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London Borough of Wandsworth



ANNUAL REPORT

of the

Medical Officer of Health

and

Principal School Medical Officer

for the Year

1970

by

HASTINGS E. A. CARSON

M.D., D.P.H., S.M. (Harvard)



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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1970

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you the sixth Annual Report on the health of the London Borough of Wandsworth covering the twelve months ending the 31st December, 1970, having succeeded Dr. Tudor Lewis as Medical Officer of Health at the beginning of April in that year.

Vital statistics traditionally receive pride of place in the Annual Report as broad indices of the state of the public health; to facilitate ready comparison the figures for the previous year are shown in parentheses in this paragraph. So far as 1970 is concerned the resident population in Wandsworth continued to fall slowly, the mid-year estimate being 317,410 (319,190), and the birth rate of 15.04 (15.70), the general death rate of 10.70 (11.0), the maternal mortality rate of 0.40 (0.56) and the overall infant mortality rate of 19.70 (20.0) all showed a modest decrease. On the other hand the local figures recorded a rise in the stillbirth rate to 13.77 (13.0), in the perinatal mortality rate—which is based on the number of stillbirths and of deaths within the first week of life per thousand total live and stillbirths—to 27.0 (24.7) and in the neonatal mortality rate, related to deaths under the age of one month, to 15.07 (12.40). Both stillbirths and neonatal deaths reflect the influence of prenatal factors of which our knowledge is still far from complete. One factor known to be of considerable importance, however, is illegitimacy. Here it is pertinent to mention that the number of illegitimate births in Wandsworth in 1970 rose to 845 (793) constituting just 17% (15.1%) of all live births within the Borough; the illegitimate infant mortality rate of 30.0 (22.7) was nearly double the legitimate infant mortality rate of 17.7 (19.6) and, unlike the latter, had increased appreciably compared with the previous year. All too often extramarital conception prejudices that high standard of antenatal care—entailing early and regular supervision—which is the best guarantee of a safe outcome for both mother and child. A high price may be paid for maternal neglect during pregnancy and confinement. Certainly a situation in which one in every six babies born to Wandsworth residents is illegitimate cannot be regarded with equanimity.

Cigarette smoking is another factor now recognized to exert a potent adverse influence upon the expectant mother in relation to

the health of her unborn child. More familiar to the public as examples of the self-inflicted wounds associated with this personal form of atmospheric pollution are coronary heart disease, cancer of the lung, and chronic bronchitis. These are leading causes of death amongst adults today, both in the country as a whole and in Wandsworth. Hence the truism that never before has the health of the individual rested so largely in his or her own hands. In this context the significance of the slight fall in lung cancer deaths in the Borough in 1970—259 compared with 267 last year—remains to be seen, but there can be no doubt of the need for a greater sense of personal responsibility where potentially lethal habits are concerned. The consequence for the family which suffers premature bereavement is frequently harsh as well as painful. More than that the health of the cigarette smoker is at stake, important as that is.

Infectious disease is another eminently preventable cause of untimely mortality. Still "captain of the men of death" in the underdeveloped parts of the globe, it has shrunk almost to insignificance in this country in modern times, thanks to a century and more of sanitary effort supported by advances in the fields of epidemiology, bacteriology, immunology, nutrition and chemotherapy. Only 70 out of the 4,046 deaths of Wandsworth residents which occurred in 1970 were attributable to communicable disease—less than two in every hundred—and the short but sharp influenza epidemic at the beginning of the year was responsible for no fewer than 45 of these. Although the incidence of notifiable infectious disease in the Borough generally was lower than that recorded the previous year (1,891 notifications being received compared with 2,190), all was not quiet on this front locally. In addition to the influenzal episode already mentioned, outbreaks of two usually but not invariably mild diseases—sonne dysentery and infective jaundice—occurred; the number of whooping cough notifications rose markedly, reflecting the increased prevalence of this disease every third or fourth year; and a potentially hazardous situation relating to the carriage of virulent diphtheria organisms was encountered. The appreciable increase in dysentery notifications—from 120 in 1969 to 163 in 1970—was attributable to four small outbreaks (two at schools, one at a day nursery and one in a residential nursery), illustrating how readily this fortunately mild infection spreads in such closely knit communities. A prolonged episode of infective jaundice at one junior school was responsible for the virtual doubling of the number of cases of this disease notified compared with the previous year—104 as opposed to 54; the abrupt subsidence of this epidemic following the prophylactic inoculation with gamma globulin of all the pupils considered to be at risk was most impressive. The increased number of notifications of whooping cough, dysentery and infective jaundice was more than offset by the fall from 1,562 to 1,090 in the number of cases of measles notified. It is too early to say whether this marked

decrease which customarily occurs every other year contains the first fruits of the vaccination campaign begun in 1968 but hampered by shortage of measles vaccine in 1969.

Immunization is a major weapon in the armoury of preventive medicine. Fresh testimony to its lasting value as a protective measure in infancy and childhood can be found in the body of the Report in relation to the detection, isolation and treatment of nine carriers of dangerous diphtheria bacilli and to the investigation of their numerous contacts: thanks to the high level of immunity in the neighbourhood concerned no clinical cases occurred. Hence the importance attached to the completion early in life of an immunization schedule designed to provide protection against—in addition to diphtheria—such potentially serious infections as whooping cough, tetanus, poliomyelitis, measles, tuberculosis and german measles (rubella). The introduction of measles vaccination two years ago has already been mentioned and it is gratifying to report that in Wandsworth in 1970 more than twice as many children were vaccinated against this tiresome disease as in the previous year (3,703 compared with 1,686). In the autumn a new immunization programme commenced aimed at protecting girls between the ages of 11 and 14 against rubella, priority being given initially to the 13-year-old age-group; by the end of the year 151 girls had been immunized. It is difficult to overstate the importance of this venture, for it will forestall the potentially disastrous situation which may otherwise arise later in life whenever german measles is contracted during pregnancy to the grave peril of the unborn child; severe congenital abnormalities may handicap the survivors. Another welcome development in 1970 was the opportunity to take part with a leading pharmaceutical concern in a clinical trial of a new oral poliomyelitis vaccine. The search for ever more effective immunizing agents is a quest meriting the strongest support. Similar research in the past followed by intensive immunization campaigns has meant that some of the serious infectious diseases have dwindled almost to vanishing point, but this must not be allowed to dim public recognition of the continuing need for specific prophylaxis. Rare diseases are unlikely to be recognized quickly and an unprotected population can be very vulnerable in this context. Diphtheria—mentioned earlier—and poliomyelitis illustrate this point well; both continue to demand our profound respect. In short, complacency must be avoided like the plague.

Cholera was the disease which, arriving in Europe and invading these shores, led to the appearance on the local scene in this country of the medical officer of health and the inspector of nuisances. Successive epidemics in the first half of the nineteenth century were correctly associated in the public mind with the gross insanitary conditions of the times. An appropriate sense of urgency launched the great era of sanitary reform in which the emphasis was

very properly placed on environmental hygiene, completely transforming the public health. By the turn of the century cholera had been banished and the enteric diseases reduced enormously. In 1970, ironically enough, during European Conservation Year when public attention, for quite different reasons, was focused sharply once more on the preservation of a healthy physical environment, another, fortunately milder, type of cholera reached Europe. One case—the first for many decades—was notified in England, the infection being contracted abroad on holiday. No further cases ensued—a tribute to the prevailing high standard of sanitation and to the adequacy of the measures taken to protect water supplies from contamination. The need, nonetheless, for unremitting vigilance on the part of the health service remains. This constant wariness is reinforced by the knowledge, in an era of increasing business and holiday travel abroad, that considerably more than half of the cases of typhoid and paratyphoid infection notified each year in this country are contracted overseas. Much essential but unspectacular follow-up of contacts in these as in other serious communicable diseases is required. In all this control activity the public health inspectorate—the lineal sanitary descendants of the inspectors of nuisances—have a key part to play.

Environmental hygiene and communicable disease control continue to loom large therefore in contemporary public health. Accordingly it is especially pleasing to record a substantial improvement in the staffing of the environmental health service, following a fundamental reorganization which entailed the creation of housing, food and general divisions. The more attractive career structure afforded by this redeployment to public health inspectors, technical assistants and administrative staff alike had a tonic effect upon recruitment. By the end of the year the establishment was almost up to strength, with a corresponding increase in sanitary activity as shown by the statistics in part three of the Report. To have a virtually full complement of staff was particularly welcome in view of the size of the task in a large central borough, with the prospect of appreciably heavier responsibilities on the horizon in the shape of the new Covent Garden Market at Nine Elms, scheduled to open in 1973.

Housing remains the major environmental health problem in this country. During the year increasing attention was focused both nationally and in Wandsworth on the remedying of unsatisfactory conditions in houses in multiple occupation and the improvement of older dwellings in order to prevent irremediable deterioration taking place in structurally sound buildings. To this end in the autumn the Council endorsed an intensification of the campaign against unsatisfactory housing in multiple occupation and approved the establishment of a central housing improvement group to which staff were seconded from the several departments concerned. The Deputy Chief Public Health Inspector, Mr. Montague, became the

first Housing Improvement Officer and took with him in his new appointment the best wishes of his colleagues in the Health Department. The progress achieved in 1971 in this two-pronged attack upon the housing front locally will be watched with special interest.

In sharp contrast the cause of clean air suffered a major setback with the suspension in November for a five-month period of 40% of the operative smoke control orders in the Borough on account of a wholly unexpected and equally unwelcome shortage of solid smokeless fuel; the implementation of two further smoke control orders was deferred for twelve months in each case. Between 1958 and 1969 the concentrations of smoke and sulphur dioxide at ground level fell in central London by 80% and 40% respectively thanks to the Clean Air Act of 1956—a landmark in the history of public health legislation—but in the winter of 1970 atmospheric pollution inevitably increased appreciably in the wake of the smoke control order suspensions. What a supreme irony that this disruption of the clean air campaign should take place, not only in European Conservation Year, but also in the year in which a Standing Royal Commission on Environmental Pollution was established and the Department of the Environment created!

Safe and sanitary housing, clean food, clean milk, clean water, clean air and a quiet and clean environment free from chemical as well as bacterial pollution are all prime public health objectives which occupy to the full the energies of the public health inspector whose educational role assumes ever increasing importance. The support given by the technical assistants and administrative staff is invaluable. Notwithstanding the acute disappointment in the clean air sector, 1970 proved a rewarding year for the environmental health service locally in terms of both actual achievement and future prospects. Much credit is due to the Chief Public Health Inspector, Mr. Winton, for this satisfactory position.

Wandsworth was one of the first local health authorities to implement fully the National Health Service (Family Planning) Act of 1967 and, very fittingly, this key service expanded still further during European Conservation Year. The numbers of both new and established patients seen at the clinics run on behalf of the Council by the Family Planning Association continued to grow, the overall total of attendances rising from 13,311 in the previous year to 17,023. Although the number of new domiciliary patients remained virtually stationary, visits were paid to fewer individual homes overall in 1970 reflecting the heartening degree of success being achieved by this important component of the service in weaning to the clinics, so to speak, women initially seen at home.

Cervical cytological screening is another important preventive service provided by the Council. Available to all women living or working in the Borough, this comparatively new public health venture continued to thrive in 1970. Total attendances for the

year—which witnessed the provision in September of an additional weekly session in the Putney area at Clarendon Drive—numbered 2,352 as opposed to 1,922 in 1969. Many cervical smears are also taken in the course of hospital investigations and general medical practice and form an integral part of the activities of family planning services. Both family planning and cervical cytology merit whole-hearted support for they enable real progress to be made towards the abolition of the spectre of the unwanted child and the elimination of premature suffering and death in the prime of life from cancer of the neck of the womb respectively. Continuing publicity is needed to ensure that full advantage is taken of these facilities which are now readily available in Wandsworth. Both consumer, so to speak, and family doctor exert a key influence in this context for personal commendation remains the most effective form of endorsement. Success breeds success in health education as in other spheres!

Certainly successful health educational measures are urgently needed in relation to the sexually transmitted infections. Once again the annual figures for venereal diseases affecting Wandsworth residents rose appreciably, 4,200 attending special treatment clinics compared with 3,371 in the previous year. The fact that this marked upward trend—like that of illegitimacy—is to be found in all large cities offers little consolation. Far greater attention to the hitherto sadly neglected field of human relationships will need to be paid if the present position is to be improved. Respect and concern for others is the pre-requisite of a healthier picture. Both as health educators and as citizens, doctors, nurses and midwives must constantly reinforce the educational efforts of parents and teachers in relation to the young; clearly social workers also have an important contribution to make. The seeds of self-discipline must be sown early in life if they are to bear fruit in good time!

Fostering healthy physical and emotional growth and development is the *raison d'être* of the maternal and child health service provided by local health authorities in support of the family doctor. Although the fall in the number of domiciliary confinements continues unabated—with a consequent decline in the need for medical ante-natal sessions outside hospital—this is more than offset, so far as the midwives are concerned, by the sharp upward trend in early discharges from hospital following delivery combined with the increasing use being made of the general practitioner obstetric unit at the Weir Hospital which opened in September 1969; last year 45 confinements were undertaken in the unit by the domiciliary midwives who continued to supervise the post-natal progress of the mothers and infants following their return home after 48 hours in hospital. Satisfying continuity of care is thus ensured by this excellent arrangement.

Child health clinic sessions—manned by doctors and health visitors—continued to be well attended although the slight decline

in the overall number of vaccinations and immunizations performed during the past five years persisted. The number of effective home visits paid by health visitors well exceeded fifty thousand. Applications from members of the public in relation to the registration of private day nurseries and child-minders rose sharply during the year with a consequent heavy increase in the time devoted by the public health nursing staff to this important sphere. 1970 was equally full for the home nursing staff with the exciting prospect of participating in the year ahead in a planned early discharge scheme of suitable patients from a large district general hospital. Regret at the retirement in March of Miss Winch was coupled with a warm welcome for Miss Harding, her successor as Principal Nursing Officer of the Health Department.

Four out of every five visits paid by home nurses are to the elderly, reflecting the ageing population structure common to highly developed countries. The attentions of the home help and chiropody services are similarly devoted in the main to those advanced in years and prove quite invaluable in ensuring that physical support and mobility which so often underwrite independence in the winter of life. Three home help organizers diligently undertake the day-to-day responsibility for a vital domiciliary service. Equally happily, Mr. Trenter assumed the very important appointment of Chief Chiropodist in November.

Loneliness is the bane of old age and, unrelieved, can give rise to mental as well as physical infirmity. Voluntary visiting is good for the mental health of all concerned. The role of the voluntary worker in the field of mental health was the popular subject of the Social Services forum held in June. Miss Julia, the able Principal Mental Welfare Officer of the Health Department, and Mrs. Charlish, the chairman of the local branch of a leading voluntary organization, were the opening speakers on a most successful occasion. Very appropriately, in a year in which the community care caseload of the mental health social workers also rose appreciably in relation to both the mentally ill and the mentally handicapped (totalling in all 1,973 persons compared with 1,477 last year), a new combined adult training centre and hostel was opened at Roehampton in August. Full details of this landmark in the development of local community services will be found in the appropriate section of the Report. Suffice it to say here that the new building gave immense pleasure to all concerned with mental health in Wandsworth.

Notwithstanding the deceptively inanimate and mentally soothing title of European Conservation Year, and the growing public concern over the unnecessary pollution of the environment, for this country 1970 proved above all to be a year heralding major changes in the organization of the health and social services. In February the Second Green Paper on the future structure of the National Health Service was published announcing reorganization outside

the local government system—an intention subsequently confirmed towards the end of the year by the new Government which took office in June. During the summer three major pieces of legislation were enacted, namely, the Local Authorities Social Services Act which implemented most of the recommendations of the Seebohm Report including the establishment of social services departments; the Education (Handicapped Children) Act, transferring the responsibility for the care of severely subnormal children of school age from the local health to the local education authority and, in so doing, abolishing the concept of ineducability; and the Chronically Sick and Disabled Persons Act, enabling greatly increased provision to be made for the welfare of these two important groups of handicapped people. Finally, in December the Council approved proposals for the reshaping of the Health Department; the memorandum submitted at that time on "Preventive Medicine and Community Health" is appended to this preface. The Annual Report for 1971 will provide an appropriate opportunity to review these highly significant developments.

In the meantime it is clear that the closest collaboration between the new health and social services departments will be needed to ensure a truly effective effort in meeting comprehensively the needs of local communities. It is therefore a special pleasure for me to extend my warmest good wishes to Mr. Higgins who assumed the appointment of Director of Social Services for Wandsworth in July. I look forward keenly to our close association in the years ahead.

It is in this spirit of teamwork that I wish to express my profound gratitude to His Worship the Mayor, to the Chairman and Members of the Social Services Committee, and to Members of the Council, generally, for their kindness and encouragement during my first nine months in office. To my colleagues in other Departments of the Council and in the health services as a whole I offer my sincere thanks for their unfailing help and co-operation. In particular I am indebted to the Chief Executive and Town Clerk, Mr. Norman White, for his wise guidance and ready counsel. Lastly I am very conscious of the debt which I owe to the staff of the Health Department—and not least to my Deputy, Dr. Gordon, and the Principal Administrative Officer, Mr. Horsnell—for their loyal, able and cheerful support at all times.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

HASTINGS E. A. CARSON,

*Medical Officer of Health,
and*

Principal School Medical Officer.

APPENDIX TO REPORT OF THE
SPECIAL (REORGANISATION OF SOCIAL SERVICES)
COMMITTEE, 9th DECEMBER, 1970

PREVENTIVE MEDICINE AND COMMUNITY HEALTH

The main streams of Preventive Medicine. Preventive medicine has been defined as the science and art of preventing disease, prolonging life, and promoting physical and mental health and efficiency. This compact and refreshingly positive definition of the broad spectrum of prevention—ranging from the promotion of health and the provision of specific protection at one end through the early recognition and prompt treatment of disease to the limitation of disability and rehabilitation at the other—recognises that it is as much the concern of the clinician in relation to individual patients as it is of the public health practitioner vis-a-vis the community.

Public Health can be regarded as that part of preventive medicine which requires organised effort or action on the part of the community, whether undertaken by a voluntary or a statutory agency. Traditionally it embraces measures for the sanitation of the environment, the control of communicable disease, the education of the individual in the principles of personal hygiene, the promotion in particular of maternal and child health and mental health, and the organisation of medical and nursing services for the early diagnosis and preventive treatment of disease.

The historic role of the Medical Officer of Health as the medical adviser on all matters affecting the health of the community is now more than a century old and over the years this has extended to include the medical aspects of cremation; of the occupational fitness of local authority staff; of applications for rehousing; of the refusal of help by old people who are suffering from grave chronic disease or living in insanitary conditions and in need of care and attention; and, most recently, of radiological safety in relation to the hazards of ionizing radiations.

Thus modern public health engages the attention of doctors, dentists, public analysts, chemists, physicists, public health inspectors, health visitors, nurses, midwives, social workers, psychologists, speech therapists, physiotherapists, occupational therapists, chiropodists, administrators and, last but not least, of an increasingly valuable body of ancillary technical, clerical and manual support. Such a variety of disciplines reflects the need for a co-ordinated effort and also serves to highlight the absolute necessity for the closest collaboration between health and social service departments in the future.

Only through such teamwork will the main streams of public health activity merge and attain that momentum which will enable the community health services to make a maximum impact on both the local and the national scene.

The contribution of the Community Health Services. This has never been more vital. Co-ordination of effort on a broad front involving the hospital, general practitioner, and local authority health and social services has become a matter of increasing urgency with the growing complexity and expense of medical treatment in meeting the challenge of the prevailing pattern of disease—the cost of the National Health Service now approaches £2,000 million annually. This has stimulated the current trend in favour of medical care in the com-

munity, reserving costly hospital beds for those in need of the special skills and services which can only be provided in that setting. Hence also the tendency to concentrate such specialised facilities in large hospital units where they can be used to the full. This policy carries the disadvantage for both patients and relatives that the distance between home and hospital tends to grow, with the concomitant inconvenience and costs in terms of both the time and money involved in travel. Thus the proposed adoption of a district general hospital system—in which a large hospital with at least 500 beds will serve a population numbering some 200,000—can only be justified from the standpoint of the community if solely essential cases are admitted and the actual stay in hospital is kept to an absolute minimum consistent with the welfare of the patient. In turn this depends upon a high standard of medical care being provided by the family doctor, an objective which cannot be attained without both a sound undergraduate and postgraduate preparation for general practice and adequate facilities for consultation, investigation and domiciliary treatment. The district nurse and the home help are key figures on the home front.

To be successful, therefore, care in the community requires intimate co-operation between the medical and social services so that the necessary support is forthcoming not only for the sick but also for the young, the physically handicapped, the mentally disordered and the aged. Above all, it is in the interest of both the individual and the nation that a proper emphasis is placed upon the promotion of health and the prevention of illness. Here the health visitor has a crucial role to play in close liaison with the general practitioner.

Today, notwithstanding the remarkable progress which has been achieved during the twentieth century in improving the health of the nation as a whole—attributable to a great increase in medical knowledge, coupled with an equally significant improvement in general living standards, a corresponding rise in the level of education and, not least, the sustained efforts of the public health movement—prevention has never been more relevant, for major preventable factors abound amongst the leading causes of death and disability. Indeed, at the present time it is true to say that never before has the health of the individual rested so largely in his or her own hands. The facts speak for themselves.

Each year more than 500,000 deaths are registered in England and Wales and nearly one-half of these can be attributed to diseases of the heart and circulation, mainly taking the form of heart attacks or cerebral strokes. A fifth of all deaths are caused by malignant disease; over a quarter of these relate to the lung; one-tenth to the breast, and one-thirtieth to the womb in which cancer of the cervix is prominent. Diseases of the respiratory system other than cancer—principally pneumonia and chronic bronchitis—exact a toll in excess of 10% of all deaths. A heavy price indeed in the form of coronary thrombosis, chronic bronchitis or lung cancer may be paid for over-indulgence in some of the pleasures of life. In this context the magnitude of the task of changing human attitudes should not be underestimated—approximately two out of every three men and every other woman smoke, and one in every five adults is overweight—nor should its importance be overlooked for it is estimated that cigarette smoking is responsible for a tenth of all deaths and a similar proportion of all sickness absence from work; the association between obesity and such con-

ditions as thickening of the coronary arteries, high blood-pressure, diabetes and arthritis (attributable to excessive wear and tear of the joints, principally the knees), is well recognised; and the growing concern in relation to alcoholism is reflected in the recent Government decision, announced in Parliament on 11th November by the Secretary of State for Social Services, to allocate an additional £2 million over the next four years to improve facilities and advice for alcoholics.

Accidents, poisoning and violence are responsible annually for one death in every twenty-five and in this group accidental deaths in the home and on the road, and suicide, feature prominently; in fact accidents and violence constitute the commonest cause of mortality in children over a year old and under the age of fifteen. In spite of an increasingly high standard of ante-natal care, obstetrics and anaesthetic skill, and paediatric supervision, some 3% of all deaths still occur in infancy, mainly in the first month. Premature birth is a major factor in nearly two-thirds of stillbirths and deaths within the first week of life; much remains to be learned about the causes of prematurity and this is an extremely important field for research since survivors of premature births have a high incidence of physical and mental handicap. Finally, it is pertinent to note that infectious disease—for so many centuries the commonest cause of death—now accounts for less than 1% of the overall mortality, thanks to the efficacy of modern means of immunization and treatment coupled with a greatly improved state of nutrition generally.

Equally striking in highlighting the relevance of prevention are the statistics relating to sickness absence amongst the working population. Some 300 million working days are lost each year on account of illness and nearly one-ninth of these are attributable to bronchitis. Other major causes of sickness absence comprise mental illness; accidents, poisoning and violence; arthritis, lumbago and rheumatism; diseases of the heart and circulation; and disorders of the stomach and duodenum.

Thus an examination of the major causes of mortality and morbidity reveals only too clearly the opportunities for prevention through the exercise of personal initiative on the part of the individual—by eschewing unhealthy habits, seeking specific protection in the form of vaccination and immunization, and taking full advantage of available facilities for medical advice and care including screening—and of the community in implementing public health programmes to improve the environment, to detect disease and disability, and to give support to both doctor and patient. The need for intensive health education is paramount.

To be effective health education must not be portrayed as a mere denial of pleasure or series of admonitions for such a negative approach invites and merits failure. Rather is a positive emphasis on personal achievement needed—the satisfaction of running a short single in middle age for example! In a free society the ultimate responsibility rests—and rightly so—with the individual who is entitled to know the facts and to make a personal decision in the light of current knowledge. As a corollary the community has a special duty to ensure that the young, whilst still at school, have the opportunity to learn about keeping fit and healthy before acquiring habits which they may later regret.

Just as good health is too frequently presented as a state of not being ill, so, conversely, at the opposite end of the scale of wellbeing has too much attention focused on death rather than disability. Yet in its finality death has no sting for the individual in strong contrast to the daunting prospect facing those who are permanently and severely disabled by injury or disease. Indeed for close relatives the latter ordeal may not fall far short of, and sometimes may even exceed, the anguish of bereavement. Such considerations lend additional force to the cause of prevention and make even more imperative the effective deployment of the resources available both nationally and locally.

Current developments in Wandsworth. One of the largest and most central of the London boroughs, with a thriving industrial and commercial community, soon to be reinforced by the development of the new Covent Garden market at Nine Elms, Wandsworth has a resident population of some 336,000 with a correspondingly large number of schools, colleges, hospitals and general medical practices. Recently St. James' Hospital, Balham, has been developed as a district general hospital; St. George's Hospital and the associated schools of medicine and nursing have begun the move from Hyde Park Corner to their new permanent home at Tooting where a branch of the Public Health Laboratory Service and a very modern regional blood transfusion centre are already located; similarly, the Westminster Hospital has been developing its links with Queen Mary's Hospital, Roehampton, which include the establishment there of a University Department of Obstetrics. Extensive geriatric facilities are available at St. John's Hospital, Battersea, and St. Benedict's Hospital, Tooting, and ample beds for the mentally ill at Springfield and Tooting Bec. Smaller general units include the Putney, Bolingbroke and, for the time being Battersea, General Hospitals.

Excellent liaison has long existed in the geriatric and mental health fields and this is in the process of being strengthened in relation to mental illness, through an arrangement whereby St. George's Hospital will provide consultant psychiatric advice to the Social Services Department for two sessions each week commencing next April. In effect a University Department of Psychiatry will be closely linked with the community mental health service. Another link with St. George's Hospital will be forged shortly when the Board of Governors, the South West Metropolitan Regional Hospital Board and the Inner London Education Authority will jointly appoint a consultant Ear, Nose and Throat surgeon who will be asked to hold special sessions for children at the Tooting Child Health Clinic at Amen Corner. Close contact is being developed with both medical and nursing students at St. George's and the first group of student nurses—required under the new basic nursing training syllabus to spend a period in the field learning about the community services—have now been attached to the Department; their programme has been arranged by the Principal Nursing Officer in conjunction with the Public Health Nursing Tutor recently appointed by the Hospital to co-ordinate this aspect of training.

At Queen Mary's Hospital, Roehampton, arrangements are now being completed for the provision of short in-service refresher courses for district nurses—in the pre-operative, operative and post-operative phases of hospital nursing—as an integral part of a pre-planned early discharge scheme which in suitable cases will enable surgical patients to have their dressings changed and sutures removed at home by the

district nurse working in close collaboration with the family doctor. This mutually beneficial project will relieve the heavy burden at present borne by the out-patient department of the Hospital and add vitality to the home nursing service of the Department. Such developments are only to be encouraged.

Good co-operation also flourishes vis-a-vis general practitioners. In addition to the invaluable assistance given by the district nurse, the domiciliary midwife renders essential support in relation to ante-natal care, confinements whether undertaken at home or in the general practitioner obstetric unit at the Weir Hospital, and in coping with the post-natal care of the increasing number of mothers discharged from maternity hospital wards 48 hours after delivery. Advice on family planning is an increasingly important facet of preventive medicine and although some doctors undertake this in their own surgeries, many prefer to utilise the comprehensive service provided by the Family Planning Association—acting as the agent of the Council—both at special clinics and, where appropriate, in the home.

Cervical smears are frequently taken during family planning sessions and this screening procedure to detect pre-cancerous conditions of the neck of the womb is also made available to all women who live or work in Wandsworth through seven cervical cytology clinics, run directly by the Health Department. An important by-product of cervical cytological screening is the incidental detection and correction (through the family doctor) of common minor infections and local abnormalities; not infrequently these have been the cause of some time of appreciable physical discomfort or mental concern. Looking to the future, screening of apparently healthy people to exclude the presence of symptomless but important conditions requiring early treatment may well prove extremely rewarding once those groups particularly at risk have been clearly identified and a reliable test is available. In this regard, the Department has recently been invited by Charing Cross Hospital to participate in a research project designed to detect silent infections of the urinary tract; these can be treated effectively but, if they remain undiscovered, such infections may cause progressive renal damage leading eventually to the need for an artificial kidney machine. Invitations to explore this new frontier of prevention are therefore as exciting as they are welcome.

Chiropody is another supporting service of great value provided by the Health Department since it enables the elderly to keep mobile and thus to avoid becoming housebound; inactivity is inimical to good health in old age.

Undoubtedly, with the growing trend towards group practice, the present close relationship with the family doctor will develop further through the attachment of health visitors—whose traditional role in promoting health and preventing illness which embraces the whole family from infancy to old age will receive fresh impetus—district nurses and, where appropriate, midwives to groups of general practitioners. This support is given most effectively in purpose-built accommodation such as a group practice or health centre. The quality of medical care is thus enhanced in the vicinity of the patient's home, offsetting the inconvenience inevitably associated with the closure of small hospitals. In such modern surroundings, there is no reason why a general practitioner, who wishes to do so, should not perform minor surgery; hospital consultants already undertake domiciliary consulta-

tions and they could well come to a group practice or health centre to see patients on request, if the circumstances are appropriate. Three health centres—at Bridge Lane, Brocklebank, and Larch Road respectively—are in the current capital development programme of the Corporation and, when completed, these multi-purpose buildings will foster that sense of teamwork which is the hallmark of an integrated service; they will also enable outdated accommodation to be vacated, and it is pertinent to mention in this context the opening next year of the new Doddington Child Health Clinic.

In Wandsworth, where well over 5,500 births occur annually and the pre-school population exceeds 25,500—a highly mobile group, since some 3,000 children under the age of 5 leave the borough, and a similar number enter, each year—eleven child health clinics are operated by the Health Department. At these clinics facilities are available for ante-natal and post-natal care, including mothercraft and relaxation classes, and for the routine supervision of the infant and toddler; special investigation clinics for both pre-school and school children are held; and a comprehensive dental health service is provided for expectant and nursing mothers and their children. Immunization and vaccination continue to receive the attention which they have long merited. Regarding child care generally, however, the medical emphasis has changed in recent years from the giving of advice on infant feeding, hygiene, clothing and general management—now properly, unless there are special problems, the domain of the health visitor—to the monitoring of healthy physical and emotional growth and development through the use from early infancy of screening tests designed to assess in a friendly informal manner progress in relation to posture and locomotion, vision and manipulative skill, hearing and speech, and social behaviour and play. The performance of such routine developmental paediatric examinations at regular intervals (which happily often coincide with the recommended time scheduled for immunization and vaccination during the first eighteen months of life) reflects the immense importance now attached to the recognition of handicapping conditions as early as possible so that, in consultation with the family doctor, arrangements for remedial measures can be made promptly where appropriate, thus keeping disability to a minimum and preserving educational potential to a maximum.

All too frequently today handicaps are multiple. Systematic follow-up is essential, and to this end, a special handicap and observation register is maintained, containing the names of all children—currently numbering 1,042 in Wandsworth—known to be handicapped or considered to be at risk (on account of genetic factors and other potentially adverse influences during pregnancy, confinement, and the first few days of life). Through regular medical examinations, the progress of these children is kept under continuous review so that, when this proves to be satisfactory, the appropriate deletion from the register can be made; for others, day care can be arranged where necessary in liaison, in the future, with the Social Services Department; the need for special educational measures can be anticipated well in advance; suitable provision accordingly made by the Inner London Education Authority; close supervision subsequently continued at school to ensure from a medical standpoint that handicaps impede education as little as possible, and special consideration can be given to the future of the handicapped school leaver. The register is constantly being updated, reflecting the

dynamic situation for which it is designed to cater. Flexibility is of the essence in this delicate and difficult field.

At school, periodic medical and dental examinations and health checks (including screening of hearing and vision) of all the pupils—there are 47,815 on the roll of ordinary schools and 1,160 on that of special schools at the present time in Wandsworth—are undertaken by doctor, dentist and nurse respectively. Two school treatment centres are run on behalf of the Inner London Education Authority, which reinforce the facilities available in the child health clinics. Medical and nursing advice is thus readily available to head teachers in relation not only to individual children but also to environmental hygiene (in which the public health inspector has an important contribution to make), the control of infection and infestation, and to any other school health problems. There is, of course, frequent contact with the Medical Adviser to the I.L.E.A. and his staff, and with the Divisional Education Officer. Indeed, close liaison with parents, general practitioners, hospital consultants, social workers, teachers and relevant statutory and voluntary organisations is imperative in the interests of child health generally and of handicapped children in particular.

The importance of continuity of medical supervision in childhood from birth to school-leaving age, highlights the potential crucial role of the family doctor in the vital sphere of developmental paediatrics. Ideally, as the Report of the Sub-Committee (of the Standing Medical Advisory Committee of the Central Health Services Council) on Child Welfare Centres recommended in 1967, the child health service at present provided by local health authorities should become an integral part of the work of the general practitioner; if this ideal were to be realised on a country-wide basis, however, the development of group practices, the provision of purpose-built accommodation, and the attachment of health visitors would all need to be fostered. The Sub-Committee, under the distinguished chairmanship of Sir Wilfrid Sheldon, envisaged:—

“... the Child Health Service of the future concentrating on the maintenance of the health of infants and young children, detecting at an early stage the presence of handicap and departures from normal health, and giving advice and counselling to parents on the manifold problems which may arise during the raising of a family. The doctors who are to do this work will require special training and experience, well in excess of what so widely obtains at the present day. The clinics of the future must carry a high reputation for the quality of their work...”

but recognised this to be a long-term matter. In the interim, therefore, it strongly commended special training for both local health authority medical officers and general practitioners engaged in this field. In this borough, family doctors undertake over two-thirds of the clinical sessions arranged for pre-school or school children and this active participation in the child health services provided by the Council is doubly welcome—it is in the spirit of the Sheldon Report and it enables the preventive outlook to permeate the medical profession. Here again the importance of thorough undergraduate medical and indeed nursing education in the promotion of child health is only too clear—it will also encourage, incidentally, better liaison between hospital and general practitioner.

Eventually child health will become part of family health but there will probably be a permanent need for a small cadre of doctors specialising in the medical aspects of the education of the physically and mentally handicapped—a task which is unlikely to grow less complex in the years ahead. Similarly, local authorities will always require advice on the medical fitness of prospective and actual members of their staffs and on other occupational health matters. Staff health services grow steadily in importance.

Finally, there are the traditional public health functions of sanitation and communicable disease control. Today, thanks in no small measure to the major advances made in these fundamental aspects of environmental hygiene, the average citizen regards the vista of a ripe old age enjoyed in a satisfactory physical environment free from the threat of pestilence as a reasonable expectation. Yet clean water, clean milk, clean food, clean air and a quiet atmosphere cannot be taken for granted—witness the persistently and unnecessarily high incidence of food poisoning, the current interruption of the clean air programme which has been such an outstanding success in the Greater London area, the growing concern over the problem of noise and of modern forms of pollution such as vehicle exhausts and pesticide residues in food. In no sphere is the work of the public health inspectorate more important than that of housing, for insanitary, congested living circumstances are conducive to neither physical safety nor emotional stability. The problem of houses in multiple occupation where conditions are far from satisfactory is rightly receiving special attention in Wandsworth and the advent of the new Covent Garden market will mean a marked expansion in food hygiene and sampling activity. The environmental health staff also play a leading role in controlling the spread of infectious disease, through the follow-up under medical direction of cases and contacts, and the disinfection of articles and premises. Immunity from major infections cannot be assumed automatically in this jet-propelled era in which the ease and speed of modern travel enable a person to journey around the world well within the incubation period of the serious infectious diseases. The occurrence of smallpox in Wandsworth only three years ago was a grim reminder of the vulnerability of any part of the globe to such dangerous infections. Indeed, the low level of the state of vaccination against smallpox in this country, the poor state of dental health, and the daily occurrence of preventable disease and injury bear striking testimony to the vital need for more intensive health education of both the individual and the community.

Eternal vigilance remains as much the price of health as it does of freedom.

The overall objective. Good health is the goal and only liberty itself can be regarded as more precious. The positive joys of physical and mental well-being are vividly conveyed in the words of a nineteenth century poet:—

“First of all I claim good health: to feel mere life is a pleasure; to enjoy the moving of one's limbs and exercising one's bodily powers; to play as it were with sun and wind and rain; yes the wherewithal to be well formed, straight limbed, straightly knit and expressive of countenance.”

To promote and preserve good health is indeed worth a very special effort.

MEMBERS OF THE SOCIAL SERVICES COMMITTEE

(at 31st December, 1970)

Chairman : Alderman Miss G. A. Morgan

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

Mrs. E. Dixon

F. P. Howell

R. F. A. Marshall, M.R.S.H., S.R.N., R.M.N.

Mrs. H. G. Paxton

Mrs. Diana Pruzsak

Mrs. M. F. Sporle

Mrs. J. D. Standing

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

H. C. A. Turner

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

Ex-Officio Members :

The Worshipful the Mayor

(Alderman G. S. Passmore, F.R.I.C.S.)

Alderman R. F. Ash, J.P.

Councillor W. A. Carnie, C.B.E.

SENIOR OFFICERS OF THE HEALTH DEPARTMENT

(at 31st December, 1970)

<i>Medical Officer of Health</i>	...	...	H. E. A. Carson
<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 D. A. Harding
<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 317,410.

Movement of population

It is perhaps not generally realised how the work of the Health Department is complicated by the high mobility of the population. Records are kept of the movement of children under five years of age and during 1970 over 2,600 moved into Wandsworth and nearly 3,300 moved out. Much work is involved when families move away without leaving any information about their new addresses, as each child's records are sent to the appropriate local authority when its parents move. During the year 1,739 children were lost sight of, 583 being subsequently traced by means of local inquiries and telephone calls and letters to other authorities. In addition, just on 3,000 children changed their addresses inside the Borough. Every one of these moves calls for the transfer of records designed to ensure the safety and wellbeing of the child.

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 1970, the factor for births is 0.96 and for deaths 0.84.

Extracts from vital statistics

Live Births :	Male	Female	Total
Legitimate	2,114	2,016	4,130
Illegitimate	442	403	845
Totals	2,556	2,419	4,975
Rate per 1,000 population :			
Crude	15.67		
Adjusted	15.04		
Stillbirths :	42	28	70
Rate per 1,000 total live and still births	13.77		
Deaths :			
All ages	1,894	2,152	4,046
Rate per 1,000 population :			
Crude	12.74		
Adjusted	10.70		
Infant Mortality Rates :			
Deaths under 1 year	61	37	98
Total infant deaths per 1,000 live births	19.70		
Legitimate infant deaths per 1,000 legitimate live births	17.70		
Illegitimate infant deaths per 1,000 illegitimate live births	30.00		
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	15.07		
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	13.26		
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	27.00		
Maternal Mortality Rate (per 1,000 total live and still births)	0.40		
Number of deaths from puerperal causes			2
Number of deaths from cancer			838
Number of deaths from tuberculosis			7

Births

The total number of live births to residents in the Borough registered during 1970 was 4,975 comprising 2,556 males and 2,419 females.

The crude birth-rate was 15.67 per 1,000 population. After taking into account the area comparability factor supplied by the Registrar-General the adjusted rate was 15.04. The live-birth rate for England and Wales was 16.

During the year there were 845 illegitimate live births to residents of the Borough, representing 17% of the total live births for the area.

Stillbirths during the year numbered 70, giving a total of 5,045 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 4,046 comprising 1,894 males and 2,152 females.

The crude death-rate for the year was 12.74 per 1,000 population but after applying the area comparability factor the adjusted rate was 10.70. The death rate for England and Wales was 11.7.

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.

TABLE I. CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1970

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	3	2	1	2	—	—	—	—	—	—	—	1	—	—	2	1
Tuberculosis of respiratory system	6	5	1	—	1	—	—	—	—	—	2	1	2	2	2	2
Other tuberculosis, including late effects	1	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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	2	1	1	—	—	—	—	—	—	—	—	1	1	—	—	1
All other infective and parasitic diseases	11	7	4	1	—	1	—	—	2	3	—	2	2	3	4	4
Malignant neoplasm, Buccal cavity, and pharynx	12	7	5	—	—	—	—	—	—	—	4	4	4	3	5	4
" " Oesophagus	15	7	8	—	—	—	—	—	1	3	6	5	5	3	7	5
" " Stomach	65	36	29	—	—	—	—	1	6	17	17	24	22	22	20	23
" " Intestine	110	39	71	—	—	—	—	—	4	5	20	29	52	30	43	37
" " Larynx	2	2	—	—	—	—	—	—	—	1	—	1	—	—	2	—
" " Lung, bronchus	259	209	50	—	—	—	—	—	3	17	67	108	64	89	85	85
" " Breast	87	1	86	—	—	—	—	1	7	10	23	19	27	29	24	34
" " Uterus	26	—	26	—	—	—	—	—	4	4	6	7	5	8	7	11
" " Prostate	23	23	—	—	—	—	—	—	1	4	6	12	6	9	8	8
Leukaemia	23	10	13	—	1	1	1	—	1	4	4	10	10	5	8	8
Other malignant neoplasms	212	90	122	—	2	5	2	4	3	37	47	60	52	70	68	74
Benign and unspecified neoplasms	4	1	3	—	—	—	—	—	—	—	4	—	—	1	2	1
Diabetes mellitus	33	12	21	—	—	—	—	—	2	1	6	6	18	10	12	11
Avitaminosis and other nutritional deficiency	2	1	1	—	—	—	—	—	—	—	—	1	1	1	—	1
Other endocrine, nutritional and metabolic diseases	18	6	12	1	—	1	—	—	1	1	8	6	4	9	5	5
Anaemias	12	8	4	—	—	—	—	1	—	1	3	7	2	4	6	6
Other diseases of blood and blood-forming organs	2	2	—	—	—	—	—	—	—	—	1	1	—	2	—	1
Mental disorders	24	9	15	—	—	—	—	—	1	2	1	4	16	7	8	9
Meningitis	1	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Multiple Sclerosis	19	8	11	—	—	—	—	1	4	3	6	5	—	6	7	6
Carried forward	973	489	484	4	4	9	4	9	30	93	213	296	311	308	329	336

TABLE 1. CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1970—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 ..	973	489	484	4	4	9	4	9	30	93	213	296	311	308	329	336
Other diseases of nervous system and sense organs ..	40	22	18	1	1	—	4	1	1	—	3	11	18	12	15	13
Active rheumatic fever ..	1	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—
Chronic rheumatic heart disease ..	77	25	52	—	—	—	1	1	3	6	22	22	22	21	20	36
Hypertensive disease ..	46	16	30	—	—	—	—	—	1	5	5	8	27	11	19	16
Ischaemic heart disease ..	946	507	439	—	—	—	—	4	9	56	129	247	501	289	309	348
Other forms of heart disease ..	183	61	122	—	—	—	—	—	1	2	15	30	135	57	50	76
Cerebrovascular disease ..	455	155	300	—	—	—	—	—	3	19	49	98	286	141	165	149
Other diseases of the circulatory system ..	217	92	125	—	—	—	—	—	1	10	23	43	140	67	66	84
Influenza ..	45	19	26	—	—	—	—	—	—	3	11	9	22	14	18	13
Pneumonia ..	386	145	241	14	1	—	—	—	—	4	18	91	258	121	118	147
Bronchitis, emphysema ..	233	149	84	—	—	—	—	—	—	9	36	74	114	75	68	90
Asthma ..	9	5	4	—	1	—	—	1	2	1	1	2	1	2	4	3
Other diseases of the respiratory system ..	31	18	13	1	1	—	—	—	1	—	3	4	21	12	10	9
Peptic ulcer ..	24	11	13	—	—	—	—	—	4	3	4	4	9	7	7	10
Appendicitis ..	3	3	—	—	—	—	—	—	—	1	—	—	5	1	2	—
Intestinal obstruction and hernia ..	19	5	14	3	—	—	—	—	—	—	—	—	10	5	7	7
Cirrhosis of liver ..	10	5	5	—	—	—	—	—	—	3	2	3	1	2	3	5
Other diseases of the digestive system ..	46	19	27	1	—	1	—	—	—	2	2	12	28	12	20	14
Nephritis and nephrosis ..	15	7	8	—	—	1	—	—	1	2	2	4	5	4	7	4
Hyperplasia of prostate ..	5	5	—	—	—	—	—	—	—	—	—	—	1	4	2	2
Other diseases of genito-urinary system ..	28	7	21	—	—	—	—	—	2	1	2	8	15	8	12	8
Abortion ..	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1
Other complications of pregnancy, childbirth and puerperium ..	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Diseases of the skin and subcutaneous tissue ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the musculo-skeletal system and connective tissue ..	23	3	20	—	—	—	—	—	—	1	—	4	18	7	10	6
Congenital anomalies ..	28	13	15	17	2	2	—	1	—	—	—	3	3	8	12	8
Birth injury, difficult labour, and other anoxic and hypoxic conditions ..	33	27	6	33	—	—	—	—	—	—	—	—	—	7	12	14
Other causes of perinatal mortality ..	24	14	10	24	—	—	—	—	—	—	—	—	—	6	9	9
Symptoms and ill-defined conditions ..	12	2	10	—	—	—	—	—	—	—	—	—	12	4	6	2
Motor vehicle accidents ..	36	24	12	—	—	1	5	4	1	3	9	7	6	12	14	10
All other accidents ..	39	22	17	—	1	2	2	3	4	4	4	9	10	15	10	14
Suicide and self-inflicted injuries ..	41	18	23	—	—	—	7	10	7	2	8	6	1	12	15	14
All other external causes ..	16	6	10	—	—	1	3	1	3	3	2	1	2	7	5	4
TOTALS ..	4,046	1,894	2,152	98	11	18	26	37	74	233	565	1,004	1,980	1,249	1,344	1,453

TABLE 2. DEATHS FROM HEART DISEASE

	Males in age groups								Females in age groups								Grand totals
	under 25	25—	35—	45—	55—	65—	75+	Totals	under 25	25—	35—	45—	55—	65—	75+	Totals	
Chronic rheumatic heart disease ...	1	—	1	2	11	8	2	25	—	1	2	4	11	14	20	52	77
Hypertensive disease ...	—	—	1	3	3	4	5	16	—	—	—	2	2	4	22	30	46
Ischaemic heart disease	—	3	7	50	101	159	187	507	—	1	2	6	28	88	314	439	946
Other forms of heart disease ...	—	—	—	—	8	18	35	61	—	—	1	1	7	12	100	121	182
Totals ..	1	3	9	55	123	189	229	609	—	2	5	13	48	118	456	642	1,251

Infant mortality

There were 98 deaths of children under one year, giving an infant mortality rate of 19.70 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	—	—	—	—	14	14
Enteritis and other diarrhoeal diseases	—	—	—	—	2	2
Congenital anomalies	4	7	2	13	4	17
Prematurity	24	—	—	24	—	24
Other causes	20	13	5	38	3	41
TOTALS	48	20	7	75	23	98

Maternal mortality

Two deaths occurred from accidents and diseases of pregnancy or childbirth. This is equivalent to a rate of 0.40 per 1,000 live and still births.

PART 2

COMMUNICABLE DISEASES

There was an appreciable decrease in the number of infectious disease notifications received during the year, 1,891 as compared with 2,190 in 1969. The decrease is accounted for by the expected drop in the incidence of measles. The total number of confirmed notifiable diseases reported, arranged in age groups and the areas in which they occurred, is shown in Tables 1 and 2 which follow. A commentary on the notifications is given below.

Vaccination and immunization against serious infectious diseases is an important feature of communicable disease control and details of this personal health service will be found in Part 4 of the Report.

Acute meningitis

Two cases were notified, both children, who subsequently recovered.

Diphtheria

No actual cases occurred, but a woman who attended the out-patients department of a local hospital complaining of a recurrent sore throat was found to be a carrier on bacteriological investigation. Her family were therefore tested and her two children also found to be carrying the organism. In view of this, all the children and staff at the day school, Sunday school and clubs attended by one child had nose and throat swabs taken. Four more children proved to be carriers and a further two came to light after testing the families concerned.

Where deemed necessary, family and school contacts were immunized, a total of 414 injections being given.

In the course of the investigation nine carriers were traced, all of whom responded to treatment, and a total of 3,280 nose and throat swabs were taken.

Dysentery

Three hundred and one notifications of dysentery or suspected dysentery were investigated, 163 being confirmed on bacteriological examination. Fifty of these notifications related to single isolated

incidents and there were four outbreaks involving 113 cases. Two of the outbreaks were at schools and involved 58 persons. The third outbreak was at a day nursery involving 36 cases and the fourth outbreak, at a residential nursery, accounted for the remaining 19 notifications.

Food poisoning

One hundred and twenty-eight notified or otherwise reported cases were investigated during the year. Of these 74 were found to be not food poisoning, after laboratory examination of faecal specimens from those affected. Half of the 54 confirmed notifications were single and unrelated and 10 minor outbreaks were responsible for the remaining 27 cases.

The causative organisms of the 54 cases were found to be of the following types :—

Salmonella typhimurium	...	...	14
.. enteritidis	...	...	13
.. panama	...	...	9
.. virchow	...	...	4
.. bredeney	...	...	3
.. reading	...	...	3
.. heidelberg	...	...	2
.. indiana	...	...	2
.. abony	...	...	1
.. derby	...	...	1
.. montevideo	...	...	1
Unidentified	...	...	1

Infective jaundice

One hundred and four notifications were received compared with 54 cases in 1969. This appreciable increase in incidence was mainly attributable to an outbreak of this usually but not invariably mild infection of the liver at one school, affecting several classes and involving home contacts. Investigation revealed 29 cases of jaundice, all but one in children, and it was decided to offer immunization with gamma globulin to all the pupils and staff of the affected school. The response was excellent, no fewer than 88% of the children at risk being immunized. No further cases of infective jaundice were reported at the school.

Measles

A total of 1,090 cases were notified as against 1,562 in 1969. The decrease was consistent with the traditional pattern of measles incidence which rises and falls in alternate years. It remains to be seen, however, what proportion of the fall can be attributed to the increase in the numbers of children being vaccinated against this disease.

Smallpox

No cases occurred during the year. However, thorough investigation was required in the case of a man who had recently arrived in this country from India and was suspected to have smallpox. All contacts were traced and vaccinated, but after full laboratory tests had been made, the provisional diagnosis was not confirmed.

Tuberculosis

The number of new cases reported during the year was 123, the sources of information being as follows:—

Primary notifications	...	...	98
Un-notified at death	...	...	3
Transfers from other areas	...	...	22

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

Particulars of the primary notifications and deaths during the year, classified by sex and age, are given in the following table:—

Age Groups	Primary Notifications				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	1	—	—	—	—	—	—	—
1-4 ...	2	3	1	—	1	—	—	—
5-9 ...	—	—	—	—	—	—	—	—
10-14 ...	—	—	1	—	—	—	—	—
15-24 ...	4	4	1	1	—	—	—	—
25-44 ...	21	7	8	—	—	—	—	—
45-64 ...	14	9	2	—	2	—	—	—
65 and over ...	13	4	1	1	2	1	1	—
Totals ...	55	27	14	2	5	1	1	—

Typhoid and paratyphoid fevers (Enteric fever)

Three unrelated cases of paratyphoid fever were notified during the year involving two girls aged 5 months and 13 years respectively and an adult male. Bacteriological examination of family contacts revealed that the baby girl's grandparents were carriers of the organisms. No source of infection could be found in the case of the other girl. The third notification concerned a man who had been on a camping holiday in Ireland.

Similar bacteriological investigations were undertaken in relation to another patient (whose illness had been diagnosed outside the Borough) when he returned to his parents' home in Wandsworth.

A total of 194 faecal and urine specimens were submitted in these cases.

Two confirmed cases of typhoid fever occurred in young girls aged 15 months and two years. On bacteriological examination of the patients' families, the parents in each case were found to be carriers and, as they were immigrants to this country, were deemed to have been infected before arrival. Both patients made a full recovery and were discharged from hospital.

The investigation of these cases necessitated bacteriological examination of 109 faecal and urine specimens.

Whooping cough

There was a five-fold increase in the number of cases of whooping cough reported, 223 compared with 45 in 1969.

Bacteriological examinations

Bacteriological examinations of stools and other specimens taken in connection with food poisoning and infectious diseases were carried out by the Joint Microbiology and Public Health Laboratory at St. George's Hospital, Tooting, and the following 6,383 specimens were examined during the year :—

Stools and urine	...	...	3,090
Nose and throat swabs	...	...	3,293

International certificates of vaccination against smallpox

Persons travelling abroad to certain specified countries are required to possess a certificate of vaccination bearing the authenticating stamp of the local authority of the area in which they were vaccinated. During 1970, 11,426 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 proposing to travel abroad for a certificate to the effect that no recent cases of smallpox have occurred in the area where they reside. Only one such certificate was requested and issued in Wandsworth during the year.

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. During the year, 40 such persons who were proceeding to addresses in the Borough were kept under observation.

Notifications are also received from Port and Local Authorities whenever persons who may have been in contact with smallpox arrive without a valid certificate. Three such persons were kept under surveillance during the year.

TABLE 1

NOTIFIABLE DISEASES	NO. OF NOTIFIED CASES OF INFECTIOUS DISEASES IN AGE GROUPS											Totals	
	Under 1 year	1	2	3	4	5-9	10-14	15-24	25-44	45-64	65 and over		
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis	1	—	—	—	—	1	—	—	—	—	—	—	2
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	6	9	12	18	14	54	9	8	32	1	—	—	163
Food poisoning	5	2	5	3	1	5	3	5	11	7	7	—	54
Infective jaundice	—	—	—	2	2	33	13	28	21	4	1	—	104
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	49	121	132	151	161	447	16	7	5	1	—	—	1,090
Ophthalmia neonatorum	3	—	—	—	—	—	—	—	—	—	—	—	3
Paratyphoid fever	1	—	—	—	—	—	—	1	1	—	—	—	3
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	—	—	3	3	2	20	6	2	1	—	—	—	37
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	1	1	2	1	2	—	1	9	37	25	19	—	98
Typhoid fever	—	1	1	—	—	—	—	—	—	—	—	—	2
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	15	24	29	28	22	98	5	2	—	—	—	—	223
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	81	158	184	206	204	658	53	62	108	38	27	—	1,779

PART 3

ENVIRONMENTAL HEALTH SERVICES

During the past year, the Environmental Health Section was reorganised into divisions. Three divisions—General, Food and Housing—were formed, each responsible for its own particular sphere of duty. This reorganisation has been a great success and has enabled the inspectorate to concentrate on and become more familiar with the legislation applicable to their particular division and for the senior inspectors of these divisions to organise and plan campaigns for their particular sphere of activity.

During the year, two of the younger inspectors left to take up appointments with outside Authorities and the Deputy Chief Public Health Inspector was promoted to become the Council's Housing Improvements Officer. The staff was increased by the addition of five inspectors from other Authorities, together with four technical assistants. Thus, at the end of 1970, for the first time for many years, the establishment of the Environmental Health Section was nearly complete.

Throughout 1970 reorganisation has introduced into the Section a sense of enthusiasm and drive, particularly in the Housing and Food Divisions.

The Housing Division actively carried out its programme of work, both in slum clearance and in regard to houses in multiple occupation. In addition, the full impact of the Housing Act, 1969, started to be felt when 1,118 applications for qualification certificates and 394 applications for provisional qualification certificates were received, each premises having to be carefully inspected and the application vetted. Unfortunately, during the first half of the year, staff shortages hindered the work of the department, and during the latter half of the year, with time having to be spent in training newly-appointed staff, we were unable to achieve the target which we had originally set out to reach. However, having finally achieved a full complement of inspectors and technical assistants towards the end of the year and the latter having virtually completed their training, I am quite sure that the coming year will not only see our target figures reached but surpassed.

The Food Division also, for the first time for many years, had a full complement of inspectors by the end of the year and great strides were made into the backlog of work on reinspections of food premises. Successful prosecutions were taken against food firms, and it became obvious throughout the year that by having Press releases

on all successful prosecutions and the naming of the firms involved, a considerable publicity effect was achieved which could only be beneficial to all concerned.

The General Division carried on with its usual day-to-day task of dealing with routine complaints. It is interesting to note that the nature of complaints over the last few years is gradually changing from one of disrepair to one of, for want of a better word, "private" nuisances, and in this connection there has been a very great increase in the complaints of noise, particularly from laundrettes and the like.

A pleasing feature during the year under review is that the public health inspectors, in their own time, gave many lectures and informal talks to various local groups, such as scouts, guides, schools, hospitals, and to large multiple stores, the latter being very appreciative of our co-operation in the training of their staff in health matters.

The formation, towards the end of 1970, by the Council, of a Housing Improvement Group, and the secondment of public health inspectors to this Group, has enabled the Chief Public Health Inspector, together with the Housing Improvements Officer, to look forward and plan for the improvement of many properties throughout the borough, which, without this increased attention, might well, in the not too distant future, fall into the category of "slums".

Statistically, the year has been very little different from any other, but within the Section itself an increased drive and sense of urgency has been apparent and a new image projected in the main by the new younger inspectors who have joined us.

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	7,583	6,977	14,560
Offices, Shops and Railway Premises Act	5,840	1,124	6,964
Infectious diseases	1,133	260	1,393
Factories Act	275	—	275
Housing clearance area scheme ...	148	7	155
Houses in multiple occupation ...	2,703	3,638	6,341
Qualification certificates	1,341	270	1,611
Other housing reports	224	8	232
Long-stay immigrants	259	126	385
New drainage	475	7,529	8,004
Hairdressers	308	192	500
Other	4,670	3,019	7,689
Totals	24,959	23,150	48,109

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

TABLE 2

	Putney	Central	Battersea	Total
Premises cleansed and repaired...	203	260	354	817
Drains tested	37	13	11	61
Drains cleansed or repaired ...	282	372	272	926
Water closets cleansed, repaired or renewed	49	50	82	181
Soil pipes altered or repaired ...	7	2	9	18
Waste pipes provided, altered or repaired	36	11	67	114
Rainwater pipes repaired	13	12	27	52
Roofs and gutters repaired	110	124	242	476
Damp courses inserted	5	6	2	13
Damp conditions otherwise reme- died	73	129	182	384
Yards drained or paved	13	1	10	24
Dustbins provided	3	7	8	18
Water cisterns cleansed, covered or repaired	5	5	7	17
Water supply reinstated	37	23	152	212
Defective stoves and fireplaces remedied	1	4	9	14
Animals improperly kept... ..	1	—	—	1
Accumulations of rubbish, etc., removed	26	18	24	68
Urinals cleansed or repaired	—	—	3	3
Smoke nuisances	9	41	4	54
Other nuisances	6	17	8	31
Totals	916	1,095	1,473	3,484
Number of preliminary notices served	232	310	267	809
Number of preliminary notices complied with	200	250	204	654
Number of abatement notices served	78	119	278	475
Number of abatement notices complied with	108	97	299	504

Legal proceedings

During the year, legal proceedings were taken by the Council in forty-two 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 bye-laws and during the year 520 applications were received.

There were 2,694 tests made in connection with drainage installations and 29 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.

All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains, and the mains are returned to service only after the analytical results are found to be satisfactory.

The quality control from the Metropolitan Water Board's laboratories is carried out by means of daily sampling from the sources of supply, from the treatment works or well stations, from the distribution system and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

Almost all dwellings in the borough, numbering approximately 126,000, and catering for a resident population of 317,410, were supplied from the mains of the Metropolitan Water Board. No houses were permanently supplied by standpipe.

No artificial fluoride is added to the water supply by the Board and where the fluoride content is indicated in the analysis it represents the naturally occurring fluoride in the water. The natural fluoride content of the mains water was 0.20 parts per million.

There has been no change in policy on the question of the general fluoridation of the water supply in Wandsworth. The Council has

already made a decision in favour of fluoridation but the Metropolitan Water Board will take no action until all authorities whose areas are served by the Board are similarly in favour.

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.

Periodic visits are 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.

There were six nursing homes in the Borough at the end of the year, with a total of 255 beds. Their categories and accommodation 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	7
Inspections by public health inspectors ...	4

Hairdressers and barbers

Under the provisions of Section 21 of the Greater London (General Powers) Act, 1967, no person may carry on a business as a hairdresser or barber at any premises unless he is registered in respect of these premises by the Borough Council.

A total of 500 visits were made by the 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, when possible, to prevent infestation by rats and mice. These duties are carried out by the pest control 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.

During the year 2,672 complaints of infestation were received in respect of which a total of 7,478 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 pest control officer continues to carry out evening "forays" on pigeons roosting under railway bridges in the Borough. These bridges are a favourite breeding ground and by attacking the pigeons at their roosting sites profitable results have been obtained, over 2,000 birds and eggs being taken during the year.

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 147 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.

Reports were received from the Fire Authority during the year concerning fires, some of which were caused by oil heaters that 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, 45 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 launderettes, particularly self-operated launderettes 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 necessitate 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 some cases an informal approach by the public health inspector has been met by willing co-operation on the part of the "offenders" but in other cases it is 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

Methods of enforcing the Offices, Shops and Railway Premises Act in the London Borough of Wandsworth.

The duty of enforcing health, welfare and safety standards in any industrial premises is part of the work of the Environmental Health Section. Inspections and visits are carried out by specialist public health inspectors supported by technical assistants which, in my opinion, is the ideal arrangement for any large Authority.

Steady progress was made in the enforcement of the Act during the year under review. The policy of annual general inspections has been continued and, in many cases, frequent follow-up visits are made. Where contraventions are found, a communication is first sent to the person responsible specifying the various infringements. If on a subsequent revisit no remedial action has been taken, a letter is sent giving a final warning of possible legal proceedings, and during this year the procedure outlined has been sufficient to obtain the desired result, except on two occasions when prosecutions were necessary and taken successfully.

Standards in offices are generally satisfactory but some shops and warehouses are still in need of improvement. The fact that such an Act exists is now becoming better known and is causing people responsible for health, welfare and safety in offices, shops and related premises to give fuller consideration to conditions of employment. Increasingly, contact is being made with architects, surveyors and engineers, amongst others, during the planning stages of office, shop and warehouse alteration.

In this year the Post Office premises were inspected by the Local Authority and it is gratifying to report that, in the main, the postal and telephone premises were both in a very satisfactory condition.

This is because of the rebuilding and regular maintenance programme of the G.P.O. and its successor, the Post Office Corporation.

Observations on various aspects of the work during the year.

Cleanliness

In too many cases the work of cleaning is carried out by the staff at any odd interval, and naturally when they are hard pressed in other directions cleaning work suffers. There is need for more cleaners in many premises.

Temperature

It is probably true to say that most employees find inadequate heating to be their greatest cause for complaint. Very few shops in the borough now try to keep the doors open in cold weather and the few who still seem to think this practice favours trade are, in the main, furniture dealers. These furniture traders have in certain cases had to provide extra heating appliances. It seems doubtful if customers appreciate the open door policy once they are in the shop.

Lighting

Improvements continued in this respect during the year.

Sanitary conveniences and washing facilities

During the year, numerous premises were provided with running hot water for washing, and additional sanitary accommodation was provided in some cases. Many repairs and much redecoration were carried out. Without regular visits, standards deteriorate quite quickly in respect of this type of accommodation.

Floor, passages and stairs

There are still many old stairs leading to lower ground floors and basements, and the most common defects are loose and split treads of the steps and loose handrails and balustrades.

Hoists and Lifts Regulations

The Offices, Shops and Railway Premises (Hoists and Lifts Regulations), 1968, and the Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968, were in force during the whole of the year under review. Action has been taken to require enclosures and gates and, where necessary, interlock mechanisms. No occupier was unwilling to make improvements. Since there is no general register, as under the Factories Act, it is sometimes difficult to locate the reports of examinations and often this involves correspondence with more than one individual or company. It would enable an enforcing Authority to keep a quicker check on

lift inspections by competent persons, if the responsible owner or occupier had a statutory duty to send a copy of the report required under the Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order to the appropriate Authority.

Accidents

Enquiries are made during visits as to the occurrence of any previous accidents, responsible persons being reminded that there is a procedure laid down for the notification of accidents, and it is felt that the personal approach by the inspector will bring this home to those responsible for accident notification.

Conclusion

The enforcement of the Act in this borough is proceeding in a methodical and purposeful manner and a considerable improvement has occurred in a wide variety of premises during 1970. The following table shows the classification and number of premises registered at the end of 1970, 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	928	13,453	931	855
Retail shops ...	1,861	8,319	2,239	3,103
Wholesale shops, warehouses ...	103	1,214	64	75
Catering establishments open to the public, canteens ...	258	2,018	90	13
Fuel storage depôts	4	29	—	—
Totals	3,154	25,033	3,324	4,046

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 1970.

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

The Department dealt with 6,946 enquiries relating to local land charges during the year. These enquiries necessitate a careful search of records and drainage plans 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 or slum clearance areas.

HOUSING

Housing Act, 1957

Clearance Areas.—Six areas consisting of a total of 129 houses were declared as clearance areas under Sections 42 and 43(2) and 77 houses were demolished following action under these sections. Ninety-eight houses were represented under Section 157 of the Act.

Closing Orders.—Under Section 157, nine houses and parts of seven houses were represented for closure; ten Closing Orders were made under Section 18 and, under Section 27, Closing Orders in respect of two houses and part of one house were determined.

Housing Act, 1961

Houses in multiple occupation

Out of an estimated number of 12,000 houses in multiple occupation, 4,469 have now been fully inspected, 1,100 having been visited this year for the first time. An analysis of the register shows the occupation of the 4,469 houses to be as follows:—

<i>Occupancies :</i>	2	3	4	5	6	7	8	9	10+
<i>No. of houses :</i>	2,278	1,088	494	241	145	99	59	33	32

During the year a reorganisation of the housing division of the Health Department was carried out enabling the work on multiple occupation to be intensified. Unfortunately, the resignation of two of the trained technical assistants depleted the staff, and the fact that the new intake had to be trained during the latter half of the year did not enable us to reach the target which we had set ourselves. However, it is quite obvious from the manner in which the division was working towards the very end of the year that future targets will be easily reached and surpassed.

The general practice is to endeavour to persuade owners to bring properties in multiple occupation up to the standard acceptable to the Corporation. Although considerable work has been carried out by many owners on a voluntary basis, others have not been so co-operative, and consequently it has been necessary to serve 28 notices under Section 16 of the Housing Act, 1961, requiring the provision of means of escape in case of fire, and seven notices under Section 15 of the Housing Act, 1961, requiring additional facilities. On four occasions during the year these notices have not been complied with and the work has been carried out in default. The work carried out by owners, both voluntarily and following the service of notices, resulted in 88 houses being brought up to standard. In seven instances, owners who had received formal or informal notices of work 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 seven Direction Orders were served fixing the number of occupants of the premises, and one variation was made to a Direction Order where the owner had put in extra facilities.

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

Multiple occupation is a serious problem in the Borough which, thanks to the efforts of the public health inspectors and technical assistants, has been contained. This type of work is extremely arduous on the staff employed, necessitating frequent visits at night and weekends in view of the fact that the majority of occupants are seldom at home in the daytime. It has, however, become increasingly apparent that the gross overcrowding of a few years back has almost ceased to exist, and the majority of properties, although occupied to the full, are no longer statutorily overcrowded.

Housing Act, 1969

The full force of this Act was felt in 1970, no fewer than 1,118 applications for Qualification Certificates being received from property owners. During the year, 231 applications were refused outright, 328 Qualification Certificates were issued and 809 applications were held in abeyance pending works being done by landlords to rectify items of disrepair. In addition, 394 applications were received for Provisional Qualification Certificates from landlords wishing to improve their property; 270 Certificates of Provisional Approval were issued, 24 Qualification Certificates were issued after landlords had complied with the qualifying conditions and 107 applications were held in abeyance for landlords to rectify items of disrepair.

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

The 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	7
Certificates of disrepair refused	—
Decisions to issue certificates of disrepair	7
Certificates of disrepair issued	1
Undertakings received from landlords	5
Applications for certificates re undertakings received from landlords	2
Certificates re undertakings issued to landlords	2
Applications for cancellation of certificates of disrepair received	6
Certificates of disrepair cancelled	—

Housing accommodation applications—medical assessment

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, 1,105 of the applications made to the Council for rehousing were referred by the Housing Manager for consideration for the award of additional points on health grounds, as allowed for under the Council's Points Scheme. In addition to these cases, 745 applications for transfer on health grounds were considered and appropriate recommendations made.

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 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 the public health inspectors in the Food Division. Samples of food and drugs for analysis by the Public Analyst are obtained by the public health inspectors of this division and a detailed account of this work appears later in this section of the report.

The total number of food premises of all kinds on the register in the Borough is 2,332 and during 1970 they were visited on 6,200 occasions. Details of the various types of food premises will be found in Tables 1 and 2 which follow.

Food Hygiene (General) Regulations, 1960

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 provision 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.

Legal proceedings: Three summonses were issued under the above Regulations, as follows:—

- (a) against a restaurant proprietor in respect of the condition of his premises. The Court imposed a fine of £105 and costs of £10.
- (b) against a baker for using tobacco whilst handling food in a food room in which there was open food. A fine of £5 was imposed.
- (c) against the Company employing the baker referred to in (b) above for failing to take all reasonable steps to prevent the baker from using tobacco. The Court imposed a fine of £25.

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	16	16	16	16
Bakers and confectioners	447	424	362	251
Butchers	157	157	157	157
Chemists	41	41	41	41
Dairies and milk depôts	7	7	7	7
Fish friers	57	57	57	57
Fishmongers	31	31	31	31
Food factories	18	18	18	18
Greengrocers	170	170	170	152
Grocers	435	435	435	428
Ice-cream manufacturers	14	14	14	14
Market stalls	164	3	—	—
Off licences	133	127	31	31
Public houses	167	161	167	167
Restaurants, cafés and canteens... ..	475	475	475	475
Totals	2,332	2,136	1,981	1,845

TABLE 2

VISITS TO FOOD PREMISES

Bakehouses	118
Butchers' shops	578
Confectioners' shops	838
Dairies and milk depôts	33
Fishmongers' shops	114
Fried-fish shops	260
Greengrocers' shops	395
Grocers' shops	1,242
Ice-cream premises	368
Market stalls	361
Restaurant kitchens	1,103
Other premises	790
	6,200

TABLE 3

WORK COMPLETED TO COMPLY WITH STATUTORY REQUIREMENTS

Washhand basins provided	9
Sinks provided	3
Provision of hot water over sink and washhand basin	15
Accommodation for clothing provided	2
Premises repaired and redecorated	46
Dustbins provided	5
Water closet accommodation provided	3
Soap, towels and nailbrushes provided	12
Floors and floor covering repaired	15
Ventilation provided	4

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.

During the year summonses were issued against three stallholders for offences under these Regulations. Fines and costs were imposed in two cases and costs were awarded in respect of the third case.

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 32 applications for registration under the provisions of Section 16(1)(a) and 5 applications for registration under the provisions of Section 16(1)(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>
Glass in bottles of orange crush ... (2 summonses)	£50 0s. 0d.	£10 0s. 0d.
Glass in bottle of milk ...	£15 0s. 0d.	£5 0s. 0d.
Mould in bottle of milk ...	£25 0s. 0d.	—
Matchstick in a loaf of bread ...	£25 0s. 0d.	£10 10s. 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 23 applications were received from persons to be registered as distributors of milk. In each case the certificate of registration was granted. Thirty-two notices of cancellation of registration were received. At the end of the year there were 253 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 1970 is given below :—

<i>Special designation</i>	<i>Number of licences issued</i>
Pasteurised	28
Sterilised	18
Untreated	7

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 18 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 578.

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.

Forty-three visits were made to the above premises during the year, the number of birds processed being 156,000, made up of broilers, hens, ducks, pheasants, turkeys and capons. The percentage of birds rejected as unfit for human consumption was 0.09 and the weight of poultry condemned as unfit 521 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 88 such shops in the Borough and 374 inspections were made during the year.

Catering establishments

All restaurants, cafés, canteens and kitchens were regularly inspected throughout the year. There are 475 such premises on the register and 1,103 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 164 food stalls in the Borough, and 361 inspections were made during the year.

Bakehouses

There are 16 bakehouses in the Borough and during the year 118 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

Three hundred and twenty-seven food samples were examined bacteriologically at the Public Health Laboratory during the year, and details are given below :—

Milk	...	...	...	12
Ice-cream	...	...	...	82
Shell-fish (Imported)	...	...	...	230
Miscellaneous	...	...	...	3
			Total	327

Milk

The 12 samples of milk submitted to the turbidity test were reported to be satisfactory.

Ice-cream

The 82 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	35
2	21
3	1
4	25
	—
Total	82
	—

Imported shell-fish

A total of 230 samples of shell-fish taken from consignments held in cold storage prior to release to the importer were examined at the Public Health Laboratory. Two consignments were found to be unsatisfactory.

Miscellaneous

The three 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, 837 of other foodstuffs and 63 of drugs. Of these 10 were submitted as formal samples, while 990 were purchased informally. One of the formal samples and 75 of the informal samples were found to be adulterated or below standard, representing 7.6 per cent, of the total samples submitted.

Details of these 76 samples are given in the Report on the work of the Public Analyst which follows.

REPORT OF THE WORK OF THE PUBLIC ANALYST FOR 1970

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 10 were taken with the formalities required by the Act and 990 taken informally. The number of food samples was 937 and the remaining 63 were drugs.

The samples submitted for analysis comprised the following substances :—

Beer, wines and spirits	...	...	...	...	...	4
Beverages (cocoa, coffee, tea, etc.)	...	...	...	...	...	27
Cereal preparations	...	...	...	...	...	10
Cheese products	...	...	...	...	...	24
Confectionery	...	...	...	...	...	128
Cream	...	...	...	...	...	16
Fats (butter, margarine, etc.)	...	...	...	...	...	45
Fish (canned, etc.)	...	...	...	...	...	41
Fruit (canned and dried)	...	...	...	...	...	49
Ice-cream	...	...	...	...	...	41
Meat products (including sausages)	...	...	...	...	...	178
Milk	...	...	...	...	...	100
Milk products	...	...	...	...	...	34
Pickles and condiments (including spices)	...	...	...	...	...	90
Preserves	...	...	...	...	...	27
Soft drinks	...	...	...	...	...	57
Soups	...	...	...	...	...	12
Vegetables	...	...	...	...	...	54
Drugs	...	...	...	...	...	63

SAMPLES FOUND TO BE ADULTERATED OR BELOW STANDARD

Case No.	Nature of Sample	Report
Formal 210	Chicken spread	"Butter" wrongly placed in list of ingredients
Informal 4487	Ginger punch	Contained more than stated 2 per cent proof spirit
4511	Outline low fat spread	Moisture too high: should be classified as margarine

Case No.	Nature of Sample	Report
4521	Fried potato chips	Fat showed signs of incipient rancidity
4522	Fried potato chips	Fat showed signs of incipient rancidity
4523	Fried potato chips	Fat showed signs of incipient rancidity
4524	Fried roe	Fat showed signs of incipient rancidity
4527*	Meat (silverside): mouse droppings	Mouse droppings confirmed
4530	Ice-cream	Deficient in non-fatty milk solids
4531	Ice-cream	Deficient in non-fatty milk solids
4551	Flower essence	Contained mould and vegetable debris
4552	Flower essence	Contained mould and vegetable debris
4565*	Bread: cigarette-end	Cigarette-end confirmed baked in bread
4567	Dried vegetable flakes	Contained sulphur dioxide which was not in list of ingredients
4586	Cheese	Fat showed signs of incipient rancidity
4587*	Cheese: odour of cats	Odour confirmed but no deleterious ingredients found
4591	Glucose	Specific rotation slightly low
4609	Rose water	Contained vegetable debris and mould
4632	Slimming biscuits	Calorific value 15 per cent in excess of that stated
4647	Sausages, pork	Deficient in meat
4649*	Whisky and cola: foreign body	Mould
4694*	Cream bun: stale	Bun was stale and cream was sour
4695*	Sausage meat: alleged to contain glass	Two pieces of glass confirmed
4705	Chicken spread	Butter was listed second among the ingredients but little could be found
4706	Devilled ham pâté	Labelling: "Devilled Ham" only appeared on the top of the lid
4719*	Cornish pasty: mouse dirt	Mouse dirt confirmed
4759*	Pickle: foreign object	Earwig
4771	Cream cake	Contained artificial cream
4772	Cream cake	Contained artificial cream
4774	Instant "Non-Fat" milk	Contained fat: Incorrectly designated "Non-Fat"
4775	Stewed steak	Slightly deficient in meat content (by 3 per cent)
4782	Minced beef with onion and gravy	Deficient in meat content (by about 10 per cent of requirement)
4794	Beefburgers	Deficient in meat content (by 5 per cent of requirement)
4824*	Milk: foreign object	Piece of glass: part of another bottle

Case No.	Nature of Sample	Report
4826	Pork sausages	Very slightly deficient in meat content
4837	Chicken spread	Butter wrongly placed in list of ingredients
4838	Pork sausages	Deficient in meat content (by 5 per cent of requirement)
4846	"Milk top"	Deficient in fat content
4849	Lemonade shandy	Deficient in proof spirit content
4858	Yoghourt	Fermenting
4879*	French bread	Not cooked by genuine French process
4918*	Bread: allegedly damaged by rodents	Evidence of rodents found
4939*	Fish finger: foreign matter	Cotton stitching, probably from sack or bag
4961	Curry powder	Contaminated with lead compounds (equivalent to 90 parts per million of lead)
5002	Sal volatile	Deficient in ammonia
5016	Instant "Non-Fat" milk	Labelling: contained fat
5030*	School milk: foreign matter	Mould
5038	Pure lemon essence	Labelling: misleading
5048	Fruit salad	Labelling: ingredients listed in wrong order
5052	Instant "Non-Fat" milk	Labelling: contained fat
5059	Fruitarian-Vitanut special	Labelling: ingredients listed in wrong order
5079	Fried potato chips	Labelling: not correctly described
5083*	Bread: foreign matter	Piece of wrapping paper
5088	Pork sausages	Deficient in meat
5105*	Wholemeal bread: foreign matter	Match baked in bread
5106	Pork sausages	Deficient in meat
5116	Steak and kidney pie	Deficient in kidney
5142	Sal volatile	Deficient in ammonia and ammonium carbonate
5149*	Milk: foreign matter	Milk solids, dirt and debris
5185	Pure vanilla essence	Labelling: incorrectly described
5195	Pure lemon essence	Labelling: incorrectly described
5196	Fried cod	Rancidity of fat
5197	Fried potato chips	Rancidity of fat
5198	Steak and kidney pie	Deficiency of kidney
5205	Fried potato chips	Labelling: not correctly described
5254	Pork sausages	Slightly deficient in meat
5327	Gari	Contained foreign matter
5342*	Lime marmalade: foreign matter	Plastic material
5343*	Bread: foreign matter	Nail
5347	Prepared cuttlefish	Contained 40 p.p.m. sorbic acid
5384*	Milk: foreign matter	Strip of tinplate
5389	Outline low fat spread	Labelling: held to be margarine

Case No.	Nature of Sample	Report
5405	Beefburgers with onion	Deficient in meat
5425	Apple crush	Excess saccharin
5467*	Oxtail soup: foreign matter	Adhesive tape trapped in seam
5468	Dates	Dusted on outside with talc

The twenty 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 14 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	Report
4506	Take-away meal: chicken alleged to be rabbit	Chicken confirmed
4525	Chicken truffle pâté: alleged to contain foreign matter	Not proven: alleged foreign matter proved to be truffle
4740	Butter: alleged to be margarine	Not proven: was pure butter
4741	Corned beef: alleged to be mouldy	No mould found
4779	Blackcurrant drink: alleged to have caused sickness	No harmful ingredients detectable
4798	Minced meat: alleged to be mouldy	No mould found
4919	Chocolate biscuit: discolouration	Slightly marked due to overheating in storage
4956	Lemon squash: alleged to have caused sickness	No harmful ingredients detected
4957	Liquid paraffin: odd odour and taste	Satisfied purity tests. Taint confirmed but no foreign matter identifiable
5257	Lambs' tongues: contained gristle	Not confirmed
5293	Orange drink: contained dye	Colouring matter confirmed but colour used was a permitted one
5364	Meat pudding: alleged to have caused sickness	No harmful ingredient found
5366	Unsalted butter: suspected of being margarine	Butter confirmed
5450	Eggs: alleged to contain formaldehyde	No formaldehyde detected

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 (87 ordinary milk and 13 Channel Islands or South Devon Milk). All of the samples were satisfactory.

Particulars		Number of samples	Number of cases in which defects were found
(a) Samples in which defects were found by the Local Authority	...	...	...
(b) Other samples in which Section 1 is enforced by the Local Authority (excluding ordinary pasteurized milk)	...	...	...
Total	...	100	...

(2) DEFECTS

Particulars	Number of cases in which defects were found	Number of cases in which defects were found	
		Reported to H.M. Inspector	Reported by H.M. Inspector
(a) Inadequate pasteurization	1	1	0
(b) Inadequate or defective	1	1	0
(c) Non-compliance with other orders under the Act (not including ordinary pasteurized milk)	1	1	0
Total	3	3	0

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.

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	101	23	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,055	245	4	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	66	7	—	—
Totals	1,222	275	4	—

(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	1	1	—	—	—
(b) unsuitable or defective	14	14	—	8	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	1	1	—	—	—
Totals	16	16	—	8	—

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.	78	—	—	—	—	—
Textile weaving	57	—	—	—	—	—
Curtains and furniture hangings	6	—	—	—	—	—
Artificial flowers	3	—	—	—	—	—
Lampshades	3	—	—	—	—	—
Cosaques, Christmas stockings, etc.	1	—	—	—	—	—
Total	148	—	—	—	—	—

ATMOSPHERIC POLLUTION

Clean Air Acts, 1956 and 1968

Smoke Control Orders

The Council's third Smoke Control Order was due to come into force on 1st July, 1970, but for reasons given below, the operative date was postponed for twelve months. The fourth Smoke Control Order was made by the Council on 3rd February, 1970, but will not now come into operation until 1st July, 1972.

Before the third Smoke Control Order was made and confirmed by the Minister of Housing and Local Government, assurances had been received from the Authorities concerned that adequate supplies of solid smokeless fuel would be available in the scheduled area. However, it subsequently became abundantly clear that the serious gap in production, resulting from the Gas Board's decision to end the manufacture of coke, was not being bridged by increased output from the private firms.

Regular liaison with local merchants and the National Coal Board confirmed statements made in Parliament and in the press that the demand for solid smokeless fuels was unlikely to be met during the winter of 1970/71. Under these circumstances, the Council decided to postpone the operative date of the third Smoke Control Order until 1st July, 1971, and that of the fourth Smoke Control Order until 1st July, 1972.

In anticipation of future difficulties, an ad hoc fuel enquiry office was established to offer help and advice to those unable to obtain supplies. Thanks to the co-operation of the local merchants and the help of the District Sales Office of the National Coal Board, it was possible to assist a number of residents, mostly elderly or infirm, who might otherwise have been without heating when shortages predictably arose during the second half of the year. By 31st December, sixty calls had been received. The Department was able to help in the majority of cases, but shortage of boiler fuel remained a serious problem for some time.

To alleviate the general effects of the shortages, the Minister was asked to suspend the operation of the existing Metropolitan Borough of Wandsworth Smoke Control Orders Nos. 1, 2, 4, 5 and 6, and this he agreed to do from 9th November, 1970 to 31st March, 1971.

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

Smoke, dust and grit nuisances and observations

During the year, 54 complaints were made alleging nuisances from smoke, dust or grit emitted from premises in the Borough. All these complaints received careful and sometimes prolonged investigation.

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

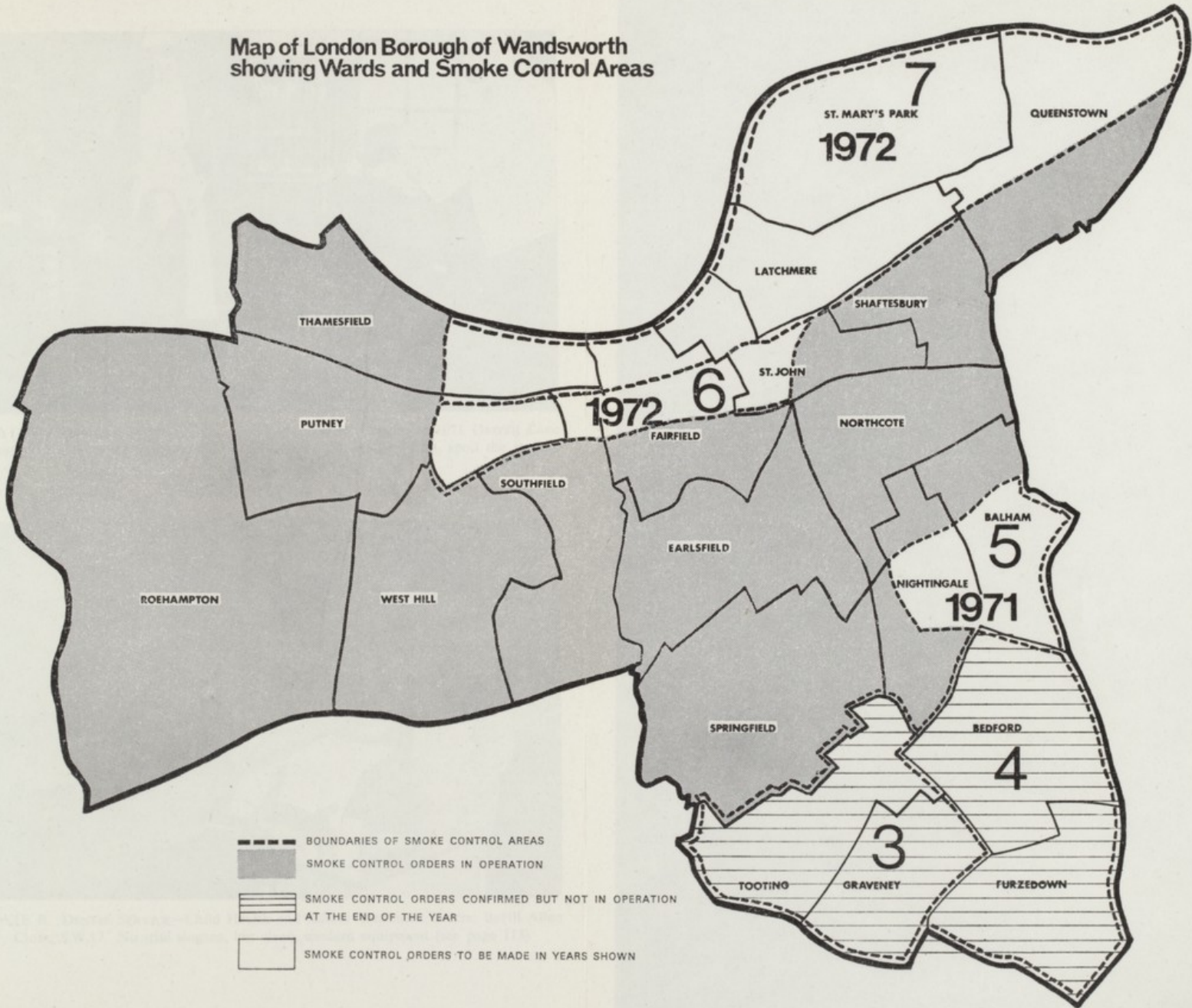




PLATE A DENTAL SERVICE—A dental health education session at 1071 Garratt Lane about 1912. Slogan of the day—see placard—was “Spare the brush, spoil the teeth”. (see page 113)



PLATE B DENTAL SERVICE—Child Health and School Treatment Centre, Bevill Allen Close, S.W.17. No trite slogans, but clean, modern equipment (see page 113)



PLATE C MENTAL HEALTH SERVICE—The workshop at Roehampton Training Centre
(see page 95)



PLATE D MENTAL HEALTH SERVICE—The residents' lounge at Roehampton Hostel
(see page 96)



PLATE E VISION—Child having her vision tested using the Sheridan Matching Vision Cards (see page 105)



PLATE F AUDIOMETRY—Child having his hearing tested (see page 109)

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, 187 such observations were made.

Installation of furnaces

Notification is required under Section 3 of the Clean Air Act, 1956, of any proposals 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. Two such notifications were received during the year.

Measurement of atmospheric pollution

Daily readings of the concentration of smoke and sulphur dioxide (SO₂) 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 (in microgrammes per cubic metre) 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 ₂	Smoke	SO ₂	Smoke	SO ₂
Month—1970						
January	130	233	106	246	114	265
February	118	222	126	224	142	228
March	141	268	74	186	66	212
April	101	228	74	162	71	180
May	60	126	54	161	58	148
June	48	176	51	120	46	68
July	52	154	42	96	40	59
August	58	118	48	121	42	51
September	60	174	68	132	58	102
October	122	189	114	161	71	134
November	153	206	168	241	128	182
December	163	182	174	238	152	228
Averages	101	180	91	174	82	155

MISCELLANEOUS MATTERS

Swimming baths

The Corporation has three public baths which have indoor swimming pools at Putney, Balham and Battersea, 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 deeps 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 83 samples were submitted for examination and satisfactory results obtained in 81 instances. In the remaining samples there were slight deviations from normal but subsequent tests proved satisfactory.

There are open-air swimming pools at two 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.

Several Inner London Education Authority's schools in the Borough have swimming baths and during the year 80 reports were received from the Scientific Branch of the Greater London Council in respect of 13 of these baths. Four reports were unsatisfactory, but further tests proved satisfactory.

Six reports were also received from the Greater London Council of samples taken from the open-air pool at Tooting Bec, all of which were satisfactory.

Examination of water from artesian wells and taps

Sixteen samples were submitted for examination at the Public Health Laboratory, and all proved satisfactory.

Examination of samples of water from an Institution

One chemical and one bacteriological sample were submitted to the Public Analyst, both of which proved unsatisfactory. A further 24 samples were submitted to the Public Health Laboratory for bacteriological examination of which 13 proved unsatisfactory, but after investigation and suggestions for improvement had been put into effect, further tests proved satisfactory.

Disinfection and disinfestation

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 on the virtues of a thorough "spring cleaning" which 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

Three hundred and twenty-six treatments were given during the year at the two personal cleansing stations to persons suffering from scabies, 108 to adults, 169 to schoolchildren and 49 to children under school age. In addition, 459 treatments for verminous conditions were given, 68 to adults, 338 to schoolchildren and 53 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	...	...	49	20	69
Vermin	...	...	11	42	53

Laundry service for incontinent persons

During the year 4,325 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 1970 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	635	326	134	7	1,102
Post-mortem and inquest	74	24	20	4	122
<i>Total post-mortems</i>	709	350	154	11	1,224
Inquest only	—	1	1	—	2
<i>Total inquests</i>	74	25	21	4	124
Total bodies received	709	351	155	11	1,226
VERDICTS AT INQUESTS HELD—					
Accidental and misadventure	29	15	10	2	56
Alcoholism	2	—	—	—	2
Natural causes	5	3	2	2	12
Open verdict... ..	3	2	3	—	8
Suicide	33	5	6	—	44
Homicide	2	—	—	—	2
TOTALS	74	25	21	4	124

In addition to the above, a further 74 inquests were held at the Coroner's Court in respect of which no bodies were received into the Mortuary.

Cremation Regulations, 1930

Under these regulations, 1,853 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 one such certificate was issued in respect of a person who 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 1970 the following courses were attended :—

- A course on fire prevention by two public health inspectors ;
- A course on noise prevention and control by two public health inspectors ;
- A two-day housing symposium by three public health inspectors ;
- A course on the use of fibre building boards in fire prevention by one public health inspector ;
- A one-day course at the Infestation Control Laboratory, Tolworth, by five public health inspectors ;
- A weekend school organised by the Association of Public Health Inspectors by one public health inspector ;
- A one-day course on the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations by one public health inspector and two technical assistants ; and
- An urban noise conference by two public health inspectors.

The Chief Public Health Inspector attended the Annual Conference of the Association of Public Health Inspectors at Blackpool from 14th to 18th September, 1970, and he also attended a two-day food symposium at Lancaster University.

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.

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

During 1970, one student successfully passed the final Diploma Examination for Public Health Inspectors.

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

The number of home confinements continued to decrease this year with a consequential reduction in the number of ante-natal sessions held. The midwives made 1,738 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	...	...	...	...	312
First attendances	...	...	...	...	1,297
Total attendances	...	...	...	...	2,905

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".

Relaxation classes and talks on mothercraft are held at eight centres. The teaching is a combined operation, both health visitors and midwives being involved in the talks, demonstrations and films that are shown.

Sessions held during the year	...	...	...	...	116
First attendances of mothers	...	...	...	...	225
Total attendances	...	...	...	...	935
Average attendance at each session	...	...	...	...	8

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	...	...	294
Total attendances	...	...	2,999
Average attendance at each session	...	...	10.2

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 63 attendances by mothers and 652 by children under five years of age.

Family planning

Wandsworth was the first borough to provide a service fully implementing the Family Planning Act of 1967 and a steady momentum of growth has been maintained. Throughout the year there has been excellent communication with hospital consultants, general practitioners and with the neighbouring boroughs of Merton, Richmond and Lambeth, with whom we have arrangements for treatment on a "knock-for-knock" basis, the services continuing to expand during 1970.

The South-West London Branch of the Family Planning Association, who have their administrative headquarters in our child health centre at Tooting, 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 five sessions a week are conducted in hospitals (St. James', Balham, Battersea General, and Queen Mary's, Roehampton). "The Pill" is still the most popular form of contraceptive treatment.

In the course of the year, 6,803 patients were seen, an appreciable increase on the comparable figure (5,438) for 1969. On the other hand, the number of domiciliary patients remained virtually stationary and here it is satisfactory to report that the aim of weaning from home to clinic is being realised. This key domiciliary service is fully comprehensive, free of charge, and easily available. Any doctor, health visitor, social worker or probation officer can recommend that the domiciliary service be given and every case receives prompt attention.

Towards the end of 1970 an upward trend in the number of patients being referred by general practitioners to our local clinics became apparent. This reflects very creditably on the quality of service provided by the Family Planning Association doctor and her team. In this connection our special thanks are due to Mrs. Crampton-Smith, the Organising Secretary, Dr. Duncan-Whyte, Dr. Edge and all the nurses and clerical staff of the Family Planning Association.

Looking to the future in the event of the closure of Battersea General Hospital we hope to transfer the two clinics serving the Battersea population to St. Christopher's Child Health Centre and to invite the Family Planning Association to open a central clinic in the Municipal Buildings. Family planning and the quality of domestic life are closely related. Close liaison with family doctors and hospital obstetricians and gynaecologists is essential if timely advice is to be given to all mothers who have recently been delivered and to those whose pregnancies have had to be terminated. The avoidance of unwanted pregnancies and the reduction in the number of abortions is wholly in the interests of the public health. Even more important in the years ahead must be the expansion of our health education programme in secondary schools so that every boy and girl is fully acquainted with the biological facts of life set in the wider context of human relationships and thus of personal and civic responsibility.

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 in brackets)

		1970	1969
(i) <i>Number of patients seen</i>			
Medical	... ..	62 (18)	109 (18)
Social	... ..	2,667 (176)	2,514 (181)
Totals	... ..	2,729 (194)	2,623 (199)
(ii) <i>Method chosen</i>			
Intra-uterine device	... ..	368 (67)	284 (79)
Other	... ..	2,361 (127)	2,339 (120)
(b) Established patients attending for first time during the year		4,074	2 815
(c) Number of sessions attended by doctor		930	800
Number of attendances to see doctor		17,023	13,311
(d) Number of visits by doctor to domiciliary cases		967	943
Number of patients seen at such visits		446	652

Domiciliary midwifery service

There has continued to be a decrease in the number of home confinements from 442 in 1969 to 385 during 1970. This decrease has been less than in previous years due to the increased use of the General Practitioner Obstetric Unit at the Weir Hospital. The domiciliary midwives delivered 45 cases in the unit during the year as against eight in 1969. The midwives working in the Roehampton area have undertaken some deliveries in the Queen Mary's Hospital, Roehampton, and are responsible for the follow-up maternity nursing in the mothers' own homes. The midwives have taken 1,145 blood specimens for the Guthrie test. This blood test is carried out on babies delivered at home, or discharged after 48 hours, or on babies whose previous tests have shown doubtful results.

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

Home confinements	385
Booked early discharges	400
Unbooked early discharges	457

Health visiting service

This has been a very busy year for all the health visitors and we were extremely fortunate that it was possible to fill all the staff vacancies which occurred. The health visitors have continued to work very closely with all those agencies concerned with the health and wellbeing of the families they visit.

Areas with large numbers of immigrants continue to require considerable health visiting time. These immigrant children are often from poor families living in multi-occupied accommodation; fathers may be unskilled or their skills not so readily recognised, which creates many problems for their families. Children may speak different languages at home and outside and may have to act as interpreters for their mothers.

The changes in social attitudes have resulted in many unmarried mothers making the decision to keep their babies and to look after them in their own homes, accordingly being anxious to return to work as soon as possible. These mothers require much help and support and it is essential that the health visitors liaise closely with hospital staff and social work agencies.

Health visitors have continued to visit the elderly. Many old people living alone with handicaps of bereavement, loneliness and financial difficulties are exposed to physical and mental health risks against which health visitors provide a valuable safeguard.

The ten health visitor students who were sponsored by the Council in September, 1969, all qualified and took up duty as health visitors in September, 1970, being a welcome addition to the staff.

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

Children born in 1970	...	...	...	...	...	5,419
Children born in 1969	...	...	...	...	...	3,992
Children born in 1965-1968	...	...	...	...	...	9,528

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

Effective visits	...	...	...	...	...	53,135
Unsuccessful visits	...	...	...	...	...	13,664
Total visits to the elderly	...	...	...	...	...	1,382

Premature infants

During 1970 the proportion of premature births was similar to that of the previous year. Out of a total of 4,975 live births in Wandsworth in 1970 (compared with 5,231 in 1969) 396 babies were born prematurely; in addition there were 33 premature stillbirths.

The table below gives details of premature births in Wandsworth during 1970. The figures for 1969 are shown in brackets :—

	<i>Live births</i>	<i>Died under 1 month</i>	<i>Stillbirths</i>
2 lb. 3 oz. or less ...	9 (14)	8 (14)	7 (6)
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	32 (28)	8 (7)	7 (11)
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	77 (58)	4 (4)	10 (11)
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	82 (92)	— (1)	5 (5)
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	196 (226)	2 (4)	4 (4)
Totals ...	396 (418)	22 (30)	33 (37)

Handicap and observation register

This is the fifth consecutive year in which a comprehensive register of handicapped children and of children at risk of developing a handicap has been kept in the Health Department and it has continued to prove its worth. 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 8½% 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. In 1970, out of a total of 4,975 live births, 428 were placed on the register before the age of three months; approximately one-third of these babies had some significant congenital malformation noticeable at birth. In addition to those placed on the register soon after 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. Reports are received from hospital consultants, general practitioners, midwives, health visitors and, perhaps most commonly, from doctors working in the Borough child health clinics. Medical officers have become increasingly alert to abnormal patterns of development in both the physical and the psychological fields. 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 co-operative effort. Throughout the year the collaboration of all concerned, that is, clinic doctors, hospital specialists, general practitioners and others, has been excellent and the exchange of information has made it possible to follow-up handicapped children in the Borough on a selective basis. Many of the children who are under the supervision of the Social Services Department 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.

The Handicap and Observation Register continues to provide the necessary information for all those who are concerned with the rehabilitation of the physically and mentally handicapped and in the prevention of further complications of the existing handicaps. Such information has proved helpful in relation to research projects concerning, for example, spina bifida, haemophilia, and fibro-cystic disease of the pancreas.

A number of visitors from Eastern Europe and Scandinavian countries, visiting this country under the sponsorship of the World Health Organisation, have commented on the value of the selective follow-up of vulnerable children in the United Kingdom which they regard as one of the most advanced features of our National Health Service.

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

Number on Handicap and Observation Register on					
31st December, 1970 1,091					
Ages			Handicap	Observation	Totals
Under 1 year			11	362	373
1 year			25	247	272
2 years			44	148	192
3 years			53	90	143
4 years			41	70	111
Totals			174	917	1,091
Number of children on the register on 1st January, 1970					1,376
Number placed on the register during 1970					789
Number removed from the register during 1970					1,074
Number placed on the register within three months of birth					428

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

Central nervous system	17
Eye and ear	2
Alimentary system	11
Heart and great vessels	3
Respiratory system	3
Urino-genital system	12
Limbs	56
Other parts of the musculo-skeletal system	7
Other systems	6
Other malformations	8
Total malformations	125 (in 107 children)

Serious handicaps in children under five years :—

	Number dealt with during 1970	Number born in 1970 and placed on Register
Mongol	24	2
Hydrocephalus	16	4
Spina bifida	17	5
Microcephalus	3	—
Congenital heart disease	22	—
Fibrocystic disease	6	1
Partially-sighted and blind	11	1
Deaf	10	—
Chronic metabolic	5	1
Epilepsy	11	1
Blood disease	5	—
Autistic/psychotic	1	—
Cerebral palsy/spastic	20	—

Unmarried mothers

Although the illegitimacy rate shows no sign of decreasing, more unmarried mothers now make their own arrangements for confinement and return to their own homes with their babies. There is one mother-and-baby home in the Borough.

Cervical cytology

The cervical cytology service is available to women residing or working in the Borough and our clinics continued to be well attended during 1970. In all 2,352 women were examined compared with 1,922 in the previous year.

The average number of eight 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.

During the year approximately five women in every thousand screened were found to have a positive cervical smear and three times as many had abnormal cellular changes requiring continued observation. Here the clinic doctor performs a key co-ordinating role ensuring that the relevant information is given to everyone concerned so that all necessary treatment can be arranged as rapidly as possible and patients recalled for repeat examinations at appropriate intervals. The detection of minor but nonetheless frequently troublesome infections or abnormalities is an important by-product of cervical cytological screening and in 1970 such conditions were detected in over one-third of the women attending the clinic. Again the importance of clinical follow-up is highlighted. Finally, the value of routine palpation of the breasts is illustrated by the discovery of two cases of mammary cancer.

Detailed statistical information for 1970 is given in the following table:—

Number of clinics held each week	6
Total number of women examined	2,352
Total number of sessions held	285
Average number of women examined at each session	8.3
Number of women clinically and cytologically healthy	1,475
Number of women with morbid conditions	877
Number of positive (malignant) smears	10
Number of cases of breast cancer	2
Number of cases with dyskaryosis (abnormal cells present)	34

Other morbid conditions :—

erosion	256
cervicitis	143
polyp	59
ovarian cyst	16
fibroids	55
prolapse	34
monilia	43
trichomonas	67
non-specific vulvo-vaginitis	112
senile vulvo-vaginitis	46

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. Great credit must be given to all the staff who have maintained the service even during very difficult periods, but even so considerable strain has fallen on the matrons, the deputies and other senior staff.

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

The registration of private day nurseries, playgroups and child-minders and their subsequent supervision has continued to make heavy demands on the staff. A steady stream of new applications flowed into the Department throughout the year. In all, 423 were received, 235 were withdrawn and there were 59 cancellations. At the end of the year the number of applications outstanding was 487 compared with some 300 twelve months previously.

Considerable time has again been devoted to giving advice and guidance to people wishing to mind children to ensure that the standards of child care and the condition of premises meet the requirements of the amendments contained in the Health Services and Public Health Act, 1968. It has remained a point of concern that some parents place their children for day care without first ascertaining the conditions under which their children are to spend the day, and without first enquiring whether or not the child-minder is registered.

At the end of the year there were 64 private day nurseries, which include part-time playgroups, and 174 registered child-minders, which include playgroups held in private houses. Many more applicants were in the process of being registered.

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. These requests for advice and guidance on good management were very welcome.

We were successful in maintaining the high level of co-operation which exists between the Council's medical and health visiting staff and the various associations and individuals, the care and wellbeing of the child always being the first consideration.

Health surveys

During the year, the Health Department has continued to give as much assistance as possible in surveys which have been initiated by various organisations.

Details of two of these are set out below :—

Dysmature children

Five dysmature children, i.e. undersized at birth although not born prematurely, are being followed-up in the Borough as part of a survey which is being undertaken by the Department of Gynaecology at St. Thomas's Hospital. As a result of work done over the past five years, the Department of Gynaecology believe that

biochemical tests of placental function enable an accurate prediction to be made of babies in danger of mental impairment due to continuing intra-uterine malnutrition. The purpose of the long-term survey is to see whether this is true.

Childhood malignancies

This survey, started in 1961 by the Department of Social Medicine at Oxford University after publication of work on the cause of leukaemia, continued during the year.

OTHER PERSONAL HEALTH SERVICES

There are also numerous personal health services provided which benefit persons other than mothers and young children, and these are referred to below :—

Home nursing service

The home nurses have had an extremely lively year and we have been most fortunate in being able to fill the few vacancies which have occurred. Chronic illness, much of it occurring in the older age group is one of the major public health problems and it is by the provision of health-teaching support to the family, and the provision of direct nursing care for all types of illness or disability that many have been helped to adapt to the limitations of their illness and have been able to live in their own homes rather than in nursing homes and institutions. The home nurses are being looked to more and more as members of the team who can and should play an increasing and central role in the integrated application of community resources to the aged.

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>Totals</i>
Under 5 years	13	132	145
5-64 years	694	23,960	24,654
65 years and over	1,507	94,277	95,784
All ages	2,214	118,369	120,583

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 require trained 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	17
Beds (hospital or cot)	9
Back rests	31
Bed cradles	19

Commodes	168
Fracture boards	8
Hoists	17
Mattresses	6
Ripple beds	3
Rubber sheeting	5
Walking aids	24
Wheelchairs	45

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 the nursing of incontinent persons in their own homes, continues at an increasing rate, and 145,400 pads were issued during the year. In addition, 46,200 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 of suitable staff continues to prove difficult in the Putney, Roehampton and Wimbledon areas. This means that home helps have to undertake a considerable amount of travelling which adds to the cost of the service.

The home help organisers work in close liaison with home nurses, health visitors, domiciliary midwives and bathing attendants to

ensure the provision of a high standard of care for the community and have continued to encourage suitable people to participate in the "Good Neighbour" scheme.

The specially equipped mini-van proved to be a most welcome and successful addition to the service.

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 1970	Aged under 65 years on first visit in 1970				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
3,318	305	26	73	174	3,896

Immunization and vaccination

The majority of the immunizations and vaccinations carried out in Wandsworth continue to take place at the Council's centres, the general practitioners' share remaining fairly constant. The health visitors and school nurses continually impress upon parents the need for complete protection for their children but there are no grounds for complacency. The figures of completed cases have declined slowly since 1965, and this is probably caused mainly by the continual movement of population referred to elsewhere in this Report. It is easier to ensure the completion of a course of immunization when a child remains in the area and attends a child health centre. Unfortunately it is often the case that those children who move most frequently are those most likely to miss immunization.

In his report for 1969 my predecessor mentioned the hope of the Department of Health and Social Security that all children under 16 years of age should be given measles vaccine unless there were contra-indications. As will be seen from the figures, a good start was made with this ambitious programme and the total number of children vaccinated was over double that of 1969.

During the year the Joint Committee on Vaccination and Immunization recommended that vaccination against rubella (german measles) should be offered to all girls between their eleventh and fourteenth birthdays, initial priority being given to girls aged thirteen. Wide publicity was given to the scheme, and the programme was launched when the vaccine was made available late in the year. When rubella occurs in women during the first four months of pregnancy it can affect the unborn child, leading to such severe defects as deformities of the heart, blindness, deafness or impaired mental development. It is hoped that ultimately all girls will be protected against the disease while still at school and so avoid the possible tragic results later in life.

Immunization and vaccination statistics

	1970	1969
Smallpox vaccination—cases completed :		
Primary vaccinations :		
Council clinics	1,806	2,168
General practitioners	750	829
Total	2,556	2,997
Revaccinations :		
Council clinics	223	162
General practitioners	400	269
Total	623	431
Diphtheria immunization—cases completed :		
Primary courses :		
Council clinics and schools	3,555	4,173
General practitioners	948	1,028
Total	4,503	5,201
Reinforcing injections :		
Council clinics and schools	5,272	4,640
General practitioners	1,511	1,226
Total	6,783	5,866
Whooping-cough immunization—cases completed :		
Primary courses :		
Council clinics and schools	3,226	3,482
General practitioners	890	966
Total	4,116	4,448
Reinforcing injections :		
Council clinics and schools	1,735	1,980
General practitioners	695	706
Total	2,430	2,686
Tetanus immunization—cases completed :		
Primary courses :		
Council clinics and schools	3,817	4,405
General practitioners	1,031	1,126
Total	4,848	5,531
Reinforcing injections :		
Council clinics and schools	4,714	4,557
General practitioners	1,600	1,308
Total	6,314	5,865

	1970	1969
Poliomyelitis vaccination—cases completed :		
Primary courses :		
Council clinics and schools ...	3,543	4,145
General practitioners ...	945	1,031
Total ...	4,488	5,176
Reinforcing doses :		
Council clinics and schools ...	4,896	4,797
General practitioners ...	1,335	1,198
Total ...	6,231	5,995
Measles vaccination—cases completed :		
Council clinics and schools ...	2,970	1,312
General practitioners ...	733	374
Total ...	3,703	1,686
Rubella vaccination—cases completed :		
Schools ...	148	—
General practitioners ...	3	—
Total ...	151	—

Note—Although diphtheria, whooping cough and tetanus are shown separately, the great majority of children receive combined antigens which enable a primary course of immunization to be given in only three injections.

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 ...	6
Other adults ...	186
Children under school age ...	114
School-children, including nursery school-children ...	124
Total ...	430

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. If patients are able to walk but cannot manage the journey to a Council centre, arrangements can be made for ambulance transport, provided that the general practitioner submits a medical certificate. Housebound patients are treated in their own homes.

A new Chief Chiropodist, Mr. Alan Trenter, was appointed in November, 1970, and a thorough review of the service is now in process.

Number of sessions held :—

at clinics	2,554
at day centres and homes for old people	432

Number of patients seen for the first time in 1970 :—

at clinics, day centres and homes for old people ...	3,420
at private surgeries	740
in their own homes	2,001

Number of treatments :—

at clinics, day centres and homes for old people ...	20,274
at private surgeries	5,410
in patients' own homes	11,934

Venereal disease

Welfare officers are employed by the six Inner London authorities in whose areas V.D. clinics are situated to follow-up patients who have failed to complete treatment, with the object of encouraging 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.

Each year the physicians in charge of special treatment centres notify the medical officers of health of the areas from which patients come to attend the centres. During 1970 the following numbers of Wandsworth patients were treated at special centres—mainly in the Greater London area.. The figures should not be regarded as

complete, as it may well be that some patients are unwilling to give their correct addresses when attending a centre.

All venereal conditions	Syphilis		Gonorrhoea	Other venereal conditions
	Primary and secondary	Other		
4,200	34	40	755	3,371

Health education

The essential work of health education has continued to be carried out enthusiastically by the health visitors, school nurses, home nurses and midwives. Advice on health matters can be given during private consultations with parents and children, in group discussions in centres, clubs and schools, or in the more formal atmosphere of the planned talk or lecture series provided by various persons speaking on specific subjects. Health visitors are well aware of their responsibility to assist in presenting health topics in an acceptable way to the general public. They are in an advantageous position in that they have been trained in the principles of education and of methods of changing attitudes. They meet children of all ages and mothers at a time when they are particularly receptive to new ideas and information, and even though their attempts to educate may not induce parents to change their own habits, the parents' attitudes towards their children may well become more constructive. In the important sphere of home safety, their efforts supplement those of the Council's Accident Prevention Officer.

Centre activities

Relaxation classes and talks on mothercraft are held at eight centres. The teaching is a combined effort as health visitors and midwives are involved in the talks, demonstrations and films that are shown. There are four mothers' clubs held at weekly intervals in four of the clinics, crèche facilities being provided for the children of mothers attending a club. Health visitors, midwives and speakers from all types of agencies and organisations are invited to speak and give demonstrations on a wide variety of topics that affect the health and wellbeing of the total family. A class is held for the elderly at one Centre, which is very popular.

Schools

A number of schools have asked for health visitors to participate in planned programmes of health education. These programmes are no longer restricted to mothercraft teaching for girls but are designed to be truly comprehensive in that they include all aspects of the mental and physical health of the individual, and thus to create an awareness of the individual's role and responsibility in the community.

Family casework and problem families

In addition to their work in the school clinics, the five social workers in the Health Department carry a small case load of problem families needing rehabilitation. Most of the parents in these cases have themselves had either broken or unstable homes. Chronic debts—particularly in relation to rent, gas and electricity bills—poor school attendance and poor care of the children have been major problems.

During the year, three of the families being helped proved themselves able to manage their own affairs; at the end of the year 16 families were receiving social worker support.

Chest clinics

There are three chest clinics in the Borough. The Wandsworth Chest Clinic is in the Municipal Buildings; the Balham Chest Clinic is in St. James' Hospital; and the Battersea Chest Clinic is in St. John's Hospital. Whereas the Wandsworth and Battersea Chest Clinics deal mostly with patients living in the Borough, the Balham Chest Clinic draws a great many patients 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 staffs of the Chest Clinics and the Health Department, and there is satisfactory co-operation at all levels. The social workers, tuberculosis visitors and administrative assistants concerned with the after-care of patients suffering from tuberculosis and other chest complaints are seconded from the Health Department.

Additional benefits are provided for patients through the agencies of the Battersea Chest Clinic Care Committee and the Wandsworth Tuberculosis Care Committee, and I have pleasure in appending reports on the activities of these two committees during the year. I am glad to record my appreciation of their excellent work which has continued throughout the year on behalf of their patients.

BATTERSEA CHEST CLINIC CARE COMMITTEE

ANNUAL REPORT

The Battersea Chest Clinic Care Committee has pleasure in presenting the Annual Report for 1970. The Committee has continued to meet at monthly intervals, and thanks are due to the Battersea, Putney and Tooting Group Hospital Management Committee for providing facilities for our meetings.

There have been only two changes during the year. Miss Harvey resigned from the Committee upon her retirement, and we wish her a very happy stay in New Zealand. We welcome Mr. Hurley who was elected to the Committee in June.

The work of the Committee has continued as previously in response to the numerous calls for help which have been received, and sufficient funds have been raised to meet these needs. The largest proportion of our expenditure has gone to the provision of clothing and means of heating, particularly for elderly patients receiving supplementary benefits, which do not allow any margin in these days of rapidly rising prices. We are grateful for the provision of a large parcel of new clothing from the Queen Mary's Needlework Guild which greatly assisted in this work.

At Christmas grants totalling £99 were distributed to out-patients and those spending Christmas in St. John's Hospital Chest Wards.

Of our fund-raising activities the most important was the organisation of two Old Tyme Dances by Mr. T. Collyer. We are indebted to Wandsworth Borough Council for allowing the free use of the hall for these dances, and the W.R.V.S. for all their work in providing refreshments and donating the profits to our funds. The total sum raised was £168 and we thank Mr. Collyer most sincerely for once again organising these highly successful events to which he devotes so much time and effort.

It is with pleasure that we record our thanks to the Management of Carson-Paripan Limited, Price's Patent Candle Company Limited, J. Lyons & Company Limited, Dawson & Company Limited, and Decca Radio and Television for providing raffle prizes for the dances.

It was found possible to raise additional funds during this year by the organising of a "May Fayre" jointly with the Army Cadet Corps. The Officers and Cadets were most co-operative and helpful in every way, and the Fayre was held in their Drill Hall at Clapham Junction. Our share of the profits amounted to £43.73.

Close co-operation with various voluntary and statutory bodies has been maintained, and has contributed in great part to the welfare of our patients.

We acknowledge with thanks the help received from the Morganite Carbon Company, the Rotary Club of Battersea Park and other friends.

Finally we record our appreciation of the work carried out on behalf of the Committee during the year by Miss R. M. Greenaway, Social Worker, Miss M. Clifford, Health Visitor and Mrs. I. Faithfull, Secretary.

N. F. CLARK-LAWRENCE (Miss),

Chairman.

WANDSWORTH TUBERCULOSIS CARE COMMITTEE

ANNUAL REPORT FOR 1970

It is always difficult when writing the Annual Report to give briefly a true picture of the work done during the year. It is at the Committee meetings that we learn of the hardships suffered by patients living in the Borough and we try to ease these by financial or practical help after thoroughly discussing each case that is put forward. Requests for help put forward by the Social Workers range from help with rent arrears for a family when the husband is unable to work for several months owing to ill health to a television licence for a pensioner. This year we seem to have received more requests for furniture and, thanks to the generosity of our contacts in Rotary, Wandsworth Council and the Committee, we have been able to supply most of what was needed.

Once again we arranged two outings for patients during the year to Eastbourne in May and Brighton in September. Mr. and Mrs. Ireland accompanied the patients on both occasions and I do thank them for giving up their time to do this.

At the beginning of September our Honorary Treasurer, Mr. Bates, was promoted to the Head Office of Lloyd's Bank and resigned from the Committee. After three and a half years we felt we were losing a friend as well as someone whose advice we valued but, of course, we were very happy for him and wished him every success in his new position. Mr. Bates introduced to us Mr. Peter Marriott, the new manager of the Wandsworth Branch of Lloyd's Bank, and we were pleased to welcome him as our new Honorary Treasurer. We hope he will find our work interesting and remain with us for some time.

When Dr. Tudor Lewis retired we wished him health and happiness and I personally lost an old and valued colleague. We have only met Dr. Carson once or twice but when he is more familiar with Wandsworth, and time permits, we hope he will get to know us better and the work we do in the Borough.

The Mayor, Alderman Gordon S. Passmore, performed the opening ceremony at our annual Sale of Work in November and he and his wife and children spent an hour talking to stallholders and making purchases. Despite great difficulties the Sale was a financial success and the total net proceeds amounted to £226.

At Christmas we again gave grants to patients at home and in hospital. Many letters of thanks were received which also expressed appreciation of being remembered. The Wandsworth Rotary Club again distributed Christmas parcels to six of our needy families and we thank them for their generosity.

I hope everyone will agree that 1970 was a successful year financially and that no genuine request for help was refused.

The Committee remained unchanged from the previous year and I do thank them all for their continued support. We must have our differences of opinion at times but I always consider it a happy Committee with only one aim—to help the patient in the most suitable way. My thanks too to my Vice-Chairman, Honorary Treasurer, Social Workers and Secretary and to those whom we rarely see but whose assistance is invaluable—the Women's Royal Voluntary Service, the officers of the Department of Health and Social Security and the Employment Exchanges.

May we continue our work for as long as we have the means to do so as I am sure there will always be the need.

DEODORA CASSELS,

Chairman.

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 900 questionnaires were scrutinised in the year. About 20 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 80 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

To ensure that the nursing staff are kept abreast of current changes within their professional sphere, the Council sponsors various members of staff to attend refresher and post-graduate courses. It is possible to second only a limited number of staff but they, on return, disseminate information to their colleagues.

Four health visitors and two domiciliary midwives attended refresher courses held by professional organisations, namely, the Health Visitors' Association, the Royal College of Nursing, and the Royal College of Midwives.

Other members of staff, including school nurses, audiometricians and clinic nurses attended short courses on subjects relevant to their particular fields of work.

Three health visitors and four home nurses completed post-graduate courses to enable them to practise as field-work instructors and practical work instructors respectively. One home nurse undertook district nurse training at Croydon Technical College.

The ten health visitor students who were sponsored by the Council in September, 1969 all qualified and took up duty as health visitors in September, 1970, being a welcome addition to the staff.

Nine nursery nurse students were accepted for the two-year training course for the National Nursery Examination Board certificate, and were placed for practical training at the four training day nurseries within the Borough.

Thirty-four pupil midwives from the South London Hospital for Women received three months' district midwifery training with nine of our teaching domiciliary midwives.

One hundred and forty-four obstetric nurses were given an insight into community care provision for expectant and newly-delivered mothers by domiciliary midwives. The nurses were from St. George's Hospital, Weir Hospital, and Queen Mary's Hospital.

Observation visits, involving all the community staff, were also arranged for student and pupil nurses, trainee social workers and students from local Colleges of Education. These visits totalled 500 by the end of the year.

PART 5

MENTAL HEALTH SERVICE

The mental health section of the Health Department has continued to provide a service of high quality. During the year there has been a great deal of discussion, reorientation, and actual sharing of work with other social service departments, both within the Borough services and outside, to prepare for integration into the new Social Services Department. The mental health section has seen it as a particular responsibility to carry through into the new Department the excellent relationships which have been developed with the various medical agencies and personnel throughout the Borough. Mental health social workers have always maintained particularly close co-operation with the health visitors, and it is hoped that this continues as the emphasis with the social services moves towards area-based services.

The most exciting development during the year has been the opening of the new combined Adult Training Centre and Hostel for the Mentally Handicapped at Roehampton. This has entirely eliminated the waiting list in the Borough for training centres for the adult mentally handicapped, and has provided a completely new residential service which is more fully described below. Photographs of the interior of the new building, which was planned in the Health Department in collaboration with the Director of Development, will be found in the centre pages of this report (Plates B and C). In addition, various other developments have taken place which have improved the leisure activities for the mentally handicapped over the last year.

STATUTORY DUTIES UNDER THE MENTAL HEALTH ACT, 1959

The prospect of performing statutory duties under the Mental Health Act has occasioned anxiety among the social workers from other departments which are shortly to amalgamate to form the Social Services Department. The Mental Health section has therefore provided opportunities to as many as possible to take part in

this work as helpers in the service, and for a limited number to be actually trained to undertake these tasks in the new department. In this way it has been possible to reduce the anxiety which is naturally felt about such work. Tooting Bec Hospital has also kindly co-operated in providing seminars for social workers from other disciplines to familiarise themselves with psychiatric illness.

COMMUNITY CARE OF THE MENTALLY ILL

Individual casework with the mentally ill and their families has continued to be the main activity of the social workers, in addition to which most of them undertook responsibility for some special aspect of the service. The referral rate has been very high and it has been necessary at times to be selective about what work is taken on and to attempt to be more rigorous in evaluating the effect of social work help.

Psychiatric social clubs

The Tooting and Putney Clubs have met each week. The Tooting Club has been very lucky to find excellent new premises in the new psychiatric wing of St. George's Hospital, Tooting. For a time it was housed in Springfield Day Hospital, when the old building at Tooting was demolished, but the new premises are ideal as they are, in fact, used by the hospital's own social club on other days of the week. The activities have been lively and the clubs have continued to provide a very valuable way of keeping in touch with a number of the department's clients.

Chellow Dene and self-contained flatlets

Chellow Dene is a large Edwardian villa on Putney Hill adapted for use as a hostel which specialises in rehabilitating psychiatric patients in the community. There are beds for 21 men and women. There is a Warden, his Deputy and Assistant, as well as domestic staff, and the social workers participate a great deal in the life of the hostel. A senior social worker is responsible, with the Warden, for interviewing all the applicants who must be recommended by a psychiatrist. She also runs a weekly group for the residents who are also in touch with their individual social workers. This, then, is an enterprise in which the mental health section invests a great deal, and it is possible for a successful resident to move on from there to one of the ten flatlets a few streets away (which comprise an annexe to the hostel), where they can develop a more independent style of life while still remaining in touch with the hostel and its staff. In fact, the hostel remains a source of reassurance and encouragement to many of the ex-residents who remain in the area after they have settled back into ordinary accommodation.

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>Total</i>
Patients in residence on 1.1.70	9	7	16 °	
Admissions during the year	14	4	18	
Discharges during the year	12	9	21	
Patients in residence on 31.12.70	11	2	13	

Number of Patients discharged during 1970 :—

(a) to home	2	1	3
(b) to normal lodgings	6	3	9
(c) returned to hospital	1	2	3
(d) to self-contained flatlets	2	3	5
(e) others	—	1	1
	—	—	—
Totals	11	10	21
	—	—	—

Self-contained flatlets

Patients in residence on 1.1.70	6	2	8
Admissions during the year	2	3	5
Discharges during the year	2	2	4
Patients in residence on 31.12.70	6	3	9

Number of patients discharged during 1970 :

(a) to home	—	—	—
(b) to normal lodgings	1	1	2
(c) returned to hospital	—	1	1
(d) others	1	—	1
	—	—	—
Totals	2	2	4
	—	—	—

Domiciliary occupational therapy

We have been fortunate to have the services of one full-time and one part-time occupational therapist. This seems to be a comparatively rare service for a mental health section, and it contributes a great deal to the range of services that can be offered. The occupational therapists have stimulated the social workers to think most carefully about the type of services which can be offered to the housebound client. By running a number of group enterprises, and in one case an afternoon club, alternatives have been provided which have proved most effective. The occupational therapists provide a very useful service in helping to assess realistically what should be the aim of a client attempting to return to work.

Co-ordination with hospitals

Working closely with the psychiatric hospitals which serve the Borough has always been a priority with this section. Social workers continue to attend out-patient clinics at St. James' Hospital, Tooting Bec, and the West Park Hospital clinic at the William Harvey Centre. We also hope to negotiate a similar attachment to the outpatients department at the newly-established Clare House wing of St. George's Hospital, Tooting. Two social workers give time to the day hospitals at Tooting Bec and Springfield, and take part in a great range of activities there, including participation in group work. Apart from their particular work, the department finds their general liaison with the hospital service extremely valuable.

Oak House Residential Unit at Tooting Bec Hospital

We have two social workers seconded to Oak House who work individually with residents who are in the process of moving from hospital life back into the community, and also run a variety of groups for residents and staff. The service which Oak House offers has been an important addition to the services of the area, providing as it does much greater flexibility in the problem of adjusting to the outside world. The social workers concerned have also been able to feed back into the section the problems of institutional life and this has promoted greater understanding between the department and the hospital.

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

We have continued to second a mental health social worker to this Child Guidance Unit, whose work is very close meshed with the activities of our department, and this arrangement has proved mutually beneficial.

Liaison with general medical practitioners

The number of social workers linked with medical practices has increased to four this year. The style and range of activities undertaken in these practices varies with the interests of the individual involved but it is undoubtedly a most valuable means of fostering opportunities for preventive work. For the patient this is a less intimidating means of achieving contact with a social work agency.

Boarding-out of mentally handicapped patients

Only a limited number of clients have been boarded-out under the scheme initiated last year by the Social Services Committee. For such a scheme to expand, it is necessary to invest a great deal of staff time in the recruitment and support of landladies. This has not been possible at this juncture.

Day centres for the mentally ill

There is no day centre for the mentally ill in Wandsworth but, where appropriate, patients attend day centres run by other London Boroughs. In Wandsworth we have been exploring the possibility of running a small day centre, perhaps using occupational therapy staff, in hired accommodation. There seems to be considerable need for such provision.

Voluntary help for the mentally ill

In addition to the Lunch Club run in Putney by the Rev. Brian Dawson, there have been other links developed in Tooting with a group of church people who now provide voluntary help at the social club, and also a number of individuals who visit our clients on a friendly basis. It is clear that this sort of co-operation is extremely valuable, although it does involve social workers in a good deal of liaison and supportive work with volunteers.

COMMUNITY CARE OF THE MENTALLY HANDICAPPED

It has been most stimulating for the mental health section to have a group of social workers meeting regularly with representatives of the parents' group from the Wandsworth Society for Mentally Handicapped Children. Many ideas have developed from these meetings and it is hoped that similar contact will be maintained in the future.

Special clinics

Health visitors, social workers and doctors are able to secure early advice for parents of mentally handicapped children through the special assessment and consultative clinics at St. Christopher's and Balham Child Health Centres as well as at the out-patients clinic provided at St. George's Hospital, Tooting by Dr. Kirman from Queen Mary's Hospital for Children, Carshalton. Every effort is made to provide support for the parents as well as practical services for young mentally handicapped children within the limits of the facilities available; these include such services as short-term care, attendance at the special unit at Summerley day nursery or visits by mental health social workers. In addition, a number of very young children are taken daily to units at Queen Mary's Hospital, Carshalton, and to the Manor Hospital.

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, Adult Training Centres and Hostel

Wandsworth Junior Training School

This school has continued to delight the authority and parents with the high standards of education offered to the children. Special attention has been given this year to ensuring that the liaison with the services for mentally handicapped adults are properly formalised to prepare for the handover of this establishment to the Inner London Education Authority in 1971. They are very proud of the standards achieved at this school, largely due to the efforts of the devoted staff.

Adult Training Centres

With the opening of Roehampton Adult Training Centre in August, there are now three adult training centres in the Borough, and the waiting list has consequently been eliminated. The new Centre (see photograph in centre pages—Plate C) is on the ground floor of a building which incorporates a 30-place hostel upstairs. Downstairs there are places for fifteen of these residents and 35 places for mentally handicapped people living at home, providing up-to-date facilities for industrial training, social education and further education in the classroom. In this Centre, as well as in Balham and Battersea, there have been advances in increasing the variety of experiences offered to the trainees. With the co-operation of the Divisional Education Officer, Mr. Kingdom, the interest of three Adult Education Institutes has been engaged and a variety of different programmes now take place at the Centres, some educational, some recreational. It has also been possible to find open spaces near each Centre where the trainees are able to go for regular sessions for exercise and organised games. Transport has also been available on a regular basis for outings to places of interest and the occupational therapist has continued to assist in organising realistic outings into the local community to help the trainees with the practical problems of daily living.

Meetings between the staff of all three training centres have promoted a great deal of useful discussion and combined thinking on the shared problems of the service.

Roehampton Hostel

This hostel (see photograph in centre pages—Plate D) was opened in August and comprises the two upper storeys over Roehampton Training Centre. It has a completely separate entrance so that the residents do not have the impression of belonging to the same establishment as the work centre downstairs.

The opening of this hostel has caused a great deal of interest, and already there has been an enormous number of visitors. For the time being, entry is limited to those who have some potential for progression to life in the outside community, either independently or in some other form of supportive setting. This means that a number of the residents are already out at work, although 15 places are reserved in the training centre below for residents at the hostel, particularly those who have arrived more recently. The 30 beds are divided equally between men and women, and there are many contacts and outlets in the local community. Staff make every effort to ensure that the trainees live as full and as normal a life as possible.

Organised holidays for the mentally handicapped

Wandsworth again shared in the Inner London Borough Scheme and sent a number of young men and boys on the organised holidays to Dymchurch. Once again we had a very successful holiday run by Miss Hyde, the manager of the Battersea Training Centre, at Pirate Springs, a holiday home run by the National Society for Mentally Handicapped Children. This year, as well as training centre staff, two volunteers went to help in the task of providing an excellent holiday for 25 women and girls.

Leisure activities for the mentally handicapped

In conjunction with the Wandsworth Society for Mentally Handicapped Children and with the local Youth Service, the mental health section has been able to promote a varied programme of evening recreational activities in Youth Centres in Clapham, Battersea and Southfields. In addition to the Gateway Club at Balham on Mondays, run by the Parents' Society, a new club is planned for early opening at the Roehampton Centre and a limited amount of transport is available in relation to these projects. The Gateway Club at Putney is still a thriving venture and the swimming sessions held regularly at Putney Baths continue to gain in popularity. At weekends there is a sports session organised at the Battersea Culvert Youth Centre which is held on Saturday mornings. It can thus be seen that a fair variety of activity is available to the mentally handicapped in the Borough.

Home teaching of the mentally handicapped

This scheme has continued during the year, but when responsibility for the education of mentally handicapped children passes to the Inner London Education Authority in 1971, plans will be made to transfer the time of the home teacher to the needs of the adult mentally handicapped, teaching some at home but others in the various centres and in the hostel.

Liaison with hospitals for the mentally handicapped

Queen Mary's Hospital for Children, Carshalton, continues to give an excellent service to mentally handicapped children from Wandsworth. The social workers maintain links with the clinics at St. George's Hospital, Tooting, and also visit the main hospital in Carshalton. Dr. Witcombe, from the Manor Hospital, Epsom, runs a regular clinic in Putney to which are referred adult mentally handicapped people who need special assessment. A social worker attends this clinic. The daily run to both these hospitals continues, for Special Care Unit children to the Fountain School at Queen Mary's and for both children and a small number of adults, to the Manor Hospital, Epsom.

Club for educationally subnormal school leavers

The Club for E.S.N. school leavers is continuing to thrive with the help of a group of voluntary helpers. A mental health social worker has also developed closer liaison with the three schools which serve this area, and a more comprehensive approach towards this needy group is developing in the Borough.

Short-term care

During 1970, the numbers of children and adults placed in short-term care were :—

Aged under 16 years	...	66
Aged 16 years and over	...	39
		—
Total	...	105
		—

Long-term care

A total of 64 patients were maintained in long-term care at some time during the year, 57 of whom were in residence at the end of 1970. The organisations responsible for their care are shown below :—

Guardianship Society	...	...	...	...	10
Mental After-care Association	...	...	...	...	9
St. Mary's Convent	...	...	...	...	7
Cheshire Foundation	...	...	...	...	3

St. Joseph's Special School	1
Meldreth School	2
Ravenswood Foundation	2
Rudolf Steiner Schools	2
Other approved accommodation	21
	—
	57
	—

Mental Health Forum

A most valuable forum was held in July, at which representatives of many statutory and voluntary agencies were present, and at which the main subject of discussion was the role of the voluntary worker with the mentally handicapped.

After introductory speeches by Miss Julia, the Principal Mental Welfare Officer, on "The Need to Expand the Council's Services with Voluntary Help" and Mrs. Charlish, the Chairman of the Wandsworth Society for Handicapped Children, on "Opportunities in Clubs run by Volunteers", four groups were formed to discuss the underlying needs for voluntary help and ways in which the needs could be met. The groups reported back to the main forum and their conclusions will form the basis of future plans for this important section of community care.

STAFF TRAINING AND STUDENT TRAINING

A member of the staff has completed her second year at the Certificate in Social Work course at Chiswick Polytechnic. A teacher from Wandsworth Training School decided to stay on for a further optional year to complete a diploma course, and another member of staff has been seconded to Chiswick. We have continued to make full use of the varied short courses provided by the London Boroughs' Training Committee and other organisations.

The qualifications of social workers in the Mental Health team at the end of 1970 were as follows:—

Psychiatric Social Workers	12
Certificate in Social Work	7
Social Science Degree or Diploma	1
Qualified Mental Nurse	1

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.

MENTAL HEALTH ACT, 1959

STATISTICS for the year 1970

	<i>Mentally ill</i>	<i>Psycho- pathic</i>	<i>Subnormal and severely subnormal</i>	<i>Totals</i>
Persons referred				
(a) By general practitioners ...	161	1	2	164
(b) By hospitals (on discharge after in-patient treatment)	232	1	4	237
(c) By hospitals (during or after out-patient or day hospital treatment)	93	—	5	98
(d) By Inner London Education Authority	13	—	53	66
(e) By Police and/or Courts ...	15	—	2	17
(f) From other sources ...	344	1	80	425
Totals	858	3	146	1,007

Admissions to hospital

(a) As informal patients ...	51	—	—	51
(b) By statutory action (Secs. 25, 26 and 29)	145	1	1	147
(c) By Order of a Court (Sec. 60)	1	—	—	1
Totals	197	1	1	199

Persons receiving community care at 31st December, 1970

(a) Attending day training centre or workshop	3	—	251	254
(b) Receiving home training ...	28	—	7	35
(c) Resident in local authority home/hostel	18	—	12	30
(d) Resident at local authority's expense in other home/ hostel	9	—	26	35
(e) Boarded-out at local auth- ority's expense in private household	3	—	16	19
(f) Receiving home visits and not in any of the foregoing categories (a) to (e) ...	935	—	665	1,600
Totals	996	—	977	1,973

LONDON BOROUGH OF WANDSWORTH

PART 6

SCHOOL HEALTH SERVICE

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1970

CONTENTS

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

Introduction

I have the honour to present the sixth annual report on the School Health Service of the London Borough of Wandsworth for the year ended 31st December, 1970, having succeeded Dr. Tudor Lewis who retired at the end of March.

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 to that Authority for the day-to-day running of the Service.

It is not possible for me in these brief introductory comments to do justice to all the varied activities of the school health service. I can only hope to highlight a few features of especial interest.

The generally satisfactory physique of pupils found on routine medical examination testified to the improved nutritional standards attained during the past three decades. This improvement coupled with the availability of increasingly potent antibiotics has no doubt contributed significantly to the much lower incidence in recent years of complications following infections of the ear, nose and throat. Hence the poor attendances at the E.N.T. clinics provided by the school health service to which my predecessor referred last year and the subsequent decision to close them following the resignation in May of the consultant in charge, Mr. Wilson. Thereafter children deemed to be in need of further attention were referred to their family doctors through whom adequate arrangements for consultation could be made. The increasing use of the Audiology Centre at Braidwood for the investigation of children thought to be hard of hearing was a pleasing development.

Less satisfactory was the increase in verminous infestation amongst school children recorded at both routine and special health surveys undertaken by the school nurses. The de-lousing of an individual pupil must be accompanied by the inspection and, where necessary, the disinfestation of the remaining members of the family. The co-operation of all concerned is essential.

The benefits to be derived from whole-hearted parental co-operation were well illustrated in the course of controlling two important infective episodes involving Wandsworth schools.

In February a woman attending the out-patients' department of St. George's Hospital, Tooting, was found to be carrying virulent diphtheria bacilli and this led to the discovery that her seven-year-old son was also a carrier. Bacteriological investigation at the boy's school revealed the existence of further carriers. A letter to the parents of all the pupils at risk seeking their consent to a diphtheria immunization booster shot produced a 94% response in favour of this additional protection. 444 children and all the appropriate members of the staff of the school received a boosting injection. The scale of the epidemiological investigation which resulted in the detection, isolation and treatment, in all, of nine diphtheria carriers involving four different families is indicated by the 3,280 nose and throat swabs taken by health visitors and school nurses from 787 persons. No praise is too high for their concen-

trated effort and that of Dr. Fleck and his colleagues in the Public Health Laboratory at Tooting. Thanks to the full support of the parents the existing satisfactory level of immunity was boosted still further. Not a single clinical case of diphtheria developed.

A little later in the year a small persistent outbreak of infective jaundice occurred at a junior and infants school ultimately affecting 24 children from 16 different families. In view of the persistence of the episode—despite the natural break afforded by the Easter holiday period—passive immunization with gamma globulin was considered desirable to interrupt the chain of transmission. A letter was accordingly sent to the parents of all children, and to members of the staff, so far unaffected; during the following week no fewer than 88% of the pupils at risk were given an injection of gamma globulin. In all, 278 children and seven adults were immunized. No further cases occurred. Once again a high degree of parental co-operation was enjoyed and the outcome was very satisfying.

In relation to both this small epidemic of infective jaundice and two outbreaks of Sonne dysentery at other schools, the opportunity was taken to stress the value as a preventive measure of regular washing of the hands after going to the toilet and before meals. Elementary hygiene remains an important barrier to the spread of infection.

Dental hygiene is, of course, basic to a healthy dentition and in this context I do wish to echo the tribute paid last year by Dr. Tudor Lewis to the high standard maintained by the school dental service under the vigorous and able leadership of Mr. Weedon, the Principal Dental Officer. Two dental officers and two clerk/dental surgery assistants were added to the establishment during the year and the appointment of Senior Dental Officer was very adequately filled by Mrs. Mansell-Jones. The goal of an annual routine dental inspection for every school pupil came perceptibly nearer in the wake of an excellent collective effort in 1970. Dental health is much to be prized and Wandsworth is fortunate to possess such an outstanding service available to all its schools.

In conclusion I welcome the opportunity to thank all members of the staff of the school health service for their diligence throughout the year, and to express to Mr. Kingdom, the Divisional Education Officer, and the Heads of schools in Wandsworth my warm appreciation of their help and support which I deeply value. The Medical Adviser to the Inner London Education Authority, Dr. Stewart, and his colleagues have given me constant encouragement and invaluable advice for which I am especially grateful.

Pupils on school rolls

In May, 1970, there were 49,033 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 1970 totalled 17,915 compared with 17,789 in 1969. Of those children inspected, 16.2% were referred for treatment of defects, 8.0% being referred for treatment of defects other than vision. The corresponding percentages for 1969 were respectively 15.7 and 7.5.

The following table shows the number of children referred for treatment or observation of the defects listed at routine general medical inspections during 1970, expressed as a rate per 1,000 children inspected, together with the corresponding rates for 1969.

Numbers examined	1970		1969	
	17,915		17,789	
Defects	Rate per thousand			
	Treatment Observation		Treatment Observation	
Skin diseases	8.82	4.30	12.03	6.80
Eyes—vision	88.98	42.70	88.59	47.39
squint	7.87	5.36	6.24	6.35
other	1.40	1.23	1.24	1.01
Defective hearing	6.31	11.55	6.75	13.83
Otitis media	1.95	2.18	1.80	5.23
Nose and throat	4.41	15.85	4.22	19.17
Defective speech	4.19	7.09	4.38	7.87
Enlarged cervical glands	0.28	2.57	0.45	3.32
Heart and circulation	1.96	8.59	1.86	9.89
Lungs	5.80	7.54	3.77	9.84
Orthopaedic defects	13.11	12.78	9.44	16.70
Defects of nervous system	2.34	1.67	1.80	3.43
Psychological defects	5.52	12.84	5.85	14.84
Developmental—hernia	0.95	1.28	0.62	1.97
other	1.51	4.19	1.12	4.50
Abdomen	0.67	1.28	0.45	1.29

Details of non-routine medical inspections carried out in 1969 and 1970 are as follows :—

	1970	1969
Reinspections	8,262	8,853
Secondary school annual surveys	66	75
Other non-routine inspections (see table below)	5,690	6,315
7-plus experimental scheme inspections	128	81
Totals	14,146	15,324
<i>Total routine and non-routine inspections</i>	<u>32,061</u>	<u>33,113</u>

Analysis of non-routine medical inspections

Nature of Inspection	Number inspected	
	1970	1969
Bathing centre inspections :		
Scabies	—	—
Other	4	—
Employment certificates	411	543
Theatrical children	70	31

School journeys	3,309	3,406
Recuperative holidays :		
Before holiday	62	38
On return	—	—
Outward Bound courses	3	21
Infectious disease investigation	2	—
Boarding Schools for the Delicate :		
Pre-departure inspections	—	3
On return from school	—	6
Handicapped pupils :		
Statutory examinations	157	129
Periodic special defect examinations	838	989
Research investigations and enquiries	1	2
Special examinations at request of :		
Head Teacher :		
Child's name entered in special book	140	149
Others	299	363
School Nurse :		
After health survey	22	25
Others	114	111
Divisional Officer (Education)	81	92
Divisional Education Welfare Officer or Care Committee	29	40
Parent	93	98
School Medical Officer	40	258
All other non-routine inspections	15	11
Total	<u>5,690</u>	<u>6,315</u>

Physical condition of pupils

Proportion satisfactory and unsatisfactory :	1970	1969
Satisfactory	99.4%	99.6%
Unsatisfactory	0.6%	0.4%

Attendance of parents and Care Committee representatives

	1970	1969
Number of pupils inspected	17,915	17,789
Parents present	49.3%	49.6%
Care Committee representative present	75.9%	86.7%

Vision

All children entering school are given a vision test at their first routine medical examination and further tests are carried out at each successive routine medical examination throughout the child's school life. Should concern be felt as a result of the school vision tests, the child will be referred either to his doctor or to the ophthalmologist. Plate E (centre pages) shows a young school-child having her vision tested at the school eye clinic.

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
1970	Boys	81.0	5.3	5.0	5.0	5.0	1.9	1.8	4.3
	Girls	78.3	6.5	6.4	6.2	3.2	2.8	2.8	6.0
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 ...	1970	23,221	243	1.05
	1969	26,133	222	0.85
Additional health surveys ...	1970	18,037	371	2.06
	1969	17,346	310	1.79

During both types of survey, vermin were found on 614 occasions, representing 1.49% of the total number of examinations.

The number of individual pupils found to be verminous was 569 or 1.16% of the school roll of 49,033. On 514 occasions the parents or children, or both, were advised about treatment and in many cases were given Lorexane shampoo for home treatment. On the further 100 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.

Vermin

Cases treated	...	...	292
Total attendances	...	...	338

Scabies

Cases treated	...	...	89
Total attendances	...	...	169

Impetigo

Cases treated	Nil
---------------	-----	-----	-----

Infectious illness reported from schools

Beta haemolytic streptococcus	...	...	...	...	2
Bladder infection	...	...	...	...	1
Cerebro-spinal meningitis	...	...	...	...	—
Chicken-pox	...	...	...	...	499
Dysentery, diarrhoea or enteritis	...	...	...	...	91
Food poisoning	...	...	...	...	1
German measles	...	...	...	...	85
Glandular fever	...	...	...	...	1
Impetigo	...	...	...	...	28
Influenza	...	...	...	...	5
Jaundice	...	...	...	...	40
Measles	...	...	...	...	456
Mumps	...	...	...	...	336
Ophthalmia and conjunctivitis	...	...	...	...	9
Pneumonia	...	...	...	...	1
Pulmonary tuberculosis	...	...	...	...	1
Ringworm (body)	...	...	...	...	9
Ringworm (scalp)	...	...	...	...	3
Scabies	...	...	...	...	22
Scarlet fever	...	...	...	...	19
Sore throat	...	...	...	...	10
Tonsillitis	...	...	...	...	36
Whooping cough	...	...	...	...	59

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.

Medical treatment of schoolchildren

The number of sessions, new cases and total attendances at school treatment centres during 1970 were as follows :—

Type of clinic	Sessions	New cases	Attendances
Minor ailments (nurse) ...	709	1,329	} 9,189
Minor ailments (doctor) ...	75	141	
Special investigation (i.e. enuresis, obesity and behaviour problems) ...	235	221	1,469
Dental	3,844	7,900	20,060
Vision	339	895	4,489
Orthoptic	232	161	501
Ear, nose and throat ...	13	28	66
Audiology	62	130	531

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 1970 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	88
Deaf	28	27
Delicate	268	—
Educationally subnormal	722	—
Maladjusted	53	61
Physically handicapped	65	—

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.

During 1970, Oak Lodge School for deaf children had the assistance of a social worker from the Health Department who has been able to provide a very useful link between the school and the family. In the autumn this service was extended to the Greenmead School for physically handicapped children, Chartfield Open-Air School and to the three partially-hearing units attached to ordinary schools.

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—see Plate F—centre pages). Routine audiometry forms part of the health examination of school entrants, and pre-school children are tested whenever indicated. 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 1970 are as follows :—

Pupils given screening tests	4,739
Pupils given pure-tone tests after failing screening tests	356
Pupils referred to otologist	388

Audiology

An otologist appointed by the Inner London Education Authority has continued to supervise the progress of children found by the school medical officers and school nurses to have poor hearing. Children who have a slight but variable hearing loss as well as those with permanent deafness have their progress checked at the clinics.

During 1970 we also had the assistance of a peripatetic teacher of the deaf working in this Borough who visits the more severe cases. A total of 439 children were on the file in December, 1970.

During the year, increasing use has been made of the Braidwood Audiology Unit at Tulse Hill (Lambeth) where children can be given a comprehensive assessment. The specialist staff of the unit contact schools to give advice on children with poor hearing.

Deaf register

A register of children with a hearing loss is now kept as a separate section of the register of handicapped children. At the end of 1970 there were 283 children listed who were residing in the Borough. Of these, 99 attended either a school for the deaf or a partially-hearing unit, and the remaining 184 were attending ordinary school. A total of 148 children had hearing aids, eight of which were supplied during 1970. Particular care is taken to watch the progress of children with a hearing loss who attend ordinary schools.

Special investigation clinics

There are six special investigation clinics in the Borough which are run jointly with the Inner London Education Authority. Children are treated for enuresis, obesity and behaviour problems or often a combination of these difficulties. Most children are referred following medical inspection in school and during the year a few cases were seen at the request of family doctors.

The clinic medical officers are assisted by a school nurse and a social worker. The latter provides information on the social background, visits patients and maintains contact with the schools and the Education Welfare Service.

During the year there was a reduction in the number of enuretic children. On the other hand, there has been an increase in the number of adolescents needing advice. At the end of the year, 252 children were receiving treatment.

Ear, nose and throat clinics

Until May, 1970, the ear, nose and throat consultant at St. George's Hospital examined school children at four of the school treatment centres. This arrangement lapsed following Mr. Wilson's resignation since, due to the low attendance, it was apparent that patients preferred to have treatment in hospital.

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	...	...	4,151
(b) Number of consents received	...	...	3,584
(c) Number of consents received for alleged contacts of known cases of tuberculosis (included in (b))	...	...	15
(d) Number of children skin tested and read	...	...	3,171
(e) Positive reactors among (d) not previously vaccinated	...	...	242 (8.4%)
(f) Positive reactors among (d) known to have been previously vaccinated	...	...	323 (8.1%)
(g) Negative reactors among (d)	...	...	2,606 (80.3%)
(h) Number of children skin tested, but not read (absentees)	...	...	261
(i) Number of children vaccinated	...	...	2,606

Vaccination against tuberculosis is also available to students in training colleges. Of 138 students skin tested, 15 were vaccinated.

School dental service

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

It is desirable, I think, to borrow a term from another profession and class 1970 as a "vintage year". This was due to the zeal of a happy and, until late in the year, permanent staff. Throughout the whole year we had to replace only one dental surgery assistant and it was not until the end of the year that there were any dental officer resignations. These resulted from outside pressures and there was mutual regret in December when two sessional officers left the country. Additional staff were appointed. Mrs. Mansell-Jones, a former sessional officer was appointed to the Senior Dental Officer post and two clerk/dental surgery assistants were appointed

to help with the heavy work load and for relief and emergency surgery work.

Recruitment has not been a problem as yet. However, general dental practitioners in the Borough are becoming increasingly concerned about the constant shortage of dental surgery assistants that does exist in the area. They are also worried about the quality of potential staff coming forward for interview. As the pressures on any particular sector of the profession inevitably affects the other sectors, the British Dental Association and the Whitley Council should consider the problem as one of salary. When a local authority advertisement appears in the local press near another for girls of school leaving age, they suffer very badly by comparison with salaries offered by banks, insurance companies and even factories. It would appear likely that a better standard of recruitment could be achieved by a higher starting point, combined with fewer and larger increments early in the scale, leading to a maximum comparable with salaries for careers in the commercial field. Any school leaver of reasonable intelligence should have mastered her work within two years, and to hold her salary down because of age instead of paying her for her competence does not make sense.

An Inspector from the Department of Education and Science made a two-day visit in February to examine and report on the dental services. Inspections have been running at a high level so that in places they had outstripped the treatment facilities to some extent. This was largely rectified by the end of the year. The main emphasis has been on the inspection of pupils in infant and junior schools because the percentage of children who require treatment is much higher there than in secondary schools. The inspection of large comprehensive secondary schools also has inherent difficulties brought about by the modern system of education. Experience suggests that a school surgery enables the staff to carry out these inspections without interfering with the school curriculum, and minimises the time wasted in attending a surgery. It also eliminates the failure rate in attendances. The pattern of treatment has been very good with the emphasis on conservation with a very good increase in the amount of work done. This has resulted in a higher than average ratio of teeth filled to teeth extracted. There has been a welcome decrease in general anaesthetics and emergencies.

Three full-time dental officers and myself attended various courses on the treatment of handicapped children, orthodontics and the Public Dental Officer Preventive Dentistry Symposium at the British Dental Association.

Once again an I.L.E.A. mobile surgery was used during the year at special schools. Oak Lodge and Linden Lodge were visited as usual, and the unit was also taken to Chartfield School this year. These visits take place every six months. The use of the mobile

unit is gradually being extended each year, the emphasis for the present being on special schools.

Statistics relating to the year's work are as follows :—

Sessions :

Number of inspection sessions in schools	...	...	288
Number of ordinary treatment sessions	...	...	3,412
General anaesthetic	...	...	15
Orthodontic	...	...	121
Health education	...	...	8
Total	...	...	3,844

Inspections :

Number of first inspections in schools	...	...	31,180
Number of first inspections in clinics	...	...	6,519
Total	...	...	37,699
Percentage requiring treatment	...	...	56.2
Reinspections at clinics or schools	...	...	1,437
Percentage requiring treatment	...	...	79.4

Attendances :

First visits	...	...	7,900
Subsequent visits	...	...	12,160
Total	...	...	20,060
Courses of treatment completed	...	...	6,107
Fillings done	...	...	24,227
Other operations including crown, inlays, X-rays, etc.	...	...	8,895

The photographs in the centre pages (Plates A and B) draw an interesting comparison between conditions in 1912 and at the present day.

Health education in schools

A number of schools have asked for health visitors to participate in planned programmes of health education. These programmes are no longer restricted to mothercraft teaching for girls but are designed to be truly comprehensive in that they include all aspects of the mental and physical health of the individual, and thus to create an awareness of the individual's role and responsibility in the community.

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.

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