

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

Contributors

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THE HEALTH AND WELFARE
of the
ROYAL BOROUGH
of
KINGSTON UPON THAMES
1969

Royal Borough of 1

CORRECTION TO PAGE 155

In paragraph 5 "30 per cent" should
read "3 per cent".



ANNUAL REPORT

of the MEDICAL OFFICER OF HEALTH and PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDED 1969

John C. Birchall, M.B., Ch.B., D.P.H.

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

The following are the names of the
persons who have been appointed

COMMISSIONERS OF THE LAND OFFICE

In pursuance of the provisions of the
Act of the 10th of March 1880

The Health and Welfare of the Royal
Borough of Kingston upon Thames, 1969

CORRECTION TO PAGE 155

In paragraph 5 "30 per cent" should
read "3 per cent".

Royal Borough of Kingston upon Thames



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDED 1969

John C. Birchall, M.B., Ch.B., D.P.H.

HEALTH AND WELFARE DEPARTMENT
TOLWORTH TOWER
SURBITON,
SURREY.

TELEPHONE 01 89 2111

ROYAL BOROUGH OF KINGSTON UPON THAMES

ANNUAL REPORT

of the MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year 1969

To the Mayor, Aldermen and Councillors

Mr. Mayor, Ladies and Gentlemen,

As required by statute I present this report for 1969 which is the fifth Annual Report on the health of the residents of the Royal (London) Borough of Kingston upon Thames and includes my report on the School Health Service. In so doing I should like to mention some proposals for the future and highlight others which are dealt with in greater detail in the report.

There was a further fall in the population of the borough as shown by the Registrar General's estimate of 143,670 at mid-1969. Both the birth rate and the infant mortality rate were lower and there was also a fall in the general mortality rate, more than 72 per cent of the deaths occurring in people over the age of 65. I am pleased to report a fall in the illegitimate birth rate at 6.8 per cent of total births. This was against the national trend. With the greater use of family planning and the introduction of the Abortion Act, there is likely to be a further reduction in this rate in the future.

Last year I reported a 50 per cent increase in the number of deaths in women from cancer of the lung and in 1969 there was a further 15 per cent increase. In 1965 cancer of the lung caused 1.3 per cent of all female deaths compared with 3.8 per cent in 1969. It would seem that the rate of female deaths from lung cancer is well on the way to the present male rate of 10.25 per cent of all deaths. It has been established beyond doubt that cigarette smoking is a major cause of lung cancer but this fact is being ignored by so many people. It must be remembered too, that cigarette smoking can cause chronic bronchitis and be a contributory factor to coronary thrombosis.

The borough remained free from maternal deaths.

Communicable Diseases

The position remained very satisfactory as regards the incidence of infectious diseases. There was an increase in the notifications of scarlet fever which however is still a mild disease. There were two cases of paratyphoid fever, both contracted abroad. A case of leptospirosis (Weil's disease) occurred in a young man. This is caused by an organism infecting rats, which is excreted in their urine, and in man it usually occurs in men working in sewers or streams or ditches infested by rats. The patient had bathed in the Thames which was running at very low volume at the time and therefore more concentrated.

1969 should have been a measles epidemic year but in fact there were 10 cases fewer than in 1968. Measles vaccination, which was commenced in May last year, may be the reason but it will be specially interesting to see the figures for next year. There appears ample justification for advocating this preventive measure.

Personal Health Services (National Health Service Act 1946 etc.)

The extension of Manor Drive Clinic to form a health centre was not started during the year but negotiations on rental with the Executive Council have taken place, and building should start early in 1970. It is hoped that a similar extension at Gosbury Hill Clinic, Hook, will also commence in 1970.

The plan to build a health centre to replace Grange Road Clinic did not materialise due to lack of adequate interest from the family doctors. It is intended to seek authority to build a replacement clinic in Hawks Road with space to extend into a health centre later.

Plans to replace South Place Clinic, which is now very much sub-standard, by a new health centre, also received a setback when it was finally decided there was insufficient land available at Surbiton Hospital, and it is hoped to proceed with a replacement clinic on an adjacent site, in the Alpha Road area on land adequate for expansion, at the earliest possible date.

Attachment of Health Visitors and District Nurses and Midwives to Family Doctors

Further attachments of nursing staff have been made on request to family doctors wherever possible. These have to date been largely exploratory, and it is hoped that a proper code of operation of these schemes will materialise after they have been in operation for a further year or so.

Domiciliary Midwifery

There was a further large drop in the number of babies born at home, and the number of early discharges of mothers and babies from hospital continued to increase. Under the Health Services and Public Health Act 1968 it is possible for domiciliary midwives to work in hospitals, and during the year discussions were held about closer integration of the service with the hospitals.

The Guthrie test replaced the Phenistix test for phenylketonuria. This is a more reliable blood test than the urine test and is carried out by the midwives on about the sixth day.

Two new houses and four new flats for nursing staff in Chamberlain Way, at the rear of Surbiton District Nurses Home, were completed and occupied during the year.

Day Nurseries and Nurseries and Child Minders

As envisaged in last year's report there was a big increase in the number of registered child minders, as registration is now required when one child is looked after for reward. There was also an increase in the number of private day nurseries. A further course was held to train persons without qualifications who are engaged in or wish to run private nurseries or participate in child minding.

The two Council day nurseries continued on demand by priority groups and each has a substantial waiting list.

The prefabricated Fairmead Day Nursery is approaching the end of its useful life, and it is hoped to replace it by building a new nursery in the Alpha Road area on land already owned by the Council, probably in 1971/72.

Mental Health

There were staffing shortages in the section during 1969 and this was reflected in the case load, but the situation improved towards the end of the year.

The extension to the Training Centre for Mentally Subnormals reported last year which enables children to be admitted from the age of three years has paid dividends. The improvement these young children make when admitted early is quite amazing.

Young men from Latchmere House Detention Centre have been assisting at the Training Centre voluntarily. The great care and devotion they show to the children is remarkable, and it is difficult to know who derives most from this association. I believe many of these young people will derive lasting benefit from their experience.

Plans for a new Adult Workshops and Training Centre in Blagdon Road have been approved. The new building to accommodate a hundred trainees will allow a greater variety of industrial work and will give more scope for the trainees to live independent lives in the community. It is hoped that building will be started in 1970.

The Day Centre for the Mentally Ill moved to the ex-Civil Defence premises in Blagdon Road in March. This is again only a temporary home until the land is required in connection with redevelopment. Classes for the physically handicapped are also held there. The need for and value of such a day centre has however been well established.

Health Education

This proceeds as part of the normal work of many types of staff in the department: district nurses, health visitors, public health inspectors, etc. The Health Education Officer reports under this heading on the wide range of topics covered, and examples of the involvement of the health visitors are given in the report on Health Visiting.

Prevention of Illness, Care and After-care

Prevention of Break-up of Families

The number of families assisted in connection with the prevention of break-up continued to increase and much useful work is being done. A case is made out in the body of the report for a group of social workers to be located in a particular area of the borough.

Home Helps

Recruitment to our fine band of ladies in the Home Help Service unfortunately continues to be slow. Another training course was held for a further twelve members of the staff.

This is an essential service for the frail and elderly, handicapped, the sick, and mothers and young babies etc., and is rewarding work.

The Home Help Service has been supplemented by the Good Neighbour Scheme and this has proved of great value.

Chiropody

There was a further increase of more than 10 per cent in the number of aged and handicapped persons treated and a 3 per cent rise in the number of treatments.

Welfare Section

The 50-bedded 'Amy Woodgate House' was not completed in time to open during the year but was planned to be in operation early in 1970. This additional accommodation is badly needed. It is hoped that a start on the extension of 'Fircroft' will also be made in 1970. The second purpose built home plus a day centre is planned for 1971/72.

Recruitment of staff for the old people's homes was as difficult as in previous years.

Environmental Health

The work of this section will be increased in 1970 as a result of the Housing Act 1969. This Act lays the emphasis more on improvement of basically sound dwellings in order to prevent their deterioration to become slums of the future and to relieve pressure on new housing. This will cause an increase in improvement grants and a good deal of additional work on inspection.

School Health Service

School Medical Inspections

During the summer term the scheme of selective medical examinations of 8-year-old children was extended to all primary schools.

Speech Therapy

Speech therapy for pre-school children was commenced at two more clinics, making five groups in all. These groups have shown that there are a number of speech handicapped children who would benefit by a special

class when they start school. It is hoped to introduce such a class when suitable accommodation can be found.

Audiology

The joint audiology service with the London Borough of Merton continued to expand. A partial hearing nursery unit was opened in Merton equipped with modern audiological teaching aids. Three Kingston children were attending at the end of the year. A primary school extension is contemplated.

Bedelsford School

The pattern of handicap at Bedelsford is changing. There has been a reduction in the number of children with cerebral palsy but an increase in the number of spina bifida and hydrocephalics, due to early operation, and there were fifteen in attendance at the end of the year. There was also a record number of fourteen children with muscular dystrophy in attendance.

St. Philip's School

The number of children attending increased, due to earlier ascertainment, and many are entering the school at the age of five years. Children who are not so advanced as other children of the same age, who are educated with their equals, gain so much in confidence. They receive an education geared to their abilities in the company of their equals. If left in a normal school they rapidly drop more and more behind other children and become discouraged, and other difficulties may then follow.

Health Education

Health Education was pursued in the schools throughout the year. Details of this work will be found in the body of the report under Health Education and Health Visiting.

Acknowledgments

Once again I acknowledge help and co-operation received from:

- Family doctors and hospital staff
- Staff of other statutory bodies
- Volunteers and Voluntary Organisations in the borough
- Chief Officers and their staffs and Head Teachers

I should like to pay tribute to my own staff for their devotion to duty, despite the winds of change.

Finally I thank the Health and Welfare and Education Committees and their respective Chairmen and the Council as a whole for the support received during the year.

I am,
Yours faithfully,

JOHN C. BIRCHALL

Medical Officer of Health

and

Principal School Medical Officer

ROYAL BOROUGH OF KINGSTON UPON THAMES

HEALTH AND WELFARE COMMITTEE

AS AT DECEMBER 1969

Mayor:

Alderman C.H.Johnson, J.P. (Freeman of the Borough)

Chairman:

Councillor H.W.Payne, Hon.FSLAET, ARAeS

Vice-Chairman:

Councillor G.L.Haylock

Aldermen:

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

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

Councillors:

Mrs.J.L.Ahern, R.S.C.N.

B.G.Baker

S.W.B.Barter, M.B.E.

F.G.Belcham

Mrs.D.T.Butler

Mrs.W.J.Carter

R.M.Church

N.A.Ellis

R.H.Gibbs

G.R.Grant

W.E.Messenger, M.Inst.T.

Mrs.A.I.Pamment

F.J.Stepto

Mrs.R.M.Vernon

Miss V.A.Whittaker

Co-opted Members:

R.H.Bartley, M.R.C.S., L.R.C.P.

R.A.Baylis, L.D.S., R.C.S.

J.S.Bearcroft, M.D., M.R.C.P., D.P.M.

Local Medical Committee

Local Dental Committee

Consultant Psychiatrist, Kingston
and Long Grove Group Hospital
Management CommitteeMiss B.Cowell, S.R.N., S.C.M., M.T.D.,
D.M., J.P.

Mrs.E.R.Fletcher

Mrs.C.E.Hobkirk, J.P.

F.R.Hooker, F.C.I.S.

C.J.Rowland, M.B., B.S., M.R.C.S.,
L.R.C.P., D.R.C.O.G.

F.A.Speller

Mrs.C.M.Waugh

Midwife Teachers' Training College
Kingston upon Thames Association
for the BlindKingston upon Thames Association of
Old People's Welfare Committees
Kingston and Long Grove Group
Hospital Management CommitteeLocal Medical Committee
Kingston upon Thames Association
for the Handicapped
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.H.Fairlamb, M.B., B.S., C.P.H., D.P.H.
Senior Medical Officers	R.G.Isaac, M.R.C.S., L.R.C.P., D.P.H. Valerie Wills, M.D. (resigned 5.9.69) A.W.C.Lobban, M.B., Ch.B., D.P.H. (appointed 2.9.69)
Chief Dental Officer	D.M.Dodd, L.D.S., B.D.S.
Chief Public Health Inspector	P.E.Kinton, M.R.S.H., M.A.P.H.I.
Chief Welfare Officer	F.J.Meacock, M.I.S.W.
Psychiatrist (Child Guidance)	Beryl G.Anscombe, M.B., Ch.B., D.(Obst.)R.C.O.G., D.P.M.
Health Education Officer	Mrs. K.L.Sewell, S.R.N., H.V.Certificate, Soc.Sc.Dip, T.T.D., N.N.E.B.
Superintendent Health Visitor	Mrs.C.M.Owen, S.R.N., H.V.Certificate
Superintendent Home Nursing Services and Non-Medical Supervisor of Midwives	Miss P.M.Stanley, S.R.N., S.C.M., Queen's Nurse, H.V.Certificate
Principal Mental Welfare Officer	E.V.Oram, A.A.P.S.W., S.R.N., R.M.D.N. (resigned 26.5.69) D.T.Rattray, C.S.W. (appointed 19.11.69)
Senior Social Welfare Officer (Aged and Handicapped)	Miss M.F.Birley, B.A., A.I.M.S.W. (resigned 3.8.69)
Senior Social Welfare Officer (Problem Families)	Miss J.M.Hodgetts, C.S.W.
Home Help Supervisor	Mrs.I.E.Roobottom
Chief Administrative Officer	H.A.Sears, D.M.A.

STAFF OF THE HEALTH AND WELFARE DEPARTMENT

Medical Officer of Health Mr. J. O. Marshall, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health Mr. A. H. Marshall, M.B., B.S., C.P.H., D.P.H.

Senior Medical Officers: Mr. E. C. Isaac, M.B., Ch.B., D.P.H.

Mr. J. O. Marshall, M.B., Ch.B., D.P.H.

Mr. J. O. Marshall, M.B., Ch.B., D.P.H.

(appointed 2.9.62)

Chief Dental Officer Mr. D. M. Dodd, D.D.S., B.D.S.

Chief Public Health Inspector Mr. P. E. Kingston, M.B., Ch.B., D.P.H.

Chief Welfare Officer Mr. J. O. Marshall, M.B., Ch.B., D.P.H.

C O N T E N T S

Health Education Officer Mr. J. O. Marshall, M.B., Ch.B., D.P.H.

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Mrs. J. M. Hodgson, C.S.W.

Mrs. I. E. Robinson, P.J.

H.A. Sears, D.M.A.

P.J.

S.I.P.

E.C. Isaac, M.B., Ch.B., D.P.H.

J.O. Marshall, M.B., Ch.B., D.P.H.

J.O. Marshall

J.O. Marshall

Senior Social Welfare Officer Mrs. J. M. Hodgson, C.S.W.
(Aged and Handicapped) and Local
Council, Kingston upon Thames
Social Welfare Officer
(Problem Families) Kingston upon ThamesHome Help Supervisor Mrs. I. E. Robinson, P.J.
Chief Administrative Officer H.A. Sears, D.M.A.Kingston upon Thames Association
Old People's Welfare Committee
Kingston and Long Grove Group
Hospital Management CommitteeLocal Medical Committee
Kingston upon Thames Association
for the Handicapped
South West London and Surrey
Executive Council

(continued)

VITAL STATISTICS AND GENERAL SERVICES

Cause of Death	Age Group	Sex	Rate per 1,000 live and still births	
			Males	Females
Total (788 males and 808 females)			1.984	1.984
Grade death rate per 1,000 population			1.984	1.984
Adjusted death rate for purposes of comparison using the comparability factor (England and Wales)			1.984	1.984
Maternal deaths			1.984	1.984
Maternal mortality rate (including abortion)			1.984	1.984
per 1,000 total live and still births			1.984	1.984
Infant deaths (infants under one year)			1.984	1.984
Infant mortality			1.984	1.984
Legitimate			1.984	1.984
Illegitimate			1.984	1.984
Total			1.984	1.984

(continued)

VITAL STATISTICS

Area: 9,281 acres

Population, estimate of Registrar General at mid-year 1969: 143,670

Rateable Value at 1st April 1969: £10,368,336

Produce of a Penny Rate at 1st April 1969: £41,400

Separately Rated Dwellings at 1st April 1969: 48,341

Live Births:

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Percentage</u>
Legitimate	954	884	1,838	93.5
Illegitimate	57	71	128	6.5
Totals	<u>1,011</u>	<u>955</u>	<u>1,966</u>	<u>100.0</u>

Crude Birth Rate per 1,000 estimated population ... 13.7

Adjusted Birth Rate for purposes of comparison ... 13.8

using the comparability factor 1.01 ... 16.3

(England and Wales) ...

Still Births:

(11 males and 7 females) ... 18

Rate per 1,000 live and still births ... 9.0

(England and Wales) ... 13.0

Total Births ... 1,984

Deaths:

Total (788 males and 808 females) ... 1,596

Crude death rate per 1,000 population ... 11.1

Adjusted death rate for purposes of comparison ... 10.2

using the comparability factor 0.92 ... 11.9

(England and Wales) ...

Maternal deaths ... Nil

Maternal Mortality rate (including abortion) ... Nil

per 1,000 total live and still births ... 0.24

(England and Wales) ...

Infant Mortality:

Infant deaths (infants under one year):

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	15	8	23
Illegitimate	<u>2</u>	<u>1</u>	<u>3</u>
Totals ...	<u>17</u>	<u>2</u>	<u>26</u>

(continued)

VITAL STATISTICS (continued)

Mortality rate of all infants per 1,000 live births	...	13.2
(England and Wales)	...	18.0
Mortality rate of legitimate infants		
per 1,000 legitimate live births	12.5
Mortality rate of illegitimate infants		
per 1,000 illegitimate live births	23.4
Mortality rate of male infants		
per 1,000 male live births	16.8
Mortality rate of female infants		
per 1,000 female live births	9.4
Neonatal deaths (under 4 weeks of age)		
(11 males and 6 females)	17
Neonatal mortality rate per 1,000 live births	8.6
(England and Wales)	12.0
Early neonatal deaths (under 1 week of age)		
(9 males and 5 females)	14
Early neonatal mortality rate per 1,000 live births	7.1
(England and Wales)	10.0
Perinatal mortality (still births plus deaths		
under 1 week)	32
Perinatal mortality rate per 1,000 total live and		
still births	16.3
(England and Wales)	23.0

NEONATAL DEATHS

Cause of Death	Age 0-24 hours	Age 1-7 days	Age 7-28 days	Total
Broncho-pneumonia	1	-	1	2
Cerebral Anoxia (Microcephaly)	1	-	-	1
Cervical Subdural Haemorrhage due to Birth Injury	-	1	-	1
Congenital Abnormality (Spina Bifida)	-	-	1	1
Congenital Heart Disease	1	-	-	1
Respiratory Distress Syndrome (Prematurity)	2	1	-	3
Respiratory Failure (Maternal Diabetes Mellitus)	-	1	-	1
Respiratory Failure (Prematurity)	-	1	-	1
Respiratory Failure (Diaphragmatic Hernia)	-	1	-	1
Prematurity	2	2	-	4
Toxaemia and Circulatory Failure (Staphylococcal Gastro-enteritis)	-	-	1	1
Totals	7	7	3	17

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
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary Dysentery and Amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and Other Diarrhoeal Diseases	M	2	1	1	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System	M	3	-	-	-	-	-	-	-	1	-	2	-
	F	3	-	-	-	-	-	-	-	-	-	3	-
Other Tuberculosis, inc. late effects	M	3	-	-	-	-	-	-	-	-	-	1	2
	F	1	-	-	-	-	-	-	-	1	-	-	-
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore Throat & Scarlet Fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other Rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-

(continued)

CAUSES OF DEATH BY AGE (continued)

(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
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other Infective and Parasitic Diseases	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Buccal Cavity etc.	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
Malignant Neoplasm, Oesophagus	M	2	-	-	-	-	-	-	-	-	1	-	1
	F	4	-	-	-	-	-	-	-	-	-	1	3
Malignant Neoplasm, Stomach	M	18	-	-	-	-	-	-	-	2	5	4	7
	F	16	-	-	-	-	-	-	-	3	2	3	8
Malignant Neoplasm, Intestine	M	17	-	-	-	-	-	-	-	1	1	9	6
	F	24	-	-	-	-	-	-	-	4	4	5	11
Malignant Neoplasm, Larynx	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Lung, Bronchus	M	81	-	-	-	-	-	-	2	4	27	32	16
	F	31	-	-	-	-	-	-	1	4	6	10	10
Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	44	-	-	-	-	-	-	3	8	14	7	12
Malignant Neoplasm, Uterus	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	8	-	-	-	-	-	-	-	1	4	1	2
Malignant Neoplasm, Prostate	M	16	-	-	-	-	-	-	-	1	-	4	11
Leukaemia	M	11	-	-	-	2	-	-	-	-	3	4	2
	F	6	-	-	-	-	-	-	-	-	3	2	1
Other Malignant Neoplasms	M	35	-	-	-	-	-	2	3	2	12	10	6
	F	38	-	-	1	-	-	-	-	5	11	12	9
TOTAL all forms of Cancer		358	-	-	1	2	-	2	9	36	94	109	105

CAUSES OF DEATH BY AGE (continued)

(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
Benign and Unspeci- fied Neoplasms	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Diabetes Mellitus	M	5	-	-	-	-	-	-	-	-	-	1	4
	F	5	-	-	-	-	-	-	-	-	-	-	5
Avitaminoses and other nutritional deficiencies	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine, Nutritional and Metabolic Diseases	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	4	-	-	-	-	-	-	-	2	-	1	1
Anaemias	M	4	-	-	-	-	-	-	-	-	-	-	4
	F	2	-	-	-	-	1	-	-	-	1	-	-
Other Diseases of Blood and Blood- forming Organs	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Mental Disorders	M	8	-	-	-	-	2	-	-	-	-	-	6
	F	7	-	-	-	-	-	-	-	1	-	-	6
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Other Diseases of Nervous System etc.	M	7	-	-	-	-	-	-	1	-	1	1	4
	F	17	-	1	-	-	-	-	1	1	2	6	6
Active Rheumatic Fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	M	8	-	-	-	-	-	1	-	-	4	1	2
	F	16	-	-	-	-	-	-	-	-	4	7	5
Hypertensive Disease	M	18	-	-	-	-	-	-	-	1	1	7	9
	F	15	-	-	-	-	-	-	-	-	-	5	10
Ischaemic Heart Disease	M	226	-	-	-	-	-	-	6	30	57	69	64
	F	181	-	-	-	-	-	-	1	4	10	48	118
Other Forms of Heart Disease	M	19	-	-	-	-	1	-	-	-	-	3	15
	F	54	-	-	-	-	-	-	1	-	2	3	48

(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
Cerebrovascular Disease	M	62	-	-	-	-	-	-	-	-	11	17	34
	F	123	-	-	-	-	-	1	-	2	8	29	83
Other Diseases of Circulatory System	M	39	-	-	-	-	-	-	-	1	6	16	16
	F	44	-	-	-	-	-	-	-	2	2	6	34
TOTAL Heart and Circulatory Diseases		805	-	-	-	-	1	2	8	40	105	211	438
Influenza	M	9	-	-	1	-	-	-	-	-	1	5	2
	F	3	-	-	-	-	-	-	-	-	-	1	2
Pneumonia	M	54	2	1	2	1	-	1	2	-	4	14	27
	F	52	-	2	1	-	-	-	1	2	5	6	35
Bronchitis and Emphysema	M	48	-	-	-	-	-	-	1	2	9	14	22
	F	16	-	-	-	-	-	-	3	-	-	5	8
Asthma	M	2	-	-	-	-	-	-	1	1	-	-	-
	F	3	-	-	-	-	-	-	-	-	3	-	-
Other Diseases of Respiratory System	M	10	-	-	-	-	-	-	1	1	-	2	6
	F	2	-	-	-	-	-	-	-	-	1	1	-
Peptic Ulcer	M	8	-	-	-	-	-	-	1	-	2	1	4
	F	6	-	-	-	-	-	-	-	-	-	3	3
Appendicitis	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruction and Hernia	M	3	-	-	-	-	-	-	-	-	-	1	2
	F	10	-	-	-	-	-	-	-	-	1	2	7
Cirrhosis of Liver	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	1	3	-	-
Other Diseases of Digestive System	M	5	-	-	-	-	-	-	-	1	-	1	3
	F	16	-	-	-	-	-	-	-	-	1	3	12
Nephritis and Nephrosis	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	3	-	-	-	-	-	-	-	-	-	-	3
Hyperplasia of Prostate	M	2	-	-	-	-	-	-	-	-	-	-	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	
Other Diseases,	M	1	-	-	-	-	-	-	-	-	-	-	1	
Genito-Urinary	F	7	-	-	-	-	-	-	-	-	-	2	5	
System														
Abortion	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other Complications														
of Pregnancy, Child-														
birth & Puerperium	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of Skin,	M	1	-	-	-	-	-	-	-	-	-	-	1	
Subcutaneous Tissue	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of Musculq-	M	3	-	-	-	-	-	-	-	-	1	2	-	
Skeletal System	F	3	-	-	-	-	-	-	-	-	-	1	2	
Congenital Anomalies	M	6	1	3	-	1	-	-	-	-	-	1	-	
	F	4	3	-	-	-	-	-	-	1	-	-	-	
Birth Injury,	M	4	4	-	-	-	-	-	-	-	-	-	-	
Difficult Labour etc	F	2	2	-	-	-	-	-	-	-	-	-	-	
Other Causes of	M	4	3	1	-	-	-	-	-	-	-	-	-	
Perinatal Mortality	F	1	1	-	-	-	-	-	-	-	-	-	-	
Symptoms and Ill-	M	1	-	-	-	-	-	-	-	-	-	-	1	
defined conditions	F	2	-	-	-	-	-	-	-	-	-	1	1	
Motor Vehicle	M	14	-	-	1	-	2	2	1	-	4	3	1	
Accidents	F	2	-	-	-	-	-	-	1	-	-	1	-	
All Other Accidents	M	6	-	-	-	-	2	-	1	-	2	1	-	
	F	14	-	-	-	-	-	1	1	-	2	2	8	
Suicide and Self-	M	7	-	-	-	-	-	-	2	2	2	-	1	
inflicted Injuries	F	5	-	-	-	-	-	1	1	2	1	-	-	
All other External	M	2	-	-	-	-	1	-	1	-	-	-	-	
Causes	F	2	-	-	-	-	-	-	-	-	1	1	-	
TOTAL Accidents, Suicide & Violence		52	-	-	1	-	5	4	8	4	12	8	10	
TOTAL ALL CAUSES	M	788	11	6	4	4	8	6	23	53	157	232	284	
	F	808	6	3	2	-	1	3	11	46	94	183	459	

ANALYSIS OF MARRIAGES 1969

1,193 marriages were registered in the borough during 1969. Of these, 439 were Church of England marriages and 754 took place either in other Churches or in Register Offices.

INFECTIOUS DISEASES

The infectious diseases required to be notified to the Medical Officer of Health are now:

Acute Encephalitis	Measles
Acute Meningitis	Ophthalmia Neonatorum
Acute Poliomyelitis	Paratyphoid Fever
Anthrax	Plague
Cholera	Relapsing Fever
Diphtheria	Scarlet Fever
Dysentery (Amoebic or Bacillary)	Smallpox
Food Poisoning (or Suspected Food Poisoning)	Tetanus
Infective Jaundice	Tuberculosis
Leprosy	Typhoid Fever
Leptospirosis	Typhus
Malaria	Whooping Cough
	Yellow Fever

The following table shows the numbers of cases notified during 1969 by age groups:

Disease	Under 5	5-14	15-44	45-64	65 and over	Age unknown	Total
Scarlet Fever	33	53	-	-	-	-	86
Whooping Cough	5	5	-	-	-	-	10
Measles	202	76	5	-	-	-	283
Dysentery	39	42	23	-	-	-	104
Infective Jaundice	-	1	9	3	1	-	14
Acute Meningitis	-	-	2	-	-	-	2
Tuberculosis, Respiratory	1	-	16	6	8	-	31
Tuberculosis, other	-	-	3	2	2	-	7
Leptospirosis	-	-	1	-	-	-	1
Paratyphoid Fever	-	-	1	1	-	-	2
Food Poisoning	1	4	-	2	1	-	8
Totals	281	181	60	14	12	-	548

Sonne Dysentery

104 cases occurred during the year, 67 of these and 21 carriers being in outbreaks involving a number of schools and day nurseries in the borough. The other 37 cases were isolated incidents.

Food Poisoning

During the year there were 8 cases of food poisoning arising from two parties and in one case from an inadequately cooked chicken. In 6 cases salmonella typhimurium was isolated and in the other cases salmonella stanley and salmonella indiana.

Tuberculosis

There were 31 cases of respiratory tuberculosis and 7 cases of non-respiratory tuberculosis. 6 deaths occurred from respiratory tuberculosis and 4 from tuberculosis of other organs, all over the age of forty-five.

Comparative Table of Notified Infectious Diseases 1963-1969

Disease	1963	1964	1965	1966	1967	1968	1969
Acute Pneumonia	27	13	17	52	9	3	-
Scarlet Fever	31	19	29	42	33	20	86
Measles	1482	235	1971	736	1899	293	283
Whooping Cough	42	49	20	16	34	20	10
Puerperal Pyrexia	37	18	41	43	58	27	-
Poliomyelitis	-	-	-	-	-	-	-
Acute Infective Encephalitis:							
Post-infective	-	-	-	-	1	-	-
Infective	-	1	-	-	-	-	-
Erysipelas	1	5	4	2	3	1	-
Diphtheria	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-
Typhoid and Paratyphoid Fevers	3	2	4	1	1	-	2
Infective Jaundice	-	-	-	-	-	5	14
Food Poisoning	37	6	4	-	4	-	8
Dysentery	96	10	54	146	72	27	104
Meningococcal Infection	2	-	-	-	-	-	-
Tuberculosis, Respiratory	66	64	32	27	46	35	31
Tuberculosis, Other	9	9	2	6	1	4	7
Leptospirosis	-	-	-	-	-	-	1
Acute Meningitis	-	-	-	-	-	-	2

Laboratory Service

Bacteriological and viral specimens are dealt with by the Public Health Laboratory at Epsom and also by Kingston Hospital Laboratory. I am indebted to the staff of both for their help given during the year.

Venereal Diseases

The following figures were taken from returns submitted by the physicians in charge of the treatment centres shown, and they relate to new cases occurring among borough residents:

Treatment Centre	Totals all con- ditions	Syphilis		Gonorrhoea	Other Con- ditions
		Primary and Secondary	Other		
St.Thomas' Hospital, S.E.1	110	2	-	17	91
Seamen's Hospital, Greenwich	1	-	-	-	1
St.Helier Hospital, Carshalton	67	1	-	9	57
Whitechapel Clinic, London Hospital, E.1	4	-	-	1	3
St.Bartholomew's Hospital, E.C.1.	10	-	-	-	10
Totals	192	3	-	27	162

Patients may be dealt with by other hospitals or their own doctors and therefore the above table cannot represent a complete picture of the incidence of these conditions.

GENERAL SERVICESHEALTH EDUCATION

The activities in this section have continued along similar lines as in 1968. All field staff are involved in health education as part of their normal duties; all carry out individual teaching and some carry out group teaching in schools, clinics, clubs and other ready made group situations.

Altogether, talks were given to the following 881 groups:

In schools	228
In clinics	445
In clubs	72
Others (viz. further education, adult groups, voluntary organisations, professional)	136

A wide range of subjects was covered which included the following:

Care of mothers and young children
Care of school children and adolescents
General family health
Environmental health and food hygiene
Infectious diseases and prophylaxis
Prevention of accidents
Smoking and health
Sex education
Mental health
First aid and home nursing
Social hazards
Use of leisure
Health and welfare services
Preparation for foreign travel
Growing up
Preparation for marriage
Care of the elderly and handicapped

Much use was made of audio-visual material, the supply of which was increased during the year, both by the purchase of additional equipment and by the construction of display material by the health education staff. Eight schools now hold regular health education sessions and others are given occasional talks at the request of the head teachers.

Displays were mounted at each clinic and posters were shown in day nurseries and on outside display boards. Each month the general theme was changed. During 1969 the various themes were:

January	Winter Health	August	Use of Leisure
February	Dental Health		Play Material for Children
March	Medicines with Care	September	Immunisation and Infectious Diseases
April	Health Hazards	October	Foot Health
May	Summer Safety	November	Winter Safety
June	Prevention of Drowning	December	Nutrition
July	Holiday Hazards		
	Housing Improvements		

Talks on these themes were also given at the clinics, clubs and schools.

In addition to these planned monthly programmes, films were shown to twenty-one nursery groups during December.

In January a printed health education service brochure was distributed to clubs, voluntary organisations and churches and this evoked considerable response in the form of requests for talks, film shows and discussions from the bodies concerned.

Assistance with health education training was given at courses arranged for home helps, play group leaders and for leaders and senior members of the borough youth service.

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

When it is brought to my notice by the general practitioner or the field workers of the department, relatives or by others, that an aged or ill person can no longer manage to live by himself or herself or in the family setting satisfactorily (according to the standards of a civilised society), despite the domiciliary support we are able to give, and is unwilling to go to an appropriate institution such as a hospital or welfare home, the provisions of these Acts may need to be invoked. These Acts provide for the removal of persons to suitable premises when they are:

- (a) suffering from grave chronic disease, or being aged, infirm or physically incapacitated, are living in insanitary conditions, and are

- (b) unable to look after themselves and are not receiving proper care and attention from other persons.

Fortunately it is rare for such compulsory action to have to be taken, but during the year, in the space of eleven days during a cold spell at the beginning of December, three elderly ladies of middle class background had to be removed under the provisions of these Acts. (An Order under the Acts may be authorised by a single Justice of the Peace in emergency but any extension of the Order must be granted by a Court of Summary Jurisdiction).

Miss B, aged 83 died six days after admission to hospital from a condition unconnected with her removal.

Miss H, aged 75 was initially taken to a private old people's Home but was transferred to hospital following a variation of the Order and an extension by the Court of the first period of three weeks for a further period of three months.

Miss A, aged 88 was taken to hospital and the initial period of three weeks was extended for a further period of three months.

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 1969. At the end of the year there were three registered nursing homes in the borough and these provided a total of 70 beds for chronic sick and medical patients. None provided any maternity beds, but one of the registered homes may receive up to three persons for treatment for the termination of pregnancy in accordance with Section 1(3) of the Abortion Act, 1967, which provides that except in the case of urgent termination of pregnancy to save the life of or prevent gross permanent injury to the physical or mental health of the pregnant woman, termination of pregnancy must be carried out either in a National Health Service hospital or in a place approved for the purpose by the Secretary of State for Health and Social Services.

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 two 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 1380 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

258 candidates for appointment to the Council's staff were examined as to their fitness for employment. An additional 469 were accepted on completion of a medical history form, without actual examination.

148 newly appointed teachers and candidates for admission to teachers training colleges were medically examined as required by the Department of Education and Science. 244 teachers were considered fit upon completion of a medical history form, of whom 17 required medical examination, having regard to the details entered on the form.

HOSPITAL SERVICES

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

HospitalServices Available

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,
Adolescent, Orthodontic,
Rheumatology, Diabetic,
Dermatology, Ophthalmology,
Pathology, Chest Diseases,
Oral Surgery

Tolworth Hospital,
Red Lion Road,
Tolworth

Infectious Diseases,
Chest Diseases,
Geriatric

Surbiton General Hospital,
Ewell Road,
Surbiton

Medical, Surgical, Ear, Nose
and Throat, Fracture, Orthopaedic,
Genito-Urinary, Gynaecology,
Pathology, Psychiatric

PERSONAL HEALTH SERVICES (NATIONAL HEALTH SERVICE ACT, 1946)

<p>Later Section 21 of the National Health Service Act, 1946 requires local health authorities to provide, repair and maintain health centres.</p>	<p>and now to reduce health centres abolish</p>	<p>There are no health centres in the borough at present but groups of general practitioners have made approaches regarding the extension of two existing clinics to provide accommodation for them. Work is expected to start in 1950 on the extension at the Market Drive, Worcester Park Clinic, and it is hoped that the new accommodation will come into use early in 1951. Discussions are still in progress concerning details of the accommodation to be provided for the extension at the Hook Clinic at Gosbury Hill.</p>
<p>1949 Hook Clinic, which is situated in the town of Hook, is being replaced only one general practitioner has expressed an interest in accommodation there, plans are being made for the building of a clinic only at Hook hoped that work will commence early in 1951 and the clinic is being planned to facilitate possible expansion to a health centre in the future. St. Mary Church, York, is notified Sites are being sought for two further health centres, one in addition to replace South Place Clinic, and one in New Malden.</p>	<p>1949 Hook Clinic, which is situated in the town of Hook, is being replaced only one general practitioner has expressed an interest in accommodation there, plans are being made for the building of a clinic only at Hook hoped that work will commence early in 1951 and the clinic is being planned to facilitate possible expansion to a health centre in the future. St. Mary Church, York, is notified Sites are being sought for two further health centres, one in addition to replace South Place Clinic, and one in New Malden.</p>	<p>1949 Hook Clinic, which is situated in the town of Hook, is being replaced only one general practitioner has expressed an interest in accommodation there, plans are being made for the building of a clinic only at Hook hoped that work will commence early in 1951 and the clinic is being planned to facilitate possible expansion to a health centre in the future. St. Mary Church, York, is notified Sites are being sought for two further health centres, one in addition to replace South Place Clinic, and one in New Malden.</p>

Anti-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, midwives, health visitors, and most of them by midwives. The following table gives the details of the clinics, but the additional facilities provided at each of these clinics are not at the South London and Merton District Nurses' Home, at which 240 women made 2323 attendances, and 2223 attendances were made at ante-natal, post-natal and relaxation classes held at the clinics. It should be noted that the following figures are for the year ending 31st March 1950, and are not necessarily comparable with the figures for the year ending 31st March 1949, as the latter were for the year ending 31st March 1949, and the former for the year ending 31st March 1950. The figures for the year ending 31st March 1949 are given in parentheses.

These were, in addition, 193 sessions held by general practitioners to whose practices borough midwives are attached. There were 1666 attendances at these sessions.

PERSONAL HEALTH SERVICES (NATIONAL HEALTH SERVICE ACT, 1946)

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946 requires local health authorities to provide, equip and maintain health centres.

There are no health centres in the borough at present but groups of general practitioners have made approaches regarding the extension of two existing clinics to provide accommodation for them. Work is expected to start in 1970 on the extension at the Manor Drive, Worcester Park Clinic, and it is hoped that the new accommodation will come into use early in 1971. Discussions are still in progress concerning details of the accommodation to be provided in the extension at the Hook Clinic at Gosbury Hill.

Bedelsford School is being expanded and consequently Grange Road Clinic, which is situated in the same grounds, will need to be replaced. A suitable site has been earmarked in Hawks Road, but as only one general practitioner has expressed an interest in accommodation there, plans are being made for the building of a clinic only. It is hoped that work will commence early in 1971 and the clinic is being planned to facilitate possible expansion to a health centre in the future.

Sites are being sought for two further health centres, one in Surbiton to replace South Place Clinic, and one in New Malden.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-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, but in addition, midwives held 239 sessions at these clinics and at the Surbiton and Malden District Nurses Homes, at which 210 women made 572 attendances.

3223 attendances were made at ante-natal, mothercraft and relaxation classes held at the clinics listed.

There were, in addition, 193 sessions held by general practitioners to whose practices borough midwives are attached. There were 1666 attendances at these sessions.

Address of Clinic	Number of sessions held during the year	Number of women who attended		Total attendances
		Ante-Natal	Post-Natal	
Grange Road, Kingston	50	86	49	403
Acre Road, Kingston	49	91	36	390
Roselands, New Malden	49	81	25	332
Kingston Vale	-	-	-	-
Manor Drive, Worcester Park	37	14	19	131
South Place, Surbiton	49	51	23	421
Hamilton Avenue, Tolworth	-	-	-	-
Gosbury Hill, Hook	51	27	31	194
St. Mary's Church Hall, Chessington	-	-	-	-
Totals	285	350	183	1871

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. 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 above, 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 Fairmead Day Nursery, as follows:

Surbiton W.R.V.S.	Mon. Tues)	10.0 - 12 noon
154 Ewell Road	Thurs. Fri.)	2.0 - 4 p.m.
Kingston W.R.V.S.	Mon. Tues.)	10.45 - 4 p.m.
23a Fife Road	Thurs. Fri.)	10.45 - 12.45 p.m.
	Wednesday	
New Malden W.R.V.S.	Mon. Tues.)	10.0 - 12.30 p.m.
Blagdon Road	Thurs. Fri.)	2.0 - 4.30 p.m.
Tolworth	Monday	2.0 - 4 p.m.
Fairmead Day Nursery		
Ewell Road		

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	126	994	6173
Acre Road, Kingston	123	1050	4907
Kingston Vale	23	84	362
Roselands, New Malden	154	1168	4941
Manor Drive, Worcester Park	115	1021	3720
South Place, Surbiton	150	1023	4801
Hamilton Avenue, Tolworth	101	901	5839
Gosbury Hill, Hook	149	1037	4805
St. Mary's Church Hall, Chessington	51	302	1543
Totals	992	7580	37091

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

The following table shows the numbers of mothers and young children provided with the various forms of dental care and treatment during the year:

	<u>Children Aged 0-4 inclusive</u>	<u>Expectant and Nursing Mothers</u>
Inspected	440	51
Requiring Treatment	259	38
Offered Treatment	247	36
Treated	247	46
Visits for Treatment	621	121
Fillings	413	88
Teeth Filled	391	74
Teeth Extracted	84	9
General Anaesthetics	32	-
Patients X-rayed	5	20
Scalings and Gum Treatment	54	24
Teeth Otherwise Conserved	195	-
Completed Courses of Treatment	249	23
Dentures Provided: Full	-	1
Partial	-	1
Treatment Sessions	151	
	Combined	

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.

All children are under supervision by the medical staff of the department. During the year two nursery students completed their training and obtained the N.N.E.B. certificate.

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

Day Nursery	Number of approved places	Number on register at 31.12.69		Average daily attendance during the year		Number on waiting list at 31.12.69
		Under 2	Age 2-5	Under 2	Age 2-5	
Fairmead, Tolworth	42	12	33	7	29	39
Canbury Park, Kingston	46	10	40	9	29	62
Totals	88	22	73	16	58	101

Nurseries and Child-Minders Regulation Act, 1948

Following receipt of Circular 37/68 from the then Ministry of Health a comprehensive review was carried out in the borough of the day care facilities which were available for children under the age of five years. As a direct result of this the work of the health visitor has increased during the year because since November 1968 it has been necessary to register all persons who, for reward, care in their own homes for one or more children under the age of five for a total of two or more hours during the day. Much effort has been expended on the setting up of courses and the supervision of persons without qualifications who are engaged in child minding or who wish to register for this purpose. Frequently these are housewives whose experience is limited to bringing up their own children and as such they may have insufficient knowledge to equip them to look after other people's children.

During the past four years there has been an increasing demand within the borough for facilities for the day care of children, particularly for playgroups. This is not surprising as popular magazines, television programmes and articles in newspapers have repeatedly dealt



Registered Play Group

with various aspects of child development and the adverse effects that faulty upbringing can have upon a child in the critical formative years of life which are generally recognised to be the first five.

Owing to social and economic conditions more and more children are being looked after during their early years by persons other than their parents. Many other children attend playgroups for some part of the day because in the case of only children their parents are anxious for them to have opportunities to establish social relationships with other children and adults outside the home as well as gain experience in what one might call pre-school activities. When considering the registration of a playgroup the local health authority has to be satisfied that the environment meets with the requirements recommended by the Department of Health and Social Security, also that the persons involved in child care and the running of playgroups and nurseries have the knowledge, skill and aptitude necessary to deal with children of various ages placed under their care. Ideally the nursery nurse or nursery teacher is suited for this important role but in Kingston it was soon apparent that there were insufficient personnel with this type of training to meet the heavy demand for playgroups. As a result of this it was decided in September 1967 to launch courses for training playgroup leaders. The courses are arranged under the auspices of the Education and Health and Welfare Departments, lecturers being supplied by these departments. Attention is focused on the basic needs of young children, their emotional development and the necessity for them to be cared for in a stable but stimulating environment. Special emphasis is placed on caring for the handicapped child, the children with problems and the immigrant child.

Statistics

212 applications were made during the year

201 were approved

11 were not granted because of an unsatisfactory environment or the poor health of the applicant.

At the end of 1969 there were 50 registered premises providing 1079 places and 223 daily minders providing 518 places.

CHILDREN'S HOMES

The Children's Committee has five homes in the borough and one 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 1969 the Council accepted financial responsibility for 18 unmarried 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.

RECUPERATIVE HOLIDAYS FOR MOTHERS AND YOUNG CHILDREN

Holidays were arranged for 6 mothers with medical and social problems. They were accompanied by a total of 15 young children. Due to lack of holiday homes within the borough, all these families were accommodated in private boarding homes.

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.

Information about children remaining on this register at the age of five years is transferred to the school health records.

The total number of children on this register at 31st December 1969 was 3,333.

Of the 1,966 children born alive in the borough during 1969, 886 were added to the "at risk" register, a percentage of 45.1. Many children are taken off the register when it is established that their physical and mental development is normal and they are no longer considered to be "at risk". Children are also removed at the time of entry to school. The number removed in 1969 was 990.

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

Fifty-two babies were notified at birth as congenitally malformed. Of these, three were stillborn and five subsequently died, three of the deaths being a direct result of the abnormality notified, the malformation being a contributory cause of one death and the remaining baby died from other causes.

CONGENITAL MALFORMATIONS

Total Malformations Reported	Central Nervous System	Eye Ear	Alimentary System	Heart and Great Vessels
72 (52 children)	4 (3 children)	1 (1 child)	12 (9 children)	5 (5 children)
	1 Microcephalus	1 Specified Abnormality of Ears	1 Oesophageal Atresia	1 Ventricular Septal Defect
	1 Spina Bifida		2 Cleft Lip	2 Multiple Malformations of Heart and Great Vessels
	1 Spina Bifida and Hydrocephalus		3 Cleft Lip and Cleft Palate	2 Unspecified Malformations of Heart and Great Vessels
			1 Hiatus Hernia	
			1 Tongue-tie	
			1 Rectal and Anal Atresia	

CONGENITAL MALFORMATIONS

Respiratory System	Urogenital System	Limbs	Other Skeletal	Other Systems	Other Malformations
1 (1 child) 1 Malformation of Diaphragm	12 (12 children) 2 Hydrocele 7 Hypospadias 1 Bilateral Hydro-nephrosis 1 Horse shoe Kidney	31 (28 children) 2 Polydactyly 3 Syndactyly 1 Reduction Deformity 13 Talipes 5 Congenital Dislocation of Hip 1 Wrist Deformity and Talipes 1 Hypoplastic Achilles Tendon 1 Talipes and Deformity of Legs 1 Talipes and Bowed Right Leg	5 (4 children) 1 Sacral Tumour 1 Pierre Robin Syndrome 1 Cranio-stenosis 1 Malformation of Skull and Facial Bones, Sternum and Ribs	Nil	1 (1 child) 1 Down's Syndrome (Mongolism)

MIDWIFERY SERVICE

Mothers confined at home were cared for by six full-time midwives, three other full-time staff who devoted part of their time to home nursing, and three part-time district midwives. 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 232 babies born to Kingston residents, and cared for a further 491 mothers who were discharged from hospitals within ten days after confinement. They summoned medical aid in 58 cases.

During the year 1,228 births to Kingston residents took place in institutions, so that the domiciliary midwives dealt with 11.8 per cent of all births occurring.

The pattern of the midwifery service has changed considerably during this decade.

Ten years ago it was not possible for certain mothers to have a hospital confinement. Now the bed allocation has been increased and many more patients are accepted for institutional delivery with early discharge if the medical and social conditions are suitable. All patients requesting an early discharge are seen and assessed by the domiciliary midwives. They are nursed by them when discharged home 48 hours after delivery.

Liaison with Hospitals

The Health Services and Public Health Act, 1968 makes it legal for midwives employed by the local authority to go into the hospital to deliver patients, and during the year there have been discussions with hospital staff at Kingston Hospital aimed at a closer integration of the service.

Training

Student midwives taking Part II midwifery training at Kingston Hospital and Woking Maternity Hospital are accepted for training in this authority, which is approved as a training centre by the Central Midwives Board.

During the year 20 student midwives were trained in the borough under the new Community Care Training Scheme. They received lectures from the deputy medical officer of health, supervisor of midwives and other staff of the Health and Welfare Department.

Group Attachment

Three full-time midwives and one district nurse/midwife are fully attached to general practices in the borough. They all attend the doctors' ante-natal sessions and also attend the patients having home confinements in each practice area.

The only difficulty arising in this working arrangement with the doctors was that the doctors have patients who are booked on the outskirts of the boroughs where the midwives were not authorised to practise, but the provisions of the Health Services and Public Health Act 1968 now enable this difficulty to be overcome and detailed discussions are taking place.

Guthrie Testing for Phenylketonuria (PKU)

This department acts as a collecting centre for this test. The domiciliary midwives are responsible for the taking of the specimen of all babies born at home and also for the infants discharged home at 48 hours following delivery in hospital.

The specimens are taken by the midwives on the sixth day of life. The sample is then sent to the Regional Infant Screening Service at Queen Mary's Hospital, Carshalton. When results are received from the hospital the health visitors are informed and the child's records entered accordingly.

HOME NURSING

At the end of December 1969 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, 24 full-time and 14 part-time home nurses, 3 full-time persons who shared their time between the home nursing and midwifery services, and one full-time and 4 part-time nursing auxiliaries.

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

Once again the year has shown a sharp increase in both the number of patients and visits paid by the district nursing staff. These visits are mainly to geriatric patients and to the younger chronic sick who are often in need of nursing care.

Altogether 2348 persons were nursed during 1969, involving a total of 104,015 visits. These numbers show increases of 124 and 10,879 respectively over the corresponding figures for 1968. More cases are being referred by general practitioners, especially those practices to which district nurses have been attached.

Group Attachment

Eight district nurses, including two state enrolled nurses and two nursing auxiliaries, are now working in full attachment with the general practitioners, and there were six such schemes in operation at the end of the year. All the schemes appear to be satisfactory and create a mutual understanding between the general practitioner and the nurse, which is for the ultimate benefit of the patients.

When the general practitioners are working in single practice the policy is to provide district nursing teams which will include a trained district nurse, a state enrolled nurse and nursing auxiliaries. These teams will cover a geographical area, caring for the patients within the single practice.

Accommodation for the Nursing Staff in Chamberlain Way

The Council have built houses and flats for six members of the staff, which includes two houses for married nurses who have families, and four two-bedroom flatlets for single nurses, each unit having a separate garage.

This major building scheme had been envisaged for many years by the Surbiton Nursing Association when they purchased the land after the war. It has been a tremendous help in the recruitment of suitable staff.

The nurses who occupy this accommodation express their appreciation to the Council.



New Accommodation for Nurses, Chamberlain Way

Late Night Nursing Visits

Early in the year it became evident that this service was essential to complement the Marie Curie Night Service.

Two Queen's trained nurses were appointed on a part-time basis. They work later in the evenings, approximately 8 to 11 p.m. Their duties include visiting terminal patients who require late night sedation, also to give nursing care and settle the patients for the night. This service gives extra support to families who wish to care for their relatives in their own homes.

The Marie Curie Night Nursing Service has been used consistently throughout the year, and served 15 patients. This is a voluntary organisation for the welfare of the cancer patient, and reimburses the Council for the cost of providing night nursing for such patients.

District Nurse Training

Training for the National Certificate in District Nursing has been continued in conjunction with Surrey County Council.

The three weeks theoretical training is taken at Ewell Technical College, then practical nursing experience in the Kingston area. Five nurses were trained during 1969.

Informal discussions have taken place with the staff of Kingston Hospital on a revision in the General Nursing Council syllabus for training, which is expected to commence in 1971.

Disposable Equipment

Disposable equipment is now available for use when possible. This provided a higher standard of sterility than the previous method of boiling equipment in the home.

HEALTH VISITING

During 1969 the work of the health visitor has increased mainly in her capacities as family adviser and supervisor of registered play groups and daily minders. The family advice service has undoubtedly developed because of the improved relationship between the health visitors and the general practitioners. The reasons for the increase in play group supervision are dealt with elsewhere.

In the borough three methods of co-operating with general practitioners are practised:

1. One health visitor is fully attached to a group practice. This means that although she has a geographical area of her own it is smaller than normal, so that she is able in addition to visit patients of the group practice anywhere in the borough.
2. Six health visitors are in liaison with group practices. This means that each health visitor is responsible for a geographical area of traditional size, but also has a formal arrangement for contact with specified general practitioners at whose request she visits patients within her area; patients living in other areas are referred to the appropriate health visitor.
3. Other health visitors have no set time for meeting general practitioners, but have an understanding for the ready exchange of information for the benefit of the patient.

In serving the public, health visitors are aware that the most important person is the patient, and they find that the improved link between themselves and the general practitioners has brought benefit to the family unit. For example, in the past a health visitor might have visited a home to advise on the care of the mother and her baby without being aware of domestic stress arising from, say, a family history of mental or physical illness. Today, the family is advised as a unit.

The health visitor is unique in her job as she is the only worker in the field who visits normal families. Her training enables

her to recognise at an early stage any deviation from the normal and when she meets this she can put her preventive skills to work, both in the social and physical fields.

Wherever possible the health visitors try to integrate the elderly into the community and thus encourage community care. Many elderly people do valuable voluntary work at our clinics and others will often visit the less mobile elderly in their own homes. Facilities are available in four of the borough clinics for the over sixties to attend for a full health examination. This is done with the co-operation of the general practitioner, who receives a detailed report of the health examination. If further investigations or treatments are required these are arranged by the general practitioner. We endeavour to make our health advisory clinics for the elderly as sociable as possible. Tea and biscuits are provided, informal discussion is encouraged and short health education films are shown.

It is hoped that this encouragement of preventive and community care will relieve some of the stresses and strains of growing old.

The health visitor has an important role also in the field of health education. For this she has two aims. She tries to influence a group of people to adopt certain attitudes by increasing their knowledge and awareness. She also tries to interest groups of people in contributing to the welfare of the community by discussion and suggestions as to how they as a group can give help. For instance, the mothers at one mothers' club may decide to provide transport for some elderly people to attend their luncheon clubs or they may organise a non-profit making baby sitting service, or a "mother's free day's shopping" circle. They may organise children's outings or entertainment for the elderly, or have jumble sales and raffles to help a charity.

Health education in a more specific way is given to ante-natal women by preparing them for confinement and their new role as mothers. Thus problems which often used to accompany the arrival of a first born are prevented from arising.

The services of health visitors are being used increasingly in schools for the purpose of health education. Some give talks and demonstrations in secondary schools and also in primary schools. Some provide a full syllabus of weekly lessons on such subjects as "Human Biology" and "The Family and Society", while others give a

Tetanus	1179	2926
Polio	1364	2557
Measles	1296	-

series of six to ten lessons or even a single talk on a particular subject such as "Mothercraft" for school leavers, "Child Care", "First Aid", "Home Nursing", "Care of the Teeth". These periods are popular with the children and every effort is made to capture their interest by a practical approach. The senior girls spend a few sessions with the health visitor at a baby clinic or a mothers' club, so that they can be taught child development from observation. Those who show particular interest are allowed to spend a day or two at a day nursery. Health visitors also seek to interest the more senior boys and girls in helping the elderly and in one or two instances arrangements have been made with the co-operation of the heads of secondary schools to run a shopping and visiting service.

VACCINATION AND IMMUNISATION

The acceptance rate by parents for vaccination and immunisation is reasonable in the borough. There was a further fall in the number of primary vaccinations and immunisations recorded, but this was partly due to a fall in the number of births. Mainly, these reductions in the recorded figures relating to primary immunisation are due to a change in the immunisation programme schedules, effective from December 1968, whereby primary immunisation is not commenced until the sixth month of life, whereas previously it commenced during the third month. Consequently these courses of immunisation are not now completed until the babies are a year old.

Tetanus and poliomyelitis booster immunisations are now offered at the time of leaving school instead of at eight years of age. As the Department of Health and Social Security does not require to be informed of the numbers of these boosters where the persons are over sixteen years of age, such immunisations are not recorded. This accounts for the numbers shown being lower than the corresponding figures for 1968.

Smallpox (under 16 years)

Age at time of vaccination	Total numbers		Complications Reported
	Vaccinated	Revaccinated	
0 - 3 months	11	-	-
3 - 6 months	14	-	-
6 - 9 months	11	-	-
9 - 12 months	22	-	-
1 year	857	1	1
2 - 4 years	165	37	-
5 - 15 years	49	265	-
Totals	1129	303	1

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

	Complete Primary Course	Boosters
Diphtheria only	4	33
Whooping Cough only	-	-
Tetanus only	168	95
Combined Diphtheria and Whooping Cough	-	-
Combined Diphtheria and Tetanus	129	1696
Combined Diphtheria, Whooping Cough and Tetanus	882	1135
Poliomyelitis only *	1364	2557
Quadruple	-	-
Measles	1296	-

*These figures include 9 primary courses of SALK (injection) vaccine and 11 booster injections of SALK, the rest being oral type SABIN vaccine.

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

	Primary Course	Booster
Diphtheria	1015	2864
Whooping Cough	882	1135
Tetanus	1179	2926
Poliomyelitis	1364	2557
Measles	1296	-

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 21s.0d. is charged for the vaccination. During 1969, 1322 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 1967			Children born in 1968			Smallpox (Children under 2) (7)
	Whooping Cough (1)	Diph- theria (2)	Polio- myelitis (3)	Whooping Cough (4)	Diph- theria (5)	Polio- myelitis (6)	
England and Wales	81	83	80	66	67	65	31
Kingston upon Thames	83	86	84	70	74	72	43

The figures in columns (1) to (6) are calculated to show the percentage of children born in 1967 and 1968 who have been vaccinated at any time.

Column (7) includes only children who were vaccinated during 1969 and were under two years old at the time, and is calculated as a percentage of children born during 1968. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

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

Family Casework Team

This year the team have worked with 76 of the 204 families on the "at risk" register besides a number of other families with less threatening problems. We have again had many occasions to be grateful to various statutory and voluntary agencies, both local and national, and private firms for their co-operation and generosity in the work we have tried to do with the families. One instance of this can be illustrated by the case of an unsupported mother with three school age daughters. This woman had accumulated an extremely large debt to the Electricity Board and as a result her supply had been disconnected. Her income was so low it was impossible for her to find more than a small sum towards the arrears but money was raised from local and national voluntary agencies to assist her and after consideration of the social worker's written appeal the Electricity Board agreed to reconnect the supply and to install a pre-payment meter calibrated to collect a sum each week off the balance of the account. In this case there was also liaison between the family caseworker, the Children's Department and the Education Welfare Department in an attempt to ensure that should there be any real evidence of the children being in danger immediate action would be taken.

Although assisting with practical problems the team are primarily concerned with helping clients with their emotional problems. This may involve a degree of marital casework, child guidance, or even casework with clients who have milder forms of mental illness such as chronic depression or anxiety states. Wherever possible the opinion, advice, guidance and support of the specialists in these fields is sought.

A number of unmarried mothers are being assisted, and this year practical help was given to a young woman from Australia who had come to England to join the putative father of her child, only to find on arrival at the airport a letter from the man declining any responsibility for her or the child. By a technicality she was able to claim British citizenship and for some time was unable to consider returning to her home and leaving her friends in Kingston who had given her accommodation on an emergency basis. However, with help from the caseworker, which involved frequent and intensive visiting, she was able to face the reality of her situation and came to recognise that she

would make a more satisfactory life for herself and her child with her own family and friends in Australia. There was close liaison in this case with the International Social Service, the National Council for the Unmarried Mother and Her Child and the Department of Health and Social Security. The International Social Service obtained the help of a social worker in the Department of Health in Australia and, together with the Kingston Branch of the Department of Health and Social Security, the National Council for the Unmarried Mother and Her Child and the Buttle Trust, helped with the financial aspects of the homeward voyage.

This year the team were impressed by the remarkably generous response to the appeals they made through schools, clinics and churches for toys for Christmas. We appreciate the generosity not only of the givers of the toys but also of those who organised the collecting of them. We understand that some individuals were even enthusiastic enough to organise house to house collections. This, we felt, shows as evidence of a community spirit in Kingston which is perhaps not utilised as much as it should be. The gifts were very warmly received by the children and it would no doubt give great pleasure to the donors if they could see as we do how these things are treasured not only for themselves but for the interest of the community they symbolise.

Of the 204 families included on the register of families "at risk", 99 - almost half - are living in the vicinity of Norbiton, either on the Norbiton Estate, in the new Cambridge Road development, or in the adjacent streets of older dwellings. This high concentration of families functioning less than satisfactorily presents a major problem to all the health, educational and social services, whose work is limited because of the below average standards generally accepted in the area. It is wondered whether the services are too remote and are failing to be used to the full by large numbers of those who most need them - the socially isolated, depressed, anxious, inarticulate and sometimes obstructive families who continue to react to offers of help with withdrawal. It is feared that human potential is being wasted on a large scale.

It is considered that the family casework service might be more effective if it was located in this area, where at present social services are scanty in spite of the concentration of need. The influx of families into the Cambridge Road development is likely to increase the need for some kind of family advice centre which schools, doctors, health visitors and other social workers can use when appropriate to bridge the gap between services and needs.

Experiments in other parts of Britain show how a small group of social workers who locate themselves inexpensively in a council house or similar accommodation in the centre of a high need area, by becoming trusted by the community and readily accessible, can reach out to the most withdrawn families and encourage them to be more responsive to those offering help. The community social worker is essentially a catalyst, encouraging members of the community to help each other through crises and to join together in co-operating with services available. He hopes to make himself unobtrusive, capitalising on the tradition of self-reliance which has been whittled down by the increasingly complex apparatus of the Welfare State.

Crucial to the success of these projects is an accessible unit based in the area of need. The social workers are then on the spot to encourage parents to work together in providing facilities for themselves and their children. In this way social workers are best placed to channel the voluntary help from the wider community which it is hoped will play an important part in the future in providing personal help to families under pressure.

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 1969, 38 cases were notified in the borough and of these, 31 were pulmonary and 7 non-pulmonary.

The 31 pulmonary cases were in the undermentioned stages of the disease:

A.	or Tuberculosis - (sputum negative)	13
B.1	or Tuberculosis + (early cases, sputum positive)	5
B.2	or Tuberculosis + (intermediate cases, sputum positive)	9
B.3	or Tuberculosis + (advanced cases, sputum positive)	4

The non-pulmonary cases were:

- 1 Tuberculous Mediastinal glands
- 1 Tuberculous glands of neck

- 1 Tuberculous spine
- 1 Tuberculous kidney
- 1 Tuberculous breast
- 1 Tuberculous cervical lymph node
- 1 Tuberculous skin (leg)

On 1st January 1969 there were 388 cases on the register and at the end of the year this figure had decreased to 363.

	Pulmonary	Non-Pulmonary	Total
Males	188	12	200
Females	138	25	163
Totals	326	37	363

The following tables show the work undertaken by the Chest Clinic at Kingston Hospital during 1969, insofar as it affects patients resident in the borough:

Number of Chest Clinic sessions held 401

Number of attendances:

New patients 910

Old patients 3641

Total 4551

Average attendances per session 11

Tuberculin Tests and B.C.G. Vaccinations

	Contacts	School children and Students	Others
Skin tested	189	26	37
Found positive	30	-	8
Found negative	52	3	5
Vaccinated	61	2	2

There were six deaths from pulmonary tuberculosis and four from non-pulmonary tuberculosis during the year. The following table shows comparative figures of notified cases and deaths for the years 1961-1969 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
1967	46	1	47	2	1	3
1968	35	4	39	2	1	3
1969	31	7	38	6	4	10

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 1969, 41 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.

The Manor Drive,
Worcester Park S

Cases found to be suffering
Wednesdays 12 noon

Appointments: Phone 337 0246

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
Respira- tory Tubercu- losis	M	-	-	-	3	2	1	1	2	6	15	-	-	-	-	-	-	1	-	2	3
	F	-	1	-	1	5	4	1	2	2	16	-	-	-	-	-	-	-	-	3	3
	T	-	1	-	4	7	5	2	4	8	31	-	-	-	-	-	-	1	-	5	6
Non Res- piratory Tubercu- losis	M	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	3	3
	F	-	-	-	2	-	1	-	2	1	6	-	-	-	-	-	-	-	1	-	1
	T	-	-	-	2	-	1	-	2	2	7	-	-	-	-	-	-	-	1	3	4

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			13,747
Cases found to be suffering from tuberculosis	10	8	18
Cases found to be suffering from lung cancer	7	2	9

Recuperative Holidays

Patients are sent for recuperative holidays upon the recommendation of their general practitioners or hospital consultants, and during the year 45 recommendations were received, of which 37 came from general practitioners. 31 patients subsequently accepted the arrangements made for their recuperative holidays but one returned home before the expiry of the booked period.

FAMILY PLANNING

The Council made clinic premises available free of charge to the South West London branch of the Family Planning Association, and reimbursed payments on a per capita basis for cases advised and treated on medical/social grounds, making the service free to such persons.

During the year a total of 716 doctor sessions were held which were attended by 1,387 new patients. Altogether there was a total of 11,568 clinic attendances.

Details of Family Planning Clinics currently being held are as follows:

Roselands, 163 Kingston Road, New Malden	Alternate Mondays, Tuesdays and Thursdays	6.30 to 7.30 p.m.
---	--	-------------------

Appointments: Phone 942 0734

South Place, Surbiton	Mondays, Wednesday and Thursdays Fridays	6.30 to 7.30 p.m. 9.30 to 10.30 a.m.
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Appointments: Phone 399 8898

204 Acre Road, Kingston	Wednesdays and Alternate Thursdays	7 to 8 p.m.
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Appointments: Phone 546 5812

1 Gosbury Hill, Hook, Chessington	Tuesdays and Thursdays	7 to 8 p.m.
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Appointments: Phone 397 5737

The Manor Drive, Worcester Park	Wednesdays	10 a.m. to 12 noon
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Appointments: Phone 337 0246

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 685 loans of nursing equipment were made during the year and the following table gives the details:

	Number on Inven- tories	Total Loans During 1969	Periods for which loans were made		
			Under 3 mths	3 - 6 months	Over 6 mths
Air Beds	2	1	1	-	-
Air Bellows	3	-	-	-	-
Air Rings	28	55	40	8	2
Bed Rests	24	58	44	9	5
Perfection Bed Pans	24	80	64	9	6
Bed Tables/Trays	12	7	5	1	1
Invalid Chairs, Push Type	38	82	65	7	6
Invalid Chairs, self- propelling	9	42	49	6	6
Commodore	44	149	110	25	13
Cradles	12	67	47	11	6
Crutches, pairs	18	31	23	5	-
Douche Cans	5	-	-	-	-
Feeding Cups	10	4	3	1	-
Inhalers	7	-	-	-	-
Mackintosh Sheets (draw)	16	6	6	-	-
Mackintosh Sheets (long)	20	16	13	1	1
Male Urinals	21	30	20	5	5
Female Urinals	8	4	2	1	-
Walking Frames	10	17	10	-	6
Walking Aids (tripod)	6	10	5	2	-

In addition there were 26 loans of articles not on the inventories. These were:

Walking sticks	18	Carrying chair	1
Bed blocks	3	Bath seats	3
Heat lamp	1		

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. Under the direct scheme patients receive treatment from the 'approved' chiropodist of their choice in his own surgery. As at 30th September 1969, 22 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	2621	809	3430
Expectant mothers	1	-	1
Physically handicapped, under 65	44	-	44
Blind, under 65	5	-	5
Totals	2671	809	3480

NOTE: Deletions during this time due to persons having died or leaving the district total 238.

B. Treatments given during the year

	Local Authority	Voluntary Organisations	Total
In clinics	-	3773	3773
In patients' homes	3370	200	3570
In old people's homes	671	-	671
In chiropodists' surgeries	9626	-	9626
Totals	13667	3973	17640

These figures show a 10 $\frac{1}{4}$ % increase in the number of persons treated over 1968.

HOME HELP SERVICE

The Home Help Service is provided to meet the needs of people who for various reasons such as home confinement, sickness or 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, and at 31st December 1969 there were 69 home helps, equivalent to 35 full time staff. During the year, 46 home helps left the service and 43 were recruited.

These recruitment difficulties have resulted in heavy pressure on existing staff which has in some instances proved inadequate to meet the demands on the service.

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	734
Chronic sick and tuberculous	46
Mentally disordered	8
Maternity cases	95
Others	81
Total :	<u>964</u>

The total number of hours devoted to patients by the home help service was 65,607.

Two in-service training courses for home helps were held during the year. Each was attended by eleven home helps, and proved both interesting and successful. The home helps were given an insight into the other services available to those they help and were able to appreciate the relative points of their own service in the general scheme, in addition to practical advice and demonstrations, aimed at assisting them in the performance of their own duties.

MENTAL HEALTH SERVICES

The services provided by a community for its handicapped members can be said to act as a yardstick to the true success of that community. The mentally disordered must form one of the largest groups of the handicapped, with national statistics pointing to the fact that during their life one in nine women and one in fourteen men will spend a period of hospitalisation in a psychiatric unit. Hence, the mental health facilities which are now provided and those which are planned for the future, must be a measure of the true success of the community in which we live.

Mental Health Social Workers/Mental Welfare Officers

A mental welfare officer is the social worker of the Mental Health Service. This highly specialised section of the local authority Health and Welfare Department is under the guidance and direction of the Medical Officer of Health, his Deputy and the Principal Mental Welfare Officer. Dr. J. S. Bearcroft, Consultant Psychiatrist from Long Grove Hospital serves as a co-opted member of the Health and Welfare Committee and acts as psychiatric adviser to the Health and Welfare Department and assists in the appointment of mental health staff.

The duties of a mental welfare officer demand social work skills together with embracing a knowledge of psychiatric disorders, psychological medicine, and the sociological factors of everyday life. Their function is the pre-care and aftercare of those suffering from a mental disorder with the aim of helping those people to realise and define their problems which can be emotional, financial, domestic, or difficulties of employment, with a view either to solving or helping them to come to terms with their difficulties. They also have statutory duties as defined under the Mental Health Act 1959 (under which a total of 113 mentally ill patients were admitted to hospital: 42 informally and the remainder under the procedures for compulsory admission).

This work involves close liaison with general practitioners, consultant psychiatrists and all other social work agencies, plus visits to out-patient clinics at Kingston Hospital, and attendance at ward rounds at Kingston and Long Grove Hospitals.

The establishment of the section consists of a Principal Mental Welfare Officer, his deputy and seven mental health social workers. The section went through a lean period during 1969 with regard to staffing. This situation is reflected in a lower number of

referrals to the department by general practitioners and consultant psychiatrists, who, being aware of the situation, referred in the main only cases of an urgent nature, hence fewer domiciliary visits were made.

However by November a new Principal Mental Welfare Officer had been appointed and five mental health social workers were in post, including one seconded to a two-year social work training course, and in 1970 it is expected that a comprehensive service can once more be offered.

Hostel Accommodation

During the year financial responsibility was accepted by the authority for five mentally ill patients placed in hostels:

	<u>Male</u>	<u>Female</u>
Cheshire Foundation	-	1
Mental Aftercare Association	-	3
National Society for Epileptics	-	1

Blagdon Road Day Centre

The function of this Day Centre is the social rehabilitation of the mentally ill. The term 'social rehabilitation' covers the complete spectrum of relationships and roles a person has to develop if total reassimilation into the community is to be achieved, from the establishment of relationships within the family group to the successful placement into employment. A percentage of those attending the centre will cover the above spectrum completely, the remainder will only be able to achieve a proportion of it.

The aim is to enable each and every patient to recognise and develop their full potential.

The centre is seen as a bridge between the hospital and the community, enabling patients to establish relationships in a sheltered environment away from the day to day pressures of the outside world. It offers the opportunity to re-establish a role in a limited social system together with creating a feeling of worth, vital for those having experienced a mental illness.

In September light assembly work was made available to the members of the centre, thus offering a simulated work situation for

those intending to return to the field of employment. This, together with the exercise of self-catering with regard to the mid-day meal, and the various individual craft work and group activities, thus provides the members with the range of situations and challenges that they need to meet if full recovery is to be achieved.

During 1969 fifty-one persons were admitted to the centre, the majority of referrals coming from Kingston Hospital Psychiatric Unit, Day Hospital and out-patients clinics. Throughout the year, seventeen patients returned to employment, five to household duties and three were referred to Government Training Centres. Close liaison with the local Disabled Resettlement Officer of the Department of Employment and Productivity was extremely valuable with regard to the placement of these patients.

Seven patients returned to the hospital psychiatric unit and four to the day hospital. In addition, nine patients ceased to attend of their own accord and were followed up by mental health social workers.

These figures point to the undoubted success of the unit and certainly justify the building of a new day centre when the site on which the existing temporary building is used for another development by the authority.

Social Club

The Horizon Social Club, which is held at the Blagdon Road Day Centre each Friday evening continues to thrive. A committee of patients, with a co-opted mental health social worker as adviser, plan the programme and have for the first time introduced an opinion poll with regard to the programme content, thus enabling them to provide activities in line with the needs and wishes of the members. The secondhand clothing store established last year by the members for families in financial need has proved most valuable.

Community interest in the club continues with the Kingston Rotary Club inviting the members' children to a Christmas party, and the Surbiton Women's Guild (Evening Branch) donated £22.

MENTAL SUBNORMALITY

By 31st December 1969, 444 mentally subnormal persons were known to the Mental Health Section, 207 were in hospitals for the subnormal and 237 were living in the community. Of the latter number, 98 attended the Kingston Training Centre at Dukes Avenue, Kingston.

This centre is a purpose built unit and contains a special care unit for severely retarded physically handicapped children, a junior training centre and an adult centre and workshops for those over 16 years.

The Special Care Unit offers twelve places for severely subnormal children who also suffer from physical handicaps and hence present special problems with regard to care. Whilst in the unit the children receive nursing care, and where necessary, physiotherapy and speech therapy. The advantages to a child who attends this unit are twofold: firstly, this type of care offers early training and continued assessment and secondly, the child's family is relieved of the severe burden of the day to day care that a child of this type presents.

Junior Training Centre. The purpose of a junior training centre is to bring each severely subnormal child up to its optimum level of functioning by scientific methods of teaching so that in adult life the greatest possible degree of independence will be achieved. The Kingston Junior Training Centre offers a high teacher/pupil ratio, allowing the children intensive supervision, following the reorganisation of the centre last year. The pre-school class, also brought into operation last year, has been most successful, enabling admission of children between the ages of 3 and 5 years with results achieved, endorsing the idea that the earlier these children receive systematic training the quicker they develop.

Adult Training Centre and Workshop. The pattern of work at the adult training centre comes under two headings:

- (i) Light assembly work - obtained from local industry.
- (ii) Social training. It has been shown that the failure of a subnormal in gainful employment is as much due to his failure in the social sense as it is to his limited intelligence. Hence the essential balance between (i) and (ii) is aimed at within the centre with a view to helping each handicapped person to achieve the greatest degree of independence of which they are capable.

Social Activities

Both the children and the adults who attend the training centre enjoy a variety of social activities. These have included visits to Chessington Zoo, Wembley Stadium Ice Show, Kingston Museum, an outing on the River Thames, an outing to the Salvation Army Playing Fields and a display at the Kingston Fire Station. Two very successful visits were also made to the motor vessel AKAROA of the Shaw Savill and Albion Co. Ltd. This is the ship of which the crew pay special interest with regard to the centre. All who attended thoroughly enjoyed themselves.

The Christmas activities were a resounding success with a nativity play presented by the children, which was well attended by parents and officials of the Council.

The juniors were provided with a Christmas party and judging from the sounds of laughter and merrymaking throughout the centre they and their parents certainly enjoyed themselves.

The adult trainees held a Christmas social evening and danced to the music of a 'pop' group. Here too the interest of the parents was very much in evidence.

Voluntary Help

Once more the centre has been very fortunate in receiving a number of gifts of toys, money and equipment. St. Mary's Teacher Training College, Twickenham, donated £200 to the centre. This was used to purchase amplifying equipment for the centre. Ham Football Club also donated £50.

Boys from the Latchmere House Detention Centre have continued to show an interest in the training centre and have made a valuable contribution to it by their attendance.

The local branch of the National Society for Mentally Handicapped Children has also continued its close links with the centre.

Pirates Spring

Thirty-four juniors and adults from the centre, including six from Richmond and one from Merton, were accompanied by staff from the

centre to the National Association for Mentally Handicapped Children Holiday Centre at Pirates Spring, Dymchurch. They were very fortunate with the weather and all reports point to a most successful holiday.

Residential Care

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

	<u>Male</u>	<u>Female</u>
Holmbush (private Home for subnormals)	2	-
St. Teresa's Convent	-	3
The Guardianship Society	-	2
Privately boarded out	-	1

I should like to express my thanks to Dr. D.S. Sharpe, Acting Physician Superintendent at Botleys Park Hospital, and to Dr. B.H. Kirman, Consultant Psychiatrist at Queen Mary's Hospital for Children, Carshalton, for their help in the assessment and placement of urgent cases.

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The local branch of the National Society for Mentally Handicapped Children has also continued its close links with the centre.

Pirates Spring

Thirty-four boys and adults from the centre, including six from Richmond and one from Hexton, were accompanied by staff from the centre to Pirates Spring for a holiday. The boys (1) needed to be escorted by staff and the adults (1) needed to be escorted by staff. The holiday was a most successful one and the boys enjoyed it very much. The adults also enjoyed it very much.

REPORT ON THE WELFARE SERVICES

F.J. Neacock, M.I.S.W., Chief Welfare Officer

Introduction

I am pleased to submit this annual report upon the development of the welfare services in the Royal Borough of Kingston upon Thames, particularly during the year ended 31st December 1969. I have endeavoured to outline the main objectives and to make an appraisal of some of the services.

The basis of future development is of course the "Ten Year Plan for the Development of Welfare Services of the Borough", which was submitted to the Ministry of Health in accordance with Circular 14/68, and which has been the subject of revision during the past three years.

Reference was made in last year's report to the limitations imposed on the development of the welfare services in the borough, as a result of the Government's economic policy. This continued throughout the year under review and the development has been within strict limits.

WELFARE SERVICES

I hope the information produced will give some indication of the importance of the welfare services and I would like to thank members of the staff for their contribution during the year under review.

WELFARE OF THE ELDERLY

In view of the limited number of beds available for Part III accommodation, every effort has been made to supply as many of the domiciliary services as possible in order to relieve the pressure and demand for vacancies in the welfare homes.

The demand for places has been as great as in previous years and this will undoubtedly continue in view of the expected increase in the aged population in the years to come. Some progress has been made but the situation which nationally gives cause for concern and apprehension as the population progressively ages is the provision of more and better old people's homes. The first line of defence is the provision of the necessary care and attention in the old person's own home, before he or she has progressed to a condition where care and attention in an old people's home is necessary. It is the independence of the individual

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80 - 90
90 plus

61
10

Total: 131

which is the priceless asset and it is the guarding of this in their own homes that will keep the elderly happier.

The right time for residential care to be provided is when domiciliary care no longer meets the individual's needs. There is no doubt that when persons are admitted they will live longer but will become frailer and less able to attend to their own needs.

Residential Accommodation

The accommodation available remains at 165 places plus 38 places at Kingsmead, Richmond, throughout the year and no further accommodation will be ready until the new purpose built home for 50 residents at Kingston is occupied in the early part of 1970. The capital building programme for residential homes provides for an extension to Fircroft, Surbiton, for an additional 24 places in 1970/71, and a new purpose built home for 50 places in 1971/72. The site of this home is likely to be in the Alpha Road redevelopment area.

The very limited mobility of an increasing number of residents presents a problem in filling vacancies in homes without lifts, and new homes when completed will have lifts installed, which will greatly ease this problem.

There is a tendency for admissions from hospital and from persons living alone to rise in comparison with those admitted from homes of relatives. This means that support for relatives caring for the aged comes increasingly from the domiciliary services. Short stay admissions have been arranged and it is hoped to increase these considerably when new homes are available.

When admitted, every effort is made to see that the old persons have every care and attention and facilities for chiropody, hairdressing and social entertainment.

Waiting List

I reported last year that the waiting list of persons requiring residential accommodation at 31st December 1968 was 26 men and 86 women. At 31st December 1969 the number of persons on the waiting list was 34 men and 97 women, an increase of 17 per cent.

Admissions

The following admissions were made during the year:

	<u>1969</u>		<u>1968</u>	
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>
Homes administered by the Borough	4	28	7	48
Other local authority homes	1	11	2	8
Voluntary homes	<u>13</u>	<u>16</u>	<u>5</u>	<u>7</u>
	<u>18</u>	<u>55</u>	<u>14</u>	<u>63</u>

Of these admissions during the year, 4 men and 16 women were on the waiting list prior to the 1st January 1969.

Length of Time on the Waiting List
as at 31.12.69

<u>Time</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under 6 months	8	25	33
7 - 12 months	7	18	25
13 - 18 months	8	14	22
19 - 24 months	2	6	8
25 - 30 months	2	8	10
Over 30 months	7	26	33
Totals	34	97	131

Age Groups of Persons on Waiting List

Under 65	2
65 - 70	11
70 - 80	47
80 - 90	61
90 plus	10
	<u>Total: 131</u>

Short Stay Accommodation

The need is recognised to provide short stay accommodation for elderly and infirm persons who do not require permanent accommodation, but need to be cared for for short periods, whether because of domestic difficulties in the household in which they normally reside or to allow the relations who are looking after them to have a holiday which would not otherwise be possible. The demands for this facility have continued and in addition to the permanent admissions, 56 elderly persons were admitted for holiday or short stay periods.

	1968		1969	
	Men	Women	Men	Women
Homes administered by the borough	12	30	4	15
Voluntary old people's homes	2	16	5	14
Voluntary homes for the handicapped	12	35	7	11
	26	81	16	40

New Accommodation - Amy Woodgate House

Last year I was optimistic in reporting that the new home for the elderly in the grounds of Coombe Oak, Warren Road, Kingston Hill, was making good progress and that there was a good prospect of it coming into use some time in September/October 1969. Unfortunately delays occurred and it is not expected to open until May/June 1970.

The Health and Welfare Committee decided in January 1969 to name this home "Amy Woodgate House" in recognition of the very eminent service rendered over a considerable number of years to elderly people in the borough by the late Mrs. Amy Woodgate.

Waratah, Sanderstead

This small home for twenty residents remained closed throughout the year, the internal structural alterations taking longer to carry out than was estimated. It is hoped that this home will reopen in February 1970.

Staff

Recruitment of staff for the residential homes has been a continuing problem throughout the year and all the homes were without some staff for various periods. This has placed an additional responsibility and strain on the Matrons.

Occupational Therapy at Welfare Homes for the Elderly

Therapy sessions in the old people's homes continued intermittently because of the lack of occupational therapy staff, but every effort was made to provide the tuition where special requests were made by any of the residents.

Large Print Books

Arrangements have been made with the Borough's Library Department for a regular supply of large print books to be supplied to the welfare homes where necessary.

Hobbies and Handicraft Exhibition

The Kingston upon Thames Association of Old People's Welfare Committees held a Hobbies and Handicraft Exhibition at the Guildhall in July for entries from the elderly people from the borough, and I am pleased to be able to report that of the elderly people in the borough's old people's homes who entered exhibits, Mrs. M. Heselwood, aged 71 years, a resident of Fairlawn, Warren Road, Kingston Hill, was successful in obtaining a first-class award for her crocheted tablecloths.

Voluntary Services in the Residential Homes

The close link between the many voluntary organisations and associations has resulted in the elderly residents receiving many gifts, and being entertained by many of the organisations, and I am again pleased to record my appreciation to all concerned.

Charges for Accommodation

The standard charge for accommodation provided in the borough's six homes is £13.3.1. weekly, but is due for review. Only five residents pay this amount for their accommodation, the remainder are assessed and the majority pay the minimum of £4 per week as laid down by the Department of Health and Social Security, leaving the balance of their £5 retirement pension for pocket money.

Residential Accommodation in other Local Authorities' Homes

At the 31st December 1969 there were 82 elderly people from the borough accommodated in homes run by other local authorities, and 19 residents in the Council's old people's homes who were the responsibility of other local authorities.

Residents in homes outside the borough for whom this authority

has accepted financial responsibility are visited by officers of the authority where the home is situated, and a report submitted to me. Similarly, I arrange for reports to be submitted where requests are made.

Homes Administered by Voluntary Organisations

There were 105 persons resident in homes administered by voluntary organisations as at 31st December 1969 who are the responsibility of this borough.

Persons resident in accommodation provided by voluntary organisations

Physical Category	Age	Sex	31.12.1968	31.12.1969
Not materially handicapped	Aged	M	23	24
		F	23	45
	Not	M	-	3
	Aged	F	1	-
Blind	Aged	M	-	-
		F	4	5
	Not	M	-	1
	Aged	F	1	1
Epileptic	Aged	M	2	1
		F	-	-
	Not	M	3	2
	Aged	F	-	-
Others physically handicapped	Aged	M	1	3
		F	-	2
	Not	M	6	5
	Aged	F	10	13
Deaf	Aged	M	-	-
		F	-	-
	Not	M	-	-
	Aged	F	-	-
Totals			74	105

The persons listed are living in homes in all parts of the country. Some of these homes cater for people requiring specialised care or environment together with those which provide general care and attention, exclusive of any admission requirements. Placements in these types of homes will continue to be made until there is sufficient accommodation within the borough.

The problem of finding vacancies in voluntary and other authorities' homes is still with us and the waiting time for such vacancies, particularly for the physically disabled, can be up to two years. Whilst a small number of blind and physically handicapped persons can be integrated into our own homes, this is in no way an answer to the problem and only a purpose built specially designed home is the solution.

Registration and Inspection of Private Homes for the Elderly

At the start of the year there were three registered voluntary old people's homes and the voluntary home run by the British Red Cross Society under its own charter, but in July this home closed. A number of the residents were found vacancies in the borough's old people's homes.

There were fourteen registered private old people's homes within the borough at the end of the year. One new home included in this figure was registered during the year under review.

All homes have been regularly inspected, and thirty-five visits were made during the year.

Temporary Accommodation

This service was redelegated to the Housing Department from 1st April 1969 and the records were transferred to that department, but the social welfare officers have continued to follow up certain cases where necessary.

Meals-on-Wheels Service

Providing regular, well-balanced meals is an obvious essential requirement in a service which sets out to sustain elderly people in their own homes. Attention is constantly being given to the improvement of the quality and variety of the menu and to the special needs of individuals. The dietetic requirements of elderly people is considered while always catering for the traditionally popular dishes.

The close link between the Council and the voluntary organisations in the field of community care has continued, and substantial progress has been made with the expansion of the meals-on-wheels service. This is an essential five day a week service to housebound, infirm and handicapped people who have no other regular or satisfactory means of obtaining a hot meal.

There is always room for expansion of this service as more people in need are discovered by the social welfare officers or are referred by the hospitals, district nurses, health visitors, doctors and statutory and voluntary organisations and I look forward to the time when the new kitchen planned for the Alpha Road site is built and in operation.

At Christmas 1969, 219 dinners consisting of the traditional turkey, savoury stuffing, sausage, roast potatoes and brussels sprouts and Christmas pudding were delivered.

During 1969 a total of 44,050 meals were delivered, compared with 36,722 in 1968.

Meals delivered monthly

1st January to 31st December 1969

Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Total
4100	3262	3254	2852	3012	3181	4020	3244	3086	4252	3598	3188	44050

1st January to 31st December 1968

3113	2964	2932	2741	3192	2639	3252	3337	2823	3526	3417	2786	36722
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During October the Health and Welfare Committee decided to increase the cost of the meals supplied from 1s.4d. to 1s.6d. which brings this authority more in line with the other London Boroughs.

Recreation and Meals

The Council has continued to make grants annually to voluntary organisations whose activities include the provision of meals and/or recreation for old people. The three Old People's Welfare Committees

in the borough provide day centres combined with their old people's clubs.

When the two new welfare homes are built in the Alpha Road area of Surbiton and Blagdon Road, New Malden, it is planned to have a day centre attached with a capacity for 40 persons each, for the provision of social and occupational entertainment as well as the provision of mid-day meals.

WELFARE OF THE HANDICAPPED

Section 29 of the National Assistance Act, 1948, provides for local welfare authorities to promote the welfare of persons who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Department of Health and Social Security.

Established over 100 years ago on a voluntary basis, the welfare of the blind is probably one of the oldest organised welfare services in England. The work grew through voluntary effort until The Blind Persons Act of 1920 made it the responsibility of local authorities. The present day service is provided under the National Assistance Act 1948, which left the general welfare duties with local authorities and transferred the payment of purely financial aid to the National Assistance Board (now incorporated in the Department of Health and Social Security).

On the advice of the Minister of Health (as was then the case) schemes for the deaf and other handicapped persons have been operated by local authorities since 1951 and in 1960 these were made mandatory.

A Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons (the Piercy Committee) reported in 1957 on the need for the development of services to disabled persons. The Committee emphasised that more services were required to provide occupational home work, personal aids and the carrying out of structural alterations in disabled persons' homes, and stressed the need for day clubs or centres for the handicapped. The Committee focused on the disabled person as a human being and a social unit and pointed out that there was a need for co-operation between all agencies, particularly between voluntary and statutory bodies. It is in the spirit of the recommendations of the Piercy Committee that the services for the disabled are being developed in the borough.

The Registers

A register of handicapped persons is kept in accordance with the requirements of the Department of Health and Social Security. There were 1284 persons registered at 31st December 1969.

The grouping of disabilities is in accordance with the Medical Research Council's code of diseases and disabilities as used by the Department of Employment and Productivity.

Registers as at 31st December 1969

	Male	Female	Total
Blind Persons	120	219	339
Partially sighted	28	32	60
Deaf with speech	8	11	19
Deaf without speech	25	23	48
Hard of hearing	13	24	37
Other handicapped (general classes)	330	451	781
	524	760	1284

The Blind Register

Registration is determined by examination by an ophthalmologist of consultant status and appointments for examination are made through the department. Once a person is registered, every effort is made to overcome as far as possible the effects of the disability.

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 decrease of three over the previous year. The following tables show the age distribution of the blind population registered with the department on 31st December 1969.

Age Period	Blind Register as at 31.12.59 including transfers in and out			New Cases Registered in the Borough during 1969		
	Male	Female	Total	Male	Female	Total
Under 1	-	-	-	-	-	-
1	-	-	-	-	-	-
2	-	-	-	-	-	-
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5 - 10	-	1	1	-	-	-
11 - 15	3	-	3	-	-	-
16 - 20	1	2	2	-	-	-
21 - 29	2	2	4	-	-	-
30 - 39	4	5	9	-	-	-
40 - 49	8	5	13	-	-	-
50 - 59	23	3	26	3	-	3
60 - 64	8	8	16	-	-	-
65 - 69	14	22	36	2	1	3
70 - 79	22	66	88	2	3	5
80 - 84	14	49	63	1	4	5
85 - 89	15	31	46	3	4	7
90 and over	7	25	32	-	4	4
Unknown	-	-	-	-	-	-
Totals	120	219	339	11	16	27

The position regarding the four children under 16 on the register as at 31st December 1969 is as follows:

Three are attending special schools for the blind and partially sighted, and the remaining child is in a hospital for mentally subnormal children.

282 persons out of the total of 339 (83 per cent) on the blind register are over the age of 60. The age at onset of blindness was as follows:

Age Group	Male	Female	Total
Under 1	-	-	-
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 29	-	-	-
30 - 39	-	-	-
40 - 49	-	-	-
50 - 59	3	-	3
60 - 64	-	-	-
65 - 69	2	1	3
70 - 79	2	3	5
80 - 84	1	4	5
85 - 89	3	4	7
90 and over	-	4	4
Unknown	-	-	-
Totals	11	16	27

Age Period	Age at onset of Blindness		
	Male	Female	Total
Under 1	14	10	24
1	-	2	2
2	-	2	2
3	1	-	1
4	-	-	-
5 - 10	1	3	4
11 - 15	1	3	4
16 - 20	4	1	5
21 - 29	11	3	14
30 - 39	9	4	13
40 - 49	8	10	18
50 - 59	11	15	26
60 - 64	8	20	28
65 - 69	12	22	34
70 - 79	20	69	89
80 - 84	12	89	51
85 - 89	5	8	13
90 and over	3	7	10
Unknown	-	1	1
Totals	120	219	339

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	-	6	4	12	1	5	29
Female	1	2	-	2	1	2	7
Totals	1	8	4	14	2	7	36

The people in this table are engaged in the following occupations:

Masseurs and Physiotherapists	2	Machine Tool Operators	3
Lecturers, Teachers	1	Boot and Shoe Repairers	1
Barristers, Solicitors, related workers	3	Craftsmen/Process Workers	7
Telephone Operators	7	Labourers	1
Shop Assistants/Salesmen	1	Miscellaneous Workers	3
Clerical Workers	2	Shop Managers	1
Street Vendors	1	Farm Workers	1
Domestics	1	Fitters and Assemblers	1

Total: 36

Social Rehabilitation

The main centres for social rehabilitation are situated at Oldbury Grange, Bridgnorth, Manor House, Torquay and America Lodge, Torquay. These centres are administered by the Royal National Institute for the Blind, and it may be found that after a short period of social rehabilitation a blind or partially sighted person is suitable for an industrial rehabilitation course. Oldbury Grange caters for social rehabilitation mainly for housewives and men in the upper age group, and a period of such rehabilitation is often a great help in enabling a newly blind person to settle down to normal domiciliary environment.

One newly blind man was sent for a period of social rehabilitation at Oldbury Grange, Bridgnorth.

National Library for the Blind

The National Library for the Blind provides a free service, apart from the appropriate charge made to the local authority, of Braille and Moon books to blind persons of all ages. There is a comprehensive range of fiction and non-fiction books available and if sufficient demand exists any particular book will be transcribed.

The Braille and Moon books are sent to and from the Library by post and there is no postage charge.

Talking Books

The Nuffield Talking Book Library provides talking book

machines on loan to registered blind persons over the age of 21 years, or to persons who have defective vision and can prove by an ophthalmologist's report that their eyesight is so poor that they cannot read.

A comprehensive list of books on tape is available from the Library.

The cost of renting a talking book machine is £3 per annum and the Borough Council has agreed to be responsible for the rental of talking book machines in cases of need.

Wireless for the Blind Fund

Wireless sets, both battery and mains operated, are supplied on loan to registered blind persons who do not have a set of their own. The British Wireless Fund for the Blind provides the sets and the distribution is carried out by the social welfare officers for the blind.

Domiciliary Visiting

Two full time and one part time social welfare officers for the blind (home teachers) concentrate on the care of the blind and partially sighted persons in the borough. They 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 rehabilitation course
37 people were in attendance at the handicraft class
42 people made articles in their own homes as occupational
therapy
9 people were taught Braille
20 people were taught Moon
30 people were given radio sets supplied by the British
Wireless Fund for the Blind

	42 people made articles in their own homes as occupational therapy							
Age Groups	9 people were taught Braille							
	20 people were taught Moon							
	30 people were given radio sets supplied by the British Wireless Fund for the Blind							
Male								
Female								
Totals								

Social Activities - Holidays

During April arrangements were made for a party of 26 blind and partially sighted persons with three helpers to spend two weeks holidays at the Southlea Hotel, Bournemouth. The participants had an enjoyable time and received considerable support from local blind clubs and the Bournemouth Blind Aid Society.

Handicraft Classes

Handicraft classes for the blind and partially sighted persons are held at Surbiton. Throughout the year, the classes have been well attended; this has been achieved mainly because transport is provided by the two sitting ambulances used for the transportation of the handicapped. Apart from the therapeutic value, the classes provide an incentive for blind persons to move outside their home environment.

Kingston upon Thames Association for the Blind

This Association for the Blind, which is a registered charity, has continued to support the Borough Council with its work for the blind and partially sighted persons within the borough and has provided many extras which might not otherwise be available, such as special equipment, repairs to wireless sets, books, magazines, bedding, fuel, fires, grocery parcels, cigarettes, toiletries, etc.

Welfare of the Deaf and Hard of Hearing

The Register

The number of persons with total or substantial hearing loss registered with the department shows an increase of two over the previous year and the total number on the register at the present time is 104.

The male social welfare officer for the deaf and hard of hearing was seconded to a two year course for the Certificate of Social Work during September 1968.

The total persons on the register are as shown in the table on page 93 and they can be mainly classified as under:

Deaf with speech	19
Deaf without speech	48
Hard of hearing	37

Welfare of the Physically Handicapped - General Classes

The Register of Handicapped Persons, other than Blind, Partially Sighted and Deaf and Dumb

The following tables give details of the above handicapped persons on the register as at 31st December 1969:

Age Groups:	S e x	Children under 16	Persons 16 - 64	Persons 65 and over	Total
Handicapped Persons	M	66	176	88	330
(General Classes)	F	53	179	219	451
Totals		119	355	307	781

Register of Handicapped Persons - General Classes
(By Causes and Age Groups)

	0-15		16-29		30-49		50-64		65 and over		Total		Collective Total
	M	F	M	F	M	F	M	F	M	F	M	F	
A/E	-	-	2	-	9	8	19	5	15	13	45	26	71
F	1	2	-	1	2	5	11	27	35	116	49	151	200
G	48	34	3	4	1	1	4	3	2	7	58	49	107
H/L	3	1	-	1	1	2	5	4	7	17	16	25	41
Q/T	1	1	5	5	13	6	15	11	5	6	39	29	68
V	11	12	11	15	24	39	47	37	23	55	116	158	274
U/W	-	-	-	-	-	1	1	2	-	1	1	4	5
Z	2	3	-	-	-	-	3	2	1	4	6	9	15
Totals	66	53	21	26	50	62	105	91	88	219	330	451	781

Key:

A/E Amputation

F Arthritis and rheumatism

G Congenital malformations and deformities

H/L Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin

Q/T Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk

Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine

V Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, sciatica etc.

U/W Neuroses, psychoses and other nervous and mental disorders not included in V

Z Diseases and injuries not specified above

Occupational Therapy - Handicapped

The services continued to operate from the Occupational Therapy Centre at 104 Westbury Road, New Malden, to a limited extent because of the lack of occupational therapy staff, until the latter part of the year, when they were transferred to Pine Lodge, Blagdon Road, New Malden, to allow more room for the Outwork Classes.

<u>Occupational Therapy Classes</u>	<u>Number of persons attending</u>
Wednesday (morning) Art Class	6 - 8
Wednesday (afternoon)	10 - 12
Friday (afternoon)	10 - 12

The handicapped persons who attend for craft classes continue to produce articles, most of which they purchase for themselves or friends.

A wide range of crafts continued to be taught at this centre.

Aids and Adaptations

The senior technical instructor and the assistant technical instructor carried on with the work of dealing with the aids and adaptations and during the year a total of 126 additional aids and adaptations were completed, plus the backlog of 24 for the previous year. The total completed aids are as follows:

Bathroom aids (special seats, rails etc.)	47
Ramps for invalid chairs	8
Structural alterations to premises	9
Others (walking aids, lifting poles, etc.)	86
	<u>150</u>

Outwork

The outwork organiser has continued to obtain various kinds of outwork from firms and factories in the area or close to the borough boundary, and the work carried out by the handicapped in this connection has consisted of packing bricks and toys for toy manufacturers, soap and perfume packing, and putting together fittings for electrical apparatus. The classes now being held are as follows:

No. of Persons attending

Mondays	all day	12 - 18
Tuesdays	all day	12 - 18
Thursdays	all day	12 - 18
Fridays	all day	12 - 18

Outwork has proved very popular with handicapped persons who have preferred to attend these classes in preference to craft classes because they have been able to earn a few shillings weekly for their work.

Home Work for the Housebound Physically Handicapped

The outwork organiser obtains suitable work from local factories and takes it to certain handicapped people who are capable of undertaking the work in their own homes, but are unable to attend the work centre. The officer demonstrates the best way to perform the task, ensures that the completed work is up to standard, and returns it to the manufacturer.

The total number of persons participating in this scheme is between 20 and 25.

Voluntary Workshops

The Kingston Spastics Centre provides a workshop at 13 Geneva Road, Kingston upon Thames for some 40 spastic 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 and the Borough Council makes a financial grant of £75 per capita towards its work per annum.

Car Badges for Severely Disabled Drivers

A further available service designed for the benefit of disabled drivers is the provision of distinguishing car badges for display on motorised vehicles (supplied by the Ministry of Health) or on cars which have been specially adapted to suit individual needs. To date there are 156 persons in receipt of badges and 37 new badges were allocated during the year under review. The badge itself carries no legal weight but its purpose is intended to enable the handicapped person of impaired mobility to be easily recognisable by the police and other road users in an endeavour to make driving and parking a somewhat less hazardous occupation.

There is of course in existence the Disabled Drivers Association, for owners of petrol or motor driven vehicles, which is an independent association formed by disabled persons for the benefit of disabled people, and this association has a branch in North London. Its activities are very wide ranging, including a cultural society, social evenings, theatre outings, group rallies and car rallies, a holiday home in Norfolk and holidays arranged abroad. Advice is also given on the day to day problems which disabled drivers may encounter. The popularity of this association is shown by the steadily increasing membership.

Structural Adaptations to Property

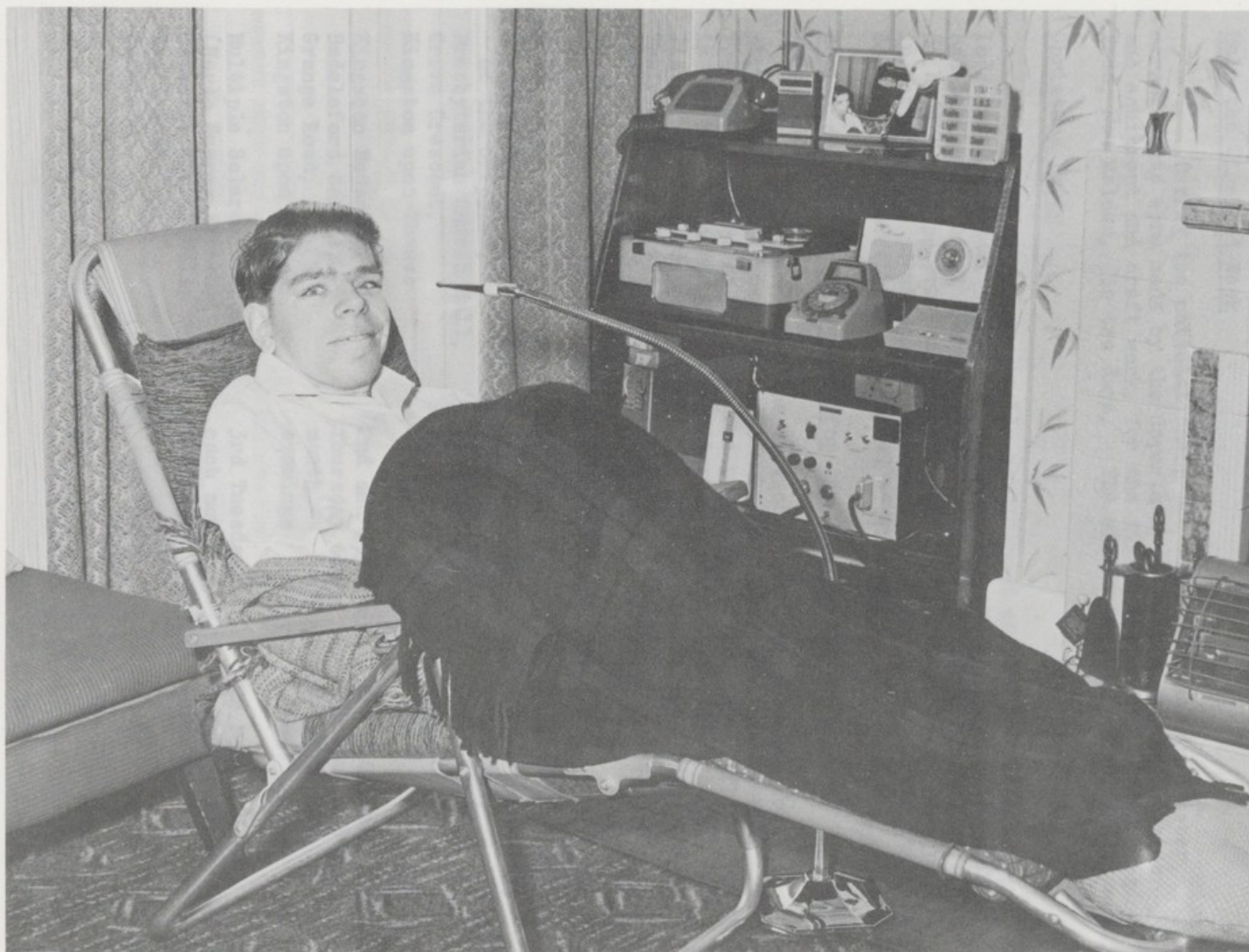
The homes of two handicapped persons were adapted to help them overcome the effects of their disabilities:

- (a) a physically handicapped man, wheelchair-bound, suffering from multiple sclerosis, was assisted with a grant of £233, half of the cost of structural adaptations to provide ground floor toilet facilities.
- (b) a physically handicapped man, who had a serious injury in a road accident when he was ten years of age, when he suffered the loss of his left arm and has since had many operations to his legs. His wife also suffers from epilepsy. Assisted with a grant of £357 towards the cost of structural adaptations to provide ground floor toilet and a shower cabinet.

Possum Installation

In the latter part of the year a Possum unit was installed in the home of a severely handicapped man. This equipment, supplied free by the Department of Health and Social Security, has to be installed by the local authority under its powers under the National Assistance Act. The structural alterations and electrical adaptations were carried out by this department's technical instructor and his assistant.

The unit enables a severely disabled person to operate a range of electrical equipment by mouth or other small physical movements and gives 'on/off' control over a number of electrical functions, including an alarm bell, an intercom link to the front door coupled with a door lock (to enable the user to interrogate and, if necessary, let in visitors), heat, telephone, radio and light. Possum is designed to give the client an increased degree of independence.



Patient operated Selector Mechanism (POSSUM)

Help the Disabled Week

During the national "Help the Disabled" week in October, arrangements were made by the department to have a display of aids and equipment and craft work, for the disabled, at Pine Lodge, Blagdon Road, New Malden, for two days. The exhibition was very well attended.

Christmas Party

A party for physically handicapped persons was held at Pine Lodge at Christmas. This was organised by the staff from the office and the occupational therapy centre at Westbury Road, New Malden. Some 54 handicapped persons enjoyed a musical entertainment and took part in competitions provided and arranged by the Worcester Park British Legion, with refreshments provided by the staff.

Social and Recreational Clubs for the Handicapped

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, for handicapped persons and receive grants from this authority. Their efforts in this field are much appreciated.

Clubs for the Handicapped

<u>Club</u>	<u>Meetings</u>	<u>Hon. 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. C. Carter, 23D Church Street, Twickenham
Multiple Sclerosis Society, (North Surrey Branch), Catholic Church Hall, Ewell Road, Surbiton	3rd Tuesday each month - evenings	Mr. P. R. Knight, 2 Havers Avenue, Hersham

Multiple Sclerosis Society, (Kingston Branch) Bedelsford School, Grange Road, Kingston upon Thames	1st Tuesday each month - evenings	Mr. J. Lumb, 27 Beaufort Road, Kingston upon Thames
Davis - Darby and Joan Club, Deaf and Dumb, Methodist Church Hall, Ewell Road, Surbiton	Fortnightly Thursday afternoons	Mr. G. Gibbs, 27 Rodney Close, New Malden
Surbiton Deaf Club, Club Room, Meals-on-Wheels Kitchen, Ewell Road, Surbiton	Weekly Thursday evenings	Mr. M. J. Brooker, 140 Banstead Road, Ewell
Spartan Swimming Club, Kingston Baths, Denmark Road, Kingston upon Thames	Weekly Thursday evenings	Miss L. Kilpatrick, 38 Thorkhill Road, Thames Ditton
Surbiton Afternoon Club for the Blind, Methodist Church Hall, Ewell Road, Surbiton	Alternate Tuesday afternoons	Mrs. D. Yorke, 219 Ewell Road, Surbiton
Surbiton and District Evening Blind Club, Club Room, Meals-on-Wheels Kitchen, Ewell Road, Surbiton	Alternate Wednesday evenings	Miss M. Boughton, 30 Winterdown Road, West End, Esher
Kingston and District Social Club for the Blind, Congregation Hall, Union Street, Kingston upon Thames	Alternate Wednesday afternoons	Mrs. E. Jutsen, 38 Chesham Road, Kingston upon Thames

Social Work in the Community - Domiciliary Visiting

The social welfare officers, under a senior social welfare officer until July and for the remainder of the year under the direction of the deputy chief welfare officer, have been working under intense pressure and the number of persons placed in residential homes and the amount of assistance provided for handicapped people does not in itself illustrate the demanding nature of the work. The success of the work of the social welfare officers cannot be measured in statistics; advice, sympathetic guidance and help at the right time can prevent the need for an elderly person to be placed in a home. Effective social work support depends upon the co-operation of different agencies.

The demand from hospital medical social workers for help for patients discharged home has been great and has required the co-operative efforts of all the domiciliary services such as home helps, district nurses, health visitors, as well as other statutory and voluntary workers.

The social welfare officers made some 9888 visits during the year, many of which were of an introductory nature as the first step in ascertaining needs.

The cases in each category being dealt with at 31st December 1969 and the average monthly visits were as follows:

	<u>No. of Cases</u>	<u>Average Monthly Visits</u>	<u>Average Monthly New Referrals</u>
Elderly	1025	393	32
Blind and Partially Sighted	* 425	222	3
Deaf and Hard of Hearing	104	48	3 in the year
Physically Handicapped	781	174	7
Other Miscellaneous Clients	45	64	2

*This figure includes 26 persons who are included on the departmental register and are the financial responsibility of this authority, although they are residents in different parts of the country.

OTHER WELFARE SERVICES

Receivership

The Chief Welfare Officer was appointed by the Borough Council 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 of managing or administering his or her property and affairs. The appointment of a receivership is at the discretion of the Court, and it may happen that although action has been taken to secure a receivership it does not necessarily mean that the Chief Welfare Officer is eventually appointed as it may be that a relative or the Official Solicitor is appointed instead.

The Chief Welfare Officer is acting as receiver in two cases at present.

Burial and Cremation

During the year arrangements were made for two burials in accordance with the provisions of Section 50 of the National Assistance Act 1948, which places upon the Borough Council a duty to arrange the burial or cremation of a body of any person who has died or has been found dead in the borough, and in any case where it appears that no suitable arrangements for the disposal of the body can, or have been made.

Temporary Protection of Property

The call on this service, which provides for the temporary protection of property of persons admitted to hospital or other institutions, has been comparatively light and in only a few cases has it been necessary for the department to physically store or safeguard property.

SERVICES

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

P.E. KINTON, M.R.S.H., M.A.P.H.I.

Staffing.

Considerable progress was made during the year in attracting and retaining staff with the result that for the first time since the formation of the Borough the Environmental Health Section had a full complement of technical staff. Mr. R. Brown and Mr. R.G. Smart joined the staff from Woking Urban District Council and Greenwich London Borough Council and Mr. P. Lynch, a student in the department, passed the qualifying examination and was appointed as a Public Health Inspector.

New Legislation.

The introduction of new legislation continued unabated, the most significant document being the Housing Act 1969 which has the effect of changing the emphasis of the nation's housing effort from new house building to improvement, conversion and reconditioning of our existing stock of houses to prevent deterioration and slum clearance problems in years to come.

Progress.

Although the very considerable pressure of work upon the staff continued unabated progress was maintained in the introduction of the Council's Clean Air programme, the new responsibilities for dealing with the huge food containers arriving from the ports and success was achieved in securing the abatement of some very troublesome noise nuisances. The co-operation which the Public Health Inspectorate receives from managements in complying with the numerous legal provisions the department discharges is appreciated and this is particularly welcome in connection with the very considerable specifications produced for houses in multiple occupation and the requirements of the Offices, Shops and Railway Premises Act.

The year ahead with the emphasis on pollution of the environment and to European Conservation Year will prove to be challenging to the department.

The interest and encouragement of the Chairman and members of the Health and Welfare Committee and the Council is acknowledged with gratitude as is the co-operation of the Chief Officers and members of staff of other departments. I welcome the opportunity to refer to the help of the Medical Officer of Health and to the loyalty of our staff in a year when sickness caused everyone to carry an additional burden.

P.E. KINTON.

Chief Public Health Inspector.

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The introduction of new legislation continued unabated, the most significant document being the Housing Act 1969 which has the effect of changing the emphasis of the nation's housing effort from new houses building to improvement, conversion and reconditioning of our existing stock of houses to prevent deterioration and also clearance problems in years to come.

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ENVIRONMENTAL HEALTH

1. WATER SUPPLY.

The whole area is served by the Metropolitan Water Board through a piped main supply. Regular chemical and bacteriological examinations are carried out by their Water Examination Department but in addition to this on 26 occasions samples were taken from private houses, schools, day nurseries and all samples were satisfactory.

2. SWIMMING BATHS.

(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 and sterilization is effected by breakpoint chlorination. Apart from regular pool-side tests of the chemical condition of the water, 112 samples were taken during the year for bacteriological examination and all were reported satisfactory.

The Surbiton Lagoon, situated in Raeburn Avenue, Surbiton, is an open air pool 165 feet long, the water being treated by continuous pressure sand filtration and breakpoint chlorination. Apart from chemical tests 16 samples were taken for bacteriological examination; these were satisfactory apart from one occasion when due to interruption of supplies of gas, the water was under-chlorinated.

(b) School Pools. One private school has a small swimming pool without filtration plant, the water being changed as necessary, sterilization being carried out by hand dosing by hypochlorite.

Seven primary schools have swimming pools with treatment plants. In addition to numerous pool-side chemical tests, 90 samples of water were taken for bacteriological examination, of which six were reported as having counts higher than desirable.

Two samples of swimming bath water were taken for chemical analysis during the year.

ENVIRONMENTAL HEALTH

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.

The pollution of the rivers has been a matter of concern to the department and in particular from litter and waste arising from house boats occupied by river-side dwellers. Members of the general public can do much to reduce the nuisance from litter and the practice of dumping large pieces of unwanted furniture, mattresses, prams and similar items can produce hazards in streams which would otherwise be attractive amenities and the Council has restricted the use of river-side moorings in its ownership to non-residential use and this should make a useful contribution to the cleanliness of the river.

Whilst the quality of the water in the Thames is improving it is not fit for bathing and the one case of Weil's disease which was notified last year was presumably contracted from this source.

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.

With the exception of a few houses, all dwellings 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 whence it is hauled in large vehicles to tips operated by contractors employed by the Greater London Council, who are responsible for the disposal of refuse. The total amount of refuse passing over the weighbridge during the year ended 31st December, 1969 was 48,925 tons.

6. SHOPS ACT, 1950.

The provisions relating to closing hours, half-holidays, hours of employment of young persons and Sunday trading are administered by the department.

7. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

During the year 536 registered premises received one or more general inspections; these included inspection of all the 142 newly registered premises. The total number of registered premises at the end of the year was 1,712. All premises known to the department have received a thorough general inspection. The total number of inspections carried out during the year was 2,225.

There is close co-operation with the Borough Planning Officer which enables the department to see all plans submitted in respect of new construction or alteration to premises to which the provisions of the Act apply. It is thus possible to approach the persons responsible at an early stage in the development and ensure that, when completed, the premises will comply with the requirements of the Act. This service not only simplifies administration but is appreciated by the managements concerned.

As reported previously there has been little difficulty in enforcement. It has been observed that occupiers of premises are becoming more aware of their obligations and co-operation given by employers and managements has continued to be excellent.

8. OFFICES, SHOPS AND RAILWAY PREMISES (HOISTS & LIFTS) REGULATIONS 1968.

Regulations made under Section 20 of the Act came into force on 28th May, 1969 and made the same safeguards for lifts in offices, shops and railway premises as are provided for lifts in factories by the requirements of the Factories Act 1961.

In November 1969 the department started to check the premises with lifts to ensure that Regulation 6 was being observed, namely, that each lift was thoroughly examined every six months by a surveyor of the firm's insurance company and that a report of the examination was available for inspection on the prescribed form 54. So far, most of the firms with lifts have been covered and, where the form was missing, steps were taken to remedy the defect.

9. NOISE.

Seventy complaints of alleged nuisance from noise were received during the year of which 39 were confirmed. Twentytwo concerned industry, eight commercial undertakings and nine domestic sources.

One member of the staff attended a course of instruction at Southampton University.

Legal proceedings were instituted against a shopkeeper for the use of loudspeakers outside his premises and a fine of £10. 0. 0. with 5 guineas costs was imposed.

10. CLEAN AIR.

Clean Air Acts 1956/1968 - Smoke Control Areas.

Particulars of Kingston upon Thames Nos. 13, 14 and 15, Smoke Control Orders which became operative on 1st October, 1969, are as follows:-

Area	13	14	15
Locality	Dickerage Malden	Kings Road Kingston	Elm Road Malden
Acreage	197	148	180
Domestic premises	455	1,233	1,932
Commercial "	63	51	68
Industrial "	7	1	5
Other "	7	7	5

In October the Council made Smoke Control Orders Nos. 16 and 17 and confirmation by the Minister of Housing and Local Government has been received. They come into operation on 1st October, 1970. Details are as follows:-

Area	16	17
Locality	Tudor Drive Kingston	Windsor Avenue Malden
Acreage	328	116
Domestic premises	2,711	1,191
Commercial "	36	12
Industrial "	2	1
Other "	9	6

The Council's Smoke Control Area programme provides for a further ten areas by 1978 in addition to the twentythree already covered by confirmed Smoke Control Orders. The position at the end of the year can be summarised as follows:-

	Number of Areas	Dwelling Houses
Areas in operation	21	20,644
Orders made in 1969 (Areas 16 and 17)	2	3,902
Areas being surveyed (Areas 18 and 19)	2	2,950
Future Areas	8	20,722
(The numbering of Areas was not consecutive prior to the formation of the new Royal Borough)		

Air Pollution Complaints.

There were 120 complaints from the public about nuisance from smoke and grit; 63 of these concerned bonfires, 18 smoke from factory chimneys; 25 smoking domestic chimneys and 14 grit and smuts.

Chimney Heights.

Five plans were submitted for approval of chimney heights under the Clean Air Acts, 1956 and 1968. Some architects and engineers do not appreciate the importance of designing chimneys at an early stage. Consequently difficulties arise when final plans have to be hurriedly modified to comply with the requirements of the Clean Air Acts.

Smoke and Sulphur Dioxide.

Six continuously operating instruments for measuring smoke and sulphur dioxide are sited in various parts of the Borough. These are read daily but are being gradually replaced by automatic instruments which need reading only once a week. The new instruments are being built by a member of the staff. The results are processed by the Ministry of Technology who during the year produced a draft report on Smoke and Sulphur Dioxide in the Greater London Area which demonstrates conclusively that there has been a great improvement during the last ten years. The Greater London Council have also produced a report, "The progress and effects of Smoke Control in London" in which the following points are made:-

1. Smoke concentrations have decreased by 80 per cent since 1958 in central London.
2. Sulphur dioxide concentrations have decreased by 40 per cent since 1958 in central London.
3. Sunshine in central London in December has increased by 70 per cent since 1958.
4. Winter visibility has increased threefold since the Act came into force.
5. 138 bird species can now be seen in London, compared with less than half that number ten years ago.

The readings from our own sites show clearly that the Borough has shared in the benefits of cleaner air.

Grit and Dust.

Two deposit gauges for the monthly measurement of grit and dust fall are located at Canbury Gardens and Tiffin Girls' School, Kingston upon Thames. The deposit measured at the Canbury Gardens site decreased from 17 tons per square mile in 1968 to 15 in 1969, an improvement which is probably attributable to the better quality fuel now being used at the Power Station.

11. RODENT AND INSECT PEST CONTROL.

It is pleasing to be able to report a further reduction in the number of premises found to be infested by rodents. The figure of 1.7% of the premises in the Borough where rats were found compares with a national average for urban areas of 2.0%. This was the figure for the Borough during the first year of amalgamation.

Complaints continue to be received with regard to pigeons and it is to be hoped that people can be persuaded not to encourage the formation of flocks of the birds by feeding to excess.

Squirrels are also a nuisance in certain parts of the Borough and the department prepared an advisory leaflet on the subject similar to the one produced last year on Wasps which proved to be very successful.

During the year 20 Field Officers of the Ministry of Agriculture, Fisheries and Food, received part of their training in the Borough together with a Crop Storage Specialist of the United Nations Food and Agriculture Organisation.

Part of the Ministry's new film on Rodent Control was made in the district in co-operation with members of the staff of the department.

H O U S I N G

Further progress has been made in housing work during the year, especially with regard to works at houses in multiple occupation, and in dealing with unfit dwellings.

It is pleasing to record appreciation due to the Housing Committee and the Chief Housing Officer for their ready co-operation in rehousing occupants of individual unfit dwellings.

During the year 1574 visits have been made to houses in multiple occupation in connection with the standard code of requirements adopted by the Council. It has been necessary to serve 136 informal and twenty-six Statutory Notices upon owners requiring works to comply with the Code. There are no common lodging houses in the Borough.

The major effort has continued to be in the repair and improvement of dwellings. In the latter part of the year a fresh impetus was injected into improvement with the passing of the Housing Act 1969, which in an endeavour to make them even more attractive increased the maximum amount of grant and varied the conditions under which and subject to which they may be given.

Twelve hundred houses in the Borough have been improved since the system was introduced in 1949 and many others improved without grant assistance and yet it is estimated that in the Borough there are 2300 homes suitable for improvement still lacking the basic amenities of:-

- A fixed bath or shower in a bathroom.
- A hot and cold water supply at a fixed bath or shower.
- A wash-hand basin.
- A hot and cold water supply at a wash-hand basin.
- A sink.
- A hot and cold water supply at a sink.
- A water closet in and accessible from within the dwelling,

and the Council is prepared to make generous grants for those owners wishing to improve or modernise their homes in the form of Standard or Discretionary Improvement Grants.

The scheme of improving older houses relates essentially to providing those standard amenities which are absent. An improvement grant may also be paid towards the cost of providing (by means of an approved method) a damp-proof course; for improving inadequate natural lighting or ventilation and for providing adequate facilities for heating where it does not exist, and in certain cases the Council may allow grant towards approved repairs and replacements.

Improvement grants may also be given towards the cost of dividing a large house into self-contained flats, where the Council considers that the house is not suitable for use by a single family.

The normal maximum grant in respect of each dwelling improved (or provided by conversion) is one-half of the approved expense up to a maximum of either £1,000 in the case of a Discretionary Improvement Grant or £200 in the case of a Standard Grant.

In co-operation with the Housing Committee a house was improved and opened to the public to demonstrate what could be done with the aid of a grant. The exhibition was an unqualified success with over 1000 visitors in one week.

Despite the real increase in the amount of grant available, finance is still a limiting factor. The Council offers all the assistance possible in the particular circumstances of a case, and has widened their assistance to include maturity loans under the new Act, which will be of particular benefit to elderly people who would otherwise find it difficult or even impossible to repair or improve their homes.

The new Act also enables the Council to declare General Improvement Areas into which special effort and resources can be directed to improve houses and where possible also the environment. This responsibility has been placed with the Health and Welfare Committee and a working party of officers has been established to make recommendations.

Controlled tenancies which meet a qualifying standard or improved dwellings can be converted to regulated tenancy and consequent increase in rent assessed by the Rent Officer. Very many applications for certificates have been received and the work involved will place a considerable burden on Public Health Inspectors in 1970.

Movable Dwellings.

Licences under the Caravan Sites and Control of Development Act, 1960 have been issued for 36 caravans which are stationed on the Riverhill Estate.

There are nine effective Orders under the Surrey County Council Act in force in the Borough prohibiting the parking of movable dwellings.

FOOD AND FOOD PREMISES

Milk Supply.

The following table shows the number of premises from which milk is sold and the types of licences in force during 1969 under the provisions of the Milk (Special Designations) Regulations, 1963 and 1965. These Regulations prescribe that the licence 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	105
Pasteurised milk	104
Sterilised milk	38
Ultra Heat Treated milk	35
Untreated milk	22

Bacteriological Examination of Milk.

During the year 53 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	45	1	*42	2	2	-	-
Ultra Heat Treated	1	-	1	-	-	-	-
Sterilised	-	-	-	-	-	6	-

* Including 10 samples which passed the modified Methylene Blue Test for dispensers and one which failed this test.

The two samples shown as void were due to the atmospheric shade temperature during the period of storage exceeding 70°F. so that the Methylene Blue Test was not applied.

Ice Cream.

The number of registered premises in the Borough at 31st December, 1969 in which ice cream may be stored or from which it may be sold is 306. This figure includes one producer. In addition to these dealers and producer there are other premises which are not required to be registered such as restaurants, canteens and cinemas where ice cream is sold.

The table shows the results of examination of 97 samples submitted to the Public Health Laboratory at Epsom during 1969. Owing to 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 and owing to particular concentration on sampling where reports and hygiene are not up to standard an undue number of samples have been Graded III and IV.

Twelve of the Grade IV samples were taken from open containers and included one from a container immediately on being opened. The majority of the samples taken were of unwrapped ice cream which, being exposed is far more liable to contamination. Unless great care is taken to keep scoops in a hygienic condition and containers covered when not serving loose ice cream, the risk of bacteriological contamination is increased.

Two samples of soft ice cream were reported Grade IV. Stress is continually laid on the necessity for thorough cleansing and sterilisation of soft ice cream machines.

	G R A D E				Total
	I	II	III	IV	
Ice Cream	54	10	19	14	97

Bacteriological Examination.

Sixteen samples of various kinds of food were taken for bacteriological examination in the Public Health Laboratory to check on fitness for human consumption and possible association with cases of food poisoning.

Three samples of pet foods were examined and no food poisoning organisms found.

Articles with which food comes into contact, including slicing machines, were swabbed to check on the standards of cleanliness.

During the year 145 samples of various types of cream were taken at the request of the Public Health Laboratory Service in connection with the Cream Survey of the Cream Working Party.

Meat Depots and Imported Food.

There are no slaughterhouses in the Borough and 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.

There are ten wholesale meat depots in the Borough, the main group being situated in The Bittoms, with three in Wood Street and one in Cambridge Road. The meat handled includes fresh meat from within the British Isles and imported meat from Europe, South America and Australasia.

During the year numerous visits were paid to the depots and 341 containers of food, almost entirely meat, were received in Kingston from various ports without having been inspected by Port Health Inspectors. The majority came from Ireland but some from the continent.

25,848 lbs. of beef imported in contravention of the Imported Food Regulations, 1968, was required to be exported.

Food Hygiene.

There are 1,624 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.

FOODS SUBJECT OF COMPLAINT

A total of 167 complaints about articles of food were received during the year, all were thoroughly investigated and appropriate action was taken. Mould and foreign bodies continue to be the main reasons for complaint.

The following complaints were considered sufficiently serious to necessitate taking proceedings.

Slimcea Loaf - Mould. Fine £50. plus 10 guineas costs.

Cream Sandwich - Fly. Fine £20. and 6 guineas costs.

Pie - Dehydrated. Fine £10. and 3 guineas costs.

Yoghurt - Mould. Fine £45. and £6. costs.

Yoghurt - Beetle. Fine £20. and 5 guineas costs.

Sausage Roll - Mould. Fine £10. and £6. 2. 0. costs.

Chocolate Butter

Creams - Rancid. Fine £15. and £5. costs.

ANIMAL ESTABLISHMENTS

There are three riding establishments in the Borough which are licensed under the provisions of the Riding Establishments Act, 1964 and the Department, in collaboration with the Veterinary Surgeon appointed by the Corporation, carry out the necessary administrative work.

There are six animal boarding establishments and thirteen pet animal shops licensed by the Council.

TRADE DESCRIPTIONS ACT, 1968.

This Act replaces the Merchandise Marks Acts 1887 to 1953.

416 inspections were carried out under the Act to ensure that articles were appropriately labelled and warnings were given where necessary.

VISITS AND INSPECTIONS COMPLAINTS

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 so that the purchaser is aware of the more important constituents.

Thirteen samples were submitted to the Public Analyst during the year of which twelve were reported as being satisfactory.

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 28 names were removed and 10 added. The total of names on the list at the end of the year was 108.

- Babers' Shops	63
- Butchers	229
- Confectioners	91
- Cooked meat shops	86
- Fish shops (wet or fried)	101
- Grocers	139
- Spicers	292
- Ice cream, manufacture	13
- " " sale	142
- Institutions	12
- Milk shops and depots	40
- Mobile shops	67
- Office and Works concerns	70
- Public houses, hotels and licensed premises	182
- Restaurants and cafes	352
- Sausage manufacturers	23
- School canteens	86
- Sports clubs	17
	<u>2,228</u>

COMPLAINTS

The following is a brief list of causes for complaints received during 1969 which resulted in investigation by the department and in all cases where necessary, appropriate action was taken.

Accumulations	69
Animals	21
Caravans - illegal parking	2
Dampness	129
Drainage/Sanitary Arrangements	1,142
Dustbins	17
Flooding	25
Foods	167
Food Hygiene	28
General Housing Defects	176
Insects	453
Noise	70
Offensive Odours	134
Overcrowding	10
Pigeons	41
Rodents	Rats 1,264
	Mice <u>137</u>
	1,401
Shops Acts	2
Smoke	108
Squirrels	44
Water	3
Yards and Paving	2
Others	87
	<hr/>
	4,131
	<hr/>

VISITS AND INSPECTIONS

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.

Animal Boarding Establishments	36
Atmospheric Pollution Gauges	229
Bacteriological Sample Visits	243
Betting, Gaming and Lotteries Act	70
Biological Sample Visits	7
Building Sites	63
Chemists	19
Chiropody and Massage Establishments	34
Cinemas	1
Committee and Council Meetings	83
Consumer Protection Act (Fireguards)	25
Council House - Disinfestations	30
" " - Inspections	241
Court	27
Depot visits or inspections	152
Diseases of Animals Act and Waste Food Order	21
Disinfections	5
Disinfestations	62
Drainage Visits	1,161
Employment Agencies	67
Food Complaints	306
Food and Drugs Samples	287
Food Hygiene Regulations - Bakehouses	54
" " - Bakers' Shops	63
" " - Butchers	229
" " - Confectioners	91
" " - Cooked meat shops	86
" " - Fish shops (wet or fried)	101
" " - Greengrocers	139
" " - Grocers	292
" " - Ice cream, manufacture	13
" " - " " sale	142
" " - Institutions	12
" " - Milk shops and depots	40
" " - Mobile shops	87
" " - Office and Works canteens	70
" " - Public houses, hotels and licensed premises	182
" " - Restaurants and cafes	332
" " - Sausage manufacturers	23
" " - School canteens	86
" " - Sports Clubs	17
	C/Fwd
	5,228

	B/Fwd	5,228
- Open Market		420
- Wholesale Meat Shops		69
- Other food premises		61
Factories - Non-Power		13
" - Power		252
Fertilisers and Feeding Stuffs		3
Forecourt paving		3
Hairdressers and Barbers		262
Health Education		142
Home Safety		2
Houses in Multiple Occupation		1,574
Housing Enquiries		28
Housing Act Inspections		310
" " Reinspections		223
" " Qualification Certificates		27
Improvement Grant Visits		1,427
Infectious Disease Visits		2,063
Insect Pests		127
Interviews with Owners, Builders, etc.		1,118
Licensing Act (Unlicensed Premises)		4
Merchandise Marks Act		28
Miscellaneous (including no reply)		2,045
Night Cafes		3
Noise Abatement		401
Nursing Homes		6
Offices, Shops and Railway Premises		2,225
Old People and Problem Families		113
Overcrowding		23
Performing Animals		1
Pet Animals Act		28
Pigeons		24
Piggeries		32
Pharmacy and Poisons Act		69
Public Conveniences		148
Public Health Act inspections		1,254
" " " reinspections		1,517
Rag Flock Act		4
Refreshment Houses (Licences)		12
Refuse Tips		46
Rent Act		56
Riding Establishments		9
Rivers, Ditches and Ponds		64
	C/Fwd	21,464

B/Fwd	
21,464	Rodent Control
172	Shops Act
24	School Premises
92	Smoke Abatement
555	Smoke Control Areas
10,681	Smoke Control Areas - No access
2,529	Special Surveys
98	Tents, Vans, Sheds and Caravans
78	Trade Descriptions Act
416	Unsound Food
254	Vacant Land
127	Visits outside district
423	Waste Food (Staining and Sterilisation) Order
12	Water Supply and Sampling (including Swimming Pools).....
854	Work in progress
377	Work places and outworkers
19	
38,175	

FOOD AND DRUGS ACT, 1955.

465 samples were submitted to the Public Analyst for examination.

Of the 23 samples which were the subject of adverse comment by the Public Analyst many 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.

Amontillado Wine.	Misleading description.	Wine not on sale in this Borough.
Blackcurrant Eclairs.	Labelling.	
Butter Sponge Bar.	Crumb contained no butter fat.	Legal proceedings. Fine £15. costs £3.3.0.
Cherry Brandy Flavour Chocolate.	Misleading illustration on label.	Illustration on label altered.
Chocolate Crunch.	Not of nature of chocolate.	Followed up by formal sample.
Cod Roe.	Contained piece of metal.	Informed no longer imported.
Devon Eclairs.	Not of the nature of eclairs.	Label amended.
Dried Skimmed Milk.	Labelling.	
Frankfurter Sausages.	Deficient in meat content.	Taken from caterer who sold as 'Hot Dogs'.
Frankfurter Sausages.	Deficient in meat content.	Importers arranged for label to be amended to 'Hot Dog' Sausages.
Glucose Tablets.	Contaminated with iron.	Old stock.
Gravy Salt.	Labelling.	
Jam - Apricot.)	Deficient in fruit.	Subsequent formal samples proved satisfactory.
Jam - Plum.)		
Kabli Chana	Labelling.	

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES)Lime Flavoured
Cordial.

Labelling.

Minced Meat.

Unfit - contained added
artificial colour.Subsequent formal
sample satisfactory.Raspberry Flavoured
Vinegar.Deficient in acetic
acid.No longer being
produced - addition of
sugar caused dilution.Stockpot - Chicken
Flavoured.

Labelling.

Vermouth Flavoured.

Labelling.

Violet Colour.

Non-permitted colour.

Old stock - withdrawn
from sale.

Yeast Extract.

Labelling.

Yogurt.

Fermenting.

Retailer advised
regarding shelf life
and storage.FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES)
REGULATIONS, 1966.

Two Street Traders were prosecuted for contravention of the above
Regulations and penalties were as follows:-

Fine £8. with £4. costs.

Fine £10. with £3. 3. 0. costs.

FOOD AND DRUG SAMPLES

Milk	15
Milk Products	37
Meat and Meat Products	72
Fish and Fish Products	21
Oils and Fats	5
Sugar and Preserves	33
Sugar Confectionery and Chocolate	21
Vegetables and Vegetable Products	18
Fruit and Fruit Products	38
Cereals and Cereal Products	22
Flour Confectionery	33
Beverages	10
Soft Drinks	15
Alcoholic Drinks	4
Drugs	19
Miscellaneous	102
	<hr/>
	465

FOODSTUFFS CONDEMNED AS UNFIT

<u>Canned Goods</u>	<u>lbs.</u>
Cream	1
Fish	43
Fruit and Fruit Juice	1,472
Jam and Preserves	113
Meat and Meat Products	333
Milk	20
Milk Pudding	26
Soup	65
Vegetables	238
Others	215
Bacon	205
Fish	84
Meat	48,087
Poultry	1,702
Rabbits	47
Others	7
Frozen Foods	6,918
(Refrigeration Failure)	

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES)
REGULATIONS, 1966.

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

Number of stalls selling food 68

	Total
Name and address not displayed	7
Washable overclothing not worn	5
Washing facilities	5
First aid equipment	5
Separation and disposal of waste	2
Protection of food	4
General cleanliness	1
Smoking	1
	30

FOOD HYGIENE (GENERAL) REGULATIONS, 1960.

The following is a tabulated statement of inspections made of the various types of food premises:-

	No. of Premises	Visits
Bakers and Bakers shops	46	117
Butchers	66	251
Confectioners	180	90
Fish shops (wet or fried)	37	376
Greengrocers	86	100
Grocers	168	139
Ice cream, manufacture	1	13
" " sale	306	142
Institutions	37	12
Milk shops and depots	105	40
Mobile shops		87
Office, shop and works canteens	94	70
Public houses, hotels and licensed premises	137	181
Restaurants and cafes	141	331
School canteens	69	86
Clubs	64	17
Open Markets	2	412
Wholesale meat shops	10	69
Other food premises	74	61
	1,623	2,594

FOOD HYGIENE

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

Total number of food premises 1,624.

<u>Washing facilities for staff</u>	
Absence of, defective, inadequate hand basins	32
Absence of hot or cold water	39
Lack of towels, soap and nailbrushes	36
Defective water heaters	4
<u>Sanitary Conveniences</u>	
Lack of "Wash Your Hands" Notices	18
Fittings defective and dirty	6
Lighting inadequate	5
Walls and ceilings defective and dirty	16
Ventilation and/or ventilated lobby required	5
Others	4
<u>Repairs to Food Rooms</u>	
Floors defective	4
Walls and ceilings defective	4
General cleansing	4
<u>Sinks and Draining Boards</u>	
Lacking or defective	14
<u>Protection of Food against Contamination</u>	
Smoking	1
Food not kept 18" off ground	2
Covers not provided for food	5
Others	7
<u>Uncleanliness</u>	
Kitchens and equipment	53
Food Stores	13
Preparation rooms	16
Floors, walls and ceilings	62
Refrigerators	14
Ventilation	7
Artificial Lighting improved	5
Dustbins - insufficient and defective	7
Uncovered, and collection of, refuse	2
Miscellaneous	7
First Aid Equipment	7
Clothing - storage and cleanliness	4
Accumulations	5
	408
Notices served	130
Notices complied with	128

NOTICES SERVEDInformal

Written and verbal 855

Statutory

(a) Housing Acts (excluding those mentioned in (b) below) 41

(b) Housing Act, 1957 - Section 170 - requiring information as to ownership 89

(c) Public Health Acts (other than mentioned in (d) below) 41

(d) Public Health Act, 1936 - Section 277 - requiring information as to ownership 27

(e) Clean Air Act 28

NOTICES COMPLIED WITHInformal

Written and verbal 787

Statutory

(a) Housing Acts -

(b) Public Health Acts 22

(c) Clean Air Act 20

FACTORIES ACT, 1961.

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

PART I OF THE ACT.

1. INSPECTIONS.

	No. on Register	Number of		
		Inspections	Written Notices	Prosecutions
Factories in which Section 1,2,3,4,6 are enforced by the Corporation	47	13	-	-
Factories not included above in which Section 7 is enforced by the Corporation	641	252	16	-
Other premises excluding outworkers	180	63	-	-

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	
Sanitary Conveniences					
Insufficient	1	-	-	-	-
Unsuitable or defective	-	-	-	-	-
Not separate for sexes	1	1	-	1	-
Other offences against the Act (not including offences relating to out-work)	16	9	1	2	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

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

FACTORIES ACT, 1961.

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
Curtains and furniture hangings	1
Wearing apparel - making etc.	13
Brass and Brass Articles	13
Artificial Flowers	2
	29

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.

Section	Number of Contraventions found		Section	Number of Contraventions found	
4	Cleanliness	17	14	Seats (sedentary workers)	1
5	Overcrowding	4	15	Eating facilities	3
6	Temperature	42	16	Floors, passages and stairs	12
7	Ventilation	38	17	Fencing exposed parts of machinery	6
8	Lighting	14	18	Protection of young persons from dangerous machinery	-
9	Sanitary conveniences	36	19	Training of young persons at dangerous machines	-
10	Washing facilities	39	23	Prohibition of heavy work	-
11	Supply of drinking water	-	24	First Aid	64
12	Clothing accommodation	6	29	Registration	44
13	Sitting facilities	-	50	Provision of Abstract	35
Other offences against the Act (not including offences relating to out-work)				Other matters	6
				Total	367

ACCIDENTS

Workplace	Reported Non Fatal	Total No. Investi- gated	Action Recommended	
			Informal advice	No action
Offices	1	-	-	1
Retail shops	61	33	33	28
Wholesale shops Warehouses	3	2	2	1
Catering establishments open to public, canteens	1	-	-	1
TOTALS:	66	35	35	31

Analysis of reported accidents

	Retail shops	Wholesale warehouses	Catering establish- ments open to public, canteens
Machinery	1	-	-
Transport	1	-	-
Falls of persons	22	1	1
Stepping on or striking against object or person	4	-	-
Handling goods	15	-	-
Struck by falling object	9	1	-
Use of hand tools	7	-	-
Not otherwise specified	4	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1967.

The figures enumerated in the following tables are those submitted

PEST CONTROL - STATISTICAL STATEMENT

1.	Number of properties in district	58,782
2. (a)	Total number of properties (including nearby premises) inspected following notification	2,453
	(b) Number infested by (i) Rats	996
	(ii) Mice	130
3. (a)	Total number of properties inspected for rats and/or mice for reasons other than notification	308
	(b) Number infested by (i) Rats	56
	(ii) Mice	12
4.	<u>Complaints received:</u>	
	Rats	1,264
	Mice	137
	Squirrels	44
	Pigeons	41
	Wasps/Bees	288
	Other insects	165

10	Supply of drinking water	-	-	24	Supply of drinking water
11	Clothing	-	-	25	Clothing
12	Accommodation	1	1	2	Accommodation
13	Sanitary facilities	-	-	50	Sanitary facilities
		-	-	4	Not otherwise specified

Total 367

HOUSING

The following is a tabulated statement of action taken under the Housing Acts.

1.	Number of houses inspected.....	310
2.	(a) Number of houses which, on inspection, were considered to be unfit for human habitation.....	9
	(b) Parts of houses which, on inspection, were considered to be unfit for human habitation.....	4
3.	Number of houses, the defects of which were remedied in consequence of informal action by the Local Authority or its officers.....	191
4.	Number of representations made to the Local Authority with a view to:-	
	(a) The serving of notices requiring the execution of works.....	98
	(b) The making of demolition or closing orders (number of houses involved).....	13
5.	Number of formal notices served requiring the execution of works.....	66
6.	Number of houses which were rendered fit after the service of formal notices.....	37
7.	Number of demolition or closing orders made.....	13
8.	Number of houses in respect of which an undertaking was accepted under Sub-section 4 of Section 16 of Housing Act, 1957.....	-
9.	Number of houses demolished.....	18
10.	Number of houses where demolition or closing order determined on the premises being made fit.....	1

HOUSING

The following is a tabulated statement of action taken under the Housing Acts.

RENT ACT, 1968.Applications for Certificates of Disrepair.

Applications..... 6

Decisions not to issue certificates..... -

Decisions to issue certificates

(a) in respect of some but not all defects..... 4

(b) in respect of all defects..... 2

Undertakings given by landlords under paragraph 5

First Schedule..... 2

Undertakings refused by Local Authority..... -

Certificates issued..... 3

Applications for Cancellation of Certificates.

By landlord..... 2

Objections by tenants to cancellation..... -

Decisions by Local Authority to cancel in spite of
tenant's objection..... -

Certificates cancelled..... 2

HOUSING ACT, 1969.IMPROVEMENT GRANTS - STANDARD.

	<u>Owner/Occupiers</u>	<u>Tenanted</u>
Applications received	55	9
" approved	54	9
Dwellings improved	33	3
	£. s. d.	
Amount paid in grants	4,644. 14. 5.	
Average per house	129. 0. 5.	
<u>Amenities provided -</u>		
(a) fixed bath or shower	23	
(b) wash hand basin	27	
(c) hot water supply (to any fittings)	33	
(d) water closet within dwelling	22	
(e) food store	15	
(f) sink	1	

IMPROVEMENT GRANTS - DISCRETIONARY.

	<u>Owner/Occupiers</u>	<u>Tenanted</u>
Applications received	25	20
" approved	26	14
Dwellings improved or provided	25	19
	£. s. d.	
Amount paid in grants	12,637. 11. 5.	
Average per house	287. 4. 4.	

SPECIAL GRANTS.

	<u>Owner/Occupiers</u>		<u>Tenanted</u>	
	<u>Houses</u>	<u>Households</u>	<u>Houses</u>	<u>Households</u>
Applications received	-	-	1	3
Applications approved	-	-	1	3
Grants paid	-	-	-	-

HOUSING ACT 1969 - PART IIICERTIFICATES OF QUALIFICATIONIMPROVEMENT CASES.

No. of applications in register at 31.12.69.....	2
No. of applications for Qualification Certificates under Section 44(2) under consideration at end of period.....	Nil
No. of Certificates of Provisional Approval issued.	2
No. of Qualification Certificates issued under Section 46(3).....	-

STANDARD AMENITIES ALREADY PROVIDED.

No. of applications in register at 31.12.69.....	215
No. of applications for Qualification Certificates under Section 44(1) under consideration at end of period.....	206
No. of Qualification Certificates issued under Section 45(2) in respect of:-	
(i) dwellings with rateable value of £90. or more in Greater London.....	-
(ii) dwellings with rateable value of £60. to less than £90. in Greater London.....	-
(iii) dwellings with rateable value of less than £60. in Greater London.....	-

EXEMPTION FOR LOW INCOME TENANTS FROM SECTION 54.

No. of applications in register at 31.12.69.....	-
No. of certificates issued under Section 55.....	-

SCHOOL HEALTH SERVICE

ROYAL BOROUGH OF KINGSTON UPON THAMES
 HOUSING ACT 1969 - PART III
 EDUCATION (SCHOOLS AND FURTHER EDUCATION) SUB-COMMITTEE

CERTIFICATES OF QUALIFICATION
 AS AT DECEMBER 1969

IMPROVEMENT CASES.

* * * * *

No. of applications in register at 31.12.69..... 2

No. of applications for Qualification Certificates
 under Section 44(2) under consideration at end
 of period..... Nil

No. of Certificates issued..... 2
 Chairman: Councillor Mrs. E. Bidmead

No. of Qualification Certificates issued under
 Section 46(3)..... Vice-Chairman:

Councillor K. C. Gooding

STANDARD AMENITIES ALDERMEN

Aldermen:

No. of applications in register at 31.12.69..... 215

No. of applications for Qualification Certificates
 under Section 44(2) under consideration at end
 of period..... 204
 J. H. Cocks, O.B.E. H. O. O. H. O. B.
 J. Harrison
 W. J. Marshall
 Miss D. L. Tapping

No. of Qualification Certificates issued under
 Section 46(3).....

Councillors:
 (1) dwellings with a value of £90. or

Mrs. J. L. Ahern, R.S.C.N.	F. R. S. Montgomery
R. M. Church	Mrs. A. D. Parry, B.A.(Oxon.)
D. Ives, M.A.(Oxon.)	W. J. Webb, B.A.
J. P. C. Kimber, B.Sc.(Econ.), F.C.I.I.	P. R. Wise

Co-opted Members:

Mrs. M. Hall	W. F. Richardson
E. Lawler	F. Seal
E. Morgan	O. F. Thompson

SCHOOL HEALTH SERVICE

Readers are referred to the comments on the school health service on pages 5 and 6.

The population of the borough, estimated by the Registrar General, was 143,670 at mid-1969.

In January 1970 the number of pupils on the registers of maintained schools was 19,620 made up as follows:

Primary Schools	11,473
Secondary Schools	7,858
Nursery Schools	78
Special Schools	211

In addition it is estimated that 2,209 children attend independent schools registered under Part III of the Education Act, 1944, and 545 attend the direct grant school which is served by the school health service.

The number of maintained schools in the borough on 31st December 1969 was 57: 14 secondary, 40 primary, 1 nursery, 2 special. One direct grant school was 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 Officers and were assisted by two senior and two 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, a Deputy Superintendent and 26 health visitors, carry out the functions of school nurses, devoting about 20 per cent 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 and sixteen 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 1969 periodic medical inspection of all schools in the borough was carried out in the appropriate age groups, 6,113 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 (selective examinations)
- On entry to the secondary school
- During the year in which age fifteen is reached

During the summer term the scheme of selective medical examinations of eight year olds was extended to all junior and primary schools, 768 children being selected for examination.

In addition to these complete medical examinations, the hearing of every child is tested at the age of six and eleven years (approximately) by a pure tone audiometer. Secondary school pupils aged thirteen and sixteen plus 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 Conditions as Recorded at Periodic Inspection

Of the 6,113 pupils inspected, 6,111 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 two children whose general condition was deemed unsatisfactory consisted of one born in 1964 and one in 1957.

Defects Found at Periodic Medical Inspection

During 1969, 787 (12.9 per cent) of the total number of children inspected were found to need treatment for diseases or defects other than uncleanness 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
1965 and later	497	9	43	52
1964	1378	25	104	129
1963	254	3	21	24
1962	107	6	6	11
1961	568	27	48	75
1960	200	7	9	16
1959	93	9	6	13
1958	1034	112	68	168
1957	456	52	25	73
1956	60	5	1	6
1955	55	11	4	13
1954 and earlier	1411	161	54	207
Totals:	6113	427	389	787

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

Defect or Disease	Requiring	
	Treatment	Observation
Skin	56	86
Eyes:		
(a) Vision	427	392
(b) Squint	57	25
(c) Other	7	17
Ears:		
(a) Hearing	16	90
(b) Otitis Media	12	108
(c) Other	3	7
Nose and Throat	35	292
Speech	58	22
Lymphatic Glands	19	98
Heart	2	66
Lungs	9	124
Development:		
(a) Hernia	-	7
(b) Other	5	81
Orthopaedic:		
(a) Posture	15	64
(b) Feet	62	93
(c) Other	31	58
Nervous System:		
(a) Epilepsy	10	13
(b) Other	1	19
Psychological:		
(a) Development	4	75
(b) Stability	6	163
Abdomen	8	29
Other	30	60
Total: 2862	873	1989

Children with defects noted at periodic or special medical inspections are reinspected at appropriate intervals by the school medical officers. The number of such reinspections carried out was 1,582.

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 478 pupils examined at these inspections are analysed below:

Defect or Disease	Requiring	
	Treatment	Observation
Skin	93	14
Eyes:		
(a) Vision	6	12
(b) Squint	-	1
(c) Other	-	1
Ears:		
(a) Hearing	21	79
(b) Otitis Media	2	-
(c) Other	1	-
Nose and Throat	19	2
Speech	11	4
Lymphatic Glands	-	2
Heart	-	1
Lungs	3	4
Development:		
(a) Hernia	3	2
(b) Other	-	-
Orthopaedic:		
(a) Posture	-	5
(b) Feet	29	19
(c) Other	-	4
Nervous System:		
(a) Epilepsy	1	4
(b) Other	1	-
Psychological:		
(a) Development	2	12
(b) Stability	3	8
Abdomen	-	2
Other	8	32
Total: 411	203	208

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:

Defects or Diseases	Number
Skin:	
Ringworm, head or body	-
Scabies	2
Impetigo	10
Other	-
Vision and Squint	1485
Other Eye conditions	46
Ear, Nose and Throat	227
Speech	483
Heart	14
Lungs	47
Development	4
Orthopaedic	281
Nervous Diseases	24
Other	97
Total	2720

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	* 126
Diseases of the Ear	-
Received other forms of treatment	101

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

Speech Therapy

The work of the speech therapy service continued satisfactorily during 1969 in spite of further staff changes. Unfortunately it was not possible to replace staff immediately, resulting in a slight drop in the number of children treated and discharged. During the year pre-school groups were started at the Acre Road, Hook, and Tolworth Clinics, bringing the number of these groups to five. With the provision of these groups more young children are now being referred and a number of severely speech handicapped children who would benefit by a special class for speech handicapped children when they start school are being found. Unfortunately, for financial reasons, it has not been possible to start such a class at the present time but it is hoped that it will not be too long before suitable accommodation is available at a school in the borough to initiate such a special unit.

Details of the work undertaken at the centres are shown below, with the 1968 figures for comparison.

Centre	Present Number of Sessions		Initial Caseload		Children Treated		Remaining for Next Year	
	1969	1968	1969	1968	1969	1968	1969	1968
Acre Road	2	1	18	25	37	41	26	18
Bedelsford School	8	9	25	27	34	35	24	25
Grange Road	2	3	32	23	39	50	22	32
Hook	3	3	34	40	58	56	46	34
Roselands	6	5	58	57	109	101	74	58
St. Philip's School	10	7	47	38	61	68	47	47
Surbiton	2	2	20	12	41	32	28	20
Tolworth	2	2	27	14	36	38	28	27
Worcester Park	3	5	49	47	66	71	38	49
Totals	38	37	310	283	481	492	333	310

Analysis of Cases Treated

	Children Treated during		Discharged		Remaining at end of period covered	
	1969	1968	1969	1968	1969	1968
Stammering	46	56	17	23	29	33
Cluttering	1	-	-	-	1	-
Dyslalia	269	271	89	114	180	157
Idioglossia	2	-	-	-	2	-
Anarthria/Dysphasia	18	21	7	4	11	17
Aphasia/Dysphasia	11	14	2	2	9	12
Aphonia/Dysphonia	1	3	-	2	1	1
Cleft Palate	4	4	-	1	4	3
Hyperrhinophonia	10	12	3	2	7	10
Hyporhinophonia	1	1	1	-	-	1
Defective Speech due to Deafness	10	8	1	2	9	6
Retarded Speech and Language Defect	104	100	28	31	76	69
Unclassified	4	2	-	1	4	1
Totals	481	492	148	182	338	333

Ophthalmic Clinics

During the year 1,531 children were examined at the school eye clinics; 438 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 and sixteen years of age. The increase in the numbers referred is attributed to the use of the Keystone Vision Screener.

Audiology

The joint audiology service with the London Borough of Merton has continued to expand, not only in the number of attendances but also

in the provision of courses for health visitors and for parents of hearing handicapped children.

A partial hearing nursery unit was opened in Merton at Easter 1969 equipped with modern audiological teaching aids. This unit primarily serving Kingston and Merton provides special educational and diagnostic equipment and is staffed by an experienced teacher of the deaf and a nursery assistant. A primary school extension is contemplated.

It is most gratifying that general practitioners are more aware of the service provided and are using the facilities for audiometric assessment. A limited service is given by the Senior Audiometrician for adults attending geriatric clinics.

The new National Health Service ear-level aid has now been fitted to all eligible children, in close co-operation with the excellent service offered by the Hearing Aid Department at St. Helier Hospital. This improved cosmetic aid has resulted in a reduction in the commercial aids previously purchased by the local authority.

The following are details of work undertaken in the schools:

Children sweep tested:	Primary	2172	
	Secondary	<u>1368</u>	3540
Children who failed test:	Primary	144	
	Secondary	<u>49</u>	193

Result of investigations by school medical officers

No significant hearing loss on clinical examination	47
No significant hearing loss, but child appears mentally retarded	1
Hearing loss confirmed and attributed to:	
(i) Catarrhal condition (with or without inflammation of ear)	48
(ii) Old otitis media	12
(iii) Injury	-
(iv) Other causes	42
(v) Undetermined causes	10

<u>Investigations incomplete at end of year</u>	31
<u>Investigations not possible - left district or otherwise unavailable for examination</u>	2
<u>Recommendations by school medical officers in the first instance</u>	
(i) No action required	32
(ii) For observation only	88
(iii) Refer to audiology clinic	44
(iv) Refer to general practitioner	12
(v) Refer to ear, nose and throat consultant	17

There were 84 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 39.

Audiology Clinic

Of the 341 attendances during the year, 152 were made by 93 children under the age of five, and 189 were made by 94 children aged five and over. Details of children and attendances are as follows:

	A G E G R O U P					Totals
	Under 2	2-4	5-7	8-11	11+	
New cases referred from all sources	32	61	50	23	19	185
Cases carried over from 1968	-	-	1	-	1	2
Found to have normal hearing	28	40	22	4	3	97
Deaf in one or both ears	-	1	8	-	5	14
Found to have remediable hearing loss	1	15	21	13	6	56
Impaired hearing requiring auditory training and/or hearing aid	-	1	1	-	3	5
Not fully assessed at end of 1969	1	-	1	-	-	2
Attendances	52	100	104	38	47	341

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:

Sessions held	205
Children treated	149
Attendances	2190
New cases admitted	45
Cases discharged	31

The 75 children attending Bedelsford Special School were also provided with physiotherapy by the physiotherapists attached to the school.

Epileptic Children

As a result of periodic medical inspections, 11 of the children examined were referred for treatment and 17 others were noted for observation at a later date.

Enuresis

This is a distressing condition, often difficult to overcome, and parents frequently seek advice from the school medical officers. 31 children were found to require treatment for this condition and a further 66 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. 20 children were loaned this apparatus during 1969 and of these, 3 were cured, one benefited, 7 are still using the alarm and 9 failed to benefit from the apparatus.

Cleanliness

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

Visits to schools by school nurses	41
Examined	10,086
Cases with head lice	45
Cases with pubic lice	3
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:

Smallpox	-
Diphtheria	-
Scarlet Fever	44
Enteric Fever	-
Measles	97
Whooping Cough	18
German Measles	69
Chicken Pox	484
Mumps	333
Jaundice	1
Dysentery	-
Influenza	1
Other	69
Total	<u>1116</u>

Immunisation and Vaccination

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

Any necessary reinforcing injections are made available to children while they are at 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 82

Reinforcing

Number who received reinforcing injections 1838 Total 1920

PoliomyelitisPrimary Course

Number who completed a primary course	143	
---------------------------------------	-----	--

Reinforcing

Number who received a reinforcing dose	2099	2242
--	------	------

Tetanus

Protection against tetanus is now much in demand and the great majority of infants are simultaneously immunised against diphtheria, whooping cough, measles 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	245	
---------------------------------------	-----	--

Reinforcing

Number who received a reinforcing injection	1900	2145
---	------	------

Measles

Number who received immunisation		507
----------------------------------	--	-----

SmallpoxPrimary Vaccination

Number who received primary vaccination	49	
---	----	--

Reinforcing

Number who received revaccination	265	314
-----------------------------------	-----	-----

Vaccination against Tuberculosis

During the year one school child involving one family was notified by the Chest Clinic as a positive case.

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
1324	1224	63	70	1091

Children found to be Mantoux positive were referred to the Chest Clinic for chest X-ray but none of these was found to have active disease.

Child Guidance

The work of the clinic has continued as for last year with no major change in policy or administration. The staffing of the clinic has improved with the appointment of a full time psychiatric social worker.

The day unit for the emotionally disturbed of the pre-adolescent age group will re-open in January 1970 after a term's closure and will be under the direction of Miss White and her assistant Mrs. Ryde. The unit will have four pupils at the commencement of term and will have places for four more.

This unit provides a valuable service but expansion is required in order to include the younger children of nursery and primary school age for whom there is inadequate provision at present.

Although infrequently required, there is no provision for the psychiatric in-patient treatment at present. A small unit would be a great advantage for the child requiring close observation and investigation and would obviate the necessity of sending children further afield when in-patient treatment is required, thus interrupting the continuity of treatment with all the pitfalls such a situation contains for the child in question.

More and more 'families' as distinct from the referred child attend the clinic for treatment. It is more widely recognised that the referred child is the ambassador for the family in many cases. Consequently it becomes increasingly difficult to say whether the clinic treats more children than adults, for in the long run the two are inextricably mixed. In this context, the title 'Child Guidance Clinic'

is a misnomer and outdated and it would be nice if the title "Child and Family Psychiatric Clinic" could be given formal acknowledgment, and for this psychiatric service to be recognised as a part of the psychiatric services to the community as a whole.

There is a high degree of co-operation between the work of the teacher at the unit and the child's normal school.

The following table shows the work done during the year:

Caseload brought forward from 1968	350	
Waiting list at December 1968	<u>11</u>	361

119 new cases were referred during 1969
by the following:

Health Visitors	3
Court	6
School Health Service	33
Hospitals	1
Private practitioners	38
Child Guidance Clinics	4
Direct non-medical	24
Education Department	3
School Psychological Service	4
Children's Department	1
Speech Therapists	2

Reasons:

Nervous disorders	10
Behaviour problems	71
Habit disorders	16
Psychosomatic disorders	4
Educational problems	13
For special examination	3
Advice only	1
Organic disease	1

Total of new cases	119
--------------------	-----

New cases initially seen by psychiatrist
during the year 110

New caseload initial distribution:

Psychiatrist	51
Psychiatric Social Worker	49
Psychologist	10

Total of caseload during the year 471

All cases - closures during the year:

Treatment completed	4	
Advice only	8	
Non co-operative	22	
Other arrangements made	44	
Improved	42	
Failed to attend	7	
Transferred to other agencies	4	
Left school	8	
Moved from district	5	144

Caseload on treatment at end of the year 327

On waiting list for diagnostic interview 9

HANDICAPPED PUPILSSpecial Schools and Hostels

The following table shows the placement of Kingston children in special schools, units and hostels.

Category	Number attending at end of 1969						Recommended for placement - parents refused consent		Receiving home tuition		On waiting list for special school	
	Day Special Schools or Units				Boarding Special Schools or Hostels							
	Kingston		Other		Other							
	Boys	Girls	B	G	B	G	B	G	B	G	B	G
Blind	-	-	-	-	1	-	-	-	-	-	-	-
Partially Sighted	-	-	2	2	-	-	-	-	-	-	1	-
Deaf	-	-	3	2	1	1	-	-	-	-	-	-
Partially Hearing	-	-	2	4	2	-	-	-	-	-	1	-
Educationally Subnormal	66	44	1	1	6	2	1	-	-	-	4	5
Epileptic	-	-	1	-	-	2	-	-	-	-	-	-
Maladjusted	-	-	3	-	18	2	-	-	5	-	1	-
Physically Handicapped	13	9	1	1	4	1	-	-	3	1	-	-
Delicate	-	-	-	-	4	-	-	-	-	-	1	-
Speech Defect	-	-	-	-	-	-	-	-	-	-	-	-
Totals	79	53	13	10	36	8	1	-	8	1	8	5

Bedelsford School, Grange Road, Kingston

Thanks are expressed to Mr. E. C. Cooke, Headmaster, for the following report:

This school for physically handicapped children receives into the nursery class children from the age of three, which is not only of great benefit to the children but a tremendous help to their parents.

Children are provided with transport to and from school and are accompanied by escorts. All pupils receive a mid-day meal at school and special arrangements are made for children in need of diets.

There are seventy children on roll and all children in the school are severely physically handicapped.

It is of interest to note that the number of cerebral palsied children has declined considerably in as much that instead of a number around fifty there are now twenty-five. This decline has been replaced by an increase of children incapacitated by spina bifida and hydrocephalus numbering at the present time fifteen. There are also fourteen muscular dystrophies; this would appear to be in excess of the average in years past.

There is a group of children for whom no final diagnosis has been made as they do not fit into any specific category and have multiple difficulties.

The whole approach to education and treatment is to emphasise normality and where possible it is the policy to encourage children to go on to a normal school. Pupils who, because of their physical disability cannot attend any other school, where suitable will be prepared for the C.S.E.

In addition to the basic subjects they are given instruction in the various crafts and domestic science. It must be remembered that children so severely disabled by necessity spend a great deal of time having treatment, physiotherapy, speech therapy and visits to hospitals for various tests.

At the end of the year the first stage of the rebuilding programme was nearing completion and it is hoped to start using this early in the new year.

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

Thanks are expressed to Mr. J. A. Ainley, Headmaster, for the following report:

The number of children on roll has increased to 243, in spite of a gradual decrease in children coming from other authorities. This is not due so much to an increase in backwardness in the area as to earlier recognition by health visitors, clinics, doctors and psychologist, together with their recommendation that the children need special education. As a result many of our children are now admitted at five years, and there is then a better prospect that they will, by the end of school life, have higher attainments, be better adjusted, and better able to live a normal life, although of course the level of measured intelligence will not usually change very much. As a result of increased numbers an additional full time teacher has been approved.

A new development at the school is a unit for eight children who have additional handicaps which can broadly be described as perceptual difficulties. The aim is to see how far these children can be helped, by experimentally reducing the normal classroom stimulation to perhaps one sensory channel (e.g. by the use of cubicles) and by specific sense and motor skill training programmes, based on the work of Frostig and Kephart. In the long term these children are the most severely handicapped, since they are the poorest in manual skills when the time comes for employment, and they do not have the intelligence or attainment, within the school's range, for other kinds of work.

Types of employment in which success has been achieved:

Labourer
Factory Hand
Canteen Assistant
Sales Assistant
Caterer
Fencing Panel Maker

643	688
1131	240
653	621
1497	1232
630	278
2089	2137
674	724
100	92
383	401
832	887

197 Including register brought forward on 1st October.

1974 1975

Thanks are expressed to Mr. F. S. Robinson, for his assistance in completing this report

2,752,806 2,795,698

Ascertainment of Handicapped PupilsChildren ascertained in 1969 as requiring special educational placement

<u>Category</u>	<u>Number</u>
Blind	Nil
Partially Sighted	Nil
Deaf	Nil
Partially Hearing	3
Educationally Subnormal	31
Epileptic	Nil
Maladjusted	4
Physically Handicapped	3
Delicate	2
Speech Defect	Nil
Total	<u>43</u>

Health Education

Details of activities which took place in schools and youth centres are reported on page 22.

Youth Employment Service - Year Ended 30th September 1969

	1968	1969
Boys and girls living in the borough known to have left school	1024	1042
New entrants into National Insurance: school leavers	688	646
First advisory interviews	1240	1131
Interviewed who continued full time education at school or college	621	623
Applications for employment *	1235	1197
First applications included in above figure	578	630
Vacancies notified *	2137	2089
Kingston boys and girls placed in local employment	734	674
Kingston boys and girls placed in other districts	92	100
Local residents included in above figures who were placed in first situations	401	383
Total of vacancies filled in Kingston area	887	832

* Including register brought forward on 1st October.

Thanks are expressed 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	320
Children examined for entertainment licences	9
Found to be unfit	nil

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 1s.6d. 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 1969 Returns

Children in attendance	18,265	
Taking milk	10,283	
Percentage taking milk	56.29%	
Taking meals	14,379	
Percentage taking meals	80.11%	
Cost of meal to pupil	1s.6d.	
Actual cost of meal	3s.0d.	
Percentage taking meal at:		
Full cost	94.77%	
Free	5.23%	
Average number of days meals were supplied in year	192	
Average daily number of meals supplied	14,870	
Number of meals supplied:		
Non-maintained schools and other establishments	25,882	
Maintained schools	<u>2,769,806</u>	2,795,658

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.

Seven 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 five children of school age. The causes of death were as follows:

- 2 Leukaemia
- 1 Cerebral Abscess
- 1 Bronchopneumonia
- 1 Ruptured Spleen

Medical Examination of Adults

165 newly appointed teachers and candidates for admission to teachers training colleges were medically examined as required by the Department of Education and Science.

Of 244 teachers appointed to Kingston schools, submitting medical history forms, 243 were fit; the remaining one was found to be unfit following medical examination.

Vacancies filled	630
Kingston boys placed in local schools	2089
Kingston boys placed in other schools	674
Local residents included in above	100
Total	383
Average number of days meals were supplied	832

Average daily number of meals supplied

Employment of teachers in Kingston schools

Report on the maintenance of schools in Kingston

2,752,658

Maintained schools

SCHOOL DENTAL SERVICE

Donald M. Dodd, L.D.S., B.D.S., Chief Dental Officer

Staff

After a prolonged staff shortage during the first six months the establishment of dental officers and dental attendants reached almost full strength by the end of the year.

Clinics and Equipment

All clinics are inspected regularly and a high standard of hygiene is maintained. Four of the oldest dental units will need phased replacement over the next three or four years.

Dental Inspections (see tables)

Approximately 86 per cent of the school population was inspected during the year either at schools or clinics and 14 per cent had more than one inspection in the same period.

Dental Treatment (see tables)

80 per cent of those with defective mouths were offered treatment, from which satisfactory trends can be seen emerging. The most important observation is that the accent, wherever possible, has been directed very markedly towards preservation of teeth, in as much as eight permanent teeth have been filled for every one extracted. The remarkably small numbers of dentures needed is a further indication of successful treatment planning.

Some 30 per cent of those offered treatment required the correction of teeth irregularities by means of orthodontic appliances, and this aspect of the service has been very adequately coped with by the orthodontic clinic and laboratory at Acre Road.

A further encouraging sign here is that certain practitioners in the General Dental Services have been tending to seek the advice and treatment of some of their patients by our own orthodontists.

Fluoridation

In the latter half of the year the Government issued its report on fluoridation of water supplies, after eleven years of intensive investigation into the subject.

The report confirmed that such a process produces a dramatic reduction in the amount of caries in children's teeth and that the benefits of this, both local and general, are continued into adult life. It also confirmed that the addition of one part per million of fluoride to drinking water has produced no proven deleterious effects on the health of individuals.

Large reductions in the numbers of extractions and complicated fillings would undoubtedly follow the adoption of this measure, with the result that far less pain and ill health would be suffered because of carious teeth.

In areas where there is a single complex network supplying water to many authorities, it is almost impossible to provide a separate supply of fluoridated water to those authorities who wish to receive it, if other authorities are opposed to the process. For example, although three-quarters of the twenty eight London Boroughs supplied by the Metropolitan Water Board have agreed to fluoridation of their water supply, they are prevented from receiving same because one quarter of the boroughs have voted against the idea.

Dental Auxiliaries

At present no dental auxiliaries are employed. However, these ancillary workers will have an increasingly important role to play in future local authority services. They can relieve the dental officers of some of the simpler operative procedures and have proved to be extremely popular with pre-school patients and younger school children.

Their complementary role lies in the field of dental health education and much useful work can be allotted to them in this direction.

Dental Health Education

As always this remains a vital factor in the fight to maintain public awareness of the importance of good dental health.

February was Dental Health Month, with special poster and pamphlet displays in all clinics. In November the General Dental Council's display caravan was engaged for the first time in the borough and formed part of two health exhibitions. Valuable assistance was also given by health visitors throughout the year, who undertook to include the subject of Dental Health in their talks to school children.

The following is a summary of the work undertaken in the School Dental Service in 1969:

General Dental Inspection and Treatment

Inspections	At school	13,767	
	At clinic	<u>2,230</u>	15,997
Re-inspections at school and clinic			2,447
Found to require treatment			6,273
Offered treatment			4,929
Treated			3,135
Attendances for treatment			9,383
Sessions for inspection			140
Sessions for treatment			1,774
Sessions devoted to dental health education			38
Fillings:	Permanent teeth		3,395
	Temporary teeth		3,260
Filled:	Permanent teeth		2,990
	Temporary teeth		2,971
Extractions:	Permanent teeth		376
	Temporary teeth		836
General anaesthetics			384
Pupils X-rayed			434
Prophylaxis			899
Teeth otherwise conserved			1,516
Teeth root filled			22
Crowns and inlays			7

Orthodontic Cases

Commenced during the year	146
Brought forward from 1968	256
Completed during year	102
Discontinued during year	41
Referred to Hospital consultant	4
Removable appliances fitted	190
Fixed appliances fitted	74
Under treatment at end of year	259

School ClinicsClinicAddress

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

Mecklenberg House,
50 Kingston Road,
New Malden

Child Guidance

The Manor Drive,
Worcester Park

Minor Ailments
Speech
Dental
Eye
General Medical
Physiotherapy
Audiology

St. George's Hall,
Hamilton Avenue,
Tolworth

Speech

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

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