip flask: nature of contents harmful?	Incorrect labelling
3612	Orange drink	Excess saccharin
3615	London grill	Incorrect labelling
3625*	Sliced loaf: mouse dirt	Mouse dirt confirmed
3664*	Salted peanuts: foreign matter	Raw nut and mould
3696	Soft drink	Excess saccharin
3697	Canned chicken	Deficient in meat
3698	Peas and potatoes with curry	Incorrect labelling
3703	Gourmet powder	Incorrect labelling
3705	Sausages (pork)	Deficient in meat
3708*	Cheese roll: foreign matter	Dirt and toast scrapings. Two pieces of cellulose tape
3716	Fish cakes	Deficient in fish
3721	Fruit cocktail	Incorrect labelling
3728	Margarine (Flora)	Excess moisture
3743	Fruit salad	Incorrect labelling
3745	London grill	Incorrect labelling
3798	Sweet white British wine	Incorrect labelling
3807	Enriched milk (cream)	Incorrect labelling
3822	Buttered rolls	No butter present
3859	Nutmeg, ground	Deficient in volatile oil
3886	Beef pattie	Slightly deficient in meat
3907*	Bun: contained nail	Presence of one-inch nail confirmed
3913*	Mixed vegetables, canned: foreign body (insect)	Contained a dead pea-beetle
3916	Whelks	Incorrect labelling
3919	Cheese (soft full fat)	Incorrect labelling
3965	Enriched milk (cream)	Incorrect labelling (see No. 3807)
3970	Orange crush	Slight excess of saccharin
3973*	Milk bottle: foreign matter	Mould and dried milk
3976	Praline chocolate	Incorrect labelling. No English wording
3988	Mixed vegetables	Incorrect labelling
3996	Fish cakes	Incorrect labelling
3997	Scallion	Contained prohibited preservative
4000	Alimentary paste	Incorrect labelling
4041	Peche viennoise	Incorrect labelling
4048	Chicken curry with rice	14% deficient in meat
4049*	Milk: dirty bottle	Contained dried milk, dirt and mould
4058	Fancy fruit salad	Incorrect labelling
4087*	Milk: dirty bottle	Contained vegetable material and mould
4088	Ice-cream	4% deficient in milk solids-not-fat
4089	Ice-cream	4% deficient in milk solids-not-fat
4093	Ice-cream	7% deficient in milk solids-not-fat

Case No.	Nature of Sample	Report
4101	Hamburgers with gravy	16.5% deficient in meat
4102	Steak and kidney pudding	Deficient in kidney
4104	Chicken American	7% deficient in meat
4113	Non-brewed vinegar	Incorrect use of the name "vinegar"
4115	Vinegar	Artificial product wrongly sold as vinegar
4119	Kevda water	Contained a deposit of mould
4126*	Baby food: foreign matter	Contained piece of wood: $\frac{1}{2}$ in. long
4151	Orange crush	Contained excess saccharin
4152	Ground nutmeg	Deficient in volatile oil
4153	Callaloo	Incorrect labelling
4158	Tamarind in syrup	Product was fermenting
4161	Vindaloo paste	Incorrect labelling
4162	Chilli pickle	Incorrect labelling
4165	Fulvadi	Incorrect labelling
4166	Methi leaves	Incorrect labelling
4174	Mango pulp	Incorrect labelling
4180	Betel nut	Contained prohibited colouring matter
4195	Beef chow mein	52% deficient in meat
4200	Rose water	Contained a deposit of mould
4203*	Wrapped loaf: foreign matter	Rust and oil
4204	Beef sausages	16% deficient in meat
4223	Tincture of Myrrh	13% deficient in alcohol
4224	Tincture of Arnica	2% deficient in alcohol
4239*	Meat pie: foreign object	Piece of hide with attached hairs
4240*	Stout bottle: glass in bottle	Possibly minute fragments from neck of bottle
4248	Fruit salad in heavy syrup	Incorrect labelling
4260*	Buttered rolls: foreign matter	Altered starch and dextrine—not foreign to bread but indicating poor processing
4270	Olive oil	High iodine value
4295	Hamburgers in gravy	Deficient in meat
4302	Tahin (sesame seeds)	No common English name
4303	Flower water	Contained mould
4313	Kevda water	Contained mould
4329	Concentrated peppermint	Incorrect labelling—consisted of 10% peppermint oil in alcohol
4330	Sausages	Deficient in meat
4339	Fried rice, assorted	Incorrect labelling
4406	Pineapple jam: low sugar	Deficient in soluble solids
4415	Steak and kidney with gravy	Deficient in kidney
4439	Olive oil	High iodine value. High turbidity temperature

Case No.	Nature of Sample	Report
4446	Instant non-fat milk	Incorrect labelling
4476	Milk—Channel Island	10% deficient in fat
4478*	Milk: foreign matter	Contained between 30 and 40 fruit seeds
4483	Chicken breasts in jelly	Slightly deficient in meat

The seventeen samples shown above which are marked with an asterisk (\*) were complaint samples submitted by members of the public and in each case the complaint was considered justified and appropriate action was taken.

A further seven complaint samples were submitted but, following analysis, it was considered that the complaints were not justified. Details of these cases are given below :—

Case No.	Nature of Complaint Sample	Report
3581	Cooking fat	Satisfactory
3746	Parsley and thyme stuffing: mouldy	Satisfactory
3990	Cheese: incorrectly named	Origin of cheese not proved
4259	Cheddar cheese: foreign matter	Contained piece of aluminium foil wrapping
4317	Bread: foreign matter	Burnt bread, carbon, etc.
4318	Instant whip: foreign matter	No foreign matter detected; inadequate mixing thought to be cause of appearance
4336	Canned beer: unpleasant taste, caused sickness	No deleterious matter found

### Milk samples

The minimum legal standards relating to the composition of milk are as follows :—

	Ordinary milk	Channel Islands and South Devon milk
Milk fat ... ..	3.0%	4.0%
Non-fatty solids ... ..	8.5%	8.5%
Total milk solids ... ..	11.5%	12.5%

During the year, 100 samples of milk were submitted for analysis (90 ordinary milk and 10 Channel Islands or South Devon milk). Of these, two samples of ordinary milk were found to be below the minimum standard and appropriate action was taken.

## FACTORIES ACT, 1961

Under Section 153 (1) of the Factories Act, 1961, the Medical Officer of Health of the Council of any Borough or County District is required in his Annual Report to the Council to report upon and furnish prescribed particulars of matters under Part I and Part VIII of the Act which are administered by the Council. These particulars are given below in the form required by the Secretary of State for Employment and Productivity :—

### Factories Act (Part I)

#### (1) INSPECTIONS

Premises	Number on register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	119	13	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	1,035	175	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ... ..	78	7	—	—
Totals ... ..	1,232	195	7	—

#### (2) DEFECTS

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Sanitary conveniences :					
(a) insufficient ... ..	—	—	—	—	—
(b) unsuitable or defective ... ..	11	11	—	7	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ... ..	—	—	—	—	—
Totals ... ..	11	11	—	7	—

## Factories Act (Part VIII)

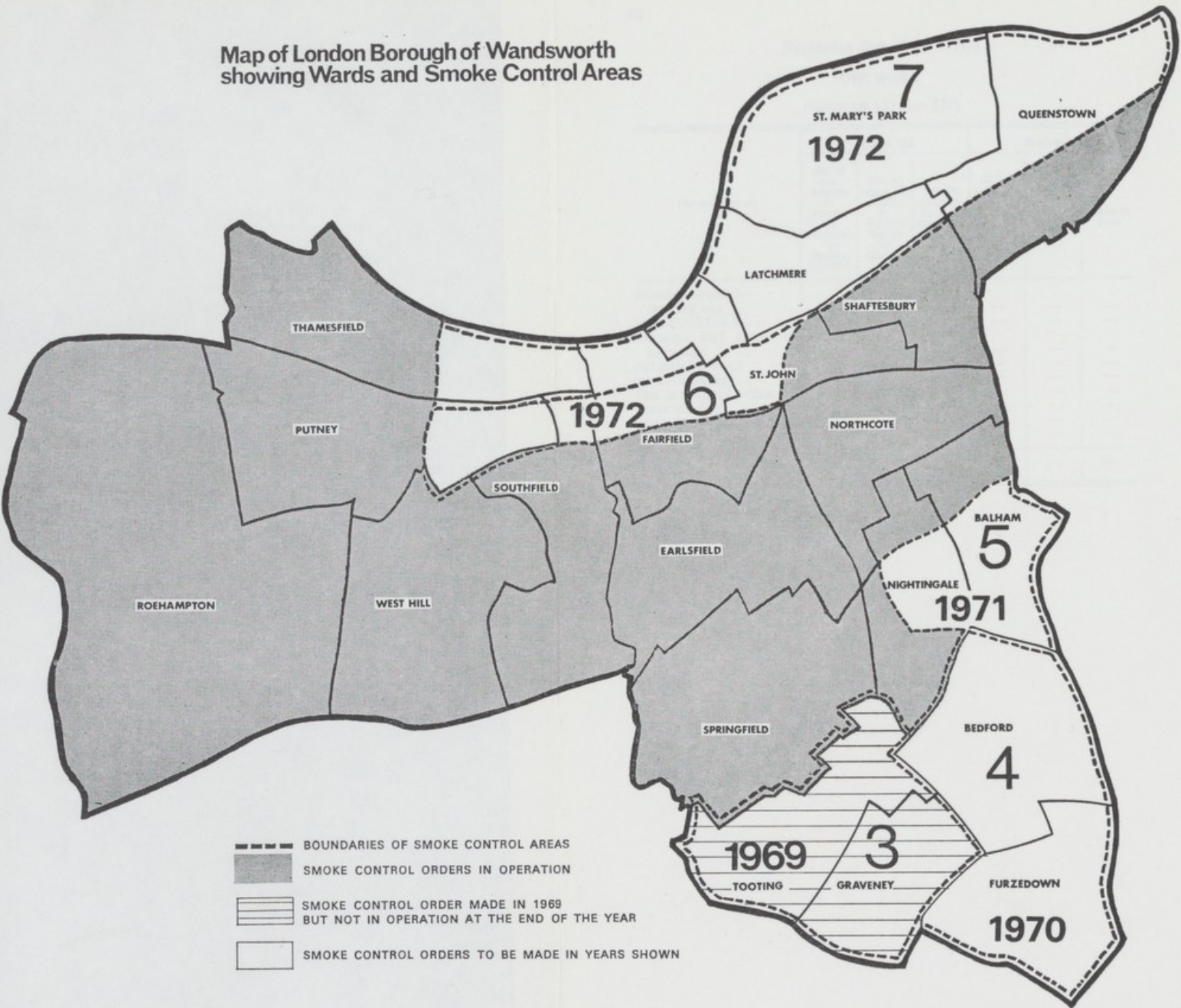
## OUTWORK

(SECTIONS 133 AND 134)

Nature of work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel— making, etc. ... ..	69	—	—	—	—	—
Household linen ... ..	1	—	—	—	—	—
Curtains and furniture hangings ... ..	6	—	—	—	—	—
Artificial flowers ... ..	3	—	—	—	—	—
Basket making ... ..	1	—	—	—	—	—
The making of boxes ... ..	2	—	—	—	—	—
Brass articles ... ..	1	—	—	—	—	—
Lampshades ... ..	7	—	—	—	—	—
Textile weaving ... ..	81	—	—	—	—	—
<b>Total ... ..</b>	<b>171</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>



Map of London Borough of Wandsworth showing Wards and Smoke Control Areas



## ATMOSPHERIC POLLUTION

### Clean Air Act, 1968

This Act, which amends the Clean Air Act, 1956, received the Royal Assent on 25th October, 1968. The following sections became operative on 1st April, 1969 :—

#### *Section*

- 2 Supersedes Section 5 of the principal Act and gives the Minister of Housing and Local Government power to make regulations concerning the emission of grit and dust.
- 6 Introduces new control by local authorities over the height of furnace chimneys.
- 8 Gives the Minister power to compel a local authority to carry out smoke control programmes or smoke control orders, if he considers that insufficient progress is being made.
- 9 Creates two new offences relating to the acquisition and sale of unauthorised solid fuels in smoke control areas.
- 10 Amends the principal Act concerning variation orders, postponement of orders and public enquiries.
- 11 Restates the relationship between the Clean Air Acts and the Alkali Act.
- 12-15 and Schedules 1 and 2 Comprise various supplemental provisions dealing with regulation-making powers, interpretation, amendments, repeals and dates of operation.

Of these enactments, Section 9 tackles a problem which has regularly caused difficulties in the past. Broadly speaking, an offence is now committed if a person either buys or acquires unauthorised fuel intending it to be used in a smoke control area, or delivers unauthorised fuel to a building in a smoke control area.

Administrative action has been taken where necessary in respect of the other sections.

#### **Smoke control areas**

The London Borough of Wandsworth (No. 3) Smoke Control Order was confirmed by the Minister of Housing and Local Government on 28th May, 1969. This Order was due to become operative on 1st July, 1970, but in fact this date was amended to 1st July, 1971, owing to difficulties related to the availability of solid smokeless fuels.

A map showing existing and proposed smoke control areas is shown in this section of the report.

#### **Smoke, etc., nuisances and observations**

During the year, 63 complaints were made alleging nuisances from smoke, dust, grit, etc., emitted from premises in the Borough.

All these complaints received careful and sometimes prolonged investigation.

In addition to dealing with specific complaints, observations are kept upon the chimneys of industrial plant in the Borough and appropriate action is taken when necessary. During the year 119 such observations were made.

### Installation of furnaces

Notification is required under Section 3 of the Clean Air Act, 1956, of any proposal to install a furnace with a heating capacity of 55,000 or more British thermal units per hour. This Section, which does not apply to furnaces designed solely or mainly for use for domestic purposes, is designed to ensure that any new furnaces installed shall be, so far as is practicable, capable of being operated continuously without emitting smoke. Eight such notifications were received during the year.

### Measurement of atmospheric pollution

Daily readings of the concentration of smoke and sulphur dioxide (SO<sub>2</sub>) in the atmosphere were continued during the year at the three stations in the Borough where recording apparatus is maintained. A record of these readings for the year under review is given in the table below. The readings are taken by members of the staff of the Department and the information is passed to the Department of Scientific and Industrial Research for collation with data received from authorities all over the country.

Station ... ..	Roof— Municipal Buildings		207 Lavender Hill Battersea		Tooting Library	
	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>	Smoke	SO <sub>2</sub>
Month—1969						
January ... ..	75	161	113	233	94	241
February ... ..	87	220	116	295	120	226
March ... ..	92	175	94	290	81	196
April ... ..	38	126	56	119	65	188
May ... ..	31	103	45	65	48	136
June ... ..	44	141	48	132	41	81
July ... ..	33	104	44	154	38	68
August ... ..	40	98	39	131	30	54
September ... ..	39	113	38	156	58	110
October ... ..	64	158	60	212	64	140
November ... ..	52	186	67	135	128	182
December ... ..	81	199	107	207	151	236
Averages ... ..	57	149	69	187	76	155

## MISCELLANEOUS MATTERS

### Swimming baths

The Corporation has four public baths which have indoor swimming pools, at Putney, Balham, Battersea, and Nine Elms, and one open-air pool at King George's Park. There is also an open-air pool at Tooting Bec owned by the Greater London Council.

With the exception of the Battersea bath, the water for which is obtained from deep wells, all Corporation baths are supplied from the mains of the Metropolitan Water Board. The water is chlorinated and circulates continuously through a filtration plant. Samples of water are taken at regular intervals and are submitted to the Public Health Laboratory at County Hall for bacteriological examination. During the year 160 samples were submitted for examination and satisfactory results were obtained in 157 instances. In the remaining samples there were slight deviations from normal but subsequent tests proved satisfactory in all cases.

There are open-air swimming pools at three of the Corporation's children's homes, one of which is situated at Banstead in Surrey. Satisfactory samples were taken by Banstead Urban District Council in respect of the home in their area and by this department's inspectors in respect of the pools at the two children's homes in Wandsworth. Several Inner London Education Authority's schools in the Borough have swimming baths and during the year 86 reports on them were received from the Scientific Branch of the Greater London Council, all of which were satisfactory.

### Examination of water from artesian wells and taps

Twenty-six samples were submitted for examination at the Public Health Laboratory, and all proved satisfactory. One chemical examination of domestic water supply was made by the Public Analyst and this also was satisfactory.

### Disinfection and disinfection

*Methods of Disinfection*: Following the notification of a case of infectious disease requiring disinfection, an inspection is made and the following methods used. The patient's room is sprayed with a formaldehyde solution. The doors and windows are closed and the room can be used again after five or six hours. Advice is also given to the occupiers that a thorough "spring cleaning" of the room is a very effective "disinfection" process, and should be carried out in addition to the work of disinfection by the Council's staff.

Bedding and clothing are collected and steam-treated at the Disinfecting Station. Sheets, pillow cases and hand towels are exposed to formalin vapour in a special chamber prior to being washed in the Council's laundry.

Books and other articles which cannot be steam disinfected are also treated by exposure to a formalin vapour.

*Disinfestation of verminous rooms*: Articles in the room requiring treatment are removed for steam disinfestation. The room is sprayed with an insecticide containing Pybuthrin and Lindane/D.D.T., which has a prolonged residual effect. Where there is heavy infestation, architraves and mouldings are required to be eased for deeper penetration of the insecticide.

*Control of insect pests*: The construction of large blocks of flats containing covered ducts taking hot water, plumbing and drainage pipes has sometimes been a cause of insect infestation. These ducts form an ideal harbourage for insects which would be difficult to deal with by normal hand spraying. A Microsol Mist Generator is therefore used for the purpose and this apparatus, which has a small motor unit, is capable of spraying a fine mist or fog of insecticide to a distance of 50 feet, the mist settling on to the surfaces of the duct and the piping contained therein.

#### Personal cleansing station

Four hundred and sixty-five treatments were given during the year at the two personal cleansing stations to persons suffering from scabies, 188 to adults, 196 to schoolchildren and 81 to children under school age. In addition, 575 treatments for verminous conditions were given, 66 to adults, 435 to schoolchildren and 74 to children under school age.

These figures include the following treatments carried out under arrangements made with the London Borough of Lambeth relating to their residents and children attending schools in Lambeth:—

				<i>Adults and pre-school children</i>	<i>School children</i>	<i>Total</i>
Scabies	...	...	...	39	24	63
Vermin	...	...	...	24	45	69

#### Laundry service for incontinent persons

During the year approximately 5,000 bags, each containing about 10 lb. of soiled linen, were collected and the contents laundered and returned to the owners. This valuable service continues to be in great demand by old and infirm persons.

#### Coroner's Court and Mortuary

Details as to the number of inquests held at the Coroner's Court, and bodies received into the Mortuary, during 1969, are set out in the following table:—

Details of bodies received	Usual place of residence				Totals
	Wands- worth	Merton	Else- where	Un- known	
Post-mortem only ... ..	660	289	143	18	1,110
Post-mortem and inquest ... ..	102	44	33	5	184
<i>Total post-mortems</i> ... ..	762	333	176	23	1,294
Inquest only ... ..	3	—	2	—	5
<i>Total inquests</i> ... ..	105	44	35	5	189
<b>Total bodies received</b> ... ..	<b>765</b>	<b>333</b>	<b>178</b>	<b>23</b>	<b>1,299</b>
<b>VERDICTS AT INQUESTS HELD—</b>					
Accidental and misadventure	45	20	21	3	89
Alcoholism ... ..	2	—	1	—	3
Natural causes ... ..	4	—	1	—	5
Open verdict... ..	5	—	2	—	7
Suicide ... ..	45	22	9	1	77
Homicide ... ..	3	2	1	1	7
Criminal Abortion ... ..	1	—	—	—	1
<b>TOTALS</b> ... ..	<b>105</b>	<b>44</b>	<b>35</b>	<b>5</b>	<b>189</b>

In addition to the above, a further 69 inquests were held at the Coroner's Court in respect of which no bodies were received into the Mortuary.

### **Crematorium Regulations, 1930**

Under these regulations, 2,005 cremations were authorized during the year.

### **Transportation of bodies abroad**

The bodies of persons normally resident abroad who have died whilst visiting this country are sometimes transported overseas for burial. Before this can be done, it is necessary to obtain a certificate from the Medical Officer of Health of the district in which the death has taken place to the effect that the deceased did not die from any infectious or contagious disease, and that no recent epidemic of such disease had occurred in the district.

During the year three such certificates were issued in respect of persons who had died in Wandsworth.

## STAFF TRAINING

### *Public Health Inspectors and Technical Assistants*

The Council provides facilities for public health inspectors and technical assistants to undertake refresher courses and to attend conferences and courses relevant to their work. In 1969 the following courses were attended : : —

A fire prevention course under the Offices, Shops and Railway Premises Act by three public health inspectors and three technical assistants ;

A course on noise prevention by three public health inspectors ;

A modern drainage methods and materials course by one public health inspector and three technical assistants ; and

A Housing Course by three technical assistants.

The Chief Public Health Inspector attended the Annual Conference of the Association of Public Health Inspectors at Eastbourne from 6th to 10th October, 1969.

In addition, the Disinfecting Station Superintendent attended a Management Course.

### *Student Public Health Inspectors*

Under the limits imposed by the Public Health Inspectors' Education Board, six students are allowed to undertake training within the department. They attend day release courses at the South-East London Day College combined with a full programme of visits and practical training with a qualified inspector.

Five students were in training in the department at the close of the year.

## PART 4

### PERSONAL HEALTH SERVICES

These services are provided by the Council, in its capacity of local health authority, under those sections of the National Health Service Acts designed to safeguard the health of the individual and to provide care and attention should ill-health occur. For the purposes of this report it is convenient to divide these services into those for mothers and young children and those which we may term as "other services". To some extent, of course, the two categories overlap and many services described under "other personal health services" are available to mothers and young children.

#### SERVICES FOR MOTHERS AND YOUNG CHILDREN

##### Ante-natal and post-natal care

There has been a reduction in the number of ante-natal sessions held, because of the decrease in the number of home confinements. The midwives have made 1,124 visits for the assessment of home conditions and their suitability for the early discharge of the mother and her baby.

Sessions held during the year ... ..	400
First attendances ... ..	1,388
Total attendances ... ..	3,566

##### Mothercraft and relaxation classes

Where premises lend themselves to this type of activity, the relaxation classes continue to be well attended. Health visitors and midwives co-operate in the running of the classes, the latter dealing mainly with the subjects "Labour" and "Analgesia". A feature of one centre's activities is that the last two classes of each course are open to both husbands and wives. The opening of the new centre in Tooting has given further opportunities to midwives and health visitors to extend this work.

Sessions held during the year ... ..	154
First attendances of mothers ... ..	292
Total attendances ... ..	1,240
Average attendance at each session ... ..	8

### Child health centres

The highlight of 1969 for staff working in the Tooting area was undoubtedly the opening of the new centre in Bevill Allen Close. This bright well-planned centre offers not only better facilities to the public who use it, but provides the staff working there with an opportunity to try out new ideas and further develop established services. Photographs of the new centre will be found in the centre pages of the report (Plates B and C).

On Tuesdays at the new centre "all-day" sessions are held in the morning, afternoon, and evening when staff are available for consultation. The evening sessions give mothers who are working during the day a chance to avail themselves of the services provided by the centre without losing time from work.

### Mothers' clubs

Clubs are now held at three centres. They are run by the mothers themselves and are less formal than classes, but nevertheless offer good scope for health education. They offer too the means of social contact which is so important to those mothers who have recently moved into the area.

### Toddlers' sessions

Sessions are now held at most centres and continue to be popular with mothers, as they provide a valuable check on the health and development of children from 2 to 4 years of age.

Toddlers sessions held during the year	...	...	278
Total attendances	...	...	3,022
Average attendance at each session	...	...	10.8

### Dental service

A dental service for expectant and nursing mothers and for young children is provided in conjunction with the school dental service at certain of the Council's dental surgeries. During the year there were 83 attendances by mothers and 446 by children under five years of age.

### Family planning

The family planning services in Wandsworth have expanded during 1969 and the stage has now been reached where improvement in the standard of the service is a main objective.

The South-West London Branch of the Family Planning Association, who have their administrative headquarters in our new

child health centre at Tooting, continued to act as the Council's agents in providing this service. There is no charge for consultation or medical supplies for patients recommended on medical grounds and patients referred on social grounds pay only for supplies, although in cases of economic difficulty, supplies may be given free of charge.

Ten sessions a week are now held in our centres and four sessions a week are run in hospitals; the total number of patients seen has increased following the opening of the new centre at Tooting.

During the year, the domiciliary family planning service served 199 new patients compared with 239 in 1968. It is hoped that this trend will persist and that more patients will avail themselves of the clinic facilities which are now more easily available in Wandsworth. The domiciliary service is fully comprehensive and is offered to married and unmarried women on the recommendation of doctors, health visitors, social workers, field staff of the Children's and Welfare Departments and other social agencies.

Throughout the year there has been good communication with hospital consultants, general practitioners and with the neighbouring Boroughs of Merton and Richmond with whom we have arrangements for treatment to be given on a "knock-for-knock" basis.

The cost of the service during 1969 was approximately £14,000, a considerable increase over the 1968 expenditure, but amply justified by the improvement in the service provided.

During the year, some adverse effects of the high-oestrogen pill brought into focus the need for a thorough follow-up of patients on contraceptive steroid treatment. This has been carried out and good communication with the Committee on the Safety of Drugs has been maintained.

The family planning clinics are becoming increasingly popular and this is due in no small measure to the high standard of service which is provided. The quality of any service is a reflection of the efforts of those who provide it and in this connection our special acknowledgments and thanks are due to Dr. Duncan Whyte and Dr. Edge, as well as to the nurses and organising staff of the Family Planning Association.

The statistical analysis which follows shows the number of patients who were helped and the methods of contraception which were chosen.

(a) New patients (domiciliary work shown in brackets)

(i) <i>Number of patients seen</i>	1968	1969
Medical ... ..	92 (26)	109 (18)
Social ... ..	2,293 (213)	2,514 (181)
Totals ... ..	2,385 (239)	2,623 (199)

(ii) <i>Age at attendance</i>			
16-20	... ..	376 (22)	471 (26)
21 and over	... ..	2,009 (217)	2,152 (173)
(iii) <i>Method chosen</i>			
Intra-uterine device	... ..	253 (107)	284 (79)
Other methods	... ..	2,132 (132)	2,339 (120)
(b) Established patients attending for the first time during year	... ..	3,194	2,815
(c) Number of sessions attended by doctor	... ..	691	800
Total number of attendances to see doctor	... ..	10,794	13,311
(d) Number of visits by doctor to domiciliary cases	... ..	1,012	943
Total number of patients seen at visits	... ..	576	652
(e) Number of cytological smears taken from patients :			
(i) at clinics	... ..	1,499	2,008
(ii) at domiciliary visits	... ..	91	73
Number referred for investigation		13	13
(f) Number of patients (non-medical cases) receiving free supplies	... ..	331	121

#### **Domiciliary midwifery service**

There was a further decrease in the number of home confinements from 526 in 1968 to 442 during 1969. The number of early discharges from hospital rose from 589 to 745.

Three midwives working in the area covered by Queen Mary's Hospital, Roehampton, worked for a week in the hospital's maternity department, to familiarise themselves with the department's routine. They were made "honorary staff midwives" from 6th October, 1969, and are now able to deliver, in hospital, mothers who have been booked for early discharge, and also undertake the follow-up nursing in the mother's own home. Seven such patients have been delivered by the midwives.

The General Practitioner Obstetric Unit at the Weir Hospital was opened on September 1st and 8 cases have so far been delivered there by our midwives. No major difficulties have been experienced in this arrangement.

Midwives have taken 197 blood specimens for the Guthrie test since September, 1969. This test replaces the earlier simple urine test for phenylketonuria, and is carried out on babies delivered at



PLATE A FOOD HYGIENE—Nail embedded in a piece of crust.  
(see page 37).



PLATE B Tooting Child Health Centre which was opened on 30th July, 1969.  
(see page 56).



PLATE C TOOTING CHILD HEALTH CENTRE—Interviewing a young mother at a child health session.  
(see page 56).



PLATE D BATTERSEA TRAINING CENTRE, Thessaly Road, S.W.8.  
(see page 86).

home, or discharged after 48 hours, or on babies whose previous tests have shown doubtful results.

During 1969 there were fewer staff changes and all midwives in the Borough's service are now car drivers.

Mothers attended in their own homes during the year were as follows :—

Home confinements	...	...	...	...	...	429
Booked early discharges	...	...	...	...	...	600
Unbooked early discharges	...	...	...	...	...	145

### Health visiting service

During 1969 there were still several unfilled vacancies in the health visiting staff. The willingness of staff to help where needed and the mobility of car users did much to ease the situation and also to demonstrate the need for health visitors to use their cars in their work.

Five health visitors took part in a pilot survey of the Work of the Health Visitor, which was undertaken by the Research and Intelligence Unit of the Greater London Council on behalf of the Council for the Training of Health Visitors.

Teaching sessions other than regular sessions in the centres were undertaken by health visitors at four schools. Health visitors have joined with the hospital staff at Queen Mary's Hospital, Roehampton in their classes for expectant mothers, and have given talks to students in a College of Education.

One of the health visitors at the Tooting Centre is now "attached" to a group practice. She attends the surgery regularly and undertakes visiting for the doctors in the group as required.

The number of first visits made during the year to children under five years of age was :—

Children born in 1969	...	...	...	...	...	5,398
Children born in 1968	...	...	...	...	...	4,154
Children born in 1964/67	...	...	...	...	...	9,950

Visits of all kinds paid by health visitors during the year totalled :—

Effective visits	...	...	...	...	...	52,964
Unsuccessful visits	...	...	...	...	...	12,864

### Premature infants

During 1969, the number of premature births was a little less than 9% of the total births, a figure comparable to the prematurity incidence in other London Boroughs.

The total number of premature infants born was lower than that for last year. Of the total live and still births in Wandsworth, 455 children were born prematurely, 37 of which were stillborn, and 30 premature babies died within one month of birth.

The table below gives details of premature births in Wandsworth.

	<i>Live births</i>	<i>Died under</i>	
		<i>1 month</i>	<i>Stillbirths</i>
2 lb. 3 oz. or less ... ..	14	14	6
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	28	7	11
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	58	4	11
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	92	1	5
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	226	4	4
	418	30	37

### **Handicap and Observation Register**

A register of handicapped children and children at risk of developing a handicap has been kept in the Health Department for a number of years and has continued to prove its worth in the follow-up of handicapped children. It has helped in the early diagnosis of defects of structure, growth and development and in the detection of disease, enabling suitable treatment to be instituted as early as possible. The aim is to secure the fullest possible rehabilitation for every child with a disability and to gain the full acceptance of such persons into the community within the most suitable social and working environment.

About 8% of all new-born babies are placed on the register soon after discharge from hospital. This includes babies born with malformations, abnormalities, a family history of illness, neonatal disease or a history with a possible relevance to future handicap.

All children on the register are examined regularly for defects and developmental screening tests are carried out periodically. The completeness of the register depends on the collaborated efforts of clinic doctors, health visitors, hospital consultants and family doctors. In addition to children placed on the register at birth, children who acquire a handicap later on or whose handicap is

detected in the course of time are added to the register and followed-up in the same way.

Many of the children who are in care of the Children's Officer are also placed on the register for, even when not handicapped physically or mentally, they may be considered to be socially deprived and at risk of being disturbed emotionally. Some physically handicapped children become the responsibility of the Children's Department should they be rejected by their own parents.

The Handicap and Observation Register continues to provide the necessary information for all those who are concerned with the full rehabilitation of the physically and mentally handicapped and is instrumental in the prevention of further complications of the existing handicaps.

The table below gives the figures concerning handicapped children under five years of age :—

Number on Handicap and Observation Register on						
31st December 1969 ... .. 1,376						
<i>Ages</i>				<i>Handicap</i>	<i>Observation</i>	<i>Totals</i>
Under 1 year ... ..				19	411	430
1 year ... ..				31	343	374
2 years ... ..				50	171	221
3 years ... ..				53	137	190
4 years ... ..				51	110	161
Totals ... ..				204	1,172	1,376
Number of children on the register on 1st January, 1969						1,339
Number placed on the register during 1969 ... ..						428
Number removed from the register during 1969 ... ..						391
Number placed on the register within three months of birth ... ..						180

*Notification (to the Registrar General of congenital malformations observable at birth in live and stillborn children :—*

Central nervous system ... ..	19
Eye and ear ... ..	2
Alimentary system ... ..	8
Heart and great vessels ... ..	4
Respiratory system ... ..	1
Urino-genital system ... ..	13
Limbs ... ..	51
Other skeletal ... ..	2
Other systems ... ..	2
Other malformations ... ..	13

Total malformations 115 (in 100 children)

*Serious handicaps in children under five years :—*

	Number dealt with during 1969	Number born in 1969 and placed on Register
Mongol ... ..	26	5
Hydrocephalus ... ..	13	3
Spina bifida ... ..	15	2
Microcephalus ... ..	2	—
Congenital heart disease ... ..	25	2
Fibrocystic disease ... ..	4	—
Partially-sighted and blind ... ..	16	1
Deaf ... ..	10	—
Chronic metabolic ... ..	6	—
Epilepsy ... ..	14	—
Blood disease ... ..	6	—
Autistic/psychotic ... ..	1	—
Cerebral palsy/spastic ... ..	21	—

**Unmarried mothers**

Although the illegitimacy rate has not decreased, more unmarried mothers now make their own arrangements for confinement and return to their own homes with their babies. There is now only one mother-and-baby home in the Borough.

**Cervical cytology**

The cervical cytology service is available to women residing or working in the Borough. In spite of the national decline in demand for the service, our clinics were well attended during 1969.

The average number of seven patients who were seen at each session gave the doctor enough time for a full gynaecological and breast examination and also general health counselling. The women doctors in charge of the clinics are experienced in gynaecology and obstetrics and in particular are concerned with the preventive aspects of the work.

Some general practitioners in the Borough prefer to provide a cervical cytology service themselves but the majority advise and encourage their patients to attend the Council's clinics.

The incidence of malignancy which has been discovered at the Council's clinics has increased considerably compared with the figures for last year. In 1969, one smear in 71 was found to be positive and of the 27 positive cases discovered, 8 were obviously malignant and 19 potentially malignant. In the previous year the incidence of positive smears was one in 129 cases with a total finding of 16 obviously or potentially malignant cases. Other morbid conditions were also detected, some of which necessitated hospital treatment.

Detailed statistical information for the year 1969 is given in the following table :—

Number of clinics held each week	...	...	...	6
Total number of women examined	...	...	...	1,922
Average number of women examined at each session				7
Total number of cases cytologically and clinically negative (healthy women)	...	...	...	1,039
Total number of cases with morbid conditions	...			883*
Morbid conditions found :—				
(i) positive malignant smears	...	...	...	27
(ii) cervical erosion	...	...	...	330
(iii) cervicitis	...	...	...	130
(iv) cervical polyp	...	...	...	68
(v) ovarian cyst	...	...	...	12
(vi) uterine fibroids	...	...	...	47
(vii) all degrees of prolapse	...	...	...	26
(viii) vulvo-vaginitis :—				
(a) monilia	...	...	...	41
(b) trichomoniasis	...	...	...	46
(c) non-specific	...	...	...	92
(d) other	...	...	...	63
(ix) other conditions	...	...	...	31
				913*

\* Some patients had more than one condition.

### Occasional Crèches

These three-hour play sessions are extremely popular with mothers and children and meet a very real social need. The recruitment of suitable part-time staff to supervise these sessions continued to be a problem.

### Day nurseries

The demand for day nursery places continues to exceed the number available and it has been possible to admit only priority cases at most nurseries. There have been many short-term admissions during family emergencies which have relieved the anxieties of parents and often prevented children being taken into the care of the Council.

Increasingly, requests are made by hospital consultants for part-time admission of children on the grounds of physical, mental or social ill-health of children or their parents. It is difficult to fit all

such requests into our day nurseries, as handicapped children require more time from staff for care and supervision.

Again, as in previous years, the nurseries have suffered from shortage of staff in all grades—cooks and domestic helps as well as nursery nurses and assistants. On occasions it has been necessary to limit admissions to the nurseries because of staffing difficulties.

### *Special Unit*

The special unit at Summerley day nursery, which provides places for up to six children who show signs of mental handicap, continues to provide a very valuable service. The training and care given to these children helps them to make maximum progress before a decision has to be made concerning their future educational needs.

### **Private day nurseries and child-minders**

Various sections of the Health Services and Public Health Act, 1968, created administrative and practical problems, leading to the appointment of a senior nursing officer with special responsibilities for this work. The appointment was taken up on April 1st, 1969.

Throughout the year, pressure of work regarding the registration of private day nurseries, playgroups and child-minders, and their subsequent supervision, has continued to increase. Apart from the number of applications for registration, advice was sought by private individuals, industrial concerns, hospitals, colleges and associations, wishing to open day nurseries or playgroups. Persons seeking registration and those registered requested advice and guidance on good management and the support of the senior nursing officer. Although creating additional work, this was welcomed.

At the end of the year there were 56 private day nurseries (including part-time playgroups) and 119 registered child-minders (which include part-time playgroups held in private houses). The extent of the increase in this section of the work is apparent when one compares these figures with those of a year ago, viz. 52 registered private day nurseries and 50 registered child-minders.

Under the new Act, requirements for registration have become more stringent. During the year, there were 106 withdrawn applications and 22 cancellations. An encouraging aspect of the work has been the obvious efforts of some applicants to meet the new requirements relating to the day-care of children.

At the end of the year, there were still some 300 outstanding applications. Every effort is being made to meet this demand.

A high level of co-operation exists between the Council's medical and health visiting staff and the various associations and individuals, the care of the child always being the first consideration.

### **Adoption and boarding-out**

In appropriate cases, the Children's Officer seeks the advice of the medical staff concerning health aspects of children being considered for adoption and during the year 22 such cases were considered. Similar enquiries are made where necessary in respect of children to be boarded-out and prospective adopters.

## OTHER PERSONAL HEALTH SERVICES

There are also numerous personal health services provided which benefit persons other than mothers and young children, and these are summarized below.

### Home nursing service

Early in 1969 the office at 109 Clapham Common North Side closed and the senior staff were accommodated in the Municipal Buildings. This arrangement has proved to be much more convenient to all concerned.

There has been no decrease in the work of this service during the year. One nurse has been "attached" to a group practice and visits the surgery daily and this arrangement has worked very satisfactorily.

The following table shows the total number of persons nursed and the visits paid during the year:—

<i>Age</i>	<i>First visits</i>	<i>Revisits</i>	<i>Total</i>
Under 5 years ... ..	28	170	198
5-64 years ... ..	722	23,591	24,313
65 years and over ... ..	1,542	98,958	100,500
All ages ... ..	2,292	122,719	125,011

### *Home bathing service*

This service is closely linked with the home nursing service and continues to provide for the needs of many elderly people who do not need full nursing care. All patients receiving home bathing service are visited periodically by a trained nurse.

### *Loan of equipment*

To ensure the efficient nursing of patients in their own homes the Council operates a scheme for lending, without charge, equipment as distinct from those items which can be prescribed by general practitioners. The number of occasions on which articles were issued on loan during the year is shown below:—

Air rings ... ..	27
Beds (hospital or cot) ... ..	8
Back rests ... ..	33
Bed cradles ... ..	25
Commodes ... ..	239
Fracture boards ... ..	16
Hoists ... ..	16

Mattresses ... ..	11
Ripple beds ... ..	2
Rubber sheeting ... ..	5
Walking aids ... ..	49
Wheelchairs ... ..	50

The Council's provision of home nursing equipment is supplemented by the British Red Cross Society. In addition to commodes and wheelchairs, the British Red Cross Society provides smaller items of equipment such as air rings, bed pans, urine bottles and crutches. The Council is continuing to make a grant to the Society to assist in maintaining stocks of equipment.

#### *Incontinence pads service*

The issue of incontinence pads, which are of great assistance in home nursing of incontinent persons, continues at an increasing rate, and 136,500 pads were issued during the year. In addition, 42,500 interliners were issued for use in special protective pants provided by the Council. Protective pants and interliners are of particular value for ambulant patients, including subnormal and handicapped children. Most households make their own arrangements for disposal of incontinence pads and interliners, but in some cases it is necessary to arrange collection and disposal by incineration.

#### **Home help service**

The increasing numbers of old people living alone, of early discharges from general as well as maternity hospitals, and of mentally sick persons living in the community place very heavy demands on the home help service. It is often possible to give only a thinly-spread service in attempting to share the available staff among those who need the service. Bank holidays and weekends are always difficult periods in which to provide service but, thanks to the willingness of the home helps, it is usually possible to help the most urgent cases.

Recruitment has been a little easier this year except in the Putney, Roehampton and Wimbledon Parkside Estate areas. This means that home helps have to undertake a considerable amount of travelling which adds to the cost of the service.

During the year we received delivery of a mini-van especially equipped to deal with those cases which require service of a more intensive nature. This has proved to be a most successful addition to the service. The driver is normally accompanied and assisted by the home help who will eventually provide the routine service for the household.

The following table shows the number of persons who received home help service during the year.

HOME HELP PROVIDED FOR PERSONS					
Aged 65 years or over on first visit in 1969	Aged under 65 years on first visit in 1969				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
3,298	331	26	77	204	3,936

### Immunization and vaccination

A visit to a Council centre is the favourite choice of the Wandsworth mother who wants to have her child protected against the diseases which once wreaked such havoc among the young. The importance of prophylaxis is stressed when the health visitor first calls to see the new baby, and from then on every effort is made to ensure that the growing child is given the immunity which is available free of charge. After the introduction of measles vaccination in 1968 it was expected that 1969 would show a marked increase in the number of children vaccinated, but a shortage of vaccine led to disappointingly low figures. The Chief Medical Officer of the Department of Health and Social Security has urged that an effort be made in 1970 to ensure that all children up to the age of 15 years of age are given measles vaccine if they have not already had the disease or are not otherwise unsuitable recipients. It should be remembered that although separate figures are given for diphtheria, whooping cough and tetanus, most children receive a primary course of immunization in which the antigens for the three diseases are combined in each single dose.

### Immunization and vaccination statistics

Smallpox vaccination—cases completed :—

Primary vaccinations :—

Council clinics	...	...	...	...	2,168
General practitioners	...	...	...	...	829
			Total	...	2,997

Re-vaccinations :—

Council clinics	...	...	...	...	162
General practitioners	...	...	...	...	269
			Total	...	431

Diphtheria immunisation—cases completed :—				
Primary courses :—				
Council clinics and schools	...	...	4,173	
General practitioners	...	...	1,028	
		Total	...	5,201
Reinforcing injections :—				
Council clinics and schools	...	...	4,640	
General practitioners	...	.....	1,226	
		Total	...	5,866
Whooping-cough immunization—cases completed :—				
Primary courses :—				
Council clinics and schools	...	...	3,482	
General practitioners	...	...	966	
		Total	...	4,448
Reinforcing injections :—				
Council clinics and schools	...	...	1,980	
General practitioners	...	...	706	
		Total	...	2,686
Tetanus immunization—cases completed :—				
Primary courses :—				
Council clinics and schools	...	...	4,405	
General practitioners	...	...	1,126	
		Total	...	5,531
Reinforcing injections :—				
Council clinics and schools	...	...	4,557	
General practitioners	...	...	1,308	
		Total	...	5,865
Poliomyelitis vaccination—cases completed :—				
Primary courses :—				
Council clinics and schools	...	...	4,145	
General practitioners	...	...	1,031	
		Total	...	5,176
Reinforcing doses :—				
Council clinics and schools	...	...	4,797	
General practitioners	...	...	1,198	
		Total	...	5,995
Measles vaccination—cases completed :—				
Council clinics and schools	...	...	1,312	
General practitioners	...	...	374	
		Total	...	1,686

### Recuperative holidays

Any adult or child who has been receiving treatment for a definite medical condition may be recommended by the family doctor for a holiday if he considers that rest, good food and fresh air will help the patient's complete recovery. School-children may be recommended also by a school doctor. No holiday can be provided under this scheme if the patient is still in need of medical or nursing care. During the year the following were sent away :—

Expectant and nursing mothers ... ..	11
Other adults ... ..	333
Children under five years, not attending school ... ..	88
School-children, including nursery school-children ... ..	371

### Chiropody

The Council's chiropody service is provided for men aged 65 years or over, women aged 60 years or over, expectant mothers, mothers with children under one year, children under school-leaving age or still attending school full-time although over normal school-leaving age, and physically handicapped persons. In most cases no charge is made. Over 50 sessions a week are held at foot clinics in Council centres, and regular visits are made to nearly a score of old people's homes and day centres. Treatment is given also in the surgeries of private chiropodists acting on behalf of the Council, and home treatment is provided for house-bound patients. If patients are able to walk but cannot manage the journey to a Council centre, arrangements are made for ambulance transport.

The Chief Chiropodist resigned at the end of July and his post was still vacant at the end of the year.

Number of sessions held :—

at clinics ... ..	2,410
at old people's homes and day centres ... ..	350

Number of patients seen for the first time in 1969 :—

at clinics, homes and centres ... ..	3,411
at private surgeries ... ..	588
in their own homes ... ..	1,576

Number of treatments :—

at clinics, homes and centres ... ..	19,472
at private surgeries ... ..	3,811
in patients' own homes ... ..	10,287

## Venereal Disease

Welfare officers are employed by six of the Inner London authorities in whose areas V.D. clinics are situated, and follow-up patients who have failed to complete treatment, with the object of persuading them to continue. Time is also spent in tracing contacts named by patients and persuading them to be treated. This work is carried out on behalf of all Inner London authorities including those — of which Wandsworth is one — without any venereal disease clinics in their areas and therefore not directly employing any welfare officers on follow-up work.

At the end of each year the physicians in charge of the V.D. treatment centres notify the appropriate medical officers of health of the numbers of patients attending the centres who live in the various boroughs. These figures should, of course, be accepted with a fair degree of caution, since it is not unknown for a patient to give a wrong address when he attends for treatment. It is fair to say, however, that they do give some indication of the numbers who seek treatment for these diseases.

*Numbers of new cases living in Wandsworth and attending hospitals*  
(a) in Inner London (b) in Outer London

	All venereal conditions		Syphilis				Gonorrhoea		Other venereal conditions	
			Primary and secondary		Other					
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
During 1967 ...	2,848	7	25	—	47	—	509	—	2,267	7
During 1968 ...	2,665	16	22	—	40	—	535	2	2,068	14
During 1969 ...	3,806	54	28	1	48	1	633	7	3,097	45

## Health education

Our attempts to recruit a suitably-qualified Health Education Officer during the year again proved abortive and this has undoubtedly restricted the amount of specialised work which could be achieved in this field. This essential work of health teaching has therefore been borne, most ably I would add, by the health visitors, school nurses, and other field staff as an integral part of their daily work. This can take the form of private consultations with parents or children, in group discussions in centres and schools, or in the more formal atmosphere of the planned talk on a specific subject.

A symposium on health education, arranged by the Divisional Officer, Mr. H. A. Kingdom, was held at Wandsworth Technical College on 11th March, 1969. The meeting was attended by headmasters, headmistresses and senior teachers of Wandsworth

schools, doctors, health visitors and social workers. Speakers included hospital consultants, a staff inspector of the Inner London Education Authority and senior officers of the Health Department. The drug problem, sex education, venereal disease, smoking and dental hygiene were among the subjects for discussion. The symposium proved to be of considerable value in the development of health education techniques in schools.

During 1969 organised teaching has been undertaken in centres, in schools and in outside clubs on much the same scale as last year.

#### *In the centres*

Relaxation classes and talks on mothercraft continue to be popular and are now held at eight centres. Good use is made of films and slides at these sessions. One new development is a class for the elderly held at the Tooting centre which has proved to be popular.

#### *In the schools*

Much of the teaching on health subjects is directed towards individual children on subjects such as dental hygiene, care of the hair and feet, etc., but during the year more formal teaching was undertaken at four schools. At one senior school for girls, the Sixth-Formers attended a series of talks by their own teachers and others on the subject of "Marriage" and the health visitor gave talks on "Pregnancy" and "The Child". Talks were also given at a College of Education on "The Social Aspects of Disease" by a health visitor who also took part in a discussion following the showing of a new film on "Childbirth".

#### *In local groups*

Requests from local groups, such as mothers' unions, women's clubs, etc., for speakers on health topics were met by the health visitors and we are always pleased to co-operate in this way with as wide a section of the local population as possible.

The health education team employed by the Inner London Education Authority have again given their valuable services in Wandsworth and have visited a number of schools in the area by direct arrangement with the Heads of Schools. The team have also organised health education publicity in the Greater London Council Parks.

### **Family casework and problem families**

The six social workers (health services) combine visiting problem families with their work in the School Clinics.

These families, who are often referred by other social workers, are usually those with numerous problems needing constant attention.

We always hope that these families will eventually become self-sufficient and this has appeared to be the case with four families who are no longer under close supervision. Two other families were rehoused outside Wandsworth.

During the autumn an increase in staff made it possible to extend this branch of the work and 27 families were under supervision at the end of 1969 compared with 15 in December, 1968. Many of the families have a low income and large debts so that the immediate task is to ensure that the rent and lighting and heating bills are paid. This often has to take precedence over problems of marriage disputes, the inadequacy of the parents, or parents' lack of understanding of their children's needs.

The six social workers all possess a basic training in social work. Two are professionally qualified with the welcome addition in August of the Deputy Principal Social Worker who returned from secondment to the Medical Social Workers' Course.

### **Chest clinics**

There are in the Borough three Chest Clinics, namely, the Wandsworth Chest Clinic situated in the Municipal Buildings, the Battersea Chest Clinic at St. John's Hospital and the Balham Chest Clinic at St. James' Hospital. The Wandsworth and Battersea Chest Clinics draw their patients mainly from the Borough but the Balham Chest Clinic draws patients also from the adjoining London Borough of Lambeth.

Statistics relating to tuberculosis will be found in Part 2 of this report.

There is close liaison between the Chest Clinics and the staff of the Health Department and periodic meetings are held between the three Chest Physicians and the Health Department medical staff. The welfare officers, tuberculosis visitors and clerical assistants concerned with the after-care of tuberculous patients are seconded from the Health Department so that there are close links at all levels.

Additional benefits are provided for chest clinic patients through the agencies of the now re-named Battersea Chest Clinic Care Committee and the Wandsworth Tuberculosis Care Committee and I have pleasure in appending reports of the activities of these two Committees during the year. I should like to place on record my appreciation of the excellent work they have undertaken during the year on behalf of their patients.

**BATTERSEA CHEST CLINIC CARE COMMITTEE****ANNUAL REPORT FOR 1969**

In presenting the report for the year 1969 we have to record that under the amended title of "The Battersea Chest Clinic Care Committee" we have now been placed on the Charity Commission's Official Register of Charities, the constitution having been accepted by the Commissioners. The title now describes more accurately the work of helping patients of the Chest Clinic, whatever their diagnosis.

There have been several changes in membership during the year. It is with regret that we have to report the death of Mrs. Wye who had served this Committee for twenty-three years, and we pay tribute to the valuable support she gave to the Committee. We were sorry to receive the resignation of Miss Kennedy-Bell who had been a member of the Committee for many years as British Red Cross Society representative; we wish her a long and happy retirement. We were pleased to welcome Mrs. Streets as the new representative. We also welcomed Mrs. Crooks and Mrs. Romilly replacing Councillor Goodwin and Mrs. Chesterman as representatives of the London Borough of Wandsworth. We were delighted that Mrs. Chesterman was able to continue as a co-opted member of the Committee. Meetings have continued to be held monthly and have been well attended. Thanks are due to the Battersea, Putney and Tooting Group Hospital Management Committee for allowing us the use of the Committee Room for these meetings.

The work has followed quite closely the pattern of previous years. In spite of increased statutory benefits, there is still often a need for help, particularly with provision of warm clothing and footwear, and adequate heating, and a number of patients have benefited from Care Committee funds for these purposes.

At Christmas cash grants totalling £75 were provided for out-patients, and patients spending Christmas in the Chest Wards of St. John's Hospital were also remembered.

Mr. Collyer once again very successfully organised two Old Tyme Dances during the year, and the proceeds from these functions have benefited our funds to a considerable extent. We are greatly indebted to Mr. Collyer for the immense amount of time and effort he put into organising these dances. We thank the London Borough of Wandsworth for granting us the use of the Grand Hall at Battersea Town Hall, and we are most grateful to members of the Women's Royal Voluntary Service who again organised the refreshments most efficiently, and in addition donated their profits to the proceeds of the dances. Our sincere thanks are also due to the following firms for donations and prizes :—

Messrs. Carson-Paripan Limited.  
 Messrs. Prices Patent Candle Company Limited.  
 Messrs. J. Lyons & Company Limited.  
 Messrs. Dawson & Company Limited.  
 The Festival Gardens (Battersea Park) Limited.

We are continuing the collection and sale of milk bottle tops and tin foil. Although the proceeds are somewhat reduced, it is felt that the effort involved is worth while.

The close co-operation of Officers of the Department of Health and Social Security and the Disablement Re-settlement Officers of the Ministry of Labour has contributed in great part to the welfare of our patients. We also acknowledge with thanks the help received from the Morganite Carbon Company, the Queen Mary's London Needlework Guild and the Wireless for the Bedridden Society.

We wish to record our great appreciation of the practical help so willingly given on numerous occasions by members of the Battersea Park Rotary Club. Thanks are due also to our friends who have sent various gifts during the year.

In conclusion, we express our appreciation of the work carried out on behalf of the Committee by Miss R. M. Greenaway, Social Worker, Miss M. Clifford, Health Visitor and Mrs. I. Faithfull, who took over the duties of Secretary in September.

N. F. CLARK-LAWRENCE (Miss),

*Chairman.*

### WANDSWORTH TUBERCULOSIS CARE COMMITTEE ANNUAL REPORT FOR 1969

Each year it gives me pleasure to "take stock" of the Care Committee's work and this year is no exception.

Nothing startling happened during 1969 but we continued to give as much assistance as possible to those patients of our Chest Clinics who were in need. Help towards the cost of clothing and heating will probably always be two of the main things for which we are asked but every case is carefully considered.

Outings to Worthing in May and Brighton in September were very successful and much enjoyed and I must thank Mr. and Mrs. Ireland for again taking charge of these trips.

The Committee remained unchanged from the previous year except for the addition of Councillor Mrs. Pruszek who was appointed by Wandsworth Council. We are always pleased to welcome new members and we hope Mrs. Pruszek will find our work interesting and rewarding.

It was with great pleasure that I heard from Dr. Tudor Lewis that Mrs. Wavish, the Occupational Therapist, was going to take over the Handicraft Class. Most of us have known Mrs. Wavish for some time and I am sure already the patients are benefiting from and enjoying her instruction. Although she had not been with the Class long her presence was very noticeable on the handicraft stall at the Sale of Work by the variety of articles that had been made in so short a while. We look forward to the surprises she may have in store for us at next year's Sale of Work.

The Mayor, Alderman Miss Gwynneth Morgan, performed the opening ceremony at our annual Sale of Work in November and showed great interest in our activities. I should like to thank the members of the Committee and other helpers for all their efforts to make the Sale a success and I am sure it was most rewarding that the total net proceeds amounted to £220.

The Wandsworth Rotary Club remembered us again this year and delivered Christmas parcels to six of our needy families. We again gave Christmas gifts to patients at home and in hospital to help with the extra expenses at that time of the year.

I think we can call 1969 a satisfactory year but it must be remembered that without the assistance of the Women's Royal Voluntary Service, the officers of the Department of Health and Social Security and Labour Exchanges and other organisations this result would have been more difficult to achieve. I must, however, extend my grateful thanks to my Vice-Chairman, Hon. Treasurer, Social Workers and every member of the Committee for their constant help and support throughout the year and, last but not least, to Mrs. Simpkin, my secretary, to whom nothing seems too much for her guidance and help at all times, and I do hope we shall be able to continue helping patients, both financially and practically, in the years to come.

DEODORA CASSELS,

*Chairman.*

### **Care of old people**

The Health Department has a major responsibility for services provided for the elderly in their own homes, which include health visiting, home help, home nursing and home bathing services.

Many old people living alone who have non-physical handicaps, such as bereavement, loneliness or financial difficulties, are exposed to health risks against which a community nursing team provides a valuable safeguard. Many requests for visits to old people are received from general practitioners, medical social workers, social workers, as well as friends and neighbours. An initial visit is paid by a health visitor or home nurse to assess the old person's needs and they will then either follow-up themselves or refer the case to another appropriate service.

To give the necessary physical, emotional and social support, it is essential that all members of the community nursing team co-ordinate their work and ensure that there is communication between hospitals and local authority services.

The health visitors made 1,474 first visits to old people during the year.

### **MEDICAL EXAMINATION OF STAFF**

The medical examination of existing and prospective staff is undertaken in the Health Department on behalf of all departments of the Council. Before appointment, every prospective new entrant to the service is requested to complete a medical questionnaire for scrutiny by a medical officer and about 1,700 questionnaires were scrutinised in the year. About 25 per cent of prospective entrants are subsequently called for a physical examination, either because of their age, the nature of the employment they are taking, or because of their medical history. In addition to its work in relation to new entrants to the service, the Health Department carried out 210 special medical examinations of existing staff at the request of the Council's Establishment Officer, arising from extended sick leave or other reasons related to their employment with the Council.

### **STAFF TRAINING AND STUDENT TRAINING**

Nine out of ten student health visitors sponsored by the Council were successful in the examination which followed the Health Visitors Training Course, and seven of them are now working with us.

Visits of observation to clinics and day nurseries were arranged for a number of student nurses from local hospitals. They also saw something of the work of the health visitors and home nurses.

Six nursery nurses were successful in the examination of the National Nursery Examination Board and three of them were still working with us at the end of the year. One day nursery matron left the service having reached retiring age and the deputy matron was appointed in her place.

Twenty-five pupil midwives from the South London Hospital for Women completed their district training with our midwives, who also received obstetric nurse students from St. George's, the Weir and Queen Mary's Hospitals for one day's district experience.

One home nurse completed a course in district nursing. The home nurses have helped in taking student nurses from general hospitals for a day's observation visit and three students from Queen Mary's Hospital, Roehampton, who were in training for the State Enrolled Nurses' Certificate, each received two weeks' district experience.

A very successful one-day introductory course for home helps was held at the new Tooting Centre in October and thirty-six home helps attended.

## **PART 5**

### **MENTAL HEALTH SERVICE**

The work of the Mental Health Section continues to expand and to improve in quality. The social workers, the majority of whom are now professionally trained, are organised in area teams, and throughout the year the teams have met with other statutory workers and with voluntary workers in their area in order to achieve the maximum co-ordination of the Mental Health services. The social work carried out at hospitals, at the child guidance clinics and at general practitioners' surgeries has been consolidated, while contact with voluntary workers has led to an improvement of the service given at the club for educationally subnormal school leavers and to a most successful venture, the Sunday Lunch Club for psychiatric ex-patients.

A very welcome improvement in the salary structure of our teachers and instructors will no doubt contribute to the continued improvement in the calibre of the staff and the quality of work at our junior training school and adult training centres.

### **STATUTORY DUTIES UNDER THE MENTAL HEALTH ACT, 1959**

Statutory duties involving the admission of patients to hospital remained heavy, but the arrangement whereby the night and weekend work is shared with the London Boroughs of Lambeth and Southwark ensures that this work is carried out with the minimum demands on social work time. Our good relationship with the hospitals enables us to give an efficient service to our patients involving the minimum delays in admissions to hospital.

### **COMMUNITY CARE OF THE MENTALLY HANDICAPPED**

This year there was a steady increase in the number of patients referred to the mental health section for social work help and other services. Many patients and their families are seen on a short-term basis, sometimes for assessment purposes to help general practitioners and hospitals in the decision on how best to help the patient. Many other patients and their families are seen over a long period of time and are given continuing casework help.

### **Psychiatric social clubs**

The Tooting and Putney Clubs continue to be held weekly. Members of the clubs select their own officers and regular meetings are held between social workers, officers and members of the clubs to decide on the activities to be undertaken. This year the Tooting Club organised a very successful outing to Eastbourne, and the Putney Club decided to organise outings on the club nights and enjoyed such activities as a walk by the river, and a picnic.

### **Chellow Dene and self-contained flatlets**

Chellow Dene is a psychiatric rehabilitative hostel which caters for 21 male and female residents. It is staffed by a warden, deputy and assistant wardens, and integrated into the mental health services of the borough. One of the senior social workers from the mental health section has a special responsibility for the hostel and each resident is allocated to a social worker in the section for casework. Rehabilitation in the context of Chellow Dene implies a positive attitude towards work and integration of the resident into the wider community. These are the criteria for selection. While it is not felt that people addicted to "hard drugs" can be accepted, as they are too disturbing for other residents, amphetamine and barbiturate addicts, following treatment, are accepted as also are alcoholics. On completion of a satisfactory interview, which is carried out by the warden and the senior social worker, the resident is invited to come into the hostel, but if there is any doubt either on the part of the resident or the interviewers, arrangements are made for a weekend stay in the first instance where this is possible.

Chellow Dene is a short-stay hostel and it is imperative, therefore for the team to work closely together and for a degree of rehabilitation to be achieved as quickly as possible. To this end there is close liaison between the hostel staff and the mental health section, by regular monthly meetings and informal discussion. The warden is also closely in touch with the Disablement Resettlement Officer in connection with arrangements concerning work and Industrial Therapy Units. There is also close contact with the referring psychiatrist and the general practitioner who visits the hostel. A meeting of residents, residential staff and social worker is held at the hostel every Monday when the residents bring subjects for discussion to the group. This is a positive way of introducing new residents to some of the difficulties they will have in the community, and the contribution of several ex-residents is particularly valuable in this context.

An annexe to the hostel consists of 10 self-contained flatlets and a joint recommendation is made by the warden and the

resident's social worker about suitability to move to a flatlet after a period at Chellow Dene. The flatlet accommodation allows for far more independence than accommodation in the hostel. The resident here merely pays a weekly rent for his room and caters for himself. However, residents may have some evening meals at Chellow Dene if they wish, for which they pay.

After a period in a flatlet the resident usually moves into accommodation in this borough, but some residents move into accommodation directly from Chellow Dene. They are encouraged to continue to use the hostel for support and to see their social worker regularly.

Statistics relating to Chellow Dene hostel and the self-contained flatlets are given below :—

<i>Chellow Dene</i>		<i>Male</i>	<i>Female</i>	<i>Totals</i>
Patients in residence on 31.12.68	...	11	4	15
Admissions during the year	... ..	13	14	27
Discharges during the year	... ..	18	11	29
Patients in residence on 31.12.69	...	6	7	13

*Number of patients discharged during 1969 :—*

(a) to home	... ..	6	9	15
(b) to normal lodgings	... ..	1	1	2
(c) returned to hospital	... ..	2	—	2
(d) to self-contained flatlets	... ..	7	1	8
(e) others	... ..	2	—	2
		—	—	—
		18	11	29
		—	—	—

*Self-contained flatlets*

Patients in residence on 31.12.68	...	2	5	7
Admissions during the year	... ..	6	—	6
Discharges during the year	... ..	2	3	5
Patients in residence on 31.12.69	...	6	2	8

*Number of patients discharged during 1969 :—*

(a) to home	... ..	1	1	2
(b) to normal lodgings	... ..	—	1	1
(c) returned to hospital	... ..	—	—	—
(d) others	... ..	1	1	2
		—	—	—
		2	3	5
		—	—	—

### **Domiciliary occupational therapy**

One full-time and one part-time occupational therapist, registered as medical auxiliaries, have been working in the community based in the mental health section. The work is primarily that of visiting and treating patients in their own homes, both mentally sick and mentally subnormal patients having received regular visits.

The occupational therapists offer intensive help, aimed at rehabilitation, to those referred by psychiatrists, general practitioners and other social work departments, and often work closely with caseworkers involved in community care. They are also able to assess and analyse the facilities that the borough is using in co-operation with neighbouring boroughs and, where appropriate, are available for consultation on graded plans for rehabilitation by co-ordinating these facilities—this being particularly relevant to those with long-standing work problems. In general, the occupational therapists see their role in the following broad terms :—

- (a) Assessment and help to patients recovering from acute mental illness in restoration to former work, home and community function.
- (b) Assessment and help towards re-adjustment for those whose illness requires some modification in work, home or community contacts in order to avoid further stress and repeated illness.
- (c) Provision of continuous support for those with long-standing psychiatric illness and subnormality, often to relieve the considerable burden carried by the relatives or neighbours.
- (d) Recent evidence suggests that the additional observation and assessment made by the occupational therapist may contribute to accurate diagnosis.

The occupational therapists have also given one session a week each in the adult training centres assisting with assessments both for work and daily living problems.

### **Co-ordination with hospitals**

Informal social work attachment to the psychiatric hospitals and conferences held in the hospitals ensure a continuity and a good working relationship between hospital and the community services.

Our social workers attend out-patient clinics at St. James' Hospital for Tooting Bec Hospital and at the William Harvey Centre for West Park Hospital, and continue to carry out the social work for the three day hospitals in the area. The psychiatric social worker attached to Springfield Day Hospital, now run by the medical staff of St. George's Hospital, attends the hospital two days a week, not only seeing the patients at the Day Hospital

and participating in group work, but also following up Wandsworth patients who are admitted to the main hospital. Our social worker also attends an evening social club run for patients and ex-patients of Springfield Day Hospital.

### **Oak House Residential Unit at Tooting Bec Hospital**

The two mental health workers who pioneered the secondment at Oak House were replaced by two different social workers in the autumn of 1969, each working five sessions a week. The change-over was made satisfactorily, and has given fresh impetus to developments within the unit. Liaison with medical and nursing staff has been close and weekly staff meetings have been established. The whole staff have thus been involved in admissions and discharges, and a more rational policy is evolving.

The opening of a new workers' ward in the hospital has made it possible for some of the working male patients, who are unlikely to leave hospital, to be transferred. Some residents have been in hospital for years, and rehabilitation is slow, the break from hostel to community being extremely difficult; but an increasing number are being admitted directly from the community, mainly through out-patient clinics. They may have personal, employment or accommodation problems. A relatively short stay in the hostel has helped some of these over a crisis period, after which they have returned to independent living. A few of the Oak House residents have returned to the wards on becoming disturbed and some have then been transferred back to the unit. This is easily arranged in the hospital setting.

Liaison with the hospital has been improved by one of the psychiatric social workers meeting weekly with the medical staff and by both social workers attending the clinical conferences that are held in the hospital.

The fortnightly community meetings attended by residents, nurses and social workers have improved communication in the hostel, and through the meetings residents have participated in arranging a number of successful parties, an outing and the first of what is hoped will be a series of musical evenings, with an outside visitor preparing a requested programme of tape recordings and leading the discussion.

Work with individuals has continued, each resident being allocated to one of the social workers who maintains links with other social workers in the hospital as well as in the community, and with other agencies. Some residents attend one of the two groups that have continued with the help of the social workers. These are small therapeutic groups held weekly, each with an attendance of three to six per week and with a membership of up to ten or twelve. Former residents have been followed up and some have

continued to attend groups, while others have come back informally and to social gatherings.

Finding accommodation to which residents can move remains a problem, particularly with the more dependent patients. It is hoped that links with sympathetic landladies might be made in future.

#### **Secondment of mental health social worker to Wandsworth Town Child Guidance Unit**

A mental health social worker continues to attend this Child Guidance Unit for five sessions a week. Our contact with the unit has been consolidated and has proved very beneficial both to the I.L.E.A. and to ourselves.

#### **Mental health social workers linked with general medical practices**

There are now three mental health social workers linked with general medical practices. These social workers attend the practice for one session a week and selected patients are referred to them by the general practitioner for assessment or short-term casework. It is felt that very useful preventive work is being carried out by this co-operation between general practice and local authority social work.

#### **Boarding-out of mentally handicapped patients**

This year the Council's Social Services Committee approved a scheme for the boarding-out of mentally handicapped persons. Several placings with selected landladies have been made by the Health Department and it is hoped that in time this service will expand. A great deal of work will however have to be done in order to obtain the co-operation of suitable landladies.

#### **Day centres for the mentally ill**

Three Wandsworth patients attend day centres in other London Boroughs.

#### **Sunday Lunch Club**

A very useful club was started and is now being run most successfully by the Reverend Bryan Dawson and members of his and other Putney churches at the Presbyterian Church, Upper Richmond Road, S.W.15. Mr. Dawson met our mental health social workers earlier in the year to discuss the possibility of starting a Sunday Lunch Club for ex-patients who were very isolated over the weekend. Suitable people were referred to Mr. Dawson by mental health social workers, and the Club was started

by a small group of helpers and ex-patients meeting for Sunday lunch at Mr. Dawson's church hall. Mental health social workers attended these Sunday lunches over a period of weeks until the club had been established. There is now a group of approximately fifteen ex-patients who attend the Sunday Lunch Club and Mr. Dawson, his helpers and the mental health social workers feel that the club is performing an invaluable service in the community.

### **Wandsworth Society for Mentally Handicapped Children**

This year a group mental health social workers formed a working party which has been meeting regularly with representatives from the Wandsworth Society for Mentally Handicapped Children and has in general been assessing the service for the mentally handicapped. These meetings were found to be very valuable both by the social workers and by the parents, and it is hoped that they will lead to many valuable improvements in the service that is being offered.

### **Special Clinics**

The special assessment and consultative clinics at St. Christopher's and Balham Child Health Centres continue to be held every 2-3 weeks. Parents are helped in their management of their mentally handicapped children and are also offered special services, such as short-term care, attendance at the special unit at Summerley Day Nursery or visits by mental health social workers.

### **Pre-school playgroups**

We continue to receive the utmost co-operation from the Wandsworth Pre-school Playgroups Association in placing mentally handicapped and disturbed children in their playgroups. The special playgroup for mentally handicapped children under five, open five mornings a week and catering for ten children, continues to give a most valuable service to the mentally handicapped children in the community.

### **Junior Training School and Adult Training Centres**

There was an improvement in the salary structure of our teaching and instructor staff which we hope will enable us to attract and retain trained staff at our school and centres.

With the integration of the sexes at our adult centres, Wandsworth can now cater for all the mentally handicapped adults in the area, and we are no longer dependent on using the training centre facilities in other boroughs. We are most grateful to the Medical Officer of Health for Lambeth for allowing us to keep some of our men at Clapham Industrial Training Centre until the end of the year.

Arrangements were made for swimming instruction at the Putney Swimming Baths and the first group of nine children started attending the baths at the end of the year. It is hoped to extend these facilities to adults in the coming year.

The I.L.E.A. inspectors of music and art were invited to visit our school and centres and they made certain recommendations for the improvement and development of these facilities at our establishments which will be very helpful in the development of the programme at these centres.

### **Organised Adult Centre and Training School holidays**

Wandsworth male trainees were again included in the Inner London Boroughs scheme, organised by the Borough of Hammer-smith, for an organised holiday at a holiday camp at Dymchurch and were accompanied by Mrs. Roe, the manager of Balham Training Centre.

Miss Hyde, the supervisor of Battersea Training Centre (then Newlands at Bruce Hall) was responsible for a party of 19 women and children who spent two weeks at Pirate Springs in the early part of the summer term. Pirate Springs is a purpose built holiday home belonging to the National Society for Mentally Handicapped Children, also at Dymchurch in Kent. Miss Hyde was assisted by two members of staff from Wandsworth Training School and one from Balham Training Centre. The holiday was an enormous success and none of the trainees was homesick. The standard of comfort at Pirate Springs is high, and the parents were well satisfied with the holiday. A minibus was available for outings so that the group activities extended well beyond the beach at Dymchurch.

### *Wandsworth Junior Training School*

This school with its high educational reputation is attracting more trained staff and is being used by colleges for the placement of their Diploma trained students. Modern teaching methods are used. Some children are given individual coaching where specially needed and are taken out daily to use public transport, for shopping, etc. There is a small transitional class to prepare the senior children for the adult centres with special emphasis on further education and activities outside school. Television is used in conjunction with B.B.C. Teacher Publications to stimulate the children, and classroom pets such as hamsters are also used in the classes.

A very successful Open Day was held with an exhibition of the children's work which included needlework, leatherwork, and art. There was also a photographic exhibition of school activities and a sports afternoon. The Open Day was attended by His Worship the Mayor of Wandsworth.

A very successful fund-raising bazaar was also held which contributed to the school's Amenity Fund. Parent-teachers evenings were also organised and these were very helpful in creating good liaison between the parents and the teachers.

#### *Battersea Adult Training Centre*

We were indeed fortunate in being able to obtain new premises in Battersea to replace the church hall previously utilized and during 1969 the centre was much involved in preparing for the move to its new quarters in Thessaly Road. This was finally achieved, after a few weeks delay, in November. By this time the trainee group had integrated several male trainees into the centre programme, and the presence of men has added to and increased the liveliness of the trainee group. A photograph of the training centre appears in the centre pages of this report (Plate D).

With the forthcoming move it was possible to plan for a considerable expansion in the centre programme. The new centre has three separate work areas, a large storage area, and a kitchen. The largest room is used for industrial work, the dining area leads off it, and this again can be partitioned for other activities. Although the centre is not purpose-built it is ideally suited to our needs and is a most attractive modern structure, built around a small enclosed square with large windows on all sides. The Wandsworth Society for Mentally Handicapped Children and Councillor Handyside were extremely generous in providing funds for the purchase of a gas stove, a refrigerator, two full-length mirrors and some ironing equipment for the new centre. All previous activities carried out have continued, but with the use of separate rooms it has been much easier to work with smaller groups of trainees and develop further educational projects and creative activities, such as painting. The hairdressing and beauty project originally introduced into the centre by a domiciliary occupational therapist has been taken on and expanded by staff members, to the delight of the trainees, who are now learning to wash and set their own and each other's hair. It is hoped that 1970 will be an exciting year for the centre, when eventually there should be a better balance of men and women and a good opportunity to develop a wide programme of activities.

#### *Balham Adult Training Centre*

The event which had the most far-reaching consequence was no doubt the change from an all-female centre to a mixed one. The decision to have only Borough residents in the Centre was made early in 1969. The first six men arrived after the Easter term and were soon settled in. The remaining twenty came after the summer holiday. A grand farewell party was held for all the women who were to be transferred to their respective boroughs and some went off with great expectations while others were slightly apprehensive. All, with one or two exceptions, have now settled well in their new centres.

This change has caused the centre programme to be drastically altered. A workshop has been established in the basement, a work bench constructed by the men completed and new equipment has been purchased. A sound knowledge of the tools and their uses is being taught. Repair of furniture and toys from Wandsworth Training School and chair repairs and repainting is undertaken, and the men have set to with great enthusiasm.

Despite the initial doubts raised by some parents at the integration of trainees, it has been an unqualified success, and fears held have rapidly been dispelled. Men and women work side by side in the happiest of atmospheres and much social training has been accomplished without it being realised that it was taking place. General behaviour has improved all round.

A greater variety of activities has been introduced in the centre. Shopping has been extended with some of the trainees doing the errands unaccompanied. The Post Office, supermarket, builders' merchant, stationers and hardware shops are now accustomed to their visits and have proved very co-operative,

Morning sessions in reading, organised by the Home Teacher, are proving a great success. A few trainees have joined the Public Library and go each Friday afternoon to change their books. A selection of books was chosen by the Children's Librarian for Centre use and these are widely read during leisure time.

Weather permitting, the men play football once a week on the nearby common and women take walks round the park. The Transport Museum, Greenwich Park, Dulwich Park, and the Imperial War Museum have been visited and the Metropolitan Police have shown a film on Safety First. Wednesday morning is the "Beauty Show" when the women wash and set each other's hair under the instruction of the occupational therapist.

Industrial output has increased and charts on production are a source of competition between groups trying to out-do each other. New industrial activities have been introduced. All trainees have benefited greatly from this extension of their activities.

#### *Roehampton Adult Training Centre and Hostel*

Owing to construction difficulties, we had not, at the end of the year, taken possession of the new buildings, the date of handing over having been deferred until 1970. However, the warden of Roehampton hostel has already been appointed and preliminary work is being carried out in the selection of future residents of the hostel.

### **Home teaching of the mentally handicapped**

Our Home Teacher visited 19 patients in 1969, carrying out 681 visits. The Home Teacher is also doing two sessions of 1½-2 hours a week at Balham Training Centre organising further education classes for the trainees.

### **Liaison with Queen Mary's Hospital, Carshalton**

A social worker continues to attend Queen Mary's Hospital on a fortnightly basis for liaison purposes and we are very grateful for the continued use of the Fountain School for a small group of seven Wandsworth children who require special care unit facilities.

### **Morden Special Care Unit**

We are grateful to the London Borough of Merton for the use of two special care unit places for Wandsworth children.

### **Liaison with the Manor Hospital, Epsom**

A mental health social worker continues to attend the hospital for liaison purposes, and the out-patient clinic held at the William Harvey Centre, Roehampton, has proved a most useful service for the mentally handicapped in Wandsworth. The psychiatrist and the psychologist who attend this clinic have been most helpful over the management of many of the mentally handicapped who live in the community. Three adult mentally handicapped men requiring Special Care Unit facilities attend the Manor Hospital on two days a week.

### **Club for E.S.N. school leavers**

A group of voluntary workers are now working closely with a mental health social worker in running this club for E.S.N. school leavers. The school leavers are followed up by mental health social workers on leaving school and are offered this service. Some of these young people would have great difficulty in fitting into ordinary clubs, and attendance at this special club helps them to gain confidence and to mature.

### **Gateway Clubs**

The Wandsworth Society for Mentally Handicapped Children continued to run the very successful Gateway Club for mentally handicapped young people which now has a membership of about 100, and the club for mentally handicapped children under 16 with a membership of approximately 40. The thriving swimming club meets at Putney Baths each Friday evening and it is most encouraging that so many of the members are now able to swim.

A group of about 15 Gateway Club members attend the Culvert Youth Centre in Battersea. This project has been consolidated and has proved its value. This group of mentally handicapped young people is offered a stimulating and creative programme over a wide range and have the opportunity of mixing with other young people.

#### Short-term care

During 1969 the number of children and adults placed in short-term care was 77.

#### Long-term care

Forty-eight patients were maintained in long-term care during the year. The organisations responsible for their care are shown below :—

Guardianship Society	...	...	...	...	...	10
Mental After-Care Association	...	...	...	...	...	10
St. Mary's Convent	...	...	...	...	...	4
Cheshire Foundation	...	...	...	...	...	2
St. Michael's Convent	...	...	...	...	...	1
St. Joseph's Special School	...	...	...	...	...	1
Easton House	...	..	...	...	...	1
Ravenswood House	...	...	...	...	...	2
Hampton Manor Home	...	...	...	...	...	1
Rudolf Steiner School	...	...	...	...	...	1
Other approved accommodation	...	...	...	...	...	15
						—
						48
						—

#### STAFF TRAINING AND STUDENT TRAINING

The two mental health social workers seconded to the Mental Health Course returned to the Department after having successfully completed their course and a member of staff was sent on the two-year course for the Certificate in Social Work at Chiswick Polytechnic.

The teacher from Wandsworth Training School who had been seconded to the one-year Diploma Course for older, more experienced staff returned to the school after completing her course, and another member of staff was seconded to the two-year training course at Ewell Technical College. Throughout the year, social workers and teaching and hostel staff were sent on short courses and conferences organised by the London Boroughs Training Committee and other organisations in order to improve the service given to the patients and trainees.

The qualifications of social workers in the Mental Health team at the end of 1969 were as follows :—

Professionally qualified social workers :

Psychiatric Social Workers	...	...	...	...	11
Certificate in Social Work	...	...	...	...	3
Medical Social Worker	...	...	...	...	1
Social Science Degree or Diploma	...	...	...	...	3
Qualified Mental Nurse	...	...	...	...	1

The qualifications of the staff of the training school and centres at the end of the year were as follows :—

Wandsworth Training School :

Diploma for Teachers of the Mentally Handicapped	...	5
B.A. Degree and teaching qualification recognised by Education Department	...	1
Untrained	...	2

Adult Training Centres :

Diploma for Teachers of the Mentally Handicapped	...	2
Letter of recognition	...	1
Registered Nurse, Mental Subnormality and Certificate of Royal Medico-Psychological Association	...	1
Occupational Therapist trained	...	1
Untrained	...	3

*Student training*

The mental health section of the Health Department is used not only by Universities and Colleges for the teaching of social work and nursing training but also by overseas visitors sent to the section by the Department of Health and Social Security and by other organisations.

Our Department is still the only local authority department used by the London School of Economics for the placement of Mental Health Course students and this year two Mental Health Course students and two Applied Social Studies students were accepted for training. One student from Manchester Mental Health Course was also placed for a period of two months in the summer. During the year two case-work students and one group-work student were placed by the North Western Polytechnic and two students were placed by the Chiswick Polytechnic from their Certificate in Social Work course for periods of approximately five months each. One student taking the Child Care Course at Croydon Polytechnic also spent a period of five months in the department. Six other Social Science and Social Administration students from Leeds University, University of London, London School of

Economics and Bedford College spent a period of a few weeks on casework placements.

Nurses from Springfield Hospital Nurses Training School visited the department for periods of one whole week as part of their training in community mental health.

**MENTAL HEALTH ACT, 1959**  
**STATISTICS**  
**for the year 1969**

	<i>Mentally ill</i>	<i>Psycho- pathic</i>	<i>Subnormal and severely subnormal</i>	<i>Totals</i>
<b>Persons referred</b>				
(a) By general practitioners ...	205	1	6	212
(b) By hospitals (on discharge after in-patient treatment)	84	—	2	86
(c) By hospitals (during or after out-patient or day hospital treatment) ... ..	133	—	8	141
(d) By Inner London Education Authority ... ..	25	—	85	110
(e) By Police and/or Courts ...	33	—	2	35
(f) From other sources ...	568	—	69	637
Totals	1,048	1	172	1,221
<b>Admissions to hospital</b>				
(a) As informal patients ...	49	—	2	51
(b) By statutory action (Secs. 25, 26 and 29) ... ..	205	1	1	207
(c) By Order of a Court (Sec. 60)	4	—	—	4
Totals	258	1	3	262
<b>Persons receiving community care at 31st December, 1969</b>				
(a) Attending day training centre or workshop ... ..	—	—	198	198
(b) Receiving home training ...	18	—	10	28
(c) Resident in local authority home/hostel ... ..	16	—	4	20
(d) Resident at local authority's expense in other home/ hostel ... ..	15	—	11	26
(e) Boarded-out at local auth- ority's expense in private household ... ..	—	—	—	—
(f) Receiving home visits and not in any of the foregoing categories (a) to (e) ...	620	—	585	1,205
Totals	669	—	808	1,477

# LONDON BOROUGH OF WANDSWORTH

## PART 6

### SCHOOL HEALTH SERVICE

#### ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969

#### CONTENTS

Pupils on School Rolls	Special Investigation Clinics
Medical Inspection of Schoolchildren	Ear, Nose and Throat Clinics
Vision	School Nursing Service
Personal Hygiene	B.C.G. Vaccination of Schoolchildren
Infectious Illness reported from Schools	Tuberculosis
Medical Treatment of Schoolchildren	Foot Health
Handicapped Pupils	School Dental Service
Special Schools	Surveys
Audiometry	Health Education in Schools
Audiology Clinics and Deaf Register	Student Health Service
	Sanitary Conditions in Schools
	Medical Staff Meetings

#### Introduction

I have the pleasure to present the fifth report on the School Health Service of the London Borough of Wandsworth for the year ended 31st December, 1969.

As described in earlier Reports, the Inner London Education Authority is responsible for the School Health Service but, by virtue of an agreement under Section 32 of the London Government Act, 1963, there is joint use by the authority and the Borough of professional staff, premises and equipment. The Medical Officer

of Health is the Principal School Medical Officer of the Inner London Education Authority for the area and is responsible for the day-to-day running of the Service.

This Report sets out a brief account of the work of the School Health Service in 1969 and in this introduction, I need do no more than to review one or two matters of particular interest.

In 99.6% of children attending schools in Wandsworth a satisfactory physical condition was recorded. This figure does not now vary very markedly from year to year and compared with the findings in years gone by, shows an acceptable state of general wellbeing of school children.

The steps which had been inaugurated in earlier years to improve the standard of dental health continued under the vigorous leadership of Mr. A. F. Weedon, the Principal Dental Officer. The recruitment of school dentists was less of a problem than it had been in previous years and progress continued towards the goal of achieving an annual dental inspection of every child attending a school in Wandsworth. This is reflected in the figures.

The opening during the year of the Tooting Child Health Centre, with its dual surgeries, has enabled a strengthening of the dental service in that area to be brought about.

Knowledge of infectious diseases in schools is based on returns made by Head Teachers on children known to be away from school for various illnesses. There was an increase in the number of measles cases in 1969, not unexpected since 1969 was a "Measles Year", although the increase was less than might have been expected (500 cases as against 300), and this may well be related to the start of immunization against measles which has been dealt with in the general part of this report. There was a substantial increase in the number of cases of mumps reported, but on the other hand chicken-pox was much reduced and german measles showed a very considerable reduction, there being only 97 cases reported as against 931 in 1968; in 1968, however, german measles had shown a strong increase compared with 1967. There is a slight recrudescence of ringworm of the scalp (seven cases), to which special reference is made later in this report, and the number of jaundice cases was 13 as against 47 last year.

Three illnesses where infection of the throat is a factor, namely scarlet fever, sore throat and tonsillitis, were considerably reduced in number, as also was whooping-cough.

During the year, the opportunity was taken to rationalise the facilities available for the supervision of children with rheumatic heart disease and for the examination and treatment of children with ear, nose and throat defects.

For many years, Wandsworth maintained, as part of its School Health Service, rheumatism supervisory clinics to which could be

referred for observation and supervision children who had had attacks of rheumatic fever and chorea. With the reduction of the incidence of rheumatic disease in children, the importance of supervision, although still considerable, had become less. It happened that during the year the two physicians who had been doing this work for many years retired from their duties and the opportunity was taken to end the rheumatism supervisory clinics as such without detriment to the children attending. This was because over the years, co-incident with the reduction of rheumatic disease, the facilities at hospitals for the supervision of cardiac cases had greatly developed and some children therefore were referred to hospitals or to their general practitioners. Others were asked to attend at the ordinary Special Investigation Clinics run by the school doctors. These arrangements have proved entirely satisfactory.

Another improvement was in the arrangements for the examination and treatment of children suffering from ear, nose and throat complaints. One of the difficulties in the past had been that the doctors attending the clinics did not have direct access to their own hospital beds so that if a child was considered to need operative treatment, then arrangements had to be made with the hospital for admission to the beds under a different surgeon. This was never a satisfactory arrangement but fortunately during the year the Regional Hospital Board decided to appoint a surgeon who would not only attend the E.N.T. sessions in our clinics but would also be on the staff of local hospitals with beds under his own control. This, at the end of the year, had been working for ten weeks and is a much better arrangement. It has sometimes been questioned whether, in fact, E.N.T. sessions in school clinics are still necessary when facilities are available at the hospitals. This has some validity but on the other hand, hospital E.N.T. Clinics are usually extremely busy and take adults as well as children and we have held that clinics in our own centres, reasonably dispersed throughout the Borough offer a service to school children which is much appreciated and saves "educational" time. We feel, therefore, that these clinics should continue the more so since they have now been placed on a firm and rational basis. Unfortunately, the attendance at the clinics has been less than anticipated and at the time of writing their continuance is under further review.

One feature which is mentioned in the Report and to which I would also like to refer to here was the Conference on health education in schools which was held in April. To this Conference were invited the head teachers and their deputies and some of the senior staff of the secondary schools in Wandsworth. Speakers of considerable repute were invited to open discussions on drug taking, venereal diseases, sex education and hygiene and other matters and the School Health Service was, of course, fully represented. The idea of this Conference was to explain to head teachers some of

the basic problems concerned with health education and to elicit their interest and help in furthering this very important work in schools, and an encouraging response was forthcoming. Unfortunately, the follow-up which had been planned was not as vigorous as one had hoped. Although the Health Education Officer from the Inner London Education Authority had visited schools in the area, we are under some disadvantage in that we have not yet been able to appoint a health education officer in Wandsworth. It is the Committee's policy that a health education officer should be appointed and although steps were taken during the year to make an appointment, in the event this did not materialise. It is hoped that the formation of the Health Education Council will further schemes of training for health education officers because this work requires knowledge of biology and sociology with skills and ability to impart this knowledge to lay people. Nevertheless, in spite of this disadvantage, health education was not neglected in the schools and we are grateful to the health visitors and school nurses for the part they play.

I would again like to thank the staff of the School Health Service for their work throughout the year and I am also, as always, indebted to the Divisional Education Officer and the Heads of schools in Wandsworth for their constant support of activities which further both the education and the health and physical well-being of the pupils.

#### **Pupils on school rolls**

In May, 1969, there were 47,708 pupils on the rolls of schools in Wandsworth, including primary and secondary day schools together with special day and boarding schools and classes for handicapped pupils.

#### **Medical inspection of schoolchildren**

Routine medical examinations are performed by medical officers working in either a full-time or part-time capacity. Whenever the necessity arises the family doctor is consulted about the results of the examination, and parents are invited to attend, so that any matters relating to the child's health may be discussed without delay. Much valuable information is also obtained from the school nurses, the Care Committee workers and the teaching staff. Immunization records receive special scrutiny and, if indicated, the attention of the parents is directed towards completing the immunization schedule, particularly with regard to the prevention of diphtheria, poliomyelitis, tetanus and tuberculosis. Control of infection and infestation is facilitated by means of the medical inspections and the health surveys made by the school nurses. In this respect, examination of children before a school journey is of proven value.

Relatively frequent medical examinations take place at the schools for the handicapped. Specially approved medical officers examine educationally subnormal children. Although the emphasis rests upon the educational status of these children, any physical abnormality is carefully assessed, for the successful treatment of a physical defect may well enhance the child's prospects of securing gainful employment after leaving school. Behaviour problems in children of all ages continue to present difficulties. To solve a behaviour problem is often an exacting task, demanding intensive application of medical and educational resources.

Routine general medical inspections during 1969 totalled 17,789 compared with 18,067 in 1968. Of those children inspected, 15.7% were referred for treatment of defects, 7.5% being referred for treatment of defects other than vision. The corresponding percentages for 1968 were respectively 14.5 and 7.9.

The following table shows the number of children referred for treatment or observation of the defects listed at routine general medical inspections during 1969, expressed as a rate per 1,000 children inspected, together with the corresponding rates for 1968.

Numbers examined	1968		1969	
	18,067		17,789	
Defects	Rate per thousand			
	Treatment Observation		Treatment Observation	
Skin diseases ... ..	12.90	6.92	12.03	6.80
Eyes—vision ... ..	73.84	46.55	88.59	47.39
squint ... ..	6.25	6.03	6.24	6.35
other ... ..	1.72	2.10	1.24	1.01
Defective hearing ...	7.36	13.51	6.75	13.83
Otitis media ... ..	1.38	3.43	1.80	5.23
Nose and throat ...	6.09	19.87	4.22	19.17
Defective speech ...	4.37	7.36	4.38	7.87
Enlarged cervical glands ... ..	0.72	3.99	0.45	3.32
Heart and circulation	2.16	11.62	1.86	9.89
Lungs ... ..	4.98	10.90	3.77	9.84
Orthopaedic defects ...	8.52	22.75	9.44	16.70
Defects of nervous system ... ..	1.27	3.10	1.80	3.43
Psychological defects	4.48	11.90	5.85	14.84
Developmental—hernia	1.05	1.55	0.62	1.97
other	1.44	3.93	1.12	4.50
Abdomen ... ..	0.50	1.72	0.45	1.29

Details of non-routine medical inspections carried out in 1968 and 1969 are as follows :—

	1968	1969
Reinspections ... ..	10,084	8,853
Secondary school annual surveys ... ..	96	75
Other non-routine inspections ... .. (see table below)	6,190	6,315
7-plus experimental scheme inspections ...	93	81
<b>Totals</b>	<u>16,463</u>	<u>15,324</u>
<i>Total routine and non-routine inspections</i>	<u>34,530</u>	<u>33,113</u>

#### Analysis of non-routine medical inspections

<i>Nature of Inspection</i>	<i>Number inspected</i>	
	1968	1969
Bathing centre inspections :		
Scabies ... ..	11	—
Other ... ..	1	—
Employment certificates ... ..	651	543
Theatrical children ... ..	44	31
School journeys ... ..	3,270	3,406
Recuperative holidays :		
Before holiday ... ..	68	38
On return ... ..	—	—
Outward Bound courses ... ..	9	21
Infectious disease investigation ... ..	2	—
Boarding Schools for the Delicate :		
Pre-departure inspections ... ..	5	3
On return from school ... ..	3	6
Handicapped pupils :		
Statutory examinations ... ..	161	129
Periodic special defect examinations ...	946	989
Research investigations and enquiries ...	1	2
Special examinations at request of :		
Head Teacher :		
Child's name entered in special book ...	117	149
Others ... ..	338	363
School Nurse :		
After health survey ... ..	35	25
Others ... ..	162	111
Divisional Officer (Education) ... ..	92	92
Divisional School Care Organiser or Care Committee ... ..	55	40
Parent ... ..	146	98
School Medical Officer ... ..	65	258
All other non-routine inspections ... ..	8	11
<b>Total</b>	<u>6,190</u>	<u>6,315</u>

**Physical condition of pupils**

Proportion satisfactory and unsatisfactory :					<i>1968</i>	<i>1969</i>
Satisfactory	...	...	...	...	99.6%	99.6%
Unsatisfactory	...	...	...	...	0.4%	0.4%

**Attendance of parents and Care Committee representatives**

					<i>1968</i>	<i>1969</i>
Number of pupils inspected	...	...	...	...	18,067	17,789
Parents present	...	...	...	...	47.6%	49.6%
Care Committee representative present	...	...	...	...	87.0%	86.7%

**Vision**

In the majority of primary schools routine tests have been introduced for children soon after entry. Although vision-testing of young children requires a modified technique and additional staff it is hoped that in due course the service will become available in every school.

Visual acuity standards expressed as percentages of the numbers of children whose eyes were tested are set out in the following table :—

		Not wearing spectacles				Wearing spectacles			
		6/6	6/9	6/12 or worse	Referred for treatment	6/6	6/9	6/12 or worse	Referred for treatment
1968	Boys	79.5	6.9	5.8	6.0	4.5	1.8	1.5	1.8
	Girls	76.3	7.4	6.2	6.7	5.0	2.6	2.5	5.1
1969	Boys	79.3	6.0	5.7	5.8	5.1	2.2	1.8	4.4
	Girls	79.1	5.9	5.8	6.2	5.2	2.2	1.8	6.0

**Personal hygiene**

	Year	Number examined	Number found verminous	Pupils found to be verminous % of number examined
Annual comprehensive health surveys ...	1968	20,226	192	0.95
	1969	26,133	222	0.85
Additional health surveys ...	1968	14,937	191	1.28
	1969	17,346	310	1.79

During both types of survey, vermin were found on 532 occasions, representing 1.22% of the total number of examinations.

The number of individual pupils found to be verminous was 461 or 0.97% of the school roll of 47,708. On 430 occasions the parents or children, or both, were advised about treatment and in many cases were given Lorexane shampoo for home treatment. On a further 102 occasions pupils were referred to bathing centres for appropriate treatment.

The work done at the two bathing centres in the Borough in connection with vermin, scabies and impetigo is shown in the following table. A "case" is a child discharged after a course of treatment (e.g. a child attending three courses of treatment during the year counts as three cases). These figures include not only schoolchildren referred after a health survey, but also those attending on their own initiative.

<i>Vermin</i>	Cases treated	...	...	348
	Total attendances	...	...	373
<i>Scabies</i>	Cases treated	...	...	83
	Total attendances	...	...	168
<i>Impetigo</i>	Cases treated	...	...	Nil

#### Infectious illness reported from schools

Cerebro-spinal meningitis	...	...	...	...	...	2
Chicken-pox	...	...	...	...	...	491
Dysentery, diarrhoea or enteritis	...	...	...	...	...	45
Food poisoning	...	...	...	...	...	1
German measles	...	...	...	...	...	97
Glandular fever	...	...	...	...	...	3
Impetigo	...	...	...	...	...	39
Influenza	...	...	...	...	...	7
Jaundice	...	...	...	...	...	13
Measles	...	...	...	...	...	500
Mumps	...	...	...	...	...	773
Ophthalmia and conjunctivitis	...	...	...	...	...	20
Pneumonia	...	...	...	...	...	1
Ringworm (body)	...	...	...	...	...	2
Ringworm (scalp)	...	...	...	...	...	7
Scabies	...	...	...	...	...	10
Scarlet fever	...	...	...	...	...	40
Sore throat	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	51
Whooping cough	...	...	...	...	...	16

A close watch is maintained on the incidence of infectious disease in schools and in this context I am indebted to the teaching staff for supplying early information about illness in the schools, and to the general practitioners, medical officers, public health inspectors and health visitors for co-ordinating the investigation and management of cases and contacts.

### *Ringworm*

Seven cases of ringworm of the scalp occurred during the year, one of which involved a schoolchild aged five years. The condition was due to *Trichophyton soudanese* and there was a good response to treatment. I wish to thank Dr. T. M. Clayton, Department of Medical Mycology, St. John's Hospital for Diseases of the Skin, Lisle Street, W.C.2, for carrying out an epidemiological investigation at the child's school. No evidence of ringworm was detected on clinical examination of 250 children and all laboratory tests proved to be negative for the disease.

### **Medical treatment of schoolchildren**

The number of sessions, new cases and total attendances at school treatment centres during 1969 were as follows:—

<i>Type of clinic</i>	<i>Sessions</i>	<i>New cases</i>	<i>Attendances</i>
Minor ailments (nurse) ...	794	1,511	} 10,480
Minor ailments (doctor) ...	107	321	
Special investigation (i.e. enuresis, obesity and behaviour problems) ...	232	212	1,504
Dental ... ..	2,998	5,536	14,895
Vision ... ..	320	1,077	4,025
Orthoptic ... ..	195	69	371
Ear, nose and throat ...	32	39	149
Audiology ... ..	60	161	529

More detailed information about some of these clinics will be found later in this report.

### **Handicapped pupils**

Handicapped pupils who may need special educational treatment are referred from many sources. In some cases (e.g. delicate children or those with physical handicaps) examinations are carried out by school medical officers and recommendations made by the Principal School Medical Officer either direct to the Education Officer or to the Medical Adviser of the Inner London Education Authority. In other cases (e.g. children who are partially sighted, blind, deaf or maladjusted) the examinations are carried out by staff of the Medical Adviser, who makes his recommendations to the Education Officer.

Children who, because of some handicap or combination of handicaps, are considered not fit for education at school may be recommended for home tuition.

The examination of educationally subnormal children is carried out by specially qualified medical officers in accordance with Sections 34 and 57 (as amended) of the Education Act, 1944. In cases presenting no special difficulty the examination is carried out by a medical officer of the Health Department, who makes an appropriate recommendation to the Education Officer. The Medical Adviser of the Inner London Education Authority deals with all appeals against recommendations which may be made for special educational treatment, and with the placing of children who are considered to be unsuitable for education at school through disability of mind, together with any cases presenting special difficulty.

### Special schools

There are eleven schools in Wandsworth providing special educational treatment. Not all the pupils at these schools reside in Wandsworth and some children who live in the Borough attend special schools in other areas.

At the end of 1969 the number of children receiving special education at schools in Wandsworth was as follows :—

<i>Type of handicap</i>	<i>Day</i>	<i>Residential</i>
Blind ... ..	11	77
Deaf ... ..	26	29
Delicate ... ..	251	—
Educationally subnormal ... ..	731	—
Maladjusted ... ..	64	75
Physically handicapped ... ..	68	—

The importance of social training is emphasized at these special schools. The scope of education has been broadened to stimulate and maintain the children's interest in the daily activities of the community and to prepare them to take their place as citizens and find employment appropriate to their abilities when the time comes for them to leave school.

#### *Oak Lodge School for deaf children*

In January, 1969, a social worker was attached, part-time, to this school, which is the only senior school for deaf children run by the I.L.E.A. in London. With the help of the Headmaster she has been able to give considerable assistance to these children, more than half of whom are five-day boarders. In addition to the more usual subjects, the school offers a wide range of activities including judo, ice-skating, drama and pottery.

### Audiometry

Hearing loss may be detected not only by clinical examination but also by the use of audiometers (machines which provide an accurate assessment of the hearing defect). Routine audiometry forms part of the health examination of school entrants, and pre-school children are tested whenever possible. The tests are performed by three school nurses with special experience in the use of the apparatus. An audiometry test is employed as a preliminary measure in the investigation of educational subnormality as a deaf child of normal intelligence may sometimes give the impression of being educationally subnormal. Audiometry is of particular value in investigating learning difficulties which are sometimes found to be due to a relatively slight degree of defective hearing.

The numbers of children given audiometer tests during 1969 are as follows :—

Pupils given screening tests	... ..	5,908
Pupils given pure-tone tests after failing screening tests	...	1,231
Pupils referred to otologist	... ..	396

### Audiology clinics and deaf register

At the end of 1969 there were 300 Wandsworth children on the deaf register, ten of whom were under compulsory school age. One hundred and twenty-seven were pupils at special schools throughout the country and are supervised by otologists who visit the schools at regular intervals, and 163 attend ordinary schools. One hundred and forty-one children on the deaf register attend local audiology clinics provided by the Inner London Education Authority and thirty-two are under hospital supervision. One hundred and forty-one children living in Wandsworth are known to have hearing-aids and eleven of these were issued in 1969. The hearing-aid technician at the Braidwood Audiology Unit in the London Borough of Lambeth is a welcome addition to their staff and ensures that the aids are serviced and used regularly.

A total of 300 children attend the audiology clinics in the Borough. Most of the children who come to the clinics are given a preliminary "sweep test" by a school nurse. Some are discharged after treatment, others are referred to hospital for minor surgery, but many have a slight but permanent hearing loss. The peripatetic teacher of the deaf and the social worker attached to the clinics ensure that the effects of the handicap are minimised.

### Special investigation clinics

By the end of the year 246 children were attending the special investigation clinics held in the Borough. The majority of these children are enuretic and many are cured within a few months. During the year there has been an increase in the number of referrals in the central and southern areas of the Borough, many

of the children having behaviour problems and home difficulties. Often overcrowding, for which there is no immediate solution, complicates the problem.

These clinics are run on an agency basis by the I.L.E.A. and have the assistance of a social worker and a school nurse who work in close co-operation with the School Care Organiser in the Education Department and with the School Medical Officer.

### **Ear, nose and throat clinics**

An average of five clinics a month have been held in four school treatment centres during the year and at the end of the year 59 children were in attendance compared with 107 a year earlier.

I have commented on this branch of the school health service in my introduction to this section of the report and in view of the decreasing attendances, the need to continue these sessions is under further review.

### **School Nursing Service**

The work of the school nursing service during the year proceeded uneventfully. The Tooting School Treatment Centre in Mitcham Road closed in July and the services undertaken there were transferred to the new purpose-built centre in Bevill Allen Close to which I have referred earlier in this report. The sound-proofed audiology room at the new centre has been fitted with modern equipment and an improved service has resulted.

The Inner London Education Authority opened a new nursery school in the Borough in 1969—the Eastwood Nursery School, Aubyn Square, S.W.15.

A school nurse one again accompanied a party of children from Chartfield School for delicate children on their annual school journey. This year the party went to Ventnor, Isle of Wight.

### **B.C.G. vaccination of schoolchildren**

The vaccination of children against tuberculosis with B.C.G. (*Bacillus Calmette-Guérin*) was first introduced in London schools in 1954 and has now become a routine procedure. This is normally carried out every year in the autumn and spring terms and this protective measure is offered to all eligible children aged 13 years. Children whose skin tests show a negative result and who have not been subject to tuberculous infection are vaccinated; children showing a positive result are referred to the Chest Physicians for X-ray and any further necessary investigation and treatment.

The following table summarizes the results :—

(a) Number of eligible children ... ..	3,978
(b) Number of consents received ... ..	3,571
(c) Number of consents received for alleged contacts of known cases of tuberculosis (included in (b)) ... ..	7
(d) Number of children skin tested and read	3,071
(e) Positive reactors among (d) not previously vaccinated ... ..	267 (8.7%)
(f) Positive reactors among (d) known to have been previously vaccinated ... ..	258 (8.4%)
(g) Negative reactors among (d) ... ..	2,546 (82.9%)
(h) Number of children skin tested, but not read (absentees) ... ..	263
(i) Number of children vaccinated ... ..	2,546

Vaccination against tuberculosis is also available to students in training colleges. Of 110 students skin tested, 32 were vaccinated.

#### **Tuberculosis**

A child, aged 10, was found to be suffering from primary tuberculosis of recent origin. Her father had died from pulmonary tuberculosis in July, 1969, and the Chest Physician of Battersea Chest Clinic had advised that an epidemiological investigation be carried out at the school. Skin tests were performed on 31 school-children who had been in contact with the child. All tests proved to be negative for tuberculosis.

#### **Foot health**

Classes for remedial foot exercises are held in nine primary schools, the classes being conducted by teachers who have attended a course of instruction at the College of Physical Education. A medical officer visits the schools and selects children whose foot deviations are considered likely to benefit from exercises. In addition, a remedial gymnast visits in an advisory capacity and to assist in the organization of new groups. Classes are held on from three to five days a week. A significant improvement in the feet and in general posture is usually achieved after two terms, but children are encouraged to continue the exercises after discharge from the group.

#### **School dental service**

*Report by A. F. Weedon, B.D.S., D.D.P.H., R.C.S., Principal Dental Officer*

This year has been another very interesting period in the development of the school dental service in Wandsworth. Once again the inspection rate has increased towards the ultimate target of total inspection of the school population each year. As dental

disease is endemic from one generation to the next, its transmission and nature pose the twin problems of treatment and prevention. In spite of the extra time which has been devoted to the increased inspection programme, the volume of treatment being provided in the Council's dental surgeries has not diminished. There has been an overall increase in the amount of work done as well as in the more advanced forms of treatment. The stage has now been reached where this level of treatment must continue and at the same time preventive measures must be planned and integrated with it. The annual dental inspection which is the primary step in prevention is going well and much of its success can be attributed to the ready co-operation of head teachers.

Our achievements during the year would not have been possible without the enthusiasm and willing co-operation of the staff. Mr. P. Mertz retired from full-time clinical work in August after sixteen years' service as a dental officer. He has been missed by many of his patients and their parents. The head teachers of schools in the Battersea area still welcome him at inspections because he has been keen to continue in this capacity on a part-time basis. Staffing has not been a problem because of the number of enquiries we receive for full-time and sessional posts and we have been able to maintain our full establishment throughout the year. The average age of the present dental officer staff is 39 years.

A surgery was established in Spencer Park School (senior boys) during the year and has operated on a part-time basis for two terms. The immediate benefits are a complete elimination of the failure rate, minimal loss of school-time for pupils and a higher work output per session. The lack of X-ray developing facilities is a handicap but an interesting bonus is that third to sixth year pupils can be inspected without any interference with lesson time at all. Normally their inspection is a very difficult procedure for secondary school staffs because the pupils are continually changing their groups throughout the day as opposed to the class system of the younger age groups.

When the new treatment centre was opened at Tooting at the end of July, the dental staff had the pleasure of moving into a new, purpose-built, double-surgeried suite. This type of accommodation is very attractive and offers far superior working conditions to those where surgeries are accommodated in converted houses.

The Inner London Education Authority mobile surgeries were used on four occasions during the year. They were taken for a spring and autumn visit to Linden Lodge School for the blind, a week at Oak Lodge School for deaf children and for a week at the Wandsworth Junior Training School for mentally handicapped pupils. These visits are certainly welcomed by the school staffs, if not quite so enthusiastically by the children.

A number of factors are associated with the future of the school dental service :—

- (a) Increasing goodwill engendered by full, constant and efficient service with minimal staff changes ;
- (b) Multiple-surgeried units as opposed to isolated single surgeries ;
- (c) Surgeries in schools ;
- (d) Mobile surgeries ;
- (e) The development of special services for handicapped children ;
- (f) The use of dental auxiliaries.

The overall increase in the numbers inspected at school dental inspections automatically increases the demand for treatment in our surgeries. The stability of the staff, its enthusiasm, and the widening scope of treatment available also intensify the demand for our services. Allied to this is an increased demand on the General Dental Service practitioners for treatment shown to be needed in the course of our inspections. In spite of the occasional difference in clinical opinion, the overall effect is an increase in goodwill between the branches of the dental profession.

The increased demand for treatment is more difficult to cope with in single-surgeried units than in multiple surgeries. Single units also create problems during staff shortages and illness, culminating in the cancellation of appointments. With the heavy increase in the inspection rate, the single unit is less able to cope with the clerical work involved. The development of strategically placed multiple units with offices for clerical assistants would overcome these difficulties. Specialist services such as orthodontics, treatment of handicapped or maladjusted children could be incorporated in multiple units.

Mobile surgeries are invaluable in their use at special schools and have proved very successful at Oak Lodge and Linden Lodge Schools. However, their use is limited to the time a dental officer can tolerate working in the restricted conditions which are associated with a mobile unit. The variety of treatment which can be carried out tends to be restricted in them and I feel their use would best be based on the staff of multiple units with rotation of staff for comparatively short periods. This also applies to surgeries in schools because, in times of staff shortages, there would be greater flexibility in the deployment of staff, so avoiding the cancellation of treatment sessions except in extreme circumstances.

Further flexibility in staff usage is obtainable in larger units by the employment of dental auxiliaries whose training enables them to play an important part in both treatment and dental health education. The association of all categories of staff in larger multiple units would facilitate the transmission of ideas and tech-

nical knowledge, stimulate dental health education, and would make it possible to organise small-scale training programmes covering the latest materials and techniques.

Dental statistics for the year 1969 are given below :—

#### Sessions :

Number of inspection sessions in schools	...	...	256
Number of ordinary treatment sessions	...	...	2,888
General anaesthetic	...	...	25
Orthodontic	...	...	82
Health education	...	...	3
Total	...	...	3,254

#### First inspections :

Number of first inspections in schools	...	...	32,788
Number of first inspections in clinics	...	...	5,441
Total	...	...	38,229
Percentage requiring treatment	...	...	56.9
Reinspections at clinics or schools	...	...	718
Percentage requiring treatment	...	...	70.1

#### Attendances :

First visits	...	...	5,536
Subsequent visits	...	...	9,359
Total	...	...	14,895
Courses of treatment completed	...	...	3,900
Fillings done	...	...	15,750
Other operations including crown, inlays, X-rays etc.	...	...	5,409

#### Surveys

*Sample survey at an ordinary school.* Medical records of 645 boys attending an ordinary secondary school showed a history of a major operation in 32 cases, in addition to 55 cases in which the tonsils and adenoids had been removed. Eleven boys had sustained fractures, spectacles had been prescribed for 65 boys, and colour blindness recorded in 21 cases. Defects included impaired hearing (19 boys), asthma (11), obesity (19), enuresis (9), epilepsy (2) and deviation in posture (21). The survey affords an indication as to the disabilities which are likely to affect children attending an ordinary school. It is evident that, in general, the children concerned are able to take part in normal school activities.

*National Child Development Study.* Wandsworth health visitors and school medical officers have co-operated in a detailed investigation of the medical, social and educational progress of thirty-four children aged 11 years. The information has been collated for the National Child Development Study and the ultimate objective is to identify the circumstances which affect a child's development from birth to maturity.

*Rubella (German measles)*. At a secondary school in Wandsworth, nearly 350 girls were given an injection of rubella vaccine. The injections formed part of a survey for testing the efficacy of the vaccine in the prevention of rubella in later life. (In the case of a woman in the first four months of pregnancy, an attack of rubella may cause abnormalities in the unborn child). The results were gauged by clinical and blood tests, but the final assessment of the trial is awaited. I would like to thank the Headmistress of the school and the parents of the pupils for permission to conduct the survey.

### Health education in schools

Our attempts to recruit a suitably-qualified Health Education Officer during the year again proved abortive and this has undoubtedly restricted the amount of specialised work which could be achieved in this field. This essential work of health teaching has therefore been borne, most ably I would add, by the health visitors, school nurses, and other field staff as an integral part of their daily work. This can take the form of private consultations with parents or children, in group discussions in centres and schools, or in the more formal atmosphere of the planned talk on a specific subject.

Much of the teaching on health subjects is directed towards individual children on subjects such as dental hygiene, care of the hair and feet, etc., but during the year more formal teaching was undertaken at four schools. At one senior school for girls, the Sixth-Formers attended a series of talks by their own teachers and others on the subject of "Marriage" and the health visitor gave talks on "Pregnancy" and "The Child". Talks were also given at a College of Education on "The Social Aspects of Disease" by a health visitor who also took part in a discussion following the showing of a new film on "Childbirth".

A symposium on health education, arranged by the Divisional Officer, Mr. H. A. Kingdom, was held at Wandsworth Technical College on 11th March, 1969. The meeting was attended by headmasters, headmistresses and senior teachers of Wandsworth schools, doctors, health visitors and social workers. Speakers included hospital consultants, a staff inspector of the Inner London Education Authority and senior officers of the Health Department. The drug problem, sex education, venereal disease, smoking and dental hygiene were among the subjects for discussion. The symposium proved to be of considerable value in the development of health education techniques in schools.

The health education team employed by the Inner London Education Authority have again given their valuable services in Wandsworth and have visited a number of schools in the area by direct arrangement with the Heads of Schools. The team have also organised health education publicity in the Greater London Council Parks.

### **Student health service**

A conference on student health was an important feature of the year's activities at the South West London College, Tooting Broadway. The conference, which took place on 30th October, 1969, was arranged in conjunction with the British Council and the London Conference on Overseas Students. The four main topics were general health, mental health, drugs and the problems of married students. The topics were introduced by Dr. Joan Waters, Medical Officer to the College, and considerable interest in the discussion was displayed by delegates who included Principals and Staff of Colleges of Further Education, social workers and representatives of organizations concerned with the welfare of students.

### **Sanitary conditions in schools**

All school premises are inspected annually by the medical staff who offer advice concerning the sanitary conditions and standards of hygiene. Reports concerning defects are passed on to the Divisional Officer of the I.L.E.A. for attention.

### **Medical staff meetings**

Meetings of the Senior Medical Officers and the school physicians were held at intervals during the year and consideration was given to various matters relating to the school health service, including the changing concepts of immunization.

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