

[Report of the Medical Officer of Health for Richmond].

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Richmond upon Thames (London, England). Council.
Nelson, Alastair Morrison.

Publication/Creation

[1969]

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The Health of Richmond upon Thames



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|----|-----------------------------|-------------|
| | Mr. Merton | B.415 |
| 1. | Dr. Didsbury | C.407 |
| 2. | Mr. Morley Parry | A.481 A.489 |
| 3. | Mr. Perry | |

1968

LONDON BOROUGH OF RICHMOND UPON THAMES



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year

1968

A. M. NELSON, M.B., Ch.B., D.P.H.

HEALTH DEPARTMENT,
ELMFIELD HOUSE,
HIGH STREET,
TEDDINGTON,
MIDDLESEX.

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SOCIAL SERVICES COMMITTEE

as at 31st December, 1968

His Worship the Mayor, Alderman W. F. NATION, J.P. (ex-officio).
The Deputy Mayor, Councillor G. H. NEEDS (ex-officio).
Alderman L. DEFRIES-PORTER, LL.B., M.B.I.M. (Chairman).
Councillor M. GOLD, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. (Vice-Chairman).
Alderman J. W. H. CRANE (Deputy Vice-Chairman).
Alderman M. W. Garrett, D.L.
Alderman C. Gompels, B.Sc. (Econ.).
Councillor M. A. Beal.
Councillor Mrs. S. Cooper.
Councillor F. D. Gilday-Fox, B.A., J.P.
Councillor H. L. Lewis, C.B.E.
Councillor P. J. Maitland.
Councillor C. F. Muteau.
Councillor E. D. Vince, F.Inst.D.
Councillor Mrs. A. Woodward, J.P. D. R. Sinclair, Esq., M.B., B.S. (Advisory).

EDUCATION COMMITTEE

as at 31st December, 1968

Councillor Mrs. H. A. M. CHAMPION (Chairman).

Councillor Miss O. J. WILKINS (Vice-Chairman).

Alderman R. A. J. Alcock.	Councillor J. F. Lambeth, F.I.A.
Alderman H. Hall, M.P.S., F.S.M.C., J.P.	Councillor A. M. Leaney.
Councillor Mrs. H. M. Abell.	Councillor H. L. Lewis, C.B.E.
Councillor A. F. Arbour.	Councillor P. J. Maitland.
Councillor J. K. Baker, B.Sc. (Eng.), C.Eng., M.I.Mech.E.	Councillor J. A. Muir, B.Comm.
Councillor T. Q. Battle.	Councillor C. F. Muteau.
Councillor Mrs. H. E. Bell-Wright.	Councillor D. J. Neal Smith, M.D., F.R.C.O.G., F.R.C.O. (Chm.).
Councillor B. Bligh.	Councillor T. H. F. Raison, M.A.
Councillor Mrs. S. Cooper.	Councillor G. Tremlett.
Councillor F. D. Gilday-Fox, B.A., J.P.	Councillor E. D. Vince, F.Inst.D.
Councillor S. Grose, B.A.	Councillor S. D. Wade.
Councillor C. Harston, B.A.	Councillor W. K. Warren, F.P.S.
Councillor Mrs. E. Kramer, M.R.C.S., L.R.C.P.	Councillor A. West.
	Councillor E. W. Wilton, M.A. (Oxon.), F.R.S.A.

Co-opted members: Rev. Canon F. J. Davys; Rev. Canon D. Landreth, M.A.; Rev. T. F. Valentine, M.A.; Mrs. M. B. Davies; Mr. F. A. W. Counter; Mr. C. Holman; Mr. A. C. Jordan; Mr. A. G. Leach; Mr. B. W. Pride and Mr. N. Radley.

SCHOOLS SUB-COMMITTEE

as at 31st December, 1968

Councillor Mrs. H. E. BELL-WRIGHT (Chairman).

Councillor D. J. NEAL SMITH, M.D., F.R.C.O.G., F.R.C.O. (Chm.)
(Vice-Chairman).

Alderman H. Hall, M.P.S., F.S.M.C., J.P.

Councillor Mrs. H. M. Abell.

Councillor Mrs. S. Cooper.

Councillor C. Harston, B.A.

Councillor H. L. Lewis, C.B.E.

Councillor J. A. Muir, B.Comm.

Councillor T. H. F. Raison, M.A.

Rev. D. Landreth, M.A.

Mrs. M. B. Davies.

Mr. A. C. Jordan.

Councillor Mrs. H. A. M. Champion (ex-officio).

Councillor Miss O. J. Wilkins (ex-officio).

OFFICERS

Medical Officer of Health and Principal School Medical Officer :

A. M. NELSON, M.B., Ch.B., D.P.H.

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

J. K. CRAIG, M.B.E., M.A., M.D., B.Ch., B.A.O., D.P.H., D.C.H., D.I.H.
(resigned 30.6.68)

MARGUERITE E. M. JAMES, M.B.E., M.B., Ch.B., D.P.H. (from 30.10.68—acting
from 22.7.68—29.10.68).

Senior Medical Officers :

MARGUERITE E. M. JAMES, M.B.E., M.B., Ch.B., D.P.H. (until 21.7.68)

SALLY E. FLEW, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst. R.C.O.G., D.C.H.,
(from 1.11.68).

MARY J. O'DONOVAN, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.

VIVIENNE SIMMONS, M.R.C.S., L.R.C.P., D.C.H. (resigned 16.6.68).

Chief Dental Officer and Principal School Dental Officer :

G. H. TUCKER, L.D.S., R.C.S.

Chief Public Health Inspector :

E. S. HERBERT, M.A.P.H.I.

Chief Nursing Officer :

MISS G. M. FRANCIS, S.R.N., S.C.M., H.V.Cert.

Superintendent Health Visitor :

MISS D. M. WOODS, S.R.N., S.C.M., H.V.Cert.

Non-Medical Supervisor of Midwives and Home Nursing Superintendent :

MISS O. WILLIAMS, S.R.N., S.C.M., QUEEN'S NURSE (resigned 17.9.68).

MISS J. T. PARSONS, R.S.C.N., S.R.N., S.C.M., N.D.N.Cert. (from 25.9.68)

Chief Mental Welfare Officer :

B. F. F. RADFORD, B.E.M., F.W.I., M.S.M.W.O. (died 9.10.68).

Chief Administrative Officer :

H. J. PUGH.

HEALTH DEPARTMENT,
ELMFIELD HOUSE,
HIGH STREET,
TEDDINGTON,
MIDDLESEX.

June, 1969.

*To the Mayor, Aldermen and Councillors of the
London Borough of Richmond upon Thames.*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1968.

As indicated in my previous Annual Report, a number of ventures and projects were initiated during 1968.

The concept of a comprehensive community mental health service is still in its early formative stages as far as this borough is concerned. National Health Service structure is awkward in that the River Thames is the boundary between the North and South West Metropolitan Regional Hospital Boards. There is no district hospital as defined by current thinking within the borough boundaries. As the basis of evolution is the modification of structure according to changing function, the essential emphasis must be on function. Therefore the function of a service is of prime concern. The establishment in a modest way of the Harle House Junior Training Centre for subnormal children at Feltham, and a day centre for the mentally ill at the Hostel, Rosslyn Road, East Twickenham, are units from which future community services will grow.

The home help is a very practical health worker; her social advice can be direct and to the point. As a key member of the community health team her training has been non-existent. Therefore you resolved that a certificated, graduated training scheme should be started in November 1968.

The "confetti syndrome" in the health field is upon us in that reports from Royal Commissions and inter-departmental committees in blue, working groups in green, and advisory committees in white, have landed on desks and committee tables all over the country. The most significant has been the Health Services and Public Health Act 1968 and its phased implementation commenced in the year of its enactment. As financial resources allow, further clauses will allow certain present services to be re-furbished, and new linkages to be created.

I would direct your attention to the conclusions derived from the survey among the under fives conducted by the Medical Commission on Accident Prevention. These several points on page 22 are pertinent to your deliberations in the amenity and housing fields. The creation of our own orthoptic clinic has been an important advance in aid to the young child with sight difficulties.

The year has been a sad one for staff changes. Dr. J. K. Craig, after a distinguished career in the overseas medical service, came to Richmond in the early developmental stages of the health department. His contribution and advice in the post of Deputy Medical Officer of Health from 1965 to 1968 was invaluable and worthwhile.

Miss Olwyn Williams, Non-Medical Supervisor of Midwives and Home Nursing Superintendent, beloved by patients and staff alike for personal reasons, obtained a similar post with the London Borough of Merton.

Mr. B. F. F. Radford, your Chief Mental Welfare Officer, died in October 1968. Bert Radford was a sincere, loyal, courageous, man. What he did, knowing what he did about himself, is beyond admiration. Also Mr. P. J. Shannon, the former Deputy Chief Public Health Inspector for Barnes, retired in the July. Unfortunately this brave likeable character died within a matter of weeks of retirement, after a lifetime of worthy public service.

In accordance with Paragraph 7(c) of Circular 1/69 from the Department of Health and Social Security, it is noted that you took no further formal action on the fluoridation of the public water supplies.

Grateful acknowledgment is made to the following for their co-operation and collaboration in the field of community medicine pertaining to, and in the service of, the residents of Richmond upon Thames:—

The family doctors;
The hospital services and staff;
All voluntary organisations;
The Chief Officers.

The staff of the health department have worked with loyal endeavour and carried out willingly every task asked of them. I would especially thank Dr. Marguerite James, Mr. E. S. Herbert and Mr. H. J. Pugh.

I conclude by thanking the Social Services and Education Committees, and the respective Chairmen involved, for their encouragement.

I am,

Yours respectfully,

A. M. NELSON,
*Medical Officer of Health and
Principal School Medical Officer.*

VITAL AND GENERAL STATISTICS 1968

Area in acres	13,873
Population (census 1961)	181,030
Population—estimated to mid-year (as supplied by the Registrar-General)	177,130
Number of inhabited houses	60,921
Rateable value	£11,116,227
Sum represented by a penny rate	£44,600

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Live Births—Legitimate ...	2,221	1,170	1,051
Illegitimate ...	207	107	100
Total	<u>2,428</u>	<u>1,277</u>	<u>1,151</u>

Live Birth rate per 1,000 of estimated Population	13.70
Adjusted Live Birth rate per 1,000 of estimated Population	13.84
Illegitimate Live Births per cent. of total Live Births	8.52

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Still Births—Legitimate ...	31	21	10
Illegitimate ...	7	1	6
Total	<u>38</u>	<u>22</u>	<u>16</u>

Still Birth rate per 1,000 live and still births	15.40
Total Live and Still Births	2,466
Infant Deaths (under 1 year of age):—	

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Legitimate ...	35	19	16
Illegitimate ...	3	1	2
Total	<u>38</u>	<u>20</u>	<u>18</u>

Infant mortality rate per 1,000 live births	15.65
Legitimate Infant mortality rate per 1,000 legitimate live births	15.75
Illegitimate Infant mortality rate per 1,000 illegitimate live births	14.49

Neo-Natal deaths		Under 4 weeks of age			Under 1 week of age		
		<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>
Legitimate ...		19	9	10	17	8	9
Illegitimate ...		3	1	2	3	1	2
Totals		<u>22</u>	<u>10</u>	<u>12</u>	<u>20</u>	<u>9</u>	<u>11</u>

Neo-Natal mortality rate (deaths under 4 weeks) per 1,000 total live births ...	9.06
Early Neo-Natal mortality rate (deaths under 1 week) per 1,000 total live births...	8.23
Perinatal mortality rate (stillbirths and deaths under 1 week combined) per 1,000 total live and still births	23.51
Maternal mortality (including abortion) deaths	—
Maternal mortality rate per 1,000 live and still births	—

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Deaths	2,288	1,137	1,151

Crude death rate per 1,000 of estimated population	12.91
Adjusted death rate	10.72

POPULATION

The Registrar General's estimate of mid-year population for the Borough was 177,130, which is a decrease of 1,910 compared with 1967. The natural increase (excess of births over deaths) was 140.

Year	Population	Population trend			Migration excess	
		Total increase or decrease	Percentage proportion	Natural increase or decrease	Inward	Outward
1965	181,130	- 950	- 0.52%	+ 658	—	1,608
1966	180,200	- 930	- 0.51%	+ 432	—	1,362
1967	179,040	- 1,160	- 0.64%	+ 404	—	1,564
1968	177,130	- 1,910	- 1.15%	+ 140	—	2,050

BIRTHS

During the year 2,428 live births were registered (a decrease of 253 compared with 1967) giving a live birth rate of 13.70 per 1,000 of the population or 13.84 when adjusted by the birth comparability factor. The latter makes allowances for differences in the age and sex distribution of the population throughout the country. The birth rate for England and Wales was 16.9.

DEATHS

The number of deaths registered in 1968 was 2,288 (an increase of 11 compared with 1967) giving a death rate of 12.91 per 1,000 of the population or 10.72 when adjusted by the comparability factor. The death rate for England and Wales was 11.9.

The table on pages 10 and 11 shows the distribution of deaths by age and cause.

Main Causes of Death

An analysis of the death returns reveals the following main causes of death:

Disease	Percentage of total deaths	Death rate per 1,000 of the population
Diseases of heart and circulatory system	38.46	4.96
Vascular lesions of nervous system	12.36	1.59
Bronchitis, Pneumonia, and other respiratory diseases	14.59	1.88
Cancer	21.19	2.73
Accidents, Violence	3.10	0.40

INFANT MORTALITY

During the year there were 38 deaths of infants under one year of age, a decrease of 6 on the previous year. The infant mortality rate was 15.65 per 1,000 live births compared with 18.0 for England and Wales.

An analysis of the causes of death is shown on page 9.

A major proportion of the deaths — 57.9% — occurred in the first four weeks of life. As expected prematurity, bronchitis and bronchopneumonia, congenital malformation, etc. took a high toll.

MATERNAL MORTALITY

There were no maternal deaths during the year.

Infant Mortality, 1968.

Net Deaths from stated causes at various ages under one year compiled from returns received.

CAUSE OF DEATH	TOTAL		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	1-3 months	3-6 months	6-9 months	9-12 months
	Under one year	Under four weeks	M F	M F	M F	M F	M F	M F	M F	M F
Total from all causes	38	22	11 9	1 1	— —	— —	5 —	1 4	2 —	2 2
Congenital Malformations	8	2	— 2	— —	— —	— —	2 —	1 2	— —	— 1
Post-Natal Asphyxia and Atelectasis	3	3	3 —	— —	— —	— —	— —	— —	— —	— —
Respiratory Distress Syndrome ...	2	2	1 1	— —	— —	— —	— —	— —	— —	— —
Bronchitis and Bronchopneumonia	11	1	— —	1 —	— —	— —	3 —	— 2	2 —	2 1
Prematurity	12	12	6 6	— —	— —	— —	— —	— —	— —	— —
Enteritis	1	1	— —	— 1	— —	— —	— —	— —	— —	— —
Haemolytic Disease of Newborn ...	1	1	1 —	— —	— —	— —	— —	— —	— —	— —

Distribution of Deaths by Age and Cause
Registrar General's Official Returns, 1968

Cause of Death	Age Group																Total		Grand Total
	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Enteritis and other diarrhoeal diseases	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
2. Tuberculosis of respiratory system	-	-	-	-	-	-	-	-	-	-	4	2	-	-	2	-	6	2	8
3. Other tuberculosis, incl. late effects	-	-	-	-	-	-	-	-	-	1	4	1	1	-	1	1	6	3	9
4. Syphilis and its sequelae	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	2	1	4	5
5. Other infective and parasitic diseases	-	-	-	-	1	-	-	-	1	-	-	-	1	-	1	-	4	-	4
6. Malignant neoplasm, stomach ...	-	-	-	-	-	-	-	-	-	-	8	2	6	5	7	11	21	18	39
7. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	3	-	44	13	42	12	23	10	112	35	147
8. Malignant neoplasm, breast ...	-	-	-	-	-	-	-	-	-	3	1	19	-	12	-	9	1	43	44
9. Malignant neoplasm, uterus ...	-	-	-	-	-	-	-	-	-	1	-	9	-	5	-	5	-	20	20
10. Leukaemia	-	-	-	-	-	-	-	-	1	1	1	-	2	4	2	2	6	7	13
11. Other malignant neoplasms, etc.	-	-	-	1	-	1	1	-	6	1	43	30	30	37	38	34	118	104	222
12. Benign and unspecified neoplasms	-	-	-	-	-	-	-	-	-	-	1	3	-	1	1	-	2	4	6
13. Diabetes Mellitus	-	-	-	-	-	-	-	-	-	2	1	4	5	3	2	6	8	15	23
14. Avitaminosis, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1
15. Other endocrine etc. diseases ...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	2
16. Anaemias	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	6	6
17. Other diseases of blood, etc. ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
18. Mental disorders	-	-	-	-	-	-	-	-	1	-	-	1	-	2	-	1	1	4	5
19. Meningitis	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1
20. Other diseases of nervous system, etc.	-	-	-	-	-	-	-	-	1	-	4	1	2	4	2	5	9	10	19
21. Chronic rheumatic heart disease ...	-	-	-	-	-	-	-	-	-	-	5	2	4	-	3	7	12	9	21
22. Hypertensive disease	-	-	-	-	-	-	-	-	-	-	6	4	1	8	4	17	11	29	40
23. Ischaemic heart disease	-	-	-	-	-	-	-	-	3	-	92	21	103	57	121	179	319	257	576
24. Other forms of heart disease ...	-	-	-	-	-	-	-	-	2	-	5	2	9	8	24	65	40	75	115
25. Cerebrovascular disease	-	-	-	-	-	-	2	-	4	1	18	20	37	31	62	108	123	160	283
26. Other diseases of circulatory system	-	-	-	-	-	-	-	1	-	-	13	1	7	19	22	65	42	86	128
27. Influenza	-	-	-	-	-	-	-	-	1	-	-	-	1	2	6	8	8	10	18
28. Pneumonia	5	3	-	1	-	-	1	1	1	-	11	8	18	9	48	84	84	106	190

Cause of Death	Age Group																Total		Grand Total
	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
29. Bronchitis and emphysema ...	-	-	-	-	1	-	-	-	-	1	15	3	30	12	41	19	87	35	122
30. Asthma	-	-	-	-	-	-	-	-	-	-	1	2	-	-	1	1	3	4	
31. Other diseases of respiratory system	1	2	-	-	-	-	-	-	-	-	1	1	4	1	1	7	7	11	18
32. Peptic ulcer	-	-	-	-	-	-	-	-	1	-	1	2	6	2	3	-	11	4	15
33. Intestinal obstruction and hernia	-	1	-	-	-	-	-	-	-	-	1	1	-	3	3	7	4	12	16
34. Cirrhosis of liver	-	-	-	-	-	-	-	-	1	-	1	1	-	1	-	-	2	2	4
35. Other diseases of digestive system	-	-	-	-	-	-	-	-	-	-	3	1	2	2	1	4	6	7	13
36. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	2	2	4
37. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	1	-	1	-	4	-	6	-	6
38. Other diseases, genito-urinary system	-	-	-	-	-	-	-	-	-	-	1	4	3	1	2	3	6	8	14
39. Diseases of skin, subcutaneous tissue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
40. Diseases of musculo-skeletal system	-	-	-	-	-	-	-	-	-	-	-	-	2	5	1	5	3	10	13
41. Congenital anomalies	5	4	-	-	1	-	-	-	-	-	1	-	1	-	1	2	9	6	15
42. Birth injury, difficult labour, etc. ...	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	6
43. Other causes of perinatal mortality	4	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	10
44. Symptoms and ill-defined conditions	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1	5	2	7	9
45. Motor vehicle accidents	-	-	1	-	-	-	4	-	1	-	2	-	2	2	-	2	10	4	14
46. All other accidents	-	-	2	-	1	-	3	-	3	1	2	2	-	2	1	4	12	9	21
47. Suicide and self-inflicted injuries ...	-	-	-	-	-	-	1	2	5	-	7	5	2	3	3	1	18	11	29
48. All other external causes	-	-	1	-	-	-	-	-	3	-	2	-	-	-	-	1	6	1	7
	20	18	4	2	5	1	12	4	38	13	302	167	322	261	434	685	1137	1151	2288

INFECTIOUS DISEASES

The Public Health (Infectious Diseases) Regulations, 1968, which came into force on the 1st October, 1968, consolidate into one instrument, with amendments, all existing Regulations relating to notification and prevention of infectious disease.

The infectious diseases (together with food poisoning) now to be notified to the Medical Officer of Health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
Measles	Yellow fever

Notification of the diseases listed below is no longer required:—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

The Public Health (Fees for Notifications of Infectious Disease) Order, 1968.

Section 48 of the Health Services and Public Health Act, 1968, provides that a medical practitioner shall notify any case or suspected case of notifiable disease or food poisoning to the Medical Officer of Health for the district. The above Order, which came into operation on the 1st October, 1968, requires the local authority for the district to pay the medical practitioner a fee of five shillings for each certificate of notification, except a certificate sent by a medical practitioner serving in the forces. (This fee was previously two shillings and six pence if the case occurred in private practice or one shilling if it occurred in a hospital or institution).

The number of notifications under respective legislation received during the year, compared with 1967, may be summarised as follows:

Disease.	1968	1967
Dysentery	37	3
Encephalitis (Acute)	1	—
Erysipelas	4	9
Food Poisoning	30	3
Infective Jaundice	49	34
Malaria	1	1
Measles	262	1400
Meningococcal Infection	1	—
Ophthalmia Neonatorum	1	1
Pneumonia (Acute)	35	27
Puerperal Pyrexia	1	1
Scarlet Fever	54	73
Typhoid and Paratyphoid Fever	—	3
Whooping Cough	60	52

The table on page 18 gives the number of cases notified under age groups.

Scarlet Fever.

More than half the notified cases occurred in the 5—9 age group, the age when children seem to be particularly susceptible, irrespective of sex. Although the incidence of this disease is still relatively high, there were less notified cases than in 1967.

Whooping Cough.

The number of cases notified in 1968 was 60 an increase of 8 on the previous year. Of these 60 cases there is a record of immunisation in 28 instances including 7 where a booster dose had been given. (See also page 33 — Whooping Cough Investigation).

Measles.

Following the tentative programme of vaccination commenced in 1964, children between the ages of 1 and 7 were vaccinated in 1968. This was not an epidemic year and compared with 1966, the last comparable year, the number of cases was most satisfactorily reduced.

The histogram on page 14 shows the comparison of notified cases since 1959.

Previous years figures are as follows:

1959	1957	1964	234
1960	57	1965	1992
1961	2422	1966	888
1962	112	1967	1400
1963	1885	1968	262

The distribution of cases during each quarter of the year was as follows:

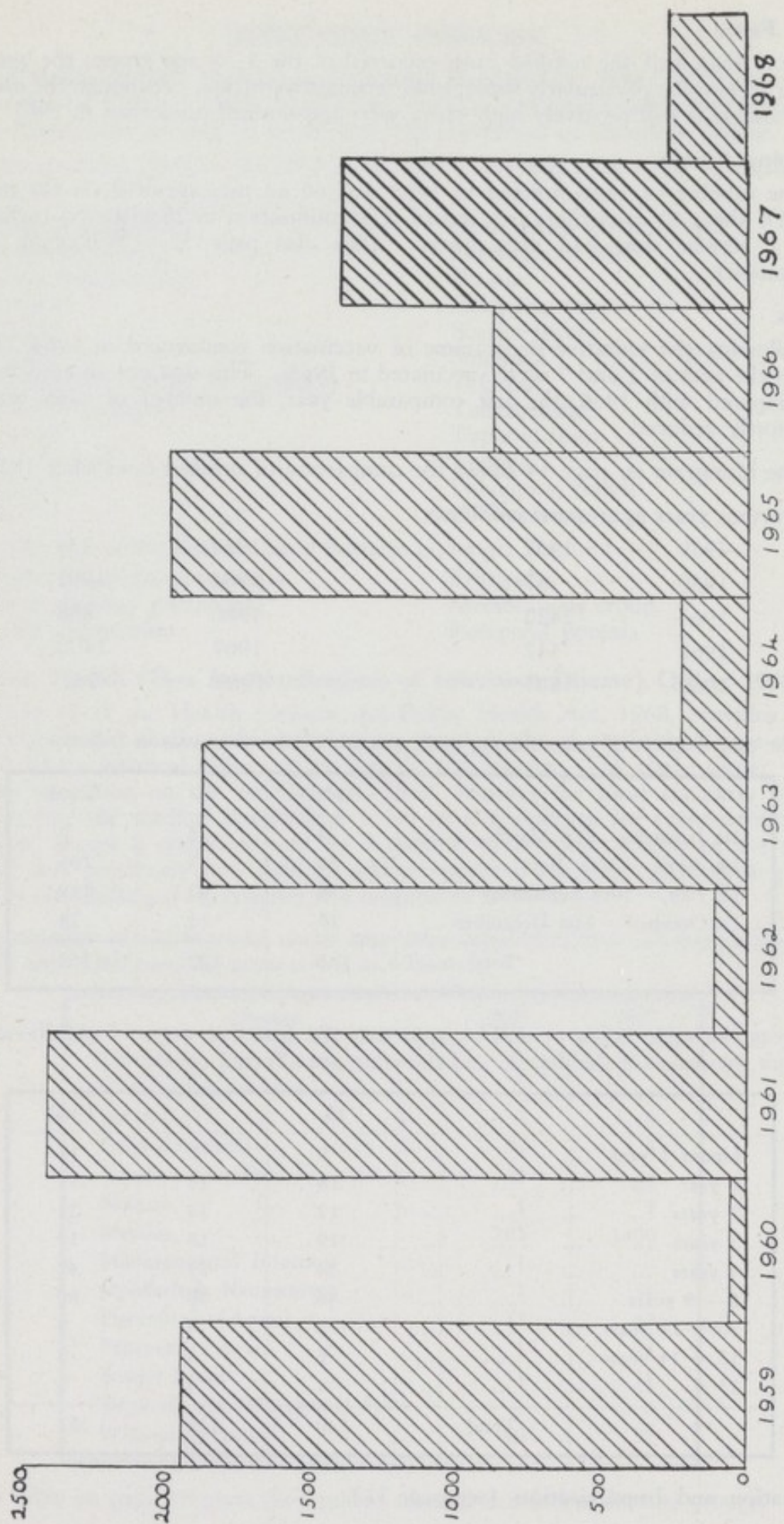
	M.	F.	Total
1st January — 31st March ...	4	5	9
1st April — 30th June ...	63	43	106
1st July — 30th September ...	56	63	119
1st October — 31st December ...	17	11	28
Total ...	140	122	262

From the table below it will be seen that the first five years of childhood suffer the major incidence of the disease and the sexes are affected equally:

	M.	F.	Total
Under 1 year ...	9	2	11
1 year ...	18	15	33
2 years ...	12	13	25
3 years ...	19	18	37
4 years ...	24	23	47
5 — 9 years ...	46	40	86
10 — 14 years ...	5	4	9
15 — 24 years ...	6	3	9
25 + ...	1	4	5
Total ...	140	122	262

Vaccination and Immunisation (see page 33).

NUMBER OF CASES OF MEASLES 1959 TO 1968



Dysentery.

There was a marked increase in the number of cases over the previous three years. Of the 37 cases notified 35 were of bacillary dysentery and 2 of amoebic, one of which was of a patient recently returned from a tour of the Far East. It was found necessary to exclude the contact of one case, a food handler, from her normal employment.

Food Poisoning.

Thirty cases of food poisoning were notified during the year but twenty five of these related to one episode, details of which are given below.

A telephone message was received on 6th November, 1968 from a local family doctor reporting an outbreak of diarrhoea and nausea at an Old People's Home, situated in the Borough but supervised by a neighbouring Local Welfare Authority.

On investigation it was found that 25 individuals had sickened, one of whom was an elderly lady of 81 years, who was admitted to hospital, where she subsequently died.

Samples of boiled beef eaten at the luncheon meal, and of re-cooked meat taken at the tea meal, were sent to the Public Health Laboratory.

Faecal specimens were obtained from patients, kitchen and nursing staff, and the bacteriological findings confirmed that the causative organism was *Clostridium Welchii*. Thus the probable vehicle was the boiled beef.

There was a practice in the establishment to wash all meat and this was carried out in one of the three stainless steel sinks in the kitchen. These were also used for washing vegetables and salad. There was one double sink and one single and the double sink was used for washing the meat and potatoes, with some interchange in use.

The cook was off duty during the afternoon, and if she had already cooked meat for the next day's meals, it was left to cool and for one of the other staff to place in the larder or refrigerator.

The danger of contamination from the sinks and the poor cooling arrangements were pointed out to the Superintendent and the Local Authority responsible for the administration informed of the result of the investigation.

A report was also received from a neighbouring London Borough of a party of visitors to a Public House in their area, who, after partaking of a meal, suffered from nausea and vomiting, which was later confirmed as Food Poisoning.

One of the staff of this Public House had moved to a residential hotel in this Borough, where he was employed as barman. Specimens were taken which proved positive and *Salmonella drypool* isolated. A certificate was immediately issued excluding the individual from work from 28th June until 6th August, 1968, when he moved to another London Borough.

Previous years figures are as follows:—

1962	14	1966	—
1963	6	1967	3
1964	8	1968	30
1965	6		

Infective Jaundice.

As a result of the Order made by the Council, Infective Jaundice has been officially notifiable in the Borough since 1st July, 1967.

The Public Health (Infective Jaundice) Regulations, 1968 which came into force

on 15th June, 1968, superseded this Order, and the disease is now notifiable throughout the country.

During the year 49 cases were notified, all of which were investigated. In one episode which involved 11 cases, it was possible to trace the infection passing by personal contact to children attending the same school and to visitors to the home address, but the actual cause of the infection was not discovered.

Smallpox.

No cases of smallpox were notified during the year.

Under the Public Health (Aircraft) Regulations, 1966, and the Public Health (Ships) Regulations, 1966 arrivals in this country from endemic areas who are not in possession of valid international certificates of vaccination against Smallpox are placed under surveillance by the Port or Airport Medical Officer for a period of fourteen days.

36 such cases of persons proceeding to addresses situated in the Borough were notified during the year. All were kept under surveillance for the stipulated period.

On the 1st March the department was notified by the Chief Medical Officer, Ministry of Health of a suspect case of smallpox in a Pakistani boy aged 15 years, who had travelled by air from Karachi to London on Saturday, 24th February, 1968, reported to the family doctor on the 27th February and was admitted to Long Reach Hospital, Dartford on the evening of the 29th February. The case was later confirmed.

Between arrival in this country and admission to hospital, the boy stayed at an address in the Westminster area at a house in multiple occupation. Information was received from the Westminster City Council that linen and clothing thought to be contaminated by the case had been sent to a laundry in the Barnes area. In consequence, the laundry was disinfected, and all workers in the laundry in question, vaccinated, except one. Surveillance of the laundry workers continued for the next two weeks.

Venereal Diseases.

I am indebted to Dr. N. Rosedale for the following statistics of the patients treated at the Special Clinic at West Middlesex Hospital:—

				New Cases	
				Syphilis	Gonorrhoea
				Other Conditions	Total
West Middlesex	...	...	...	10	53
				265	328

The number of patients treated at Special Clinics at other hospitals is:—

				New Cases	
				Syphilis	Gonorrhoea
				Other Conditions	Total
The London	...	...	...	—	1
St. Thomas'	...	...	...	—	3
St. Helier	...	...	...	—	2
					15
					24
					9
					11

Publicity for Treatment of Venereal Disease.

As a result of enquiries made, it was found that apart from a few defaced notices, there was no publicity on the treatment of venereal disease in the Public Conveniences in the Borough.

The problem of defacement is a very real one and during the year the Council decided to issue indestructible notices for display in these establishments.

Medical Arrangements for Long-stay Immigrants.

The number of immigrants who gave destination addresses situated in this Borough showed a considerable increase compared with 1967.

All destination addresses are visited by Public Health Inspectors who advise immigrants of the scope and arrangements of the National Health Service and every

effort is made to persuade them to have a chest X-ray as soon as possible. No immigrant admitted to any history of chest infection.

Where children accompanied the immigrants, follow up visits are made by the Health Visitor.

In 62 cases (25%) it was found that the immigrant had not arrived at the address given.

The following table shows from which Country the immigrants' passports were issued:

Country where passport issued							Number of
COMMONWEALTH COUNTRIES.							Immigrants.
Carribean	...	...	...	...	...	...	7
India	...	...	...	...	...	...	115
Pakistan	...	...	...	...	...	...	10
Other Asians	...	...	...	...	...	...	12
African	...	...	...	...	...	...	27
Other	...	...	...	...	...	...	16
NON-COMMONWEALTH COUNTRIES.							
European	...	...	...	...	...	...	68
Other	...	...	...	...	...	...	2
Total							257

Cases of Infectious Diseases Notified during the year 1968

DISEASE	CASES NOTIFIED AT VARIOUS AGES (YEARS)														Total Cases Noti- fied	Deaths
	Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and Over	Age not known		
Dysentery	-	1	3	3	-	8	4	-	5	5	5	3	-	-	37	-
Encephalitis (Acute)	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Erysipelas	-	-	-	-	-	-	-	-	-	1	-	2	1	-	4	-
Food Poisoning	-	-	1	-	-	-	-	1	1	1	2	3	21	-	30	-
Infective Jaundice	-	-	-	1	-	6	6	5	7	10	3	8	3	-	49	-
Malaria	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Measles	11	33	25	37	47	86	9	7	2	4	-	1	-	-	262	-
Meningococcal Infection	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Pneumonia	-	-	-	1	-	1	2	-	-	4	1	5	21	-	35	190
Puerperal Pyrexia	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Scarlet Fever	1	-	4	6	6	31	2	1	2	-	-	-	1	-	54	-
Whooping Cough	6	7	8	14	2	18	2	1	1	1	-	-	-	-	60	-
Totals ...	19	42	41	62	55	151	25	15	20	26	11	22	47	-	536	191

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

Ante-Natal	Number of cases attended:		Attendances
	Attendances	Post-Natal	
601	2,772	100	100
Sessions held (medical officer in attendance) 247.			

Ante-natal relaxation and post-natal exercises are taught in all the clinics. 557 women made 2,732 attendances at these clinics during the year.

Incidence of Congenital Malformations

Since 1st January, 1964 the Ministry of Health (now the Department of Health and Social Security) have required all congenital malformations in new-born babies to be notified by Local Health Authorities to the Registrar General, so as to enable the latter to complete statistical information from which to detect any national or regional changes in the pattern of congenital malformations.

The number of babies born with defects during 1968 was 59.

Puerperal Pyrexia Regulations

One case of puerperal pyrexia was notified during the year from a local maternity unit. The patient lived in the Borough and subsequently recovered.

Family Planning

The Council made arrangements in 1965 through the Family Planning Association for advice and treatment (including supplies) to be given to women to whom pregnancy would be detrimental to health. This service is provided free of charge to the patients, the Council accepting financial responsibility for patients in this category referred for advice and treatment by its own medical officers. During 1968 ten such patients were referred.

The Council does not operate family planning clinics but has made available to the Family Planning Association the free use of four of its clinics (Hampton Wick; Kings Road, Richmond; Whitton, and Windham Road, Richmond) for the purpose of holding family planning sessions.

I stated in my report for 1967 that the National Health Service (Family Planning Act), 1967 received the Royal Assent on 28th June, 1967; that at the end of the year discussions were still going on between the London Boroughs Association and the Family Planning Association in an effort to formulate recommendations for a common policy amongst the London Boroughs, and that this Council, in common with most of the London Boroughs, had not made a decision concerning the implementation of the Act. It became apparent in the early months of the year that the various local difficulties were such that no common policy amongst the London Boroughs was likely to be achieved. Accordingly the Social Services Committee, in consideration of the various alternative methods of implementing the Act suggested by me, took the view that in dealing with the matter the Council should confine itself at the present time to the medical aspect thereof and should not at the expense of the ratepayers, provide a "social" service which was being adequately met by private arrangements and to the substance of which there was still considerable public opposition. The Committee's recommendations which formed the basis of the Council's decision was that the following services should be provided as from 1st April, 1969:—

- (a) Medical cases to be dealt with at the Council's "Well Woman" Clinics.
- (b) A domiciliary service be provided, by arrangement with the Family Planning Association, for "problem" families.

As a possible extension of the service the Committee indicated that they would also give consideration to the possibilities of the setting up of counselling clinics for adolescents.

At the end of the year plans were in hand to implement the Council's decisions outlined in (a) and (b) in the foregoing.

Care of Unsupported Mothers and Their Babies

Miss H. Oliver, Social Welfare Worker, comments:—

The report for 1968 on the care of the unsupported mother and her child comes at a time when the Abortion Act and youth advisory clinics are being widely debated.

That these matters are closely related to the problem of illegitimacy is clear.

There has been a steady decrease in the numbers of new cases reported in this area as the following table shows.

1966	1967	1968
175	147	115

This may be accounted for by the fact that routine contraceptive advice is almost universally given to single women attending post-natal clinics and also to those referred to special clinics to exclude venereal infections.

Whether the Abortion Act has also contributed to a decline in illegitimate births in this area is not easily assessed. The number of pregnancies known to have been terminated is small, but the actual figure cannot be given.

The traditional Christian view that life has other purposes than the complete gratification of every impulse brings little response in a society which places a total value on personal emancipation.

It seems logical to supply services which meet the need created by the permissiveness current in the world to-day.

The facilities available for unsupported mothers under the National Health Service Act, 1946 continue to meet the need in this district despite closures of homes and hostels in the vicinity.

That more voluntary effort is going into the field of housing minorities is to be welcomed in the area and, although the need has again been small, there has been a trend for women wishing to keep their babies preferring to be home makers themselves rather than returning to the family home with all the stresses that sometimes ensue.

Total Number of Cases referred in 1968:—

Unsupported mothers	...	...	...	...	...	...	...	...	Total
									115
Referred by									
Medical Social Workers	...	...	...	...	...	...	...	...	54
Doctors	...	...	...	...	...	...	...	...	26
Voluntary Social Workers	...	...	...	...	...	...	...	...	11
Health Visitors	...	...	...	...	...	...	...	...	9
Clergy	...	...	...	...	...	...	...	...	4
N.C.U.M.C.	...	...	...	...	...	...	...	...	6
Children's Department	...	...	...	...	...	...	...	...	3
Parents	...	...	...	...	...	...	...	...	2
									115

THE MOTHERS

Marital Status			Domicile			Occupation		
Single	...	101	In area	...	89	Office Workers	...	37
Divorced	...	5	Outside area	...	26	Factory Workers	...	15
Separated	...	5				Shop Assistants	...	7
Married	...	4				Domestic and	...	
Education			Religion			Hotel Workers	...	9
Sec. Mod.	...	72	C. of E.	...	84	Hairdressers	...	10
Grammar	...	33	R.C.	...	23	Nurses and	...	
Public	...	1	Free Church	...	7	Midwives	...	11
Convent	...	3	Humanist	...	1	Students	...	6
Training	...					Teachers	...	4
College	...	4				Actresses	...	2
University	...	2				Housewives	...	2
						Civil Servants	...	4
						Radiographer	...	1
						University	...	
						Lecturer	...	1
						Porter	...	1
						School Girls	...	5
Ages			Countries of origin			other than G.B.		
15 years	...	3	Eire	...	18			
16 "	...	4	W. Indies	...	2			
17 "	...	7	Spain	...	1			
18 "	...	14	France	...	1			
19 "	...	18	Channel Isles	...	1			
20 "	...	14	S. Africa	...	1			
21-30 yrs.	...	51	Australia	...	1			
31-37 "	...	4	N. Zealand	...	1			

PUTATIVE FATHERS

Marital Status			Ages			Countries of origin		
Single	...	68	15 years	...	1	other than G.B.	...	
Married	...	22	16 "	...	2	Eire	...	25
Separated	...	6	17 "	...	4	W. Indies	...	2
Unknown	...	19	18 "	...	3	Sweden	...	1
Occupation			19 "	...	2	Channel Isles	...	1
Teachers	...	5	20 "	...	19	S. Africa	...	1
Journalists	...	2	21-30 yrs.	...	52	Spain	...	1
Musicians	...	2	31-49 "	...	18	Turkey	...	1
Students	...	21	Unknown	...	14			
Waiters	...	3						
Milkmen	...	2						
Park-keeper	...	1						
Factory and	...							
Manual	...							
Workers	...	39						
Office Workers	...	34						
Unknown	...	6						

Ways in which unsupported mothers have been helped.

By admission to working girls hostels in early pregnancy	...	...	21
By admission to maternity homes and hostels	...	...	44
By providing private accommodation	...	...	3
By reconciliation with parents or relatives	...	...	19
By private financial agreements or affiliation orders	...	...	10
By adoption through registered adoption agencies	...	...	31
By fostering arrangements and private nurseries	...	...	27
By temporary care provided by the Children's Department pending other arrangements	...	...	8
By satisfactory residential posts	...	...	3
By gifts of clothing, cots, prams	...	...	5
By arrangements made for residential care but later cancelled...	...	...	10
By arrangements for the return of one girl and her baby to parents in Eire	...	...	1
By arrangements for one girl to return to her parents in Europe	...	...	1
By vacancies found in flatlet house but refused — one girl preferring a residential post and the other wishing to co-habit...	...	...	2

At the end of 1968 the mothers who decided to keep their babies were living in the following way

Had returned to parents and relatives	...	...	28
Had married putative father	...	...	10
Had married other than putative father	...	...	5
Were co-habiting	...	...	15
Living in lodgings or own home	...	...	8
Had accepted residential work	...	...	3

Mothers who parted with their babies or lost them

By adoption	...	...	...	31
Still births	...	...	...	1
Miscarriages	...	...	...	4
Terminated	...	...	...	4
In care	...	...	...	2
Arrangements incomplete at end of year...	...	...	...	4

Figures showing steady decrease in numbers of new cases reported

1966	1967	1968
175	147	115

Figures showing decrease in numbers requiring residential care.

	1966	1967	1968
Shelters	33	26	21
Homes & Hostels	86	67	44

Surveys

The department has taken part in a number of surveys in association with various research bodies during the year. These include a survey into children suffering from spina bifida (Greater London Council); a study of mothers of children born with anencephaly or spina bifida cystica in the Greater London area (Institute of Child Health); survey of childhood cancers (Oxford University); nutrition survey of pre-school children (Department of Health and Social Security); investigation into the possible virus aetiology of mental deficiency (St. George's Hospital Medical School, London); survey of district nursing (Social Medicine Unit, Guy's Hospital Medical School); study of the mucopolysaccharidoses (Galton Laboratory of the Department of Human Genetics and Biometry, University College, London).

In my report for 1967, I stated that the department had taken part, in association with the Medical Commission on Accident Prevention, into an investigation into accidents occurring to children under five years old. A summary of the Medical Commission's report is quoted below:—

"One hundred accident incidents notified by hospitals, and occasionally by general practitioners, to local health authorities for full social investigation by Health Visitors, were collected in each of six areas — 50 consecutively as notified from 1st January, 1967, and another 50 from 1st July, 1967. The areas selected were — Edinburgh, Oxford, Richmond upon Thames, Sheffield, Tiverton and Winchester. The questionnaire — of which 583 were fully completed and another 10 completed in part — was designed to probe in depth the accident incidence. The data so collected are divisible into two broad groups — data referable directly to the accident, and "background data" of the physical and social environments. Since many Health Visitors were involved a unifying assessment of each questionnaire was made by the writer of this summary and a grading made into four categories of seriousness.

It was the intention of the survey to attempt to elucidate the causes of accidents rather than their nature. This was to some extent stimulated by correspondence with the Ministry of Health on the subject of the need, if any, for statutory notification of home accidents.

Much of the value and importance of this study has resulted from the willing and effective co-operation of the Health Visitors in the six areas of the survey, of

the Medical Officers of Health, and of the hospitals with their medical and nursing staffs which were concerned in the initial notifications to the local authorities. The British Medical Association's survey of 1964 into "Accidents in the Home" provided much useful material and ideas for the conduct of this present study and has enabled useful comparisons to be drawn between the data collected then and now. It is hoped that, when the full report is made available to the Medical Commission, publication will be arranged in one of the appropriate medical journals, for undoubtedly much of the statistical data revealed in the preliminary report should be of interest to medical and para-medical workers in this field. The comments listed by Mr. Robarts in the preliminary report are as follows:

- (a) The possible fall in incidence of *thermal injuries*, compared with the findings in earlier surveys, is interesting. Could it relate to publicity, fireguards, manufacturing standards, non-flammable fabrics, etc.?
- (b) The probable rise in *poisoning*, compared with the findings in earlier surveys, is alarming, especially medicinal poisoning and this certainly seems most worthy of an extended investigation and continuing publicity.
- (c) Many *falls* about the house result in contusion injuries against sharp corners, especially in furniture. Could design reduce this?
- (d) *Lacerations* are often from glass and this, as a container material, in the presence of adequate alternatives, could be reconsidered, especially in the milk and soft drink distribution trades, as now so many articles are non-returnable and glass is indisposable.
- (e) It is the *bystander child* who often becomes the victim of injury by swing, bat or club in playground or garden. Notices of these dangers should be displayed in these public areas.
- (f) *Crush injuries* to fingers should remind all adults in the presence of children to look at and close gently all doors, especially in cars.
- (g) *Accident-proneness* certainly deserves a wider and more deeply penetrating investigation.
- (h) The influence of the *menstrual cycle and pregnancy* on accident-proneness also deserves fuller investigation.
- (i) *Play facilities* in older properties, and even more importantly, both indoors and out of doors in areas of new housing schemes and multi-storey developments, seem to require much more consideration from architects and local authorities than they have received in the past. Many problems, both physical and psychological, would seem to pertain to this modern housing conception."

Phenylketonuria

I mentioned in my last annual report that a child who had two negative tests carried out at the child welfare clinic in its second month of life was diagnosed at almost a year old as suffering from phenylketonuria and that mental retardation was then present. This occurrence emphasized the potential unreliability of urine testing as a screening procedure and for some time efforts had been made to introduce for routine screening of infants the more accurate blood test of Scriver or Guthrie but laboratory facilities were not yet available to carry out the tests within the hospital catchment areas of the Borough.

In October 1968, a circular (CMO 12/68) was received from the Chief Medical Officer of the then Ministry of Health which referred to the report of the working party on phenylketonuria of the Medical Research Council which was set up to study and report on different mass screening methods for the early detection of phenylketonuria. The report which had now been received by the Department recommended

that phenistix testing for phenylketonuria should be replaced by the Guthrie test on blood specimens taken on each infant on the sixth to fourteenth day of life. The evidence available at present indicates that this test is least likely to fail to detect phenylketonuria in an affected new-born infant thus enabling dietary treatment to start as early as possible. The report encouraged in parallel, continued studies of other screening tests and suggested that screening procedures might also cover other inborn errors of metabolism.

At the end of the year the situation was that it was known that a decision had been made to establish a Regional Centre for the Guthrie test for phenylketonuria to be sited at Queen Mary's Hospital for Children, Carshalton, which would serve the clinics in the Richmond and Barnes districts of the Borough. Negotiations were also in progress with the North-West Metropolitan Regional Hospital Board for similar facilities to be made available for clinics on the Middlesex bank.

Early Detection of Deafness

In order that children who have a hearing loss may be detected as early as possible, routine hearing tests are performed by the health visitors and clinic doctors from the age of six months.

Ophthalmia Neonatorum

(See page 55).

Child Health Clinics

At the end of the year, there were 12 child health clinics. (For location of clinics etc. see map inside the cover at the end of the report). One clinic has 5 sessions a week, two have 3 sessions a week, 6 have two sessions a week, 3 have one session a week.

To augment the above the arrangement made with Surrey County Council for the use of its mobile clinic was continued. Five sessions in alternate weeks are held at sites in Hampton, Twickenham and Whitton.

For details of attendances etc. during the year see page 26.

Orthopaedic Service

Of the 55 children under five years of age treated at the Orthopaedic Clinic during the year, 17 were new cases seen by the surgeon, 38 were re-examinations at the surgeon's clinic. These children made 55 attendances.

Dental Treatment — Expectant and Nursing Mothers and Young Children

Mr. G. H. Tucker, L.D.S., R.C.S., Chief Dental Officer, reports as follows.

The number of attendances and the amount of treatment given during the year is shown in Tables I and II which follow:

Table I.

Pre-School Children

Examined at clinic ...	...	...	606
Requiring treatment ...	...	...	310
Commenced treatment ...	...	...	287
Attendances for treatment ...	...	...	648
Fillings inserted ...	...	...	506
Extractions ...	...	...	167
General Anaesthetics ...	...	...	78

Table II.

Expectant and Nursing Mothers

Examined	102
Requiring treatment	86
Commenced treatment	78
Attendances for treatment	216
Fillings inserted	142
Gum treatment	28
General Anaesthetics	5
Dentures supplied	12
X-rays taken	12

There has been an increase over the last three years of about 20% per year in the number of pre-school children brought by their mothers to clinics for a dental check. This shows an increasing awareness on the part of parents for the need for early detection and treatment if necessary, of dental disease. A number of these young children are referred by general practitioners who are aware of the special skills shown by our dental officers in handling and treating children under 5 years old.

One hundred just five year old children were dentally examined for the Department of Education and Science's Quinquennial survey. The examinations showed that these children, who had only just commenced school, had a total of 184 decayed teeth, 53 extracted or missing teeth and 76 teeth filled.

Nurseries and Child-Minders Regulation Act, 1948

There were 53 registered child-minders and 53 private day nurseries (including one factory nursery) at 31st December, 1968, providing places for 1,954 children. All these registered nursery groups were visited periodically by a medical officer and a health visitor. The amendments to the Nurseries and Child-Minders Regulation Act, 1948, made in the Health Services and Public Health Act, 1968, provide for the registration of persons taking one child or more for reward and for registration of persons or premises where children are minded for two hours or more in any one day. This will mean a substantial increase in the number of registrations, particularly for child-minders and the full effect will be felt in 1969.

Local Authority Day Nurseries

There are three day nurseries in the Borough maintained by the Council for necessitous children from the age of six weeks to five years.

Admission is determined by priority categories and the demand for places far exceeds those available. There has been a waiting list for places at each of the nurseries throughout the whole year and some children have had to wait for as long as nine months before placement. It is a matter of regret that there are not enough places available to do any preventive work.

Accommodation :—

Castelnau, Barnes	45 places
Parkshot, Richmond	53 places
*Gifford Lodge, Twickenham	40 places

* The Council has agreed in principle to upgrade this nursery to 50 places and it is hoped to effect this in 1969. This increase, of course, will only partially relieve the pressure for places as the waiting list has been as high as 77 children.

Children with defects are also admitted to the day nurseries to aid their development emotionally, physically, mentally and socially.

Daily Minders

There were no daily minders receiving fees from the authority at the end of the year.

Child Health Clinics

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere	Number of children under observation at end of year
Born in 1968 (1)	Born in 1967 (2)	Born in 1963-1966 (3)	Total (4)	Medical Officers (5)	Health Visitors (6)	G.Ps. employed on a sessional basis (7)	Hospital medical staff (8)			
2460	2491	2426	7377	1296	110	22	—	1428	360	4676

Total attendances during the year 47,071.

Day Care of Children under Five.

In October, 1968, the then Minister of Health issued a circular (37/68) saying that he had been reviewing the provision by local health authorities of day care facilities for children under five in the light both of the operation of the Nurseries and Child-Minders Regulation Act and of other enquiries and reports on the matter. Among the suggestions in this circular were the following:

- (a) An outline of revised standards of accommodation and care.
- (b) That local authorities make greater use of their powers to place and pay for children in special need in private groups (the Council is empowered to recover some of the cost from parents according to means).
- (c) Some child-minders might be paid a retaining fee in return for their willingness to accept children in special need placed by the authority.
- (d) That the needs of many of the children who would normally be admitted to the Council's day nurseries could be catered for by admission to local authority nursery schools or classes.
- (e) That encouragement be given to suitable people and organisations to start nursery groups. In this connection the Minister reminded authorities of their power to give financial or other assistance to non-profit making organisations which provide day care facilities for children in the same groups as those admitted to Council day nurseries.
- (f) That authorities themselves might also run part-time nursery groups using existing premises and voluntary staff.

In his circular the Minister stated that he appreciated that expansion of day care facilities, where these are provided directly by local health authorities, or arranged by them, would not be easy in the present economic situation, and some authorities might not be able to implement suggestions made in the circular until some relaxation of the current restraint on public spending was possible.

He suggested that local health authorities may feel it right, in the light of the relative needs for facilities of different kinds in their areas, to divert some resources from other services in order to extend day care facilities without increasing the total expenditure. The extent to which day care facilities could be expanded in this way would be for the authorities themselves to decide and they were asked to consider what may be possible in the short term, and also whether any extension of facilities was needed in the long term.

The Council had already approved the up-grading of Gifford Lodge Day Nursery by ten places provided that this could be met by the existing budget provisions and on the specific suggestions made in the circular the Council agreed that I should implement, if the financial position permitted, a proposal that to meet the needs of special cases, up to five children at any one time should be permitted to be placed in suitably selected private groups at a fee not exceeding £1 0s. 0d. per day per child.

Welfare Foods

The Council is responsible for the distribution of welfare foods (National Dried Milk, cod liver oil, fruit juices, etc.) supplied by the department of Health and Social Security.

In addition various proprietary brands of dried milk and dietary supplements are sold at the child health clinics on the recommendation of the medical officers, health visitors or family doctor. I gratefully acknowledge the work of all voluntary helpers.

Cervical Cytology

During the year 1,123 women made 1,285 attendances at the six well-woman clinics in the Borough. Eight women had positive smear tests. All were referred to their personal medical attendant for further investigation.

DOMICILIARY MIDWIFERY AND HOME NURSING SERVICES

Staff as at 31st December, 1968

- 1 Non-Medical Supervisor of Midwives and Home Nursing Superintendent.
- 8 Full-time Midwives.
- 2 Part-time Midwives.
(1.0)*
- 4 Full-time District Nurses/Midwives.
- 1 Full-time Senior District Nurse.
- 31 Full-time District Nurses.
- 5 Part-time District Nurses.
(2.5)*
- 4 Part-time District Nurse Assistants.
(2)*

* equivalent whole-time.

In further consideration of the recommendations contained in Ministry of Health Circular 32/68, the Council, in November, decided to make greater use of Enrolled Nurses in lieu of State Registered Nurses. They authorised me to employ as and when the opportunity arose, Senior District Nurses each with two Enrolled Nurses. By the end of the year one such group had been formed.

MIDWIFERY SERVICE

Training

Six midwives are approved as teachers.

One midwife attended a refresher course as required by the rules of the Central Midwives Board.

Twenty three pupil midwives from West Middlesex Hospital, Isleworth, and Queen Charlotte's Hospital, Hammersmith, completed their three months period of training on the district.

Ten nurses from West Middlesex Hospital taking their obstetric training spent a half-day on the district observing the work of the domiciliary midwives.

Transport

All the domiciliary midwives drive cars. Two use Council vehicles; the remainder have their own cars.

Ante-natal Clinics.

Total weekly sessions during year (midwives only present)	...	274
" " " " " (medical officer present)	...	118
" " " " " at family doctors' clinics	...	343

Mothercraft

Mothercraft and relaxation classes were held at all clinics. A total of 557 women attended.

Domiciliary Deliveries

Number of domiciliary confinements attended by midwives under N.H.S. arrangements.			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
(1) Doctor not booked	(2) Doctor booked	(3) Total	(4)
—	321	321	452

This table relates to women delivered, and not, in the case of multiple births, to infants.

A total of 11,264 visits etc. were made to these mothers.

All midwives in the domiciliary midwifery service have been advised that patients, who are to have a domiciliary confinement, should be referred to their family doctor either for booking or for the latter to refer the patient to a practitioner on the obstetric list.

Notification of intention to practise

Under the rules of the Central Midwives Board, 35 midwives notified their intention to practise within the Borough. Fourteen of these were domiciliary midwives; the remainder were practising in hospital.

Medical Aid

Medical aid was required for 72 patients as follows :—

During Pregnancy		Infant	In Labour	Puerperium
Mild toxæmia	2	Ophthalmia 10	Fœtal distress 1	Pyrexia ... 1
Ante-partum hæmorrhage	2	Septic spots 1	Premature labour ... 3	Phlebitis ... 5
Low hæmoglobin	3	Gums inflamed 1	Malpresentation 3	Excessive lochia ... 2
Malpresentation	1	Coryza ... 2	Delay in labour	Offensive lochia ... 1
Intra uterine death ...	1	Prematurity (Wt. 4lbs. 8ozs.) 1	1st stage 7	Post-partum hæmorrhage
		Bleeding per vagina 1	2nd stage 4	10th day ... 1*
		per rectum 3	Vulvar varices 1	
		Cyanosis ... 2	Retained placenta ... 1	
		Asphyxia ... 2	Post-partum hæmorrhage 1	
		Congenital malformation 2	Ruptured perineum 7	

* This mother was admitted to Queen Charlotte's Hospital.

Early Discharges

The domiciliary midwives nursed 452 mothers and babies discharged from hospital early in the puerperium. The majority of these mothers had planned discharges. Three thousand and seventy seven visits (included in the above total) were made to these mothers.

Maternity Outfits

A maternity outfit is supplied free to each expectant mother arranging her confinement at home under the National Health Service, as well as — if requested — to those entering private nursing homes.

A smaller pack is supplied to patients discharged from hospital 48 hours after delivery.

Premature Births

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb. 3 oz. or less ...	7	5	2	—	—	—	—	—	—	—	—	—	2	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	9	2	2	—	—	—	—	—	—	—	—	—	4	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	20	—	1	—	1	—	—	—	—	—	—	—	13	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	28	—	—	—	1	—	—	—	—	—	—	—	2	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	63	—	2	—	5	—	—	—	—	—	—	—	2	—
6 Total	127	7	7	—	7	—	—	—	—	—	—	—	23	—

1 = 1,000g, or less, 2 = 1,001 — 1,500g, 3 = 1,501, — 2,000g, 4 = 2,001 — 2,250g, 5 = 2,251 — 2,500g.

Maternity Liaison Committee

As Medical Officer of Health, I am a member of the Maternity Services Liaison Committee Catchment Area IV, whose purpose is to discuss midwifery problems of hospital, family doctors, and the local authority health department.

HOME NURSING SERVICE

Training

3 District Nurses received district training.

3 District Nurses attended Refresher Courses.

75 Student Nurses from West Middlesex, Royal Richmond, Barnes and The Middlesex hospitals accompanied the District Nurses on domiciliary visits. This is part of the training programme and enables them to see at first sight some of the services in the community.

Cases and Visits

Total number of cases nursed	...	...	2,984
Number of above over 65 years of age	...	...	1,394
Number of above under 5 years of age	...	...	30
Total number of visits	...	...	92,625

Types of Care given

Number of injections	...	...	24,959
Number of dressings	...	...	15,469
Number of visits for general nursing care...	...	...	27,286
Number of baths	...	...	11,299

The remaining visits were made to patients needing supervision and/or support.

District Nurse Assistants

The number of district nurse assistants was increased to 4 by the end of 1968.

Marie Curie Memorial Foundation. Area Welfare Grant Scheme

The Borough continues to participate in the Area Welfare Grant Scheme providing for the urgent needs of cancer patients who are being nursed at home. Such assistance is only given "in kind" and covers for a limited period, day and night nursing, special equipment, linen and bedding, clothing, extra heating and nourishment. Thirty two patients received help with night and/or day nursing on 130 occasions.

HEALTH VISITING

Staff as at 31st December, 1968

1	Chief Nursing Officer.
1	Superintendent Health Visitor.
27	Health Visitors (includes 2 Field Work Instructors, 2 Group Advisers.)
5 (2.0)*	Part-time Health Visitors.
2	Clinic Nurses.
10 (4.0)*	Part-time Clinic Nurses.
1	Health Assistant.
1	Tuberculosis Health Visitor.
3	Student Health Visitors.

* equivalent whole time.

During the year there was a further improvement in the recruitment of staff.

Training and Refresher Courses

Ten health visitors attended courses during the year covering various aspects of the services. These included a qualifying course for a Field Work Instructor, the attendance of four health visitors at a course on hearing testing techniques relating to young children, and one at a course specialising in Health Education matters.

Family Doctors and Local Authority Nursing Staff

The table below summarises the position at the end of the year concerning the liaison of nursing staff with family doctors in the Borough.

Local Health Authority Nursing Staff

Practice No.	Health Visitor	Midwife	District Nurse	Clinic Nurse
1.	(a)	(b)		
2.	(a)	(b)		
3.	(a)		(c)	
* 4.	(a)			
5.		(b)		
6.				(d)
7.		(b)		
8.		(b)		
9.		(b)		

* In this practice the doctor has two child health clinics and two health visitors are involved.

- (a) the health visitor attends the doctor's child welfare (child health) clinic.
- (b) the midwife attends the doctor's ante-natal clinic.
- (c) the district nurse calls at the surgery every day to discuss the cases she is visiting from the practice and to receive instructions from the doctor on these particular cases.
- (d) In Practice No. 6 the clinic nurse attends the doctor's ante-natal clinic.

Each of these various forms of liaison are in the process of evolution and are being adapted to meet the needs of each of the practices concerned and the Chief Nursing Officer is keeping watch on the situation to ensure that they develop most advantageously to all concerned.

Health Visiting

	Cases visited by health visitors	Number of cases
1	Total number of cases	12,103
2	Children born in 1968	3,073
3	Children born in 1967	3,058
4	Children born in 1963-66	4,266
5	Total number of children in lines 2-4	10,397
6	Persons aged 65 or over	701
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	273
8	Mentally disordered persons	73
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	18
10	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	35
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	13
12	Number of tuberculous households visited	2
13	Number of households visited on account of other infectious diseases	13
14	Other cases	1,113
15	Number of tuberculous households visited by tuberculosis visitors	237

VACCINATION AND IMMUNISATION

Whooping Cough Investigation.

Sixty cases of whooping cough were notified during 1968; of these seven children had been given a primary course and subsequent boost of triple vaccine.

Twenty one children had primary courses of triple vaccine but did not receive a boosting dose. The main reason why such a large number had no 18-month booster is that it was scheduled practice to give only a diphtheria-tetanus boost at 18 months of age in the former Richmond area. Two additional factors were that some family doctors discouraged 18-month boosters as unnecessary and also that some children caught whooping cough before they were old enough for the 18-month booster.

Three children received partial courses only; two because of reaction to the pertussis factor and one failed to attend appointments for the completion of the course after having one dose of triple antigen.

The then Ministry of Health recommended a revision in the schedule of vaccination and immunisation in 1968 taking account of the fact that a better immunological response can be expected if the first dose is delayed until the child is 6 months of age. Before this age the antibody response may be reduced by the presence of maternal antibody, and the child's antibody mechanism is mature in the early months of life. It is advised that the second dose should then be given at 8 months of age and that the third dose should be given at 14 months of age. It is now considered that the boosting dose of triple vaccine previously recommended to be given at 18 months of age is unnecessary if the three primary doses are given at 6, 8 and 14 months.

The tables on page 34 show the numbers of children under 16 who completed vaccination or immunisation procedures during 1968.

The "take-up" of all available types of immunisation has continued to be satisfactory and the figures given in Table I on page 34 are generally comparable with last year's figures.

Table 1. Immunisation against Diphtheria/Whooping Cough/Tetanus/Poliomyelitis/Measles (separately or combined).

Type of Vaccine			YEAR OF BIRTH					Others Under 16	Total
			1968	1967	1966	1965	1961/64		
PRIMARY COURSE	DIPHTHERIA	...	1019	1161	49	18	30	11	2288
	WHOOPING COUGH		1006	1122	43	16	12	2	2201
	TETANUS		1019	1163	49	17	32	232	2512
	POLIOMYELITIS	...	949	1244	70	33	49	77	2422
	MEASLES		14	947	713	550	1177	58	3459
RE-INFORCING DOSES	DIPHTHERIA	...	—	423	867	166	1356	380	3192
	WHOOPING COUGH		—	393	755	111	309	36	1604
	TETANUS		—	423	868	170	1365	594	3420
	POLIOMYELITIS	...	—	399	786	150	1353	228	2916

Table 2. Vaccination against Smallpox.

Age at date of Vaccination	Under 1	1	2—4	5—15	Total
No. vaccinated ...	159	1129	241	75	1604
No. revaccinated ...	—	10	24	227	261

B.C.G. Vaccination against Tuberculosis. See page 36.

Measles Vaccination

Since 1st October, 1966, arrangements existed locally whereby vaccination against measles was offered to those children between the ages of nine months and two years whose parents desired them to receive it. In March, 1968, however, the then Minister of Health requested local authorities to make arrangements for the vaccination of susceptible children (aged up to seven years old) during May, June and July in the hope that this would reduce the likelihood of the spread of measles when the next epidemic season began in the Autumn. Apart from the vaccinations undertaken by the family doctors, vaccinations were carried out by the health department personnel by means of visits to schools, council day nurseries and special clinic sessions. Later in the year it was possible to extend this scheme to include children up to the age of fifteen years. The figures of children vaccinated are shown above.

Protection against Enteric Fever

Children visiting abroad in school parties may obtain T.A.B. inoculation either from their family doctor or the authority's clinics in the borough. I consider that all undertaking overseas travel should be so protected.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

During 1968 there were 38 notifications of pulmonary tuberculosis and 8 notifications of non-pulmonary tuberculosis in the Borough, compared with 53 and 11 notifications respectively, in 1967.

The following table shows an analysis of cases notified in 1968.

Age Periods.	Respiratory		Non-Respiratory	
	M	F	M	F
0—4 ...	—	—	—	—
5—14 ...	1	—	1	—
15—24 ...	2	2	—	1
25—44 ...	4	8	—	3
45—64 ...	9	5	1	2
65 and over...	6	1	—	—
Age unknown	—	—	—	—
Totals ...	22	16	2	6

The total number of cases on the register at the end of the year was:

Pulmonary ...	1227
Non-pulmonary ...	173

As may be seen from the Registrar General's official return there were 8 deaths from tuberculosis in 1968.

The Borough was again well served by the Chest Clinics of Ashford, Hounslow, Kingston, and the *ad hoc* clinic at the Richmond Royal Hospital.

Mass Radiography

Mass X-ray facilities were available to the general public without appointment at the West Middlesex Hospital, Twickenham Road, Isleworth on any weekday (excluding Saturday) between the hours of 9.0 a.m.—12.30 p.m. and 1.30 p.m.—5.0 p.m.

A mobile mass X-ray unit also visited the Bus Station at the rear of the Odeon Cinema, Richmond, on Thursday evenings between 5.15 p.m. and 6.15 p.m., and the Car Park, Municipal Offices, Sheen Lane, East Sheen, on Monday evenings between 5.45 and 6.30 p.m.

B.C.G. Vaccination against Tuberculosis.

B.C.G. Vaccination of schoolchildren at about the age of 13 is carried out under Section 28 of the National Health Service Act. During 1968, 987 schoolchildren were skin-tested and the details are as follows:—

No. skin tested	...	...	987	(637)
No. found positive	...	...	135	(562)
No. found negative	...	...	809	(70)
No. vaccinated	...	...	803	(70)

The figures in brackets show the number of schoolchildren who were re-tested during the year.

AFTER CARE FACILITIES.

The Richmond upon Thames Chest and Tuberculosis Care Committee continued to undertake the after care of chest cripples for the whole Borough.

I am indebted to Mrs. M. Jolliffe, Chairman, and her colleagues for the following report on the progress of the Organisation during the year.

"For more than a year, the Care Committee had been co-operating with the London Borough of Richmond upon Thames in the mutual work of assisting chest patients in the area. It gradually became apparent, however, that too much of the work in connection with the allocation of free milk and extra nourishment under the normal Council grants was being borne by the amateur labour of the Committee rather than by the professional labour of the Council. Accordingly, from April 1st, 1968, the responsibility for these allocations was once more restored to the Local Authority whilst their grant to the Committee was drastically reduced.

During the last nine months of 1968, therefore, the Committee's assistance to chest patients was once more limited to the money available from its own Christmas Seals sale, augmented by a small but very welcome grant from the Council. This resulted in 21 tuberculous and other chest patients in the London Borough of Richmond upon Thames being assisted out of Committee funds in addition to two Richmond patients receiving medical advice and/or treatment in the local clinics of Isleworth, Hounslow, Ashford, etc.

The assistance given was largely concentrated on summer holidays for patients and their families, on grants for fuel in winter or for the settlement of fuel bills, on Christmas parcels, etc., but consideration was also given to relieving family stress in the paying of domestic bills, television and car licences, fares for visiting patients, hire purchase debts and so on. Such assistance would not have been available from Council grants or from Social Security payments.

It is still to be regretted that more help from the Committee funds is not being requested from the Twickenham area where good money is being received as a result of the Seals Sale, but where such monies are not being locally utilised".

London Borough of Richmond upon Thames

Chest and Tuberculosis Care Committee Statistics 1968

Category of Cases.	No. assisted (within scale for Council grant).	No. assisted (above scale for Council grant).
RICHMOND		
Tuberculosis Cases ...	16	4
Other Chest Cripples ...	8	2
TWICKENHAM		
Tuberculosis Cases ...	1	1
Other Chest Cripples ...	—	—

It will be noted from the above report from Mrs. Jolliffe that as from the 1st April, 1968, the Council assumed responsibility for the operation of the free milk and extra nourishment scheme. Details are set out below:—

The number of patients who received help between the commencement of the scheme in April, 1968 and 31st December, 1968, was as follows:—

Adults	...	...	38
Children	...	...	2
Total	...	...	40

Of that number, 31 patients resided in the Richmond area, all of whom had been referred to this department by the Kingston Chest Clinic and of the remaining nine patients who resided in the Twickenham area, five were referred by the Hounslow Chest Clinic and four by the Ashford Chest Clinic.

Patients receiving free milk only	...	...	...	21
Patients receiving extra nourishment only	...	...	...	4
Patients receiving both free milk and extra nourishment	...	...	...	15

During the year, nine orders were cancelled permanently, due to death or removal to hospital for an indefinite period, leaving 31 patients in the scheme on 31st December, 1968. 14 orders were cancelled temporarily during the year, due to short stay in hospital. These patients were re-instated on discharge from hospital.

Hostel for homeless tuberculous males.

This 16-place hostel at 11, Rosslyn Road, Twickenham, provides shelter and care for homeless chest cripples. Many of the residents are the responsibility of other local health authorities. During the year three cases were admitted, three were discharged, two left of their own volition, and one patient died. At the end of the year there were twelve residents.

The Consultant Chest Physician at the Hounslow Chest Clinic continued to assess the eligibility of prospective residents. I am indebted to Dr. R. Heller and Dr. D. MacIntosh of the Hounslow Chest Clinic for their valuable help during the year.

Christmas extras at 10/- per head were granted to patients and resident staff. There was no change in the resident staff during the year, but considerable difficulty has always been experienced in appointing the necessary domestic staff.

The Hostel is visited regularly by a Health Visitor, a member of the Chest Clinic medical staff and a General Practitioner. The Occupational Therapist of the London Borough of Brent also visits.

Residents are encouraged to find employment if their medical condition allows. Many of the residents are, however, elderly and their employment prospects are most unlikely.

CARE OF THE ELDERLY.

Preventive care and after-care of the elderly is provided by the Health Department staff, working as a team to give a variety of services; e.g. health visiting, district nursing, provision of home help and night sitters-in (see page 44). A group adviser for the elderly provides liaison with the hospital, statutory and voluntary services.

The prevention of ill health and the unnecessary pitfalls of ageing by the early detection of abnormalities by screening techniques and the more positive approach by advice on all aspects of keeping well is a most important part of the work.

The clinics for older people are held throughout the Borough and provide for residents of the area who have attained the age of 55 years. Details of these clinics are set out below:—

Clinic.	No. of Sessions per week.	No. of Attendances.	No. of New Cases.
Church Road, Teddington.	6 per week.	2,763	119
Kings Road, Richmond.	1 per week.	265	27
* Whitton Clinic.	1 per week.	404	44
Barnes Clinic.	1 per week.	60	20
† Hampton Clinic.	1 per fortnight.	32	10

* Prior to October, 1968, this clinic was held weekly in a doctor's surgery in Whitton.

† Operational since April, 1968.

The emotional health of older people is as important as their actual physical health, since both have a bearing on each other. The crisis situation of bereavement, the loss of spouse, family moving away and retirement particularly affect this age group. It is known that social isolation, bereavement and physical ill health are important factors in depressive illness in the aged.

To meet the need for help and guidance in these situations, we now have the benefit of the expert advice of Dr. Alfred Torrie, Consultant Psychiatrist, who has been working as a member of the medical team at the Kings Road Clinic since November, 1967.

Residential Accommodation.

Mr. J. D. Elliott, D.P.A., A.I.S.W., Chief Welfare Officer, comments:—

The following table shows the number of persons accommodated on the 31st December, 1968, either in the Residential Homes under the control of your Committee

or in Homes run by Voluntary Organisations or other Local Authorities where this Council is financially responsible for the maintenance charges:—

	Men	Women	Total
Kingsmead, Richmond (180 beds)	54	109	163
Laurel Dene, Hampton Hill (76 beds)	9	61	70
Hampton Court House, Hampton Court (53 beds)	—	53	53
Craig House, Ham (51 beds)	8	38	46
Forbes House, Ham (37 beds)	—	37	37
Moiravale, Hampton Wick (29 beds)	7	22	29
	78	320	398
Residents in Voluntary Homes for whom the Council is financially responsible	56	82	138
Residents in other Authorities' Homes for whom the Council is financially responsible	12	30	42
	146	432	578
TOTAL			

Of the 398 persons shown as resident in the Borough Homes, 86 were accommodated on behalf of other Local Authorities making a net total, after adding the 180 cases in Voluntary and other Authorities' Homes, of 492 persons for whom your Committee was financially responsible as at 31st December, 1968.

Your Committee may be interested in the table below which analyses the persons accommodated by age and sex:—

Age	Borough Homes		Voluntary Homes		Other L.A. Homes		Total
	Men	Women	Men	Women	Men	Women	
Under 30 ...	0	0	1	4	1	0	6
30—49 ...	0	1	1	2	1	2	7
50—64 ...	2	6	8	6	0	1	23
65—74 ...	22	48	14	14	2	8	108
75—84 ...	30	142	19	33	7	11	242
85 and over ...	24	123	9	27	1	8	192
	78	320	52	86	12	30	578

It is of particular interest that the average age of the residents accommodated in the Borough Homes is just over 81 (81.24 years). Although age alone is not indicative of physical condition, this figure does give some indication of the increasing difficulty which is being faced in providing adequate care and attention.

The following table shows details of the admissions and discharges which took place during the year:—

	Borough Homes		Voluntary Homes		Other L.A. Homes		Total
	Men	Women	Men	Women	Men	Women	
Discharges ...	11	28	2	4	1	1	47
Deaths ...	19	46	8	9	1	3	86
	30	74	10	13	2	4	133
Admissions ...	30	68	19	16	4	6	143

During the same period, 213 applications for admission to a Home were taken and at the 31st December, 1968, the waiting list was as follows:—

		Men	Women	Total
Less than 1 month	...	1	2	3
1 month — 6 months	...	8	38	46
6 months — 1 year	...	5	11	16
1 year and over	...	1	2	3
		15	53	68

My thanks are due to Dr. J. S. Finn, Consultant Geriatrician, Kingston Hospital and Dr. J. Andrews, Consultant Physician to the Geriatric Service, South West Middlesex Group, West Middlesex Hospital, for their co-operation throughout the year.

ACCIDENTAL HYPOTHERMIA.

Because of the large proportion of elderly persons in the Borough, emergency accidental hypothermia kits are made available on a 24 hour basis for use by medical and nursing staff. These kits consist of self-heating cans of soup, sleeping bags, blankets, hot water bottles, thermometers, convector type oil heaters, matches and change for electricity and gas meters. They are stored in the Hostel at 11, Rosslyn Road, Twickenham, which is reasonably centrally placed in the Borough.

During the year the kits were used on four occasions.

CHIROPODY SERVICE.

The Secretary of State for Social Services has asked for the inclusion in this report of a review of progress in the provision of a chiropody scheme to meet the needs of the elderly, physically handicapped and expectant mothers since the issue of Ministry of Health Circular 11/59.

Prior to the reorganisation of London Government on the 1st April, 1965, two chiropody schemes run by the Surrey and former Middlesex County Councils were in operation. The main difference between the two schemes was that the majority of treatments in the Barnes and Richmond part of the Borough were carried out in the private surgeries of chiropodists, whereas in the Middlesex parts, treatments were carried out in the former County Council clinics. Both schemes operated a domiciliary treatment service.

The arrangements made by the County Councils mentioned were continued until the 1st June, 1966, when a revised chiropody scheme, approved by the London Borough of Richmond upon Thames' Council, came into effect.

This revised scheme, which has the full co-operation of the majority of the chiropodists in the Borough, enables persons eligible to receive treatment under the Council's scheme to attend a chiropodist of his or her choice. The number of treatments in Council clinics and given by voluntary societies has, therefore, considerably reduced since the scheme came into operation.

Details of the chiropody scheme at present operating within the Borough are as follows:—

Method of Provision

- (a) Treatment at the surgeries of private chiropodists.
- (b) Treatment at Borough Council clinics.
- (c) Treatment at sessions arranged by Voluntary Societies.
- (d) Domiciliary treatments.

Categories of Persons Eligible for Treatment and Charges:—

Category	Inclusive Charge
(a) Expectant mothers	6/-
(b) Nursing mothers	6/-
(c) Elderly persons	6/-
(d) Physically handicapped	6/-
(e) Children under 5 years	Nil
(f) School children	Nil
(g) Low income group (£8 single; £10 married) ...	Nil

The Chairman of the Social Services Committee is authorised to waive or reduce charges in special circumstances.

The following table shows the total number of treatments given in the various schemes during the past three years, from which the considerable increase in local authority treatments will be noted:—

	1966.	1967.	1968.
(a) Treatment at the surgeries of private chiropodists	11,337	17,845	22,898
(b) Treatment at Borough Council clinics	1,027	1,169	1,108
(c) Treatment at sessions arranged by voluntary societies	2,584	2,097	554
(d) Domiciliary treatments	4,155	6,224	7,237

A comparison of the number of patients treated under each category during the years 1967/68 is given below:—

Category	1967.	1968.
(a) Expectant mothers	29	22
(b) Nursing mothers	33	29
(c) Elderly persons	25,773	29,930
(d) Physically handicapped	434	559
(e) Children under 5 years	5	7
(f) School children	979	1,134
(g) Low Income group (£8 single; £10 married)	80	118

On the 31st March, 1968, arrangements made with the Surrey Association for the Elderly for the provision of treatment, within the Borough, were terminated. Also the British Red Cross Society discontinued sessions in all but one of the clinics. The patients who attended treatment by these voluntary societies were transferred to the Council's scheme and are now receiving treatment at chiropodists' surgeries, or at clinics in the Borough.

I am most grateful to the Surrey Association for the Elderly and the British Red Cross Society for the very valuable contributions made in this field. The collaboration and co-operation of the private chiropodists within the Borough has been the major factor in any success the scheme may have had.

RECUPERATIVE HOLIDAYS.

During the year arrangements were made for 68 persons to be admitted to recuperative holiday homes. Cases referred and the origin of referral are shown below:

	Family Doctor referrals.	Hospital referrals.
Elderly Persons	28	15
Adults	9	7
Mothers accompanied by children —		
Mothers	2	
Children	7	

Subsequently the arrangements for sixteen elderly persons, five adults and three children were cancelled.

One family was sent in collaboration with the Children's Department.

HEALTH EDUCATION.

Health Education in the Borough continued to be promoted through the departmental Health Education Sub-Committee. The co-operation of the Borough Safety Officer on many aspects was much appreciated.

Poster campaigns were held on different subjects each month (see below) and as far as possible these were also held in conjunction with any national campaigns being promoted at that time, e.g. mental health week.

POSTER CAMPAIGNS, 1968.	
JANUARY	Winter Hazards.
FEBRUARY	Child Care.
MARCH	Poisons.
APRIL	Dental Health.
MAY	Noise.
JUNE	Mental Health.
JULY	} Summer Hazards.
AUGUST	
SEPTEMBER	Immunisation.
OCTOBER	Fireworks.
NOVEMBER	Oil Heaters.
DECEMBER	Infant Hypothermia.

Use was made of the British Red Cross Society's shop window at Twickenham for display purposes, highlighting various aspects of some of the above campaigns. My thanks are due to Mrs. W. Burrington, Divisional Director of the British Red Cross Society, for her help in this respect.

Mental Health Week, 10th to 14th June, 1968.

Special mention must be made of the activities during Mental Health Week.

Very early in the year, representatives of the various psychiatric hospitals serving the Borough; the Twickenham Mental Health Association; the local societies for the National Society for Mentally Handicapped Children; the local Child Guidance Service and officers of the Borough, under the chairmanship of the Deputy Medical Officer of Health, got together with a view to planning a programme for Mental Health Week and during this week the following activities were undertaken:—

Mental Health Exhibition

York House, Twickenham.

on Tuesday, 11th June	10.00 a.m. — 5.00 p.m.
Wednesday, 12th June	10.00 a.m. — 7.00 p.m.
Thursday, 13th June	10.00 a.m. — 5.00 p.m.

Film shows, exhibits of interest, visits to Open Day at Harle House Junior Training Centre, Cardinal Road, Feltham, on Wednesday, 12th June.

Official opening of the Exhibition on 11th June at 3.00 p.m. by Leslie Crowther under the chairmanship of His Worship the Mayor, Alderman W. F. Nation, J.P.

Public Meeting and Professional Forum

(arranged by the Hounslow, Twickenham and District Society for
Mentally Handicapped Children)

at Harle House, Cardinal Road, Feltham

on Tuesday, 11th June, at 7.45 p.m.

The film "STRESS" was shown during the evening.

Brains Trust entitled "Care"

(arranged by the Richmond, Barnes and District Society for
Mentally Handicapped Children)

at Parkshot Rooms, Richmond, Surrey

on Friday, 14th June, at 8.00 p.m.

Panel of Speakers:

Dr. Agnes Main, Medical Director, Child Guidance Clinic, Twickenham.

Mrs. P. Fairbrother, N.S.M.H.C., Cassel Hospital.

Dr. Tom Main.

under the chairmanship of Alderman L. Defries-Porter.

The object of the Mental Health Week was, of course, to bring to the notice of the public some of the advances made and to help them to appreciate the problems involved and the way in which they are being tackled. The activities mentioned above were well attended and the "week" was generally considered to be a success.

The presentation of the Mental Health Exhibition was as a result of the very close co-operation between all concerned in the care of the mentally disordered in the Borough and showed to some extent the close liaison between the various services serving residents of Richmond upon Thames which is a facet of everyday life and one of which we are rather proud.

I would like to express my appreciation to the following for the help given during the exhibition:—

Banstead Hospital; Botleys Park Hospital; Cassel Hospital; Manor Hospital, Epsom; Netherne Hospital; Normansfield Hospital (including the League of Friends); Springfield Hospital; The British Red Cross Society; London Borough of Hounslow (Acton Lodge Adult Training Centre); Twickenham Mental Health Association; Hounslow, Twickenham and District Society for Mentally Handicapped Children; Richmond, Barnes and District Society for Mentally Handicapped Children; the Samaritans; The British Medical Association Emergency Service and the London Ambulance Service.

Whilst the exhibition was on, transport was very kindly provided by the Richmond, Barnes and District Society for Mentally Handicapped Children to take visitors to the Borough's temporary Junior Training Centre at Harle House, Feltham.

Anti-Smoking Clinic, 1967 — Reunion.

In January, 1968, it was possible to review the results of the anti-smoking clinic held in November of the previous year. 20 persons out of the original 35 attended a reunion. From a questionnaire sent to each participant, it was noted that nine persons had cut down their intake of cigarettes and ten had stopped smoking altogether.

At the end of the year, plans were well advanced for holding a further anti-smoking clinic, in conjunction with the British Temperance Society in March, 1969.

General.

During the year, talks were given to schools, further education and youth services, women's guilds, voluntary groups and voluntary organisations on various aspects of

health education. Special attention was being given at the end of the year to the promoting of publicity on the treatment available for venereal disease.

The health visitors continue to be active in the field of personal health education and one health visitor gives weekly talks to children from a secondary school. Ante-natal sessions are held in association with parentcraft classes undertaken by health visitors and midwives.

The number of talks given by various officers of the Borough during the year was 748.

HOME HELP SERVICE

Staff as at 31st December, 1968

Home Help Organiser	...	...	1
Assistant Home Help Organisers	...	...	2
Home Helps — Whole-time	...	...	7
— Part-time	...	...	95
(Whole-time equivalent)	...	...	61.5

There was a staff turnover of 147 persons.

The order of priority of applications for the Home Help Service remain as before, i.e.:—

1. Acute Emergency cases.
2. Domiciliary confinements and 48-hour hospital discharges.
3. The tuberculous.
4. Other cases, i.e., chronic sick, aged infirm, mentally disordered, etc.

Applicants in receipt of supplementary benefit from the Department of Health and Social Security and those suffering from toxæmia in pregnancy receive the service free of charge. In all other cases patients either pay the standard charge or are assessed to pay according to their financial circumstances.

The standard charge for the service at the end of the year was 6/- per hour.

Cases given help were as follows:—

	1968.	1967.
Chronic sick (under 65)	104	81
Tuberculous	6	7
Mentally disordered	7	3
Maternity	124	116
Others	79	93
Aged 65 or over	877	780
Total cases helped	1197	1080

The recruitment of Home Helps continues to be such that difficulty is still experienced in many of the requests for assistance. There is, of course, an ever increasing number of new cases referred to this service and each case is visited by the Home Help Organiser or one of her assistants to assess the actual need. Approximately 45% of all those persons visited are found to be not eligible to receive the service. During 1968, there was a total of 1,058 new referrals and it is interesting to note that the total number of visits made by the organising staff during the year was 4,106.

Rates of Pay.

Hourly payment is made to home helps in accordance with the Greater London Joint Council negotiated rates of pay. Additional remuneration is given for work in dirty homes and certain cases of infectious diseases. The rate of pay for home helps (5/9½d. per hour) does not enhance recruitment; this in no way compares favourably with the existing rates for similar work within the Borough.

Training.

A certificated in-service training course was launched in November, 1968, the aim of which is to promote understanding of the patients' illnesses and need. The training comprises three courses with a series of sessions, including talks and practical work, in each course. Sessions are attended by Home Helps with similar service and experience. The stimulus promoted by the courses has already proved worthwhile and the knowledge gained has increased the efficiency of the service to the public.

Bank Holiday Coverage.

Considerable difficulty is often experienced by persons in receipt of the Home Help Service during bank holiday periods, when the service is not normally available. During 1968, a wider service was provided during bank holiday periods for the bed-ridden or housebound. The "Fish" Church Fellowship Service co-operated to provide persons to do shopping and visitors to the housebound who would normally have been left to their own devices. The British Medical Association Telephone Answering Service (see page 56) provided the emergency link between the Home Helps and the organiser "on duty".

Dirty Cases.

Cases still come to the notice of the Home Help Service of people who, because of illness, etc., are living in abnormally dirty conditions and "at risk" to themselves. The Home Help Service have cleaned 14 homes of this particular type, using modern cleaning equipment provided by the Health Department. Home Helps who work in a team to carry out this type of work, do so from a sense of dedication.

Mayoral Visit.

During 1968, the Mayoress visited some of the Home Helps working in various parts of the Borough. The kind attention received from her thrilled the elderly patients and certainly boosted the morale of the Home Help Service.

Good Neighbour Service.

A good neighbour scheme is operated to supplement the home help service thus saving wastage of valuable home help time. Good neighbours help the aged and chronic sick by doing daily chores such as shopping, cooking, seeing to fires or other forms of heating and various other necessary daily duties. The good neighbours are paid from 10/- to £2 per week according to the extent of the duties allocated by the Home Help Organiser.

Cases receiving the Good Neighbour service are excluded from the above figures and are set out below:—

Chronic sick (aged under 65)	...	...	6
Chronic sick over 65	...	...	85
			—
Total cases helped...			91
			—

My sincere thanks are due to the voluntary organisations in the Borough, too numerous to mention by name, who have been most helpful throughout the year to the Home Help Organiser. Many homes have been redecorated by various youth organisations, shopping undertaken and help in all sorts of ways given in the many emergencies which arise in a service provided for the needs of the sick and elderly.

Night "Sitters-In" Service.

This service, which commenced in 1967, provides assistance during the night for emergency cases. Help is provided where either no relative or neighbour is immediately available or where relief can be given to relatives who have been caring for chronically

ill patients. The service is normally limited to three nights per week, with a maximum of twelve nights for any one patient. This can only be increased with the approval of the Chairman of the Social Services Committee.

The Council pay the "sitters-in" at the rate of 3/6d. per hour, or up to 35/- for a night's duty of ten hours. Persons receiving the service are assessed to pay to the Council a charge according to means subject to a maximum charge of 35/- per night of ten hours. Persons in receipt of benefit from the Department of Health and Social Security receive the service free of charge. Because of the difficulty of recruitment, consideration was being given at the end of the year to increasing the rate of pay of "sitters-in".

Details of patients helped under the "sitters-in" service during 1968 was as follows:—

Total number of cases	...	23
Men	...	6
Women	...	17

The average age of these patients was 83 years.

The service was provided on an average of three nights per patient, during the year.

Patients paying full or part of the cost of the service	...	11
Patients paying no contribution to the cost of the service	...	12
Referred by: Family Doctors	...	7
District Nurses	...	11
Relatives	...	4
Home Help Organiser...	...	1

The panel of "sitters-in" as at 31st December, 1968 was eleven.

MENTAL HEALTH SERVICES

The need to rely on voluntary societies and other local authorities for the placement of mentally disordered persons in training establishments and residential accommodation continued, although in January, 1968, a temporary 40 place junior training centre was opened at Harle House, Feltham. During the same month a day centre for the adult mentally ill commenced at the Hostel, 11 Rosslyn Road, Twickenham, initially for one session per week.

In December, 1968, the Council approved a proposal to establish a temporary adult training centre to accommodate 20-25 trainees at the former Civil Defence Headquarters, Chestnut Avenue, East Sheen. It is envisaged that this centre will open in the Summer of 1969.

The provisions for establishments for the mentally disordered included in the Council's plan for the development of the Health and Welfare Services over the ten year period 1966-76 were curtailed by financial restrictions, but it is anticipated that work will commence on the purpose-built junior training centre at Strathmore Road, Teddington, early in 1969, and the building completed in the Autumn of 1970.

Mental Illness.

The Borough continues to be served by two psychiatric hospitals for the mentally ill as follows:—

Banstead Hospital, Sutton, Surrey.

(Districts served: Richmond and Barnes);

Springfield Hospital, Beechcroft Road, Upper Tooting, S.W.17.

(District served: Twickenham, Teddington, Hampton and Hampton Wick).

The following table shows the number of patients admitted to psychiatric hospitals under the Mental Health Act during the year :

Section	M	P	Total
Section 5 ...	25 (26)	28 (39)	53 (65)
Section 25 ...	4 (26)	43 (48)	47 (74)
Section 26 ...	1 (4)	4 (5)	5 (9)
Section 29 ...	16 (8)	25 (17)	41 (25)
Section 60 ...	1 (-)	- (-)	1 (-)
Section 136...	1 (2)	5 (1)	6 (3)
Total ...	48 (66)	105 (110)	153 (176)

(Figures in brackets are those as at 31st December, 1967).

Close co-operation was maintained with the hospitals providing psychiatric cover for the Borough. Mental Welfare Officers attended hospital conferences twice a week at Banstead and Springfield Hospitals. The arrangement entered into with Springfield Hospital Management Committee for the services of a Borough Social Worker to be allocated to Springfield Hospital for three sessions per week has been in operation since January, 1968. The Council is reimbursed the cost involved. The joint use of a social worker in a hospital/ community setting is most beneficial in the continuity of care for the mentally ill.

It is with deep regret that I report the death on 9th October, 1968, of Mr. B. F. F. Radford, Chief Mental Welfare Officer.

It became evident during the year that the number of field staff would need to be increased to cope with the considerable volume of after-care work concerned with the mentally disordered in the community. Towards the end of the year, the post of Chief Mental Welfare Officer was deleted from the establishment and the duties of this post were included in the terms of reference of a new post that of Principal Social Work Organiser. The Principal Social Work Organiser's other duties cover responsibility for the co-ordination of all case work and visiting undertaken by the department's social workers and the supervision of in-service training and joint liaison with training organisations.

During the year one mental welfare officer and two social workers were recruited within the approved establishment.

One Mental Welfare Officer successfully completed a two year course of study for the certificate in social work.

The establishment of field staff in the mental health service at 31st December, 1968, was as follows :—

- 1 Principal Social Work Organiser (New post — vacant).
- 1 Senior Mental Welfare Officer.
- 6 Mental Welfare Officers.
- 1 Senior Social Worker.
- 3 Social Workers (1 vacant).

From the 1st January, 1968 until 31st December, 1968 mental welfare officers and social workers made a total of 3320 (1930) home visits and approximately 311 (274) office interviews were held during the same period.

The total number of mentally ill persons residing in the community and under care at the 31st December, 1968 was 690 (315) i.e., 281 (148) males, 409 (167) females.

The figures in brackets show comparable figures for 1967.

Residential Accommodation for the Mentally Ill.

At the end of 1968, there were 34 patients for whom the Borough had accepted financial responsibility in mental after-care homes and hostels run by voluntary societies and other local authorities. The Mental After-Care Association is particularly helpful in this respect.

Day Centre for the Mentally Ill.

The Day Centre for mentally ill adults of all ages opened on the 17th January, 1968, and is accommodated at the Council's Hostel at 11 Rosslyn Road, Twickenham. The Centre was run under the day to day supervision and guidance of the Senior Mental Welfare Officer and his colleagues.

The Centre operated initially for one afternoon session of two hours per week, but from 1st October, 1968, the number of sessions was increased to two per week. The number of patients attending now average 20-25, having gradually risen from 12 initially. It is anticipated that this number will further increase owing to the popularity and the urgent and growing need for the facilities offered at this day centre. Persons attending are adult patients of all ages who come from differing spheres and have been affected by mental illness, are emotionally isolated and housebound and refuse to join in community activities. Many of these and particularly those who have no relatives will have lost interest in themselves and their surroundings.

The centre provides recreational and occupational facilities, occupational therapy, discussions, films of topical interest, music and movement and other group activities. During 1968, a coach tour of Kent and a Christmas Tea Party including a gift for each patient, was arranged, the cost being borne by the Twickenham Mental Health Association.

Community Care of the Subnormal and Severely Subnormal.

Referrals to the Mental Health Service.

During 1968, the following referrals were received :—

	Subnormal				Severely Subnormal				Total
	Over 16		Under 16		Over 16		Under 16		
	M	F	M	F	M	F	M	F	
Referrals under Section 57 (as amended) Education Act, 1944	—	—	—	—	—	—	—	1	1
Referrals of educationally sub-normal children requiring supervision after leaving school	6	5	—	—	—	4	—	—	15
Referrals from other sources	4	—	—	1	—	—	6	5	16
Total	10	5	—	1	—	4	6	6	32

Supervision in the Home.

With support from social workers and health visitors, many subnormal and severely subnormal patients of all ages are able to live satisfactorily in the community. It is essential that they and their parents are able to obtain assistance with their problems and this is readily available through visiting officers.

The total number of subnormal and severely subnormal persons under community care at the end of 1968 was 237 compared with 228 in 1967. This does not include those patients placed in residential accommodation under Guardianship and informal foster care arrangements.

Guardianship and Informal Foster Care.

At the end of 1968, there were three patients under the Guardianship of the Council (three at the end of 1967). There were also 23 under informal foster care arrangements in homes or hostels run by voluntary societies and private homes (17 at 31st December, 1967). In order to avoid formal guardianship procedures, informal placements are made wherever practicable. The Guardianship Society, Hove, is most helpful in assisting in the placement of patients in suitable homes.

As Medical Officer of Health of the London Borough of Richmond upon Thames, I represent the London Boroughs Association on the General Committee of the Guardianship Society, Hove, but will not be seeking renomination after May, 1969.

Admissions to Hospital.

The Borough is in the catchment area of Normansfield Hospital, Teddington, which serves the districts of Twickenham, Teddington, Hampton and Hampton Wick; Botleys Park Hospital, Chertsey, Queen Mary's Hospital, Carshalton, and St. Ebba's Hospital, Epsom, which cover the districts of Richmond and Barnes. The majority of patients from the Richmond and Barnes area are admitted to Botleys Park Hospital. Younger children are admitted to Queen Mary's Hospital, Carshalton. The following table shows the number of admissions which have taken place from 1st January, 1968 to the 31st December, 1968, all of which were on an informal basis:—

	Subnormal				Severely Subnormal				Total
	Over 16		Under 16		Over 16		Under 16		
	M	F	M	F	M	F	M	F	
Normansfield Hospital	—	—	—	—	2	1	2	—	5
Botleys Park Hospital	—	—	—	—	—	—	—	—	—
Queen Mary's Hospital	—	—	—	—	—	—	—	1	1
Total ...	—	—	—	—	2	1	2	1	6

The number of patients awaiting admission to psychiatric hospitals for the subnormal at the end of the year was as follows:—

	Subnormal				Severely Subnormal				Total
	Over 16		Under 16		Over 16		Under 16		
	M	F	M	F	M	F	M	F	
In urgent need of hospital care	—	—	—	—	—	2	—	1	3
Not in urgent need of hospital care	—	—	—	—	—	—	3	2	5
Total	—	—	—	—	—	2	3	3	8

During the year there were 6 admissions to hospital on a permanent basis compared with 6 in 1967.

I am indebted to Dr. N. Langdon-Down of Normansfield Hospital, Dr. J. M. Crawford and Dr. D. S. Sharpe of Botleys Park Hospital, and Dr. B. Kirman of Queen Mary's Hospital, Carshalton, for their invaluable help.

Temporary Care.

One way in which the parents can be given a measure of relief is for the department to arrange short stay care for periods of up to eight weeks in psychiatric hospitals or arrangements may be made with voluntary societies, etc. for placement in private homes. During 1968 arrangements were made for 14 patients to be sent to hospitals; seven patients were accommodated in privately run establishments.

Training.

(a) Attendance at junior training centres.

At the present time children from the Borough attend the Council's temporary Junior Training Centre at Harle House, Cardinal Road, Feltham, which opened on the 9th January, 1968, the Hanworth Junior Training Centre, Bear Road, Hanworth, which is administered by the London Borough of Hounslow, and the Kingston Training Centre, Dukes Avenue, Kingston upon Thames, administered by the Royal Borough of Kingston upon Thames. The numbers attending these centres from the Borough are set out below :—

Name of Establishment.	Area Served.	Number attending.
Kingston Training Centre	Richmond and Barnes including Ham	2
Hanworth Junior Training Centre...	Twickenham, Teddington, Hampton & Hampton Wick	6
Harle House Junior Training Centre...	Whole Borough except Ham	30
	Total ...	38

Certain older girls at the Hanworth Junior Training Centre are paid monetary rewards up to 20/- per week for helping in the kitchen and with the nursery class children within a ratio of one orderly to every 30 places.

Medical inspection and treatment for children attending training centres is provided in the same way as for children attending primary and secondary schools.

(b) Attendance at special care units.

Certain severely subnormal children are unable because of their unsuitability, to attend a junior training centre. These children may be admitted to a special care unit attached to the centre. These care units cater specifically for mentally handicapped children who also suffer from a physical handicap, or are very over active, and provide mothers with much needed relief and a measure of habit training for the child.

(c) Attendance at adult training centres.

Adult subnormal and severely subnormal patients from the Borough attend the Acton Lodge and Brentford Adult Training Centres situated within the London Borough of Hounslow, and the Kingston Training Centre situated within the Royal

Borough of Kingston upon Thames. The approximate numbers attending these centres from the Borough are set out below :

Name of Establishment	Area Served	Number attending
Acton Lodge Adult Training Centre ...	Twickenham, Teddington, Hampton & Hampton Wick	32
Brentford Adult Training Centre ...	Ditto	7
Kingston Training Centre	Richmond and Barnes ...	14
	TOTAL ...	53

The aim of the adult training centres is to train those attending to function at the very highest possible level whether that be to work within the centre or in outside employment. In this way the trainees become more independent and are able to lead as full a life as possible.

Work is undertaken at the centres for local firms on a contract basis and includes assembly of electrical components and television parts, toy assembly, carpentry and joinery, involving the use of heavy machinery, gardening, etc., etc.

At the Brentford and Acton Lodge Adult Training Centres the trainees work a 40 hour week, i.e. eight hours daily, Monday to Friday, including a lunch break. They are paid on a scale ranging from 8/- to £2 per week according to diligence, ability, and application to the job.

At the Kingston Training Centre the trainees work a 40 hour week, i.e. eight hours per day Monday to Friday, including a lunch break. The trainees are paid monetary rewards on a scale ranging from 10/- to 35/- per week.

I am indebted to Dr. R. L. Lindon, Medical Officer of Health, London Borough of Hounslow, and Dr. J. C. Birchall, Medical Officer of Health, Royal Borough of Kingston upon Thames, for their co-operation and help throughout the year.

Holiday Camps.

By arrangement with the London Boroughs of Hillingdon, Hounslow, and the Royal Borough of Kingston upon Thames, arrangements were made for children and adults from Richmond upon Thames to attend holiday camps as follows :—

Borough.	Place.	Dates.	Number Attended.
London Borough of Hillingdon (Junior Camp)	Park Place Residential School, Henley-on-Thames.	22.7.68 — 3.8.68	6 3 male. 3 female.
London Borough of Hounslow (Adult Camp)	St. Mary's Bay, Romney Marsh, Kent.	30.8.68 — 6.9.68	7 2 male. 5 female.
Royal Borough of Kingston-upon-Thames (Junior & Adult)	Pirates Spring, Dymchurch, Kent.	19.7.68 — 26.7.68	7 3 male. 4 female.

Counselling Clinics.

In April, 1967 Counselling Clinics were inaugurated for parents of children with impaired mental development. Their purpose is to ensure that each slow developing child does have the advantage of physical examinations in the same way as the child attending a child welfare centre and to provide counselling facilities for all parents of mentally handicapped children including discussion of day to day problems.

The clinics at present held at Kings Road, Richmond, Hospital Bridge Road, Whitton, and Windham Road, Richmond, are staffed by a senior medical officer, health visitors, mental welfare officers and social workers, and are confined to the attendance of children from birth to 15 years. These clinics have proved to be most successful and parents are appreciative of the help given and the opportunity of meeting parents with similar problems.

Number of attendances 144 (of which 22 were first attendances).

Harle House Junior Training Centre.

This 40 place temporary junior training centre at Cardinal Road, Feltham, was opened on the 9th January, 1968. Harle House is the property of the Hounslow, Twickenham and District Society for Mentally Handicapped Children and is leased to the Council. The building is particularly well suited for training centre purposes and has a large hall, nursery and other classrooms, offices, toilets and adequate storage. There is sufficient out-door play space. School meals are provided by the London Borough of Hounslow School Meals Service and my thanks are due to Mrs. K. Robinson the School Meals Organiser for the area, who has been most helpful throughout the year. The children are transported to and from the Centre from various parts of the Borough by private hire coach.

The Centre is staffed with a Supervisor, three Assistant Supervisors and one domestic assistant.

When the Centre opened, trainees were transferred from the Kingston Training Centre and the Hanworth Junior Training School and 30 places were allocated at the end of 1968.

Despite staffing problems caused by absence of staff due to training and sickness and difficulties of recruitment, many interesting projects were undertaken in which the trainees themselves participated. Reading sessions, woodwork, cooking, gardening, handcraft, and religious knowledge were some of the school activities undertaken, also music and movement lessons, free expression dancing to records, percussion, singing and knowledge of sounds and instruments. Outdoor activities included shopping expeditions, visits to local places of interest and to the local children's library.

Other events throughout the year included an 'Open Day' held during Mental Health Week, a Christmas party with fancy dress competition, and on one occasion colour slides were taken of the children to encourage group co-operation and self confidence.

There was one evening meeting with parents in September, 1968. Trainees were invited to a Christmas party held at the Richmond County School for Girls, as the result of which the lower sixth form at the school are anxious to maintain this connection by continuing to give their time to helping at the Centre.

Plans are being made for an extension of outside activities in the future by visits to the Zoo, to a large demonstration farm, a model village, London Airport and for an educational river trip. It is also proposed that the trainees participate in a "team day" to be held at the Richmond County School and to which parents will be invited.

Mrs. A. Dolan, N.A.M.H. Dip., who was appointed Supervisor at the opening of the Centre, resigned on 15th September, 1968 to undertake further education pursuits, and Miss B. Bunce, Assistant Supervisor, was appointed in her place. Miss Bunce, N.A.M.H. Dip., was however, seconded in September, 1968, to a nine month's course for the purpose of obtaining the certificate in special education awarded by the Oxford

University Institute of Education. Her place was taken by Mrs. E. D. Hillier, N.A.M.H., Dip.

INCIDENCE OF BLINDNESS

I am indebted to Mr. J. D. Elliott, D.P.A., A.I.S.W., Chief Welfare Officer, for the following information:—

A. Follow-up of Registered Blind and Partially Sighted Persons for the year ended 31st December, 1968.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8. recommends:				
(a) No treatment	10	1	—	25
(b) Treatment (medical, surgical or optical and supervision)	6	14	—	28
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	11	—	20

B. Other Statistics for the year ended 31st December, 1968.

Number of B.D.8 Forms received during the year 85

Number of Registered Blind Persons at 31.12.68 Male 139; Female 254; Total 393

Number of Registered Partially Sighted Persons at 31.12.68 Male 37; Female 61; Total 98

The total number on the Blind Register at 31st December, 1968 was 393, a net increase of 17 as compared with the total at 31st December, 1967. During this period 74 persons were added to the Register, 65 of these being new cases, including 6 who were transferred from the Partially Sighted Register. The remainder were transfers from the areas of other Local Authorities. 50 persons died during the period, 6 persons were removed from the Borough, and one person was taken off the Register as his sight had improved.

The following table shows the classification of the Register by age groups and by incidence of blindness:—

	Classification by age groups.	Classification by incidence of blindness.
Under 1 year of age	—	30
Aged 1 year	—	1
“ 2 years	1	2
“ 3 years	—	1
“ 4 years	—	—
“ 5–10 years	2	10
“ 11–15 “	3	6
“ 16–20 “	6	10
“ 21–29 “	10	10
“ 30–39 “	14	13
“ 40–49 “	13	30
“ 50–59 “	27	33
“ 60–64 “	23	26
“ 65–69 “	34	39
“ 70–79 “	107	96
“ 80–84 “	64	51
“ 85–89 “	61	24
“ 90 and over	27	6
Age of incidence unknown	1	5

It will be seen that there were 316 persons on the register who were aged 60 and over, 242 of whom did not lose their sight until they were over this age. Of the children under 16, 1 was under school age, 2 were attending special schools for the blind, 1 attending a special unit for the deaf-blind, 1 attending a special school for E.S.N. pupils and 1 who had only recently become blind was not at school pending a decision in regard to her future. 110 people were suffering from other handicaps in addition to blindness, 32 were in Residential Homes under Part III of the National Assistance Act, 1948, 3 were in hospitals for the mentally ill, 1 was in hospital for the mentally subnormal and 6 were in Chronic Sick Units.

Of the 93 people aged between 16 and 65, 2 were still engaged in full time studies and 41 were in employment. There were also 4 persons over 65 who were still working. There were no persons employed in special workshops for the blind and only 2 working under the Homeworkers Scheme. The Table below shows the occupations followed by those in employment :—

<i>Professional, Technical, Administrative, etc.</i>				
Masseurs, Physiotherapists	...	...	...	4
Musicians (including Teachers)	...	...	...	4
Social Welfare Workers, etc.	...	...	...	1
Proprietors, Managers, etc.	...	...	...	2
<i>Clerical and Related Workers</i>				
Typists, Secretaries	...	...	...	6
Braille Proof Readers	...	...	...	2
Clerical Workers	...	...	...	1
<i>Sales Workers</i>				
Shop Managers	...	...	...	2
Shop Assistants	...	...	...	1
<i>Craftsmen, Production Process Workers, Labourers</i>				
Machine Tool Operators	...	...	...	6
Fitters and Assemblers	...	...	...	1
Inspectors, Testers	...	...	...	1
Craftsmen, Production Process Workers	...	...	...	4
<i>Agricultural and Horticultural Workers</i>				
Gardeners	...	...	...	2
Farmers, Market Gardeners, etc.	...	...	...	1
<i>Service and Miscellaneous Workers</i>				
Domestic, Cleaners, Caretakers	...	...	...	4
Miscellaneous	...	...	...	3

Various activities have been arranged throughout the Borough for those Blind Persons who are not in employment or at School. In addition to the three Social Clubs for the Blind in Twickenham, Richmond and Barnes, all of which are run by Voluntary Organisations, handicraft classes arranged directly by the Welfare Department are held regularly at Twickenham and at Richmond, and special classes in Cookery, Flower Arrangement and Pottery have been organised through the Education Committee. One or two Handicapped Persons also attend the Pottery Class.

Other services which were provided during the year for Blind Persons included making arrangements for special holidays in 10 cases, payment of the Blind Reader's membership subscription to the National Library for the Blind in 26 cases, payment of the rental charges for Talking Books to the Royal National Institute for the Blind in 87 cases, distributing 24 wireless sets provided through the Wireless for the Blind Fund and maintaining these and other sets as necessary, making arrangements for the issue of free wireless or reduced cost television licences and authorising the issue of free travel passes. Arrangements were also made in conjunction with the Department of Employment and Productivity for one person who had recently become blind to attend

a Rehabilitation and Assessment Course at the Royal National Institute for the Blind Training Centre at Torquay.

C. Register of Partially Sighted Persons.

The Register of Partially Sighted Persons at 31st December, 1968 showed a total of 98 persons. A total of 21 were added to the Register during the period, 19 of these being new cases and the others new residents in the Borough. 6 persons were transferred to the Blind Register, 11 died and 5 removed to other areas. The sight of one person improved and this person was de-registered.

The classification of the Register by age groups was as follows:—

Under 5 years	...	...	1
5-15 years	...	...	3
16-20	„	...	4
21-49	„	...	16
50-64	„	...	11
65 and over	...	...	63

Of the total on the Register, 54 were expected to become blind within the near future, and 6 while not expected to become blind, were considered to be industrially handicapped.

Ophthalmia Neonatorum

(i) Total number of cases notified during the year	...	...	1
(ii) Number of cases in which:—			
(a) Vision lost	...	...	—
(b) Vision impaired	...	...	—
(c) Treatment continuing at end of year	...	...	—

NURSING HOMES

All registered Nursing Homes within the Borough are supervised regularly by medical and nursing officers of the department.

The number of Nursing Homes on the register at the end of 1968 was as follows:

Maternity Homes	...	...	Nil.
Other Homes	...	...	6
Total number of beds	...	...	104

There were no cancellations during 1968.

NURSES AGENCY

At the end of 1968, there was one nurses agency on the register of this Local Authority. The licence for this agency was renewed for a further period of one year.

LOAN OF NURSING EQUIPMENT

The British Red Cross Society continued to operate a scheme on behalf of the Borough for the loan of nursing equipment. A total of 2,481 loans of varying articles were made during the year. A small charge was made for articles loaned. This enabled replacements to be made. The Council purchases special equipment and larger items such as hospital type and special beds and hoists, etc. Where patients are unable to pay, the Council pays the hire charge.

A grant of £100 was made to the British Red Cross Society towards the expenses of running the scheme.

INCONTINENT LAUNDRY SERVICE

A free laundry service for incontinent patients is provided under Section 28 of the National Health Service Act, 1946 and Section 84 of the Public Health Act, 1936.

The service is provided twice weekly. Sheets make up the bulk of the laundry but night clothes and other articles are included where necessary. A Corporation van carries out the transport and distribution of the laundry which is laundered, under contract, by a local firm.

This service is expanding and at the end of the year there were approximately 95 cases receiving this service, compared with 70 at the end of 1967 and 50 at the end of 1966.

Pads, waterproof pants with disposable linings are provided for incontinent individuals. Incontinent pads, instead of sheets, are used where appropriate, thus reducing the laundering of soiled bed linen. These are normally distributed by the district nurses. Used pads are collected and destroyed whenever disposal is requested.

TELEPHONE ANSWERING SERVICE

The Telephone Answering Service operated by the British Medical Association, Emergency Treatment Service, was used for emergency calls by the midwifery, mental health services, and to some extent by the home help service, during the year. This service has proved to be a very efficient method of dealing with emergency calls and in the case of the midwifery service relieves relatives of anxiety if they are unable to contact a midwife in the event of an imminent birth.

The service operates on a full-time basis for midwives, and at nights, weekends and holidays for mental welfare officers. The Home Help service use this facility during Bank Holidays.

Radio Telephone Service.

In January 1968, the British Medical Association Emergency Treatment Service supplied on trial two radio telephone units for the use of the mental welfare officers and midwives for a limited period.

Insofar as the mental health service was concerned the radio sets provided were used by the mental welfare officers on night and weekend duties, the set being retained by the officer during the preceding day, thus ensuring a daily 24 hour emergency cover.

With regard to the midwifery service the radio telephone was used by two midwives working whole-time whose areas covered the greater part of the Borough.

In view of the success of the trial the Council entered into an agreement with the British Medical Association Emergency Treatment Service for the use of five radio telephone units on a rental basis. Four sets were supplied to the midwifery service and one to the mental welfare service.

MEDICAL ASSESSMENTS

The assessment of medical fitness of new entrants to the Council's service continued to make heavy demands on medical and clerical time.

A completed medical questionnaire and a satisfactory chest X-ray examination undertaken within the last twelve months are required of each new entrant.

A full physical examination is carried out in any case of doubt, and on all entrants to teacher training colleges.

In addition, recommendations as to medical fitness to continue in the Council's service were made following consultation with the family doctors concerned and physical examinations.

The number involved over the year was:—

Total number of medical assessments ...	...	1,686	(1,610)
Total number of physical examinations ...	...	483	(490)
Total number examined for continued service...		57	(59)
Total number found unfit for further service ...		14	(6)

The figures for 1967 are given in brackets.

WATER SUPPLY

All the dwellings in the Borough are supplied from the Metropolitan Water Board's mains, and I am indebted to Dr. E. Windle Taylor, Director of Water Examination, Metropolitan Water Board, for the following report:

"1 a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1968.

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

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

c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1968 was 177,116.

(ii) No houses were permanently supplied by standpipe.

d) No artificial fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

2 a) The supply was derived from the following works and pumping stations:
Hampton.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on page 60.

b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead.

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after

running the tap for a few minutes. The results are set out in the accompanying table:

Lead content of water from main taps in consumers' premises

Lead content (mg/l Pb)	Samples of water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/l (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/l after 16 hours contact with the pipes."

3 (a) During the year, 78 samples of swimming bath water were taken from the six public pools in the Borough and were submitted for bacteriological examination to the Public Health Laboratory Service. The recommended standard is that 75% of samples should have a colony count of less than 10 per ml., the remainder less than 100: 62 samples were satisfactory and the remaining 16 were below the recommended standard. Repeat samples of these 16, which in most cases were only slightly below standard, produced satisfactory results. (See page 88 — Swimming Pools).

(b) Five samples of swimming bath water were taken from school or privately owned pools. Four were below the recommended standard. In the case of one pool, the variation was very small and repeat samples taken from the other pools proved bacteriologically satisfactory.

(c) Three samples of well water submitted for bacteriological examination were satisfactory.

(d) Two samples of water were taken after illness thought to be caused by drinking mains water. Both were bacteriologically satisfactory.

SEWERAGE & SEWAGE DISPOSAL

I am obliged to (a) Mr. A. S. Knolles, B.Sc., M.Inst.C.E., M.I.Mun.E., Chartered C.E., Borough Engineer and Surveyor, and (b) Mr. L. H. Thompson, A.M.I.C.E., A.M.I.S.P., Regional Engineer, Greater London Council for the following reports:

"(a) Sewerage

Considerable trouble has been experienced with pumping stations over the past year. In the case of the plant at Latchmere Lane, Ham, ancillary equipment is on order and repairs should be completed at an early date. Preliminary arrangements are well

in hand for the complete renewal of the equipment at Red Lion Square, Hampton by which the present compressed air ejector is to be replaced with electrical pumps.

The policy of constructing additional manholes where necessary on both soil and surface water sewers has been continued as the lengths concerned are cleansed.

The sewer survey for the Twickenham area of the Borough is now completed and the survey for the Richmond area, Town Centre northwards, is now in hand.

Work on sewer maintenance has been assisted by the purchase of a 4in. portable sewage pump and a set of diesel engine driven winches."

"(b) Sewage Disposal

As in previous years sewage from the "Middlesex" parts of the Borough has been successfully treated at Mogden Works, Hounslow. A high standard of effluent was achieved throughout the year and no significant odour nuisance was reported. Adverse weather conditions occurred frequently causing some increase in the volume of storm-water passed to the river after settlement only, but this had no significant deleterious effect on river water quality.

A continuing shortage of digester capacity caused some difficulties in the first half of the year and some raw sludge had to be pumped to the Perry Oak Works, Hillingdon without pre-treatment. This controlled the situation at Mogden but led to some temporary smell nuisance at the other works. Deodorant sprays were installed to control this.

Later in the year a converted digester with improved heating and circulating equipment was recommissioned and since that time no sludge has left Mogden Works without pre-treatment by digestion. The new digesters under construction are now virtually complete and are about to be commissioned. There will then be an adequate reserve capacity available.

The installation of rising mains from Ham to Mogden, which has included an interesting crossing of the River Thames near Eel Pie Island, is now well advanced and the pumping station at Ham is under construction.

The Kew Works serving the "Surrey" parts of the Borough has continued to produce a very satisfactory effluent throughout the year. This comparatively small works coped successfully with an exceptionally high flow reaching the rate of 44 million gallons per day on 15th September when 1.72 inches of rain fell in about 3 hours. The comparable flow rate to the Mogden Works on that date was 520 m.g.d."

AVERAGE RESULTS OF THE CHEMICAL EXAMINATION of the water supplied to the London Borough of Richmond upon Thames during 1968. Milligrammes per litre (unless otherwise stated)

Description of the Sample	Number of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_4 4 hrs. at 27° C.	B.O.D 5 days at 20° C.	Hardness (total) CaCO_3	Hardness (non-carbonate) CaCO_3	Magnesium as Mg	Sodium as Na	Potassium as K	Chloride as Cl	Phosphate as PO_4	Silicate as SiO_2	Sulphate as SO_4	Natural Fluoride as F	Surface-active material as Manoxol OT		Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
Hampton		0.017	0.087	3.9	1.20		280	76	4	22.9	5.3	32	2.0	10	62	0.30	0.02		0.1	14	7.9	570

09

BACTERIOLOGICAL RESULTS — YEARLY AVERAGES, 1968

Source of supply	BEFORE TREATMENT							AFTER TREATMENT				
	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count		Number of samples	Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37° C.	3 days at 22° C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37° C.	3 days at 22° C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
Hampton								1,156	9.5		99.74	100.0

SANITARY CIRCUMSTANCES OF THE BOROUGH

E. S. HERBERT, M.A.P.H.I.

Chief Public Health Inspector.

1. HOUSING

(1) UNFIT HOUSES.

The unfit housing programme for the period 1966-1970 has continued to receive attention in the past year, and in addition other individual unfit properties have been represented for action as the result of routine inspection on complaint.

The progress made on Clearance Areas comprised

- (a) Confirmation by the Minister of the Clearance Order on 1-27, Station Road, Hampton.
- (b) The representation of 1-13, Market Road, Richmond, the making of the Clearance Order and confirmation by the Minister.

Dwellings reported as unfit for human habitation and not capable of repair at reasonable expense were:

- 4, Tudor Road, Hampton;
- 229, Petersham Road, Ham (Basement);
- 1, Waldeck Road, Mortlake, S.W.14;
- 102a, Amyand Park Road, Twickenham (Basement);
- 260, Kew Road, Richmond (Basement);
- 146, Richmond Hill, Richmond, Gardener's Flat (Basement);
- 208, St. Margarets Road, Twickenham (Basement);
- 3, Church Lane, Teddington;
- 5, Church Lane, Teddington;
- 61, Colne Road, Twickenham;
- 3, Old Bridge Street, Hampton Wick;
- 65, Queens Road, East Sheen, S.W.14;
- 43, Rosedale Road, Richmond;
- 126, Heath Road, Twickenham (Second Floor);
- 12, Crown Road, Twickenham (Basement);
- 5, Albany Passage, Richmond;
- 3, Avoca Villas, Blue Anchor Passage, Richmond;
- 102, Amyand Park Road, Twickenham (Ground, First and Second Floors);
- 225, Hampton Road, Twickenham (Basement);
- 9, Manor Road, Twickenham (Basement);
- 17, Luther Road, Teddington;
- 17, Sheendale Road, Richmond;
- 25, Park Road, Richmond (Basement);
- 7, Albany Passage, Richmond;

48a, Church Road, Richmond (Basement);
 31, Cross Street, Hampton Hill (Ground Floor back room);
 23, Sydney Road, Richmond (Basement);
 16, Wick Road, Teddington (Ground Floor back room);
 18, Wick Road, Teddington (Ground Floor back room);
 2a, Cambridge Park, Twickenham (Basement);
 128a, Fulwell Road, Teddington (First Floor);
 5, Katherine Road, Twickenham;
 46, York Road, Teddington;
 10, Manor Road, Twickenham;
 2, Andover Road, Twickenham;
 25, Holly Road, Twickenham;
 9, Manor Road, Twickenham;
 50b, Church Road, Richmond (Basement).

The Council made Closing Orders, Demolition Orders or accepted from the owners undertakings in respect of the following premises:

2, 6 and 8, Avenue Road, Hampton (Closing Order);
 39, Onslow Road, Richmond (Basement) (Closing Order);
 229, Petersham Road, Richmond (Basement) (Closing Order);
 4, Tudor Road, Hampton (Closing Order);
 208, St. Margarets Road, Twickenham (Basement) (Closing Order);
 146, Richmond Hill, Richmond (Basement) (Closing Order);
 260, Kew Road, Richmond (Basement) (Closing Order);
 102a, Amyand Park Road, Twickenham (Basement) (Closing Order);
 1, Waldeck Road, S.W.14. (Demolition Order);
 3 and 5, Church Lane, Teddington (Demolition Order);
 61, Colne Road, Twickenham (Closing Order);
 65, Queens Road, East Sheen, S.W.14. (Closing Order);
 43, Rosedale Road, Richmond (Closing Order);
 126, Heath Road, Twickenham (Second Floor) (Closing Order);
 12, Crown Road, Twickenham (Basement) (Closing Order);
 3, Old Bridge Street, Hampton Wick (Closing Order);
 3, Avoca Villas, Blue Anchor Passage, Richmond (Closing Order);
 5, Albany Passage, Richmond (Closing Order);
 102, Amyand Park Road, Twickenham (Ground, First and Second Floor) (Closing Order);
 225, Hampton Road, Twickenham (Basement) (Closing Order);
 9, Manor Road, Twickenham (Basement) (Closing Order);
 17, Sheendale Road, Richmond (Closing Order);
 17, Luther Road, Teddington (Closing Order);
 48a, Church Road, Richmond (Basement) (Closing Order);
 31, Cross Street, Hampton Hill (Ground Floor back room) (Closing Order);
 25, Park Road, Richmond (Basement) (Closing Order);
 2a, Cambridge Park, Twickenham (Basement) (Closing Order);

- 23, Sydney Road, Richmond (Basement) (Closing Order);
- 128a, Fulwell Road, Teddington (First Floor) (Closing Order);
- 32, Lewin Road, East Sheen, S.W.14 (Closing Order);
- 10a, Victoria Road, Twickenham (Basement) (Closing Order);
- 8, Talbot Road, Twickenham (Closing Order);
- 4, Church Grove, Hampton Wick (Basement) (Closing Order);
- 7a, Cardigan Road, Richmond (Basement) (Closing Order).

The following properties were made fit for human habitation during the year and in each case the Order was determined or the undertaking cancelled:

- 11, Cambridge Park, Twickenham (Part Basement) (Undertaking);
- 36, Little Queens Road, Teddington (Undertaking);
- 213, Stanley Road, Teddington (Undertaking);
- 6, Jocelyn Road, Richmond (Closing Order);
- 11, Broad Street, Teddington (First and Second Floors) (Closing Order);
- 10a, Riverdale Road, Twickenham (Basement) (Closing Order);
- 10a, Victoria Road, Twickenham (Closing Order varied to permit use of Front and Back rooms and kitchenette in the back addition);
- 2, Curtis Road, Hounslow (Demolition Order);
- 29a, Church Road, Richmond (Closing Order);
- 36, Church Street, Hampton (Closing Order).

Existing Closing Orders were varied in respect of the following premises:

- 94, Kew Road, Richmond — To permit use of the basement for the processing of photographic film.
- 73, High Street, Hampton Hill — To permit use for retail photography.

Works of improvement having been carried out at the following premises, they have been removed from the 1966-70 Unfit Housing programme:

- 17, Tudor Road, Hampton;
- 28, Thames Street, Hampton.

All the dwellings included in the above report were dealt with by way of formal action under the Housing Act, 1957; in addition, repairs were effected at 218 dwellings after informal consultation with the owners, and 96 other dwellings were made fit for human habitation after the service of statutory notices under the Public Health Acts.

The action taken to remedy unfit houses is summarised in the table below:

(a)	Clearance Areas represented to Council	...	...	...	...	1
(b)	Dwellings included in (a) above	...	...	...	...	13
(c)	Dwellings demolished after Clearance Orders made	...	...	...	...	—
(d)	Dwellings represented for Demolition or Closing Orders	...	...	...	...	38
(e)	Undertakings received to carry out repairs	...	...	...	...	—
(f)	Closing Orders made in respect of —					
	(i) Whole of building	...	...	...	...	14
	(ii) Part of building	...	...	...	...	20
(g)	Demolition Orders made	...	...	...	...	2
(h)	Closing Orders determined on a building being made fit	...	...	...	...	6

(i) Undertakings cancelled on a building being made fit ...	...	...	3
(j) Dwellings in which defects were remedied after service of formal notice...			96
(k) Dwellings in which defects were remedied after informal action		...	218

(2) HOUSES IN MULTIPLE OCCUPATION

Good progress has been maintained in implementing the Council's Standard in such houses in several cases without taking legal action.

The Housing Officer has continued to refer cases where applications for rehousing indicated a house in multiple occupation. His co-operation in this and in other problems arising from such houses has enabled action to be taken with a minimum of hardship to the occupants.

During the year a reinspection of a house in multiple occupation revealed that an owner had allowed a letting to be reoccupied in contravention of a Direction given by the Council under Section 19, Housing Act, 1961. Investigation established that the reoccupation had taken place just over six months previously and thus Section 104, Magistrates Courts Act, 1952 (Limitation of time) would preclude any legal action being taken.

In another case an owner was successfully prosecuted for a similar offence but the reoccupation could not be prevented from continuing.

It is acknowledged that reinspections at intervals of less than six months are necessary under present legislation. These two instances, however, would appear to demonstrate a weakness in Section 19, Housing Act, 1961, in that it does not prescribe a daily penalty in respect of a continuing occupation in contravention of a Direction, particularly as this Section is designed to help alleviate conditions in houses occupied by members of more than one family.

Formal action taken during the year is shown below :

(1) Number of Management Orders made	...	...	...	Nil
(2) Number of Directions made	...	...	...	8
(3) Number of Notices served requiring additional amenities			...	3

(3) CERTIFICATES OF DISREPAIR

The Rent Act, 1957 contained two important provisions; it first released from rent control those dwelling-houses which, in the London area, had in 1956 a rateable value exceeding £40, and secondly, it entitled owners of rented dwellings below that limit to a prescribed rent income. Where the owner assumed responsibility for all repairs (except internal decorative repairs), and this applied generally in the Borough, the rent limit was to be equal to twice the 1956 gross value of the dwelling provided it was maintained in a reasonable state of repair having regard to its age, character and locality.

The tenant's interest was protected to the extent that if the owner failed to carry out necessary repairs, application could be made to the local authority for a certificate of disrepair. This certificate had to be granted unless the owner gave a satisfactory undertaking to put the house in a proper state of repair within six months, and once granted the tenant could make an adjustment in the amount of rent he paid the owner until such time as the local authority cancelled the certificate.

Whereas nearly 100 applications were received annually in the seven years following the introduction of the Rent Act, in recent years it has been almost ignored by tenants of controlled premises and no longer provides a means whereby an owner is required to carry out repairs in order to receive the prescribed rent.

Applications for Certificates of Disrepair :

	1957/63	1964	1965	1966	1967	1968
1. Number of applications for Certificates	668	10	—	6	3	7
2. Number of decisions not to issue Certificates	24	1	—	—	1	—
3. Number of decisions to issue Certificates:						
(a) in respect of some but not all defects	520	4	—	—	1	5
(b) in respect of all defects ...	124	5	—	6	1	2
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	415	7	—	6	1	2
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	3	—	—	1	1	2
6. Number of Certificates issued ...	232	2	—	1	2	7

Applications for Cancellation of Certificates :

7. Applications by landlords to Local Authority for cancellation of certificates	134	2	2	6	—	7
8. Objections by tenants to cancellation of certificates	54	—	—	1	—	2
9. Decisions by Local Authority to cancel in spite of tenant's objection	18	—	—	1	—	2
10. Certificates cancelled by Local Authority	98	2	2	6	—	7

(4) MEDICAL PRIORITIES

All applications for rehousing on medical grounds, when supported by a medical certificate, receive preliminary screening and during the year 136 of these cases were subsequently referred by the Housing Officer for further investigation.

Considerable care is taken to assess the housing need of the applicant in relation to his or her medical condition. Ill health, particularly where there are predominant mental or emotional factors is often very difficult to define in clear and sharp terms, but a full appraisal of the socio-medical background of an applicant does enable an assessment to be reached.

In order to assist me to give the Housing Sub-Committee more guidance as to the urgency or otherwise for rehousing the following new system of classification was introduced on 1st July, 1968 and this appears to be working well.

Category A — To be used only when the medical condition of the applicant is such that unless rehoused urgently there is an immediate risk to his life or to the health of other persons.

Category B — To be used when the applicant's own health will deteriorate if not rehoused but has not the same degree of urgency as in Category A.

Category C — To be used when there is a medical priority but where the need for rehousing though not urgent, would prevent the applicant eventually becoming housebound or institutionalised.

Category D — No medical priority.

After receiving investigation reports from either the Health Visitor or the Public Health Inspector, priority was recommended in 87 cases and in 43 cases suitable accommodation became available during the year.

2. INSPECTION AND SUPERVISION OF FOOD

(1) FOOD INSPECTION

During the year there were 102 complaints alleging unfitness in food compared with 140 in 1967. It is not possible to give any valid reason for the decrease in the number of complaints as many factors could be involved. It is known, however, that the public still demand fresh and wholesome food and, if the demand is maintained and the number of complaints are reduced, it is fair to assume that food traders are more fully aware of their responsibilities towards the public. The nature of complaints varied but in the main they related to defects in canned goods, foreign bodies in food, and mould affected food. Food traders were again reminded by letter of the importance of the proper rotation of food stocks, in particular those such as sausages, pies, wrapped bread and cakes, all of which have a very limited shelf life, and it is encouraging to note that only 14 complaints were received regarding mould affected food.

During the year legal proceedings were taken in 7 cases with the following results:

1. A grocer was fined £15 with £5 5s. 0d. costs for selling mould-affected sausage rolls.
2. A wholesaler was fined £30 with £10 10s. 0d. costs and the distributor given an absolute discharge with £5 5s. 0d. costs for selling an apricot pie containing a finger dressing.
3. A multiple stores was fined £25 with £2 2s. 0d. costs for selling rancid butter.
4. A multiple stores was fined £15 with £6 6s. 0d. costs for selling a mouldy loaf.
5. A cafe was fined £10 with £5 5s. 0d. costs for selling a mouldy ham sandwich.
6. A multiple stores was fined £25 with £10 10s. 0d. costs for selling a mouldy chicken and ham pie.
7. A grocer was fined £5 with £13 13s. 0d. costs for selling two mouldy pork pies.

Throughout the year the Inspectors received requests from food traders to examine doubtful consignments of food and the following table lists the articles voluntarily surrendered and destroyed after such examination:

Baby Foods (tins & jars)	...	107	Fruit & Fruit Juices (tins)	...	8764
Beverages (tins & jars) ...	...	15	Fish (pkts.)	...	2724
Biscuits and Cakes (pkts.)	...	514	Fish (tins)	...	1487
Butter (lbs.)	...	28	Fish (fresh) (lbs.)	...	74
Cereal (pkts. & tins)	...	1086	Flour (bags)	...	86
Cheese (lbs.)	...	85	Ice Cream (cartons)	...	305
Curry (Meat) (tins & pkts.)	...	26	*Meat (fresh) (lbs.)	...	27131
Essences (bots.)	...	72	Meat (tins)	...	1494
Eggs (dozens)	...	30	Meat (pkts.)	...	1751

* This figure includes a consignment of 25,959 lbs. of imported meat in refrigerated vans the refrigeration plants of which were defective.

Milk (Evaporated) (tins) ...	121	Sausages (pkts.) ...	78
Oil (bottles) ...	28	Soups (tins & pkts.) ...	274
Puddings (tins & pkts.)...	363	Sugar (lbs.) ...	167
Pastry (Pies, etc.) (pkts). ...	1172	Sweets (Lollies, etc.) ...	129
Preserves (jars) ...	360	Tomatoes (lbs.) ...	245
Pickles, Sauces, etc.		Tea (lbs.) ...	7
(bots. & jars) ...	348	Vegetables (tins & pkts.) ...	8373
Salt (lbs.) ...	115	Wine (bottles) ...	104

(2) FOOD PREMISES

Ministry of Health Circular 25/68 stated that consideration had been given to the introduction of a statutory ban on dogs being taken into food premises. The Minister considered that by virtue of the appropriate clauses in the Food Hygiene (General) Regulations, 1960, whereby food traders were obliged to protect food from the risk of contamination, local authorities had adequate powers to deal with this problem. It was considered, however, that the legal requirements could be supplemented by local authorities encouraging food traders to display a notice signed by the Medical Officer of Health requesting customers not to bring dogs into the premises. Appropriate notices were printed and issued to food traders in the Borough.

A complaint was received alleging that inferior quality meats were being sold at a wet fish shop. Upon investigation it was ascertained that imported frozen boneless horsemeat and frozen boneless veal were on display for sale as pet meat. There is no law prohibiting the sale of pet meat from shops which also sell food intended for human consumption and, unless adequate precautions are taken, there is a possibility that food intended for human consumption can become contaminated by pet meat. The only mandatory powers are those contained in the Food Hygiene (General) Regulations whereby food intended for human consumption must be protected to prevent risk of contamination. In this instance the proprietor of the shop was advised of the precautions to be adopted to prevent the possibility of contaminating food intended for human consumption and to mark food not intended for human consumption clearly as such. Subsequent visits to the shop showed that the proprietor was complying with the advice given.

Much attention was given to the routine inspection of food premises as continuous surveillance is still necessary to ensure that premises are maintained in a satisfactory condition and that hygienic practices are carried out. An understanding of simple food hygiene goes a long way in maintaining cleanliness in food premises but the task can be made much easier in well designed premises with a good layout and modern equipment.

A number of premises were improved considerably and the time spent in giving appropriate advice during the stages of planning, alterations and reconstruction of food premises was found to be well worth-while. Improvements were effected in fried fish shops by the provision of readily cleansed durable surfaces for walls and floors, the installation of up-to-date equipment for food preparation and cooking, and the development of modern dining rooms. They have become more elaborate and are now more popularly known as Fish Bars and Fish Restaurants. As a result of an increase in food catering, changes also took place in public houses. Where only snacks were served these were usually prepared in the private domestic kitchen and, subject to the Food Hygiene Regulations being complied with, the provision of a separate kitchen would not be enforced. However, because of the increasing demand for set meals it was considered that a kitchen separate and distinct from the private one, and more adequate serving and dining accommodation were necessary. As a result of discussions with Brewers, these improved amenities were provided.

In the latter part of 1967 an old covered market building in the centre of Richmond, which had previously been partly used by a greengrocer, was taken over by

a new company and completely renovated into a modern walk through market with ten stalls. The company co-operated to the full with the Health Department in providing up-to-date conditions for the food stalls. The walls were white ceramic tiled throughout and several drainage points were provided to cover the provision of sinks and wash hand basins. Laminated plastic surfaces were used freely for counters, shelving and working surfaces. Separate facilities, including a rest room, toilets, etc., were provided for the staff of the stalls. Special attention was also given to refuse disposal facilities which are housed under cover away from the market. On completion four stalls were let to food retailers and the remaining six were taken over for the retailing of a wide and varied range of other miscellaneous products. The new market opened early in 1968 and now provides an interesting and compact addition to Richmond's shopping amenities.

The classification of food premises in the Borough by trade or principal business is shown in the following table together with the visits made to each class of premises. There are no poultry processing establishments in the Borough.

Food Hygiene (General) Regulations, 1960.

Type of Premises.	No. of Premises	No. of Premises which comply with Reg. 16*	No. of Premises to which Reg. 19 applies†	No. of Premises which comply with Reg. 19	No. of Visits carried out.
Bakehouses	29	28	29	29	155
Butchers' Shops	142	135	142	141	509
Confectioners (Flour)	74	74	—	—	224
Confectioners (Sugar)	266	266	—	—	291
Dairies	11	11	11	11	34
Fishmongers and Feulnerers	41	41	41	41	135
Fried Fish Shops	27	26	27	27	108
Greengrocers and Fruiterers	163	161	163	163	413
Grocers	328	321	328	327	1013
Ice Cream Premises—Manufacture	8	8	8	8	237
Ice Cream Premises—Sale and Storage	548	548	—	—	
Public Houses and Licensed Premises	239	233	239	238	490
Restaurants, Cafes and Canteens	345	337	345	342	914
	2221	2189	1333	1327	4641

* Regulation 16 deals with the provision of wash-hand basins for the use of all persons engaged in the handling of food.

† Regulation 19 deals with the provision of facilities for washing food and equipment.

The control of out-door food trading is exercised by registration under the provisions of Section 11, Middlesex County Council Act, 1950, and during the year 10 persons and 3 premises were registered.

Legal proceedings were taken in 11 cases in respect of food premises and food stalls which failed to maintain proper standards with the following results:—

1. A butcher was fined £60 with £12 12s. 0d. costs in respect of 4 summonses.
2. A restaurant proprietor was fined £49 with £5 5s. 0d. costs in respect of 8 summonses.
3. A restaurant proprietor was fined £16 with £5 5s. 0d. costs.
4. A restaurant proprietor was fined £23 with £5 5s. 0d. costs in respect of 7 summonses.
5. A grocer was fined £30 with £3 3s. 0d. costs in respect of 3 summonses.
6. A baker was fined £90 with £15 15s. 0d. costs in respect of 6 summonses.
7. A confectioner (sugar) was fined £42 with £10 10s. 0d. costs in respect of 4 summonses.

8. A food packer was fined £125 with £5 5s. 0d. costs in respect of 5 summonses.
9. A stallholder was fined £2.
10. An ice-cream vendor was fined £30 with £5 5s. 0d. costs.
11. An ice-cream vendor was fined £10 with £3 3s. 0d. costs.

(3) FOOD SAMPLING.

The routine sampling of foods and drugs for chemical analysis and bacteriological examination was maintained throughout the year. The invaluable help given by the Public Analyst and the Public Health Laboratory Service contributed much to the effectiveness of the sampling. Sampling was carried out on a selective basis and particular attention was given to new brands of foods on sale, to foods for which there are legal standards and to commodities manufactured in the Borough for local and national distribution.

Although the majority of sampling was carried out on a selective basis, some samples were taken as a result of complaints from members of the public. One resident was concerned about Jaffa oranges being treated with the preservative diphenyl giving rise to possible kidney disorders. Samples were submitted and although the permitted amount of diphenyl allowed is 100 parts per million only 24 parts per million were found. The majority of diphenyl was found on the peel which is not normally consumed. Marmalade made from oranges containing 40 parts per million of diphenyl has been shown to contain only 0.1 parts per million. This arises because diphenyl is a volatile material and most of it evaporates during the boiling process. Diphenyl has been shown to cause reversible kidney damage to rats when fed at a level of 2500 parts per million but not at levels below this. Tests on monkeys fed at 100 parts per million of diphenyl showed that no effect was produced after one year. There have been numerous other animal tests all showing that no damage results from ingesting larger amounts than are present in orange peel. It is felt therefore that no objection can be raised to the use of diphenyl particularly when it is claimed that 25% of imported oranges which are not treated are lost due to mould attack and that treatment reduces this to 2 per cent.

One housewife complained that sausage meat used to prepare Scotch eggs turned the white of the egg to a bright red. A sample of the sausage meat was taken and found to contain 11 parts per million of Red 2 G which is a permitted food colouring. There is no statutory limit on the quantity of food colouring allowed as this is considered to be self limiting but if used in excess could give rise to the effects which the complainant observed.

A Blue Cheese dressing was complained of as having caused a burning sensation of the mouth. On analysis the sample was found to contain 1.8 per cent of acetic acid, a normal figure for this type of article. It was considered that the acidity, together with the astringency of the blue cheese would be sufficient to cause smarting in a tender mouth.

A resident in the Borough complained that certain shops in the district in which she lived were selling eggs as free range eggs when in fact they were battery eggs. Although there is no legal definition of free range eggs they are regarded as those from poultry which have access to land. It is considered that less than 10% of eggs produced in this country are free range. Although many members of the public think there is a distinct difference in free range and battery eggs it can be difficult to detect the difference by analysis. As a rule free range eggs have a deeper coloured yolk but the colour of the yolk of battery eggs can be intensified by the use of certain feeding stuffs and by adding colouring matter to the poultry food. Wire markings are also considered to be a characteristic of battery eggs as, when the egg leaves the chicken, it is covered with a wet mucous and when layed on wire which is normally dusty the marking remains visible. This, however can also happen with free range eggs layed on wire. However, following the complaints, investigations were carried out and the source of supplies ascertained. The eggs were found not to be free range. The retailers were

informed of the provisions of the Food and Drugs Act relating to false and misleading description and, on being advised, they ensured that the eggs were correctly designated.

During the year four hundred and seventy four samples were submitted for chemical analysis and of these twenty two were considered to be irregular. Eighteen samples of specified foods were also submitted for analysis in connection with the national scheme carried out for the second year for the purpose of ascertaining the presence of residual pesticides in foodstuffs.

The following table shows the types of samples analysed and the results obtained:

Article.	Number Analysed	Number Irregular
Artificial Sweeteners	8	—
Baking Powders	5	—
Beverages	20	—
Cereals	1	—
Drinks and Drink Ingredients	43	6
Drugs and Medicines	39	1
Farinaceous Products	15	1
Fats and Oils	10	1
Fish and Fish Products	13	—
Flavourings and Essences	12	—
Flour and Flour Confectionery	40	1
Food Colourings	6	2
Fruit and Fruit Products	21	—
Jellies and Gelatine	13	—
Marzipan	10	—
Meat and Meat Products	64	3
Milk and Milk Products	27	—
Mustard	7	—
Pickles and Sauces	17	1
Preserves	15	1
Salad Cream and Mayonnaise	11	2
Savoury Spreads	5	—
Spices and Herbs (Seasonings)	28	2
Sugar Confectionery and Products	19	—
Vegetable and Vegetable Products	15	—
Miscellaneous	10	1
Total	474	22

The irregular samples comprised :

(a) *Concentrate Light Ale, Yeast Starter Pack, Rose Hip Conserve, Tomato Ketchup, Onion Salt, Vitamin Yeast Food.* These products were not labelled in accordance with the requirements of the Labelling of Food Order, 1953, but after representations to the respective manufacturers suitable labels were introduced.

(b) *Blackcurrant Drink.*

This sample was reported upon as irregular as it contained a preservative in excess of the maximum prescribed by the Preservatives in Food Regulations, 1962. The manufacturers, and the local authority in whose district the product was manufactured, were consulted. The cause of the irregularity was considered to be inadequate mixing of the product in bulk before bottling.

(c) *Blackcurrant Health Drink.*

Found to contain a preservative in excess of that prescribed by the Preservative in Food Regulations, 1962. The manufacturers attributed the irregularity to temporarily introducing a more speedy test for the presence of the preservative after batch storage. As the test did not prove satisfactory the manufacturers reverted to the standard recognised test. A sample taken by the Local Authority in whose area the product was manufactured was later reported upon as being satisfactory.

(d) *Wine and Beer Finings.*

This sample was found to contain sulphur dioxide to the extent of 5860 parts per million. Although sulphur dioxide is a permitted preservative its presence in wine and beer finings is contrary to the Preservative in Food Regulations, 1962. The firm concerned were informed and, as they considered that the article could not be prepared without using the preservative, they withdrew it from their range of products.

(e) *Concentrated Grape Juice.*

This sample contained an amount of sulphur dioxide in excess of that permitted by the Preservative in Food Regulations, 1962. The Public Analyst also considered that the title on the label was not the common or usual name for this article as required by the Labelling of Food Order, 1953. The manufacturers were informed and replied to the effect that their process is continually checked by chemical analysis and that the excess of sulphur dioxide was accidental in that a particular batch had slipped through their control. The remaining stocks at the retailer's shop were withdrawn from sale. The manufacturers also arranged to have new labels with an appropriate title printed.

(f) *Kaolin and Morphine Mixture.*

This mixture was found to contain dark particles in which were found to be particles of calcium carbonate crystals aggregated on particles of kaolin. It was considered that the presence of the particles was unlikely to affect the efficiency of the medicine and would have had no harmful effect. The medicine was also found to be deficient in the quantity of sodium bicarbonate as prescribed by the British Pharmaceutical Codex. The retailer was advised and the matter taken up with the manufacturers of the powder mix.

(g) *Long Grain Rice.*

A statement on the carton of this product made a claim for the presence of vitamins and minerals, but there was no declaration of the minimum amounts present as required by the Labelling of Food Order. The manufacturers were informed and subsequently it was ascertained that they had introduced a new carton and deleted the references to vitamins and minerals.

(h) *Low Fat Spread.*

The Analyst considered that this sample conformed to the definition of margarine laid down in the Food Standards (Butter and Margarine) Regulations, 1955. These Regulations specify the margarine shall not contain more than 16 per cent of water but this sample contained 352 per cent water in excess of this maximum. The appropriate legal opinion was sought and it was considered that this product did not come within the scope of the Food Standards (Butter and Margarine) Regulations, 1955 and that no further action should be taken.

(i) *Biscuits.*

A statement on the packet made the claim "the digestive biscuit with the butter in it". The Public Analyst considered that the small amount of butter fat found in the sample did not justify this claim. The manufacturers were notified and it was found that a new recipe had been introduced by increasing the amount of butter fat in the product and declaring its percentage quantity on the wrapper. After further consultation with the Public Analyst this was considered to be acceptable. Existing stocks made with the former recipe were withdrawn from sale at the retailers' shop.

(j) *Violet Colour.*

This product was found to contain a colour not included in the permitted list of colours in the Colouring Matters in Food Regulations, 1966 which came into operation in June, 1967. It was ascertained that the articles had been made and distributed before that date. Remaining stocks of the product at the retail shop were voluntarily surrendered and destroyed.

(k) *Blue Culinary Colouring.*

This sample contained two permitted colouring matters, but the container did not bear the statutory statement required by the Colouring Matters in Food Regulations. The packers were informed and labels incorporating the statutory statement were brought into use.

(l) *Preserved Pork Sausages.*

This sample was found to contain 60 per cent of meat whereas the accepted amount should be 65 per cent. The manufacturer, a retail butcher, was interviewed and advised to ensure that future supplies should contain at least 65 per cent meat content.

(m) *Preserved Pork Sausages.*

Although there are no statutory standards for the meat content of pork sausages there is an accepted standard of 65 per cent. This informal sample was found to contain only 51 per cent. A formal sample was taken and reported upon as being genuine.

(n) *Sausage Meat.*

This sample was found to contain a colouring matter and the intensity of colour produced was considered to be excessive. The colouring matter was one which is permitted under the Colouring Matters in Food Regulations, 1966, and as there is no statutory limit to the quantity permitted, the manufacturers were advised and no further action taken.

(o) *Salad Cream.*

Partial separation of the oil had occurred and this was attributed to its being old stock. Similar aged stocks at the shop were withdrawn from sale.

(p) *Salad Dressing.*

The emulsion in the mayonnaise had partially broken down and also one of the ingredients in the article was partially deleted from the label. It was found that the sample was from old stock and that present stocks were appropriately labelled.

(q) *Curry Powder.*

This sample contained a quantity of acid insoluble ash in excess of that normally present in similar powders. Stocks of the product were withdrawn from sale.

(4) MILK SUPPLIES AND SAMPLING.

Licences granted authorising dealers to store and sell designated milks were as follows:

Ultra Heat Treated	...	...	34
Pasteurised	...	...	95
Sterilised	...	...	62
Untreated	...	...	29

There are no processing plants in the Borough but there is one Dairy Farm which is registered by the Ministry of Agriculture, Fisheries and Food.

Fifty four samples of milk were submitted for examination of which fifty three satisfied the prescribed tests. The sample reported as being unsatisfactory was a carton of milk taken from a vending machine. The sample failed to satisfy the methylene blue test — a test applied to assess the bacterial and keeping quality of milk. The dairy company were informed of the occurrence and were advised to exercise the strictest control over the renewal of supplies in the machine. Further samples were taken and found to be satisfactory. Fifteen samples of milk were also examined for the presence of *brucella abortus*, *brucella melitensis* and *mycobacterium tuberculosis*. These were reported upon as being negative.

(5) ICE CREAM MANUFACTURE AND SAMPLING.

There are 8 manufacturing establishments in the Borough and 548 premises registered for the storage and sale of ice-cream. The manufacturing establishments comprise one where the ice-cream is pasteurised by heating to a temperature of not less than 160°F for at least 10 minutes and 7 in which a sterilised mix is used and the process of manufacture completed by freezing only.

The sampling of ice-cream was wholly concentrated on the manufacturing premises and cafes, restaurants, and mobile vans from which loose ice-cream was being sold. One hundred and seventy three samples were submitted for examination and one hundred and forty three were reported upon as being satisfactory. The cause of unsatisfactory results can normally be attributed to inadequate and inefficient sterilisation of equipment and utensils. When samples are found to be unsatisfactory appropriate investigations are made to ensure that routine efficient sterilizing is then carried out. Repeat samples are then taken. In those instances where unsatisfactory results had been obtained the repeat samples were found to be satisfactory.

(6) OTHER FOODS.

Three hundred and seventy seven samples of other foods were submitted for examination and particular attention was given to foods such as cooked meats, fish products and milk products which are recognised as suitable media for the development of bacterial growth. All the samples were reported upon as being satisfactory with the exception of three samples of fresh cream, a sample of cheese spread and shrimp and a sample of minced beef.

(a) *Fresh Cream.*

Although there are tests prescribed by regulation for the examination of milk there are no such tests for fresh cream. In 1957, after research into the question of assessing the bacterial contamination and the keeping quality of fresh creams, the Working Party of the Public Health Laboratory Service indicated that no test could be regarded as sufficiently accurate to be made statutory and recommended that the only test considered to be suitable as a guide to assess the condition of fresh creams was the methylene blue test. The three samples regarded as unsatisfactory failed this test. The appropriate investigations were carried out and advice given regarding cool storage of the product in relation to its limited life and palatability. Repeat samples were taken and found to be satisfactory.

(b) *Cheese Spread and Shrimp.*

This product was manufactured and prepacked abroad. Cultures from the sample yielded a moderate growth of *S. aureus*, toxins of which can cause food poisoning, and it was considered advisable to investigate the matter further. The Local Authority in whose area the importers stored the cheese was informed and samples were taken there. Further samples were also taken from the retail shop in this borough. All these samples were reported upon as being negative.

(c) *Minced Beef.*

This sample was found to contain *Salmonella typhi-murium*, a food poisoning organism occasionally found in carcase meat. Faeces specimens were obtained from all the food handlers in the shop and swabs of chopping blocks, counters and equipment were taken. An investigation was also carried out by the local authority from whose area the meat was purchased. All results proved negative.

(7) THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

There are no pasteurising plants in the district and the nineteen samples of liquid egg taken were submitted for bacteriological examination only and not for the Alpha-Amylase test. The bacteriological reports stated that organisms of the food poisoning group were not isolated in any of the samples.

3. ATMOSPHERIC POLLUTION

The following Smoke Control Orders became operative during the year:

				Acreage.	Number of Dwellings.	Number of other Premises.
Barnes	No. 9 Order	...	...	93	1,337	98
Richmond	No. 9 Order	...	...	817	1,469	146
Twickenham	No. 7 Order	...	...	163	1,473	123

There are now 11,637 acres including 52,112 premises subject to Smoke Control Orders and, during the year, the following two additional Orders were made with the operative dates proposed for the end of 1969.

				Acreage.	Number of Dwellings.	Number of other Premises.
Barnes	No. 10 Order	...	...	224	1,574	76
Twickenham	No. 8 Order	...	...	203	2,535	191

The following Order was also submitted to the Council at the end of the year with a proposed operative date in December, 1969.

				Acreage.	Number of Dwellings.	Number of other Premises.
Richmond	No. 10 Order	...	...	200	639	14

Assurance given in the past by the Gas Boards that adequate supplies of coke would be available for Smoke Control Areas made before late 1966, continue to be honoured and I have heard of no difficulties in obtaining sufficient supplies of other solid smokeless fuels.

Householders in smoke control areas are still burning bituminous coal and logs of wood. Informal approaches have always resulted in cessation of the practice. However, it is disturbing to find that a proportion of persons newly taking up residence in Smoke Control Areas are quite unaware of the existence of an Order governing their premises, consequently coal is brought from their previous dwellings and they only discover their error from their neighbours, coal merchants or from the Public Health Inspector when he calls.

Householders continue to have a freedom of choice for grant purposes in the selection of replacement appliances and below are listed their preferences expressed in percentages.

		1968	1967	1966
Gas Room Heaters	...	69%	66%	51%
Open Fires	...	14%	19%	33%
Solid Fuel Heating Stoves	...	12%	10%	14%
Electric Storage Heaters	...	5%	5%	2%

The continued move towards gas heating produces a negligible amount of atmospheric pollution, and as the number of open fires decreases annually it appears that the Englishman is being wooed away by High Speed Gas from his traditional open fire.

At the year's end the Minister decided to cancel the prohibition of grant aid towards the fitting of direct acting electric space heaters. The permission to pay grants in fitting such heaters was too late to affect the current Smoke Control Areas, but it will be interesting to see what effect this will have on the ratio of preferred appliances chosen by the householders.

The Clean Air Act, 1968 was enacted on the 25th October, 1968 and an Order made on December 2nd will bring into force certain sections dealing with grit, dust, the height of chimneys and the acquisition and sale of unauthorised fuel in Smoke Control Areas.

The Clean Air Act (Measurement of Grit & Dust) Regulations, 1968, prescribing the methods of making and recording measurements of grit and dust from large furnaces burning solid fuel came into force on 1st May, 1968.

This legislation will, taken as a whole, remove a number of anomalies such as the lack of control over heights of chimneys serving large boilers in offices and shops, whereas smaller boilers in factories have their chimney heights approved by the Council. It is also to be hoped that regulations will be made under the new Act which will enable the Council to exercise some control over emissions of grit and dust from certain furnaces which, whilst at present are within the law, have nevertheless given rise to various complaints during the year.

In the latter half of the year, an old large industrial "Galloway" boiler fired by a worn-out sprinkler stoker burning bituminous coal was taken out of commission. It had been found earlier to be producing excessive smoke and grit. Fortunately the grit fell mainly on the ground and buildings occupied by the boiler operator, although the smoke itself could be seen from quite a distance.

Coal fired underfeed stokers to seven central heating plants in Council owned buildings, having in the past failed to comply satisfactorily with the provisions of the Act, were converted to oil firing. I understand the boilers are now, as an additional benefit, proving cheaper to run and maintain.

Proceedings were taken under Section 16 of the Clean Air Act, 1956 against a haulage and storage contractor who was burning waste paper, cardboard and plastic sheeting at the rear of his premises and close to a row of dwellings.

Despite repeated requests and warnings the bonfires occurred almost daily and caused great annoyance to neighbouring residents. One Summons was issued, the defendant pleaded guilty and was fined £20 with £10 10s. 0d. costs. The Court also made an Order forbidding further bonfires.

There are within the Borough five stations where daily measurements of smoke density and sulphur dioxide are taken. One of these stations is operated by the Ministry of Technology at the National Physical Laboratory, Teddington and the other four by the Health Department.

The following table gives processed yearly average figures so far available for five years:

Year Ended March	STATION (results in microgrammes per cubic metre)							
	Twickenham No. 3		Twickenham No. 4		Teddington No. 3		Barnes No. 1	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
1963	98	181	98	187	107	200	—	—
1964	98	151	89	164	100	167	96	106
1965	74	140	67	139	81	153	77	120
1966	53	111	56	115	61	108	57	102
1967	33	100	40	105	46	112	48	119

It will be noted that there is in all cases a progressive drop in the level of pollution over the five years. It might be fairly stated that this would be due, to a great extent, to the operation of Smoke Control Orders in the Borough area and in adjoining districts.

4. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registration and Inspection.

The Act is now so well known that failure to register premises has become a rare occurrence.

New registrations were 12½% of total registered premises and about 75% of all registered premises received a general inspection and certain parts of premises subject to heavy wear on floor and stairs received a second inspection. Re-inspection following contraventions account for a high percentage of visits. It is pleasing to report that the readiness of employers to remedy any defects notified is generally good and in only a small number of cases is there lack of ready co-operation.

Special attention this year was given to floor coverings and stairs in an endeavour to reduce this risk of injury.

During the year 275 additional premises were registered under the Act and the total number of premises registered and inspected at the end of the year is summarised below:

	Total number of registered premises.	Number of general inspections during year.
Offices	720	600
Retail Shops	1,234	964
Wholesale Shops	39	38
Catering Establishments	204	171
Fuel Storage Depots	5	2
	2,202	1,775

Operation of the General Provisions of the Act.

1. Overcrowding.

This is not a problem which has arisen during the year.

One aspect is perhaps worthy of mention. In restaurants and cafes every effort is made to provide the maximum space for the public and the kitchens frequently suffer in consequence. One newly renovated restaurant provided what appeared to be an adequate size of room for the kitchen, but filled it so full of the latest and most admirable equipment to freeze, sterilize, fry, grill, steam, cook and prepare food and to clean utensils that the staff found themselves squeezed into narrow areas and gangways with scarcely sufficient room to do their work.

2. Temperature.

Few complaints received. The situation is generally satisfactory.

One unusual problem arose from the use by a hardware retailer of oil-fueled convection heaters. These stood in the shop, which is of the open plan self-service type, and were indistinguishable from the same products on display for sale — until they were touched and found to be hot. A complaint was received by a customer that a small child had received a painful shock and made the valid point that even adults would have been unable to detect by sight that the heater was in use. Section 22 of the Act which, inter alia, creates an offence in respect of appliances which are injurious to health or create a risk of bodily injury appeared to be relevant and the shop manager agreed to provide an adequate guard and in each case added a warning notice.

3. Ventilation.

As more and more shops are modernised, adopting the popular all glass frontage, many shop fitters and designers appear to have no standards or guides to ensure adequate ventilation of the shops. The designers often ignore the basic principles of through or cross ventilation. In many of these shops a cross partition is erected to provide storage, office or staff facilities at the rear. If, as is usually the case, the partition is carried from floor to ceiling it forms an effective bar to any through ventilation.

In sunny weather the glass frontages tend to produce a rapid climb in internal temperature and the lack of ventilation then becomes apparent. Several special classes of premises seem particularly prone to this problem because the internal temperature is augmented by other sources of heat, e.g. ladies hairdressers with a number of driers, hot water and a higher than usual number of occupants, T.V. rental premises with a variety of sets all operating; and small shops with high concentrations of lights or other electrical apparatus. Premises with high security systems in operation such as jewellers and liquor shops also tend to ensure that all openings for natural ventilation are effectively sealed against intruders — and fresh air. These conditions are, of course, usually a requirement of the insurer but no attempt is made to provide other means of ventilation.

Few complaints are received about ventilation from workers in offices or shops. In some up-to-date offices with large and numerous modern style windows hardly a single one appears to be opened. It was suggested that in offices and shops because there is a high proportion of female staff windows tend to stay closed. The ladies it appears tend to equate ventilation with draughts.

4. Lighting.

Generally this was found to be much improved.

Bars and restaurants attempting to achieve an intimate atmosphere by the use of minimal or heavily shaded light sources appear to increase and the measurement of minimum light recommended for such premises in the Ministry's circular on the subject (0.5 lumens per sq. ft.) seems to be rather low. Under such conditions special attention has to be paid to the condition of floor coverings and floors and the matter of possible obstructions any of which can, and do, cause accidents. The problem is aggravated by the fact that the staff are continually moving in and out of brilliantly lit areas of food preparation and service (recommended minimum 15-20 lumens) and the dimly lit restaurant areas. The eyes cannot quickly re-adjust to the altered conditions and tripping and falling become real possibilities.

5. Sanitary Conveniences and Washing Facilities.

These are generally now satisfactory; the occasional problem arises only from the small lock-up shop.

6. Floors.

Defective floor covering, worn nosings and treads of stairs are still by far the most common defects found in premises.

Obstruction of floors is still prevalent, and is a problem that seems to be inseparable from the fast turnover of goods involved in the modern shop. It is aggravated or lessened by the efficiency of management which varies noticeably.

The repair of stone steps to the entrance of buildings of character or historical interest, now used as offices, has aroused the opposition of some owners on the ground that it would detract from the character of the building. There is generally a failure on the part of owners to realise that the worn sloping step or nosings can cause a fall and there would appear to be a need for an advisory leaflet on this matter.

7. Fencing of Machinery.

The guards to gravity feed slicing machines are all too often found to be tucked away under the counter and not in use, but despite this, general progress has been satisfactory in providing guards to such machinery.

Small refrigeration units are proliferating. Bars are being equipped with extra facilities such as trays for chilling bottled beer, etc., and the small compressor unit motor is sometimes found not to be fenced.

8. Lifts and Hoists.

May 28th, 1969 sees the commencement of operation of the Hoists and Lifts Regulations, 1968 and the Hoists and Lifts Reports Order, 1968 made under the Act. These Statutory Instruments place obligations upon owners of premises in which are installed various forms of passenger and goods lifts and hoists to ensure that they are of good mechanical construction, sound material and adequate strength and are properly maintained. In addition the various safety devices involving gates, prevention of over-running, etc., must be efficiently maintained to avoid accidents arising from persons falling or being trapped.

In order to ensure that these standards are maintained every such owner is required to arrange for every lift to be thoroughly examined by a competent person at least once in every period of 6 months (the first examination to be carried out in the six months from 28th May, 1969). The "competent person" would clearly be an engineer experienced in this field and many premises already have similar examinations carried out to meet insurance requirements. A prescribed form is laid down by the Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968 for this examination and must be kept available for two years for examination by an authorised official.

Where an examination reveals that a lift cannot continue to be used with safety unless certain repairs are carried out, the person making the report must send a copy to the Authority administering the Act.

Escalators, fork lift trucks and vehicle lifting hoists are not covered by these Regulations.

Accidents

The majority of accidents occurred in retail food premises and by far the larger number of these in large supermarkets. They were of a less serious nature and not due to contraventions of the Act (with two exceptions).

The cause of the largest number of accidents was slipping or falling (19) and movement of goods (13).

The knife is still the most dangerous tool even in the hands of experienced users such as butchers (6 incidents).

The cause of a gas explosion in a restaurant kitchen could not be conclusively established because of conflicting evidence but it became clear that for months the gas oven had lacked a knob on the gas control and the staff had become used to turning the gas on and off by gripping the spindle with a cloth in order to turn it. It would not be altogether surprising if, on occasion, the gas had not been fully turned off.

The rapid deterioration of floor coverings has been noted, and this necessitated additional visits to premises subject to heavy wear (as between servery and dining room). However in spite of the obvious hazard only one accident occurred due to worn, sloping stairs. When such accidents occur they are almost invariably defects which have been notified to the employer and result in prosecutions. The injuries caused by this type of accident have been found to be severe.

A refrigerated display counter in common use was found to be so designed that it necessitated overreaching to reach the food in the section furthest from the server and an accident did occur causing abdominal injuries.

It is thought that accidents in some small shops are not reported.

Prosecutions

Summonses were issued against seven defendants under the following Sections of the Act:

Section	Contravention	Type of Premises	Result of Action
16 (1)	Defective floor covering (arising from accident)	Hotel.	Fine £30 + 15 gns. costs.
16 (1)	Defective floor covering	Laundry Depot.	Withdrawn — Work carried out.
4 (2) 10 (2) 16 (1) 16 (2) 16 (4)	Basement dirty, etc. Washing facilities dirty. Defective floor covering No handrail. No guard to opening in floor.	Electrical Retailers	Withdrawn — Work carried out.
49	No O.S.R.1.	Record Shop	Withdrawn — Adjourned sine die.
10 (1) 10 (2)	No hot water. Dirty wash basin.	Boutique	Fine £5 } Fine £5 } + 3 gns. costs.
16 (1)	Defective stair nosings.	Multiple Store/ Fancy Goods	Dismissed.
16 (1) 16 (2) 16 (2)	Defective floor. No handrail to basement stairs. No handrail to stairs store/shop.	Food Retailers	Fine £20 + £2 gns. costs. Fine £25 + £2 gns. costs. Fine £25 + £2 gns. costs.

Total fines £110 + 24 guineas costs.

5. PUBLIC HEALTH INSPECTIONS

The extent to which the law seeks to control our environment can be judged from the wide range of visits made during the year and shown in the following table.

Satisfactory progress in performing these varied duties has only been achieved because of the enthusiasm and interest shown by senior and district inspectors and by the technical and general assistants. The assistance given by the pupil public health inspectors has also been greatly appreciated.

Bacteriological sampling — Ice Cream	...	...	...	...	108
— Milk	...	...	...	...	82
— Other Foods	...	...	...	...	187
Clean Air Act — Inspections and Observations	...	...	...	...	8895
Control of Caravans	...	...	...	...	71
Diseases of Animals Act: Waste Food Order	...	...	...	...	70
Drainage and Sanitary fittings examination	...	...	...	...	2887
Food and Drugs Sampling	...	...	...	...	286
Houses inspected — Housing Act	...	...	...	...	1038
Houses Let in Multiple Occupation	...	...	...	...	512
Housing Applications	...	...	...	...	364
Houses inspected — Public Health Act	...	...	...	...	3969
Houses inspected re Permitted Numbers	...	...	...	...	79
Houses inspected re Vermin and Disinfestation	...	...	...	...	468
Infectious Diseases enquiries, disinfection, etc.	...	...	...	...	1039
Merchandise Marks Act	...	...	...	...	42
Noise Abatement Act	...	...	...	...	362
Offices, Shops and Railway Premises Act — General Inspections	...	...	...	...	1775
Offices, Shops and Railway Premises Act — Other Visits	...	...	...	...	3465
Pet Animals Act	...	...	...	...	192
Prevention of Damage by Pests Act	...	...	...	...	8929
Rag Flock and Other Filling Materials Act	...	...	...	...	23
Rent Act, 1968	...	...	...	...	22
Swimming Baths — Sampling	...	...	...	...	27
Unsound food examination	...	...	...	...	535
Water Supply — Inspection	...	...	...	...	75
Water Supply — Sampling	...	...	...	...	10
Agricultural Holdings	...	...	...	...	1
Animal Boarding Establishments	...	...	...	...	4
Bakehouses	...	...	...	...	155
Butchers Shops	...	...	...	...	507
Confectioners (Flour)	...	...	...	...	224
Confectioners (Sugar)	...	...	...	...	291
Dairies	...	...	...	...	34
Factories (Mechanical)	...	...	...	...	333
Factories (Non-Mechanical)	...	...	...	...	46
Factory and School Canteens	...	...	...	...	66
Fishmongers and Poulterers	...	...	...	...	135
Fried Fish Shops	...	...	...	...	108
Greengrocers and Fruiterers	...	...	...	...	473
Grocers	...	...	...	...	1013
Hawkers	...	...	...	...	109
Hairdressing Establishments	...	...	...	...	212
Ice-Cream premises	...	...	...	...	237
Massage and Chiropody establishments	...	...	...	...	38
Outworkers	...	...	...	...	113
Places of Public Entertainment	...	...	...	...	9
Public Houses and Licensed Premises	...	...	...	...	490
Restaurants and Cafes	...	...	...	...	974
Riding Establishments	...	...	...	...	—
Schools	...	...	...	...	90
Scrap Metal Dealers	...	...	...	...	19
Interviews	...	...	...	...	415
Miscellaneous Visits	...	...	...	...	2652
Inspections other than Houses — Public Health Act	...	...	...	...	1792
Total number of visits and inspections	...	...	...	...	46052

The complaints received during the year are classified in the table below and they reflect a pattern similar to that of previous years.

Nature of Complaint.						Number Received
Housing Defects	...	...	...	...	...	392
Choked and defective drains and sewers	...	...	...	...	...	784
Defective water closets	...	...	...	...	...	32
Accumulations of offensive matter	...	...	...	...	...	170
Unsound food	...	...	...	...	...	186
Verminous and other Infested premises:						
(a) Bugs	...	...	...	...	...	31
(b) Rats and Mice	...	...	...	...	...	1353
(c) Wasps	...	...	...	...	...	6
(d) Fleas	...	...	...	...	...	98
(e) Others	...	...	...	...	...	78
Keeping of Animals	...	...	...	...	...	7
Nuisance from Pigeons	...	...	...	...	...	23
Smoke Nuisances	...	...	...	...	...	123
Noise Nuisances	...	...	...	...	...	65
Fumigation of Rooms	...	...	...	...	...	15
Miscellaneous	...	...	...	...	...	296
Total						3659

Every effort is made by inspectors to carry out their work through informal action, and to seek co-operation by interview and letter; in certain cases recourse to statutory proceedings is unavoidable, and a summary of notices served during the year is given below:

Subject of Notice.			Public Health Act.	Food and Drugs Act.
Number of Informal Notices served	...	...	334	248
Number of Informal Notices complied with	...	...	218	264
Number of Statutory Notices served	...	...	115	—
Number of Statutory Notices complied with	...	...	108	—

6. DISINFECTION AND DISINFESTATION

The disinfection of premises and any articles therein after infectious disease is carried out at the expense of the Council and in cases other than after infectious disease at the cost of the individual.

The cost of the work of disinfestation to eradicate bed bugs, fleas, etc., is charged to the individual.

By arrangement, all persons suffering from scabies or infested with lice are sent to Hammersmith Medicinal Baths for treatment, and I am indebted to Dr. A. D. C. S. Cameron, Medical Officer of Health and Director of Social Services of the London Borough of Hammersmith, and Mr. F. G. Baldwin, Superintendent of the Baths, for their valuable assistance during the year.

Although the figure still remains fairly high, the number of cases treated for scabies during the year dropped to 27 compared with 89 in 1967 and 6 people were treated for lice infestation.

One of the worst cases of lice infestation was that of a 58 year old man referred to the department by a local doctor. The man lived in one room of a flat occupied by a married couple. No sign of vermin was found in the bedding or in the room generally, but a small green insect, suspected of being a louse, was found in the under-clothes he was wearing. He was asked to collect more specimens and on returning the following day, the investigating officer was presented with 20-30 active lice. Arrangements were made for him to attend Hammersmith Baths for treatment and his room was thoroughly disinfested.

164 premises were disinfested during the year and costs amounting to £173 12s. 8d. were recovered.

7. PEST CONTROL

(a) The rodent control staff have again had a busy year as the following figures show:—

			1968	1967
No. of complaints received	...	...	1353	1381
No. of infestations found	...	...	1040	899
Total number of visits	...	...	8444	6584

As forecast in my last annual report, direct poisoning by the use of Fluoracetamide is now in operation for all sewers in the Borough. Four treatments were carried out in the Richmond/Barnes area, but only two treatments were considered necessary in the Twickenham area. It is evident that infestation of the sewers is not increasing and we are now getting the benefit of systematic treatment over the years. The staff of the Ministry of Agriculture, Fisheries and Food have again been most helpful particularly in providing courses for the training of rodent operatives.

During the year a mapping technique was introduced to record rat infestations reported to the Department. This now provides a visible picture of the rodent control problem over the whole Borough. In addition the results of the December baiting of 10% of the sewer manholes has been superimposed on this map which serves to relate sewer with surface infestations.

It is perhaps a little early to draw firm conclusions at this stage but preliminary impressions suggest that perhaps the importance of the sewers as a reservoir has been rather over-estimated and that too little emphasis may have been placed on river banks (including the tributary rivers), railway embankments and open areas of land as breeding grounds.

Areas of vacant land include sites on which older properties have been demolished to make way for new developments and here a special problem clearly arises viz: the failure properly to seal off the old drains of demolished buildings. All demolition contractors are advised by the Borough Engineer of their legal obligations under the Public Health Act, 1961 to ensure that any disused drains are properly disconnected and sealed but it is suspected that all too often this requirement is given scant attention particularly where the lines of drains are difficult to establish and have no access manholes. Cases are occurring of new properties being rat infested because buried and unsealed drains are still connected to rat infested sewers.

The dumping of rubbish, not infrequently kitchen refuse containing food material, on areas of vacant land and the indiscriminate scattering of food scraps to feed birds are practices which are continuing to provide encouragement to rodents. In one case, although a resident had taken the precaution of providing a tray raised on a long pole for feeding the birds, she subsequently saw a rat sitting happily on the tray enjoying the food.

(b) A number of complaints have again been received of grey squirrels invading roof spaces, and in some cases this has occurred in nearly new houses. This can be brought about by occupiers feeding and encouraging the squirrels. Most people are now realising, sometimes through painful experience, that these animals can be a serious nuisance. All complaints are investigated and advice given to occupiers, but eradication from a building can be a difficult and costly business.

(c) In June this year the Council approved a contract being entered into with a specialist firm for action to be taken under Section 74 of the Public Health Act, 1961 to abate or mitigate the nuisance from pigeons in Richmond Town Centre and Twickenham Town Centre at an estimated cost of £360. Trapping was commenced in October and at the end of the year 573 pigeons had been trapped and humanely

destroyed in the Twickenham town area and 306 in the Richmond town area. The firm considered that over 70% reduction had been achieved in the Twickenham town area and the figure is agreed by this department.

(d) Invasion of urban areas by foxes has become a serious problem in some of the London Boroughs. The spread of urban development has gradually embraced many areas inhabited by foxes, and, whilst in rural areas the fox is rarely seen, in some London Boroughs it has become a common sight. It has become relatively tame and unafraid of man and will make its earth under sheds or similar structures or in open ground. It has dirty habits and invariably throws out bones, pelts and unwanted rubbish and quickly makes its presence felt wherever it settles.

No infestation was reported during the year but in view of the large number of open spaces in the Borough we shall be fortunate if this position continues and it seems right that the public should be reminded of this possible nuisance.

At the present time the Ministry of Agriculture, Fisheries and Food are responsible for taking measures for the control of foxes but there is a possibility that responsibility could be transferred to either the Greater London Council or the London Boroughs.

8. FACTORIES ACT, 1961, Part I of the Act.

(1.) INSPECTIONS, FOR PURPOSES OF PROVISIONS AS TO HEALTH.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	8	46	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	596	333	16	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Totals	604	379	16	—

(2.) CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S. 1)	2	2	—	2	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	1	1	—	1	—
Ineffective drainage of floors (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7)					
(a) Insufficient	2	2	—	2	—
(b) Unsuitable or defective	14	13	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	3	1	—	—	—
Totals	22	19	—	6	—

Part VIII of the Act, Outwork.

<i>Nature of Work</i>	<i>Section 110</i>			<i>Section 111</i>		
	<i>No. of out-workers in August list required by Section 110 (1) C</i>	<i>No. of cases of default in sending lists to Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Wearing Apparel	33	—	—	—	—	—
Electrical Fuse Makers	104	—	—	—	—	—
Artificial Flowers	34	—	—	—	—	—
Lampshades	13	—	—	—	—	—
Total	184	—	—	—	—	—

9. MORTUARY.

The mortuary at Hampton has continued to function satisfactorily and the number of bodies admitted during the year was 718.

I would like to pay tribute to the Mortuary Attendant, Mr. George Chase, whose willingness and helpfulness are appreciated both by this department and also the public who use the facilities provided, often under distressing circumstances.

10. NOISE ABATEMENT ACT, 1960

The number of complaints relating to noise nuisances has continued at about the same level (65) as in the previous year. One such case concerned an alleged nuisance from a cement works. Investigation showed that the noise came predominantly from lorries loading ready-mixed concrete at the works, the vehicle engines being used to revolve the drums into which the concrete was poured.

The firm was asked to consider the construction of screening walls around the loading point and when this work was completed a marked reduction of the noise level resulted. Apart from this a 9in. brick wall about 12ft. high was constructed at the rear of the complainants' gardens bringing about a further decrease of noise.

Noise levels taken when the complaint arose were recorded at 57-58 decibels and at less than 50 decibels after the screening works were completed, representing a highly satisfactory improvement.

11. RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

As recorded in the previous report, a sample of cotton/nylon wadding had been submitted to the prescribed Analyst for testing in August, 1967. His report certified the sample to contain 60 pts. per 100,000 of chloride which exceeded the permitted maximum by 30 pts. per 100,000. Measurement of the chloride content is an accepted method of judging the amount of excretal material (mainly from perspiration) in a filling material and hence is a measure of the degree of cleanliness of such material.

In reliance on this Certificate proceedings were authorised against the manufacturers of the filling material who countered with a submission that their own portion of the same sample had been submitted for analysis and certified to contain only 23 pts. per 100,000 of chloride.

At the hearing the defendants requested the Court to Order the 3rd portion of the sample to be sent for testing to the Government Chemist. This was done and on 13th March, 1968, the Government Chemist certified that the sample received by him on 1st January, 1968, contained 24 pts. per 100,000 of soluble chloride. The summons was withdrawn.

It is the normal practice for the prescribed Analyst to retain the residual materials from their examination only for a period of six months and as this time had elapsed it was not possible to carry out any further tests.

A letter was submitted to the Ministry of Housing and Local Government suggesting that it may be desirable for the Minister to consider advising the prescribed Analysts that material submitted for testing should be retained by them for a period longer than six months.

The Ministry while sympathising with this view, did not feel justified in taking action on the suggestion as this was the first case of its kind brought to their attention and they considered it was only an isolated instance where there was a wide discrepancy between the findings of different Analysts.

12. DISEASES OF ANIMALS ACT, 1950

PET ANIMALS ACT, 1951

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

RIDING ESTABLISHMENTS ACT, 1964

The Corporation of London act as agents for the Council in respect of the above Acts. The arrangements have worked very well and I am indebted to Mr. G. S. Wiggins, M.R.C.V.S., Veterinary Officer to the Corporation of London, for his valuable advice and help.

His report on the work carried out on behalf of the Council for the year ended 31st December, 1968 is as follows:—

Riding Establishments Act, 1964

Four riding establishments were visited and recommended for licensing. One Polo Stable has closed down.

Animal Boarding Establishments Act, 1963

Visits of inspection were made to four animal boarding establishments. The premises of The Cattery in East Sheen are kept up to a fair standard — clients returning year after year. Will maintain surveillance.

Pet Animals Act, 1951

15 pet shops were recommended for licensing in my letter of 3rd December, 1968. The premises in Heath Road, Twickenham have been taken over by new owners. It was recommended that a conditional licence be issued to the proprietor of premises in Paved Court, Richmond.

Visits made by Diseases of Animals Act Inspectors to the following premises:

Piggery, 38, Harvey Road, Hounslow.

4 visits were made. Approximately 150 pigs are kept in satisfactory conditions.

Dairy Farm, Petersham Meadows Farm, Richmond.

Four visits were made to the above premises. The poultry are very well housed. The firm hope to get planning permission to build more poultry houses. 32 milking cows and approximately 2,500 poultry.

Piggery, Ham Fields, Richmond.

The owner has given up keeping pigs at the Piggery, Ham Fields, due to piggery being burnt down by vandals.

Poultry Keeper, Oak Avenue, Hampton.

The owner has died. Although the poultry farm was satisfactory, my Inspector was informed that it was intended to sell the 100 poultry.

Red Lion Street, Richmond.

Three visits were made. Premises very satisfactory.

Richmond and Bushy Parks.

Several visits made to Richmond and Bushy Parks. Observed large numbers of deer and sheep grazing in very good conditions.

Railway Road, Richmond.

Premises were inspected due to a complaint of a calf being kept in a garden. There was a brick built shed which was well ventilated and clean. The calf was out in a field.

Foot and Mouth Disease (Controlled Areas Restrictions) General Order, 1938.

The Foot and Mouth outbreak which began in November, 1967 and ended in March, 1968 passed without incident in the London Borough of Richmond. A careful watch was maintained at Bushy Park and Richmond Park where disinfectant pads were installed as a precaution.

Psittacosis.

A letter was addressed to the Town Clerk of your Authority in October informing him that the Corporation had written to the Ministries of Agriculture, Fisheries and Food and Health expressing the view that some form of control should be re-introduced on the import of psittaciforms into this country so as to minimise the risk of the disease to human beings. This was supported by your Council.

The reply from the Ministries was not very satisfactory and, at present, consultations are in progress.

Orders — Ministry of Agriculture, Fisheries and Food Animals (Miscellaneous Provisions) Order, 1927.

Under the terms of the above Order certain Acts and Orders of the Ministry of Agriculture, Fisheries and Food require publication by the Local Authorities. The following were received from the Ministry during the above period and several were advertised in the 'Daily Telegraph'.

Foot and Mouth Disease (Controlled Area Restrictions) (Amdt.) Order, 1968.
(Advertised).

Foot and Mouth Disease (Imported Meat) Order, 1968. (Advertised).

Importation of Potatoes (Health) G.B. (Amdt.) Order, 1968.

Diseases of Animals (Milk Treatment) (Amdt.) Order, 1968.

Diseases of Animals (Milk Treatment) Order, 1967.

Foot and Mouth Disease (Imported Meat) No. 2 Order, 1968. (Advertised).

Miscellaneous Fees (Variation) Order, 1968.

Agriculture (Miscellaneous Provisions) Act, 1968.

The Slaughterhouses (Hygiene) Regulations (Appointed Day No. 2) Order, 1968.

The Slaughter of Animals (Prevention of Cruelty) Regulations (Appointed Day No. 2) Order, 1968.

The Performing Animals Rules, 1968.

Foot and Mouth Disease (Infected Areas) Special Orders Nos. 1-45, 1968.

Foot and Mouth Disease (Controlled Area) Special Orders Nos. 1-5, 1968.
(Nos. 2, 3 and 5 Advertised).

13. ESTABLISHMENTS FOR MASSAGE and/or SPECIAL TREATMENT

Twenty eight establishments where massage or special treatment is carried on are licensed under the Middlesex County Council Act, 1944.

All new licensees are required, where applicable, to possess the qualifications necessary for registration by the Board established under the Professions Supplementary to Medicine Act, 1960.

14. SWIMMING POOLS

I am obliged to Mr. T. Lindley, F.Inst.B.M., Baths Manager, for the following report:

"Swimming Pools (Open Air)

Bathing facilities are provided at three Open Air Pools, during the summer period, within the Borough, each of these properties being owned by the Council. The water capacity of each of the Pools is as follows:

Twickenham Open Air Pool	...	...	280,000 gallons
Hampton Open Air Pool	...	...	206,000 gallons
Teddington Open Air Pool	...	...	180,000 gallons

this water being supplied by the Metropolitan Water Board. The pools' water is filtered through pressure sand filters and sterilized by chlorine gas treatment operating on the "marginal" principle. The pool water at the Twickenham and Teddington Pools is turned over once every 6½ hours, whilst that at the Hampton Pool operates on a 4 hour turnover rate.

Colourmetric tests and water samples at each pool are taken three times daily to determine free-available/residual chlorine content of the water, the pH values of the same, and both shallow and deep end water temperatures. Each of the results obtained are recorded in a standard log-book.

Bacteriological tests of the water at each of the above pools and including Richmond Baths are made monthly and, during the past year 78 samples have been taken, of which 62 were satisfactory and, whilst the remaining 16 were below the recommended standard, repeat samples in each case have produced satisfactory results. The drop in the number of tests taken during 1968 (60 samples) compared to the number of tests taken during 1967 (104 samples), reflects the closing of the Richmond Baths from the 19th February to the 25th May, 1968 inclusive, due to essential major repairs to the ceiling over the main pool and Learners Pool. (See page 58 — Water Supply).

Richmond Baths (Indoor and Open Air)

The new Richmond Baths Establishment, of a "combination" nature, situated in the Old Deer Park, Richmond, was opened to the public in August, 1966.

The establishment consists of one main Indoor Pool 110' x 42', water capacity of 210,000 gallons and a turnover rate of 3 hours; one Indoor Learner's pool 42' x 24', water capacity of 17,000 gallons and a turnover rate of 1½ hours, and an Open Air pool 110' x 42', water capacity of 160,000 gallons and a turnover rate of 4 hours. The filtration of all pools' water is through Pre-coat filters, and sterilization is carried out by chlorine gas treatment on "breakpoint" principle. A system of pool water sampling and testing is installed and all records are recorded automatically on graphs. A plenum heating system is installed and the whole establishment is operated electrically utilising "off-peak" electricity.

The private baths suite consists of 12 private baths for both ladies and gentlemen respectively together with the necessary waiting rooms, toilets, etc.

The grounds are landscaped and well laid out and provide some two acres of grass and banked areas which are available for sunbathing, games, etc."

15. FERTILISERS AND FEEDING STUFFS ACT, 1926

Nineteen informal samples of fertilisers were obtained during the year and submitted to the Agricultural Analyst. All were satisfactory.

16. COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

17. HAIRDRESSERS AND BARBERS

The Minister of Housing and Local Government on the 25th April, 1968, confirmed the Byelaws relating to hairdressers and barbers made by the Council on the 5th January, 1968, and fixed the date on which they should come into operation as the 30th April, 1968.

Section 21 of the Greater London Council (General Powers) Act, 1967 provides that as from the appointed day no person shall carry on the business of a hairdresser or barber on any premises in a borough unless he is registered in respect of those premises by the borough council. For the purpose of the section the appointed day in relation to this borough was 1st October, 1968.

Prior to this date letters and application forms were sent to over 150 known hairdressing establishments in the borough and the Chief Public Health Inspector was invited to address the local branch of the National Hairdressers Federation.

At the end of the year 155 hairdressers' premises were registered, and in no case was it necessary to take legal proceedings for enforcement.

18. APPOINTMENT OF PUBLIC ANALYST AND AGRICULTURAL ANALYST

Following the death in January, 1968 of Mr. D. D. Moir, the Council in March, 1968 appointed Mr. J. A. Palgrave as Public Analyst and Agricultural Analyst and Mr. J. R. Skelton as his Deputy in both appointments.

SCHOOL HEALTH SERVICE

POPULATION.

The population of Richmond upon Thames at mid-1968 was 177,130 (1967—179,040) of which 20,622 (1967—20,195) were school children in maintained schools.

Table I.

SCHOOL POPULATION (As at 18.1.69)

	No. of schools	Number on Registers		Total
		Boys	Girls	
Secondary Grammar ...	5	1,642	1,630	3,272
Secondary Modern ...	14	2,598	2,319	4,917
Primary	51	6,250	5,917	12,167
	70	10,490	9,866	20,356
Nursery	4	47	53	100
Day Special Schools for E.S.N. children ...	2	83	38	121
Day Special School for Maladjusted children ...	1	26	10	36
Autistic Unit	1	6	3	9
	8	162	104	266
TOTAL	78	10,652	9,970	20,622

An increase of 427 pupils compared with the number in 1967 should be noted.

MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1968

Table II.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools
(including Nursery and Special Schools).

A. — PERIODIC MEDICAL INSPECTIONS.

Year of Birth	Number of pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of column 2	Number	% of column 2
(1)	(2)	(3)	(4)	(5)	(6)
1964 and later	63	63	100	—	—
1963	288	288	100	—	—
1962	672	669	99.55	3	0.45
1961	81	81	100	—	—
1960	69	69	100	—	—
1959	69	68	98.55	1	1.45
1958	73	73	100	—	—
1957	243	243	100	—	—
1956	462	458	99.13	4	0.87
1955	257	257	100	—	—
1954	780	773	99.1	7	0.9
1953 and earlier	667	667	100	—	—
TOTAL	3724	3709	99.60	15	0.40

B. — OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	2,536
Number of Re-Inspections	...	...	...	...	2,452
					4,988

Periodic Medical Inspections.

The number of children inspected at routine periodic medical inspections was 3,724 (1967—5,469). Special examinations and re-inspections were 4,988 compared with 6,169 for the previous year.

Physical Condition of Pupils Inspected.

The general physical condition of school children remains high. Out of 3,724 children examined only 15 were found to be of unsatisfactory physical condition.

The co-operation and collaboration of the teaching staff is gratefully acknowledged. Without their help and understanding it would not have been possible to arrange these routine medical inspections.

Table III.

TABLE A. — Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Year of birth	For defective vision (excluding squint)	For any of the other conditions in table IV(A)	Total individual pupils
(1)	(2)	(3)	(4)
1964 and later	2	7	8
1963	11	52	61
1962	22	112	129
1961	7	13	16
1960	6	10	15
1959	6	15	20
1958	17	13	24
1957	21	36	55
1956	45	64	103
1955	28	34	58
1954	102	63	154
1953 and earlier	97	55	147
TOTAL	364	474	790

The 9.8 per cent of children inspected who were found to require treatment or under treatment for defective vision, compares with 8.6 per cent in 1967, 6.3 per cent in 1966 and 9.00 per cent in 1965.

Table IV.

Defects found by medical inspection in the year ended 31st December, 1968.

TABLE A. — PERIODIC INSPECTIONS.

Defect code number	Defect or disease	Periodic inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	24	41	44	37	51	29	119	107
5	Eyes: a. Vision	58	71	185	130	121	107	364	308
	b. Squint	30	13	2	12	10	6	42	31
	c. Other	2	7	2	8	5	15	9	30
6	Ears: a. Hearing	8	87	4	37	4	44	16	168
	b. Otitis media	9	46	3	9	—	24	12	79
	c. Other	14	15	10	4	17	6	41	25
7	Nose and throat	32	130	8	30	6	45	46	205
8	Speech ...	14	29	—	4	11	14	25	47
9	Lymphatic glands ...	4	54	—	1	—	17	4	72
10	Heart ...	2	20	—	11	1	18	3	49
11	Lungs ...	8	26	2	19	11	27	21	72
12	Developmental:								
	a. Hernia ...	5	5	—	—	1	3	6	8
	b. Other ...	5	42	—	13	12	40	17	95
13	Orthopaedic:								
	a. Posture ...	4	14	3	9	9	8	16	31
	b. Feet ...	18	61	6	22	25	48	49	131
	c. Other ...	9	36	6	23	6	19	21	78
14	Nervous system:								
	a. Epilepsy ...	1	6	6	3	4	5	11	14
	b. Other ...	—	7	—	4	—	12	—	23
15	Psychological:								
	a. Develop- ment	1	17	—	2	1	74	2	93
	b. Stability ...	2	82	1	18	5	81	8	181
16	Abdomen ...	4	20	1	14	2	10	7	44
17	Other ...	13	37	16	76	30	57	59	170

(T) Requiring treatment.

(O) Requiring observation.

Table IV. — *continued.*

TABLE B. — SPECIAL INSPECTIONS.

Defect code number	Defect or disease	Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	675	57
5	Eyes: a. Vision ...	104	73
	b. Squint ...	16	2
	c. Other ...	22	6
6	Ears: a. Hearing ...	120	257
	b. Otitis media ...	8	10
	c. Other ...	37	4
7	Nose and throat ...	43	54
8	Speech	24	14
9	Lymphatic glands ...	3	13
10	Heart	2	15
11	Lungs	7	21
12	Developmental:		
	a. Hernia ...	4	4
	b. Other ...	15	32
13	Orthopaedic:		
	a. Posture ...	6	6
	b. Feet ...	47	39
	c. Other ...	22	29
14	Nervous system:		
	a. Epilepsy ...	2	5
	b. Other ...	4	9
15	Psychological :		
	a. Development ...	15	28
	b. Stability ...	26	55
16	Abdomen	1	9
17	Other	50	87

Table V.

Recorded incidence of certain defects found to require treatment at periodic inspection per 1,000 pupils examined.

	1968	1967
Total children examined	3,724	5,469
Skin	31.9	42.4
Eyes : a. Vision	97.7	85.6
b. Squint... ..	11.3	8.0
c. Other	2.4	1.1
Ears : a. Hearing	4.3	2.9
b. Otitis media	3.2	3.3
c. Other	11.0	13.2
Nose and Throat	12.4	8.6
Speech	6.7	3.1
Lymphatic Glands	1.1	1.5
Heart	0.8	0.6
Lungs	5.6	2.4
Developmental :		
a. Hernia	1.6	0.9
b. Other	4.6	3.7
Orthopaedic :		
a. Posture	4.3	6.0
b. Feet	13.2	15.7
c. Other	5.6	5.9
Nervous System :		
a. Epilepsy	3.0	1.1
b. Other	0.0	0.9
Psychological :		
a. Development	0.5	0.7
b. Stability	2.1	2.0
Abdomen	1.9	2.4
Other	15.8	12.3

Table VI.

Number of children examined other than at Periodic Medical Inspections:

Pupils examined for any condition, ailment or defect... ..	2,072
Other special examinations, freedom from infection, employment byelaws, etc.	464
	2,536
Re-inspections of pupils previously found to have some defect	2,452

Provision of Medical Services for pupils not in attendance at schools maintained by Local Education Authorities.

During the early part of the year, the question of the provision of the local education authority's school health service facilities to independent schools in the Borough was under consideration.

After detailed consideration of all aspects, the Council approved the provision of school medical and dental services for children in attendance at independent schools in the Borough, subject to medical, dental and supporting staff being available for the purpose, and the Education Committee were authorised to make all necessary arrangements. It was also decided to make no charge to the proprietors of such schools in respect of this provision.

At the end of the year no new applications for this service had been received from the proprietors of independent schools in the Borough.

General.

I have received the following comments on the working of the school health service from Dr. Nora Senior, one of our medical officers:—

"Looking back over the year the numbers of overweight children seem to be increasing; on the other hand the general public do seem to be becoming more conscious of the disadvantages of overweight, even if it is only that father cannot get a life-insurance for this reason ! They are still rather inclined to say his or her father is "big" — indeed all the family are "big" and want to dismiss the problem thus.

I have very much enjoyed the counselling of families where some child's problem — such as diurnal enuresis — has introduced a family problem, and it has been possible to resolve this; or the physically handicapped producing maternal and family distress such as a ? E.S.N. achondroplasia. Discussion with the members of the child guidance team without actually referring is often very helpful.

Occasionally it has been distressing to pick up an untreated defect in an older child; for example a twelve year old boy with an undescended testicle found recently. He had been referred at about 6 years of age for surgical opinion but action was of course deferred and he failed to keep his next hospital appointment. No further appointments were made and no school medical examination until entry into secondary school. This has of course now been followed up.

Immunisation seems to be at a satisfactory level; the majority now are fully protected; though still quite a few children over 11 or 12 have not had a course of tetanus injections and they are vigorously encouraged to have this.

Occasionally only, a parent resists all advice and will not have their child protected under any circumstances, sometimes for sincere reasons, sometimes simply "don't believe in it" though the latter is a very infrequent excuse now".

Table VII.

CLINICS.

	School Health Service facilities available (as at 31.12.68)	
BARNES Essex House, Station Road, Barnes, S.W.13.	Dental (including X-ray) Minor Ailments Orthopaedic (physiotherapy) Speech Therapy	Vaccination and Immunisation
HAM Ashburnham Road, Ham, Richmond, Surrey.	Dental (including X-ray) Minor Ailments Ophthalmic	Orthopaedic (physiotherapy) Speech Therapy Vaccination and Immunisation
HAMPTON 24, Station Road, Hampton, Middlesex.	Dental (including X-Ray) Minor Ailments Vaccination and Immunisation	
HAMPTON WICK 20, Seymour Road, Hampton Wick, Kingston-upon-Thames, Surrey.	Dental X-ray Minor Ailments Orthopaedic (Consultant) Orthopaedic (Physiotherapy)	Vaccination and Immunisation
MORTLAKE North Worple Way, Mortlake, S.W.14.	Minor Ailments Ophthalmic	Orthopaedic (physiotherapy) Speech Therapy Vaccination and Immunisation
RICHMOND Kings Road, Richmond, Surrey. Windham Road, Richmond, Surrey.	Minor Ailments Orthopaedic (Physiotherapy) Child Guidance Service Dental (including X-ray) Minor Ailments Ophthalmic	Speech Therapy Vaccination and Immunisation Orthopaedic (physiotherapy) Speech Therapy Vaccination and Immunisation
TEDDINGTON Church Road, Teddington, Middlesex. Stanley Road, Teddington, Middlesex.	Dental (Orthodontic only) Minor Ailments Ophthalmic	Vaccination and Immunisation
TWICKENHAM York House, Richmond Road, Twickenham, Middlesex. 58, Hampton Road, Twickenham, Middlesex.	Dental Minor Ailments Ophthalmic Vaccination and Immunisation Child Guidance Service Speech Therapy	
WHITTON Hospital Bridge Road, Twickenham, Middlesex.	Dental Minor Ailments Vaccination and Immunisation	

OPHTHALMOLOGY

Since the formation of the London Borough of Richmond upon Thames, we have had a courtesy arrangement with the London Borough of Hounslow whereby certain children from this Borough requiring orthoptic treatment were referred to Hanworth Clinic. Other children had to be seen at hospital. It was always understood, of course, that this was to be a temporary arrangement until we could obtain the services of an orthoptist and set up our own orthoptic clinic. In April, we were fortunate to secure the services of Mrs. Cynthia Mary Butterworth, state registered orthoptist, for one session per week and clinics at Stanley Road, Teddington and Windham Road, Richmond, were started in May. Referrals to these clinics are made by Dr. Casey, ophthalmologist to the Borough's eye clinics, and the orthoptic sessions have proved a most useful addition to the local authority's ophthalmic service.

Dr. Helena Bridget Casey, M.B., B.Ch., D.O.M.S., ophthalmologist, reports on the work of the ophthalmic clinics:—

The ophthalmic clinics have been running satisfactorily as evidenced by the numbers attending, including school and pre-school children. The increase in pre-school children is marked, due to the well-informed medical officer's examination of this group.

Visual examination in the school-going children, with the diagnosis of astigmatism, myopia, and high hypermetropia is well established. Parents co-operate readily here, as they appreciate that the correction of such defects enables the child to function better with his or her education, and to make general progress.

In the field of the pre-school child, a wider education is being made available to parents, to make them aware of the necessity of the early treatment of squint, both in preventive measures, and in the treatment of diagnosed strabismus. I should think that this part of the service is notable in the year's work.

Mrs. Butterworth's contribution has been of great help. Unfortunately, she was not able to start *ab initio*, as she had to take over a back log from Hanworth, so that there is a long waiting list for orthoptic investigation. Our local hospital also refer cases back, which I have sent for surgery, realising we have the services of an orthoptist.

I also note that the numbers from Clarendon School have been increasing at Stanley Road Clinic, as are also the numbers from St. Hilda's at Mortlake Clinic. Some of these children have myopic and high hypermetropic refractive errors, and they certainly benefit by their correction.

The rapport between the local hospitals and the clinic is excellent.

Table VIII.

Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	41
Errors of refraction (including squint)	2154
Total	2195
Number of pupils for whom spectacles prescribed	618

Keystone Telebinocular Vision Screener.

Keystone Telebinocular Vision Screeners were used in the schools during 1968. The instruments were operated by the audiometer/vision screener operators. The statistics relating to this screening procedure are given below :

Table IX.

Age Group. (1)	First Tests TOTAL (2)	Failures	
		TOTAL (3)	% of Col. 2 (4)
Infants ...	1751	192	10.97
Junior ...	1639	274	16.72
Senior ...	1418	191	13.47
TOTAL ...	4808	657	13.66

Table X.

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis ...	23
(c) for other nose and throat conditions ...	—
Received other forms of treatment	212
Total ...	235
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1968	7
(b) in previous years	34

AUDIOMETRY

At the end of 1968 two audiometer/vision screener operators were on the staff of the department.

Children have their hearing tested by audiometer three times in their school lives. The first routine test is done before the age of seven; the next in the third year in junior school, and finally in the second year in the senior school. Special instances, for example, children who are failing to make progress in school, are dealt with expeditiously.

Audiometers are kept in condition by regular calibration by the manufacturers.

Children who fail the audiometric test are referred for further investigation. Thirty nine new cases were seen and 79 re-examinations were carried out in 1968, at the Heston Hearing Clinic to which the majority of referrals are made.

Table XI.

(a) Audiometer Tests — Routine

Age Group	1st Tests *	Re-tests.	Failures.	
			Total	% of Col. 1
	(1)	(2)	(3)	(4)
Up to 7 yrs.	2233	310	309	13.84
10 to 11 yrs.	1718	133	117	6.81
12 to 13 yrs.	1272	105	105	8.25
Total ...	5223	548	531	10.17

* In Schools.

(b) Audiometer Tests — Specials

Age.	1st Tests.	Re-tests.	Failures.	
			Total.	% of Col. 1
	(1)	(2)	(3)	(4)
Under 5	59	12	16	27.12
5	112	25	62	55.36
6	181	59	113	62.43
7	207	101	120	57.97
8	136	57	49	36.03
9	112	27	60	53.57
10	119	49	60	50.42
11	76	26	24	31.58
12	60	14	33	55.00
13	54	19	22	40.74
14	45	11	15	33.33
Over 14	53	12	30	56.60
Total ...	1214	412	604	49.75

Table XII.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons...	14,417
(ii) Total number of individual pupils found to be infested ...	54
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	6
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

Table XIII.

DISEASES OF THE SKIN

(excluding uncleanness — see Table XII).

	Number of cases known to have been treated.
Ringworm :	
(a) Scalp ...	—
(b) Body ...	—
Scabies ...	7
Impetigo ...	7
Other skin diseases ...	312
Total ...	326

Table XIV.

OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with Minor ailments ...	1429
(b) Pupils who received convalescent treatment under School Health Service arrangements...	4
(c) Pupils who received B.C.G. vaccination ...	* 873
(d) Other than (a), (b) and (c) above —	
Heart ...	1
Lungs ...	17
Development — Other ...	19
Nervous — Epilepsy ...	11
— Other ...	7
Lymphatic Glands ...	2
Psychological — Development ...	1
— Stability ...	7
Total ...	2371

* includes 70 revaccinations.

Table XV.

HANDICAPPED PUPILS.

Pupils ascertained during the year requiring education at a special school :

(a)	Blind	...	...	...	...	...	...	—
(b)	Partially sighted	...	...	...	...	...	...	2†
(c)	Deaf	...	...	...	...	...	...	1
(d)	Partially hearing	...	...	...	...	...	...	1†
(e)	Educationally sub-normal	...	...	...	...	...	...	16*
(f)	Epileptic	...	...	...	...	...	...	—
(g)	Maladjusted	...	...	...	...	...	...	30*
(h)	Physically handicapped	...	...	...	...	...	...	8
(i)	Speech	...	...	...	...	...	...	—
(j)	Delicate	...	...	...	...	...	...	2

* Includes two children educationally sub-normal / maladjusted.

† Includes one child partially sighted / partially hearing.

Table XVI.

HANDICAPPED PUPILS, YEAR ENDED 31st December 1968

ASCERTAINMENT

DISTRIBUTION
(As at last day of year)

	No. of ascertained cases known on 31.12.67		No. of new cases ascertained during year		No. of ascertained cases known on 31.12.68		In special day schools		In special residential schools		In main- tained Primary & Secy. Schools		In Independent Schools		Not at School		TOTAL	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Blind	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Partially-sighted ...	4	3	—	1	1	3	1	3	—	—	—	—	—	—	—	—	1	3
Deaf	2	2	1	—	2	1	1	1	1	—	—	—	—	—	—	—	2	1
Partially-Hearing ...	11	4	—	—	9	4	7	3	1	—	—	—	1	1	—	—	9	4
Educationally Sub. ...	82	35	8	6	79	34	62	30	9	2	7	1	—	1	1	—	79	34
Epileptic	2	1	—	—	2	—	—	—	2	—	—	—	—	—	—	—	2	—
Maladjusted	75	30	25	3	80	25	25	7	7	—	13	2	33	14	2	2	80	25
Physically Handicapped	19	8	5	3	23	10	14	8	4	2	2	—	1	—	2	—	23	10
Speech Defects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delicate	10	7	2	—	8	6	3	2	3	1	1	2	1	1	—	—	8	6
Multiple Defects ...	5	3	3	—	8	1	7	1	—	—	1	—	—	—	—	—	8	1
TOTAL	212	93	44	13	212	84	120	55	27	5	24	5	36	17	5	2	212	84
GRAND TOTALS ...	305		57		296		175		32		29		53		7		296	

Children **NOT** ascertained as H.P. but recommended convalescence in a Holiday Home or Camp School during year ended **31st December 1968**.

B	G
2	2

Table XVII.

Handicapped Children maintained by the Richmond upon Thames Education Committee in Residential Special Schools as at 31st December, 1968.

	Blind	Partially Sighted	Deaf	Partially Hearing	Educationally Subnormal	Maladjusted	Delicate	Physically Handicapped	Speech Defects	Epileptic	TOTAL
<i>Maintained Schools (L/42)</i>											
Broxbournebury (Herts) ...					1						1
Elmers Court (Harrow) ...							2				2
Hephaistos (Berks) ...								1			1
Palingswick House (I.L.E.A. Hostel) ...							1				1
Red House (Ealing) ...						2					2
St. Nicholas (Surrey) ...					5						5
Swaylands (Barnet) ...					3						3
Wavendon House (Enfield) ...					1						1
Wishmore Cross (Surrey) ...						1					1
Anerley (I.L.E.A.) ...						1					1
Suntrap (Haringey) ...							1				1
<i>Non-Maintained Schools (L/42)</i>											
Lord Mayor Treloar ...								1			1
Muntham House ...						3					3
Red Hill ...						1					1
Royal Cross School for Deaf ...				1							1
Royal School for Deaf ...			1								1
St. Patrick's Open Air ...							1				1
Shotton Hall ...						1					1
Worcester College for the Blind ...	1										1
Florence Treloar ...								1			1
Burton Hill House ...								1			1
Warlies ...								1			1
<i>Recognized Ind. Schools (L/70)</i>											
Cokethorpe ...						1					1
Crookham Court ...						1					1
Falcon Manor ...						2					2
Frensham Heights ...						3					3
Ingfield Manor ...								1			1
Netherfield ...					1						1
Marland ...						1					1
Northaw ...						2					2
Peredur ...						4					4
St. George's College ...							1				1
St. Mary's Abbey ...							1				1
St. Mary's, Wrestwood ...						2					2
Salesian College ...						2					2
Sandon House ...						3					3
Sheiling Curative ...					1						1
Sibford ...						1					1
Stanbridge ...						2					2
The Hall, Wincanton ...						1					1
Wennington ...						1					1
Grangewood Hall ...						2					2
Leighton Park ...						1					1
<i>Other Independent Schools</i>											
Gaveston Hall ...						1					1
Horncastle ...						4					4
Stinsford ...						3					3
<i>Hospital School</i>											
Lingfield ...										2	2
Chailey Heritage Craft School ...								1			1
	1		1	1	12	46	7	7		2	77

The total number of handicapped children maintained by the Richmond upon Thames Education Committee in Residential Special Schools as at 31st December, 1967, was 95.

DAY SPECIAL SCHOOLS.

St. Hilda's Day Special School for Educationally Sub-normal Children, Barnes.

Admissions during 1968	...	...	...	...	...	...	...	15
Discharges during 1968	...	...	...	...	...	...	...	8
Transferred to ordinary schools...	...	...	...	...	...	...	2	
Transferred to senior day E.S.N. school	...	...	...	...	...	...	6	
Number of children on roll as at 31st December, 1968	...	...	...	...	...	...	...	27

Clarendon Day Special School for Educationally Sub-normal Children, Hampton.

Admissions during 1968	...	...	...	...	...	...	...	33
Discharges during 1968	...	...	...	...	...	...	...	11
Transferred to senior day E.S.N. school	...	...	...	...	...	...	1	
Transferred to ordinary schools...	...	...	...	...	...	...	4	
Transferred to Junior Training Centre...	...	...	...	...	...	...	1	
Left district	...	...	...	...	...	...	5	
Number of children on roll as at 31st December, 1968	...	...	...	...	...	...	...	82

Oldfield House Day Special School for Maladjusted Children, Hampton.

Admissions during 1968	...	...	...	...	...	...	...	14
Discharges during 1968	...	...	...	...	...	...	...	16
Transferred to ordinary schools...	...	...	...	...	...	...	4	
Transferred to senior day E.S.N. school	...	...	...	...	...	...	1	
Transferred to residential schools	...	...	...	...	...	...	5	
Transferred to Day Special School for delicate/maladjusted pupils	...	...	...	...	...	...	1	
Transferred to independent school	...	...	...	...	...	...	1	
Left district	...	...	...	...	...	...	4	
Number of children on roll as at 31st December, 1968	...	...	...	...	...	...	...	36

Athelstan House Autistic Unit, Hampton.

Admissions during 1968	...	...	...	...	...	...	...	3
Discharges during 1968	...	...	...	...	...	...	...	Nil.
Number of children on roll as at 31st December, 1968	...	...	...	...	...	...	...	10

Handicapped Pupils.

All handicapped children attending special schools, either day or residential, are medically reviewed by the School Health Service at least once a year, and sometimes more frequently so that their progress and special educational treatment can be assessed.

During 1968 a report was issued to the Local Health Authority under Section 57 (4) of the Education Act, 1944, regarding one child who was found unsuitable for education at school.

Information was passed to the Local Health Authority about twelve educationally sub-normal children who required supervision after leaving school.

CHILD GUIDANCE SERVICE.

The following tables summaries the number of cases referred and seen at the child guidance clinics during 1968:—

Windham Road, Richmond.

New Cases

Referred	...	...	...	...	...	...	...	93
Seen	...	...	...	...	...	...	...	73

Age Distribution of cases referred

Under 5 years...	...	...	...	...	...	...	13
5—10 years ...	...	...	...	...	...	...	42
11—13 years ...	...	...	...	...	...	...	28
14—16 years ...	...	...	...	...	...	...	10

Current Cases

In regular or intensive treatment ...	...	...	...	...	...	24
Cases closed ...	...	...	...	...	...	57

Hampton Road, Twickenham.

New Cases

Referred ...	...	...	...	...	...	...	190
Seen ...	...	...	...	...	...	...	110

Age Distribution of cases referred

Under 5 years...	...	...	...	...	...	...	25
5—10 years ...	...	...	...	...	...	...	74
11—13 years ...	...	...	...	...	...	...	55
14—16 years ...	...	...	...	...	...	...	36

Current Cases

In regular or intensive treatment ...	...	...	...	...	...	93
Cases closed ...	...	...	...	...	...	15

Dr. Robin Higgins, M.A., M.B., B.Chir., D.P.M., Medical Director of the Richmond Child Guidance Clinic reports as follows:—

"The Child Guidance Clinic contributed a stand to the Mental Health Exhibition in June, 1968. Some of the children's art work, showing the use of painting in therapy was displayed in addition to a visual aid demonstrating the sources of referral and the methods used in the Clinic. (See page 42 — Health Education).

"Our interest in adolescent problems led to an experimental project in co-operation with the Youth Department. Further plans are in hand along these lines.

"During this year the Clinic has become associated with Chiswick Polytechnic in the training of social work students. One student has so far been placed in the Clinic, for a period of 4 months of practical work, and it is intended that this link should continue."

Table XVIII.
Child Guidance Treatment.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics ...	245

Table XIX.
Orthopaedic and Postural Defects.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patient departments ...	187
(b) Pupils treated at school for postural defects ...	28
	215

SPEECH THERAPY.

Therapists working in the Borough during 1968 were :—

Miss Kathleen Buckman (Senior)

Mrs. Mary Pletts

Miss Elizabeth Reed.

During the year 283 children attended, their ages ranging from $2\frac{1}{2}$ —16 years.

Sessions were held at Barnes; Mortlake; Kings Road, Richmond; Windham Road, Richmond; Ham and Twickenham Clinics. In addition, all special schools were visited regularly — Oldfield House School for Maladjusted Children; St. Hilda's (E.S.N.); Clarendon School (E.S.N.) and Harle House Junior Training Centre.

Fifty children under 5 years were referred. At Twickenham a group of pre-school children and their mothers met one afternoon each week at the Clinic, Hampton Road. Miss Reed was in charge of the children whilst their mothers had a discussion with Miss Buckman. This proved successful in preparing the children for more formal therapy when they reached school age, and at the same time a good relationship was formed between parents and therapists, and some knowledge of each child's family background. In many instances delay in the development of speech and language seemed to have been caused by unsatisfactory housing, constant television in the home, and insufficient time being given to young children because of both parents working. Those suffering from more serious handicaps were treated individually.

Accommodation for speech therapy leaves much to be desired. At Harle House — the temporary Junior Training Centre — treatment was given in the bathroom, as no other room was available. Poor accommodation is detrimental to satisfactory treatment.

It is interesting to note that speech retardation, and defective speech, is often the first noticeable symptom in a child referred for therapy. On investigation, however, the underlying problem often appears to be one of psychological origin, and until this can be treated, there seems little hope of improvement in speech.

All pupils at Clarendon School were seen by a speech therapist in order to ascertain whether treatment was necessary. Many children were found to be not so much in need of therapy, as in requiring help in speech training.

At St. Hilda's School, Barnes, where the number of pupils is small, there were a few seriously speech handicapped children whom it seemed could well form a nucleus for a Special Speech Unit in the future.

Throughout the year as many schools as possible were visited by one of the therapists, and in addition there were many visits to homes. As in previous years students from Speech Therapy Training Colleges attended for observation, and also for working under supervision.

Table XX.

Number of pupils treated by Speech Therapists under arrangements
made by the Authority.

Number of Children treated ...	...	...	...	...	...	283
Number of New Patients ...	...	...	...	...	...	134
Total Number of Attendances ...	...	...	...	...	...	3,505
Number on Waiting List, 31.12.68 ...	...	...	...	...	...	18
Number of Children Discharged ...	...	...	...	...	...	92
Normal Speech ...	...	...	...	...	48	
Improved ...	...	...	...	...	27	
Consultation and Advice ...	...	...	...	...	6	
Poor Attendance ...	...	...	...	...	3	
Left School ...	...	...	...	...	4	
Left District ...	...	...	...	...	4	

Table XXI.

Types of cases treated during the year.

Dyslalia ...	...	...	...	...	...	115
Retarded Speech and Language Development...	...	...	...	...	...	50
Stammering ...	...	...	...	...	...	30
Dysarthria ...	...	...	...	...	...	1
Deafness ...	...	...	...	...	...	3
Sigmatism ...	...	...	...	...	...	45
Submucous Cleft ...	...	...	...	...	...	1
Consultations (Aphasia, tongue-tie, etc.) ...	...	...	...	...	...	6
Apraxia ...	...	...	...	...	...	3
Cleft palate ...	...	...	...	...	...	8
Hypernasality ...	...	...	...	...	...	5
Dysphasia ...	...	...	...	...	...	3
Autism ...	...	...	...	...	...	1
Mutism ...	...	...	...	...	...	2
Lisping ...	...	...	...	...	...	10

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

During the year 1968 there were again changes of dental staff. Mr. K. Lesser was appointed full-time dental officer in March. Mrs. F. Hardman and Mrs. E. Shaw, part-time dental officers in April and May respectively. Mrs. J. Reynolds resigned in March, Mr. N. Daver and Mrs. E. Shaw in May. Mr. M. Martin was appointed as a dental technician on 8th April, 1968.

Mr. T. McVey attended a three day residential Orthodontic Course at Keele University in April and attended the annual conference of the British Dental Association in June. Mr. C. J. Grigson, a dental apprentice, was presented with a prize by the Brooklands County Technical College, Weybridge, for being one of their six best students.

During the year 115 sessions were devoted to the dental inspection of the mouths of 8,123 children in schools and a further 3,204 were inspected for the first time in the year at clinics. Advantage was taken of these sessions to make a detailed dental examination of a random 10% sample of pupils. The results from these examinations have been used by students at Twickenham Technical College for a practical exercise in data processing. In future detailed comparisons will be able to be made each year of the many varied aspects of the dental condition of school children in the Borough. I am indebted to Mr. J. Moss, Head of the Division of Cybernetics and Data Processing at Twickenham Technical College, and his staff, for their assistance in preparing the computer programme and printing out the necessary information.

A total of 5,802 children were found to require treatment after inspection and all were offered it except those already attending their own practitioner. The number offered treatment was 4,769 and 3,345 accepted. The number of sessions devoted to treatment was 1,547 and details of the treatment are shown below arranged in their age groups. 1,062 pupils were re-inspected at clinics and 966 of these were found to require treatment.

Table XXII.

	Age 5—9.	Age 10—14.	Age 15+
First visit to clinic	1594	1379	372
Subsequent visits	2177	3019	699
Total visits	3771	4398	1071
Additional courses commenced ...	413	199	70
Fillings: Permanent teeth ...	1070	2518	965
Fillings: Deciduous teeth ...	1926	113	—
Permanent teeth filled	879	2137	843
Deciduous teeth filled	1663	82	—
Permanent teeth extracted ...	40*	346†	80‡
Deciduous teeth extracted ...	895	223	—
General anaesthetics	440	175	12
Emergencies	385	153	95
Pupils supplied with partial dentures	—	4	2
Number of dentures supplied ...	—	4	2

* this figure includes 11 teeth extracted for orthodontic purposes.
† this figure includes 226 teeth extracted for orthodontic purposes.
‡ this figure includes 9 teeth extracted for orthodontic purposes.

Table XXIII.

No. of pupils X-Rayed ...	...	...	136
Prophylaxis ...	...	...	322
Teeth otherwise conserved ...	...	...	89
No. of teeth root filled ...	...	...	7
Inlays or crowns ...	...	...	17
Courses of treatment completed ...	...	...	3246
Orthodontics :			
Cases pending from 1967 ...	...	...	272
New cases commenced ...	...	...	143

A measure of the success of the combined attack on dental diseases by dental health propaganda (equivalent of 12 sessions) and conservative treatment as shown by the ratio of fillings (4,553) to extractions (220) due to decay of the permanent dentition of 20:1 whilst in the deciduous dentition 2,039 fillings and 1,118 extractions give a ratio of approximately 2:1.

Three clinics in the Borough have sessions devoted to general anaesthetics at regular intervals. The recent decision by the West Middlesex Hospital Dental Department not to see healthy patients for normal extractions under a general anaesthetic has meant that some general dental practitioners who now have difficulty in obtaining emergency treatment locally for their very young patients are referring them to clinics.

The orthodontic surgeon treated 415 patients with 265 appliances and completed treatment for 37 children. Seven courses of treatment were discontinued during the year.

The dental laboratory which has a staff of one chief technician, 5 technicians and 2 apprentices supplies the needs of not only the Borough but also of the London Boroughs of Brent, Ealing, Harrow, Hillingdon and Hounslow.

The output of the laboratory is as follows:—

Table XXIV.

Dentures	Ortho. appliances	Inlays and Crowns	Misc.
206	1842	113	376

NUTRITION.

I am indebted to Mr. W. R. Wainwright, B.A., D.P.A., for the following:—

Meals and Milk.

The number of children receiving mid-day dinners and milk at maintained schools on a selected date in 1968 was as under:—

Date	Number of dinners	Number of children at school	% of children having dinners	† 1/3 pints milk (Primary Schls. only)	Number of children at school
24th September, 1968	*15,450	18,713	82 (appx.)	10,203	11,172

* In addition approximately 1500 meals per day to Teaching, Kitchen and Cooking Staff.

The number of children receiving milk at non-maintained schools on 24th September, 1968 was 1,808 (2,061 children in school).

In September, 1968, meals were being cooked at 37 schools and at three central kitchens.

† N.B. The numbers of children receiving milk are now greatly reduced owing to the fact that as from the beginning of the Autumn Term, 1968, milk is not provided for pupils in secondary schools.

Table XXV.

ROAD ACCIDENTS TO SCHOOLCHILDREN, 1968.

Mr. W. H. Jones, Town Clerk, has kindly supplied the following details of road accidents to school children.

	Killed	Seriously Injured	Slightly Injured	Total
January ...	—	1	5	6
February ...	—	1	13	14
March ...	—	1	9	10
April ...	—	2	13	15
May ...	—	5	12	17
June ...	—	1	17	18
July ...	—	3	15	18
August ...	1	3	18	22
September ...	1	1	9	11
October ...	—	1	18	19
November ...	—	3	17	20
December ...	—	2	6	8
	2	24	152	178

The two fatal accidents recorded involved a male cyclist aged 15 years and a male pedestrian aged 4 years.

Table XXVI.

DEATHS OF SCHOOLCHILDREN.

It is with regret that I include the following details of local schoolchildren who died in 1968.

Sex		Age	Cause of Death.
M	F		
1		5	Pneumococcal meningitis.
1		7	Cardiac failure due to drowning. (Accidental death).
1		7	Congenital heart disease.
1		8	Thrombocytopenia; Rubella.
	1	11	Brain Stem Tumour.
1		15	Cerebral contusions due to fractured skull. (Accidental death).
1		16	Subarachnoid haemorrhage due to ruptured developmental aneurysm.
1		17	Laceration of the brain due to fracture of the skull. (Accidental death).

CLINICS	
Barnes	1. Essex House, Station Road
Ham	2. Library, Castelnau
Hampton	3. Ashburnham Road
	4. 24 Station Road
	5. Mobile Clinic, Dean Road
	6. Mobile Clinic, St. James's Avenue
Hampton Wick	7. 20 Seymour Road
Kew	8. St. Winefride's Hall, Leybourne Park
Mortlake	9. North Worple Way
Richmond	10. Kings Road
	11. Windham Road
Teddington	12. Church Road
	13. Stanley Road
Twickenham	14. York House
	15. 58 Hampton Road
	16. Mobile Clinic, Meadow
	17. Mobile Clinic, Roslyn Road
Whitton	18. Hospital Bridge Road
	19. Mobile Clinic, Colonial Avenue
DAY NURSERIES	
Barnes	20. 47 Castelnau
Richmond	21. Parkshot
Twickenham	22. Gifford Lodge, The Green
HOSTEL	
Twickenham	23. 11 Roslyn Road
ADMINISTRATIVE OFFICES	
Teddington	24. Elmfield House, High Street
Richmond	25. Kings Road

