

## **[Report of the Medical Officer of Health for Kingston-upon-Thames].**

### **Contributors**

Kingston upon Thames (London, England). Council.

### **Publication/Creation**

[1967?]

### **Persistent URL**

<https://wellcomecollection.org/works/nruu6y8q>

### **License and attribution**

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

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

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



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

43371

2nd copy



Library

KIN 40



**THE HEALTH AND WELFARE**  
**of the**  
**ROYAL BOROUGH**  
**of**  
**KINGSTON UPON THAMES**  
**1966**





# ROYAL BOROUGH OF KINGSTON UPON THAMES



I have the honour to submit my annual report on the Health and Welfare Services for 1966, the first calendar year since the inception of the Royal Borough, which has been prepared in compliance with Section 1/67 of the Health Act 1963.

Dr. A. C. Bailey was appointed Deputy Medical Officer of Health in April and has been a valuable addition to the staff, particularly to me after a very busy period of six months without a deputy.

## ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH and PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1966

The birth rate, infant mortality rate and general mortality rate remained below the national average, and there were no deaths of infants between the seventh and twenty-eighth days of life. However, the perinatal mortality rate, that is, the number of stillbirths and infant deaths during the first seven days of life, was above the national average. There was no apparent reason for this, but it is hoped that this will prove to have been an isolated instance.

Of the 362 deaths from cancer, 101 (81 male and 20 female) or 27.9 per cent were accidental deaths, 10 (7 male and 3 female) were 8 fewer than in 1965.

There were fewer notifications of infectious diseases, mainly because 1966 was a non-epidemic year for measles. The figures for immunisation and vaccination were above the national average, and I should like to thank the family doctors and our own medical officers and health visitors for their efforts in obtaining these excellent results.

**JOHN C. BIRCHALL, M.B., Ch.B., D.P.H.**

The work of the Environmental Health Section proceeded smoothly. A second technical officer was appointed to assist with the large number of premises to be dealt with under the Shops, Shops and Railway Premises Act 1963. The availability of housing improvement grants was widely publicised during the year.

As regards the Personal Health Services, a new infant welfare clinic was started in September at St. Mary's Church Hall, Chessington, to relieve the pressure on Hook Clinic and to reduce the travelling time for residents in Chessington.

HEALTH AND WELFARE DEPARTMENT,  
TOLWORTH TOWER,  
SURBITON,  
SURREY.





To the Mayor and Members of the Council.

I have the honour to submit my annual report on the Health and Welfare Services for 1966, this being the first complete calendar year since the inception of the new Royal Borough. The report has been prepared in compliance with Circular 1/67 of the Ministry of Health.

Dr. A. G. Bailey was appointed Deputy Medical Officer of Health in April and has been a valuable addition to the staff, particularly to me after a very busy period of nine months without a deputy.

The birth rate, death rate and infant mortality rate remained below the national average, and there were no deaths of infants between the seventh and twenty-eighth days of life. However, the perinatal mortality rate, that is, the number of stillbirths and infant deaths during the first week of life, was above the national average. There was no apparent reason for this, and it is hoped that this will prove to have been an isolated instance.

Of the 362 deaths from cancer, 101 (81 male and 20 female) or 27.9 per cent were attributable to cancer of the lung. Of 39 accidental deaths, 23 involved motor vehicles. 15 suicides (9 male and 6 female) were 8 fewer than in 1965.

There were fewer notifications of infectious diseases, mainly because 1966 was a non-epidemic year for measles. The figures for immunisation and vaccination were above the national average, and I should like to thank the family doctors and our own medical officers and health visitors for their efforts in obtaining these excellent results.

The work of the Environmental Health Section proceeded smoothly. A second technical officer was appointed to assist with the large number of premises to be dealt with under the Offices, Shops and Railway Premises Act 1963. The availability of housing improvement grants was widely publicised during the year.

As regards the Personal Health Services, a new infant welfare clinic was started in September at St. Mary's Church Hall, Chessington, to relieve the pressure on Hook Clinic and to reduce the travelling time for mothers in the southern part of Chessington.

Miss F. I. Arnold, Superintendent Health Visitor, retired in April and was replaced by Mrs. C. M. Owen, who has become an active member of our health education team.



The role of the health visitor has become increasingly that of adviser to the whole family on the social aspects of disease, on child development, and on the needs of the elderly.

More family doctors are becoming interested in the work of the health visitor and other nursing and social services. During the year three health visitors were linked to family doctors with mutual benefit to the health visiting and the general practitioner services. One midwife was attached to a group of family doctors although she continued to share district duties. This attachment also proved to be of value to both services.

An innovation in the district nursing service was the appointment of the first nursing auxiliaries. These are unqualified staff, often with some nursing experience, who receive in-service training in order to undertake routine dressing and washing of patients under the supervision of the district nurse.

Staff shortages in the Home Help Service continued to be a problem, despite a reasonably successful recruitment campaign early in the year.

There was no change in the Chiropody Service, but more people received treatment than in the previous year.

The Mental Health Services continued as in 1965, but progress was made as regards future planning. A site was earmarked at Blagdon Road, New Malden, for a new adult training centre and workshops, and plans were prepared to extend the present training centre and an enlargement of the special care unit.

As regards the Welfare Services, a small nursing home was purchased outside of the borough for use as an old people's home, and came into partial use by the end of the year. Plans were prepared for the erection of a new home in the grounds of Coombe Oak and sites earmarked for new old people's homes in the redevelopment areas of Alpha Road, Kingston and Blagdon Road, New Malden.

A kitchen for the Meals on Wheels service was established in the old staff canteen at the rear of Surbiton Library as a matter of urgency, as the private caterer who had been supplying meals in the old Kingston area, closed down.

Recruitment of social welfare officers presented a serious problem, and the number on the staff never at any time throughout the year reached the authorised establishment. This placed a heavy



burden on the social welfare officers employed, and they were always working under great pressure.

As regards the School Health Service, I am pleased to report that the health of the school children in the borough continued to be satisfactory. This service is essentially a preventive one which calls for the closest possible co-operation with all other branches of the health service, and every endeavour was made to promote a good relationship with the hospital and general practitioner services.

There is a wide belief that the number of times a child is medically examined whilst at school should be reduced. A number of authorities have replaced routine medical inspections for certain age groups by selective medical examinations, thus enabling school medical officers to devote more time to those children who are in need of special medical care and attention. Three schools in the borough have been chosen to take part in a pilot scheme where selective medical examinations will be carried out in 8-year-old children. It has also been agreed that only follow-up and special medical examinations will be carried out on children after the school leaving medical examination at the age of 14-15 years.

During the past year the College of Technology and the Kingston College of Art introduced a student health service by appointing a full time Welfare Nursing Officer. The two Senior Medical Officers made themselves available for consultations by students once a week and have, in a few instances, been able to offer advice on various health problems.

Health education in its widest sense must become a normal part of education. In the report it will be seen that efforts are being made in this direction.

I look forward next year to having a full-time Health Education Officer on the staff so that a bigger expansion can be made in this most important field of work.

The year was again a busy, difficult, and at times a trying one, with problems of new borough organisation still to the fore.

I wish to thank most sincerely all my staff for their help and co-operation, particularly those who worked long hours in the interests of the Department. My thanks are due also to my fellow Chief Officers and Heads of Departments and to the Committees of the Council concerned with the work of the Department, and particularly for the support of the Health and Welfare Committee.

*John b. Buchall*

Medical Officer of Health and  
Principal School Medical Officer



## ROYAL BOROUGH OF KINGSTON UPON THAMES

## HEALTH AND WELFARE COMMITTEE

AS AT DECEMBER 1966

-----oO-----

Mayor:

Councillor J.A.BELCHER, T.D., J.P.

Chairman:

Alderman A.C.Healey, M.Sc., Ph.D., F.R.I.C.

Vice-Chairman:

Councillor H.W.PAYNE, A.R.Ae.S.

Alderman:

D.A.McDonald

Councillors:

E.F.G.Absolon  
 G.H.Archer, M.I.O.M.  
 J.A.H.Cook  
 K.S.Cooley  
 R.H.Gibbs  
 H.J.Halford  
 J.Harrison, M.I.Prod.E.  
 R.V.Haynes

C.Lesser  
 W.E.Messenger, M.Inst.T.  
 Mrs.A.I.Pamment  
 E.C.Pinfold, J.P., S.R.N., R.M.N.  
 D.Scott  
 F.A.Speller, F.C.I.S., A.I.A.C.  
 F.J.Stepto  
 R.G.Sutton

Co-opted Members:

Dr.R.H.Bartley  
 R.A.Bayliss  
 Dr.J.S.Bearcroft

Miss B.Cowell  
 Mrs.C.E.Hobkirk, J.P.

F.R.Hooker

Mrs.E.R.Knight

Dr.R.E.Wirgman  
 Mrs.A.Woodgate, J.P.

Local Medical Committee  
 Local Dental Committee  
 Consultant Psychiatrist  
 Long Grove Hospital  
 Midwife Teachers' Training College  
 Kingston upon Thames Association  
 of Old People's Welfare Committees  
 Kingston and District Hospital  
 Management Committee  
 Kingston upon Thames Association  
 for the Blind  
 Local Medical Committee  
 South West London and Surrey  
 Executive Council



STAFF OF THE HEALTH AND WELFARE DEPARTMENT

Medical Officer of Health	J.C.Birchall, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health	A.G.Bailey, M.B., Ch.B., D.P.H. (appointed 18.4.66)
Senior Medical Officers	R.G.Isaac, M.R.C.S., L.R.C.P., D.P.H. Valerie Wills, M.D.
Chief Dental Officer	G.F.Power, L.D.S., R.C.S.
Chief Public Health Inspector	P.E.Kinton, M.R.S.H., M.A.P.H.I.
Chief Welfare Officer	F.J.Meacock
Psychiatrist (Child Guidance)	Beryl G.Anscombe, M.B., Ch.B., D.(Obst.)R.C.O.G., D.P.M.
Superintendent Health Visitor	Miss F.I.Arnold, S.R.N., S.C.M., H.V.Cert. (retired 30.4.66) Mrs. C.M.Owen, S.R.N., H.V.Certificate (appointed 2.5.66)
Superintendent Home Nursing Services and Non-Medical Supervisor of Midwives	Miss P.M.Stanley, S.R.N., S.C.M., Q.N., H.V.Certificate
Principal Mental Welfare Officer	E.V.Oram, A.A.P.S.W., S.R.N., R.M.D.N.
Senior Social Welfare Officer	Miss M.Birley, A.I.M.S.W.
Home Help Supervisor	Mrs. I.E.Roobottom
Chief Administrative Officer	H.A.Sears, D.M.A.

STAFFING ESTABLISHMENT AS AT 31st DECEMBER 1966

Assistant Medical Officers	4 + 1 P.T.
Senior Dental Officer	1
Dental Officers	3 + 1 P.T.
Orthodontic Surgeon	1
Dental Surgery Assistants	6 + 1 P.T.
Dental Auxiliary	1 P.T.
Health Visitors	24
Clinic Nurses	3
Deputy Superintendent Home Nursing Services and Non-Medical Supervisor of Midwives	1
District Nurses/Midwives	44
Nursing Auxiliaries	3

(continued)

STAFFING ESTABLISHMENT AS AT 31st DECEMBER 1966 (continued)

Consultant - Bedelsford School (Part-time)	1
Speech Therapists	4
Physiotherapists	6
Audiologist (Part-time)	1
Audiometrician (Part-time)	1
Ophthalmologist (Sessional)	1
Chest Physician	1
Psychotherapist (Part-time)	1
Psychiatric Social Workers	3
Day Nursery Matrons	2
Deputy Matrons	2
Wardens	2
Staff Nursery Nurses	7
Student Nursery Nurses	4
Deputy Chief Welfare Officer	1
Senior Social Welfare Officer	1
Social Welfare Officers	8
Welfare Assistants	2
Geriatrician (Part-time)	1
Matrons of Welfare Homes	5
Superintendent of Home	1
Senior Occupational Therapists	2
Technical Instructor	1
Chest Clinic Almoner	1
Chest Clinic Welfare Assistant	1
Deputy Home Help Supervisor	1
Assistant Home Help Supervisor	1
Home Helps	60
Psychiatrist (Part-time)	1
Casework Supervisor (Mental Health)	1
Administrative Mental Welfare Officer	1
Mental Health Social Workers	5
Training Centre Supervisor	1
Workshops Supervisors	4
Assistant Supervisors	7
Guide Assistants	3 + 1 P.T.
Deputy Chief Public Health Inspector	1
Senior Public Health Inspectors	3
District Public Health Inspectors	9
Pupil Public Health Inspectors	4
Technical Assistants	6
Administrative and Clerical Staff	65





VITAL STATISTICS

(continued)

Area, 2,381 acres.

Population, estimate of Registrar General at Mid-year 1950, 100,000.

Rateable Value of the County, 1950, £1,000,000.

Product of a Penny Rate, at the April 1950, £100,000.

Separately Rated Dwellings, at the April 1950, 10,000.

Live Births: (ages 15 and over) 10,000 (1950)

Legitimate 8,000 (1950)

Illegitimate 2,000 (1950)

Total 10,000 (1950)

Infant Mortality: (infants under one year) 100 (1950)

Infant Deaths: (infants under one year) 100 (1950)

Adjusted Death Rate for purposes of comparison using the comparability factor 0.95, 10.0 (1950)

Crude death rate per 1,000 population, 10.0 (1950)

Maternal Mortality Rate (including abortion) 10.0 (1950)

Maternal Mortality Rate (excluding abortion) 10.0 (1950)

Rate per 1,000 total live and still births, 10.0 (1950)

VITAL STATISTICS AND GENERAL SERVICES

Category	1950	1949	1948
Total Births	10,000	9,500	9,000
Legitimate	8,000	7,500	7,000
Illegitimate	2,000	2,000	2,000
Infant Deaths	100	100	100
Adjusted Death Rate	10.0	10.0	10.0
Crude Death Rate	10.0	10.0	10.0
Maternal Mortality Rate	10.0	10.0	10.0
Rate per 1,000 total live and still births	10.0	10.0	10.0



VITAL STATISTICS

Area, 9,281 acres.

Population, estimate of Registrar General at Mid-year  
1966, 146,010

Rateable Value at 1st April 1966, £9,719,297

Product of a Penny Rate,  
at 1st April 1966, £39,630

Separately Rated Dwellings, at 1st April 1966, 47,450

## Live Births:

	Males	Females	Total	Percentage
Legitimate	1,058	1,022	2,080	92.2
Illegitimate	88	88	176	7.8
<b>Totals</b>	<b>1,146</b>	<b>1,110</b>	<b>2,256</b>	<b>100.0</b>

Crude Birth Rate per 1,000 estimated population	...	15.5
Adjusted Birth Rate for purposes of comparison using the comparability factor 1.01	... ..	15.6
(England and Wales)	...	17.7

## Still Births:

(23 males and 16 females)	... ..	39
Rate per 1,000 live and stillbirths	... ..	17.0
(England and Wales)	...	15.4

Total Births	... ..	2,295
--------------	--------	-------

## Deaths:

Total (787 males and 803 females)	... ..	1,590
Crude death rate per 1,000 population	... ..	10.8
Adjusted death rate for purposes of comparison using the comparability factor 0.94	... ..	10.2
(England and Wales)	...	11.7
Maternal deaths	... ..	Nil
Maternal Mortality rate (including abortion) per 1,000 total live and still births	... ..	Nil
(England and Wales)	...	0.26

## Infant Mortality:

Infant deaths (infants under one year):

	Males	Females	Total
Legitimate	16	20	36
Illegitimate	-	3	3
<b>Totals</b>	<b>16</b>	<b>23</b>	<b>39</b>

(cont.)

VITAL STATISTICS (continued)

Mortality rate of all infants per 1,000 live births	...	...	...	...	17.3
(England and Wales)	...	...	...	...	19.0
Mortality rate of legitimate infants per					
1,000 legitimate live births	...	...	...	...	17.3
Mortality rate of illegitimate infants per					
1,000 illegitimate live births	...	...	...	...	17.0
Mortality rate of male infants per					
1,000 male live births	...	...	...	...	14.0
Mortality rate of female infants per					
1,000 female live births	...	...	...	...	20.7
Neonatal deaths (under 4 weeks of age)					
(13 males and 15 females)	...	...	...	...	28
Neonatal mortality rate per 1,000 live births	...	...	...	...	12.4
(England and Wales)	...	...	...	...	12.9
Early neonatal deaths (under 1 week of age)					
(13 males and 15 females)	...	...	...	...	28
Early neonatal mortality rate per 1,000 live births	...	...	...	...	12.4
(England and Wales)	...	...	...	...	11.1
Perinatal mortality (still births plus deaths					
under 1 week)	...	...	...	...	67
Perinatal mortality rate per 1,000 total live and					
still births	...	...	...	...	29.2
(England and Wales)	...	...	...	...	26.3

NEONATAL DEATHS

Cause of Death	Age 0-24 hours	Age 1-7 days	Age 7-28 days	Total
Anoxia (Cord round neck)	1	-	-	1
Asphyxia Pallida	1	-	-	1
" (Diaphragmatic Hernia)	-	1	-	1
Cardio-respiratory Failure	-	1	-	1
Cerebral Haemorrhage	1	1	-	2
Congenital Heart Disease	1	2	-	3
Haemo-peritoneum (Ruptured Liver Cyst)	-	1	-	1
Hydrops Foetalis	1	-	-	1
Peritonitis (Perforated Mekels Diverticulitis)	-	1	-	1
Prematurity	3	5	-	8
" (Multiple Congenital Malformations)	1	-	-	1
" (Hyaline Membrane Disease)	-	2	-	2
" (Atelectasis)	1	-	-	1
" (Respiratory Distress Syndrome)	-	1	-	1
" (Placental Insufficiency)	1	-	-	1
Respiratory Failure	-	2	-	2
Totals	11	17	-	28

Marriages: Church of England 482, other Church and Register Office 753.  
Total: 1235.



CAUSES OF DEATH BY AGE

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 Weeks and Under 1 Year	A G E I N Y E A R S								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and Over
1. Tuberculosis, Respiratory	M	5	-	-	-	-	-	-	-	-	2	3	-
	F	3	-	-	-	-	-	-	1	-	1	-	1
2. Tuberculosis, Other	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic Disease	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant Neoplasm, Stomach	M	32	-	-	-	-	-	-	-	4	15	5	8
	F	12	-	-	-	-	-	-	2	2	2	2	6
11. Malignant Neoplasm, Lung, Bronchus	M	81	-	-	-	-	1	-	-	8	31	31	10
	F	20	-	-	-	-	-	-	2	7	9	9	2
12. Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	33	-	-	-	-	-	-	3	9	10	3	8

(Continued)

CAUSES OF DEATH BY AGE (continued)

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 Weeks and Under 1 Year	A G E I N Y E A R S									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and Over	
13. Malignant Neoplasm, Uterus	F	7	-	-	-	-	-	-	-	-	1	5	1	
14. Other Malignant and Lymphatic Neoplasms	M	87	-	1	-	1	-	2	3	4	12	27	36	
	F	84	-	-	1	-	2	-	2	11	20	22	26	
15. Leukaemia, Aleukaemia	M	4	-	-	-	-	-	-	-	1	-	-	3	
	F	2	-	-	-	-	-	-	-	1	1	-	-	
16. Diabetes	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	2	-	1	
17. Vascular Lesions of Nervous System	M	87	-	-	-	-	-	-	-	4	17	20	46	
	F	150	-	1	-	-	-	-	1	2	11	35	100	
18. Coronary Disease Angina	M	194	-	-	-	-	-	1	7	23	57	56	50	
	F	147	-	-	-	-	-	-	-	-	17	39	91	
19. Hypertension with Heart Disease	M	9	-	-	-	-	-	-	-	-	1	3	5	
	F	16	-	-	-	-	-	-	-	-	1	-	15	
20. Other Heart Diseases	M	42	-	-	-	-	1	-	1	3	6	8	23	
	F	83	-	-	-	-	-	-	1	2	5	8	67	
21. Other Circulatory Diseases	M	44	-	-	-	-	-	-	-	2	7	16	19	
	F	46	-	-	-	-	-	-	2	-	4	7	33	
22. Influenza	M	5	-	-	-	-	-	-	-	-	-	-	5	
	F	8	-	-	1	-	-	-	-	-	-	1	6	
23. Pneumonia	M	42	-	-	-	-	1	-	-	1	6	12	22	
	F	62	-	4	-	-	-	-	-	2	3	9	44	
24. Bronchitis	M	44	-	1	-	-	-	-	-	1	12	11	19	
	F	14	-	-	-	-	-	-	-	1	2	6	5	
25. Other Diseases of Respiratory System	M	5	-	-	-	-	-	-	-	-	-	-	5	
	F	4	-	-	-	-	-	-	-	1	-	1	2	

(Continued)



CAUSES OF DEATH BY AGE (continued)

Cause of Death	Sex	Total all Ages	Under 4 Weeks	4 Weeks and Under 1 Year	A G E I N Y E A R S									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and Over	
26. Ulcer of Stomach and Duodenum	M	9	-	-	-	-	-	-	-	-	1	2	6	
	F	5	-	-	-	-	-	-	-	-	-	3	2	
27. Gastritis, Enteritis and Diarrhoea	M	5	-	-	1	-	-	1	-	-	-	1	2	
	F	7	-	1	-	1	-	-	-	-	2	-	3	
28. Nephritis and Nephrosis	M	3	-	-	-	-	-	-	-	-	-	3	-	
	F	3	-	-	-	-	-	-	1	-	-	1	1	
29. Hyperplasia of Prostate	M	12	-	-	-	-	-	-	-	1	-	2	9	
30. Pregnancy, Childbirth	F	-	-	-	-	-	-	-	-	-	-	-	-	
31. Congenital Malformations	M	8	2	-	2	-	1	-	1	-	-	1	1	
	F	8	3	1	-	-	-	-	-	-	1	1	2	
32. Other Defined and Ill-Defined Diseases	M	33	11	-	1	-	-	1	-	1	5	6	8	
	F	65	12	-	-	1	1	-	1	5	6	14	25	
33. Motor Vehicle Accidents	M	17	-	-	1	2	6	3	-	1	2	1	1	
	F	6	-	-	-	-	1	2	1	1	-	1	-	
34. All Other Accidents	M	8	-	1	-	-	-	-	-	1	2	1	3	
	F	8	-	1	-	-	-	-	1	1	1	-	4	
35. Suicide	M	9	-	-	-	-	1	-	1	1	4	1	1	
	F	6	-	-	-	-	-	2	-	1	-	2	1	
36. Homicide and Operations of War	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ALL CAUSES	M	787	13	3	5	3	12	8	13	56	182	212	280	
	F	803	15	8	2	2	4	4	14	41	97	169	447	

CAUSES OF DEATH BY AGE (continued)

(Continued)

INFECTIOUS DISEASES

The undermentioned diseases are notifiable by medical practitioners to the Medical Officer of Health:

Anthrax	Membranous Croup
Cholera	Meningococcal Infection
Diphtheria	Ophthalmia Neonatorum
Dysentery	Plague
Encephalitis (Acute)	Pneumonia, Acute Primary
Enteric (Typhoid or Paratyphoid) Fever	Pneumonia, Acute Influenzal
Erysipelas	Poliomyelitis (Acute)
Food Poisoning (or suspected food poisoning)	Puerperal Pyrexia
Leprosy	Relapsing Fever
Malaria	Scarlatina or Scarlet Fever
Measles	Smallpox
	Tuberculosis
	Typhus
	Whooping Cough

The following table shows the numbers of cases notified during 1966 by age groups:

Disease	Under 5	5-14	15-44	45-64	65 and over	Age Unknown	Total
Scarlet Fever	13	26	2	1	-	-	42
Whooping Cough	10	5	1	-	-	-	16
Measles	458	270	7	-	-	1	736
Dysentery	33	86	25	1	-	1	146
Acute Pneumonia	3	8	18	14	9	-	52
Paratyphoid Fever	-	1	-	-	-	-	1
Erysipelas	-	-	-	2	-	-	2
Food Poisoning	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	43	-	-	-	43
Tuberculosis - Respiratory	-	1	12	10	4	-	27
Tuberculosis - Other	-	1	4	-	1	-	6
Totals	517	398	112	28	14	2	1071



Sonne Dysentery

146 cases occurred during the year, 101 of these and 44 carriers being in an outbreak involving a number of schools in the borough, and 23 cases and 7 carriers in an outbreak at a hospital staff nursery. The other 22 cases were isolated incidents.

Paratyphoid

The case of paratyphoid occurred in a boy aged 13 years who became ill a few days after returning from Switzerland. Investigations indicated that he contracted the infection abroad.

Smallpox (Variola Minor)

A number of cases of this disease occurred during the first half of the year in the Midlands and South Wales, resulting in several requests for assistance in diagnosis, where there was a possibility of smallpox. These calls were from family doctors practising in the area and fortunately none of the cases proved to be smallpox.

A tape recording and slides taken of some of the cases in the Birmingham area were demonstrated at a meeting in the Postgraduate Medical Centre at Kingston Hospital in September.

Comparative Table of Notified Infectious Diseases 1960-1966

Disease	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever	48	48	28	31	19	29	42
Measles	40	2154	410	1482	235	1971	736
Whooping Cough	93	23	21	42	49	20	16
Puerperal Pyrexia	90	89	38	37	18	41	43
Poliomyelitis	-	2	-	-	-	-	-
Acute Infective Encephalitis	-	-	1	-	1	-	-
Diphtheria	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-
Typhoid and Paratyphoid Fevers	2	1	-	3	2	4	1
Food Poisoning	12	18	7	37	6	4	-
Dysentery	21	9	94	96	10	54	146
Meningococcal Infection	1	-	2	2	-	-	-

Laboratory Service

Bacteriological and viral specimens are dealt with by the Public Health Laboratory at Epsom and also by Kingston Hospital Laboratory.



GENERAL SERVICESHEALTH EDUCATION

During 1966 there was a considerable expansion of this work helped by the deployment of one full time and one part time health visitor, mainly on health education duties.

Rooms at Worcester Park Clinic were taken over in July for the preparation and storage of health education display materials and equipment. These latter were augmented during the year by the acquisition of a tape recorder, film strip projector, 13 film strips and several display aids.

From August onwards, a monthly programme was arranged and displays on the topics chosen were arranged in the clinics and in the entrance hall to the Health and Welfare Department. The following topics were presented:

August	...	Litter and Safety on Holiday
September	...	Immunisation
October	...	Safety with Fireworks
November	...	Smoking and Lung Cancer
December	...	Safety for Christmas

The displays are accentuated where possible by talks and exhibits in schools mainly, but also in other places.

To assist in co-ordination and planning, meetings were held in the department every three months, starting in June, and attended by representatives of the various sections of the department and by the assistant education officer for schools. Arising from a meeting in September came the idea of two seminars and these were held in November.

The first was in a committee room in Guildhall and enabled members of this department to show a group of teachers representing the secondary schools what can be done in schools to assist in this aspect of the teacher's work. A series of good displays were on show and some interesting talks were given.

The second seminar was organised by the Education Department and was a very helpful and much appreciated session of guidance on how to put across our messages, particularly to our main target - the children in school.

Much health education is given as a part of the daily work of many of the professional workers in the department, especially the health visitors and other social workers, the doctors, dentists, nurses and public health inspectors. A number of these workers give talks to a



variety of groups such as schools, voluntary organisations and canteen staff on a wide range of subjects such as parentcraft, first aid, cancer education, care of the feet and teeth, and clean food and air.

The medical officer of health and deputy are members of the Postgraduate Medical Centre in Kingston and through this connection have been able to arrange several meetings there. During 1966 the topics dealt with were the work of the Health and Welfare Department, small pox, family planning and cancer education, and these attracted mixed audiences of professional and other people. The deputy medical officer of health is now co-opted as a member of the postgraduate education committee and this will help in ensuring the co-ordination of the various aspects of the medical profession in arranging meetings.

It is pleasing to report that authority was given for the appointment of a full time health education officer and assistant from 1st July 1967. This will enable further expansion of this important work.

NATIONAL ASSISTANCE ACT 1948, SECTION 47  
NATIONAL ASSISTANCE (AMENDMENT) ACT 1951

Action can be taken under these Acts for compulsory removal of persons to suitable premises in circumstances where they are:

- (a) suffering from grave chronic disease, or being aged, infirm or physically incapacitated, are living in insanitary conditions;
- (b) unable to look after themselves and are not receiving proper care and attention from other persons.

There were no cases during the year in which action had to be taken under the above-mentioned Acts.

REGISTRATION OF NURSING HOMES

The Borough Council is the registration authority for nursing homes under Part VI of the Public Health Act 1936. No homes were registered during 1966 and at the end of the year there were five registered nursing homes in the borough and these provided a total of 108 beds for chronic sick and medical patients. None provided any maternity beds.



### LICENSING OF NURSES' AGENCIES

The Borough Council is responsible for licensing of Nurses' Agencies, under the Nurses' Agencies Act 1957. These licences are renewed on the 1st January each year.

During the year three agencies were licensed to supply nurses to private cases at home, hospitals and nursing homes.

### CREMATIONS

The Medical Officer of Health, deputy medical officer of health and a senior medical officer are recognised by the Home Office and act as medical referees to the borough crematorium in Kingston.

During the year there were 1352 cremations. None was rejected and none was referred to the Coroner, although queries were raised on various points in several cases.

### MORTUARY SERVICES

These have been arranged jointly with Kingston Hospital.

### ADULT MEDICAL EXAMINATIONS

217 candidates for appointment to the Council's staff were examined as to their fitness for employment. 370 also were accepted on completion of medical history forms without actual examination. In addition 158 newly appointed teachers and candidates for admission to teachers' training colleges were medically examined.

### HOSPITAL SERVICES

The borough is well served by hospital services and the following hospitals are situated within the borough boundaries:

<u>Hospital</u>	<u>Services Available</u>
Royal Eye Hospital, Upper Brighton Road, Surbiton.	Ophthalmic, Refraction Sessions.
Kingston Hospital, Wolverton Avenue, Kingston upon Thames.	Medical, Surgical, Fracture, Paediatric, Gynaecology, Ear Nose and Throat, Maternity, Orthopaedic, Psychiatric,









PERSONAL HEALTH SERVICESCARE OF MOTHERS AND YOUNG CHILDRENAnte-natal and Post-natal Clinics

There are six Council owned clinics at which ante and post-natal sessions are held. These are attended by medical officers and health visitors, and most of them by midwives.

The following table gives the details:

Address of Clinic	Number of sessions held during the year	Number of women who attended		Total Attendances
		Ante-Natal	Post-Natal	
Grange Road, Kingston	52	163	60	729
Acre Road, Kingston	48	81	19	435
Roselands, New Malden )	52	92	45	603
Kingston Vale )	-	-	-	-
Manor Drive, Worcester Park	52	61	32	306
South Place, Surbiton )	48	88	21	459
Hamilton Avenue, )	-	-	-	-
Tolworth )	-	-	-	-
Gosbury Hill, Hook )	52	89	33	391
St.Mary's Church Hall. )	-	-	-	-
Chessington )	-	-	-	-
TOTALS	304	574	210	2923

In addition midwives held 436 sessions at the above clinics and at the Surbiton and Malden District Nurses Homes, at which 641 women made 3277 attendances.

4427 attendances were made at ante-natal, mothercraft and relaxation classes held at the clinics listed above.



## Child Welfare Clinics

Child welfare clinics are held at the six Council owned clinics referred to above and also in three rented premises in The Old School, Robin Hood Lane, Kingston Vale, St. George's Hall, Hamilton Avenue, Tolworth, and St. Mary's Church Hall, Chessington. The sessions in the last named premises started in late September 1966. Advice is given by medical officers and health visitors, and help is given by voluntary workers who assist with keeping records and the sale of welfare foods. These welfare foods are sold at all the centres listed below, except South Place, Surbiton and Hamilton Avenue, Tolworth. They are also sold at the Women's Royal Voluntary Service Centres at Kingston, Malden, Surbiton, and the Fairmead Day Nursery, as follows:

Surbiton W.R.V.S., 154 Ewell Road.	Mon. Tues. ) Thurs. Frid. )	10.0 - 12 noon 2.0 - 4 p.m. & Wed. 10 - 12
Kingston W.R.V.S., 23a Fife Road.	Mon. Tues. ) Thurs. Frid. )	10.45 - 4 p.m. Wed. 10.45 - 12.45
New Malden W.R.V.S., Blagdon Road.	Mon. Tues. ) Thurs. Frid. )	2.0 - 4.30 ) Wed. 10 - 12 10 - 12.45
Tolworth - Fairmead Day Nursery, Ewell Road.	Monday	2.0 - 4 p.m.

The following table shows the sessions held and attendances at each of the various child welfare clinics:

Address of Clinic	Number of Sessions during year	Number of children who attended	Total Attendances
Grange Road, Kingston	127	1029	6740
Acre Road, Kingston	126	887	4487
Kingston Vale	24	101	461
Roselands, New Malden	144	1207	5050
Manor Drive, Worcester Park	144	977	4895
South Place, Surbiton	149	1265	5858
Hamilton Avenue, Tolworth	48	421	3888
Gosbury Hill, Hook	141	957	5441
St. Mary's Church Hall, Chessington	14	83	359
TOTALS	899	6927	37179

## DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

The tables overleaf show the number of mothers and young children provided with the various forms of dental care and treatment during the year. There are two dental surgeries at the Acre Road and Roselands Clinics.



MothersDental Care and Treatment at Clinics

Treatment provided		Grange Road	Acre Road	Rose-lands	Manor Drive	South Place	Gosbury Hill	TOTALS
Treatment sessions		13 $\frac{1}{2}$	17 $\frac{1}{4}$	6 $\frac{1}{2}$	2 $\frac{1}{2}$	-	6 $\frac{1}{4}$	46
Examined		20	32	13	9	-	19	93
Treated		9	27	12	8	-	16	72
Completed courses of treatment		21	41	14	9	-	15	100
Scaling and gum treatment		27	33	6	6	-	6	78
Fillings		88	58	21	12	-	32	211
Silver nitrate		-	-	-	-	-	-	-
Crowns		-	3	-	-	-	-	3
Inlays		-	-	-	-	-	-	-
Extractions		21	14	5	1	-	6	47
General anaesthetics		-	-	2	-	-	2	4
Dentures Provided	Full	2	1	2	-	-	2	7
	Partial	-	1	2	-	-	1	4
Radiographs		2	13	-	-	-	-	15



Pre-school ChildrenDental Care and Treatment at Clinics

Treatment provided	Grange Road	Acre Road	Rose-lands	Manor Drive	South Place	Gosbury Hill	TOTALS
Treatment sessions	19½	40½	27¼	14¼	-	19	120½
Examined	65	159	91	67	-	90	472
Treated	16	101	85	36	-	63	301
Completed courses of treatment	40	110	77	30	-	60	317
Scaling and gum treatment	25	27	1	-	-	-	53
Fillings	121	323	105	67	-	85	701
Silver Nitrate treatment	-	48	40	32	-	77	197
Crowns	1	2	9	-	-	-	12
Inlays	-	-	-	-	-	-	-
Extractions	26	63	57	-	-	15	161
General Anaesthetics	2	4	31	-	-	7	44
Dentures Provided	Full	-	-	-	-	-	-
	Partial	-	-	-	-	-	-
Radiographs	-	5	-	1	-	-	6



DAY NURSERIES

The borough has two day nurseries. These are Fairmead, Ewell Road, Tolworth (42 places) and Canbury Park Road, Kingston (46 places).

Admission to day nurseries is restricted to the following priority categories:

1. Where the mother is the sole wage earner.
2. Where there is sickness in the family or where home conditions exist which are likely to prejudice seriously the health of the child.
3. Where, upon consideration of individual circumstances, it appears to the Council that admission is necessary in the interests of the child.

During the year, family grouping of children has been encouraged at certain sessions at one of the day nurseries. Two groups have been formed, each comprising half a dozen or so children, in order to procure a family atmosphere. Generally the children in these groups are between 1 and 5 years old, but babies are included if either brother or sister is present. Brothers and sisters are always kept together at both nurseries.

All children are under supervision by the medical staff of the department.

The following table shows the position as regards numbers on the registers and the waiting lists at the end of the year, and the average attendance during the year:

Day Nursery	Number of approved places	Number on Register at 31.12.66		Average daily attendance during the year		Number on waiting list at 31.12.66
		Under 2	Age 2-5	Under 2	Age 2-5	
Fairmead Tolworth	42	12	30	8	25	39
Canbury Park, Kingston	46	10	36	7	24	40
<b>TOTALS</b>	<b>88</b>	<b>22</b>	<b>66</b>	<b>15</b>	<b>49</b>	<b>79</b>



## The Nurseries and Child Minders Regulations Act 1948

The Borough Council is responsible under this Act for the registration of private day nurseries and daily minders.

At the end of the year 20 nurseries providing a total of 431 places and 37 daily minders, authorised to care for up to 258 children, were registered.

### CHILDREN'S HOMES

The Children's Committee has four homes in the borough and two in Esher. The premises are inspected quarterly by a medical officer of the Health and Welfare Department and a report is made on general conditions, cleanliness, ventilation etc., and on sleeping quarters, kitchens, dietary etc.

Treatment of the children in all the homes is undertaken by the general practitioners concerned but in the four homes within the borough, departmental medical officers undertake the routine medical inspections when visiting, and on admission and discharge; they advise generally on the promotion of positive health of the children.

### HOMES FOR MOTHERS AND BABIES

There are no homes for mothers and babies in the borough. During 1966 the Council accepted financial responsibility for 28 unmarried expectant mothers sent to homes run by other authorities or voluntary organisations. The usual period of acceptance is for six weeks before and six weeks after confinement.

### CHILDREN "AT RISK"

Cases of children who are thought to be specially susceptible to handicaps are reported at birth by midwives, on special cards printed for the purpose. From these and other reports the "at risk" register is compiled and the medical and nursing staff pay particular attention to the babies who are included. Screening tests for impaired hearing are carried out and the babies are also watched carefully in case any evidence of the relevant abnormalities develops.

The following are the 31 categories of babies included in the "at risk" register:

A. Those with a family history of:

1. Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc.



2. Congenital malformations (including congenital dislocation of the hip).

3. Mental disorder.

4. Mother unusually young or elderly.

5. Family in a "social problem" group.

B. Those whose mothers suffered from any of the following conditions during pregnancy:

6. Rubella (certainly) and other virus infections (possibly) in early pregnancy.

7. Toxoplasmosis.

8. Hyperemesis.

9. Threatened abortion.

10. Severe illness necessitating chemotherapy or major surgery occurring in the early months.

11. Exposure to radio-active substances.

12. Blood group incompatibilities.

13. Diabetes.

14. Thyrotoxicosis.

15. Toxaemia.

16. Uterine haemorrhage.

17. Hydramnios.

18. Multiple pregnancy.

C. Babies born prematurely or displaying the following symptoms during the first week after birth:

19. Premature birth (i.e. 36 weeks and earlier).

20. Low birth weight in relation to gestational age.

21. Postmature birth (i.e. 42 weeks and later).

22. Abnormal presentation.

23. Prolonged, precipitate or instrumental labour.

24. Birth asphyxia.

25. Neonatal jaundice.

26. Presence of any congenital abnormality.

D. Babies showing the following difficulties or defects during the post-natal period:

27. Difficulties in sucking and swallowing.
28. Convulsions.
29. Cerebral palsy.
30. Meningitis or Encephalitis.
31. Any serious illness or infection in first few months of life.

Children remain on this register until the age of five years when the information is transferred to the school health records.

The total number of children on this register at 31st December 1966 was 2948.

Of the 2256 children born alive in the borough during 1966, 1228 were added to the "at risk" register, a percentage of 54.4. Many of these develop normally and can be taken off the register when it is sure they are within the normal range.

The register is used to indicate children in the 0 - 5 age group who are likely to require special educational facilities. This also forms a basis for co-ordination between the mental health section and the other sections and departments concerned with the welfare and observation of pre-school children.

#### Congenital Malformations

54 babies were notified at birth as congenitally malformed. Of these, 9 were stillborn and 5 subsequently died, all the deaths being a direct result of the abnormality notified. 40 babies had survived at the end of 1966. Details according to the Registrar-General's classification are as follows:

\* n.s.s. - not otherwise specified.

Of the 54 children with abnormalities, 48 are shown in one column only, 5 in 2 columns, 3 in 3 columns, 1 in 4 columns and 1 in 5 columns. 40 of these children were surviving at the end of the year.



CONGENITAL MALFORMATIONS

Total Malformations Reported	Central Nervous System	Eye Ear	Alimentary System	Heart and Great Vessels
75 (54 Children)	15 (11 Children)	-	14 (13 Children)	6 (6 Children)
9 Stillborn	3 Anencephalus		3 Anal Atresia	1 Patent Ductus Arteriosus
5 Died	1 Anencephalus & Spina Bifida		4 Cleft Palate	1 Septal Defect
	1 Hydrocephalus		2 Cleft Lip	1 Systolic Murmur
	3 Hydrocephalus & Spina Bifida		2 Cleft Lip & Cleft Palate	3 Congenital Heart Disease n.o.s. *
	1 Meningocele		1 Defects of Liver & Biliary Tract	
	1 Microcephalus		1 Oesophageal Atresia	
	1 Spina Bifida		1 Multiple Abnormalities	

CONGENITAL MALFORMATIONS

Respiratory System	Urogenital System	Limbs	Other Skeletal	Other Systems	Other Malformations
-	11 (11 Children)	20 (18 Children)	3 (3 Children)	4 (4 Children)	2 (2 Children)
	2 Defects of Male Genitalia, n.o.s. *	1 Abnormality, n.o.s. *	2 Micrognathia	1 Defect of Endocrine Glands	2 Mongolism
	2 Hydrocele	1 Arthrogryposis	1 Spinal Defect	1 Growth Base of Thumb	
	5 Hypospadias	1 Dislocation of hips		1 Exomphalos	
	1 Multiple Abnormalities	1 Phocomelia		1 Umbilical Hernia	
	1 Renal Agenesis	2 Polydactyly			
		1 Reduction deformities			
		3 Syndactyly			
		9 Talipes			
		1 Multiple Abnormalities			

\* n.o.s. = not otherwise specified.

Of the 54 children with abnormalities, 41 are shown in one column only, 8 in 2 columns, 3 in 3 columns, 1 in 4 columns and 1 in 5 columns. 40 of these children were surviving at the end of the year.



THE WELFARE AND PREVENTION OF BREAK-UP OF FAMILIES

During the year 24 case conferences were held. A co-ordinating conference was held in July to review the cases on the register. This was followed by a discussion on case conference procedure. It was agreed that for a trial period of one year quarterly reports on cases opened and closed should be circulated via the medical officer of health as co-ordinator, indicating the principal person involved with the cases still active. It was also agreed that an annual meeting should be held to enable workers to discuss problems and become better acquainted.

The position during the year was:

<u>Date</u>	<u>Number of families "At Risk"</u>	<u>Number of children involved</u>
1.1.66	67	235
31.12.66	125	458

The causes of failure or difficulty may be classified as follows:

<u>Cause</u>	<u>No. of families</u>
Marital	33 (26.4%)
Material (Housing, Employment, Financial)	84 (67.2%)
Disorders (Physical, Mental, Psychological)	70 (56%)
Care of Home and Children	31 (24.8%)
Desertion	17 (13.6%)
Delinquency	24 (19.2%)
Other Reasons	7 (5.6%)

The total percentage is more than 100 as most families are included under more than one heading.



The high percentage of families with material problems can be related to a number of factors. Most of the fathers are unskilled. Many are physically, mentally, or psychologically incapable of the type of work which produces a stable, adequate income. Several are sub-contracting drivers or builders' labourers which jobs, although providing very high wages for several weeks at a time, often means that for long periods when there is no work available they are reduced to social security benefits. A few are so disabled that they may well be deemed "unemployable".

Those families with a constant low income find that they are unable to save for emergency replacements such as outgrown or outworn essential clothing. Many who do enjoy high incomes, at least for a period, are so emotionally immature they are unable to practice deferred gratification and during the phase of comparative prosperity indulge themselves and their children by purchasing, either outright or on hire purchase, expensive non-essentials, thus incurring heavy debts.

A family with a low income and several children has the greatest difficulty in finding private rented accommodation. In desperation they may well take on a tenancy at a rent which is beyond their means and after a short time find themselves in arrears of rent and threatened with eviction. The most satisfactory form of housing for such families would therefore seem to be that provided by the Council on a differential rent or rent rebate basis.

Unfortunately, as experience and studies have shown, there are families, who although housed in Council property at an economic rent, nevertheless fall into arrears. These fall into three main categories, as stated in "Unsatisfactory Tenants", the sixth report of the Housing Management Sub-committee of the Central Housing Advisory Committee.

- (i) Those whose income is so low that they are genuinely unable to pay their existing rents. This position may arise from a change in capacity to earn, following retirement or ill-health.
- (ii) Tenants whose incomes should be adequate to meet the rent charged but who cannot be induced to pay it with any regularity.
- (iii) Those families who are so incompetent in managing their affairs generally that they are constantly in debt. Often these are people whose incomes are very irregular.

Whilst working with families "at risk" therefore, the officers concerned assist them to make use of the services available



to them. Those on low incomes are assisted in acquiring the aid of both voluntary and statutory organisations for grants and supplements if these are considered necessary to the family's well being. In some instances help is given with budgeting and for the less adequate or more vulnerable, rent and court order instalments are collected at the time when the family actually have the money to hand - in many cases with the ultimate aim of transferring the full responsibility back to the family when they have reached a more satisfactory equilibrium.

The aim of the family caseworker is to help the family as a whole to make a better personal, family and social adjustment. Whilst assuming for them responsibilities beyond their capacity, the worker encourages them to make choices and decisions of which they are capable, holding them to the necessity to meet social obligations.

The shortage of social workers in the Health and Welfare Department has meant that even greater assistance than in the previous year has been called upon from other statutory and voluntary organisations and the co-operation received has been most generous.

#### PARTICIPATION IN SOCIAL WORK TRAINING

Social work training described in last year's report was continued during 1966.

#### MIDWIFERY SERVICE

Mothers confined at home were cared for by 7 full time midwives, 5 other full time staff who devoted part of their time to home nursing, and 5 part time maternity nurses. These staff were supervised by a non-medical supervisor and deputy, both of whom combined their posts with supervisory posts in the home nursing service.

These domiciliary midwives attended the births of 543 babies born to Kingston residents, and cared for a further 422 mothers who were discharged from hospitals within ten days after confinement. They summoned medical aid in 123 cases.

During the year 1706 births to Kingston residents took place in institutions, so that the domiciliary midwives dealt with 24.1% of all births occurring.



## Training

The training of midwives includes a period of three months with local authority midwives who have been approved as teachers. There were 7 midwives who had been so approved in the borough's service and during the year 24 pupil midwives received their three months training.

The obstetric student nurses from Kingston Hospital each spend a morning with one of the approved midwife teachers as part of their obstetric course.

Negotiations were initiated with the Central Midwives Board with a view to commencing Part 2 midwifery training in Kingston Hospital. The pupils would then complete their training with the Borough Council's midwives.

## Group Attachment to General Practitioners

A liaison arrangement by a midwife with a group of general practitioners was started as a pilot scheme in January.

Some of the patients who are registered with the general practitioners are not resident within the borough boundary, so the midwife could not be fully attached to this practice.

Also, the work involved was not sufficient to warrant a full time midwife solely working within this group. The midwife therefore attends all the general practitioners ante-natal sessions and their home confinements as well as acting as relief midwife in the vicinity.

Both patients and staff have expressed great satisfaction from this arrangement.

It is planned to extend this type of attachment scheme to other suitable group practices within the borough in the future.

## HOME NURSING

At the end of December 1966 the staff of the home nursing service consisted of the superintendent and her deputy, who also acted as non-medical supervisors of the midwifery service, 15 full time and 17 part time home nurses, 5 full time and 4 part time persons who shared their time between the home nursing and midwifery services, and 2 part time nursing auxiliaries.

The appointment of nursing auxiliaries was a new venture. These persons, who have had some experience, either in hospital or



with the St. John Ambulance Brigade or the British Red Cross Society, work under the direction of the trained nurses, assisting with homebound and handicapped persons in the community on tasks not requiring the skills of a fully trained nurse. The object with regard to these patients is to keep them as active as possible, thereby relieving the pressure on beds in hospital and welfare homes.

The services of the district nurses were made available at the request of general practitioners, evening calls being covered by a rota of nurses.

Altogether 2101 persons were nursed during 1966, involving a total of 76831 visits. Details are shown in the table overleaf.

#### Laundry Service for the Incontinent

This service is only provided for patients having treatment by the district nurse, and whose relatives have no facilities for coping with this problem.

Six clean draw sheets are provided twice weekly and the soiled sheets are collected for laundering. The service is greatly appreciated by the relatives who are so often under stress and hard pressed in nursing very ill persons at home.

Incontinence pads are also issued to patients in this category.

#### Training of District Nurses

Training of district nurses was continued during the year with the co-operation of Surrey County Council. Three Kingston students took the course, and all were successful in obtaining the National Certificate and were entered on the Queen's Roll.



## HOME NURSING VISITS 1966 - BREAKDOWN BY AGE AND DISEASE

Category of Disease	Age 65+		Age 5-65		Age 0-5	
	Cases	Visits	Cases	Visits	Cases	Visits
1. Heart Disease	172	7143	41	1401	-	-
2. Circulatory Diseases	152	8708	22	767	-	-
3. Blood Diseases	120	2985	43	1186	-	-
4. Diseases of Central Nervous System	58	3909	52	4506	-	-
5. Influenza	1	12	1	4	-	-
6. Diabetes	46	6192	20	1132	-	-
7. Burns and Scalds	7	199	5	71	1	9
8. Accidents and Injuries	40	1110	25	290	-	-
9. Rheumatic and Arthritic Conditions	112	7150	40	2094	-	-
10. Varicose Ulcers	79	4156	13	675	-	-
11. Abdominal Conditions	218	3389	209	1328	9	85
12. Gynaecological	34	749	13	108	-	-
13. Genito-Urinary	23	411	17	136	10	62
14. Skin Conditions	23	827	22	239	1	7
15. Orthopaedic	39	1637	27	692	-	-
16. Breast Conditions	26	1340	26	928	-	-
17. Ophthalmic Conditions	12	986	3	41	1	3
18. Miscarriages	-	-	20	202	-	-
19. Tuberculosis	4	52	17	885	-	-
20. Notifiable Infectious Diseases	-	-	2	31	1	6
21. Ear, Nose and Throat Conditions	5	144	24	298	3	19
22. Midwifery Home Confinement	-	-	-	-	-	-
23. Midwifery Early Hospital Discharges	-	-	3	63	-	-
24. Old Age and Debility	163	7048	2	19	-	-
25. Physically Handicapped	4	417	2	66	1	20
26. Psychiatric Conditions	7	386	2	38	-	-
27. Chest and Lung Conditions	118	4533	60	941	5	31
28. Endocrine Disorders	-	-	5	41	-	-
CANCER (already shown above)	113	4378	59	1836	-	-
Total Persons	1375		696		30	
Total Visits		59041		17561		229

The total persons and the total visits are not the totals of the above columns as each person is shown in all the appropriate categories.



HEALTH VISITING

At the end of 1966 the health visiting staff consisted of the superintendent health visitor, 19 full time health visitors, 1 tuberculosis health visitor, 1 geriatric health visitor attached to Kingston Hospital, 5 part time health visitors and 7 part time clinic nurses. The services of the geriatric health visitor are shared with the Borough of Richmond upon Thames and the Surrey County Council, who contribute 30% and 17½% of her salary respectively.

A Group Adviser was appointed in November to commence duties on 2nd January 1967. This is a new post to assist in the training of students and in the prevention of break-up of families; in addition, to deputise for the superintendent health visitor and to maintain a case load of about 100 families.

Each health visitor is responsible for visiting duties within a prescribed geographical area, and has her base at one of the clinic premises in the borough. Most of her work is undertaken in the home, where she can discuss personal problems with the individual concerned in the latter's own environment. This facilitates her assessment of the health potential of both the individual and the family group. Her work lies mainly in the field of maternity and child welfare, but 20% of her time is devoted to the school health service, while her duties in connection with the needs of the handicapped and the elderly are continuing to increase. Total case loads vary from 349 to 637 families for each health visitor; those who are field work instructors are limited to 300, while two others have low case loads because they have to deal with a very high proportion of problem families who require much support. In addition, each health visitor is responsible for health inspections and health education in a group of schools, maintaining close contact with teaching staff and acting as a link between home and school.

Not all the health visitor's time is devoted to visiting of course, as she is required to attend the following clinics at her centre, and in some instances at out-stationed halls:

1. Ante-natal
2. Education in childbirth
3. Mothercraft
4. Parentcraft
5. Infant welfare
6. Toddlers
7. Audiology
8. Minor ailments

In addition the health visitor helps to organise mothers' clubs, and from time to time is called upon to give talks to various voluntary bodies.



Types of cases visited by Health  
Visitors during 1966

Number of Cases

Children born in 1966	2398
Children born in 1965	2383
Children born in 1961/64	6231
Persons aged 65 or over	717
Mentally disordered persons	64
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	10
Number of tuberculous households visited	6
Number of households visited on account of other infectious diseases	3
Number of tuberculous households visited by tuberculosis visitor	280
Expectant mothers	712
Number of geriatric patients visited by geriatric health visitor	563

The number of individual visits made to each case depends on the amount of support required by the family, for example, parents of young babies and handicapped children require fairly frequent visits.

With an increase in establishment and the growth of the health visitors' work in the health education field, one of our health visitors was relieved of her geographical area in July and became responsible for the following duties:

1. The devising and preparation of health education displays in schools and clinics.
2. The provision of assistance to health visitors requiring visual aids and material for school and mothercraft talks.
3. The preparation and delivery of lessons in schools and parentcraft meetings.
4. The ordering of films, posters and leaflets.
5. Relieving health visitors, when necessary, in clinics and schools.

The part time clinic nurses who are state registered nurses have been of much assistance to the health visitors. The clinic nurses have been responsible for preparation of routine medical inspections in all senior schools and for the general medical sessions at clinics, and all immunisations.

A clinic nurse is also in charge of the under five year olds at the clinic's mothers' club.



## Attachment of Health Visitors to General Practitioners

In 1965 arrangements were made for a health visitor to be attached to a group practice. The attachment began in January 1966 and has proved very successful. The doctors and health visitor meet at least three times a week and are able to exchange information to their mutual advantage, e.g. on problems relating to school children. The health visitor attends the "well baby" clinic run by the practice and these are popular, and well attended. The health visitor has been of great value to the practice in visiting the elderly and resolving their problems, as this service had cost the doctors a considerable amount of time in the past. It is hoped to introduce geriatric screening clinics and other specialised clinics, but this would increase the demand on the time of the health visitor and might call into question the possibility of her continuing responsibility for a geographical area in addition to her work with the group practice. The extent of the geographical area has already been reduced because of the increased work arising from the attachment arrangements.

Later in the year a second attachment was made with another practice in the borough. In this case the health visitor has twice weekly consultations with the doctor, and visits the under fives in his practice as well as a very large number of elderly patients. Arrangements were made in conjunction with this general practitioner for the borough's first health clinic for the elderly to be opened at Acre Road Clinic in January 1967.

In addition to the above arrangements, two other health visitors have had regular fortnightly consultations with particular general practitioners.

## Health Visitors' Training

During the year two students completed their training under the course organised by Surrey County Council, and took up duties as health visitors in the Borough Council's service. Two further students sponsored by the Borough Council commenced training in September, one in Surrey and the other at Chiswick Polytechnic.

The Council for the Training of Health Visitors has increased the course of training from nine months to twelve months, with effect from September 1966.



## Immigrant Health

The Medical Officer of Health is notified by airports and seaports of new arrivals in the country and the addresses to which they are going.

The health visitors then attend to offer advice on services and persuade them to register with a general practitioner and to have a chest X-ray if this had not been done on entry.

52 such immigrants were visited during the year.

## VACCINATION AND IMMUNISATION

The acceptance rate by parents for vaccination and immunisation is reasonable in the borough. A publicity campaign organised by the Ministry of Health was held during the year, aimed at improving this rate in the London and Home Counties area as a whole. The desirability of vaccination and immunisation was conveyed to the public through television and local newspapers. This authority published items in the local press.

Figures for the year were as follows:

### Smallpox (under 16 years)

Age at time of Vaccination	Total numbers		Complications Reported
	Vaccinated	Revaccinated	
0 - 3 months	28	-	-
3 - 6 months	48	-	-
6 - 9 months	30	-	-
9 - 12 months	66	-	-
1 year	1057	-	-
2 - 4 years	367	11	-
5 - 15 years	131	157	-
<b>TOTALS</b>	<b>1727</b>	<b>168</b>	<b>-</b>



Diphtheria, Whooping Cough and/or Tetanus and/or Poliomyelitis  
(Under 16 years)

	Complete Primary Course	Boosters
Diphtheria only	-	18
Whooping Cough only	1	-
Tetanus only	189	77
Combined Diphtheria and Whooping Cough	-	-
Combined Diphtheria and Tetanus	106	2350
Combined Diphtheria, Whooping Cough and Tetanus	2232	1383
Poliomyelitis only *	2378	1886
Quadruple	19	13

\* These figures include 36 primary courses of SALK (injection) vaccine and 43 booster injections of SALK, the rest being oral type SABIN vaccine.

Total children receiving immunisation against the four illnesses whether given separately or combined:

	Primary Course	Booster
Diphtheria	2357	3764
Whooping Cough	2252	1396
Tetanus	2546	3823
Poliomyelitis	2397	1899

Yellow Fever vaccination is controlled by the World Health Organisation and only certain centres are recognised for this and the issue of international certificates of vaccination. Grange Road Clinic, Kingston, is the centre for this area.

A fee of 10s. 6d. is charged for the vaccination. During 1966, 942 persons were vaccinated against yellow fever.

Smallpox vaccination of adults and injections for Typhoid, Paratyphoid and Cholera are normally given by the family doctor when requested for travel abroad.

The following table shows the percentage of children vaccinated and immunised in Kingston upon Thames, compared with the national average:

	Children born in 1965			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England and Wales	72	73	68	38
Kingston upon Thames	81	82	77	52

The figures in columns (1) - (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Efforts are being made to improve still further the smallpox vaccination figures.

Total	Non-Pulmonary	Pulmonary	TOTALS
100	33	67	100
100	36	64	100
100	36	64	100



### AMBULANCE SERVICE

The Borough Council is not an ambulance Authority, this service being the responsibility of the Greater London Council. The service in the borough is co-ordinated from the main area control centre in New Malden.

### PREVENTION OF ILLNESS, CARE AND AFTER CARE

#### Tuberculosis

The measures for the prevention, control and treatment of tuberculosis are directed by the chest physicians and staff of the Chest Clinic at Kingston Hospital.

During 1966, 33 cases were notified in the borough and of these, 27 were pulmonary and 6 non-pulmonary.

The 27 pulmonary cases were in the undermentioned stages of the disease:

A. or Tuberculosis - (sputum negative) ...	17
B.1 or Tuberculosis + (early cases, sputum positive) ...	1
B.2 or Tuberculosis + (intermediate cases, sputum positive) ...	5
B.3 or Tuberculosis + (advanced cases, sputum positive) ...	4

The non-pulmonary cases were comprised as follows:

Tuberculous ankle - 1.      Tuberculous glands of neck - 2.  
Tuberculous kidney - 2.      Tuberculous endometritis - 1.

On the 1st January 1966 there were 478 cases on the register and at the end of the year this figure had decreased to 435:

	Pulmonary	Non-Pulmonary	Total
Males	247	16	263
Females	146	26	172
<b>TOTALS</b>	<b>393</b>	<b>42</b>	<b>435</b>

Whilst it is gratifying to notice a further reduction in the number of cases of tuberculosis, there is no time for complacency. The living conditions and living standards are continually being improved. Facilities for early detection of tuberculosis by public mass X-ray sessions are widely available and more use should be made of them by the middle aged and elderly, where foci of infection tend to lie. The new drugs have made treatment relatively easy, provided they are taken for the full period recommended. To cut short treatment is to breed drug-resistant tubercle bacilli.

These measures, plus checking of contacts of cases, plus tuberculin testing of school children and B.C.G. vaccination of non-reactors, can eliminate tuberculosis - IF EVERYONE IS PREPARED TO CO-OPERATE. Go for that chest X-ray now.

The following tables show the work undertaken by the Chest Clinic at the Kingston Hospital during 1966 insofar as it affects patients resident in the borough:

Number of chest clinic sessions held 380

Number of attendances:

New Patients 619

Old Patients 3686

Total - 4305

Average attendances per session

11.3

#### Tuberculin Tests and B.C.G. Vaccinations

	Contacts	School Children and Students	Others
Skin tested	185	17	17
Found positive	33	3	9
Found negative	108	2	1
Failing to return	44	12	7
Vaccinated	66	6	3



There were 8 deaths from pulmonary tuberculosis during the year. The following table shows comparative figures of notified cases and deaths for the years 1961 - 1966 inclusive:

Year	Cases Notified			Deaths		
	Respiratory	Non-Respiratory	Total	Respiratory	Non-Respiratory	Total
1961	59	8	67	10	1	11
1962	62	2	64	6	-	6
1963	54	8	62	13	1	14
1964	44	8	52	8	2	10
1965	32	2	34	2	1	3
1966	27	6	33	8	-	8

No action was necessary during the year under the Public Health (Prevention of Tuberculosis) Regulations 1925, or Section 172 of the Public Health Act 1936. These regulations respectively relate to the restriction of tuberculosis sufferers from employment in the handling of milk and the compulsory removal to hospital in certain circumstances of persons suffering from tuberculosis.

Considerable help is given to tuberculous and other chest disease patients and their dependants by the Kingston and District Care Committee. During 1966, 73 families in the borough were helped by the committee in the form of grants for extra nourishment, clothing, fuel, removals, bedding, holidays, fares, pocket money etc. This is an invaluable service and is greatly appreciated by all those who receive its benefits.

The table shown overleaf gives an analysis by age groups of the new cases and deaths from tuberculosis during the year.



Category	New Cases										Deaths										
	Male - Female	Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 and over	TOTAL	Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 and over	TOTAL
	Respiratory Tuberculosis	M	-	-	-	3	2	3	4	4	4	20	-	-	-	-	-	-	-	2	3
	F	-	-	1	1	-	4	1	-	-	7	-	-	-	-	-	1	-	1	1	3
	T	-	-	1	4	2	7	5	4	4	27	-	-	-	-	-	1	-	3	4	8
Non-Respiratory Tuberculosis	M	-	-	1	-	1	2	-	-	-	4	-	-	-	-	-	-	-	-	-	-
	F	-	-	1	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-
	T	-	-	2	-	1	2	-	-	1	6	-	-	-	-	-	-	-	-	-	-

### Occupational Therapy

Fourteen chest patients received domiciliary occupational therapy from the occupational therapists based at 104 Westbury Road, New Malden, and of these, eight were attending the chest clinic. Persons admitted to Tolworth Hospital with various chest complaints are also eligible to receive occupational therapy treatment, but this is usually terminated upon their discharge from hospital unless the patient expressly desires it to continue.

### Mass Radiography

The following is a summary of the work of the Mass Radiography Units in the borough:

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Total persons X-rayed	5160	5899	11059
Cases found to be suffering from tuberculosis	14	6	20
Cases found to be suffering from lung cancer	5	3	8



### Recuperative Holidays

Patients are sent for recuperative holidays upon the recommendation of their general practitioners or hospital consultants, and during the year 36 recommendations were received, of which 16 came from general practitioners.

25 patients subsequently accepted the arrangements made for their recuperative holidays but one returned home before the expiry of the booked period.

### FAMILY PLANNING

The Borough Council made grants to each of the Kingston and Malden, and Surbiton branches of the Family Planning Association and encouraged the holding of sessions at the Council's clinics.

During 1966 the Family Planning Association was reorganised and the entire borough is now included in the South West London Branch which also includes the boroughs of Merton, Richmond upon Thames, Wandsworth and Lambeth. With effect from 1st April 1967 payments to the Family Planning Association are to be made on a per capita basis for women recommended for treatment on medical grounds. The Association will be allowed to use the Borough Council's clinics free of charge.

A total of 299 sessions were held at this Authority's clinics during the year and 957 new patients attended. Of these, 7 were referred from hospitals, 57 from the Council's clinics, 275 by general practitioners, 434 by friends and 184 from other sources.

Details of the family planning clinics being held as at 31st December 1966 are as follows:

Roselands, 163 Kingston Road, New Malden	Tues. and Thurs. Alternate Mond.	6.30 p.m. - 7.30 p.m. 6.30 p.m. - 7.30 p.m.
South Place, Surbiton	Mond., Wed. and Thursdays Fridays	6.30 p.m. - 7.30 p.m. 10 a.m. - 12 noon
204 Acre Road, Kingston	Wednesdays	6.30 p.m. - 7.30 p.m.



LOAN OF NURSING EQUIPMENT

The Kingston and Surbiton Divisions of the British Red Cross Society operate a scheme for the loan of nursing equipment on behalf of the Borough Council. The scheme is intended to facilitate simple short term nursing care in the patients' homes, and under the arrangements deposits are collected from patients by the British Red Cross Society and refunded to them when the equipment is returned. Altogether 799 loans of nursing equipment were made during the year and the following table gives the details:

Article	Number on Inventories	Total Loans during 1966	Periods for which loans were made		
			Under 3 mos.	3 - 6 months	Over 6 mos.
Air Beds	2	-	-	-	-
Air Bellows	3	-	-	-	-
Air Rings	30	51	41	6	4
Bed Rests	24	64	45	15	4
Perfection Bed Pans	32	117	93	15	9
Bed Tables/Trays	9	12	10	2	-
Invalid Chairs, Push Type	18	120	88	20	12
Invalid Chairs, Self-propelling	3	22	18	2	2
Commodos	18	149	100	40	9
Cradles	10	59	43	14	2
Crutches, pairs	9	39	30	8	1
Douche Cans	4	1	1	-	-
Feeding Cups	12	11	9	2	-
Inhalers	5	1	1	-	-
Mackintosh Sheets (draw)	8	12	9	3	-
Mackintosh Sheets (long)	24	52	39	7	6
Pillow Cases - Jaconet	2	-	-	-	-
Steam Kettles	2	-	-	-	-
Male Urinals	14	41	33	6	2
Female Urinals	4	8	7	1	-
Walking Sticks	6	17	9	5	3
Bed Blocks	4	4	1	2	1
Sputum Cup	1	1	-	1	-
Kidney Bowls	1	2	2	-	-
Carrying Chairs	1	2	-	2	-
Walking Aids	2	10	7	3	-
Infra Red Lamps	1	4	4	-	-

The Borough Council makes a grant to the British Red Cross Society in respect of the running of this service.

The St. John Ambulance Association also has two centres in the borough from which small items of equipment are loaned on request. This body does not receive a Council grant.



CHIROPODY

The chiropody service assists elderly persons, expectant mothers and the permanently handicapped.

There are two schemes in operation. A direct scheme under which patients receive treatment from the "approved" chiropodist of their choice in his own surgery. As at 31st December 1966, 11 chiropodists were approved. A patient can be treated at home by the chiropodist if certified unable to attend the surgery by the family doctor.

The indirect scheme is operated by the local Old People's Welfare Committees on behalf of the Council.

The following is a summary of the service provided:

A. Persons Treated during the year

	Local Authority	Voluntary Organisations	Total
Persons of pensionable age and over	1675	775	2450
Expectant mothers	-	-	-
Physically handicapped under 65	35	-	35
Blind, under 65	3	-	3
Totals	1713	775	2488

Note: Deletions during this time due to persons having died or leaving the district total 104 persons.

B. Treatments Given during the year

	Local Authority	Voluntary Organisations	Total
In clinics	-	4289	4289
In patients' homes	1941	331	2272
In Old People's Homes	562	-	562
In Chiropodists' Surgeries	6406	-	6406
Totals	8909	4620	13529

### HOME HELP SERVICE

The Home Help Service is provided to meet the needs of people who for various reasons such as home confinement, sickness and old age, are either temporarily or permanently unable to carry out housework or need assistance towards such tasks as shopping, cleaning or washing.

The service is provided on the recommendation of the family doctor and the amount of service is assessed on need by the home help supervisor, and on availability of home helps. A charge is made based on the cost of the service, but is reduced according to the recipient's means where necessary.

The establishment of the equivalent of 60 full time home helps has never been reached.

A recruiting campaign was held in January 1966, which increased the number of full and part time home helps from 67 (€38.8 full time helps) at 31st December 1965 to 102 (€51.5 full time helps) in March 1966, but the number gradually reduced throughout the year and by 31st December 1966 it had fallen to 88 (€45 full time helps).

The Home Help Service offers a rewarding job for anyone interested in helping those in need. It is not just dull repetitive work but involves meeting people and giving social help and encouragement as well as domestic assistance.

The following are details of the households assisted during the year:

<u>Category</u>	<u>Number Assisted</u>
Persons aged 65 or over at time of first visit	623
Chronic sick and tuberculous	38
Mentally disordered	1
Maternity cases	179
Others	74
Total	<u>915</u>

The total number of hours devoted to patients by the Home Help Service was 80,470.





## MENTAL HEALTH

### Psychiatric Services

The psychiatric services depend to a great extent on a close integration between hospital and community services, and a close liaison has been established between general practitioners, hospitals and local authority services. I tender my thanks to the consultant psychiatrists and family doctors for their co-operation. Mental health social workers attend regular conferences at Long Grove Hospital and are responsible for psychiatric social work at six out-patient clinics at Kingston Hospital under the direction of Dr. J. S. Bearcroft from Long Grove Hospital and Dr. D. C. Dewar from Brockwood Hospital. Dr. Bearcroft also serves as a co-opted member on the Health and Welfare Committee and acts as psychiatric adviser to the medical officer of health and assists in the appointment of mental health staff. Excellent relationships have also been continued with Dr. J. Crawford, physician superintendent of Botley Park Hospital, and Dr. E. H. Kirman, physician superintendent of Queen Mary's Hospital for Children, Carshalton; both these hospitals admit subnormal persons from the borough.

### Staff

The establishment consists of a principal mental welfare officer Mr. E. V. **MENTAL HEALTH SERVICES** and five nurses, of whom five were in office at the end of December. One of these, a former psychiatric nurse, was seconded for one year's full time course leading to the National Certificate in Social Work, in September.

A student seconded on a similar course at Croydon Technical College by another authority has been placed for part time practical training under the supervision of the principal mental welfare officer.

The mental health social workers undertake psychiatric social work in the community including admission to hospital under the Mental Health Act, 1959.

Referrals for aftercare of discharged patients are received from psychiatric hospitals and there is an increasing number of referrals received directly from general practitioners for case work advice and consultation. The families of discharged patients may also independently seek the help of social workers.

The mental health social workers dealt with 528 patients. Of these, 104 came from doctors, 127 from hospitals on discharge, 145 were notified from the out-patient clinics, 11 from the Education Department, 20 from the police and courts within the borough, and 121 came from other sources, i.e. welfare, other authorities, health visitors and relatives. 2644 domiciliary visits were made in addition to interviews at hospital out-patient clinics.





MENTAL HEALTHPsychiatric Services

The psychiatric services depend to a great extent on a close integration between hospital and community services, and a close liaison has been established between general practitioners, hospitals and local authority services. I tender my thanks to the consultant psychiatrists and family doctors for their co-operation. Mental health social workers attend regular conferences at Long Grove Hospital and are responsible for psychiatric social work at six out-patient clinics at Kingston Hospital under the direction of Dr. J. S. Bearcroft from Long Grove Hospital and Dr. D. C. Dewar from Brookwood Hospital. Dr. Bearcroft also serves as a co-opted member on the Health and Welfare Committee and acts as psychiatric adviser to the medical officer of health and assists in the appointment of mental health staff. Excellent relationships have also been continued with Dr. J. Crawford, physician superintendent of Botleys Park Hospital, and Dr. B. H. Kirman, physician superintendent of Queen Mary's Hospital for Children, Carshalton; both these hospitals admit subnormal persons from the borough.

Staff

The establishment consists of a principal mental welfare officer, Mr. E. V. Oram, and seven other mental health social workers, of whom five were in office at the end of December. One of them, a former psychiatric nurse, was seconded for one year's full time course leading to the National Certificate in Social Work, in September.

A student seconded on a similar course at Croydon Technical College by another authority has been placed for part time practical training under the supervision of the principal mental welfare officer.

The mental health social workers undertake psychiatric social work in the community including admission to hospital under the Mental Health Act, 1959.

Referrals for aftercare of discharged patients are received from psychiatric hospitals and there is an increasing number of referrals received directly from general practitioners for case work advice and consultation. The families of discharged patients may also independently seek the help of social workers.

The mental health social workers dealt with 528 patients. Of these, 104 came from doctors, 127 from hospitals on discharge, 145 were notified from the out-patient clinics, 11 from the Education Department, 20 from the police and courts within the borough, and 121 came from other sources, i.e. welfare, other authorities, health visitors and relatives. 2644 domiciliary visits were made in addition to interviews at hospital out-patient clinics.



All mental health social workers are authorised to act as mental welfare officers under the Mental Health Act, 1959, and can request a domiciliary visit by a psychiatrist when acting in that capacity.

### MENTAL ILLNESS

#### Admissions to Hospital

The dual role of the mental health social worker has resulted in a ready co-operation between hospitals, local authority and general practitioners. As anticipated in last year's report, it has led to a marked reduction in compulsory admissions, particularly so in the case of emergency admissions. Responsibility for admissions from Kingston Hospital is shared between Brookwood Hospital, Surrey, taking patients from the Surbiton area, and Long Grove Hospital, admitting patients from the remainder of the borough. The social worker acts in liaison with the doctor and psychiatrist and works in a supportive and reassuring role with the patient and the family, in situations which are sometimes delicate and often unpredictable. The excellent co-operation between the doctors and social workers, and access to appropriate out-patient clinics by social workers has considerably reduced the number of acute emergency admissions, and many patients referred for compulsory admissions have entered hospital informally. During 1966 mental health social workers were asked to arrange for the admission of 107 patients whom it was thought would require compulsory measures. After discussion with mental health social workers, 68 of these patients agreed to enter hospital informally. Details are as follows:

Year	Total Referred	Admissions Under Mental Health Act		Informal Admissions
		Emergency	With Psychiatric Consultation	With Psychiatric Consultation
1965	116	47	35	34
1966	107	13	26	68

1965 figures are shown for comparison.

#### Hostel Accommodation

There is no hostel accommodation in the borough, and this has been provided by arrangement with the Cheshire Foundation, Richmond



Fellowship, Spelthorpe, S.O.S. Society and Mental After Care Association. During the year financial responsibility was accepted for hostel accommodation of 10 patients as follows:

	<u>Male</u>	<u>Female</u>
Cheshire Foundation	1	1
Richmond Fellowship	3	1
Spelthorpe	-	1
S.O.S. Society	1	-
Mental After Care Association	-	2

### Social Club

Membership is composed of former patients, mainly housewives, who meet weekly for social activities and for discussion of personal and social problems.

Activities have included Christmas and New Year parties, record sessions, play reading, film slides, games, whist drives and group discussions.

Outings have been arranged to the Wimbledon Pantomime, Kingston Museum and Hampton Court Gardens.

Accommodation difficulties restricted development and the club has had to function in a room, when available, at Roselands Clinic, Malden. It is anticipated that more adequate premises will be available in 1967.

### MENTAL SUBNORMALITY

At the end of 1966 there were about 420 mentally subnormal persons known to the department whose home addresses were within the boundaries of the borough. Of these, 205 were reported as receiving hospital care and 215 were living within the community. Of the latter number 73 were attending the training centre.

### Hospital Care

The borough is within the catchment area of Botleys Park Hospital to whom application is made for the admission of all adult mentally subnormal patients. Children are referred either to Botleys Park Hospital or to Queen Mary's Hospital for Children, Carshalton, which also has provision for children with psychiatric problems or multiple handicaps.

### Community Care

Visiting of subnormal patients is carried out by the mental



health social workers or health visitors, and with the co-operation of health visitors, special attention has been paid to the need of the pre-school child.

### Kingston Training Centre

Kingston Training Centre is a purpose built combined junior and adult training centre. Originally built to accommodate 93 trainees, it has in fact at present 100 attending. 25 places are allocated for trainees resident in the London Borough of Richmond upon Thames. One trainee attended from the London Borough of Merton. Kingston had one adult male attending a workshop out of the borough during the year.

The centre comprises a special care unit for severely subnormal children, a junior training centre for children between the ages of five and sixteen, and an adult training centre and workshops for both sexes over the age of sixteen.

### Special Care Unit

Eleven severely subnormal children whose handicap is so severe as to require constant care attended the unit. Owing to pressure on accommodation, two can only attend part-time. Nursing care is provided by two staff.

### Junior Training Centre

Facilities are provided for the training of children between the ages of five and sixteen years. Class gradings are determined not on chronological age but on emotional and educational developments. At an early stage emphasis is placed on simple toilet training and social awareness, via play therapy. Tuition later continues with identification of familiar symbols associated with social situations. Toward adolescence, formal tuition is started in conjunction with more advanced social training. Toward the sixteenth birthday short transitional periods are spent in the workshops in preparation to transfer to the adult training centre.

### Adult Workshops

At the age of sixteen years the pupils transfer to the adult centre, which is equipped with workshops, domestic science and social training facilities. 50 adult trainees, most of whom are likely always to need protected employment, attend the centre for practical and social training. The workshops are run as far as possible on industrial lines and special contracts for assembly work have been obtained from local light engineering firms, principally Thorn Electronics. Work obtained is broken down into simple processes so that every trainee can contribute to the completed part according to ability. In 1966 contracts to the value of £1500 were earned by the trainees and from this sum, trainees



were paid wages on a points system based on aptitude, effort and attendance. The female trainees carry out domestic work at the centre, e.g. laundry and catering. As part of the trainees' education, outings to shops are encouraged, where they are responsible for their own purchases and giving and receiving correct change.

### The Staff of the Centre

This consisted of one supervisor, five assistant supervisors, and three guide/assistants who combined coach duties with domestic duties. Where necessary, social work on behalf of the families of children attending the centre was undertaken by a mental health social worker. During the year five students were seconded to the centre from the National Association for Mental Health Training School and Chiswick Polytechnic, for practical training for a period of six weeks each. The adult centre is staffed by three workshop supervisors.

A physiotherapist attends for two sessions each week and a speech therapist for four sessions each week.

### Physiotherapy at Kingston Training Centre

During the past year twelve children have regularly received physiotherapy at the centre, as follows:

1. Two children from the Special Care Unit severely disabled due to cerebral palsy.
2. Two children with serious postural defects, and five children with less serious postural defects, including slack abdominal muscles, flat feet and kyphosis.
3. Three children including a wheel chair case who required general re-education in walking.

### Speech Therapy at Kingston Training Centre

152 speech therapy sessions were held with a total of 971 attendances. Group work was carried out in June for the 8-12 year olds for general language and comprehension work. Several clinics were held at the centre during the holidays.

Details of children treated at the centre during the year were as follows:

Number receiving treatment at 1st January	21
New cases during the year	9
Cases who ceased treatment during the year	6
Number receiving treatment at 31st December	24

Of the six cases who ceased treatment, four attained satisfactory speech but the other two had their treatment discontinued as it was found that their degree of subnormality was such that they were not benefitting.



## Social Activities

Pirates Spring Holiday. It was deeply regretted that it was found necessary to cancel at short notice the arrangements for the holiday at Dymchurch this year because some of the children developed a throat infection a few days before the departure date. The decision was only taken after careful consideration of the difficulties involved. It was a great disappointment to us all and a most difficult task to explain to the children. The possibility of a later holiday was explored but it was not possible to obtain satisfactory accommodation at such short notice. We are most appreciative of the understanding of all the parents and we look forward to a successful holiday in 1967.

Outings. A combined outing for parents and children was arranged at the Salvation Army Playing Fields, Sunbury. The cost of this outing was paid by the Kingston and Richmond Society.

The adults in the workshops attended an Ice Show in January.

A Harvest Festival service was held in the Kingston Parish Church arranged by the Centre Supervisor and the Reverend E.M.Pilkington.

Many of the pupils attended a demonstration at the fire station at the invitation of the local branch of the Fire Brigade.

## Recreation in the Centre

A Nativity play was performed by the children at the training centre, for parents and friends. By special request a repeat performance was given, attended by girls from Greycourt School, Ham, Rivermead School for boys, elderly people from the borough's welfare homes, and staff from the Health and Welfare Department.

Separate Christmas parties were given to the junior and adult pupils. The Mayor and Mayoress and the Reverend and Mrs. Pilkington attended the junior party. At the adult party, entertainment was provided by the Queen Mother's Pipe Major, Mr. Leslie de Laspé, who attended in full ceremonial dress, performing Scottish sword dancing and selections of music on the pipes. Parents were present on each occasion.

## Visitors

The training centre had an opportunity of entertaining several visitors during the year, including Dr. Matarozza from Italy, representing the World Health Organisation, and the Mayor and Mayoress of Richmond. A mistress and several pupils from Tiffin Girls' School paid us a visit. They presented the training centre with £10. which the girls had collected at the school. They suggested that the money



might purchase equipment, and P.E. mats were accordingly bought.

Kingston Society for Mentally Handicapped Children

This voluntary society has been very active in assisting the centre in many ways. They have provided, among many things, a spin dryer, washing machine, electric airer and paddling pool. Their generosity and interest are very much appreciated.

Residential Care

There are no hostels in the borough for the mentally sub-normal, but during the year financial responsibility was accepted for residential care of subnormal patients unable to be cared for at home and not requiring hospital admission, as follows:

	Organisation	Category of Patients
<u>Adults</u>		
Boarded out	Guardianship Society	Two adult females
St. Teresa's Convent	The Sisters of the Sacred Heart of Jesus and Mary	Three adult females
<u>Children</u>		
St. Francis School, Buntingford	The Sisters of the Sacred Heart of Jesus and Mary	One boy
Sendhurst Grange	Surrey County Council	Two girls and one boy
Crowthorne	Ravenswood Foundation	One girl





REPORT ON THE WELFARE SERVICESF.J. Neacock, Chief Welfare OfficerWELFARE OF THE ELDERLY

The following six residential establishments for the accommodation of elderly persons were administered by the department at the beginning of the year:

<u>Establishment</u>	<u>Beds</u>
12 Langley Avenue, Surbiton	21
14 Langley Avenue, Surbiton	27
26 Langley Avenue, Surbiton	27
Pirocroft, 36 Ditton Road, Surbiton	26
Fairlawn, Warren Road, Kingston Hill	31
Cocabe Oak, Warren Road, Kingston Hill	33
Total	165

In addition a total of 38 beds at Kingswood, Richmond, are allocated to the Borough Council.

**WELFARE SERVICES**

In October the completion of the purchase of Waratah, Sanderstead Road, Sanderstead, resulted in an additional 20 beds becoming available, but when the scheme of necessary adaptations is put into effect during the coming financial year, it is anticipated that the number of residents will be cut by approximately half during the contract period.

The Matron of 12 Langley Avenue, Surbiton resigned in May, and the opportunity was taken to appoint the Matron at 14 Langley Avenue as Matron of the two houses in anticipation of the scheme for joining these two buildings together as one home in the capital programme for the forthcoming year. Due in part to the low standard of the establishments when taken over, and also to economies that had to be effected in revenue estimates during the year under review, the standard of accommodation maintained by the Borough Council is of a relatively low order, and no improvement has been effected in the overcrowding that was reported in my last annual report, nor is any likely next year.

Waiting list

On the 1st January 1966, 25 men and 71 women were waiting admission to residential accommodation.





REPORT ON THE WELFARE SERVICESF.J.Meacock, Chief Welfare OfficerWELFARE OF THE ELDERLY

The following six residential establishments for the accommodation of elderly persons were administered by the department at the beginning of the year:

<u>Establishment</u>	<u>Beds</u>
12 Langley Avenue, Surbiton	21
14 Langley Avenue, Surbiton	27
26 Langley Avenue, Surbiton	27
Fircroft, 96 Ditton Road, Surbiton	26
Fairlawn, Warren Road, Kingston Hill	31
Coombe Oak, Warren Road, Kingston Hill	<u>33</u>
Total	<u>165</u>

In addition a total of 38 beds at Kingsmead, Richmond, are allocated to the Borough Council.

In October the completion of the purchase of Waratah, Sanderstead Road, Sanderstead, resulted in an additional 20 beds becoming available, but when the scheme of necessary adaptations is put into effect during the coming financial year, it is anticipated that the number of residents will be cut by approximately half during the contract period.

The Matron of 12 Langley Avenue, Surbiton resigned in May, and the opportunity was taken to appoint the Matron at 14 Langley Avenue as Matron of the two homes in anticipation of the scheme for joining these two buildings together as one home in the capital programme for the forthcoming year. Due in part to the low standard of the establishments when taken over, and also to economies that had to be effected in revenue estimates during the year under review, the standard of accommodation maintained by the Borough Council is of a relatively low order, and no improvement has been effected in the overcrowding that was reported in my last annual report, nor is any likely next year.

Waiting List

On the 1st January 1966, 25 men and 71 women were awaiting admission to residential accommodation.



The following admissions were made during the year into:

	<u>Men</u>	<u>Women</u>
Homes administered by the Borough	25	50
Other Local Authorities' Homes	6	12
Voluntary Homes	<u>4</u>	<u>5</u>
	<u>35</u>	<u>67</u>

Of these admissions during the year, only three women were admitted who were on the waiting list as at the 1st January 1966.

Although it will be seen that a reasonable number of admissions have been effected, the numbers on the waiting list at the 31st December 1966 were 21 men and 69 women. Many applicants have been waiting for two years or more because of the lack of suitable accommodation and the high incidence of emergency admissions. On several occasions emergency beds have had to be put up, resulting in further overcrowding. Other emergencies have been met with the assistance of other welfare authorities.

#### Holiday and Short Stay Admissions

During the year under review 29 persons have been admitted for periods to enable relatives who are caring for elderly persons within their own homes to take a holiday themselves: 8 to our own homes and 21 to other authorities and voluntary homes. A number of other persons have been assisted in making private arrangements owing to the impossibility of meeting the demand from the borough's resources. It is not anticipated that the situation will improve during the coming year.

#### New Accommodation

Plans have now been prepared for the erection of a purpose-built home for 50 residents in the grounds of Coombe Oak, Warren Road, Kingston Hill, but it is not anticipated that building will be able to be commenced until early in 1968, and it is unlikely that the building will be ready for occupation before the end of 1969.

The Ministry of Health has given approval to a scheme for an extension to Fircroft, 96 Ditton Road, Surbiton, to provide 24 extra beds for residents.

It is anticipated that plans for this extension will be ready for submission to the Ministry of Health some time next year, but it is not possible to predict when the building will be commenced.

The Borough Council is negotiating for the purchase of a property known as Coombe Barton, Coombe Lane West, New Malden, and the Ministry



of Health has given provisional approval to the erection of a home for less than 60 residents on this site. It is hoped that the plans will be prepared during the coming year.

The Borough Council has also made provision in the capital estimates for a scheme to join numbers 12 and 14 Langley Avenue, and the Borough Architect has been requested to prepare suitable plans.

In addition, a scheme of adaptations at Fairlawn, Warren Road, Kingston Hill has been provided for in capital estimates. This scheme is intended to improve the standard of accommodation provided to bring it into line with accepted Ministry of Health standards; no additional accommodation will be provided.

The borough's building programme of accommodation for elderly persons as at the close of the year is approximately a year behind, and with the ever-increasing pressure of applications it is very necessary that great efforts should be made to secure further sites and put further schemes provided for in the Plan, into operation at an early date.

### Staff

Difficulties in the recruitment of suitable staff for the residential homes have in no way decreased. Provision has been made in both capital and revenue estimates for the improvement of staff accommodation during the coming financial year, but the standards to be achieved still leave much to be desired, and although helpful, these improvements are not likely to assist recruitment.

### Occupational Therapy at Welfare Homes for the Elderly

Regular occupational therapy sessions are held at the Council's Old People's Homes and the residents take great interest in their work. Materials are purchased from the residents' comforts fund, and the finished articles are sold on the premises by the Matrons for the benefit of the fund, although a resident wishing to purchase an article may do so for the cost of the materials involved.

### Homes Administered by Voluntary Organisations

There are many voluntary organisations throughout the country who maintain their own homes for aged persons who satisfy their individual requirements for admission, for example, past profession, religion or domicile, and the accommodation thus provided makes a valuable contribution to the welfare of the old people. One such home within the borough has been helpful to the department by taking a number of elderly persons pending vacancies arising in our own homes. They also accommodated 9 elderly persons for holiday periods, the Council accepting financial responsibility in each case for maintenance costs.



Persons resident in accommodation provided by voluntary organisations:

Physical Category	Age	Sex	1.1.66	31.12.66
Not materially handicapped	Aged	M	15	24
		F	34	46
	Not Aged	M	-	-
		F	-	-
Blind	Aged	M	-	-
		F	6	4
	Not Aged	M	-	-
		F	1	4
Epileptic	Aged	M	2	1
		F	-	-
	Not Aged	M	5	6
		F	-	-
Others physically handicapped	Aged	M	1	1
		F	1	1
	Not Aged	M	4	1
		F	5	3
Deaf	Aged	M	-	-
		F	-	-
	Not Aged	M	-	-
		F	-	-
	Totals		74	91

The persons listed are living in 42 homes in all parts of the country. These homes cater for people requiring specialised care or a particular sectarian environment together with those who provide general care and attention exclusive of any admission requirements. It is anticipated that the use of this type of home will continue until the Ten-Year Plan for borough welfare services is nearly complete and probably even afterwards.



The majority of people for whom residential accommodation is provided are elderly, and the main difficulty in their placement is simply pressure of numbers.

In the case of persons who are physically disabled, the problem is much greater and the difficulty in finding suitable places in voluntary or other local authority homes increases annually.

The Borough Council has in its Ten Year Programme a scheme for the erection of a purpose-built home for physically handicapped persons, but it is not anticipated that a start will be made on this project until after 1972.

The homes for the elderly provided by the Malden and Coombe Old People's Welfare Committee, the Surbiton Red Cross Society and the Surbiton Housing Society, as well as the other facilities provided by these organisations, make a most valuable contribution.

#### Residential Accommodation in other Local Authorities' Homes

65 old people from the borough are accommodated by other local authorities. Many of these arrangements were taken over from the Surrey County Council. Owing to the very acute shortage of vacancies the Borough Council is greatly indebted to several other local authorities who have assisted with emergency vacancies when it has not been possible to provide accommodation locally, and thanks are tendered to these authorities for their generous help. 70 residents in the Borough Council's homes are the responsibility of other local authorities.

All residents outside the borough for which this authority has accepted financial responsibility are visited once a year by welfare officers from the authority in whose area the home is situated, and a report is submitted to the Chief Welfare Officer.

#### Registration and Inspection of Private Homes for the Disabled and the Elderly

Under Section 37 of the National Assistance Act 1948, the Council is responsible for the registration and inspection of disabled persons' and old people's homes, and there are four registered voluntary homes and thirteen registered old people's homes within the borough. Included in the thirteen is one new small home that was granted registration during the year. One small private home closed during the year. Two homes changed hands and were re-registered after investigation and inspection.

The registered homes have been regularly inspected and have continued to run satisfactorily. Thirty-two visits were made during the year.



## Domiciliary Services

### Meals on Wheels Service

The Borough Council appointed a Meals on Wheels Organiser and assumed responsibility for the provision of meals for the meals on wheels service in the Kingston and Surbiton districts on the 21st March, and from then until the end of the year a total of 19105 meals were produced and were delivered with the help of voluntary organisations. During the year the average number of meals increased from 459 a week to 593 a week. Malden and Coombe Old People's Welfare Committee continued to provide and deliver meals to the Malden area, and these were augmented from our kitchen towards the end of the year.

The position has now been reached where the cooking facilities at the meals on wheels kitchen are at saturation point, and a scheme of adaptations has been provided for in the revenue estimates for the coming year. In addition to this, the voluntary organisations have experienced great difficulties over the delivery of meals, and provision has been made for the purchase and equipping of a special meals on wheels van.

By the end of the year meals were available in Malden and Surbiton districts of the borough on five days a week and three days a week in Kingston. In addition meals were provided from the kitchen for the disabled persons attending the Occupational Therapy Unit at Westbury Road, New Malden.

The Kingston Women's Royal Voluntary Service are responsible for the delivery of the meals in the Kingston district, and the British Red Cross Society in Surbiton. The Surbiton Old People's Welfare Committee and the Malden and Coombe Old People's Welfare Committee also continued to produce meals independently for their Day Centres.

The extension of this service is considered vital to the proper conduct of the welfare services and whilst continuing to make full use of the voluntary workers who have hitherto given so generously of their time, it is envisaged that the Borough Council will find it necessary during the coming year to consider assuming responsibility for the delivery of many of the meals required.

### WELFARE OF THE HANDICAPPED

A register of physically handicapped persons is maintained in accordance with Section 29 of the National Assistance Act 1948, whereby a local authority has power to make arrangements for promoting the welfare of those persons who are blind, deaf or dumb, and others who are substantially and permanently handicapped by illness, injury, congenital deformity or any other disability that may be prescribed by the Minister of Health. This register is in several sections.



## Welfare Services for the Blind

### The Blind Register

A register is kept of those persons who wish to obtain the advantages of registration and come within the definition of blindness given in Appendix III to the Ministry of Health Circular 4/55, namely "so blind as to be unable to perform any work for which eyesight is essential." This disability refers to any work and not the particular occupation of the person being examined, and does not take account of any other physical or mental defect.

The number of registered blind persons showed a net increase of 42 over the previous year, whilst the partially sighted persons increased by 9. The following tables show the age distribution of the blind and partially sighted population registered with the Department on the 31st December 1966.

Age Period	Blind Register as at 31.12.66, including transfers in and out			New Cases Registered in the Borough during 1966		
	Male	Female	Total	Male	Female	Total
Under 1	-	-	-	-	-	-
1	-	-	-	-	-	-
2	1	-	1	-	-	-
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5 - 10	3	-	3	-	-	-
11 - 15	-	1	1	-	-	-
16 - 20	2	1	3	1	-	1
21 - 29	1	3	4	1	-	1
30 - 39	8	2	10	1	-	1
40 - 49	12	7	19	1	-	1
50 - 59	22	4	26	1	-	1
60 - 64	5	9	14	2	1	3
65 - 69	8	25	33	4	6	10
70 - 79	33	56	89	8	15	23
80 - 84	14	43	59	4	7	11
85 - 89	9	35	44	2	6	8
90 and over	9	29	38	1	6	7
Unknown	-	-	-	-	-	-
Totals	127	215	342	26	41	67



The position regarding the five children aged under 16 on the register as at 31st December 1966 is as follows: two are attending special schools for the blind and partially sighted, one is still in a hospital for mentally subnormal children and one is at home and unsuitable for education in school. During the year one child aged 2 was transferred into the borough. This child is educable and awaiting admission to special school.

277 persons (80%) on the blind register are over the age of 60. The age of onset of blindness was as follows:

Age Period	Age at onset of Blindness		
	Male	Female	Total
Under 1	15	9	24
1	-	-	-
2	-	2	2
3	-	-	-
4	-	-	-
5 - 10	-	1	1
11 - 15	1	3	4
16 - 20	5	1	6
21 - 29	12	2	14
30 - 39	13	4	17
40 - 49	9	12	21
50 - 59	9	14	23
60 - 64	7	16	23
65 - 69	11	18	29
70 - 79	24	62	86
80 - 84	12	40	52
85 - 89	2	14	16
90 and over	3	8	11
Unknown	4	9	13
<b>Totals</b>	<b>127</b>	<b>215</b>	<b>342</b>

#### Employment of Registered Blind Persons

The following tables indicate the pattern of full time employment of persons on the register:

#### Persons in full employment under ordinary conditions

Age Groups:	16-20	21-39	40-49	50-59	60-64	65 and over	Total employed
Male	1	6	9	11	3	4	34
Female	-	2	3	1	1	1	8
<b>Totals</b>	<b>1</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>4</b>	<b>5</b>	<b>42</b>







The Surrey Voluntary Association for the Blind continued to help maintain these welfare services until the 31st March 1966.

The Kingston upon Thames Association for the Blind was formed on the 6th May 1966 and is rapidly becoming established in the borough. This Association was formed to take over from the Surrey Voluntary Association for the Blind, the welfare of the blind and partially sighted persons residing in the administrative area of the Royal Borough of Kingston upon Thames, and to co-operate and assist the Royal Borough as the authority directly responsible for the welfare of the blind and partially sighted persons. This Association co-operates with the clubs for the blind in the area and also administers financial grants for a wide variety of purposes, including holidays, special equipment, books, magazines, clothing, bedding, fuel, fires and repairs to wireless sets, etc.

### Homes for the Blind

The difficulty of finding vacancies in designated homes for the blind has become still more acute. Of the 46 persons in residential accommodation, only 7 are in designated homes. Blind persons continue to be admitted to the Council's old people's homes in spite of the fact that the homes are at present basically unsuitable for this class of resident. The waiting list contains 4 blind persons in need of accommodation.

No provision has been made in the borough's Ten Year Plan for a specialised home for blind persons, but the accommodation to be provided in purpose-built homes included in the Ten Year Plan will cater for the needs of some physically handicapped persons as well as those who are blind.

This authority is very grateful for the assistance received from many voluntary organisations. Frederick Banting House, Kingston Hill, which is run by the British Diabetic Association, is to close next year and this will leave a serious gap in the facilities available.

### Domiciliary Visiting

Two social welfare officers for the blind (home teachers) concentrate on the care of the blind and partially sighted persons in the borough. The social welfare officers are generally responsible for making the initial contact with the newly blind, a task demanding understanding and knowledge in order to counter the shock both to the person and relatives. It is necessary at first for a firm relationship to be established by regular visits, in order to learn the needs of the person and the home and to deal adequately with problems as they arise. The social welfare officers teach Braille, Moon and handicrafts, etc., and also arrange for the provision of talking books, wireless sets, books and periodicals. A weekly handicraft class is held in Surbiton.



During the year assistance was given as follows:

- 1 newly blind person was sent on a social rehabilitation course.
- 24 people were in attendance at the handicraft class.
- 48 people made articles in their own homes as occupational therapy.
- 7 people were taught Braille.
- 8 people were taught Moon.
- 28 people were given radio sets supplied by the British Wireless Fund for the Blind.

Handicapped Persons Register  
(General Classes)

The following table gives details of all handicapped persons on the register, other than those who are classified as blind or partially sighted, as at the 31st December 1966.

Age Groups:		Children under 16	Persons 16 - 64	Persons 65 and over	Totals
Handicapped Persons (Deaf with Speech)	M	-	6	2	8
	F	-	3	6	9
Handicapped Persons (Deaf without Speech)	M	-	16	6	22
	F	-	18	3	21
Handicapped Persons (Hard of Hearing)	M	-	3	4	7
	F	-	2	13	15
Handicapped Persons (General Classes)	M	-	134	65	199
	F	-	130	148	278
Totals		-	312	247	559

The numbers on this register showed a net increase of 98 over the previous year. Figures as at the 31st December 1965 were:

Totals	4	310	147	461
--------	---	-----	-----	-----



Social welfare officers visit those persons on the register and as far as possible efforts are made to integrate them into the community.

The cases in each category being dealt with at the 31st December 1966 and the average monthly visits, including abortive visits, were as follows:

	<u>Cases on the Register</u>	<u>Average Monthly Visits</u>	<u>Abortive Visits</u>
Elderly	90	154	16
Blind and Partially Sighted	404	128	14
Deaf and Hard of Hearing	82	2	-
Physically Handicapped	477	106	6
Families with Problems	57	122	9
Families in Temporary Accommodation	15	5	-

### Occupational Therapy

The services continue to operate from the Occupational Therapy Centre at 104 Westbury Road, New Malden, which was finally vacated by the Surrey County Council in April.

Occupational therapy classes have been extended during the year and are now held all day Tuesdays with an average attendance of 18, Wednesday morning art class with 6 persons, Wednesday afternoon occupational therapy with 12 persons, and Thursday morning with 10 persons.

The facilities of the meals on wheels kitchen have been utilised to provide a hot mid-day meal for the persons attending the classes every Tuesday.

The ambulance for the handicapped is now fully employed and provision has been made for the purchase of an additional ambulance in 1967/68.

The present establishment of two occupational therapists does not allow for a further expansion of this service and the establishment is to be increased to three occupational therapists in 1967/68.



### Aids and Adaptations

At the 31st December 1965 there were 28 requests for adaptations and aids still to be completed and during the present year 72 further applications were received, making a total of 100 to be dealt with. 72 of these were completed, leaving 28 still to be done. The 72 completed aids were as follows:

Bathroom aids (special seats, rails etc.)	27
Ramps for invalid chairs	8
Structural alterations to premises	4
Others ( walking aids, lifting poles etc.)	33

### Employment

Local authorities are given wide powers for promoting the employment of physically handicapped persons. Many of the persons included on the register are in fact fully employed and self supporting. During the year under review no one has been placed in sheltered employment, as distinct from residential accommodation under Part III of the National Assistance Act, 1948.

### Outwork

It was unfortunately not possible to reintroduce an outwork scheme during the year under review due to economies that had to be made in reduced estimates and the lack of adequate staff to operate this service.

Provision has been made in the estimates for the coming year for the purchase of a suitable vehicle and with the employment of an additional occupational therapist and technical instructor, it is hoped that a small scheme may again be in operation towards the end of next year.

Outwork for severely handicapped and some elderly persons has considerable therapeutic value and every effort will be made to reintroduce and expand this service.

### Trade Orders

Many patients continue to produce articles of high quality under the direction of the occupational therapists and regular orders from the trade continue to be received.

During the coming year it is hoped to amend the procedure whereby patients purchase materials and sell their produce to the trade because the long delay in the receipt of payment from the trade often gives rise to some hardship. It is hoped to arrange for the borough



to purchase completed articles and act as agents for the patients. The technical problems involved are at present the subject of investigations by the chief welfare officer and the borough treasurer.

### Sales of Articles

Articles produced for which no ready market exists continue to be a problem. Efforts to dispose of the articles by such means as sales of work continue and the introduction of the scheme outlined above will be of great assistance particularly to the less proficient patients.

### Voluntary Workshops

The Kingston Spastic Centre provides a workshop at 13 Geneva Road, Kingston upon Thames for about 26 spastic and handicapped young persons, of whom approximately 15 live in the borough.

The centre makes a valuable contribution to the welfare of the handicapped in the borough.

### Recreation and Voluntary Work

The remainder of the services which are provided for physically handicapped persons can be described as recreational. These involve grants to clubs and provision of holidays. There are in the borough a number of organisations which run social clubs, as listed below, for handicapped persons, and receive grants from this authority. Their efforts in this field are much appreciated.

In the year under review 22 holidays were arranged for handicapped people.

### Clubs for the Handicapped

<u>Club</u>	<u>Meetings</u>	<u>Honorary Secretary</u>
Kingston and Surbiton Guild of the Crippled, Presbyterian Church Hall, Grove Crescent, Kingston upon Thames.	Fortnightly Tuesday afternoons	Mrs. J. Fraser Day, "Willowend," Manor Close, East Horsley.
Kingston Endeavour Club, Bedelsford School, Grange Road, Kingston upon Thames.	2nd and 4th Thursday each month - evenings.	Mrs. A. Carter, 4 Preston Close, Strawberry Hill, Twickenham.

(cont.)



<u>Club</u>	<u>Meetings</u>	<u>Honorary Secretary</u>
Multiple Sclerosis Society, Catholic Church Hall, Ewell Road, Surbiton.	3rd Tuesday each month - afternoon	Mrs. M. J. Sellers, 2 Bramley Mansions, Berrylands Road, Surbiton.
Davis - Darby and Joan Club, Deaf and Dumb, Methodist Church Hall, Ewell Road, Surbiton.	Fortnightly Thursday afternoon	Mr. G. Gibbs, 27 Rodney Close, New Malden.
Surbiton Deaf Club, Club Room, Meals on Wheels Kitchen, Ewell Road, Surbiton.	Weekly Thursday evening	Mr. C. Marsh, 94 Manor Green Road, Epsom.
Spartan Swimming Club, Kingston Baths, Denmark Road, Kingston upon Thames.	Weekly Thursday evening	Miss L. Kilpatrick, 38 Thorkhill Road, Thames Ditton.
Surbiton Afternoon Club for the Blind, Club Room, Meals on Wheels Kitchen, Ewell Road, Surbiton.	Alternate Tuesday afternoons	Mrs. D. Yorke, 219 Ewell Road, Surbiton.
Surbiton and District Blind Club, Club Room, Meals on Wheels Kitchen, Ewell Road, Surbiton.	Alternate Wednesday evenings	Miss M. Baughton, 30 Winterdown Road, West End, Esher.
Kingston and District Social Club for the Blind, Congregational Hall, Union Street, Kingston upon Thames.	Alternate Wednesday afternoons	Mrs. E. Jutsen, 38 Chesham Road, Kingston upon Thames.



## OTHER WELFARE SERVICES

### Receivership

The Chief Welfare Officer has been appointed as the officer of the Borough Council responsible to act in matters of receivership. A receivership is required where, after considering medical evidence, the Court of Protection is satisfied that a person is incapable by reason of mental disorder, of managing and administering his property and affairs. The appointment of a receiver is at the discretion of the Court of Protection, and it may happen that although the Council take action to secure a receivership, an officer of this authority is not appointed as receiver. The Chief Welfare Officer is acting as receiver in one case and there are three other cases which are in the process of being considered by the Court of Protection.

### Burial and Cremation

The Borough Council has a duty under Section 50 of the National Assistance Act 1948, to arrange the burial or cremation of the body of any person who has died or been found dead in the borough, in any case where it appears that no suitable arrangements for the disposal of the body have been made or are being made.

The department has not been called upon for this service during 1966.

### Safeguarding Property

The Borough Council has a duty under Section 48 of the National Assistance Act 1948, for the protection of property of persons who are unable to care for their personal effects whilst undergoing a period of hospitalisation or are admitted to a residential home, and where there are no relatives or friends prepared to assume this responsibility. There have been a number of calls on this service.

Club

Meeting

Secretary

Kington and District Social Club

2nd and 4th

Mrs. A. Carter

Bedford School

Thursday each

4 Foston Close,

Grange Road,

month -

Strawberry Hill,

Kington upon Thames

evenings

Twickenham

Kington and District Social Club

2nd and 4th

Mrs. A. Carter

Bedford School

Thursday each

4 Foston Close,

Grange Road,

month -

Strawberry Hill,

Kington upon Thames

evenings

Twickenham

(cont.)

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

F. E. KINTON, M.B.S.H., F.A.P.H.I.

I have the pleasure of reporting upon the work of the Environmental Health Section of the Department during 1966.

The year was one of consolidation following the amalgamation of the three districts in April 1965 and although there were a number of staff changes and shortages, the work of the department has been maintained and continuity secured by the efforts of the more senior members of the staff. It is fair to say that a sense of unity and spirit of co-operation has now been achieved which equals that of the smaller departments of the former Authorities.

As in the previous year emphasis has been upon securing clean air, clean food, improved sanitation and facilities in houses and better working conditions in offices and shops.

**ENVIRONMENTAL HEALTH SERVICES**

From the report it will be seen that further progress has been made and that the Environmental Health Section should make a valuable contribution to the resources available for this work to continue.

Whilst the general standard of food handling is improving, vigilance has to be maintained in the inspection of meat and other food and in the general hygiene of kitchens. The failure of retailers to code their goods and secure adequate stock rotation has resulted in rancid food being sold and subsequent prosecutions. This single measure in the interests of retailer and consumer cannot be over-emphasised. Legislation has been introduced which will require higher standards of food handling by stall-holders and street traders and the decision of the Council to provide improved facilities at the Market Market is welcomed.





ENVIRONMENTAL HEALTH.1. WATER SUPPLY.REPORT OF THE CHIEF PUBLIC HEALTH INSPECTORP.E.KINTON, M.R.S.H., M.A.P.H.I.

I have the pleasure of reporting upon the work of the Environmental Health Section of the Department during 1966.

The year was one of consolidation following the amalgamation of the three districts in April 1965 and although there were a number of staff changes and shortages, the work of the department has been maintained and continuity secured by the efforts of the more senior members of the staff. It is fair to say that a sense of unity and spirit of co-operation has now been achieved which equals that of the smaller departments of the former Authorities.

As in the previous year emphasis has been upon securing clean air, clean food, improved conditions and facilities in houses and better working conditions in offices and shops.

From the report it will be seen that further progress has been made to make the Borough smoke free by 1978 and the North Sea gas finds should make a valuable contribution to the resources available for this work to continue.

Whilst the general standard of food handling is improving, vigilance has to be maintained in the inspection of meat and other food and in the general hygiene of kitchens. The failure of retailers to code their goods and secure adequate stock rotation has resulted in unsound food being sold and subsequent prosecutions. This simple measure in the interests of retailer and consumer cannot be over emphasized. Legislation has been introduced which will require higher standards of food handling by stall-holders and street traders and the decision of the Council to provide improved facilities at the Ancient Market is welcomed.

The water from the reservoir is treated by continuous pressure ozonation, chlorination by breakpoint chlorination and ultraviolet light.

Periodical samples of water are taken by the Borough Engineer and Surveyor and the plant is adjusted as necessary. In addition 12 samples were taken by the Health and Welfare Department for chemical and bacteriological examination, all of which proved to be satisfactory.



REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

In spite of publicity there are many house owners whose properties are without bathrooms, inside water closets and hot water supplies who do not know that grants are available for securing these essential amenities. The restrictions which accompany the grants are not onerous and both owner-occupiers and landlords are invited to consult the department when advice will be freely given.

To enable further progress to be made in connection with inspections required by the Offices, Shops and Railway Premises Act, an additional technical assistant was appointed in June. This has enabled many more inspections to be carried out but it will be some time before all the appropriate premises have been visited because of the time taken to do thorough inspections. The co-operation of office and shop proprietors and managers is gratefully acknowledged.

It is pleasant to report that numerous invitations have been received to address local organisations, schools and members of the staff of the school meals service on various aspects connected with our work and it is hoped that this field of health education will be developed further in future years.

I am pleased to record continued co-operation with the staff of all other departments and in particular appreciate that which exists with members of other sections of the Health and Welfare Department. The continued support and encouragement of Dr. J. C. Birchall, Medical Officer of Health, is very much appreciated and I am extremely grateful to the Chairman and Vice-Chairman of the Health and Welfare Committee and all the members of the Council for their interest and understanding.

P. E. KINTON

Chief Public Health Inspector.



## ENVIRONMENTAL HEALTH.

### 1. WATER SUPPLY.

The whole of the area is supplied by the Metropolitan Water Board and the supply has been satisfactory both as regards quantity and quality. In view of the large number of routine bacteriological and chemical examinations carried out by the Water Examination Department of the Board it was not considered necessary to make many routine tests but twenty-five samples were taken and proved to be satisfactory.

Well water is used for industrial purposes at certain factories, but is not used for domestic consumption; all the houses in the Borough are provided with a main water supply.

### 2. SWIMMING BATHS AND POOLS.

(a) Public. The Corporation's indoor swimming baths are situated in Denmark Road, Kingston upon Thames and comprise two pools, one of which is in use throughout the year, whilst the other is used for swimming during the summer months, and in the winter season is converted for use as a hall for concerts, dancing and other purposes. In addition there is an instructional pool.

The baths are equipped with pressure filters capable of treating the water of both pools every  $3\frac{1}{2}$  hours during bathing periods. In hot weather the filters are working continuously day and night. Chlorination is marginal and the residual quantity is maintained at the deep end of the baths with a maximum of 0.6 parts per million free chlorine.

The water in these baths was sampled on 17 occasions by the Department in addition to frequent tests carried out by the Borough Engineer and Surveyor. At one time during the year some difficulty was experienced in maintaining one pool in an entirely satisfactory condition but following alterations this was overcome.

The Surbiton Lagoon, situated in Raeburn Avenue, Surbiton, is an open air pool 165 feet long and 90 feet wide, with a depth of three to nine feet. There is also a paddling pool for small children.

The water is from Metropolitan Water Board mains and is treated by continuous pressure sand filtration, sterilisation by breakpoint chlorination and oxygenation over an ornamental cascade.

Periodical samples of water are taken by the Borough Engineer and Surveyor and the plant is adjusted as necessary. In addition 12 samples were taken by the Health and Welfare Department for chemical and bacteriological examination, all of which proved to be satisfactory.



(b) School Baths. One private school has a small swimming bath which is used only by scholars and staff. Sterilisation is by hand dosing with chlorine with changes of water as necessary. Ten samples were taken by the Health and Welfare Department to ensure adequate chlorination and fitness for bathing, all of which proved to be satisfactory.

There are also three swimming baths at primary schools with treatment plants, an additional one having been constructed this year. Twenty-three samples were taken during the year of which four were not satisfactory but these latter samples were taken at a time when the baths were not in immediate use and treatment had been suspended.

### 3. RIVERS AND STREAMS.

The River Thames forms the western boundary of the Borough and is under the control of the Thames Conservancy Board. The Hogsmill River, a tributary of the Thames, for some two miles forms the eastern boundary and thence flows through the Borough. In dry weather a considerable portion of the flow of this river comprises the effluent from the Hogsmill Valley Sewage Treatment Works. The Beverley Brook, another tributary of the Thames, forms part of the eastern boundary and receives the effluent of the Worcester Park Sewage Disposal Works.

### 4. DRAINAGE AND SEWERAGE.

With the exception of a small quantity which is discharged to the sewage disposal works of the London Borough of Sutton at Worcester Park and to the Greater London Council Wandle Valley Works, the sewage of the district is treated at the Hogsmill Valley Sewage Treatment Works. This modern plant also deals with the sewage from the Borough of Epsom & Ewell.

There are a few houses which use cesspools, but the remaining houses in the Borough are connected to the main sewage system.

### 5. PUBLIC CLEANSING.

The Borough Engineer and Surveyor is responsible for the collection and delivery of refuse to a central loading point from where it is hauled in large vehicles to tips operated by contractors employed by the Greater London Council, who are now responsible for the disposal of refuse.

The total amount of refuse passing over the weighbridge during the year ended 31st December, 1966 was 44,540 tons.



6. INSPECTION OF THE AREA.

The following is a tabulated list of visits and inspections made by the Public Health Inspectors and Technical Officers other than visits made by the Pest Control Officers.

Public Health Act inspections and reinspections .....	2,237
Housing Acts .....	437
Housing Inquiries .....	113
Houses in Multiple Occupation .....	59
Improvement Grants .....	1,118
Drainage .....	1,439
Factories and Workplaces .....	352
Outworkers .....	25
Atmospheric Pollution Recording .....	332
Milk Shops and Depots .....	28
Food Premises .....	2,132
Restaurants and Cafes .....	469
Bacteriological and Biological Sample Visits .....	270
Food and Drugs Sampling .....	337
Unsound Food .....	251
Markets .....	335
Animal Boarding Establishments .....	33
Pet Animals Act .....	24
Riding Establishments Act .....	32
Rodent Control .....	137
Insect Pests .....	154
Infectious Disease .....	4,035
Shops Acts .....	557
Consumer Protection Act (Fireguards) .....	16
Merchandise Marks Act .....	39
Interviews .....	840
Noise .....	312
Offices, Shops and Railway Premises .....	1,455
Building Sites .....	18
Council Houses .....	88
Employment Agencies .....	32
Old People and Problem Families .....	49
Pharmacy & Poisons Act .....	185
Rivers, Ditches and Ponds .....	27
Rent Act .....	55
Tents and Caravans .....	113
Vacant Land .....	88
Visits Outside District .....	377
Water supplies and sampling .....	142
Betting and Gaming Act .....	31

C/Fwd.

18,773



	B/Fwd.	18,773
Smoke Control Visits .....		7,541
Smoke Control Revisits .....		3,837
Attendance at Meetings .....		59
Miscellaneous .....		2,260
		32,470

NOTICES SERVED.

Informal

(a) Verbal .....	65
(b) Written .....	1002

Statutory.

(a) Housing Acts .....	3
(b) Public Health Acts .....	21
(c) Clean Air Act .....	15

NOTICES COMPLIED WITH.

Informal.

(a) Verbal .....	}	541
(b) Written .....		

Statutory.

(a) Housing Acts .....	-
(b) Public Health Acts .....	11
(c) Clean Air Act .....	15

7. FACTORIES ACT, 1961.

The following are the particulars required to be furnished to the Ministry of Labour and National Service concerning matters dealt with by the Corporation under Parts I and VIII of the Factories Act.

PART I OF THE ACT.1. INSPECTIONS.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Prosecutions
Factories in which Sec. 1,2,3,4 & 6 are enforced by the Corporation	52	23	-	-
Factories not included above in which Sec.7 is enforced by the Corporation	661	310	16	-
Other premises excluding outworkers	16	18	1	-

2. CASES IN WHICH DEFECTS WERE FOUND.

	No. of cases in which defects found				
	Found	Remedied	Referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	-	-	-
Absence of drinking water & utensils	2	2	-	-	-
Absence of first aid equipment	1	1	-	-	-
Absence of Abstract of the Act	2	1	-	-	-
Others	2	2	-	-	-
<u>Sanitary Conveniences:</u>					
Lack of cleanliness	13	9	-	-	-
Insufficient	2	1	-	1	-
Unsuitable or defective	6	3	-	-	-
Absence of light or defective	8	5	-	1	-
Intervening ventilated space	4	4	-	-	-

Cont/d. ....



	No. of cases in which defects found				
	Found	Remedied	Referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Not designated for sexes	2	2	-	-	-
No proper access by means of paved path	2	1	-	-	-

PART VIII OF THE ACT.

Outwork. The following table gives details of work which is carried out in private dwelling houses. The conditions obtaining have been found to be satisfactory.

Nature of Work	No. of Outworkers
Wearing apparel - making etc.	36
Brass & brass articles	12
Artificial flowers	1
	49

8. SHOPS ACT, 1950.

The welfare provisions of this Act were repealed and are now covered by the requirements of the Offices, Shops and Railway Premises Act. The remaining provisions relating to closing hours, half-holidays, hours of employment of young persons and Sunday trading are administered by the Department.

Exemption Orders have been made under Section 1 whereby it is not an obligation to close a shop on one half-day in each week. These Orders relate to the central shopping area of Kingston and the whole of the former Boroughs of Malden and Coombe and Surbiton. By this means it is possible for six-day trading to be operated in respect of many trades and businesses.

During the year 557 visits were made and legal proceedings were instituted in a case where camping equipment was being sold on Sundays. The firm concerned was fined £1. with 5 guineas costs.



### 9. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The figures enumerated in the following tables are those submitted in accordance with the provisions of Section 60 of the Act and included in the Annual Report to the Ministry of Labour.

Class of Premises	Number of Premises registered during the year	Total Number of registered premises at end of year
Offices	45	616
Retail Shops	52	1,020
Wholesale shops, warehouses	2	56
Catering establishments open to the public, canteens	8	148
Fuel storage depots	-	1
	<u>107</u>	<u>1,841</u>
Class of Workplace	Number of persons employed	
Offices	6,988	
Retail shops	7,769	
Wholesale departments, warehouses	765	
Catering establishments open to the public	1,193	
Canteens	204	
Fuel Storage Depots	<u>20</u>	
	16,939	

During the year 1,455 inspections were made, of these, 303 were general inspections to shops and catering establishments and 101 were to offices. General inspections are comprehensive and premises which have been the subject of such action would, upon completion, comply with all the requirements of the Act which are at the moment in force.

Two Technical Officers are engaged exclusively on this work, the second appointment being made in June, 1966. In addition the Public Health Inspectors make inspections mainly of food premises.



Where it is necessary to carry out structural works the speed at which progress can be made in meeting the requirements of the Act depends to a large extent upon the availability of labour. The kind of maintenance or small alteration work required is not readily accepted by the larger firms of building contractors and the smaller type of builders are often fully engaged with work of this nature. However willing shop-keepers and managements might be to comply with the requirements of the department, they have to take their turn for attention. Even the big multiple firms who formerly carried their own large estate and maintenance departments, are finding it difficult to carry out works promptly. It is also apparent that during the present period of financial recession the smaller firms, when faced with considerable expenditure, have some difficulty in meeting their responsibilities. Often a compromise has to be accepted whereby the most urgent work receives priority and the balance is phased over a period.

It is true to say that, apart from the multiple firms and large organisations, employers have a very limited knowledge of the requirements of the Act. This is also obvious in respect of changes of occupation; re-registration or new registration has to be asked for as few of the new occupiers complete the necessary formalities.

It is also apparent that many employees have little knowledge or interest in the provisions of the Act which was passed solely in their interests.

The Act prescribes that an accident is notifiable when it disables a person for more than three days from doing his usual work. The higher figures notified in the older age groups are attributable to the fact that older persons are not so resilient and take longer to recover, whereas a younger person who has a slight accident would be fit for work within the three day period.

On specific matters the picture this year shows little difference from the last report and the sections dealing with cleanliness, overcrowding, temperature, ventilation, lighting, sanitary and washing facilities have produced the same problems in about similar proportions.

Safety regulations require particular vigilance, not only as regards food preparation machinery, slicing machines, etc. but also some mechanical office equipment possess their own particular hazards that have to be properly guarded.

A total of 90 accidents were officially reported during the year, none of them fatal. Of the firms reporting accidents 65% were large organisations or branches of multiple firms, and between them they accounted for 79% of all reported cases. It still seems obvious that not all employers are aware of their responsibility to report



accidents and therefore the accidents revealed by the returns made must be viewed with some reserve.

Following a full working year it is possible to give some statistical information concerning accidents which is set out in the following tables:-

### ACCIDENTS.

#### A. SEX AND AGE GROUPS.

Total number of accidents		Men	Women	Boys <sup>⊛</sup>	Girls <sup>⊛</sup>
90		38	40	9	3
		42.2%	44.5%	10%	3.3%
Age Group	Men	% of total	Women	% of total	M. + W. % of total
Under 18 yrs.	9	10	3	3.3	13.3
20	4	4.4	1	1.1	5.5
30	9	10	8	8.9	18.9
40	4	4.4	8	8.9	13.3
50	4	4.5	11	12.2	16.7
60	10	11.1	11	12.2	23.3
70	7	7.8	1	1.2	9.0
	47	52.2	43	47.8	100

(<sup>⊛</sup> Under 18 years of age.)

#### B. WORKPLACE INVOLVED.

			<u>National figure for 1965/66</u>
Offices	6	6.6%	35.5%
Retail Shops	72	80.0%	36.6%
Warehouses or Wholesale establishments	6	6.6%	9.0%
Catering establishments	6	6.6%	9.0%

90



C. CAUSE OF ACCIDENT.National figure  
for 1965/66

Resulting from a fall	32	35.5%	40.0%
Handling goods	24	26.6%	21.4%
Striking against an object or person	7	7.7%	9.7%
Struck by falling object	6	6.6%	5.1%
Using hand tools	6	6.6%	5.6%
Power machinery	3		
Non power machinery	3		
Machinery at rest	1		
In connection with vehicles	3		
Not specified	<u>5</u>		
	90		

D. NATURE OF INJURIES.

Bruising or crushing	28	31.1%	27.2%
Surface injury or wound	27	30.0%	22.9%
Sprains or strains	26	28.8%	27.8%
Fractures and dislo- cations	7	7.7%	13.9%
Burns	2	2.2%	
Other Injuries	2	2.2%	

Although the statistics for the Borough can only be regarded as a small sample, some conclusions do emerge:-

The total number of employees registered is not divided between male and female and therefore on the number of accidents reported it cannot be said that men are more accident prone than women.

In view of the fact that the number of returns is small and therefore somewhat suspect, too much significance cannot be placed upon the fact that 80% of reported accidents occurred in retail shops, although it must be admitted that employees are possibly less at risk working in an office than the other registered premises.

It is interesting to note that the causes of accidents follow the natural pattern. It is not machinery that produces the greatest risk, but rather the neglect of common sense precautions. The most common accident results from a fall and is usually associated with a trip on a staircase, a badly placed pair of steps or something equally simple and avoidable. The second place of importance is an accident involved in handling goods generally caused by failing to use a step ladder, poor arrangement of stock in racks, or not lifting in a proper manner.



The nature of injuries generally follows the pattern of causation and results from the type of accident involved.

All these conclusions give emphasis to the need for careful inspection of stock rooms, staircases and the type and number of ordinary common appliances in use.

During the year one case was brought before the Courts relating to an accident in a multiple store involving injury to a girl employee whilst operating a food slicing machine. It was asserted that the machine in question was not properly guarded; the 17 year old operative had not been fully trained, or properly instructed, and that supervision was inadequate since the supervisor was in the habit of using the machine incorrectly.

The magistrates found the charges proved and fines totalling £75 were imposed with the addition of £21 costs.

It is felt that good progress has been made during the year not only on the grounds of the increased number of inspections made but also on the reinspections which have shown that a high proportion of cases have been satisfactorily concluded.

#### 10. CLEAN AIR.

##### Clean Air Act, 1956 - Smoke Control Areas.

The Kingston upon Thames Nos. 6, 7 and 8 Orders became operative on the 1st October, 1966. They cover approximately 317 acres in the Bonner Hill Road district of Kingston, the Manor Drive district of Worcester Park and part of the Norbiton Housing Estate. Particulars of these areas are as follows:-

Area	6	7	8
Locality	Kingston upon Thames	Worcester Park	Norbiton Estate
Acreage	66	235	16
Domestic Premises	1172	1362	194
Commercial "	72	33	-
Industrial "	8	4	-
Other "	4	16	1



In July, the Council made Smoke Control Orders Nos. 9 and 10. These were confirmed by the Minister of Housing and Local Government in October and come into operation on the 1st October, 1967. Particulars of these areas are as follows:-

Area	9	10
Locality	George Road, Coombe.	Queens Road, Kingston.
Acreage	351	107
Domestic Premises	602	1478
Commercial "	8	63
Industrial "	-	5
Other "	4	3

During the year survey work was started on Area 11 in the Acre Road, Kingston locality, Area 12 in the High Drive, New Malden locality and Area 13 in the vicinity of Dickering Lane, New Malden, with a view to the making of Orders which should become operative on the 1st October, 1968.

Fireplace conversions in eleven areas comprising 1,811 acres and 9,499 dwelling houses in the Borough have now been completed.

The Council's Smoke Control Area programme approved in May, 1966 provides for a further 17 areas by 1978 in addition to the 16 already covered by confirmed Smoke Control Orders. The present position can be summarised as follows:-

	Number of Areas	Dwelling Houses
Areas Completed	11	9,499
Areas nearing completion (Nos.6, 7 & 8)	3	2,728
Adaptations in progress (Areas 9 and 10)	2	2,080
Areas being surveyed (Nos. 11, 12 and 13)	3	3,643
Future Areas	14	27,949

Note: The numbering of areas was not consecutive prior to the formation of the new Royal Borough.



### Air Pollution Complaints.

There were 104 complaints from the public about nuisance from smoke and grit. Fifty-six of these concerned bonfires, 18 smoke from factory chimneys, 21 smoking domestic chimneys and 9 grit and smuts.

The increase in the number of bonfire complaints is indicative of the growing concern of the public about this problem. The Department distributes leaflets to residents in smoke control areas giving advice on how to reduce smoke from bonfires and avoid complaints. Advice and assistance are also given verbally and by letter when specific complaints are under investigation. The complaints about smoke, grit and smuts from factory chimneys were the result of defects in plant or operation and were quickly rectified.

### Chimney Heights.

Six plans were submitted for determination of chimney heights under Section 10 of the Clean Air Act, 1956. In 4 further cases advice was given where new chimneys, exempted from the provisions of Section 10, were being erected.

Until practical means have been developed for the removal of sulphur from fuel or sulphur oxides from flue gases, some control over the heights of new chimneys is essential in order to keep the concentration of sulphur dioxide at ground level within reasonable limits. It is unfortunate that, because shops, offices and blocks of flats are exempted from the provisions of Section 10, the heights of many chimneys erected in the Borough are outside the control of this Authority. It is found in practice that architects often seek the advice of the Local Authority even in respect of exempted chimneys, but the amendment of this section of the Clean Air Act to embrace all chimneys serving large plant is long overdue.

### Recording of Air Pollution.

Instruments for measuring the amount of smoke and sulphur dioxide in the air are maintained at the Guildhall, Tiffin Girls' School, in Malden Road, New Malden and at Alpha Road Public Health Depot. These operate continuously and readings are taken five times a week. The figures are submitted monthly to the Ministry of Technology's Warren Spring Laboratory for inclusion in the national survey of atmospheric pollution.

The opportunity is taken to express appreciation of the assistance given by the staff and students of Tiffin Girls' School in maintaining one of the sites.



The instruments at Kingston Guildhall and in Malden Road, New Malden have been operating continuously since January 1958 and it is now possible to obtain some indication of pollution trends at these two sites.

It is necessary to point out that variations in weather have a much greater effect upon the daily readings than the factors which are more important in relation to any real reduction of air pollution, such as the changes in fuel usage and the increase in the efficiency of fuel-burning appliances. The weather can affect readings in two ways, firstly, in colder weather more fuel is burned and more pollution is caused; secondly, in calm conditions pollutants are liable to build up in the air near their source, whereas windy weather causes dispersal. An attempt has been made to assess the extent of the first of these effects by the use of "Degree Days". Degree day figures are issued by the Gas Council for checking and computing fuel consumption in central heating systems. One "degree day" represents a difference of 1°F. between the outside temperature and 60°F. maintained for one day of 24 hours, when the outside temperature is less than 60°F. The total degree days in a month or a heating season are calculated by the Gas Council from maximum and minimum temperature readings taken at Kew and other observatories as supplied to them by the Meteorological Office.

The annual figures for "degree days" are plotted on the same graphs as smoke and sulphur dioxide concentrations at Kingston Guildhall since 1958 (figure 1). It will be seen that in most years average smoke and sulphur dioxide concentrations followed average temperature changes fairly closely, in other words, cold winters resulted in proportionately more pollution than mild ones. This method of comparison makes it possible to assess more accurately the trends in air pollution in spite of weather differences from year to year. The graph shows that from 1963 onwards although the "degree day" figures were fairly steady, the smoke and sulphur dioxide concentrations fell markedly. It is reasonable to infer from this that there has been a real reduction in air pollution in recent years. It is noteworthy that the sulphur dioxide concentrations at the Guildhall site fell from 138 microgrammes per cubic metre in 1958/59 to 98 in 1965/66 and the smoke concentrations fell from 86 to 43 during the same period. The figures from the Malden site show a similar pattern to those discussed above (Figure 2).

Figures 3 and 4 show the monthly variations in the smoke and sulphur dioxide concentrations at the Tiffin Girls' School and the Alpha Road, Surbiton sites. As in previous years the winter readings are very much higher than the summer ones, indicating that domestic and commercial space heating appliances contribute more to air pollution than do industrial installations, most of which operate with a constant level of flue gas emission throughout the year.



Fig. 1.

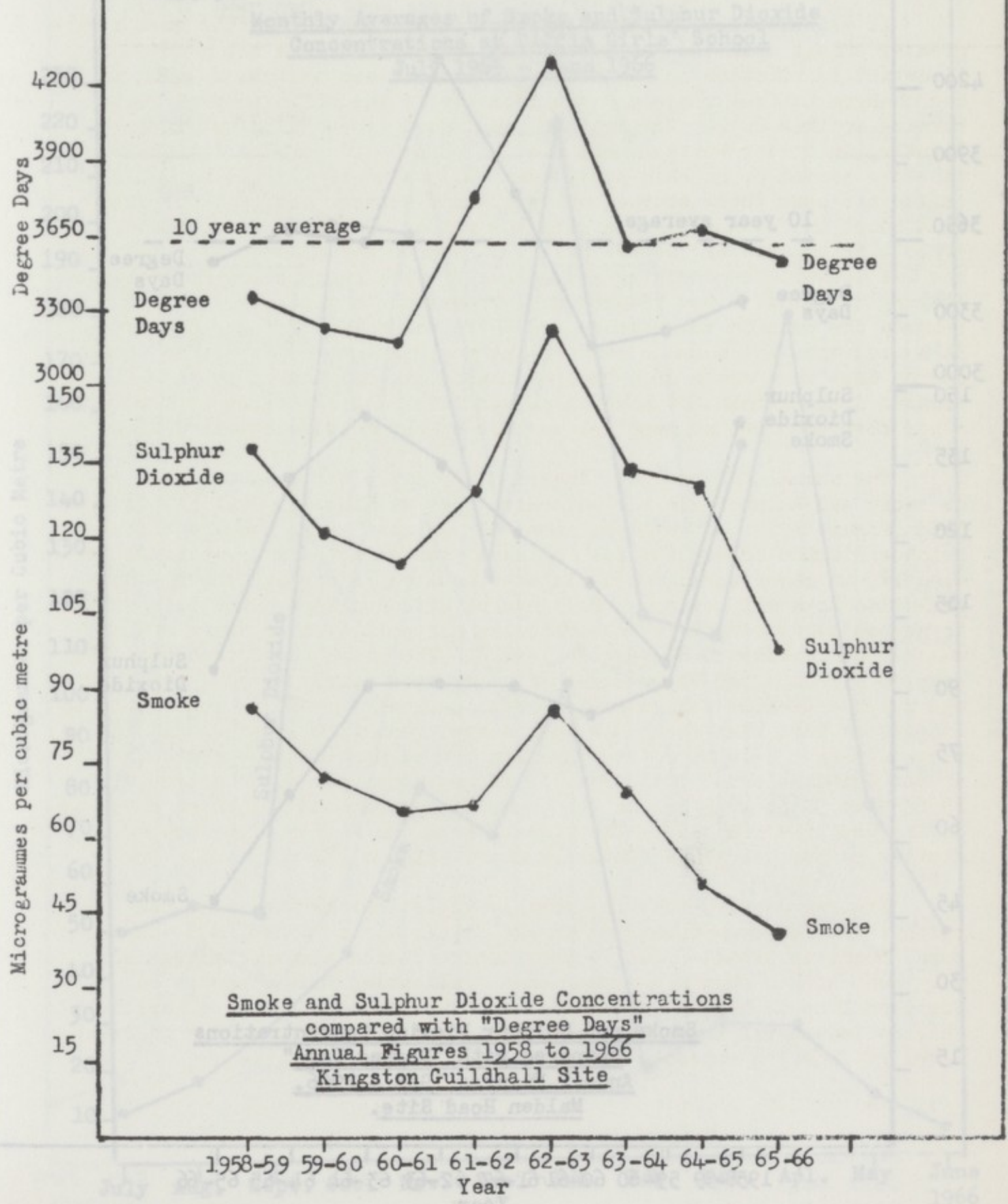




FIG.2.

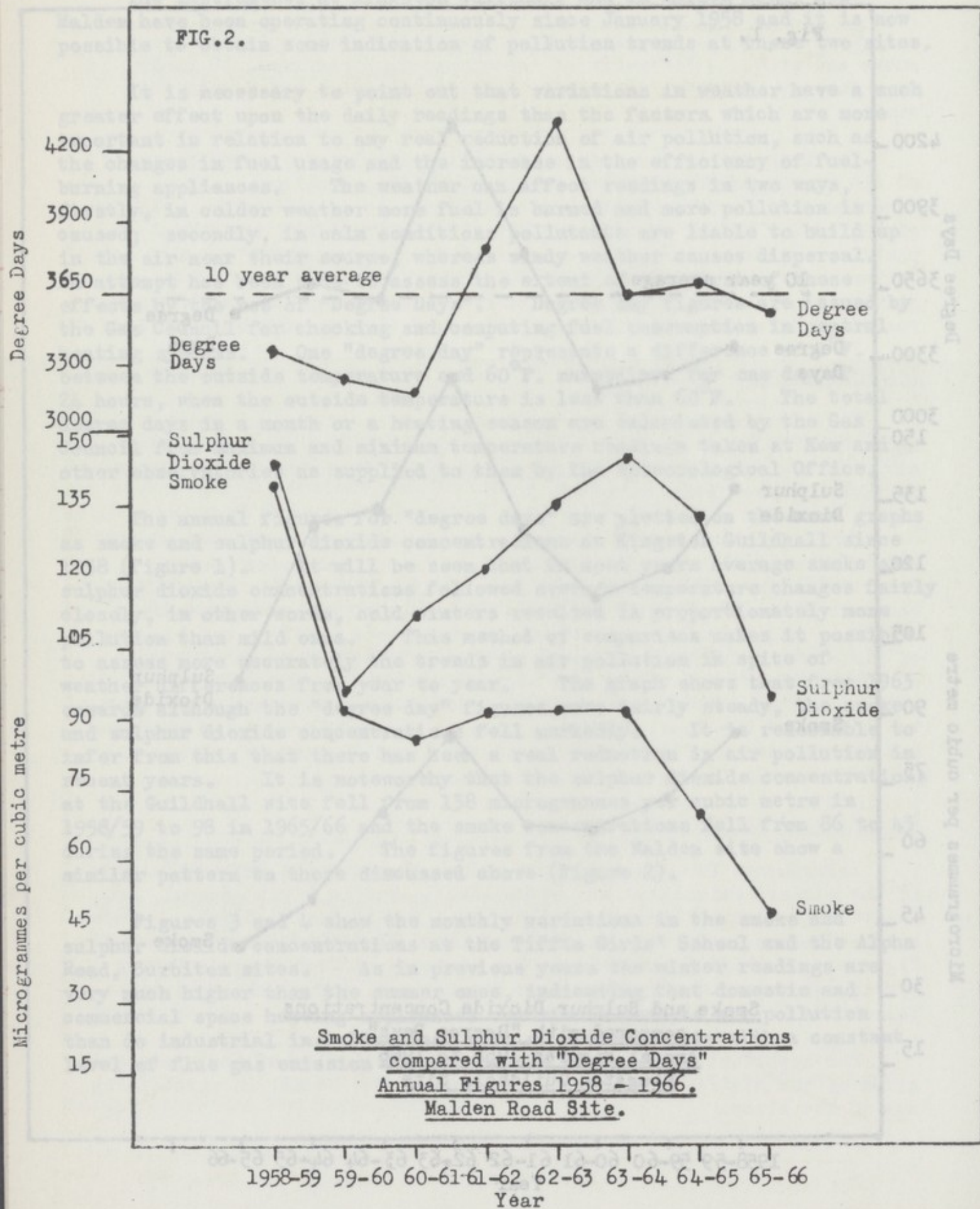
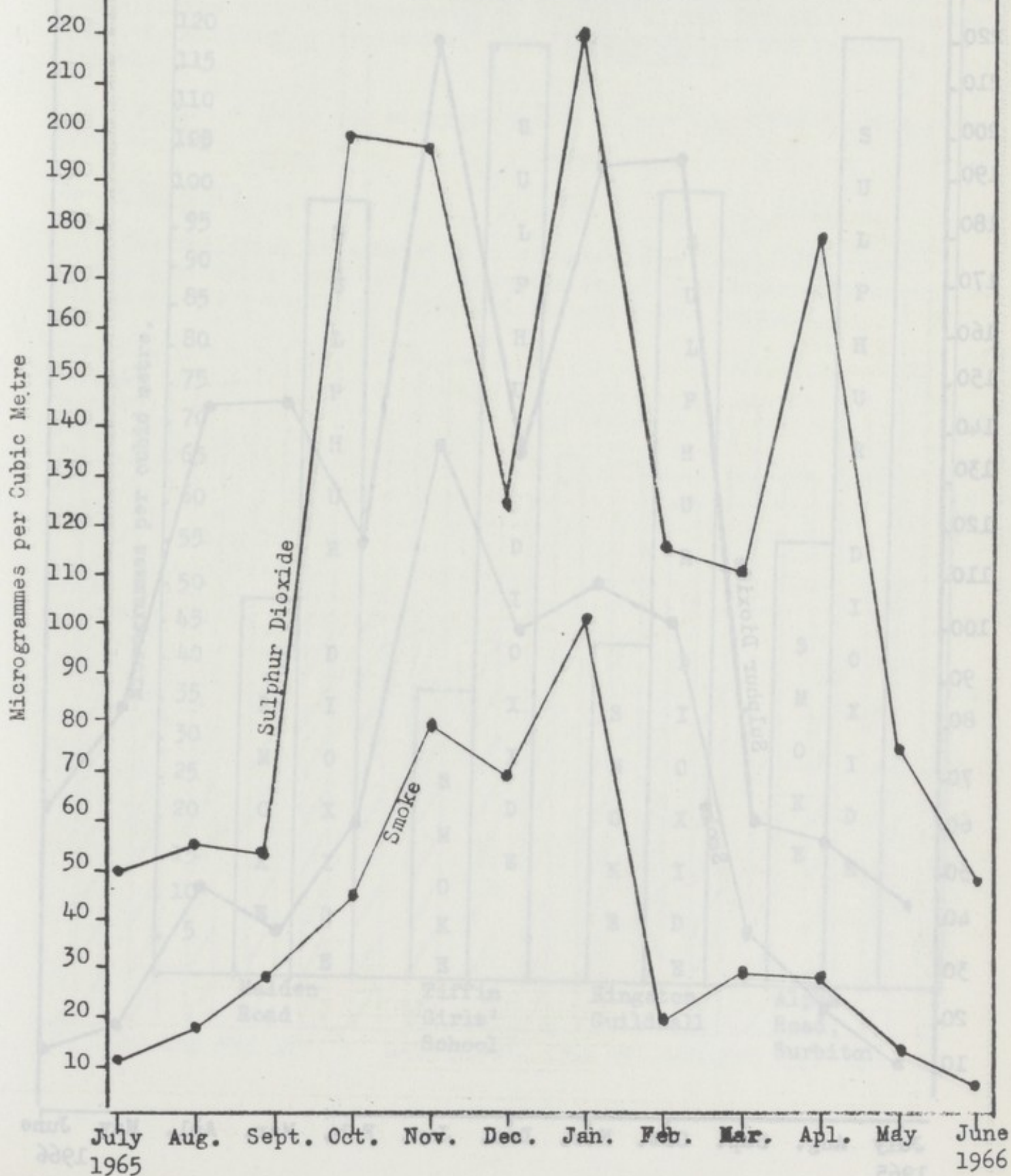


FIG. 3.  
Monthly Averages of Smoke and Sulphur Dioxide  
Concentrations at Tiffin Girls' School  
July 1965 - June 1966





**FIG.4. Monthly Averages of Smoke and Sulphur Dioxide Concentrations at Alpha Road, Surbiton July 1965 - June 1966**

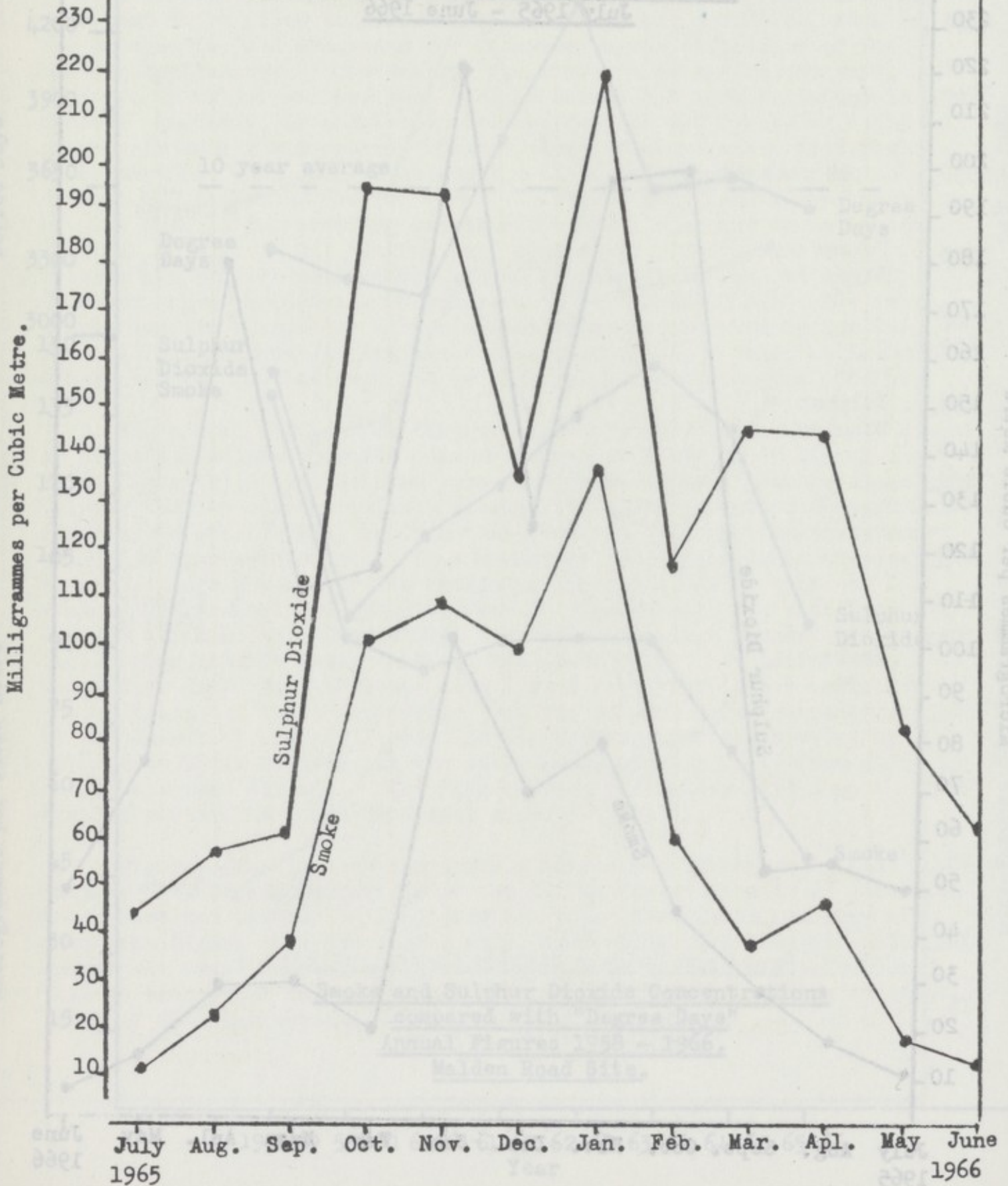


FIG. 5. Yearly Averages.  
Smoke and Sulphur Dioxide Concentrations  
(July 1965 to June 1966)

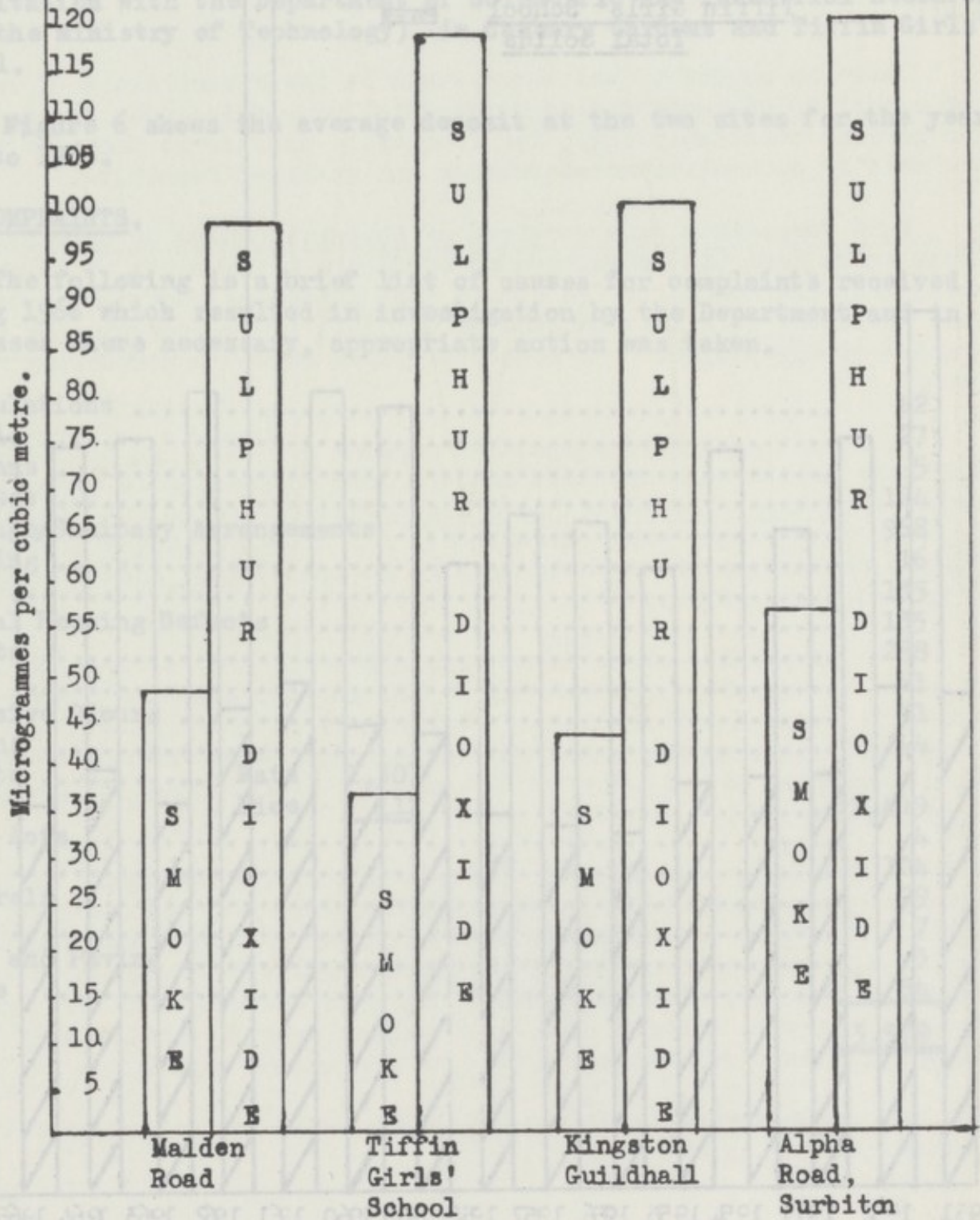
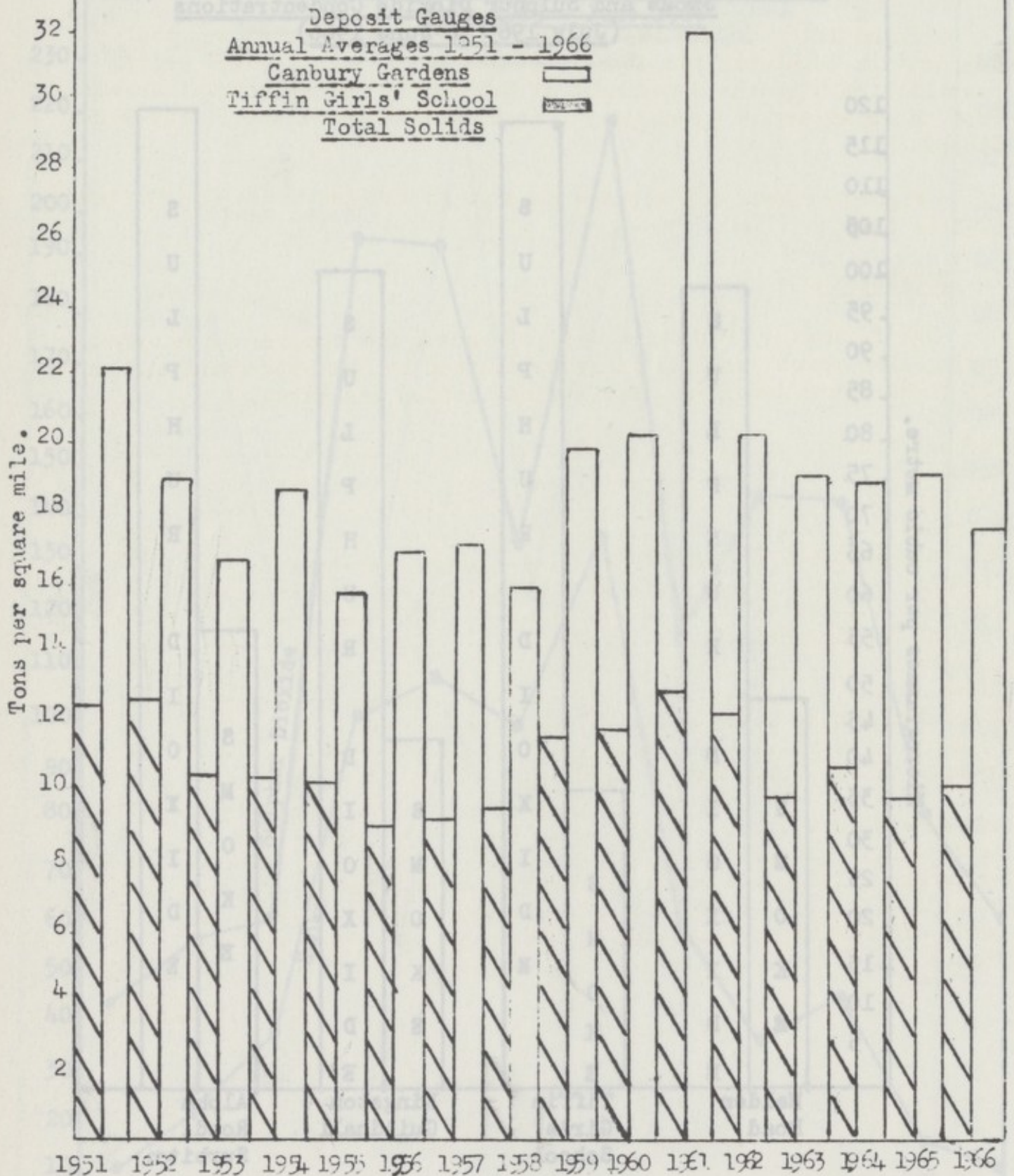




FIG. 6.



July Aug. Sep. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June  
 1966

Figure 5 compares the annual averages of smoke and sulphur dioxide concentrations for all four sites.

### Deposit Gauges.

In addition to the instruments previously referred to, the Corporation maintains two deposit gauges which were located, after consultation with the Department of Scientific and Industrial Research (now the Ministry of Technology), in Canbury Gardens and Tiffin Girls' School.

Figure 6 shows the average deposit at the two sites for the years 1951 to 1966.

### 11. COMPLAINTS.

The following is a brief list of causes for complaints received during 1966 which resulted in investigation by the Department and in all cases where necessary, appropriate action was taken.

Accumulations .....		42
Animals .....		27
Caravans .....		5
Dampness .....		124
Drainage/Sanitary Arrangements .....		968
Flooding .....		16
Foods .....		135
General Housing Defects .....		135
Insects .....		288
Noise .....		81
Offensive Odours .....		91
Pigeons .....		44
Rodents .....	Rats 1,307	
	Mice <u>112</u>	1,419
Shops Acts .....		4
Smoke .....		104
Squirrels .....		29
Water .....		7
Yards and Paving .....		5
Others .....		<u>54</u>
		<u>3,578</u>



## 12. RODENT AND INSECT PEST CONTROL.

In the Report last year reference was made to the serious shortage of staff in this section of the Department but during this year we have been able to recruit and maintain a full establishment of staff and operatives. Consequently control has been undertaken in a thorough and systematic manner to the satisfaction of both the public and the staff.

There is no doubt that there would be fewer complaints of rats if the occupiers of business and residential properties kept their yards and gardens reasonably tidy, for frequently shelter is provided for the rats by accumulations of rubbish and unwanted furniture.

More complaints were received of nuisance caused by pigeons. These arise from the encouragement of flocks to assemble at points where they are regularly fed and in some instances control has been made extremely difficult because of the lack of co-operation by some members of the public. A number of birds were trapped during the year.

It is not generally known that pigeons are carriers of disease and it is better to keep their numbers down to reasonable proportions rather than expose residents to a health hazard and to the obvious nuisance they become when encouraged. If the practice of feeding pigeons was discontinued their numbers in towns could soon be reduced to an acceptable figure.

When complaints of nuisance from squirrels are received, advice is given on trapping or proofing. The extensive damage which can be caused by these creatures is not realised until the buildings have been invaded. Here again, residents are not easily convinced that they should not feed them if they do not wish to attract them to the vicinity of dwellings.

As always, a good liaison was maintained with the staff of the Laboratory at the Ministry of Agriculture, Fisheries and Food at Tolworth where advice on problems of treatment for various insects was readily obtainable. In return we were pleased to assist in providing demonstrations and giving talks to overseas officers and field officers on certain aspects of rodent control particularly in cases which were related to defects of drains and sewers.

The accompanying tabulated statement is an indication of the work carried out during the year.

H O U S I N G

Rodent Control - Statistical Statement 1966

	Local Authority Property	Dwelling Houses	Business & Factory Premises.	Totals
Number of properties inspected as a result of notification	38	1,205	215	1,458
Number of additional properties inspected in the course of surveys	33	862	124	1,019
Totals	71	2,067	339	2,477
Premises infested				
Rats	15	931	222	1,168
Mice	14	46	64	124
	29	977	286	1,292



H O U S I N G .

The following action was taken under the Housing Act, 1957:-

51, Park Road, Kingston upon Thames	Undertaking from owner accepted that the basement front room will not be used as a living or bedroom. Owner agreed to inspection by Council's representatives as considered necessary.
5, Langley Road, Surbiton	Undertaking from the owner accepted not to relet the basement flat until such time as improvements have been carried out to the Council's satisfaction.
33 & 35, Cowleaze Road, Kingston upon Thames	Demolition Orders made.
23, 25, 27 & 29, Grafton Road, New Malden.	Demolition Orders made.
9, Westfield Road, Surbiton	Demolition Order made.
63a, Richmond Road, Kingston upon Thames	A Closing Order made by the former Royal Borough of Kingston upon Thames on this property was determined during the year, works having been carried out to make the house fit for human habitation.

In accordance with Ministry of Health Circular 28/54, the following information in tabular form, as required by article 31 of the Housing (Consolidated) Regulations, is included.

1. Number of houses inspected and recorded	136
2. Number of houses which, on inspection, were considered to be unfit for human habitation	8
(a) Parts of houses which, on inspection, were considered to be unfit for human habitation	2

Cont/d. ....



3. Number of houses, the defects of which were remedied in consequence of informal action by the Local Authority or its officers	131
4. Number of representations made to the Local Authority with a view to:-	
(a) The serving of notices requiring the execution of works	58
(b) The making of demolition or closing orders (Number of houses involved)	9
5. Number of formal notices served requiring the execution of works	27
6. Number of houses which were rendered fit after the service of formal notices	14
7. Number of demolition or closing orders made	9
8. Number of houses in respect of which an undertaking was accepted under subsection 4 of Section 16 of the Housing Act, 1957	-
9. Number of houses demolished	9

RENT ACT 1957.

<u>Applications for Certificates of Disrepair.</u>	
Applications .....	5
Decisions not to issue certificates .....	Nil
Decisions to issue certificates	
(a) in respect of some but not all defects .....	4
(b) in respect of all defects .....	1
Undertakings given by landlords under paragraph 5	
First Schedule .....	6
Undertakings refused by Local Authority .....	Nil
Certificates issued.....	3

Cont/d. ....



Applications for Cancellation of Certificates

By Landlord .....	1
Objections by tenants to cancellation .....	Nil
Decisions by Local Authority to cancel in spite of tenant's objection .....	Nil
Certificates cancelled .....	1

Houses in Multiple Occupation - Housing Act, 1961.

There are no common lodging houses in the Borough.

In May 1966 the Council adopted a Standard Code of requirements to be applied to such premises and the introduction of this standard throughout the Borough has already proved to be of value in dealing with this type of dwelling.

When the staffing situation improves a survey of these properties will be conducted and notices served but during the year under review only limited progress has been made.

Improvement Grants.

The Housing Acts, 1958 - 1964 provide for Local Authorities to make grants for the conversion or improvement of dwellings.

During the year a publicity drive was undertaken in co-operation with the Ministry of Housing and Local Government. For a week the Ministry's exhibition vehicle was located on the forecourt of the Guildhall in Kingston and was visited by the Mayor and Mayoress, Councillor Lt. Col. and Mrs. J.A. Belcher and many residents from this Borough and the neighbourhood, and this, together with Press publicity, stimulated further interest in Improvement Grants. However, experience suggests that the best form of publicity in any road is for a house to be improved by means of a grant and for other residents to be impressed.

Two types of grant are available, the "Standard" Grant, which, subject to compliance with the Act, can be claimed as a right, and the "Discretionary" Grant, in the use and extent of which the Council, as the title implies, has a discretion. The Council decided to make both standard and discretionary grants to applicants as appropriate.



The maximum amount of Standard Grant is 50% of the cost incurred of carrying out the works reasonably required to provide, for the first time in a house, all or any of the following standard amenities, subject to the following limits:-

A fixed bath or shower in a bathroom	£ 25
A wash hand basin	5
A hot and cold water supply at a fixed bath or shower	35
A hot and cold water supply at a wash hand basin	15
A hot and cold water supply at a sink	25
A water closet if practicable in and accessible from within the dwelling	40
A satisfactory food store	10

Where it is impracticable to provide a bathroom in any way other than by more extensive works of construction, the Housing Act, 1964 allows the Council to substitute in the table above a figure higher than £25 based on half the estimated costs of providing a bath in a bathroom, subject to an overall upper limit of £350 grant.

The Council must approve a grant provided that the facilities are for the exclusive use of the occupants of the dwelling; that the dwelling will be fit for human habitation on completion of the works and with normal maintenance will be likely to remain so fit for not less than 15 years; and that the applicant has a freehold interest or leasehold interest of which not less than 15 years remain unexpired.

Discretionary grants may be given for the conversion of houses and other buildings into self-contained dwellings and for more comprehensive works of improvement to bring such dwellings provided or improved to a modern standard higher than that envisaged for standard grants and can cover certain classes of improvement other than the standard grant amenities.

In the case of discretionary grants, the Council must be satisfied that the dwelling has an expected life of not less than 30 years and the grant payable is 50% of the costs of improvement works or conversion, subject to a maximum of £400 in respect of each dwelling provided or improved.

In March 1966 38 Lime Grove, New Malden, the house converted by the Malden and Coombe Housing Society Ltd., was completed and opened. This house has accommodation for six single residents and one married couple in addition to a house mother's rooms and was provided by this progressive voluntary society with grant aid.



During the year numerous enquiries were received and advice given, mostly culminating in applications being made. The following table summarises the applications dealt with and the interest of owners of tenanted properties referred to last year has been maintained.

#### Improvement Grants - Standard

	<u>Owner/occupiers</u>	<u>Tenanted</u>	
Applications received	34		11
" approved	34		10
Dwellings improved	25		15
	£	s.	d.
Amount paid in grants	4,495.	18.	1.
Average per house	112.	8.	0.
Amenities provided -			
(a) fixed bath		28	
(b) shower		-	
(c) wash hand basin		35	
(d) hot water supply (to any fittings)		37	
(e) water closet within dwelling		31	
(f) food store		17	

#### Improvement Grants - Discretionary.

	<u>Owner/occupiers</u>	<u>Tenanted</u>	
Applications Received	26		25
" Approved	26		25
Number of dwellings improved	27		17
	£	s.	d.
Amount paid in grants	12,928.	17.	1.
Average per house	293.	16.	9.

In many cases where grants are made, works of repair and improvement not eligible for grant are carried out, so that the general standard of housing is greatly improved.

Eighty-four dwellings, many of them recently acquired by the applicants, have been improved in various ways with grants averaging £207. 8. 0. per house. Of this sum £51.17.0. is borne by the Council, the remainder is covered from the Exchequer. Without this encouragement it is unlikely that in the majority of cases the improvement would have taken place or at least not in such a comprehensive or thorough manner. The effect must be an increase in well-being and good health within the community.

Moveable Dwellings.

The following sites remained licensed under the Caravan Sites and Control of Development Act, 1960:-

1. The Riverhill Estate, the lease of which is held by a local Sports Club and where 36 caravans are permitted.
2. One caravan in the orchard of a private house.

There are nine effective Orders under the Surrey County Council Act in force in the Borough prohibiting the parking of moveable dwellings. As in previous years, some trouble was caused by itinerant caravan-dwellers who, in contravention of this law, placed their vehicles on open land in the Borough and were reluctant to move on. These families are either passing to or from race meetings at Epsom Downs or enter the district for the purpose of tar Macadaming garden paths and drives. In neither case do they intend to stay permanently in the area and the Borough has been free from the nuisance experienced in other parts of the country from this type of land occupation.

Category	Pass	Fail	Total	Pass %
Pasteurised	82	-	82	100
Sterilised	2	-	2	100
Untreated	-	2	2	0
<b>Total</b>	<b>84</b>	<b>2</b>	<b>86</b>	<b>96.6</b>



INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The following table shows the number of premises from which milk is sold and the types of licences in force during 1966 under the provisions of the Milk (Special Designations) Regulations, 1960 and 1963. These Regulations prescribe that the licences shall cover the period expiring on the 31st December, 1970 and all are dealers' licences to sell pre-packed milk.

Premises and Type of Licence	Number
Premises in which milk is sold	86
Pasteurised Milk	85
Sterilised Milk	32
Ultra Heat Treated Milk	22
Untreated Milk	20

Bacteriological Examination of Milk.

During the year 97 samples of milk were sent to the Public Health Laboratory at Epsom, and the following is a tabulated statement of the results:-

	Phosphatase Test		Methylene Blue Test			Turbidity Test	
	Pass	Fail	Pass	Fail	Void	Pass	Fail
Pasteurised	85	-	82	2	1		
Sterilised	-	-	-	-	-	5	-
Untreated	-	-	5	-	-	-	-
Ultra Heat Treated	2 samples - Satisfactory.						



The phosphatase test indicates that pasteurisation has been properly carried out; the methylene blue test is used to determine cleanliness and keeping quality and the turbidity test is a check on sterilisation.

All samples conformed to the required standards except for two samples of pasteurised milk which failed the methylene blue test. Both of these were taken from catering establishments using bulk supplies from churns and subsequent samples proved to be satisfactory.

### Ice Cream.

The number of registered premises in the Borough in which ice cream may be stored or from which it may be sold is 347. This figure also includes six producers. In addition to these dealers and producers there are other premises which are not required to be registered such as restaurants, canteens and cinemas where ice cream is sold. By far the greater part of the ice cream sold in the Borough is obtained from manufacturers whose premises are situate outside the Borough.

The following table shows the results of examination in respect of 187 samples submitted to the Public Health Laboratory at Epsom during 1966. Owing to the numerous factors governing the hygienic quality of ice cream, undue attention is not paid to the bacteriological results on any single sample. Those which are placed within Grades I and II are considered to be satisfactory and those within Grades III and IV not so. Adequate follow-up action is taken where samples fall within the latter grades.

Six of the Grade IV samples were of soft ice cream and the remainder from open containers. Unless great care is taken to keep scoops in a hygienic condition and containers covered when not serving hard loose ice cream, the risk of bacteriological contamination is increased.

	G R A D E				Total
	I	II	III	IV	
Ice Cream	139	19	14	15	187



Meat and Other Foods.

There are no slaughterhouses in the Borough but there is a large wholesale meat depot in Kingston. The retail shops receive their meat from Smithfield and from the local wholesale depots. Some home killed meat comes from the modern abattoir at Guildford.

Foodstuffs Condemned as unfit.

The following unfit foodstuffs were voluntarily surrendered and destroyed:-

	<u>lbs.</u>
<u>Canned Goods</u>	
Cream .....	4
Fish and Fish Paste .....	76
Fruit .....	2,608
Jam .....	113
Meat and Meat Products .....	956
Milk .....	80
Soup .....	107
Vegetables .....	182
Others .....	389
Butter .....	60
Fish .....	98
Frozen Foods .....	58
Fruit (Fresh) .....	705
" (Dried) .....	123
Meat (including poultry) .....	13,200
Nuts .....	406
Rice .....	321
Vegetables .....	220
Eggs .....	(number) . 100
Other .....	36

Food Hygiene.

There are 1,504 food premises in the Borough and whilst the standard of hygiene has been maintained at a reasonably satisfactory level, it is a subject which calls for constant attention by the Public Health Inspectors.

The need to educate and remind food handlers of the necessity to exercise scrupulous cleanliness with regard to their hands, clothing and equipment remains unremitting, not only do surfaces and equipment coming into contact with foodstuff require to be



visibly clean but bacteriologically satisfactory. The value of chemical sterilising agents in cleansing procedures is slowly becoming appreciated.

The public are becoming more conscious of the need for cleanliness in the handling of food and this gives encouragement to those traders whose standards are high.

During the year the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966 were made and come into operation on the 1st January, 1967. These Regulations should result in improved standards of food handling by persons operating from other than fixed premises.

The following tabulated statement shows the nature of the infringements to which attention was drawn.

	<u>Defects Requiring Notices</u>
<u>Sanitary Conveniences.</u>	
Lack of "Wash your Hands" Notices	43
Fittings defective and dirty	9
Lighting inadequate	13
Walls and ceilings defective and dirty	49
Floors defective and dirty	2
Ventilation and/or ventilated lobby required	24
Dampness	4
<u>Sinks and Draining Boards.</u>	
Lacking or defective	10
Not clean	3
<u>Washing Facilities for Staff</u>	
Absence of, defective, inadequate hand basins	35
"    "    hot water	33
"    "    cold water	5
Lack of towels, soap and nailbrushes	<u>51</u>
C/Fwd.	281



	<u>Defects Requiring Notices</u>
C/Fwd.	281
<u>Repairs to Food Rooms.</u>	
Floors defective	14
Walls and ceilings defective	40
Additional ventilation required	8
Inadequate lighting	2
Absence of hot water to sink in preparation room, etc.	4
Other structural defects	23
<u>Protection of Food against Contamination.</u>	
Smoking	15
Food not kept 18" off ground	17
Covers not provided for food	8
Others	24
<u>Equipment</u>	
Unclean and/or defective	12
<u>Uncleanliness</u>	
Kitchens and equipment	50
Food stores	13
Preparation Rooms	25
Refrigerators	17
Dining Rooms	8
Floors, walls and ceilings	103
Insects, rats, mice	3
Ventilation	18
Electric light fittings	5
<u>Dustbins</u>	
Insufficient and without lids	37
Unclean and/or defective	2
Miscellaneous	9
First Aid Equipment	58
Clothing - Storage and Cleanliness	9
Accumulations	11
Name and address not displayed	7
	<hr/>
	823
Notices served	212
Notices complied with	135

Prosecutions.

In two cases the Council instituted legal proceedings against food handlers for smoking whilst engaged in handling open food. The first case concerned a butcher when a fine of £10 with £5.5.0. costs was imposed and the second a stall-holder handling fruit who was fined £2.

Food Hygiene (General) Regulations, 1960.

The following is a tabulated statement of inspections made during the year of the various types of food premises.

	No. of Premises	Visits
Bakehouses and Bakers' Shops	41	135
Butchers	91	223
Confectioners	143	78
Fish Shops (Wet or Fried)	35	73
Greengrocers	92	96
Grocers	146	373
Ice Cream - Manufacture	7	79
Ice Cream - Sale	347	92
Institutions	30	31
Milk Shops and Depots	86	28
Mobile Shops		62
Office and Works Canteens	103	63
Public Houses, Hotels & Licensed Premises	119	140
Restaurants and Cafes	138	469
School Canteens	73	131
Clubs	51	13
Open Markets	2	335
	1,504	2,421

Bacteriological Examination.

Thirty samples of various kinds of food were taken for bacteriological examination in the Public Health Laboratory as a routine measure to check on fitness for human consumption.

Sixty swabs from surfaces with which food comes into contact, including slicing machines and cutlery, were taken during the year to ensure that satisfactory standards of cleansing were being maintained.



FOOD AND DRUGS ACT, 1955.

The following tabulated statement gives details of 402 samples of foodstuffs submitted to the Council's Public Analyst to ascertain whether they complied with the Food and Drugs Act, 1955, Labelling of Food Order, 1953 and other relevant legislation.

Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
Acetyl Salicylic Acid Compound Tablets	1	-	1	-	-	-
Almonds, ground	-	5	-	5	-	-
Apple Cereal (instant)	-	1	-	1	-	-
Apple & Blackcurrant Pie	-	1	-	1	-	-
Apple Fruit Filling	-	1	-	1	-	-
Apricots in Syrup	-	4	-	4	-	-
Apricots, Dried	-	1	-	1	-	-
Aspirin, Junior	-	1	-	1	-	-
Batter Mixture, Coating	-	1	-	-	-	1
Beef Broth with Beef & Barley	-	1	-	1	-	-
Beef & Liver Soup, Strained	-	1	-	1	-	-
Beef Curry with Rice	-	1	-	1	-	-
Beef, Minced with Dumplings	-	1	-	1	-	-
Beef, Minced	6	-	6	-	-	-
Beef, Potted with Butter	-	1	-	-	-	1
Beef Roma	-	1	-	1	-	-
Beef Stock Cubes	-	1	-	1	-	-
Beef Suet	-	2	-	2	-	-
Bean & Beef Curry	-	1	-	1	-	-
Beer	7	-	7	-	-	-
Bitter Lemon Drink	-	3	-	3	-	-
Blackberries in Syrup	-	3	-	3	-	-
Blackcurrant Health Drink	-	1	-	1	-	-
C/Fwd.	14	32	14	30	-	2

Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	14	32	14	30	-	2
Biscuits	-	1	-	1	-	-
Beetroot, Pickled	-	1	-	1	-	-
Bloater Paste, creamed	-	1	-	1	-	-
Bone & Vegetables (instant)	-	1	-	1	-	-
Brandy	2	-	2	-	-	-
Bread	-	4	-	4	-	-
Bread & Butter	2	-	2	-	-	-
Butter, Rum flavoured	-	1	-	1	-	-
Bubble Gum	-	5	-	5	-	-
Cake, Chocolate con- taining butter	-	1	-	1	-	-
Carmelle Dessert	-	1	-	1	-	-
Cereal Foods	-	4	-	3	-	1
Chilli Seasoning Mix	-	1	-	1	-	-
Chewy Fruit	-	1	-	1	-	-
Chewing Gum	-	3	-	3	-	-
Chicken Broth with Vegetables and Cereals	-	1	-	1	-	-
Chiffon Dessert	-	1	-	1	-	-
Chocolate, drinking	-	2	-	2	-	-
Chocolate Sandwich Mix	-	1	-	1	-	-
Chopped Pork	-	1	-	1	-	-
Chlorpromazine	1	-	1	-	-	-
Chutney, Mango	-	1	-	1	-	-
Cinnamon Sugar	-	1	-	-	-	1
Cochineal	-	1	-	1	-	-
Cockles, Cooked	-	1	-	1	-	-
Cocktail Onions	-	1	-	1	-	-
Coffee, instant	-	5	-	5	-	-
Cola & Rum	-	1	-	-	-	1
C/Fwd.	19	74	19	69	-	5



Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	19	74	19	69	-	5
Colours for Food	-	2	-	2	-	-
Conserve - Green Gooseberry	-	1	-	1	-	-
Cooking Oil	-	3	-	3	-	-
Cough Mixture - Children's	-	1	-	1	-	-
Cream	-	5	-	5	-	-
Cream - sour sauce mix	-	1	-	-	-	1
Crumbs, Golden	-	1	-	1	-	-
Crystallized Ginger	-	1	-	1	-	-
Currants	-	3	-	3	-	-
Curry Sauce Mix	-	1	-	1	-	-
Curry Paste	-	1	-	1	-	-
Dairy Butter Toffees	-	1	-	-	-	1
Dairy Cocktail - Fruit nuts & honey	-	1	-	1	-	-
Dairy Topping	-	1	-	1	-	-
Dates	-	2	-	2	-	-
Dequadin	-	1	-	1	-	-
Dietetic Tinned Pro- cessed Peas	-	1	-	-	-	1
Diet Chocolate	-	2	-	2	-	-
Doughnuts - dairy cream filled	1	-	1	-	-	-
Drink - Blackcurrant	-	1	-	1	-	-
" Chocolate flavoured	-	1	-	1	-	-
Drink - Orange	-	3	-	3	-	-
Egg & Milk Loaf	-	1	-	-	-	1
Energy Drink	-	1	-	1	-	-
Farlene	-	1	-	1	-	-
Fish Paste	-	4	-	4	-	-
Flavourings	-	10	-	10	-	-
Flour	-	4	-	3	-	1
Formula 44 Bronchial Decongestant	-	1	-	1	-	-
C/Fwd.	20	130	20	120	-	10

Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	20	130	20	120	-	10
Fruit, dried mixed	-	2	-	2	-	-
Fruit & Nuts	-	1	-	1	-	-
Fruit Punch Drink	-	1	-	1	-	-
Fruit Salad	-	3	-	-	-	3
Fruit Sauce	-	1	-	1	-	-
Gee's Linctus	-	1	-	1	-	-
Gelatine	-	2	-	2	-	-
Gin	3	-	3	-	-	-
Ginger, ground	-	1	-	1	-	-
Gooseberries in Syrup	-	1	-	1	-	-
Gripe Water	-	1	-	1	-	-
Groats	-	1	-	-	-	1
Guavas in heavy syrup	-	1	-	1	-	-
Ham & Chicken Roll	-	1	-	1	-	-
Ham & Pork, chopped	-	1	-	1	-	-
Hamburgers	-	1	-	1	-	-
Hershey's Syrup	-	1	-	1	-	-
Honeygar	-	1	-	1	-	-
Honeycombe Mould	-	1	-	1	-	-
Ice Cream	6	3	6	3	-	-
Jam	-	8	-	8	-	-
Jelly	-	9	-	8	-	1
Junior Dinner	-	1	-	1	-	-
Kaolin-Morphine Mixture	-	1	-	1	-	-
Kidney, Braised Pork	-	1	-	1	-	-
Kompo	-	1	-	1	-	-
Lard	-	1	-	1	-	-
Lemon Juice, real Preserved	-	1	-	1	-	-
Lemon Juice	-	2	-	2	-	-
Lemonade	-	1	-	1	-	-
Lentils	-	1	-	1	-	-
Marmalade	-	1	-	1	-	-
C/Fwd.	29	183	29	168	-	15



Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	29	183	29	168	-	15
Marmalade, Diabetic	-	1	-	1	-	-
Marzipan	-	3	-	3	-	-
Mayonnaise	-	3	-	3	-	-
Meat Paste	-	1	-	1	-	-
Milk	13	3	13	3	-	-
Milk, condensed	-	3	-	3	-	-
Milk, evaporated	-	4	-	4	-	-
Milk, hot	3	-	2	-	1	-
Milk Loaf	-	4	-	3	-	1
Milk Shake Syrup	-	4	-	3	-	1
Milky Way	-	1	-	1	-	-
Minced Meat	1	2	-	2	1	-
Minced Turkey in Jelly	-	1	-	1	-	-
Muscateles & Almonds	-	1	-	1	-	-
Mushrooms	-	1	-	1	-	-
Mussels, Smoked	-	1	-	1	-	-
Nocki in Tomato Sauce	-	1	-	1	-	-
Noodles, beef & egg with vegetables	-	1	-	1	-	-
Nutmeg	-	1	-	1	-	-
Olive Oil	-	2	-	2	-	-
Omelette, vegetable	-	1	-	1	-	-
Orange & Passion Fruit Drink	-	1	-	1	-	-
Orange Squash	-	2	-	2	-	-
Paella with Chicken and Prawns	-	1	-	1	-	-
Pancake Mixture	-	1	-	-	-	1
Parsley & Thyme Stuffing	-	1	-	1	-	-
Parsley & Thyme Stuffing Mix	-	1	-	1	-	-
Pâté	-	3	-	3	-	-
Pea Flour	-	1	-	1	-	-
Peas, Garden	-	9	-	9	-	-
Peas in Heavy Syrup	-	1	-	1	-	-
Pease Pudding	-	1	-	1	-	-
Peaches in Syrup	-	3	-	3	-	-
C/Fwd.	46	247	44	229	2	18

Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	46	247	44	229	2	18
Peaches, tinned	-	1	-	1	-	-
Pears in Syrup	-	3	-	3	-	-
Peel, mixed	-	1	-	-	-	1
Piccalilli	-	1	-	1	-	-
Pickle	-	3	-	3	-	-
Pie Filling	-	5	-	5	-	-
Pineapple in Syrup	-	3	-	3	-	-
Prawn Curry with Rice	-	1	-	1	-	-
Prawns, Cocktail	-	1	-	1	-	-
Prunes	-	1	-	1	-	-
Pudding, Chocolate with Chocolate Sauce	-	1	-	1	-	-
Raisins, Muscatel	-	1	-	1	-	-
" Seedless	-	2	-	2	-	-
" Stoned	-	1	-	1	-	-
Raspberry Pie	-	1	-	1	-	-
Rennet, Essence of	-	1	-	1	-	-
Rhubarb in Syrup	-	1	-	1	-	-
Rice, creamed	-	3	-	3	-	-
" ground	-	1	-	1	-	-
" Patna	-	1	-	1	-	-
Rum	1	-	1	-	-	-
Rusks	-	1	-	1	-	-
Sage & Onions	-	1	-	1	-	-
Salad Cream	-	6	-	6	-	-
Salmon Savoury	-	1	-	1	-	-
Salt, Seasoned	-	1	-	1	-	-
Sandwich Spread	-	1	-	1	-	-
Sauce	-	2	-	2	-	-
Savaroni	-	1	-	1	-	-
Scone, Dairy Cream	1	-	1	-	-	-
Sea Food Dressing	-	1	-	1	-	-
C/Fwd.	48	295	46	276	2	19



Commodity	No. of Samples		Genuine		Not genuine or otherwise irregular	
	For- mal	Infor- mal	For- mal	Infor- mal	For- mal	Infor- mal
B/Fwd.	48	295	46	276	2	19
Sleepwell	-	1	-	-	-	1
Shrimps	-	1	-	1	-	-
Soup	-	11	-	11	-	-
Sponge	1	1	1	1	-	-
Spry	-	2	-	2	-	-
Steak Pudding	-	1	-	1	-	-
Sucron	-	1	-	1	-	-
Sultanas	-	3	-	3	-	-
Sweet Tops	-	1	-	-	-	1
Sweets	-	3	-	3	-	-
Syrup, Chocolate Flavoured	-	2	-	2	-	-
Table Creams	-	1	-	-	-	1
Tea	-	4	-	4	-	-
Tizer	-	1	-	1	-	-
Tomato Juice	-	2	-	2	-	-
Tomatoes, Peeled	-	1	-	1	-	-
Tomato Puree	-	2	-	2	-	-
Trex	-	1	-	1	-	-
Veal Dinner	-	1	-	1	-	-
Vegetable Juice Cocktail	-	1	-	1	-	-
Vegetables & Beef (Instant)	-	1	-	1	-	-
Vita Cup	-	1	-	1	-	-
Vitamin Health Drink	-	1	-	1	-	-
Vitamin Tonic	-	1	-	-	-	1
Whisk-It	-	1	-	1	-	-
Whisky	2	1	2	1	-	-
Wine Vinegar	-	1	-	1	-	-
Yoghurt	-	8	-	2	-	6
	51	351	49	322	2	29

Of the 31 samples which were the subject of adverse comment by the Public Analyst the majority were due to failure to comply with labelling requirements. The provisions of the Labelling of Food Order, 1953 are designed to give information to the customer and to this end require that most prepacked foods containing more than one ingredient list the common or usual name. The ingredients should be shown in the correct descending order of proportion by weight.

Details of the action taken in respect of adverse samples are given below:-

#### Cinnamon Sugar.

The ingredients sugar and cinnamon were not specified on the label in the correct order. The vendor obtained the article in a job lot from a liquidated company and was unable to ascertain the name of the wholesaler or importer.

#### Cereal Mixture.

Consisted of a mixture of pulses with pearl barley. The article was incorrectly described as cereal mixture and the ingredients were not declared in the correct order of proportion by weight. The matter was taken up with the manufacturers who agreed to amend the label.

#### Groats.

The Public Analyst reported that this article was not correctly described on the front panel of the carton, although a satisfactory description appeared on the back label. The manufacturers maintained that the term 'groats' not only includes oats deprived of their husks but milled oats and although it contained skimmed milk powder did not agree to include "Fortified" in the description.

#### Yoghurt.

Low fat milk content. Although they were described as low fat on the side of the carton, this description was missing from the equally prominent metal cap closure. The manufacturers agreed to qualify the description on the cap by adding the words "low fat".



### Batter Mixture Coating.

This was an incomplete batter mix requiring the addition of milk to make a coating batter. The manufacturers agreed to amend the wording on the package to indicate the necessity to add milk.

### Cola and Rum.

This description was considered to be misleading. The words Cola and Rum were printed on the label in large letters of equal size whereas only 1.5 per cent. of rum was present. The manufacturers agreed to re-design labels using the description "Rum flavoured Cola".

### Vitamin Tonic.

This was a false or misleading label. The matter was raised with the retailer who withdrew stocks from sale pending alteration of the label.

### Flour, plain.

The flour was deficient in added chalk. The manufacturers stated that this was probably due to insufficient mixing-in and they arranged for regular samples to be examined for chalk content.

### Fruit Salad.

The pears in this fruit salad were slightly deficient of the correct minimum proportion. The matter was taken up with the importers.

### Fruit Salad.

The peaches in both these samples were less than the minimum, i.e., 19% instead of between 23% and 46%. The manufacturers pointed out the difficulties due to fruit salad being packed by count and not by weight and the variation in individual pieces of fruit, particularly with small tins. They proposed to raise the question with their Association since the Code of Practice was due for revision.

### Jelly de Luxe.

This article contained an addition of glucose syrup either as such or in solid form, but the declaration of the ingredients on the label included "Glucose Solids", which is not considered to be an appropriate designation for glucose syrup in solid form. The manufacturers agreed to remove "Glucose Solids" from the list of ingredients and substitute "Glucose Syrup".



Minced Meat.

The sample contained a preservative, the presence of which is contrary to the provisions of the Preservatives in Food Regulations 1962. Legal proceedings were instituted which resulted in a fine of £20 being imposed with £3.3.0. costs.

Milk Loaf.

Very low milk solids content. Producer has ceased production of this article.

Pancake Mixture.

This article was an incomplete pancake mixture requiring the addition of milk to make a pancake. The manufacturers agreed to indicate on the front panel the need to add milk.

Table Creams.

The label was considered to be inadequate and the term "Table Creams" not appropriate without the qualification that milk is necessary to produce the dessert illustrated on the front of the carton. Matter raised with the manufacturers and after considerable correspondence they stated that they would redesign the pack when the revised Labelling Regulations are known.

Beef, potted with Butter.

This jar was not hermetically sealed due to a tiny piece of meat having lodged between the rubber seal and the glass. No action taken.

Sour Cream Sauce Mix.

Incorrect labelling. The article was an incomplete sauce mix requiring the addition of milk but the necessity for this was not stated on the front panel of the container. Also one of the ingredients was misdescribed. The importers were advised and have temporarily discontinued the sale of this article until the label has been altered.

Egg and Milk Loaf.

This was not a 'milk' loaf. The bread was made with skimmed milk powder and contained no whole milk solids. Following correspondence, the manufacturer agreed to alter the recipe.



Sweet Tops.

False description of one of the ingredients. The manufacturer amended the list of ingredients to include glucose syrup.

Hot Milk.

Contained 40% of added water. Legal proceedings were instituted and a fine of £10 with £1.14.6. costs was imposed.

Dietetic Tinned Processed Peas.

One of the ingredients was not properly described in accordance with the Labelling of Food Order, 1953. The manufacturers agreed to amend the label.

Dairy Butter Toffees.

The Analyst was of the opinion that a sweet described in this way must contain no fat other than butter, whereas this sample contained 5.4% butter fat and 20.1% fat other than butter fat. This is to be followed up by a formal sample.

Strawberry Milk Shake.

Misleading description. The article was described on the label as "Milk Shake Syrup Sugar Glucose Fruit Juice" which was considered to imply that the syrup was made with these three ingredients only whereas it contained colouring, flavouring and preservative in addition. This was taken up with the manufacturers who stated that a slip bearing the list of ingredients should have been placed on the bottles below the side label but it appeared that some had been despatched without the addition of this slip. It was agreed to include all the ingredients on the main label in future.

Mixed Peel.

This sample was slightly deficient in soluble solids 63.2% instead of a minimum of 64%. The packers stated that their imported peel varied from 65 - 70% soluble solids.

Sleepwell.

The inner container of this sample, which was recommended as a medicine, did not bear a label specifying the appropriate designation of the substance or of the constituents or ingredients as required by the Pharmacy & Medicines Act, 1941. After correspondence, immediate steps were taken to rectify the omission.



### Pesticides in Food Survey.

With other Food and Drug Authorities the Council has participated in a scheme to ascertain the extent of contamination of foodstuffs by toxic chemicals.

During the year eighteen samples of commodities were submitted for this purpose and details of this survey will be given in subsequent reports.

### FOODS SUBJECT OF COMPLAINT.

A total of 135 complaints about articles of food were received during the year, all were thoroughly investigated and appropriate action taken. Moulds and foreign bodies are the main reasons for complaint, the variety of the latter are endless and included during this year were flies, snail, brooch, glass, wood, cement, shell and bolt.

Failure by retailers to maintain effective stock rotation continues to result in foodstuffs being sold out of condition on occasion. This is particularly important with perishable foods such as sausages, pies and wrapped bakery goods which are subject to mould growth. Attention of retailers is being constantly drawn to the need for coding such wrapped commodities so that the length of time they have been in stock is known.

The following complaints were considered sufficiently serious to necessitate report to the Health and Welfare Committee for their instructions.

#### Bermalin Loaf containing foreign material.

A resident when making toast observed a piece of metal in a slice from a loaf purchased from a shop in the Borough. The metal was identified as zinc which had probably come from the galvanize on a scale pan at the bakery. The Council decided to institute legal proceedings under Section 2 of the Food and Drugs Act, 1955 and at the hearing the defendants pleaded guilty and were fined £10 with £10.3.0.costs.

#### Fish Finger containing glass.

Whilst eating a fish finger a young lady bit on something hard which on being removed from her mouth was found to be glass. The manufacturers were unable to ascertain the origin of the glass. Proceedings were instituted, a plea of guilty entered and a fine of £5. with 6 guineas costs imposed.



Pork Pie - mould.

Opening the wrapper of a pork pie shortly after purchase a customer observed mould protruding from the vent hole in the crust. On investigation it appeared that the pie had been delivered to the retailer twelve days prior to sale. At the court hearing a fine of £10 was imposed and costs of £9.3.0. allowed.

Pork Pie - mould.

A complaint was received concerning a small pork pie which was noticed to have a peculiar taste when bitten. On examination, mould was observed on top of the meat and the inner side of the top pastry. At the hearing the retailer was fined £5. and costs of £10.4.0. awarded.

Portion of Loaf - piece of glass.

An elderly lady, whilst slicing a loaf purchased from a local shop, saw what she thought to be a piece of shiny cellophane on the outside of the loaf. Being unsuccessful in her attempt to remove it with her finger she examined it more closely and found it was a piece of glass embedded in the loaf. At the hearing before the Magistrates a fine of £15. was imposed and the Council awarded £9.3.0. costs.

Skinless Beef Sausages - mould.

Wrapped skinless beef sausages purchased from a bread roundsman in June were found the following day to be mouldy. A summons was issued against the retailers under Section 2 of the Food and Drugs Act, 1955. The defendants entered a plea of not guilty on the grounds that they had a warranty from the manufacturers and had served notice under Section 115. The sausages had been delivered to the retailer the day before they were sold, kept in an unrefrigerated store overnight and delivered in an unventilated van.

The Company were found not guilty but their application for costs was refused.

Wrapped Sliced Loaf - mould.

A customer who opened a wrapped loaf within twenty minutes of purchase found it to be mouldy on both sides, top and bottom. The retailers pleaded not guilty and their defence was based on a warranty from their suppliers under Section 115 of the Act. The Bench dismissed the case but no costs were awarded and the complainant was thanked as it was felt that as a result there had been an improvement in the arrangements at the Supermarket.



Wrapped Bridge Rolls - mould.

Complaint was made regarding bridge rolls which were found to be mouldy within a short time of purchase and the Council decided to prosecute. The summons was adjourned and later withdrawn as the complainant was unable to appear on account of illness.

Milk Chocolate Caramels - maggots.

After purchasing a variety of sweets which were being eaten by all the family, the wife of the purchaser noticed a maggot on the inside wrapping of a chocolate caramel. On inspection two further maggots in differing stages of development were found on other caramels and these were identified as larvae of the "Indian meal moth". Being satisfied that the infestation had occurred in the retailer's shop, the Council decided to institute legal proceedings, and the Company was fined £30 with £7.7.0. costs.

Apples - misdescribed.

Apples displayed on a market stall bore a notice "Cox's Orange Pippins" whereas the apples were of the variety Laxton Superb. The person serving was summoned under Section 2 of the Food and Drugs Act, 1955 for selling to the prejudice of the purchaser apples which were not of the nature demanded. At the hearing the Bench imposed a fine of £15 and awarded costs of £3.3.0. On appeal to Quarter Sessions five months later the appeal was dismissed but the fine was reduced from £15. to £3. and the appellant ordered to pay £5.5.0. costs.

MERCHANDISE MARKS ACT, 1926.

During routine visits to food shops, inspections were carried out under this Act to ensure that articles were appropriately labelled. Warnings were given where necessary and in one case legal proceedings instituted.

A market stall-holder was summoned for exposing for sale by retail apples to which a false trade description, namely Cox's Orange Pippins, was applied contrary to Section 2(2).

A fine of £15 was imposed with £3.3.0. costs at the hearing.



FERTILISERS AND FEEDING STUFFS ACT, 1926.

This Act requires vendors of fertilisers and feeding stuffs to apply a description to such materials when exposed for sale or when consigned or delivered. This description can take different forms but results in the purchaser being made aware of the more important constituents in the fertilisers or feeding stuffs and is commonly a statutory statement. Samples are submitted to the Agricultural Analyst to ensure that particulars given are within the limit of variation laid down.

Thirteen formal samples were purchased during the year and two adverse reports received.

- (1) Hoof and Horn Mixture contained a higher percentage of nitrogen than stated but the excess was not to the prejudice of the purchaser. The error was due to the retailer confusing invoices.
- (2) Layers Meal - the percentage of oil was 4.9% below that given in the statutory statement and also showed signs of insect infestation. A subsequent sample of the meal proved to be satisfactory.

Warnings were given in several cases where fertilisers were being sold from bulk in small quantities without the requisite particulars being displayed either on the container or on the portion sold.

PHARMACY AND POISONS ACT, 1933.

The Act requires that persons who are vendors of poisons scheduled in Part II of the Poisons List must apply to the Local Authority for their names and those of their deputies to be entered on the Poisons List. The substances to which the Act relates are usually disinfectants, herbicides, certain types of hair dyes and acids for domestic or industrial use.

During the year under review 21 names were removed and 12 added. The total of names on the list at the end of the year was 144.

ROYAL HONGKONG POLYTECHNIC COLLEGE

The population of the territory registered in the 1967 Census (Schools) was 1,467,441 and the number of schools was 17,823.

AS AT DECEMBER 1967

In January 1967 the Registrar had on his files the following information on the schools maintained as follows:

Primary schools	10,262
Secondary schools	7,514
Nursery schools	58
Special schools	193

In addition to the 17,823 schools mentioned above, there are 2,932 schools which are not registered with the Registrar. These are the schools which are not yet established and the schools which are not yet open for the first time.

The number of schools which are not registered with the Registrar is 2,932. These are the schools which are not yet established and the schools which are not yet open for the first time.

SCHOOL HEALTH SERVICES

The following table shows the number of schools which are registered with the Registrar and the number of schools which are not registered with the Registrar.

The following table shows the number of schools which are registered with the Registrar and the number of schools which are not registered with the Registrar.

The following table shows the number of schools which are registered with the Registrar and the number of schools which are not registered with the Registrar.

Particulars of Schools

The figures given in this and all other sections of the report relate to schools as classified by the Education Act 1967, and are, broadly speaking, in accordance with the requirements of the Department of Education and Science.



ROYAL BOROUGH OF KINGSTON UPON THAMES

EDUCATION (SCHOOLS) SUB-COMMITTEE

AS AT DECEMBER 1966

-----oOo-----

Chairman:

Alderman W. J. Marshall

Vice-Chairman:

Councillor P. R. Wise, F.C.A.

Alderman:

J. H. Cocks, O.B.E.

Councillors:

Mrs. E. A. Bidmead  
R. M. Church  
K. C. Gooding  
N. Howard  
D. Ives, M.A.(Oxon.)

E. A. Jones  
C. E. Potts, A.C.I.S.  
D. Scott  
A. I. A. Spevack

Co-opted Members:

The Rev. J. Carpenter  
Mrs. M. Hall  
The Rt. Rev. Mgr. H. Hunt

R. Humphrey  
F. Seal  
Miss B. M. Weedon

### SCHOOL HEALTH SERVICE

The population of the borough, estimated by the Registrar General was 146,010 at mid-1966.

In January 1967 the number of pupils on the registers of maintained schools was 17,823, made up as follows:

Primary schools	9,962
Secondary schools	7,614
Nursery schools	58
Special schools	189

In addition, it is estimated that 2,922 children attend independent schools registered under Part III of the Education Act 1944, and approximately 700 attend direct grant and independent schools which are served by the school health service.

The number of maintained schools in the borough on 31st December 1966 was 54 - 14 secondary, 37 primary, 1 nursery, 2 special. One direct grant and one independent school were included in the school health service under the terms of Section 78 of the Education Act 1944.

#### Staff

The Medical Officer of Health and his Deputy are also Principal and Deputy Principal School Medical Officer, and were assisted by two senior and three other medical officers. The services of sessionally employed medical officers are also used to maintain the programme of fixed appointments at clinics and as reliefs for leave and sickness.

The health visiting staff consisting of a superintendent health visitor and twenty-one health visitors, carry out the functions of school nurses, devoting about 20% of their time to duties in connection with the school health service.

Sessionally employed state registered nurses work with medical officers at medical inspections in secondary schools, immunisation sessions and general medical clinics, and are responsible for vision testing of thirteen year old pupils.

#### Periodic Medical Inspection

The figures given in this and all other sections of the report relate to schools as classified by the Education Act 1944, and are, broadly speaking, in accordance with the statistical requirements of the Department of Education and Science.



During 1966 periodic medical inspection of all schools in the borough was carried out in the appropriate age groups, 6,701 children being examined.

The arrangements for periodic medical inspection are summarised below:

On entry to infant and nursery schools;

On entry to the junior school;

On entry to the secondary school;

During the year in which age fifteen is reached;

During the year prior to leaving school (if more than one year after last routine inspection).

The Committee agreed to a trial in three junior schools next year, using questionnaires for parents and teachers, with a view to commencing selective medicals for all children in this age group. During the trial period all children will be examined.

In addition to these complete medical examinations, the hearing of every child in an infants' school or department is tested at the age of six years (approximately) by a pure tone audiometer, and secondary school pupils aged thirteen are given an additional eye test. Those whose hearing or vision is found to be subnormal are referred for audiometric or ophthalmic examination and treatment as appropriate.

#### General Condition as Recorded at Periodic Inspection

Of the 6701 pupils inspected, 6695 were deemed to be of satisfactory general condition. This is a personal assessment by the inspecting medical officer which takes into account general body contour and covering, general muscle tone, facial complexion, appearance of mucous membranes and eyes, posture, alertness and poise. In modern times it is more common to find pupils who are over nourished rather than underweight. Obesity has many disadvantages in school life, as well as carrying increased risk to normal health in later years. In most cases obesity is preventable or can be cured, and merits more serious consideration by parents and teachers than is usually given. The 6 children whose general condition was deemed unsatisfactory consisted of 3 born in 1961, 1 in 1960, 1 in 1955 and 1 in 1951.



Defects found at Periodic Medical Inspections

During 1966, 998 (14.9%) of the total number of children inspected were found to need treatment for diseases or defects other than uncleanliness and dental diseases, as shown in the following table:

Age groups by year of birth	Number of pupils inspected	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		For defective vision (excluding squint)	For any other condition	Total individual pupils
1962 and later	251	3	26	28
1961	1381	33	144	162
1960	193	2	21	21
1959	61	4	7	10
1958	1175	64	93	144
1957	292	16	34	40
1956	38	5	2	7
1955	1029	94	89	177
1954	439	42	35	72
1953	65	8	7	13
1952	26	2	4	5
1951 and earlier	1751	228	103	319
<b>Totals</b>	<b>6701</b>	<b>501</b>	<b>565</b>	<b>998</b>



Defects noted at periodic medical inspections (whether or not they were already under treatment or observation) are analysed below:

Defect or Disease	Requiring	
	Treatment	Observation
Skin	79	91
Eyes:		
(a) Vision	501	388
(b) Squint	82	19
(c) Other	15	11
Ears:		
(a) Hearing	13	54
(b) Otitis Media	14	68
(c) Other	6	11
Nose and Throat	55	252
Speech	31	47
Lymphatic Glands	22	74
Heart	1	62
Lungs	15	129
Development:		
(a) Hernia	6	11
(b) Other	13	148
Orthopaedic:		
(a) Posture	58	69
(b) Feet	121	123
(c) Other	19	69
Nervous System:		
(a) Epilepsy	7	14
(b) Other	5	15
Psychological:		
(a) Development	7	83
(b) Stability	5	102
Abdomen	7	24
Other	29	36
Total: 3011	1111	1900

Children with defects noted at periodic or special medical inspections are re-inspected at appropriate intervals by the school medical officers. The number of such re-inspections carried out was 1532.

Special Inspections

Special inspections of pupils who are not due for periodic inspection are carried out at any age, at the request of parents, teachers, family doctors, or school health service staff, either at school or a school clinic. Defects noted on the 560 pupils examined at these inspections are analysed below:

Defect or Disease	Requiring	
	Treatment	Observation
Skin	6	9
Eyes:		
(a) Vision	14	26
(b) Squint	2	2
(c) Other	1	-
Ears:		
(a) Hearing	36	103
(b) Otitis Media	5	20
(c) Other	1	1
Nose and Throat	19	48
Speech	16	6
Lymphatic Glands	3	9
Heart	-	5
Lungs	6	26
Development:		
(a) Hernia	-	4
(b) Other	5	7
Orthopaedic:		
(a) Posture	2	16
(b) Feet	20	51
(c) Other	1	11
Nervous System:		
(a) Epilepsy	-	3
(b) Other	4	6
Psychological:		
(a) Development	21	30
(b) Stability	13	23
Abdomen	-	10
Other	8	14
<b>Total defects: 613</b>	<b>183</b>	<b>430</b>



### Treatment of Diseases and Defects

The number of defects known to be treated by all sources during the year is shown in the following table:

Defect or Disease	Number
Skin:	
Ringworm -	
(a) Head	-
(b) Body	-
Scabies	11
Impetigo	2
Other	14
Vision and Squint	1282
Other Eye Conditions	38
Ear, Nose and Throat	547
Speech	401
Lymphatic Glands	3
Heart	15
Lungs	41
Development	17
Orthopaedic	346
Nervous Diseases	32
Abdomen	35
Other	81
Total	2865

Combined general medical and immunisation sessions attended by a school medical officer with a school nurse in attendance are held weekly at the major clinics in the borough. A short minor ailments session is also held early on most weekday mornings at the major clinics, where school children may attend to receive dressings, etc. from the school nurse on duty.

### Diseases and Defects of Ear, Nose and Throat

The following is a summary of the treatment of defects by the ear, nose and throat consultant:

#### Operative Treatment

Tonsils and Adenoids \* 493

Received other forms  
of treatment 54

\* This number includes children treated in hospitals within the borough and may include a few children from adjoining areas.



Speech Therapy

The staff comprises the senior speech therapist, Mrs. D. Freedman, and the equivalent of two other full time speech therapists. In addition, sessions are held at the Junior Training Centre, Dukes Avenue, Kingston upon Thames. Apart from the latter, there are nine premises where the work is carried out. Seven of these showed an increase in the number of cases treated over 1965, this despite the fact that only one had an additional weekly session.

There was a continued growth in the service during the year and a total of 398 children received treatment as compared with 357 during 1965.

A further part time post has been approved for appointment in July 1967 to cope with the continued increase in demand for the service, which has been brought about by a better appreciation of the service by teachers and other professional staff as well as by the parents.

The provision of additional equipment has helped in coping with the increased case load. Two of the centres have been provided with tape recorders and an Amplivox speech training hearing aid was obtained for use with some of the handicapped children requiring speech therapy.

In addition to clinical work the therapists continued the practice of meeting to discuss common problems, new apparatus and new treatment trends, and it is expected that visits may be made to establishments carrying out specialised work in the coming year.

Details of the work undertaken at the centres are shown below, with the 1965 figures for comparison.

Centre	Present Number of Sessions		Initial Caseload		Children Treated		Remaining for Next Year	
	1965	1966	1965	1966	1965	1966	1965	1966
Acre Road	2	2	21	25	37	47	25	24
Bedelsford School	8	8	19	19	23	26	19	22
Grange Road	2	2	11	9	14	17	9	13
Hook	2	2	25	30	33	39	30	31
Roselands	5	5	53	61	115	110	61	51
St. Philip's School	4	5	31	27	33	44	27	38
Surbiton	2	2	20	15	30	36	15	27
Tolworth	2	2	23	20	33	27	20	19
Worcester Park	2	2	27	34	39	52	34	48
Totals	29	30	230	240	357	398	240	273



Analysis of Cases Treated

	Children Treated During		Discharged		Remaining at end of Period Covered	
	1965	1966	1965	1966	1965	1966
Stammering	63	66	17	19	46	47
Cluttering	1	1	-	1	1	-
Dyslalia	223	228	77	79	146	149
Idioglossia	6	3	3	3	3	-
Anarthria/Dysarthria	17	17	5	1	12	16
Aphasia/Dysphasia	2	10	-	1	2	9
Aphonia/Dysphonia	2	3	1	1	1	2
Cleft Palate	6	8	1	4	5	4
Hyperrhinophonia	4	7	1	1	3	6
Hyporhinophonia	-	-	-	-	-	-
Defective speech due to:						
Amentia/Dementia	5	4	3	2	2	2
Deafness	2	3	1	-	1	3
Retarded Speech	26	40	8	11	18	29
Unclassified	-	8	-	2	-	6
Totals	357	398	117	125	240	273

Analysis of Children Discharged

	1965	1966
By Therapist	73	89
Because of non-co-operation of Parents	8	8
Because of Transfer to another District	13	11
Because of Transfer to Special Schools	10	7
For other reasons	13	10

Ophthalmic Clinics

During the year 1277 children were examined at the school eye clinics; 536 were prescribed glasses, which were dispensed by National Health Service opticians. Immediately after children obtain their spectacles they are re-examined at the eye clinics. Children requiring orthoptic treatment are referred to hospital. Vision testing of all school children is carried out at the time of their routine medical examinations, and also at thirteen years of age.



Audiology

The borough, in co-operation with the London Borough of Merton, maintains a full audiology service and the clinic is staffed by a medical officer specially trained in this work. The audiologist is assisted by an audiometrician and a teacher of the deaf.

All pupils have a routine hearing test between the ages of six and seven years together with any other children specially referred by head teachers and medical officers and each primary school is now visited annually by the audiometrician.

All babies on the "at risk" register are seen when they are seven months of age and those coming within the special categories on the "at risk" register are seen between four and five months of age and follow-up tests of hearing are carried out at monthly intervals till the hearing is considered to be satisfactory.

In addition to the number of cases seen at the audiology clinic, twelve home visits were made. As well as frequent home visits to pre-school children with hearing impairment, the peripatetic teacher of the deaf made periodic visits to schools which children with impaired hearing attended.

Details of the work undertaken in schools:

Children tested - 2623. Children who failed test - 156

Result of investigations by school medical officers:

No significant hearing loss on clinical examination 46

No significant hearing loss, but child appears mentally retarded 2

Hearing loss confirmed and attributed to:

(i) Catarrhal condition (with or without inflammation of ear) 45

(ii) Old otitis media 13

(iii) Injury -

(iv) Other causes 23

(v) Undetermined causes 17

Investigations incomplete at end of year 8

Investigations not possible - left district or otherwise unavailable for examination 2

Recommendations by school medical officers in the first instance:

(i) No action required 29

(ii) For observation only 64



- |  |    |
|--|----|
| (iii) Refer to audiology clinic              | 18 |
| (iv) Refer to general practitioner           | 15 |
| (v) Refer to ear, nose and throat consultant | 20 |

There were 37 recommendations made during the year for children to sit in favourable positions in the classroom.

The total number of pupils attending school at the end of the year known to have been provided with hearing aids was 27.

### Audiology Clinic

Of the 196 attendances during the year, 99 were made by 69 children under the age of five, and 97 were made by 67 children aged five and over. Details of children and attendances are as follows:

	Age Group					Totals
	Under 2	2 - 4	5 - 7	8 - 11	11+	
New cases referred from all sources	28	35	18	37	8	126
Cases carried over from 1965	4	2	-	3	1	10
Found to have normal hearing	17	26	6	18	2	69
Deaf in one or both ears	-	1	4	8	5	18
Found to have remediable hearing loss	-	2	6	3	1	12
Impaired hearing requiring auditory training and/or hearing aid	2	1	1	-	-	4
Not fully assessed at end of 1966	13	7	1	11	1	33
Attendances	49	50	26	58	13	196



Physiotherapy

Physiotherapy sessions are held weekly at four clinics, and the physiotherapist also attends St. Philip's Special School. The results obtained are very beneficial and details of the actual work undertaken are as follows:

	<u>Numbers</u>
Sessions held	217
Children treated	230
Attendances	3632
New cases admitted	146
Cases discharged	143

The 72 children attending Bedelsford Special School were also provided with physiotherapy by the physiotherapist attached to the school.

Epileptic Children

As a result of periodic medical inspections, 7 of the children examined were referred for treatment and 14 others were noted for observation at a later date. Of the 3 children examined as "specials" for this illness, all were noted for further observation.

Enuresis

This is a distressing condition, often difficult to overcome, and parents frequently seek advice from the school medical officers. 25 children were found to require treatment for this condition and a further 51 were noted for observation at a later date. Some children are referred to the child guidance clinic and others are given the use of an electric alarm apparatus for varying periods. 9 children were loaned this apparatus during 1966, and of these, 3 were cured, 2 benefitted, 3 failed to obtain benefit, and 1 child left the district.

Cleanliness

The work of school nurses in connection with uncleanliness and verminous conditions in schools is summarised below:

	<u>Numbers</u>
Visits to schools by school nurses	70
Examined	11473
Cases with nits	53
Cases with lice	5
Cases with verminous bodies	nil



Present standards of cleanliness and freedom from infestation have enabled discretion concerning the frequency of hygiene inspections to be used.

### Infectious and Contagious Diseases

The number of children prevented from attending school because they were suffering from, or in contact with, infectious or contagious diseases, including any who were excluded on suspicion, is shown in the following table:

	<u>Numbers</u>
Smallpox	-
Diphtheria	-
Scarlet Fever	18
Enteric Fever	-
Measles	232
Whooping Cough	33
German Measles	102
Chicken Pox	424
Mumps	566
Jaundice	-
Dysentery	176
Influenza	94
Other	149
<b>Total</b>	<b>1794</b>

### Immunisation and Vaccination

It is now usual for children to be immunised fully against diphtheria, whooping cough, tetanus and poliomyelitis by the time they enter school at five years of age. In addition, the majority are vaccinated against smallpox. The necessary reinforcing injections are made available to children while they are in school.

The percentage of children immunised can be regarded generally as satisfactory, and the co-operation of head teachers in making arrangements for medical officers to visit the schools is very much appreciated.

Diphtheria

Primary Immunisation

Number who completed a primary course 99

Reinforcing

Number who received reinforcing injections 2598

Total 2697

Poliomyelitis

Primary Course

Number who completed a primary course 151

Reinforcing

Number who received a reinforcing dose 1692

Total 1843

Tetanus

Protection against tetanus is now much in demand and the great majority of infants are simultaneously inoculated against diphtheria, whooping cough and tetanus. In order to maintain protection a booster dose is required on commencing school at the age of five.

Primary Course

Number who completed a primary course 172 286

Reinforcing

Number who received a reinforcing injection 2655

Total 2941

Smallpox

Number who received primary vaccination 131

Reinforcing

Number who received revaccination 157

Total 288



The number of organised school parties taking children abroad is steadily increasing. The most notable trip during 1966 was a Mediterranean cruise, calling at Venice, Alexandria, Malta and Gibraltar, on the s.s. Nevasa, on which 80 children from three schools were accompanied by staff.

In order to protect the children against various diseases prevalent in the countries visited, the school health service ensured that they had all received smallpox vaccination and other inoculations deemed necessary, before departure.

#### Vaccination against Tuberculosis

During April information was received that a pupil at a secondary school had been diagnosed as suffering from primary tuberculosis. On enquiry it was found that she had been in poor health and that infection of contacts was a possibility.

In view of this a survey was carried out at the school. This entailed arranging for the teaching staff to have chest X-rays and all pupils who had not previously taken part in the routine B.C.G. procedure to have a Mantoux (skin) test. No further cases came to light as a result of this survey.

Altogether during the year three school children were notified by the chest clinic as positive cases.

The scheme for the routine B.C.G. (Bacillus Calmette-Guerin) vaccination of school children between their thirteenth and fourteenth birthdays continued during the year under review. Pulmonary tuberculosis is steadily being brought under control by early diagnosis and rapid and efficient treatment. The following table summarises the work undertaken:

Routine B.C.G. Programme

B.C.G. Offered	Consented	Absent	Mantoux Positive		Vaccinated	
			No.	Percentage of those tested	No.	Percentage of those offered
1870	1720 (91.9%)	148	75	4.4%	1497	80%



## Child Guidance

During the past year the work of the clinic has become increasingly orientated towards the diagnosis and treatment not only of the child, but also of other family members. The concept of family dynamics has led in turn to increasing links with other agencies such as the Probation Service, Children's Department and Education Welfare Services. Consultation and case work seminars have been successfully instigated with groups of workers from these allied fields.

Although most of the patients are referred via the School Psychological Service or are self-referred, involvement with the general practitioner is sought wherever possible to provide the continuity of care which each patient needs.

The number of cases referred annually remains roughly constant, but refined techniques for the selection of cases suitable for treatment and increasing flexibility in the work of staff members have resulted in a considerable reduction in the number of patients on the waiting lists for diagnosis and treatment. Initial interviews are undertaken within a week of referral and final assessments and recommendations within six weeks.

Recommendations for treatment are influenced to some extent by the facilities available. There remains a need in the area for an observation unit for children requiring more intensive investigation, which may or may not involve residential care. The Paediatric Department of Kingston Hospital have offered its co-operation in this area, so that further developments may be expected.

The following table shows the work done during the year:

Caseload brought forward from 1965	172	
Waiting list at December 1965	7	179

168 new cases were referred during 1966  
by the following:

Court	12	
School Health Service	53	
Hospitals	4	
Private practitioners	26	
Child Guidance Clinics	1	
Direct non-medical	72	168

### Reasons:

Nervous disorders	6
Behaviour problems	119
Habit disorders	12



Psychosomatic disorders	2	
Organic disorders	-	
Psychotic illness	-	
Educational problems	29	
<b>Total of new cases</b>		168
		<hr/>
<b>Total caseload during year</b>		347
		<hr/>
<b>New cases initially seen by psychiatrist during the year</b>		138
<u>New caseload initial distribution:</u>		
Psychiatrist	39	
Psychiatric Social Worker	78	
Psychologist	21	
Psychotherapist	-	138
<u>All cases - closures during year:</u>		
Treatment completed	22	
Advice only	17	
Non co-operative	16	
Other arrangements made	41	
Improved	13	
Failed to attend	13	
Transferred to other clinics	3	125
<b>Caseload on treatment at end of year</b>		198
<b>On waiting list for diagnostic interview at end of year</b>		24
		<hr/>
		347
		<hr/>

Dental Service

It is encouraging to report that the dental services were well maintained with almost a full establishment of dental officers. In addition to the chief dental officer there were three full time and two part time dental officers assisted by a dental auxiliary for four sessions each week, and three full time and other part time dental surgery assistants. The part time auxiliary is normally occupied with conservative work and extraction of deciduous teeth and is specially helpful in the education of infants and difficult children to overcome fear of dental treatment in later life. The orthodontic clinic at Acre Road, Kingston, was staffed by two part time orthodontists and a dental surgery assistant.



Approximately 90% of the time of the dental staff is spent on the dental care of school children and the remainder on the treatment of expectant and nursing mothers, children below school age and children attending Kingston Training Centre.

The school dental officers endeavour to inspect each school child once annually. Urgent treatment is given immediately and routine treatment within a few weeks. Of all school children inspected, it was found that 52% required some form of dental treatment.

The Council's approval of water fluoridation was a major step towards dental health for future generations, but implementation has not yet taken place as certain authorities within the Water Board area have not yet agreed to this policy.

Health Education was carried out by dental officers at clinic sessions and also by medical officers and health visitors at all times.

During the year Dr. A. Sheiham of the Dental School of the London Hospital Medical College carried out a survey at a senior school in the borough as part of a major survey he is conducting in London and the Home Counties to obtain more knowledge of the pattern of dental diseases in children. The head teacher gave every possible assistance and this was much appreciated by Dr. Sheiham.

The following is a summary of the work undertaken:

#### General Dental Cases

	<u>Numbers</u>
Inspected: Routine	15245
Special	<u>1582</u>
Found to require treatment	7447
Offered treatment	6671
Treated	3444
Attendances for treatment	10545
Sessions for inspection	147
Sessions for treatment	2014
Sessions devoted to dental health education	26
Fillings: Permanent teeth	5412
Temporary teeth	<u>2880</u>
Filled: Permanent teeth	4659
Temporary teeth	<u>2577</u>

(cont.)



Extractions: Permanent teeth	493	
Temporary teeth	<u>1366</u>	1859
General anaesthetics		402
Other operations: X-rays	181	
Prophylaxis	870	
Teeth otherwise conserved	655	
Root teeth filled	49	
Crowns and Inlays	21	
Other treatment	<u>3316</u>	5092
Re-inspections at school or clinic		1829
Re-inspections found to require treatment		1310

#### Orthodontic Cases

Commenced during the year	154	
Brought forward from previous year under treatment or observation	<u>595</u>	749
Completed during the year		129
Discontinued during the year		52
Referred to hospital consultant		13
Removable appliances fitted		241
Fixed appliances fitted		25
Total attendances		2874
Under treatment or observation at end of year		555

#### HANDICAPPED PUPILS

##### Special Schools and Hostels

The following table shows the placement of Kingston children in special schools:

Category	Number attending at end of 1966						Recommended for Placement-Parents Refused Consent		Receiving Home Tuition		On Waiting list for Special School	
	Day Special Schools				Boarding Special Schools							
	Kingston		Other		Other		B	G	B	G	B	G
	Boys	Girls	B	G	B	G						
Blind	-	-	-	-	1	-	-	-	-	-	-	-
Partially Sighted	-	-	2	2	-	-	-	-	-	-	-	-
Deaf	-	-	3	2	2	2	-	-	-	-	-	-
Partially Hearing	-	-	2	-	1	-	-	-	-	-	-	-
Educationally Subnormal	63	28	1	1	9	4	-	-	-	-	-	-
Epileptic	-	-	-	1	-	2	-	-	-	1	-	-
Maladjusted	-	-	4	1	17	7	-	-	3	1	-	2
Physically Handicapped	18	5	2	3	3	2	-	-	4	4	-	-
Delicate	-	-	-	-	2	1	-	-	-	-	-	-
Speech Defect	-	-	-	-	-	-	-	-	-	-	-	-
Totals	81	33	14	10	35	18	-	-	7	6	-	2

Bedelsford School, Grange Road, Kingston

I am grateful to Mr. E. C. Cooke, Headmaster, for the following report.

This school now receives children from the age of three. The children are brought each day from outlying districts in buses and cars and are accompanied by escorts. All the children have midday lunch at school and special arrangements are made for children on diets.

The education provided is of an individual nature and instruction is given in crafts and domestic science. Other activities which take place in school are Scouts, Guides, Brownies and Cubs, and many children take part in weekly swimming at the local baths.



Children at the school are examined regularly by a senior medical officer and a visiting consultant; those children with severe physical handicaps are given the opportunity of receiving social training and physiotherapy; those pupils with speech defects are treated by the speech therapist.

Two children gained entrance to residential grammar schools and five others transferred to ordinary schools.

During the year a party of thirty senior children was taken for a two week visit to Holland, the whole undertaking being without mishap or illness of any kind.

One pupil was selected nationally to spend a month in Austria with the Anglo-Austrian Fellowship.

Extra mural visits took place from time to time to such places as museums, art galleries and places of historic interest.

One pupil left the school during the year and was placed at a school of needlework as a trainee.

St. Philip's School for Educationally Subnormal Children  
Fleetwood House, Leatherhead Road, Chessington

I am grateful to Miss F. A. Lloyd, Headmistress, for the following report.

This school now receives children from the age of five and this youngest class will have the full time help of a nursery assistant in addition to the present fully qualified infants' teacher. The new class is run on nursery lines and in their own time the children are becoming interested in reading, telling the time, and using their initiative in constructive work. They are learning to help one another and co-operate in play.

At the other end of the scale the fifteen and sixteen year old pupils now stay for "Youth Club classes", learning and working in a club atmosphere. These are held on three afternoons each week from 3 to 5.30 p.m. and the pupils experience a longer working day without the rigours of an extended school. The work is based on cookery, art and craft, woodwork and outdoor activities when the weather permits. These children go home by public transport when the classes are over and they have been provided with bus passes for this purpose.

A total of sixteen children left the school during 1966, and were assisted in finding employment by the Youth Employment Service.



Types of employment in which success has been achieved:

Nursery Gardener  
 Factory Hand  
 Garage Hand  
 Plastics Moulder  
 Gardener  
 Trainee Cabinet Maker  
 Box Maker  
 Stock Room Assistant  
 Coach Builder

Ascertainment of Handicapped Pupils

Children ascertained in 1966 as  
 requiring special educational treatment

<u>Category</u>	<u>Number</u>
Blind	nil
Partially Sighted	1
Deaf	1
Partially Hearing	nil
Educationally Subnormal	18
Epileptic	nil
Maladjusted	11
Physically Handicapped	8
Delicate	2
Speech Defect	<u>nil</u>
Total	<u>41</u>

Remedial Unit for Retarded Children

This small unit has been in operation since September 1965. The pupils who attend are of at least average intelligence, but for a variety of reasons very backward educationally. A number, although of secondary school age, are non-readers, and all require individual attention and special coaching. There is a high degree of co-operation between the work of the teachers at the unit and the child's normal school.



Youth Employment Service - Year Ended 30th September 1966

	<u>Number</u>
Boys and girls living in the borough known to have left school	1286
New entrants into National Insurance:	
School Leavers	848
First advisory interviews	1412
Interviewed who continued full-time education at school or college	499
Applications for employment *	1136
First applications included in above figure	694
Vacancies notified *	2042
Kingston boys and girls placed in local employment	725
Kingston boys and girls placed in other districts	101
Local residents included in above figures who were placed in first situations	429
Total of vacancies filled in Kingston area	901

\* Including register brought forward on 1st October 1965.

I am indebted to Mr. F. S. Robinson, Principal Youth Employment Officer, for his assistance in compiling the sections of this report dealing with school leavers.

Part time Employment of School Children

In accordance with the Children and Young Persons Act, medical officers were called upon to examine children for the purpose of undertaking part time employment, and in addition to these initial and re-examinations, children were also medically examined in connection with applications on their behalf for the issue of entertainment licences.

The number of examinations for these purposes, and the results of the examinations, are shown in the following table:

Examinations for employment certificates	299
Children examined for entertainment licences	4
Found to be unfit	4

School Milk and Meals Service

The provision of milk and school meals plays a very important part in the maintenance of good health. The standard charge for a school meal is one shilling per day, and milk is provided free.



There is close collaboration between the Environmental Health Section and the School Meals Service in order to ensure continued high standards of hygiene. Equipment is continually improved and the quality of the meals is good. The provision of milk and meals in school is very valuable, particularly to those children whose mothers are in employment, and the following figures are of interest:

Based on September 1966 Returns

Children in attendance	16653
Taking milk	13930
Percentage taking milk	83.67%
Taking meals	12902
Percentage taking meals	77.53%
Cost of meal to pupil	1s.0d.
Actual cost of meal	2s.7d.
Percentage taking meals at:	
Full cost	96.69%
Free	3.31%

Recuperative Holiday Scheme

This is a useful scheme which enables children attending maintained schools to have a recuperative holiday on medical and medico-social grounds. Cases are very carefully selected and the holiday is normally for two weeks. There is no doubt that these arrangements are of great benefit to the children and families concerned. Assistance with fares can be given where necessary.

Twenty-five children enjoyed recuperative holidays under this scheme during the year.

Deaths of School Children

During the year notifications were received in respect of deaths of four children of school age. The causes of death were as follows:

- 1 Acute suppurative pericarditis
- 1 Septicaemia due to acute ulcerative colitis
- 2 Road accident deaths

Medical Examination of Adults

Medical officers examined a total of 158 adults who were either teachers newly appointed to schools in the borough or candidates for entry to teachers' training colleges.



School Clinics

<u>Address</u>	<u>Clinic</u>
Grange Road, Kingston upon Thames	Minor Ailments Speech Dental General Medical
204 Acre Road, Kingston upon Thames	Minor Ailments Speech Dental Eye General Medical Physiotherapy Audiology
1 Gosbury Hill, Hook	Minor Ailments Speech Dental General Medical Physiotherapy
South Place, Surbiton	Minor Ailments Speech Dental Eye General Medical
Roselands, 163 Kingston Road, New Malden	Minor Ailments Speech Dental Eye General Medical Physiotherapy Child Guidance
The Manor Drive, Worcester Park	Minor Ailments Speech Dental Eye General Medical Physiotherapy Audiology
St. George's Hall, Hamilton Avenue, Tolworth, Surbiton.	Speech

With the exception of Minor Ailments, attendance is by appointment.

I N D E X

	<u>Page</u>
Accommodation:	
Elderly	65-69
Homeless	76
Admissions to Hospital	56
Air Pollution	95-105
Ambulance Service	44
Animal Boarding Establishments	87
Ante-natal Clinics	22
Atmospheric Pollution	95-105
At Risk Register	27-29
Audiology	145-146
Audiometry	138-145
Bacteriological Examinations	16, 85, 114, 115, 119
Baths	85, 86
B.C.G. Vaccination	45, 150
Births	10
Birth Rate	10
Blind, Welfare of	71-75
Bronchitis	13
Burial or Cremation of Deceased Persons	80
Cancer Education	18
Cancer Statistics	12, 13, 37
Caravans	87, 113
Certificates, Disrepair	109
Certificates, International Vaccination	42
Chest Clinic	44
Chicken Pox	148
Child Guidance Clinic	151, 152
Child Minders	27
Child Welfare Clinics	23
Children's Homes	27
Chiropody	50
Clean Air Act	95-105
Cleanliness	89, 147
Clinics	22, 23, 44, 48, 55 144, 145, 151, 152, 160
Closing Orders	108
Clubs	57, 78, 79
Community Care	57
Complaints	105, 131



School ClinicsI N D E XPage

Congenital Malformations	Clinic	30,31
Co-ordinating Conferences		32
Cremations	Minor Ailments	19
Crematorium	Speech	19
	Dental	
	General Medical	
	Admissions to Hospital	
	Air Pollution	
Day Nurseries	Minor Ailments	26
Deaf	Speech	75,79,145
Deaths	Dental	12-14
Death Rates	Eye	10,11
Demolition Orders	General Medical	108
Dental Services	Physiotherapy	24,25,152-154
Dental Survey	Audiology	153
Diphtheria	Minor Ailments	15,16
Disinfection	Speech	87
Disinfestation	Dental Examinations	87
District Nurses	General Medical	35-36
Domiciliary Services	Physiotherapy	34-40,56,70,74
Drainage and Sewerage		86
Dysentery	Minor Ailments	15,16
	Speech	
	Dental	
	Bronchitis	
	Burial or Cremation of Deceased Persons	
Education Act	General Medical	137
Educationally Subnormal Children	Minor Ailments	155,156-157
Elderly Persons	Speech	37,38-40,65-70
Employment of Children	Dental	158
Employment of Handicapped	Eye	72,77-78
Encephalitis	General Medical	15,16
Enteric Fever	Certhioscopic Examination	15,16
Enuresis	Child Clinics	147
Environmental Health Services	Minor Ailments	81-134
Eviction	Child Guidance Clinics	33
	Child Minders	
	Child Welfare Clinics	
	Children's Homes	
	Chirophy	
Factories Act 1961	Physiotherapy	88-90
Family Planning Association	Audiology	48
Families with Problems		32-34
Fertilisers and Feeding Stuffs	Speech	134
Food and Drugs Act		120-133
Food Hygiene Regulations		119
Food Poisoning		15,16
Food Premises		116-119

	<u>Page</u>
General Practitioners - Attachment of	
Midwives and Health Visitors	35,40
German Measles	28
Handicapped Children	156-157
Handicapped Services	70-79
Health and Welfare Committee	5
Health and Welfare Staff	6,7
Health Education	17-18
Health Visiting	38-40
Heart Disease	13
H.M. Inspector of Factories	89-90
Holidays: Children	159
Elderly	66,67
Handicapped	74,78
Recuperative	48
Home Help Service	51
Home Nursing	35-37
Home Nursing Equipment (loans)	49
Homeless Families	33
Homes for Elderly	65-69
Homes for Handicapped	68,74
Hospitals	19-20
Hospital Confinements	34
Hostels	56,57
House Improvements	110-112
Houses - Multiple Occupation	110
Houses Unfit	108-109
Housing Acts	108-112
Ice Cream	115
Illegitimate Births	10
Immigrants	41
Immunisation and Vaccination	41-43, 148-150
Improvement Grants	56-57
Incontinence Laundry Service	36
Infant Mortality	10-11
Infant Welfare Clinics	23
Infectious Diseases	15-16, 148
Influenza	15-16, 148
Insect Pest Control	106, 108
Inspections	87-88, 89, 91, 137-141, 153-154



	<u>Page</u>
International Certificates of Vaccination	42
Introductory Letter	1-4
Legitimate Births	10
Licences	114
Live Births	10
Lung Cancer	12
Marriages	11
Mass Radiography	45, 47
Maternal Mortality	10
Meals on Wheels	70
Measles	15, 16, 148
Meat Inspection	116
Medical Aid	34
Medical Examination of Adults	19, 159
Medical Treatment	27, 142
Meningococcal Infection	15, 16
Mental Health Act	55, 56
Mental Illness	56-57
Mental Subnormality	57-61
Merchandise Marks Act	133
Midwifery Service	34-35
Milk	114-115
Mortuary	19
Mothercraft Training	38
Mothers Clubs	38
Moveable Dwellings	113
Multiple Occupation - Houses	110
Mumps	148
National Assistance Act	18, 69, 77, 80
Neonatal Mortality	11
Notices	88, 109
Nursing Equipment - Loans	49
Nursing Homes	18
Occupational Therapy	67, 76
Offices, Shops and Railway Premises Act	91-93

	<u>Page</u>
Old People's Homes	65-69
Ophthalmia Neonatorum	15, 16
Ophthalmic Clinics	144
Outwork	77
Partially Sighted	73
Perinatal Mortality	11
Personal Health Services	21-51
Pest Control	106
Pet Animals Act	87
Pharmacy and Poisons Act	134
Physically Handicapped, Children	155, 157
Physically Handicapped, Schools	155-156
Physically Handicapped, Services	70-79
Physiotherapy	59, 147
Pigeons	106
Pneumonia	15
Poliomyelitis	15, 16
Population	10
Post-natal Clinics	22
Problem Families	32-34
Protection of Property	80
Psychiatric Services	55
Public Cleansing	86
Public Health Acts	88
Public Health Laboratory Service	16, 114, 115, 119
Publicity Campaign - Immunisation	41
Puerperal Pyrexia	15, 16
Rateable Value	10
Receivership	80
Recuperative Holidays	48
Refuse Collection and Disposal	86
Relaxation Classes	22
Residential Homes	65-69
Residential Hostels	56-57
Riding Establishments Act	87
Ringworm	142
Rivers and Streams	86
Rodent Control	106-107
Samples, Bacteriological, Chemical	85, 86, 114, 115, 120-130
Scabies	142
Scarlet Fever	15, 16, 148
School Children	137-159



	<u>Page</u>
School Dental Service	152-154
School Health Service	137-160
Sewerage and Drainage	86
Shops Act	90
Small Pox	15
Smoke Control	95-105
Social Clubs	57, 78, 79
Sonne Dysentery	15, 16, 148
Special Care Unit	58
Speech Therapy	59, 143-144
Staff	6-7
Stillbirths	10, 11
Suicide	14
Swimming Baths	85, 86
Training Centre	58-60
Tuberculosis	15, 44-47, 150
Typhoid Fever	15, 16
Unfit Houses	108-109
Unmarried Expectant Mothers - Care of	27
Unsound Food	116, 131-133
Vaccination	41-43, 45, 148-150
Venereal Diseases	12
Verminous Conditions	106-107, 147
Vision Testing	138, 144
Vital Statistics	10-14
Voluntary Homes	66, 67-69
Voluntary Organisations	61, 67-68, 74, 78-79
Voluntary Workshops	78
Water	85
Welfare:	
Clinics	22-25
Foods	23
Physically Handicapped	70-78
Services	63-80

	<u>Page</u>
Whooping Cough	15, 16, 148
Workshops	58-59, 73, 78
X-rays, Mass	45, 47, 150
Yellow Fever Vaccination	42
Youth Employment	158



