

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

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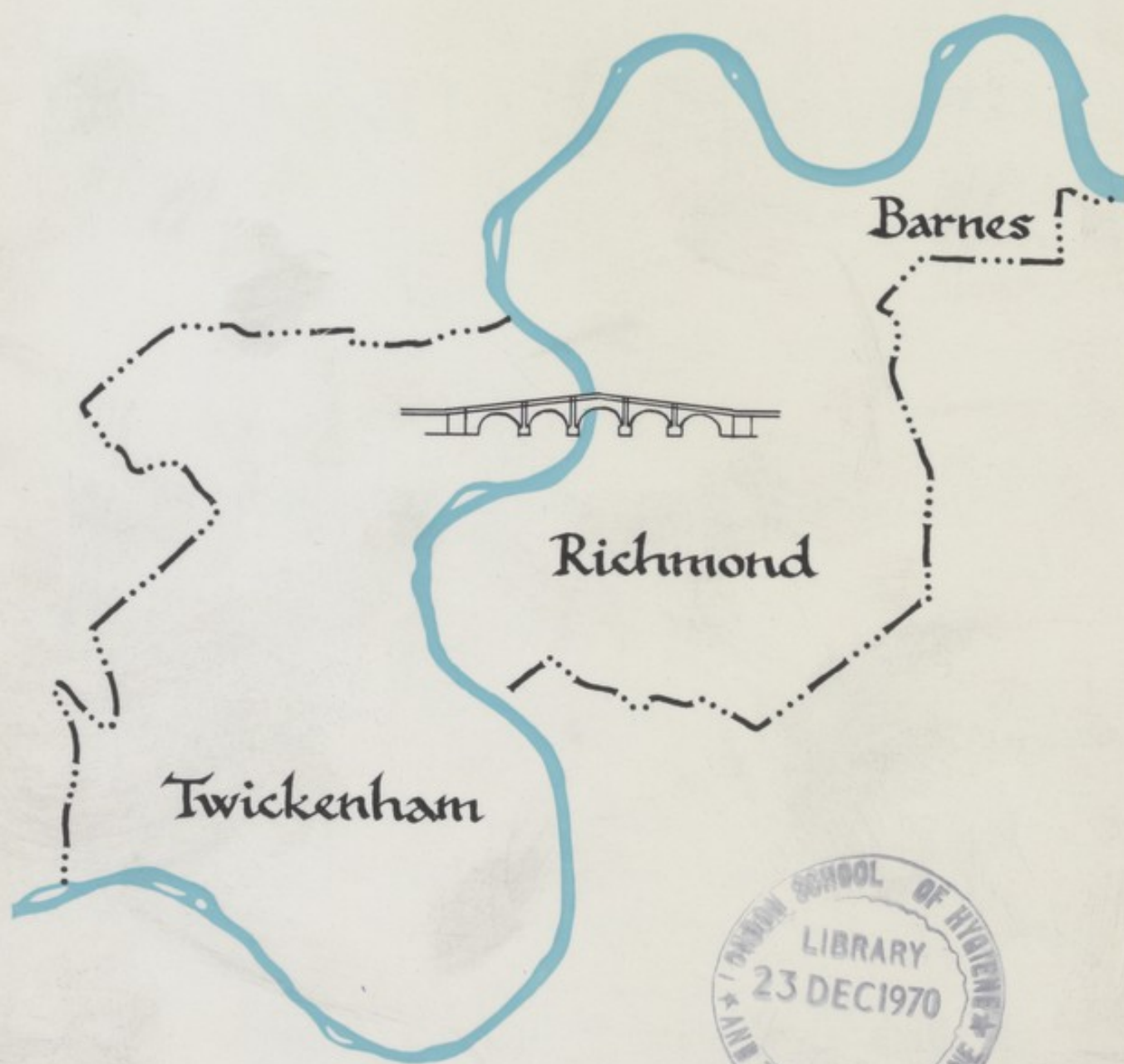
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The Health of Richmond upon Thames



1969

LONDON BOROUGH OF RICHMOND UPON THAMES



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year

1969

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, 1969

His Worship the Mayor, Councillor D. G. HARRIS, J.P. (ex-officio).
The Deputy Mayor, Councillor L. W. NEWSTEAD, J.P. (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.
Councillor Mrs. H. M. Abell.
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, 1969

Councillor Mrs. H. A. M. CHAMPION (Chairman)
Councillor Miss O. J. WILKINS (Vice-Chairman)

Alderman R. A. J. Alcock.	Councillor Mrs. E. Kramer, M.R.C.S., L.R.C.P.
Alderman C. Gompells, B.Sc., (Econ.)	Councillor J. F. Lambeth, F.I.A.
Alderman H. Hall, M.P.S., F.S.M.C., J.P.	Councillor A. M. Leaney.
Councillor A. F. Arbour.	Councillor H. L. Lewis, C.B.E.
Councillor J. K. Baker, B.Sc. (Eng.), C.Eng., M.I.Mech.E.	Councillor P. J. Maitland.
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 T. A. Bligh.	Councillor G. Tremlett.
Councillor G. M. Cooper.	Councillor E. D. Vince, F.Inst.D.
Councillor Mrs. S. Cooper.	Councillor S. D. Wade.
Councillor F. D. Gilday-Fox, B.A., J.P.	Councillor W. K. Warren, F.P.S.
Councillor S. Grose, B.A.	Councillor A. West.
Councillor C. Harston, B.A.	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.

EDUCATION, SCHOOLS AND GENERAL PURPOSES SUB-COMMITTEE
as at 31st December, 1969

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 B. Bligh.

Councillor T. A. Bligh.

Councillor G. M. Cooper.

Councillor Mrs. S. Cooper.

Councillor F. D. Gilday-Fox, B.A., J.P.

Councillor S. Grose, B.A.

Councillor C. Harston, B.A.

Councillor J. F. Lambeth, F.I.A.

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

Councillor P. J. Maitland.

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

Rev. Canon D. Landreth, M.A.

Mrs. M. B. Davies.

Rev. Canon F. J. Davys.

Mr. A. C. Jordan.

Mr. N. Radley.

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 :

MARGUERITE E. M. JAMES, M.B.E., M.B., Ch.B., D.P.H.

Senior Medical Officers :

CICILY M. CLARKE, M.A., M.B., Ch.B., D.C.H. (from 1.1.69)

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

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

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 :

MRS. M. E. WHEATLEY, S.R.N., C.M.B. (Pt. I), H.V.Cert. (from 21.4.69)

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 J. T. PARSONS, R.S.C.N., S.R.N., S.C.M., N.D.N.Cert.

Principal Social Work Organiser :

MISS D. C. CLARK, Certificate in Social Work (from 14.4.69).

Chief Administrative Officer :

H. J. PUGH.

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

June, 1970.

*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 1969.

For over a century the discipline of Public Health has been striving with much success to achieve certain essential basic requirements for a community, which are a pure water supply, reliable sewage and refuse disposal system, clean food, sound shelter, and clean air. These aims are now topical and fashionable, even at an international level. The horizons have widened to take in the notion of conservation of the environment. The study of the spread and control of infectious disease is a partnership between the sciences of epidemiology and bacteriology. Society understands and agrees measures to control contagion. Social medicine studies the epidemiology of the non-infectious disease, the causation of sickness and the delivery of health care services.

Hospitals investigate and treat patients on either an in- or out-patient basis and thus serve the community. The patient in a hospital bed, having been removed from his own home, is cared for, nursed, and treated by professional staff to a very high order. The hospital service has a high proportion of resources both in finance and personnel. The community outside the hospital walls also cares for, nurses, and treats sick people. The family doctors and your domiciliary staff undertake these tasks in the patient's own home in collaboration with relatives, neighbours and friends. It is being postulated that there is a newer discipline — that of community medicine, the parameters of which are not clearly defined. A medical practitioner with appropriate experience who advises the community, could be termed a community physician — the physician to the community. In the seventies you will be hearing, discussing, considering, and deciding, topics in which the community physician is closely involved.

Adolescence is that period in the life span between the child and the adult. Both periods of life are well catered for by health services. Universities and other establishments of higher education have student health provision. However, for the majority of young people, a gap in health advice exists. The emotional problems of transition from childhood to adulthood for some are difficult. So in mid-June a Youth Advice Clinic at Kings Road Clinic, Richmond, was started. Contraceptive advice can be given with appropriate ethical safeguards, if required, by the medical counsellor in attendance.

Parents with two or three very young children have heavy emotional, social and economic responsibilities for the establishment of a stable family. The advent of a further pregnancy could convert this biological unit into "a family with problems". The family structure may prevent the parents from seeking contraceptive advice at the surgery or clinic. In these circumstances, if this expert advice can be given opportunely in the home, then future social difficulties are avoided. Thus, in co-operation with the Family Planning Association, such a service was commenced during the year.

These two advances in Social Obstetrics are right at the heart of socio-medical services, which enhance the preventive ideal.

It is a widely held conviction that it is in the best interests of all that the adult subnormal resides and has his being in the community. To meet this requirement two criteria have to be met. Firstly, occupation and social fulfilment must be available in either a sheltered work situation or even in industry. Secondly, if the family cannot care for him then a substitute family must be created, for example a hostel. You are in the process of satisfying these criteria. A small temporary Adult Training Centre opened during the year at Chestnut Avenue, East Sheen. It is envisaged that a larger, purpose-built unit, will be required fairly soon.

The hostel for tuberculous homeless men was closed temporarily in December, 1969. You have decided that the hostel should re-open for the needs of the adult subnormal.

Miss G. M. Francis, Chief Nursing Officer, retired at the end of 1968 to take up an appointment in the nursing publishing field. Her acumen and knowledge in the sphere of health visiting is nationally recognised. We wish her well in her endeavours.

In accordance with paragraph 5(1)d, Circular 1/70, it is noted you resolved that the Council adhere to their previous decision that they are not in favour of the fluoridation of water supplies and the Secretary of State be informed accordingly.

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;
All hospital staff;
All voluntary organisations;
The Chief Officers.

The staff of the health department have worked with diligence. 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 1969

Area in acres	13,873
Population (census 1961)	181,030
Population—estimated to mid-year (as supplied by the Registrar-General)	176,600
Number of inhabited houses	61,463
Rateable value	£11,288,067
Sum represented by a penny rate	£44,700

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Live Births—Legitimate ...	2,309	1,165	1,144
Illegitimate ...	190	94	96
Total	<u>2,499</u>	<u>1,259</u>	<u>1,240</u>

Live Birth rate per 1,000 of estimated Population	14.15
Adjusted Live Birth rate per 1,000 of estimated Population	14.29
Illegitimate Live Births per cent. of total Live Births	7.60

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Still Births—Legitimate ...	20	13	7
Illegitimate ...	5	4	1
Total	<u>25</u>	<u>17</u>	<u>8</u>

Still Birth rate per 1,000 live and still births	9.90
Total Live and Still Births	2,524
Infant Deaths (under 1 year of age):—	

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Legitimate ...	39	26	13
Illegitimate ...	5	3	2
Total	<u>44</u>	<u>29</u>	<u>15</u>

Infant mortality rate per 1,000 live births	17.60
Legitimate Infant mortality rate per 1,000 legitimate live births	16.89
Illegitimate Infant mortality rate per 1,000 illegitimate live births	26.31

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	...		33	24	9	29	22	7
Illegitimate	...		2	—	2	1	—	1
Totals	...	...	35	24	11	30	22	8

Neo-Natal mortality rate (deaths under 4 weeks) per 1,000 total live births ...	14.00
Early Neo-Natal mortality rate (deaths under 1 week) per 1,000 total live births...	12.00
Perinatal mortality rate (stillbirths and deaths under 1 week combined) per 1,000 total live and still births	21.79
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	2,278	1,110	1,168

Crude death rate per 1,000 of estimated population	12.89
Adjusted death rate	10.70

POPULATION

The Registrar General's estimate of mid-year population for the Borough was 176,600, which is a decrease of 530 compared with 1968. The natural increase (excess of births over deaths) was 221.

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
1969	176,600	- 530	- 0.42%	+ 221	—	751

BIRTHS

During the year 2,499 live births were registered (an increase of 71 compared with 1968) giving a live birth rate of 14.15 per 1,000 of the population or 14.29 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 16.3.

DEATHS

The number of deaths registered in 1969 was 2,278 (a decrease of 10 compared with 1968) giving a death rate of 12.89 per 1,000 of the population or 10.70 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 :

<i>Disease</i>	<i>Percentage of total deaths</i>	<i>Death rate per 1,000 of the population</i>
Diseases of heart and circulatory system	38.76	5.00
Cancer	23.52	3.03
Bronchitis, Pneumonia, and other respiratory diseases	12.86	1.65
Vascular lesions of nervous system	11.63	1.50
Accidents, Violence	2.89	0.37

INFANT MORTALITY

During the year there were 44 deaths of infants under one year of age, an increase of 6 on the previous year. The infant mortality rate was 17.60 per 1,000 live births compared with 18.00 for England and Wales.

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

A major proportion of the deaths — 79.5% — occurred in the first four weeks of life. As expected prematurity, bronchitis and bronchopneumonia, respiratory distress syndrome, etc., took a high toll.

MATERNAL MORTALITY

There were no recorded maternal deaths during the year.

Infant Mortality, 1969.

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	44	35	21	9	—	2	1	—	2	—	2	2	2	2	—	1	—	—
Congenital Malformations	2	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Congenital Heart Disease	5	4	—	1	—	1	1	—	1	—	—	—	1	—	—	—	—	—
Post-Natal Asphyxia and Atelectasis	5	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory Distress Syndrome ...	6	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis and Bronchopneumonia	6	1	—	—	—	—	—	—	1	—	2	1	1	—	—	1	—	—
Prematurity	15	15	10	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral Haemorrhage	3	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—

Distribution of Deaths by Age and Cause
Registrar General's Official Returns, 1969

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. Bacillary Dysentery, Amoebiasis...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
2. Tuberculosis of respiratory system	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	4	-	4
3. Other tuberculosis, incl. late effects	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	2
4. Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1
5. Other infective and parasitic diseases	-	1	-	-	-	-	-	-	-	-	1	1	2	-	-	-	3	2	5
6. Malignant neoplasm, buccal cavity, etc.	-	-	-	-	-	-	-	-	-	-	-	2	1	-	1	-	2	2	4
7. Malignant neoplasm, oesophagus	-	-	-	-	-	-	-	-	-	-	4	-	-	2	-	4	4	6	10
8. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	1	-	12	1	4	11	10	11	27	23	50
9. Malignant neoplasm, intestine	-	-	-	-	-	-	-	-	-	1	8	8	8	7	9	18	25	34	59
10. Malignant neoplasm, larynx	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	2	4	2	6
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	-	1	46	15	52	12	32	3	130	31	161
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	20	-	12	-	14	-	46	46
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	5	-	6	-	8	-	19	19
14. Malignant neoplasm, prostate	-	-	-	-	-	-	-	-	-	-	-	-	5	-	12	-	17	-	17
15. Leukaemia	-	-	1	1	1	-	-	-	-	-	2	4	2	2	3	5	9	12	21
16. Other malignant neoplasms, etc.	-	-	1	-	-	-	3	-	2	5	38	16	17	19	21	21	82	61	143
17. Benign and unspecified neoplasms	-	-	-	1	-	-	-	-	1	1	-	1	2	1	-	-	3	4	7
18. Diabetes Mellitus	-	-	-	-	-	-	-	-	-	-	1	1	5	1	1	4	7	6	13
19. Other endocrine etc. diseases	-	1	-	1	-	-	1	-	1	1	1	2	-	1	1	3	4	9	13
20. Anaemias	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	2	2	3	5
21. Mental disorders	-	-	-	-	-	-	-	-	1	-	1	1	1	1	-	1	3	3	6
22. Other diseases of nervous system, etc.	-	1	-	-	1	-	1	1	2	-	6	-	6	7	2	10	18	19	37
23. Chronic rheumatic heart disease	-	-	-	-	-	-	-	-	1	-	5	8	1	4	1	6	8	18	26
24. Hypertensive disease	-	-	-	-	-	-	-	-	-	1	2	2	6	11	9	23	17	37	54
25. Ischaemic heart disease	-	-	-	-	-	-	-	-	6	1	102	29	93	56	94	163	295	249	544
26. Other forms of heart disease	-	-	-	-	-	-	-	-	-	-	5	3	8	11	31	80	44	94	138
27. Cerebrovascular disease	-	-	-	-	-	-	1	-	-	-	11	18	24	31	46	134	81	184	265
28. Other diseases of circulatory system	-	-	-	-	-	-	-	-	-	1	7	5	14	15	23	56	44	77	121

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. Influenza	-	-	-	-	-	-	-	-	1	-	2	4	4	2	5	4	12	10	22
30. Pneumonia	3	2	-	-	-	-	-	-	-	-	5	1	11	22	32	64	51	89	140
31. Bronchitis and emphysema ...	1	-	-	-	-	-	-	-	-	-	16	4	37	5	32	9	86	18	104
32. Asthma	-	-	-	-	1	-	-	-	2	-	2	2	1	-	-	3	6	5	11
33. Other diseases of respiratory system	-	-	-	-	-	-	-	-	1	-	1	-	2	1	6	5	10	6	16
34. Peptic ulcer	-	-	-	-	-	-	-	-	-	-	2	-	1	2	2	3	5	5	10
35. Intestinal obstruction and hernia	-	-	-	-	-	-	-	-	-	-	1	-	1	2	2	6	4	8	12
36. Cirrhosis of liver	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	2	2	4
37. Other diseases of digestive system	-	-	-	-	-	-	-	-	3	1	1	3	3	4	4	9	11	17	28
38. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	2	-	-	-	3	1	5	1	6
39. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	4	-	4
40. Other diseases, genito-urinary system	-	-	-	-	-	-	-	-	-	1	1	2	-	4	2	10	3	17	20
41. Diseases of skin, subcutaneous tissue	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	1	2
42. Diseases of musculo-skeletal system	-	-	-	-	-	1	-	-	-	-	2	-	4	1	2	1	8	3	11
43. Congenital anomalies	4	3	-	2	-	-	-	-	1	-	-	2	1	-	-	1	6	8	14
44. Birth injury, difficult labour, etc. ...	12	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	4	16
45. Other causes of perinatal mortality	9	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	3	12
46. Symptoms and ill-defined conditions	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	2
47. Motor vehicle accidents	-	-	-	-	1	-	1	1	3	1	3	3	2	1	2	1	12	7	19
48. All other accidents	-	-	-	-	1	-	2	-	3	-	5	1	1	2	2	4	14	7	21
49. Suicide and self-inflicted injuries ...	-	-	-	-	-	-	1	-	3	2	6	2	-	3	1	1	11	8	19
50. All other external causes	-	-	-	-	-	-	-	-	-	-	2	3	2	-	-	-	4	3	7
	29	15	2	5	5	1	9	3	32	18	308	171	329	262	396	693	1110	1168	2278

INFECTIOUS DISEASES

The number of notifications received during the year, compared with 1968 may be summarised as follows :

Disease.	1969	1968
Dysentery	34	37
Encephalitis (Acute)	1	1
Food Poisoning	22	30
Infective Jaundice	34	49
Malaria	2	1
Measles	262	262
Meningitis (Acute)	7	1
Ophthalmia Neonatorum	—	1
Scarlet Fever	59	54
Whooping Cough	12	60

The table on page 17 gives the number of cases notified under age groups.

Scarlet Fever.

The incidence of this disease remains fairly high, ranking second only in number of notified cases to measles. The 5 – 9 year age group is mostly affected and both sexes are equally susceptible.

Whooping Cough.

There was a considerable drop in the number of cases notified, 12 in 1969 as compared with 60 in 1968. Of the 12 cases, only two are recorded as having been immunised, but neither of these received a booster dose.

Measles.

Exactly the same number of cases, 262, were notified as the previous year, and by a coincidence this figure was equally divided between male and female.

In theory 1969 should have been an epidemic year and the remarkable reduction in the number of cases since the last epidemic year is undoubtedly attributable to the efficacy of the vaccine.

Only four of the notified cases were recorded as having been immunised, and of these, two had been immunised shortly before the onset of the illness.

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

Previous years figures are as follows :

1959	1957	1965	1992
1960	57	1966	888
1961	2422	1967	1400
1962	112	1968	262
1963	1885	1969	262
1964	234		

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

	M.	F.	Total
1st January — 31st March ...	57	52	109
1st April — 30th June ...	55	49	104
1st July — 30th September ...	15	25	40
1st October — 31st December ...	4	5	9
Total ...	131	131	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 ...	3	11	14
1 year ...	7	13	20
2 years ...	11	11	22
3 years ...	29	27	56
4 years ...	22	15	37
5 — 9 years ...	55	47	102
10 — 14 years ...	3	1	4
15 — 24 years ...	1	5	6
25 + ...	—	1	1
Total ...	131	131	262

Vaccination and Immunisation (see page 32).

Dysentery.

Of the 34 cases notified, 33 were of bacillary dysentery and 1 of amoebic dysentery. It was not found necessary to exclude any contacts from their normal employment.

Food Poisoning.

Twenty two cases of food poisoning were notified during the year and a further fourteen cases were ascertained during investigations. Details of three outbreaks are given below :

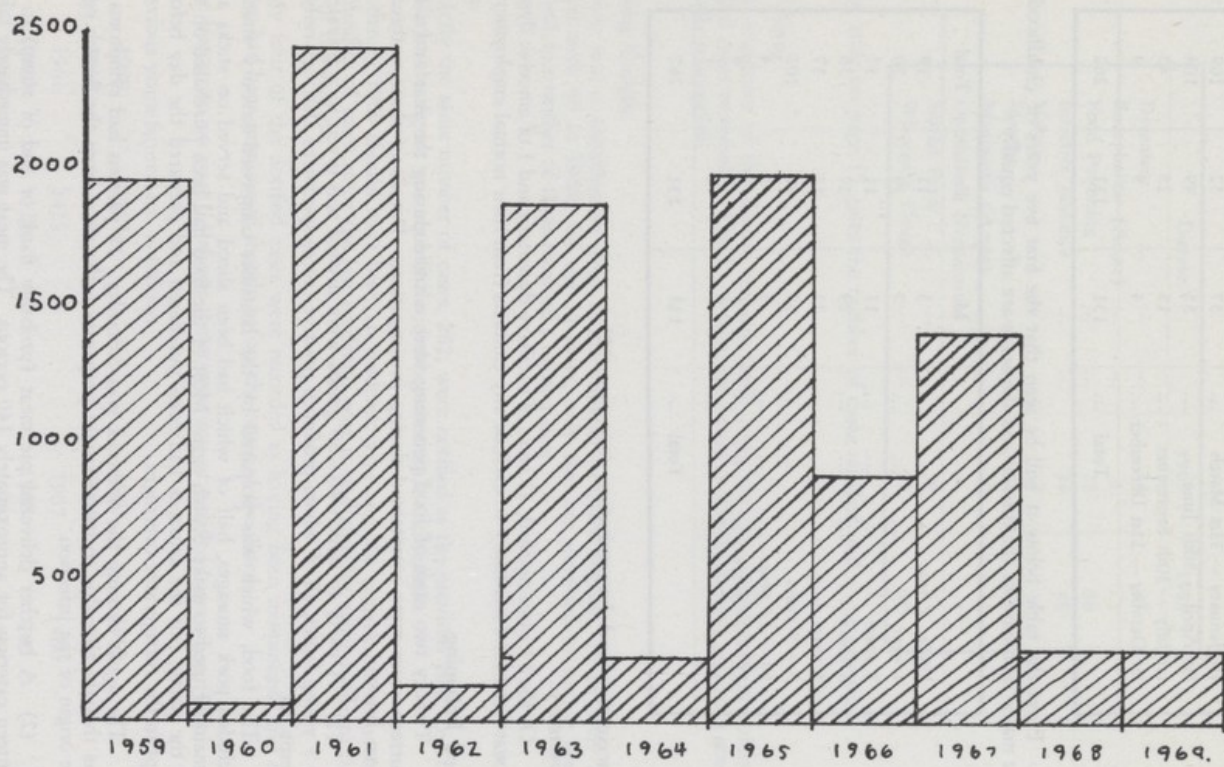
(1) A party to which 40 — 50 guests were invited was given in a private house by 3 young ladies, all of whom produced positive faeces specimens although only 2 had symptoms.

The food, which was prepared by the hostesses comprised savoury snacks and included pork sausages, half of which had been sliced and served on sticks and the remainder used to make Scotch eggs. Most of the food had been purchased on the day of the party, but the sausages had been purchased and prepared the day before and kept in the refrigerator overnight.

The agent causing the outbreak was *S. Stanley*. 18 persons had symptoms and it was thought that due to its overnight preparation the meat from the Scotch eggs was the origin of the infection.

(2) A butcher delivered pie meat (probably flank or end of rump) to a staff canteen catering for approximately 140 persons. The meat was immediately taken out of the polythene bag in which it had been delivered and placed in a metal tray in the refrigerator. The next day the meat was blanched by placing in hot water and returned

NUMBER OF CASES OF MEASLES 1959 TO 1969



to the refrigerator for a further 48 hours. It was then boiled for 45 minutes in thick gravy, vegetables added and boiled slowly for a further 30 minutes, after which it was placed in the hot compartment of the servery.

The agent causing the outbreak was *Clastridium Welchii*. 10 persons suffered symptoms, the probable origin of the infection being the meat.

(3) The family outbreak involved 3 members of the same family.

The food was consumed at a wedding reception held at a restaurant in a London Borough whose officers carried out the investigation and it is understood that *Salmonella* organism was isolated from patients and from chicken eaten at a second reception held on the same day.

Approximately 160 guests attended the reception and symptoms did not appear for over 40 hours.

Previous years figures are as follows:—

1962	14	1966	—
1963	6	1967	3
1964	8	1968	30
1965	6	1969	22

Infective Jaundice.

34 cases were notified during the year of which 8 were admitted to hospital.

In one episode involving 5 cases in one family, including 4 children, the infection was spread by personal contact but the original cause of the infection was not discovered.

All the remaining cases were of adults and each case appeared to be an isolated incident.

The age distribution of the notified cases was as follows:

	M.	F.	Total
Under 1 year	—	—	—
1 year	—	—	—
2 years	—	—	—
3 years	—	1	1
4 years	1	—	1
5—9 years	—	1	1
10—14 „	1	1	2
15—24 „	6	2	8
25—34 „	2	3	5
35—44 „	1	2	3
45—64 „	2	5	7
65+	1	5	6
TOTAL	14	20	34

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.

45 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.

Venereal Disease.

The following new cases have been notified by the undermentioned hospitals of patients treated from this Borough during 1969.

There has been a steady increase in the incidence of the disease over the last few years.

				New Cases		
				Syphilis	Gonorrhoea	Other Conditions
						Total
West Middlesex	...	...	...	2	47	436
The London	...	...	...	1	1	16
St. Thomas'	...	...	...	1	8	58
St. Helier	...	...	...	—	3	24
Westminster	...	...	...	—	2	22
Dreadnought Seaman's	...	...	...	—	—	1
St. Bartholomew's	...	...	...	—	1	23

Medical Arrangements for Long-stay Immigrants.

The number of immigrants giving destination addresses situated in this Borough showed a decrease compared with 1968, but there is still a large number (24%) who do not arrive at the address given.

All destination addresses are visited by Public Health Inspectors who advise immigrants of the scope of the National Health Service and every effort is made to persuade them to have a chest X-ray as soon as possible. Once again no immigrant admitted to any history of chest infection.

Where children accompany the immigrant, follow up visits are made by the Health Visitor.

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

Country where passport issued							Number of Immigrants	
							1969	1968
COMMONWEALTH COUNTRIES.								
Carribean	...	...	...	...	...	...	8	7
India	...	...	...	...	...	...	36	115
Pakistan	...	...	...	...	...	...	6	10
Other Asians	...	...	...	...	...	...	23	12
African	...	...	...	...	...	...	19	27
Other	...	...	...	...	...	...	33	16
NON-COMMONWEALTH COUNTRIES.								
European	...	...	...	...	...	...	61	68
Other	...	...	...	...	...	...	5	2
Total							191	257

Cases of Infectious Diseases Notified during the year 1969

DISEASE	CASES NOTIFIED AT VARIOUS AGES (YEARS)														Total Cases Notified	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	-	4	1	3	-	12	-	2	2	4	2	4	-	-	34	-
Encephalitis (Acute)	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-
Food Poisoning	2	1	-	1	-	-	1	-	5	5	1	4	2	-	22	-
Infective Jaundice	-	-	-	1	1	1	2	3	5	5	3	7	6	-	34	-
Malaria	-	-	-	-	-	-	1	-	-	1	-	-	-	-	2	-
Measles	14	20	22	56	37	102	4	3	3	1	-	-	-	-	262	-
Meningitis (Acute)	1	-	-	1	-	1	3	-	1	-	-	-	-	-	7	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	1	3	6	14	27	4	2	-	1	1	-	-	-	59	-
Whooping Cough	1	1	1	2	1	6	-	-	-	-	-	-	-	-	12	-
Total ...	18	27	27	70	53	150	15	10	16	17	7	15	8	-	433	-

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

Number of women attended:			
Ante-Natal	Attendances	Post-Natal	Attendances
555	2,346	73	73

Sessions held (medical officer in attendance) 212.

Ante-natal relaxation and post-natal exercises are taught in all the clinics. 617 women made 3,093 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 1969 was 52.

Puerperal Pyrexia

In accordance with the Public Health (Infectious Diseases) Regulations, 1968, this disease is no longer notifiable.

Family Planning

Medical Cases.

The arrangement whereby the Council pays for women referred by its own medical officers on medical grounds continued in 1969 when 25 patients were referred. It was not possible to deal with these cases at the Council's well-woman clinics but the training of medical officers to undertake these duties is proceeding.

Domiciliary Cases

As a result of the National Health Service (Family Planning) Act, 1967, the Council started a domiciliary service in June. The service, which is free of charge to the patient, is run in conjunction with the Family Planning Association. Women who are unwilling or unable to go to the family doctor or the family planning clinic are visited in their homes by a doctor and a nurse from the Family Planning Association, subject to the consent of the family doctor. Referrals are made by members of my staff. Thus, families with problems may well be prevented from becoming "problem families".

Twenty cases were referred up to the end of the year.

Youth Counselling Service

Following the Council's decision to provide a Youth Counselling Service, a clinic to help young people mainly between the ages of 16 and 24, living in the Borough, with their personal and emotional problems was opened in June, under the direction of Dr. Faith Spicer, assisted by a psychiatric social worker and an administrative assistant. The clinic was held on one evening a week.

In the first seven months, 31 persons were referred of whom 24 attended. The 16/17 years age group was predominant. It is felt that some of the non-attenders were vulnerable young people who, after a painful experience, saw referral as a punishment.

The majority of the individuals concerned were young women and, of these, most were perfectly straightforward birth control cases. However, this initial request often covered an emotional problem and some cases needed to be referred for further treatment. Unfortunately, such action was not always possible as the psychiatric services

are so overloaded. The young men who attended the clinic stressed their difficulty in coping with life in general. In several cases, constructive contacts were made with parents; in two the work was done through the parents and the children were not seen.

Most cases came from other agencies, although some came through existing attenders and from members of the public. Usually, appointments were made, but it is hoped that the "open door" concept will enable young people to come in when they feel in need of help.

A high proportion of preparatory and follow-up work was done outside clinic hours and there was considerable discussion with people who contacted the clinic — social workers, parents and in one case a member of the public — about youngsters' problems.

An opportunity was provided at a meeting in October to discuss the clinic plans with representatives from religious, social and medical agencies and the police. In addition, the clinic staff have had individual discussions with many of these representatives. Hospitals providing psycho-therapy for young people have been visited.

I look forward to the continued growth of the Youth Counselling Service as it becomes more widely known to agencies and the public it serves.

Seminars for Health Visitors and Midwives

A series of seminars arranged by the Family Planning Association Community Education Project for South London for health visitors and midwives was held at Kings Road, Richmond, from February until May. Each meeting in the series of six lasted 1½ hours.

The programme was designed to provide up-to-date information on family planning methods and facilities including domiciliary services but particularly to bring about a conscious analysis of experience and ideas. Four health visitors and two midwives attended this series of seminars.

In addition five health visitors and five midwives attended day courses at the Family Planning Association's premises at Peckham Rye later in the year.

Care of Unsupported Mothers and Their Babies

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

In the annual report for 1965, it was noted how women, even in extreme need, tended to refuse the residential care of homes and hostels. It was then thought that a greater flexibility and a higher standard of care would make residential care more acceptable. Despite the trend towards this higher standard and as greater informality as community living will allow, there has been the same reluctance on the part of potential residents to consider this type of help.

Although this situation does create a certain dilemma in some instances it is still believed that it is preferable for most pregnant women to live in their normal surroundings. This point was enlarged upon in the annual report for 1967.

The main aim of the work over the past year has been, wherever possible, to assist the women to stay within the community, giving counselling, support and practical advice on problems as they arise. It is mainly the wholly inadequate who need the more intensive support of residential care.

The relevant part of the Family Law Reform Act 1969 is a practical and constructive step in enabling the illegitimate to inherit in wider circumstances than was previously possible.

The Abortion Act is now entering its third year, and those concerned with formulating it are still uncertain how far it needs amending. Although it may be refuted,

it would seem from practical experience that the young, healthy, intelligent and more articulate girl finds herself offered the means of termination, whereas her less gifted sister comes for aid in the last stages of pregnancy.

If one holds the view that abortion is ever right, or the answer to illegitimacy, it would still be regrettable that the potentially more gifted and useful citizen should be eliminated.

Total Number of Cases referred in 1969 :—

Unsupported mothers	...	...	...	...	...	...	...	...	...	Total
										110
Referred by										
Medical Social Workers	...	...	...	...	...	...	...	...	...	40
Doctors	...	...	...	...	...	...	...	...	...	21
Voluntary Social Workers	...	...	...	...	...	...	...	...	...	11
Health Visitors	...	...	...	...	...	...	...	...	...	7
C.A.B.	...	...	...	...	...	...	...	...	...	4
N.C.U.M.C.	...	...	...	...	...	...	...	...	...	8
Children's Department	...	...	...	...	...	...	...	...	...	3
Parents	...	...	...	...	...	...	...	...	...	2
Department of Health & Social										
Security	...	...	...	...	...	...	...	...	...	7
Housing Department	...	...	...	...	...	...	...	...	...	2
Welfare Department	...	...	...	...	...	...	...	...	...	2
Employer	...	...	...	...	...	...	...	...	...	1
Self	...	...	...	...	...	...	...	...	...	2
										110

THE MOTHERS

Marital Status			Domicile			Occupation		
Single	...	104	In area	...	81	Office Workers	...	34
Divorced	...	2	Outside area	...	29	Factory Workers	...	16
Separated	...	3				Domestic and	...	
Widowed	...	1				Hotel Workers	...	17
Education			Religion			Hairdresser	...	1
Sec. Mod.	...	93	C. of E.	...	78	Nurses	...	10
Grammar	...	3	R.C.	...	25	Students	...	9
Convent	...	5	Free Church	...	5	Courier	...	1
Training	...		Buddhist	...	1	Librarian	...	1
College	...	6	Confucian	...	1	Housewives	...	10
University	...	3				Civil Servants	...	4
						University	...	
						Lecturers...	...	2
						Air Hostess	...	1
						School Girls	...	4
Ages			Countries of origin			other than G.B.		
15 years	...	5	Eire	...	14	W. Indies	...	2
16 "	...	8	Finland	...	1	Singapore	...	1
17 "	...	7	S. Africa	...	1	Australia	...	2
18 "	...	14						
19 "	...	16						
20 "	...	21						
21-30 yrs.	...	32						
31-40 "	...	7						

PUTATIVE FATHERS

Marital Status			Ages			Countries of origin		
Single	...	59	16 years	...	3	other than G.B.		
Married	...	26	17 "	...	3	Eire	...	12
Separated	...	4	18 "	...	6	W. Indies	...	5
Unknown	...	21	19 "	...	17	Hungary	...	2
Occupation			20 "	...	21	U.S.A.	...	1
			21-30 yrs.	...	38	S. Africa	...	1
			31-50 "	...	21	Spain	...	3
			Unknown	...	1	Italy	...	1
						Australia	...	1
						Singapore	...	1
Teachers	...	2						
Salesmen	...	14						
Air Force	...	2						
Students	...	19						
Singers	...	2						
Builders	...	3						
Artist	...	1						
Factory and Manual Workers	...	28						
Office Workers	...	35						
Docker	...	1						
Stallholder	...	1						
Unknown	...	2						

Ways in which unsupported mothers have been helped.

By admission to working girls hostels in early pregnancy	...	...	10
By admission to maternity homes and hostels	...	...	35
By providing private accommodation	...	...	4
By reconciliation with parents or relatives	...	...	12
By private financial agreements or affiliation orders	...	...	11
By adoption through registered adoption agencies	...	...	29
By fostering arrangements and private nurseries	...	...	26
By temporary care provided by the Children's Department pending other arrangements	...	...	2
By satisfactory residential posts (2 girls had 2 jobs each during the year)	...	...	6
By gifts of clothing, cots, prams	...	...	10
By arrangements made for residential care but later cancelled...	...	...	8
By arrangements for the return of one girl and her baby to parents in Finland	...	...	1
By vacancies found in flatlet house	...	...	1
By re-housing by Housing Department...	...	...	1

At the end of 1969 the mothers who decided to keep their babies were living in the following way

Had returned to parents and relatives	...	...	33
Had married putative father	...	...	6
Had married other than putative father	...	...	1
Were co-habiting	...	...	10
Were living in lodgings or own home	...	...	11
Had accepted residential work	...	...	4

Mothers who parted with their babies or lost them

By adoption	...	...	29
Miscarriages	...	...	2
Terminated (those known)	...	...	7

Arrangements incomplete at end of year — 5

Cases who left district and whose decisions were not known — 2

Surveys

The department has taken part in a number of surveys during the year, which has included the following:—

Sponsoring Body.	Subject of Survey.
Greater London Council.	Children suffering from spina bifida.
Institute of Child Health.	A study of mothers of children born with anencephaly or spina bifida cystica in the Greater London area.
Oxford University.	Childhood cancers.
The Welsh National School of Medicine, University of Wales.	Changes in method of infant feeding in England and Wales over the period 1960-1968 (domiciliary births).
Galton Laboratory of the Department of Human Genetics and Biometry, University College, London.	Study of the mucopolysaccharidoses.
Greater London Council.	Work of Health Visitors.
Medical Research Council Unit, London School of Economics.	National Survey of Health and Development.
Department of Community Medicine, Guy's Hospital Medical School.	District Nursing.

Phenylketonuria

In accordance with the recommendation of the Medical Research Council that phenistix testing for phenylketonuria should be replaced by the Guthrie test on blood specimens taken from each infant on the sixth to fourteenth day of life, arrangements were made during the year to introduce the Guthrie test in this Borough. Laboratory facilities were provided by the South West Metropolitan Regional Hospital Board at Queen Mary's Hospital, Carshalton, from 1st August, 1969, in respect of blood specimens from the Richmond side of the river, and from 1st November, 1969, this facility was extended to the Middlesex bank. These blood tests are carried out either in hospital or on the district by the domiciliary midwife or health visitor. The parents of the babies are notified by the health visitor of the result of the test. I am happy to report that up to the end of the year no positive result had been recorded.

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 58).

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 .

Orthopaedic Service

Of the 35 children under five years of age treated at the Orthopaedic Clinic during the year, 8 were new cases seen by the surgeon, 27 were re-examinations at the surgeon's clinic. These children made 35 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 ...	...	...	612
Requiring treatment ...	...	...	267
Commenced treatment ...	...	...	256
Attendances for treatment ...	...	...	548
Fillings inserted ...	...	...	390
Extractions ...	...	...	114
General Anaesthetics ...	...	...	69

Table II.

Expectant and Nursing Mothers

Examined ...	...	...	54
Requiring treatment ...	...	...	48
Commenced treatment ...	...	...	63
Attendances for treatment ...	...	...	142
Fillings inserted ...	...	...	64
Extractions ...	...	...	12
Gum treatment ...	...	...	17
General Anaesthetics ...	...	...	1
Dentures supplied ...	...	...	5
X-rays taken ...	...	...	9

The number of expectant and nursing mothers who attend and the number of fillings or dentures required has fallen markedly over the last few years, whilst the number of pre-school children who attend is increasing.

Nurseries and Child-Minders Regulation Act, 1948

Amendments to the Nurseries and Child-Minders Regulation Act, 1948 in the Health Services and Public Health Act, 1968 made it necessary for all child-minders who received for reward even one child and premises used for children for more than two hours per day to be registered with the local authority. This meant a considerable increase in the volume of work. The number of registrations continued to increase steadily, in addition to those as a direct result of these amendments.

The following table gives details of the registrations during 1969:—

	Day Nurseries.		Child-Minders.	
	Number	Places	Number	Places
1st January, 1969 ...	53	1392	53	562
New registrations ...	18	308	122	308
Cancellations ...	3	69	7	62
31st December, 1969 ...	68	*1724	168	*796

* There were during the year variations in the permitted number of children which are not reflected above.

The extra work involved in this large increase in the number of registrations was undertaken with existing staff and it was necessary to discontinue routine re-inspections of the groups because of the number of new applications to be dealt with. Experience over the year demonstrated the necessity for an additional health visitor/group adviser and for extra clerical assistance.

Local Authority Day Nurseries

The number of places at Gifford Lodge Day Nursery, Twickenham, was increased from 40 to 50 in August and this to some extent relieved pressure on the waiting list, although demand for places at this nursery continued to be high. Waiting lists for the other two nurseries — Parkshot, Richmond (53 places) and Castelnau, Barnes (45 places) — varied in length during the year; it was not unusual for a child to wait six months for a place at a nursery.

Mayoral Visits

All three day nurseries were visited at Christmas time by the Mayoress, Mrs. D. G. Harris, a visit which was greatly appreciated. Gifford Lodge Day Nursery was also honoured in April by a visit from the then Mayor and Mayoress, Alderman and Mrs. Nation, who showed great interest in the children and the work of the staff.

Daily Minders

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

Day Care of Children under Five

In my last report, I stated that among the suggestions made by the Minister of Health in his circular (37/68) issued in October 1968, was one that authorities should prepare revised standards of accommodation and care applicable to establishments that were responsible for the day care of children under five.

Accordingly a printed leaflet containing the standards required of child-minders and private day nurseries was prepared and is issued to all applicants for registration under the Nurseries and Child-Minders Regulation Act, 1948 (as amended).

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 doctors. I gratefully acknowledge the work of all voluntary helpers.

Cervical Cytology

During the year 1,129 women made 1,323 attendances at the six well-woman clinics in the Borough. Three women had positive smear tests. All were referred to their personal medical attendant for further investigation.

In earlier annual reports, I made reference to a pilot scheme organised by Dr. O. A. N. Husain, M.D., M.C. Path., Consultant Pathologist, St. Stephen's Hospital, Chelsea, for cyto-screening for cervical carcinoma by the hospital laboratory of specimens taken from women in the over 35 years age group. A number of women attending the Borough clinics in Richmond and Barnes, the catchment area served by the South West Metropolitan Regional Hospital Board, volunteered to take part in this trial.

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 1969	Born in 1968	Born in 1964-1967	Total	Medical Officers	Health Visitors	G.P.s. employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
2211	2225	2362	6798	1252	126	35	—	1413	350	4410

Total attendances during the year 44,174.

This was a pilot scheme in which the women were asked to co-operate in the comparison of smears taken in a standard way at the clinics by doctors and smears taken by themselves at home later and despatched to the laboratory. Each woman taking part in the scheme was issued with appropriate instruction and "do-it-yourself" kits in the form of cytopipettes and postal containers.

The following is a summary of the results of the trial, taken from Dr. Husain's report contained in the American Journal of Obstetrics and Gynecology, Vol. 106, No. 1, January, 1970:—

"A survey of 2,350 women, comparing doctor/nurse-collected scrape smears and self-collected cytopipette smears, has shown around an 85 per cent detection rate for cancer with the cytopipette, though a less efficient rate for dysplasia. As the purpose of the "do-it-yourself" pipette is to alert disease by a relatively cheap method, it is felt that the instrument is worthy of consideration and development as there is little doubt that the principle is sound and effective, though the design of pipette and its contents may not yet be ideal. The test in no way replaces a scrape smear with clinical examination where this is practicable."

DOMICILIARY MIDWIFERY AND HOME NURSING SERVICES

Staff as at 31st December, 1969

- 1 Non-Medical Supervisor of Midwives and Home Nursing Superintendent.
- 1 Deputy Non-Medical Supervisor of Midwives and Home Nursing Superintendent.
- 6 Full-time Midwives.
- 1 Part-time Midwife.
(0.5)*
- 5 Full-time District Nurses/Midwives.
- 1 Full-time Senior District Nurse.
- 33 Full-time District Nurses.
- 5 Part-time District Nurses.
(2.5)*
- 6 Part-time District Nurse Assistants.
(3)*

* equivalent whole-time.

MIDWIFERY SERVICE

Training

Five midwives are approved as teachers.

Four midwives attended a refresher course as required by the rules of the Central Midwives Board.

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

Twelve 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)	...	302
" " " " " (medical officer present)	...	212
" " " " " at family doctors' clinics	...	314

Mothercraft

Mothercraft and relaxation classes were held at all clinics. A total of 617 women attended.

Deliveries attended by Domiciliary Midwives

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)
—	249	249	725

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

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.

Visits by Domiciliary Midwives

A total of 12,487 visits were made by midwives as follows:—

Ante-natal	...	...	...	...	2,582
During labour	...	...	...	...	512
Nursing, following domiciliary confinement	...				3,366
Nursing, following institutional discharge	...				4,436
Home conditions reports	...	...	...		666
Others	...	...	...	...	925
Total					12,487

Queen Charlotte's Hospital

During May, an agreement was made with Queen Charlotte's Hospital for two midwives to work in an honorary capacity in the hospital, with mothers booked for early discharge. The scheme started slowly and by the end of the year the midwives had attended five mothers in the hospital General Practitioner Unit and subsequently at home.

Notification of intention to practise

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

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	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb. 3 oz. or less ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	11	2	4	1	—	—	—	—	1	1	—	—	4	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	34	3	2	3	—	—	—	—	—	—	—	—	3	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	21	1	—	—	—	—	—	—	—	—	—	—	2	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	49	1	—	—	3	1	—	—	—	—	—	—	2	—
6 Total ...	117	9	6	4	3	1	—	—	1	1	—	—	11	—

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.

Medical Aid

Medical aid was required for 106 patients as follows:—

During Pregnancy	Infant	In Labour	Puerperium
Mild Toxaemia 3	Ophthalmia 11	Foetal Distress 5	Hypertension 1
Ante-partum haemorrhage 2	General illness 4	Premature Labour 1	Pyrexia 3
Post-Maturity 1	Asphyxia 2	Delay in Labour (1st stage) 6	Phlebitis 1
Malpresentation 1	Vomiting 3	Retained membranes 1	Excessive Lochia 5
Early rupture of membranes 1	Jaundice 2	Ruptured perineum 8	Offensive Lochia 2
	Cord Infection 2	Ante-partum haemorrhage 3	Scanty Lochia 1
	Septic spots 3	Perineal haemorrhage 2	Post-partum haemorrhage 2
	Pyrexia 2	Episiotomy 5	Subinvolution 2
	Bleeding per rectum 1		Abdominal pain 2
	Cyanosis 1		Anaemia 2
	Congenital malformation 4		Cracked nipples 2
			Breast infection 1
			Urinary infection 2
			Perineal infection 1

Early Discharges

The domiciliary midwives nursed 725 mothers and babies discharged from hospital early in the puerperium. The majority of these mothers had planned discharges. Four thousand, four hundred and thirty six visits 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.

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

7 District Nurses received district training.

90 Student Nurses from West Middlesex, Royal Richmond, Barnes, Surbiton, 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	...	...	3,058
Number of above over 65 years of age	...	...	1,807
Number of above under 5 years of age	...	...	21
Total number of visits	...	...	96,860

Types of Care given

Number of injections	...	...	24,652
Number of dressings	...	...	18,278
Number of visits for general nursing care...	...	...	29,731
Number of baths	...	...	13,577

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

District Nurse Assistants

The number of district nurse assistants was increased to 6 by the end of 1969.

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. Twenty one patients received help with night and/or day nursing on 246 occasions.

HEALTH VISITING

Staff as at 31st December, 1969

1	Chief Nursing Officer.
1	Superintendent Health Visitor.
28	Health Visitors (includes 1 Field Work Instructor, 2 Group Advisers).
7 (3.5)*	Part-time Health Visitors.
10 (4.0)*	Part-time Clinic Nurses.
1	Health Assistant.
1	Tuberculosis Health Visitor.
3	Student Health Visitors.

* equivalent whole-time.

53 students from West Middlesex, Royal Richmond and The Middlesex Hospitals accompanied health visitors on domiciliary visits and/or also attended the local health authority clinics.

Training and Refresher Courses

Two health visitors attended Field Work Instructor courses, and four attended other refresher and training courses.

Family Doctors and Local Authority Nursing Staff

The table on page 31 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)		
10.			(c)	
11.			(c)	
12.		(b)		

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

† In this practice a part-time health visitor and a full-time district nurse are attached.

- (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.

During the year, consequent upon one of the partners emigrating and the concentration of the practice into one surgery, the liaison arrangement with the local authority health visitor and midwife was, by mutual agreement, discontinued.

A valuable meeting of family doctors and local health authority staff already working in attachment/liason schemes and other interested family doctors was held in November. As a result of discussion and interest shown, the Chief Nursing Officer and the Home Nursing Superintendent made visits to a number of surgeries. It is hoped to implement further schemes when adjustments of work permit.

As this trend and its consequences in the field of community nursing evolve, serious consideration and review will be necessary with particular reference to the staffing.

Health Visiting

	Cases visited by health visitors	Number of cases
1	Total number of cases	12,488
2	Children born in 1969	2,751
3	Children born in 1968	2,848
4	Children born in 1964-67	4,154
5	Total number of children in lines 2-4	9,753
6	Persons aged 65 or over	1,251
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	611
8	Mentally disordered persons	67
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	31
10	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	72
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	41
12	Number of tuberculous households visited	1
13	Number of households visited on account of other infectious diseases	7
14	Other cases	1,065
15	Number of tuberculous households visited by tuberculosis visitor	201

VACCINATION AND IMMUNISATION

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

Type of Vaccine		YEAR OF BIRTH					Others Under 16	Total
		1969	1968	1967	1966	1962/65		
PRIMARY COURSE	DIPHTHERIA ...	195	680	41	9	15	20	960
	WHOOPING COUGH	193	664	38	4	4	—	903
	TETANUS	195	680	41	10	20	164	1110
	POLIOMYELITIS ...	176	733	60	16	32	30	1047
	MEASLES	—	583	361	182	285	19	1430
RE-INFORCING DOSES	DIPHTHERIA ...	7	498	808	114	1498	469	3394
	WHOOPING COUGH	6	434	644	60	235	35	1414
	TETANUS	7	497	812	120	1516	685	3637
	POLIOMYELITIS ...	6	518	631	123	1573	477	3328

Table 2. Vaccination against Smallpox.

Age at date of Vaccination	Under 1	1	2—4	5—15	Total
No. vaccinated ...	87	776	167	75	1105
No. revaccinated ...	—	6	34	400	440

B.C.G. Vaccination against Tuberculosis. See page 35.

Immunisation against Diphtheria/Whooping Cough/Tetanus/Poliomyelitis

It is considered that the reason for the drop in the figures of the primary immunisation of children aged under 2 years (909 as compared with 2,193 in 1968) was the introduction of the new Schedule of Immunisation recommended by the Minister of Health.

There are two main factors involved. Firstly, primary immunisation now commences at six months of age instead of three months of age under the old schedule. Secondly, the course now extends until the child is fourteen months of age instead of five months as previously.

It is hoped that the 1970 figures will reflect a "levelling off" in primary immunisation.

Measles Vaccination

The number of children receiving vaccination against measles dropped considerably during the year (1,430 compared with 3,459 in 1968). This was due to shortage of vaccine. One manufacturer, after consultation with the Department of Health and Social Security, withdrew supplies. This, together with a general shortage of supplies, caused a virtual suspension of the measles vaccination scheme from March onwards.

Smallpox Vaccination

There was a substantial decrease in the numbers receiving primary smallpox vaccination (1,105 compared with 1,604 in 1968). It is considered that the reason for this drop is the implementation of the policy of consulting the family doctor on the question of all routine smallpox vaccinations as recommended by the Minister of Health on the advice of the Joint Committee on Vaccination and Immunisation in 1968.

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 1969 there were 35 notifications of pulmonary tuberculosis and 9 notifications of non-pulmonary tuberculosis in the Borough, compared with 38 and 8 notifications respectively, in 1968.

The following table shows an analysis of cases notified in 1969.

Age Periods.	Respiratory		Non-Respiratory	
	M	F	M	F
0—4 ...	—	—	—	—
5—14 ...	—	—	—	—
15—24 ...	1	5	2	1
25—44 ...	4	5	2	1
45—64 ...	12	5	1	1
65 and over...	2	1	—	1
Age unknown	—	—	—	—
Totals ...	19	16	5	4

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

Pulmonary ...	...	1226
Non-pulmonary ...	...	162

As may be seen from the Registrar General's official return there were 6 deaths (4 pulmonary and 2 non-pulmonary) from tuberculosis in 1969.

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

The following comments have been received from Dr. C. O. Edwards, Consultant Physician, Kingston Chest Clinic :—

I think our notifications for 1969 of tuberculosis are about the same as the previous year, so that a hard-core of tuberculosis cases still remains with us and will need to be eradicated over the coming years.

The following comments have been received from Dr. P. E. Baldry, Consultant Physician, Ashford Chest Clinic :—

I am glad to say that the tuberculosis position is extremely satisfactory in Teddington and Hampton with only one chronic positive sputum case, which has proved intractable to treatment.

Only six patients are at the moment having chemotherapy all of whom have progressed so satisfactorily that they have now returned to work. We therefore have no-one off work on treatment in their home or 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 1969, 2044 schoolchildren were skin-tested and the details are as follows:—

No. skin tested	...	...	2044	(1655)
No. found positive	...	...	176	(1422)
No. found negative	...	...	1766	(226)
No. vaccinated	...	...	1806	*(224)

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

*Children with Grade 1 positive reactions are now being vaccinated.

As a result of a report from a Chest Physician that a School Canteen Worker showed signs of infection, it was decided as a precautionary measure that all teaching and non-teaching staff should have a Mass X-Ray and all children who had been in contact should be skin-tested.

All tests proved negative.

AFTER CARE FACILITIES.

The Council operates a free milk and extra nourishment scheme for chest cripples. Persons in need are recommended for this service by the Medical Social Workers of the chest clinics serving the Borough. Persons in receipt of supplementary benefit from the Department of Health and Social Security are automatically eligible, others are assessed according to income to ascertain their eligibility. Persons whose income does not allow them to come within the Council's scheme may, if appropriate, be referred to the Richmond upon Thames Chest and Tuberculosis Care Committee.

The number of patients who received help during 1969, was as follows:—

Adults	...	...	...	...	...	34	(38)
Children	...	...	...	...	...	1	(2)
Total						35	
Patients receiving free milk only	...	...	...	...	...	18	(21)
Patients receiving extra nourishment only	...	...	...	...	...	4	(4)
Patients receiving both free milk and extra nourishment	...	...	...	...	...	13	(15)

(Figures in brackets show comparable figures for 1968).

One patient in receipt of the service died, leaving 35 patients in the scheme as at the 31st December, 1969. Two orders which were cancelled during the year due to short stay in hospital were reinstated on discharge from hospital.

The Richmond upon Thames Chest and Tuberculosis Care Committee also continued to undertake 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.

"The year 1969 was the first full year during which the local Council had once again taken over the responsibility for the allocation of free milk and extra nourishment. The Committee was thus able to concentrate on giving to patients those types of assistance that would not be covered by Council or Social Security payments. The money for this work was, of course, mainly forthcoming from the sale of Christmas Seals, but partly from a welcome grant from the local Council.

The yield of money from the Seals Sale has been affected by two factors. Firstly the expenses (particularly printing and postage) have risen very greatly but secondly — and thank goodness! fewer contributors have given substantially more per head. Only this trend has saved a difficult situation.

24 patients received help during the year and, of these, 5 were Richmond residents attending clinics in the fringe areas (Ashford and Hounslow). It is still a disappointment that more help is not being sought from the Twickenham area where the existence of a Chest Care Committee does not appear to be widely known, but it is in the rules of the Committee that help can only be given to people who come through the local Chest Clinic or, if they are being treated at Chest Clinics in the fringe areas, who are resident in the Borough of Richmond upon Thames. It seems tragic that in the next-door Borough of Hounslow, where there is no Chest Care Committee, there is known to be quite a number of deserving cases who cannot benefit from our funds because of geography or the rules that govern our activities.

The help given has followed the usual pattern:— fuel grants, Christmas parcels and holidays for adults at Mudeford and for children at Sheephatch take the bulk of our resources. Among the more ordinary contributions were for T.V. licences for the housebound, car taxes for those who have to be mobile, clothing purchases, fares to visit relatives, holiday transport expenses, insurance premiums, etc., etc. T.B. may be on the way out, but chest cases are on the increase and the problems of the housebound, especially when it is the wage-earner, are ever with us. We will continue to deal with these problems so long as our resources permit".

Hostel for homeless tuberculous males.

This 16 place hostel, which was originally set up in 1951 by the former Middlesex County Council and was transferred to the London Borough of Richmond upon Thames under the provisions of the London Properties (Transfer of Properties, etc.) Order, 1964, closed for the reception of patients on the 11th December, 1969.

The hostel had not been fully occupied since the 1st April, 1965, and it had become increasingly evident, because of the advances in the care and treatment of pulmonary tuberculosis, that the need for this type of accommodation was diminishing. Considerable difficulty had also been experienced in appointing the necessary domestic staff.

The hostel was only closed following careful consideration of all the facts by the Council and consultation with the North East and North West Metropolitan Regional Hospital Boards. The 12 residents in the hostel at the closing date who, apart from one, were the responsibility of other local health authorities, were placed in alternative accommodation by the authorities concerned.

I am indebted to Dr. R. Heller and Dr. D. MacIntosh of the Hounslow Chest Clinic for the valuable help they have given over the years. I would also like to record my appreciation of the services of Mr. and Mrs. A. R. Large who have been employed at the hostel as Warden and Assistant Warden for the past 19 years.

In November, 1969, the Council approved of the premises being used as a hostel for the adult mentally subnormal (see page 47).

CARE OF THE ELDERLY.

In a Borough such as Richmond upon Thames with its already high proportion of over 65's in the population and the expectation of increase according to the national prediction, the care of the elderly is a considerable problem.

Much can be done to prepare people for retirement and old age, steps can be taken to prevent unnecessary illness and the community can be alerted to its responsibility towards the increasing number of senior citizens. The co-operation and co-ordination of all agencies, statutory and voluntary, concerned with the elderly and also the goodwill of individuals is needed to help the elderly maintain their independence and enjoy reasonable health.

A group adviser for the elderly and geriatric health visitors maintain liaison with family doctors, hospitals and clinics and the old in their homes and make certain that the services which are available are known and used. The Home Help, Night Sitters and Home Nursing Services are particularly active in this field.

The clinics for older people continue to provide a screening service for residents from 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.
Maddison Clinic, Church Road, Teddington.	6 per week.	2,882	99
Kings Road, Richmond.	1 per week.	266	31
Whitton Clinic.	1 per week.	368	28
Barnes Clinic.	1 per week.	76	21
* Hampton Clinic.	1 per fortnight.	43	5

* 12 sessions only. Patients now seen at the Maddison Clinic, Teddington.

The purpose of these clinics is the prevention of unnecessary ill health, too often accepted as an inevitable part of growing old.

As well as a complete physical examination, advice is given on all aspects of keeping fit. One of the health visitors runs an obesity clinic, a physiotherapist gives advice on suitable exercises, e.g. how to sit and stand correctly and most important for those with locomotor disorders, how to get in and out of a chair with the minimum of effort.

Dr. Alfred Torrie, Consultant Psychiatrist, has been working as a member of the medical team at the Kings Road Clinic since November, 1967, and at the Maddison Clinic, Church Road, Teddington. I am grateful to him for the following report:—

During the year, two of the clinics had the services of the Consultant Psychiatrist. A new speciality has arisen with the rather ugly sounding name of psychogeriatrics. Research has proved that half of the elderly patients admitted to mental hospitals are suffering from a treatable disability — endogenous depression, masked by many physical symptoms and wrongly diagnosed as senility. Detected early and given modern specific medication, the development of this illness can be arrested and hospitalisation avoided.

At the age of 55, patients can be helped to prepare for retirement and develop substitute activities and so prevent the depression that loss of status and income brings about.

The psychological and emotional reactions of the elderly take some time to reveal themselves and are masked by all kinds of other symptoms so that a reasonable time is required for the interview to reach the heart of the matter.

When the conversation leads to the subject of a philosophy of life, both doctor and patient can agree with Browning —

“Grow old along with me,
The best is yet to be”.

When preventive measures have either been refused or have failed, team work is again essential to alleviate suffering and provide care, especially if an old person is determined to stay at home against medical advice, or has refused residential accommodation. The problem will be all the more acute if mental confusion is superimposed on physical frailty and extraordinary measures may be necessary to meet the individual needs.

During 1969, it was not considered appropriate to admit anyone to hospital under Section 47 of the National Assistance Act.

At the end of the year, consideration was being given to the provision of a day clinic for older people at Stanley Road Clinic, Teddington. The purpose of the clinic will be to provide additional medico-social facilities for patients who have already been through the medical check and screening procedures at the Maddison Clinic, Church Road, Teddington and who are considered to be in need of more frequent supportive care in order to prevent social isolation from whatever cause with resultant breakdown in standards of living and nutrition, inevitably leading to progressive deterioration. The clinic will provide physiotherapy, group therapy with consultant psychiatrist, medical consultation and discussion, health education and other subjects.

The Friends of the Maddison Clinic have very kindly indicated their desire to participate in this project by providing volunteers to help and transport for patients and to make provision for certain equipment.

I am indeed indebted to the Friends of the Maddison Clinic for their continued valuable help to the older citizens of the Borough.

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, 1969, either in the Residential Homes under the control of the Council 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	110	164
Laurel Dene, Hampton Hill (76 beds)	12	63	75
Hampton Court House, Hampton Court (53 beds)	—	52	52
Craig House, Ham (51 beds)	8	41	49
Forbes House, Ham (37 beds)	—	37	37
Moiravale, Hampton Wick (29 beds)	7	21	28
	81	324	405
Residents in Voluntary Homes for whom the Council is financially responsible	66	99	165
Residents in other Authorities' Homes for whom the Council is financially responsible	6	27	33
TOTAL	153	450	603

Of the total of 603 persons, 80 of these in the Borough Homes were accommodated on behalf of other Local Authorities making a net total of 523 persons for whom the Council was financially responsible as at 31st December, 1969, an increase of 31 compared with the corresponding date last year.

The table below analyses the persons accommodated by age and sex:—

Age	<i>Borough Homes</i>		<i>Voluntary Homes</i>		<i>Other L.A. Homes</i>		Total
	Men	Women	Men	Women	Men	Women	
Under 30 ...	—	—	—	2	—	1	3
30—49 ...	—	1	1	5	—	—	7
50—64 ...	4	5	11	5	1	1	27
65—74 ...	23	46	17	14	1	7	108
75—84 ...	33	125	27	43	3	10	241
85 and over ...	21	147	10	30	1	8	217
	81	324	66	99	6	27	603

The average age of the residents accommodated in the Borough Homes is now 81.5 and 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:—

	<i>Borough Homes</i>		<i>Voluntary Homes</i>		<i>Other L.A. Homes</i>		Total
	Men	Women	Men	Women	Men	Women	
Discharges ...	20	61	8	6	—	—	95
Deaths ...	17	42	13	13	2	1	88
	37	103	21	19	2	1	183
Admissions ...	33	114	25	24	1	2	202

During the same period, 242 applications for admission were taken and at the 31st December, 1969, the waiting list was as follows:—

	Men	Women	Total
Less than 1 month ...	5	9	14
1 month — 6 months ...	23	30	53
6 months — 1 year ...	2	10	12
1 year and over ...	—	3	3
	30	52	82

Despite an increase in the number of admissions during the year, (202 compared with 143 in 1968) the waiting list at the end of 1969 shows an overall increase of 14 over that in December, 1968."

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.

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, low reading thermometers, convector-type heaters, matches and change for electricity and gas meters. These kits are normally stored in the Hostel at 11 Rosslyn Road, Twickenham, which is reasonably centrally placed in

the Borough. I am most grateful, however, to Mr. L. A. Dresch, Hospital Secretary, Richmond Royal Hospital, for arranging for the hypothermia kits to be stored at the Richmond Royal Hospital during the temporary closure of 11 Rosslyn Road, pending its use as a hostel for the adult mentally subnormal (see page 47).

Mothers attending clinics are continually reminded by poster and pamphlet of the dangers of hypothermia in infancy. All nursing staff are provided with low reading thermometers.

CHIROPODY SERVICE.

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:—

<i>Category</i>	<i>Inclusive Charge</i>
(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.

A comparison of the number of treatments given under each category during the years 1967/69 is given below:—

<i>Category.</i>	1967.	1968.	1969.
(a) Expectant mothers	29	22	34
(b) Nursing mothers	33	29	34
(c) Elderly persons	25,773	29,930	32,413
(d) Physically handicapped	434	559	628
(e) Children under 5 years	5	7	13
(f) School children	979	1,134	1,609
(g) Low Income group (£8 single; £10 married)	80	118	183

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

	1967.	1968.	1969.
(a) Treatment at the surgeries of private chiropodists	17,845	22,898	25,471
(b) Treatment at Borough Council clinics	1,169	1,108	1,254
(c) Treatment at sessions arranged by voluntary societies (British Red Cross Society) ...	2,097	554	56
(d) Domiciliary treatments	6,224	7,237	8,133

It will be noted from the above figures that the Chiropody Service continues to expand year by year. This is, of course, to be expected in a Borough where there is a high proportion of elderly persons. The fact that these elderly persons are able to go to the chiropodist of their choice with the minimum of travelling on public transport,

etc., enables them to have the treatment which is considered to be so vital if they are to continue to remain ambulant.

I would like to record my appreciation of the co-operation I have received from the chiropodists serving the Borough during the year, and also to the British Red Cross Society for their valuable contribution. The majority of persons previously treated by voluntary societies have now been transferred to the surgeries of private chiropodists.

RECUPERATIVE HOLIDAYS.

During the year arrangements were made for 82 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	...	...	...	...	27	16
Adults	...	...	...	...	14	11
Mothers accompanied by children —						
			Mothers	...	5	
			Children	...	9	

Subsequently the arrangements for nine elderly persons, twelve adults and eight children were cancelled.

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

HEALTH EDUCATION.

The departmental Health Education Sub-Committee, comprising senior officers of the department, has again extended its activities during 1969.

The monthly poster campaigns were continued and subjects covered were as follows:—

January	—	Poisons
February	—	Coughs and Colds
March	—	Smoking
April	—	Dental Health
May	—	Feet and Shoes
June	—	Mental Health
July	—	Holiday Safety
August	—	Food Hygiene
September	—	Children's Clothes
October	—	Fireworks
November	—	Toys
December	—	Home Safety

Some subjects were dealt with more extensively; i.e.:—

Poisons

The department co-operated with the Borough Safety Officer, the Pharmaceutical Society of Great Britain, the Thames Valley Pharmacists' Association, and the National Pharmaceutical Union in organising a collection of unwanted medicines from the public. This was part of an attempt, including publicity, to educate people on the dangers of hoarding medicines and tablets.

The photograph on page 42 shows Mr. J. Dennett, Borough Safety Officer, with a group of children attempting to open the 'Palm-N-Turn' pill container. In spite of biting, banging and other apparent methods of destruction, the children were unsuccessful in opening it.



Smoking

Extensive publicity was used to co-incide with an anti-smoking clinic and a display was put in the shop window of the British Red Cross Society in Twickenham.

A further five-day clinic to help people stop smoking was held in March, again in co-operation with the British Temperance Society. This clinic received twice as many applications as places were available and arrangements were made to hold a second clinic in October. Both clinics were considered to be successful and the figures below show that approximately 50% of those attending have been able to conquer or reduce the smoking habit. The department is continuing to keep in touch with the persons who have attended the clinic, both to assist in research and to boost the morale of persons who may be 'wavering' towards smoking again.

		March Clinic	October Clinic
No. attending	...	48	48
No. stopped smoking	...	17	22
No. reduced smoking	...	7	9

The success of these smoking clinics is a tribute to the persistent hard work undertaken by Dr. L. White and Mr. R. Riches of the British Temperance Society, and I would like to express my deep appreciation to them.

Feet and Shoes

A display and explanation of suitable shoes and socks were given at all clinics during the child health sessions.

Food Hygiene

A further display was placed in the Red Cross window.

Activities in Schools

Two meetings of head teachers were held in co-operation with the Chief Education Officer to consider all aspects of teaching health education in schools.

One health visitor continued with the second term's tuition on general health education to a co-educational class and also took a series of mothercraft talks at this school.

Two health visitors participated in a successful school leavers' course organised by the Youth Office of the Education Department.

Public Showing of Films

The National Childbirth Trust film "Birthday" was shown on six occasions during the year, giving an opportunity for expectant parents to attend together and raise any questions which they wished to discuss. Health visitors and district midwives were available to answer their questions.

Exhibitions

The department was happy to co-operate with the Council of Social Service at their exhibition for 'Help the Disabled' Week. A stand showing the work of the District Nurse, Health Visitor and Home Help was on display, and facilities for projecting films (several of which were provided by the department) were made available.

Voluntary Organisations

Several films, filmstrips and talks have been arranged for various organisations throughout the year.

Preparation for Childbirth Classes

Ten clinics have held classes throughout the year using the psycho-prophylactic method of childbirth. Good use of the visual aids available has been made by several clinics. There has been a greater tendency to stress the needs of the baby and family rather than use visual aids purely to illustrate the aspects of labour.

In-Service Education

Films on all aspects of the work of the department have been shown to Public Health Inspectors; District Nurses; Pupil Midwives; Home Helps and to Social Workers Lunch meetings.

I would like to express my appreciation to Mrs. W. Burrington, Divisional Director of the British Red Cross Society and to Mr. J. Dennett, the Borough Safety Officer, for their help and co-operation throughout the year.

HOME HELP SERVICE

Staff as at 31st December, 1969

Home Help Organiser	...	...	1
Assistant Home Help Organisers	...	...	2
Home Helps — Whole-time	...	...	7
— Part-time	...	...	114
(Whole-time equivalent)	...	...	68.2

Number of staff employed during 1969: 208 persons.

The order of priority of applications for the Home Help Service remains 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 6/3d. per hour.

Cases given help during the period 1967/1969 were as follows:—

	1967.	1968.	1969.
Chronic sick (under 65)	81	104	103
Tuberculous	7	7	6
Mentally disordered	7	6	6
Maternity	116	124	64
Others	93	79	117
Aged 65 or over	780	877	1126
Total cases helped ...	1080	1197	1420

It will be noted that in the "over 65 group" there is a steady increase in cases being dealt with by regular visits of home helps. This has placed a considerable strain upon the Service, especially as recruitment continues to be difficult. Each case is assessed by the Home Help Organiser or one of her assistants to assess the actual need. During 1969 there was a total of 1,001 new referrals and the total number of visits made by organising staff during the year was 3,533.

Because of the continued shortage of home helps and the increasing number of patients the pressure of co-ordinating the help available increases rapidly each year and the demands on the Organiser and her staff are far more than ever before. In fact, if the efficiency of the service is to be maintained, it is evident that consideration will shortly need to be given to increasing the field organising staff. The importance of supervision of home helps at patients homes is more than ever necessary to keep the team support and to sustain difficult cases and those in need.

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 (6/5½d. per hour) does not enhance recruitment and in no way compares favourably with existing rates for similar work within the Borough.

Training

The In-Service training course progressed and four home helps gained the Council's certificate of advanced training. Eighteen home helps gained certificates of intermediate training. A further course for specialist home helps has been planned and geared to deal with special cases of Families with Problems and Families at Risk. The aim of the training is to encourage staff to give a better service, improve their understanding and stimulate interest, give confidence and to show the home help her place in the 'Health Team'. It is considered that the Home Help Service is an essential arm of the Home Nursing and Health Visiting Services and the three together provide a specialised home care programme.

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 1969, a wider service was provided during bank holiday periods for the bed-ridden and 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 59) 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. During the year, the Home Help Service cleaned ten 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.

Recruitment Campaign

A recruitment campaign was launched during the autumn of this year with particular regard to the Good Neighbour Service (see below). The campaign was two-fold; the Home Help Organiser gave talks to Old Peoples' Committees and various clubs to promote an understanding of the Service and recruitment was assisted by a press and publicity campaign involving leaflets and posters.

Advice Centres

Advice Centres are now held at certain clinics and day clubs run by voluntary organisations at which the Home Help Organiser or an assistant are in attendance to deal with enquiries from home helps, nursing staff and public, as well as family doctors.

Good Neighbour Service

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

	1968	1969
Chronic sick (aged under 65) ...	6	9
Chronic sick over 65 ...	85	100
Acute under 65 ...	—	1
Total cases helped ...	91	110

The Neighbourly Help Service within the Borough has augmented the Home Help Service to such a degree as to have become an integral part of the Service. Indeed, as numbers will show, this scheme is growing and details are now required for inclusion in the annual statistical return of the Department of Health & Social Security. Enquiries have been received from a number of local health authorities who are interested in setting up a Neighbourly Help Service and further details are set out below:—

An important aspect is the employment of members of the public who would not normally be employable by reason of age and irregular hours, etc.

Age — There is no age limit and pensioners can be employed so long as they are sufficiently active to carry out their duties.

Married Women with Children — Young married mothers are often able to act as neighbourly helps. There are no regulations to prevent children from accompanying their mothers if patients do not object.

Relatives — If the Service is unable to provide sufficient help to cover a particular case, a relative can be employed, provided the relative gives up employment to attend the case and the remuneration received as a neighbourly help does not exceed the amount received from the previous employment. It is a fact that if relatives give up work to become neighbourly helps, the Department of Health & Social Security is able to assist them by way of supplementary benefits.

Payment and Duties of Neighbourly Helps

Neighbourly helps receive a weekly payment of 10/- to a maximum of £2. 0. 0d. Payments to the neighbourly helps are fixed by the Home Help Organiser according to the duties undertaken. The duties of the neighbourly helps are set by the Home Help Organiser, having regard to the amount of help required, which will to some extent, depend on the amount of help already available from relatives etc. Examples of two typical cases are set out below:—

- | | | |
|--|---|---|
| 1. Prepare and cook breakfast (feed if necessary).
Shopping.
Prepare and cook lunch (feed if necessary).
Cleaning (tidying).
Prepare tea.
Possibly help to bed. | } | 7 days per wk. £2. 0. 0d. max.
6 days per wk. £1. 15. 0d.
5 days per wk. £1. 0. 0d. |
| 2. Light fires.
Shopping. | } | 10/- per week. |

The maximum rate of payment is to be increased to £3. 0. 0d. per week as from the 1st April, 1970 and it is hoped that this will help recruitment and allow a further expansion of this very worthwhile service.

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 4/3d. per hour, or up to £2. 2. 6d. 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 £2 2. 6d. per night of ten hours. Persons in receipt of benefit from the Department of Health and Social Security receive the service free of charge.

Details of patients helped under the "sitters-in" service during 1969 was as follows:—

Total number of cases	...	22
Men	...	4
Women	...	18

The average age of these patients was 86 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	...	13
Patients paying no contribution to the cost of the service	...	9
Referred by: Family Doctors	...	5
District Nurses	...	9
Relatives	...	6
Hospital	...	1
Geriatric Health Visitor	...	1

The panel of "sitters-in" as at 31st December, 1969 was 13.

MENTAL HEALTH SERVICES

Although the need to rely on voluntary societies and other local authorities for the placement of mentally disordered persons in training establishments and residential accommodation remains, the services provided within the Borough continue to expand. During the year the much needed temporary twenty-five place adult training centre opened at Chestnut Avenue, East Sheen; work proceeded on the new purpose-built eighty place junior training school at Strathmore Road, Teddington (which it is anticipated will open in September, 1970) and approval was given to the establishment of a twelve place hostel for adult subnormal persons at 11 Rosslyn Road, Twickenham.

Further provision is envisaged in the Council's plan for the development of the Health and Welfare Services over the next three years and this includes the establishment of purpose-built premises for an eighty place adult training centre in Barnes, a day centre for the mentally ill and a day centre for the elderly mentally infirm.

Mental Illness.

The Borough continue 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).

Consequent upon the reorganisation of hospital catchment areas by the South West Metropolitan Regional Hospital Board, as from the 1st October, 1969 new patients from the Richmond and Barnes areas were admitted to Long Grove Hospital, Epsom. In November 1969 notice was also received from the North West Metropolitan Regional Hospital Board to the effect that new patients from the Twickenham, Teddington, Hampton and Hampton Wick areas would be admitted to Horton Hospital, Epsom as from the 1st February 1970. In neither case was it proposed to transfer existing in-patients to the new catchment hospitals.

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

Section	M	F	Total
Section 5 ...	24 (25)	39 (28)	63 (53)
Section 25 ...	30 (4)	47 (43)	77 (47)
Section 26 ...	4 (1)	3 (4)	7 (5)
Section 29 ...	17 (16)	19 (25)	36 (41)
Section 60 ...	1 (1)	— (—)	1 (1)
Section 136...	1 (1)	— (5)	1 (6)
Total ...	77 (48)	108 (105)	185 (153)

(Figures in brackets are those as at 31st December, 1968).

Close co-operation was maintained with the hospitals providing psychiatric cover for the Borough, including regular case conferences attended by mental welfare officers. When the services provided by Banstead Hospital were transferred to Long Grove Hospital case conferences also commenced at that hospital. Arrangements exist with

all catchment hospitals for the mentally ill for mental welfare officers to be called when statutory action is necessary under the Mental Health Act 1959 on Richmond upon Thames residents. These arrangements ensure a measure of continuity in the care and after care of the persons concerned. A separate arrangement exists with Springfield Hospital whereby the services of a Borough social worker are allocated to the hospital for three sessions per week, the Council being reimbursed the cost involved. It will be necessary to review this arrangement in the light of the proposed transfer of services to Horton Hospital early in 1970.

I would like to thank Dr. A. A. Baker, Medical Superintendent, and the staff of Banstead Hospital for their co-operation and help since the Borough came into operation on the 1st April, 1965. My particular thanks are due to Dr. M. Wright, Consultant Psychiatrist, whose advice and assistance has always been readily available. It is indeed fortunate that Dr. Wright is transferring to Long Grove Hospital and this valuable link with the hospital service will, therefore, be maintained.

Miss D. C. Clark commenced duty as Principal Social Work Organiser in April, 1969. In addition to acting as Chief Mental Welfare Officer this post covers responsibility for the co-ordination of all case work and visiting undertaken by the department's social workers, in-service training and joint liaison with training organisations. Miss Clark reports as follows:—

"Case Work.

Following the appointment of the Principal Social Work Organiser the work of the mental health social workers has become more effectively rationalised. Each mental health social worker now maintains his or her own case load and is responsible for the continuing care of each client. This enables the social worker concerned to establish the necessary relationship with the client in order to help and support.

Supervision and discussion of cases is available for all the mental health social workers and it is considered that the improved quality of care is of advantage to the clients.

Training.

Advantage has been taken of the courses run by the London Boroughs Training Committee. The Senior Mental Welfare Officer attended a residential placement followed by a day release on the Community Care Course as preparation for a future Certificate in Social Work Course. Other mental health social workers attended seminars and case work discussion groups. This exchange of views with social workers from other disciplines has widened their experience".

The establishment of field staff in the mental health service at the 31st December, 1969, was as follows:—

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

During the year mental welfare officers and social workers made a total of 3412 home visits and approximately 359 office interviews were held during the same period.

The total number of mentally ill persons residing in the community at the 31st December, 1969 and under care was 456, i.e. 162 males and 294 females.

Residential Accommodation for the Mentally Ill.

At the end of 1969 there were 30 patients for whom the Borough had accepted financial responsibility in mental after care homes and hostels run by voluntary societies and other local authorities.

Day Centre for the Mentally Ill.

The day centre for the mentally ill at the Council's hostel at 11 Rosslyn Road, Twickenham, continued to function on two afternoons per week. Whereas the organisation and running of the centre was under the supervision of various mental health social workers it became evident during the year that there was a need for a centre organiser. It also became apparent that it is necessary to provide transport for certain members who because of their mental or physical incapacity are unable to travel on public transport. At the end of the year consideration was being given to the appointment of a centre organiser who would co-ordinate all matters relating to the running of the day centre.

The functions of the day centre included a visit to the West End lights and a Christmas Party was again organised by the Twickenham and District Mental Health Association. This latter function was particularly successful and was attended by 35 members. My thanks are extended to Mrs. D. M. Collie and the Committee of the Twickenham and District Mental Health Association for the continued interest shown in this field.

The use of voluntary workers was particularly helpful in the running of the centre especially with the occupational therapy activities. The purchase of a modern sewing machine was welcomed by the female members attending the centre.

Community Care of the Subnormal and Severely Subnormal.

The total number of subnormal and severely subnormal persons under community care at the end of 1969 was 223 compared with 237 in 1968. This does not include those patients placed in residential accommodation under Guardianship and informal foster care arrangements.

The birth of a handicapped child means a crisis situation in a family. There will be a family doctor and there may be specialist help so that the role of the Health Department can be seen as supportive and co-ordinating.

In the early days, through the health visitor, later through the medical officer and social worker the needs of a particular family may be assessed and, as far as possible, met. There must be close liaison so that there will be a continuation of help without undue overlap according to the varying situations and altered circumstances.

This can be achieved through home visits and private interviews and also by attendance at counselling clinics, where small groups of parents of handicapped children meet to discuss their difficulties with a senior medical officer, health visitors, social workers, etc. (See page 50).

Referrals to the Mental Health Service.

During 1969 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	—	—	—	—	—	—	—	—	—
Referrals of educationally sub-normal children requiring supervision after leaving school	2	—	—	—	—	—	—	—	2
Referrals from other sources	4	6	—	3	1	—	5	2	21
Total	6	6	—	3	1	—	5	2	23

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 health 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 115 (of which 5 were first attendances).

Periodic Medical Examination of the Adult Mentally Subnormal.

In 1968 the Council approved of the extension of counselling clinic facilities for children to cater for parents of mentally handicapped adults.

Sessions are held at Mortlake Clinic and Stanley Road Clinic, Teddington, and are staffed by a medical officer, clinic nurse and where appropriate mental health social workers.

These medical examinations have proved to be of considerable benefit to those adult subnormal persons living at home. Advice and help is given and if treatment is considered appropriate cases are referred to their family doctors. Some patients in need of dental treatment are referred to psychiatric hospitals serving the Borough. Many parents seem to welcome this method of contact with the local authority health department and are appreciative of the service.

Guardianship and Informal Foster Care.

At the end of 1969 there were two patients under the Guardianship of the Council (three at the end of 1968). There were also 29 under informal foster care arrangements in homes or hostels run by voluntary societies and private homes (23 at 31st December, 1968). 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.

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, 1969 to the 31st December, 1969, 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	—	—	—	—	—	1	1	2	4
Botleys Park Hospital	—	—	—	—	—	—	—	—	—
Queen Mary's Hospital	—	—	—	—	—	—	—	—	—
St. Ebba's Hospital	—	—	—	—	—	—	—	—	1
Total ...	—	—	—	—	—	1	1	2	4

The number of patients awaiting admission to psychiatric hospitals for the sub-normal 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	2
Not in urgent need of hospital care	1	—	—	2	2	1	2	1	9
Total	1	—	—	2	2	1	2	3	11

During the year there were 5 admissions to hospital on a permanent basis compared with 6 in 1968.

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 1969 arrangements were made for 15 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; the Hanworth Junior Training Centre, Bear Road, Hanworth, and the Isleworth Junior Training School, Bridge Road, Isleworth, which are 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 on page 52.

Name of Establishment	Area Served.	Number attending.
Kingston Training Centre	Richmond and Barnes including Ham	2
Hanworth Junior Training School...	Twickenham, Teddington, Hampton & Hampton Wick	6
Isleworth Junior Training School...	Twickenham, Teddington, Hampton & Hampton Wick	1
Harle House Junior Training Centre...	Whole Borough except Ham	28
	Total ...	37

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. The new junior training school at Strathmore Road, Teddington, will include a 20 place special care unit.

(c) Harle House Junior Training Centre.

This 40 place junior training centre at Cardinal Road, Feltham, which was opened in January 1968 will continue to function until the new purpose built 80 place junior training school is completed at Strathmore Road, Teddington. Harle House is owned by the Hounslow, Twickenham and District Society for Mentally Handicapped Children and my thanks are due to the Society for the help and co-operation the Training Centre has received during the past two years.

The Centre is staffed with a Supervisor and three assistant supervisors with adequate domestic assistance. The children are transported by private coach and escorts are employed for the purpose of acting as coach guides.

The following report has been received from Miss B. Bunce, N.A.M.H. Dip., Supervisor, about the activities of the Centre during 1969 :

"Despite the difficulties of a temporary building a wide variety of activities is provided for the children, this being pre-requisite to the formation of patterns of learning. The interests of the child are built upon and expanded outwards using various media and reinforced where possible by relevant visits outside the school building.

Special events during the past year included a family picnic in Richmond Park, to which all parents and brothers and sisters were invited. The park was explored and several rambling games played during the day.

On Bonfire Night a combined Firework Party was held at the Adult Training Centre, Chestnut Avenue. The children from Harle House constructed three very individual guys which were duly burned on a bonfire made by the trainees attending the Adult Training Centre. Parents assisted with refreshments and provided the fireworks.

At Christmas the children presented a short mime of the Christmas Story and sang carols for their parents and friends. Afterwards the refreshments were served by the children who had spent the morning cooking the food. A party was held just before the end of term which included a fancy hat competition. Father Christmas called at the conclusion of the afternoon with his sleigh piled high with presents.

This year has seen the first transfer of two older boys to the new Adult Training Centre. This step in life for them has been regarded by the staff of both centres as of great importance. The transfer has been preceded by a preliminary visit to the Adult Training Centre by both boys with their teacher followed by a period of transition until full integration was felt appropriate. I would like to express my thanks to Mr. A. Tudway, Manager of the Chestnut Avenue Adult Training Centre and to his staff for the excellent liaison and constant assistance given to myself and the staff of Harle House during this year.

Liaison has also been established with the Borough Safety Officer and the Youth Officer. I am grateful to the staff of both departments for their interest and assistance. Students have been received from both the one year and two year courses for Teachers of the Mentally Handicapped Children at Chiswick Polytechnic during the year and have undertaken periods of teaching practice with all groups at Harle House".

(d) Attendance at Adult Training Centres.

On the 9th September, 1969, the Council opened a 25 place temporary Adult Training Centre at the former Civil Defence Headquarters, Chestnut Avenue, East Sheen, S.W.14. In addition adult subnormal and severely subnormal patients from the Borough attended 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	33
Brentford Adult Training Centre...	Twickenham, Teddington, Hampton & Hampton Wick	7
Kingston Training Centre	Richmond and Barnes ...	13
Chestnut Ave. Adult Training Centre...	Whole of Borough ...	17
	TOTAL ...	70

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 38½ hour week including a lunch break. They are paid on a scale ranging from 8/- to 40/- per week according to diligence, ability and application to the job.

At the Kingston Training Centre the trainees work a 35 hour week including a lunch break. They are paid 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 to Dr. J. C. Birchall, Medical Officer of Health, Royal Borough of Kingston upon Thames, for their co-operation and help throughout the year.

(e) Chestnut Avenue Adult Training Centre.

As previously stated this 25 place temporary adult training centre opened on the 9th September, 1969. The centre is staffed with a Manager, two instructors and a full-time domestic assistant/coach guide.

The trainees are provided with a mid-day meal from the School Meals Service and thanks are due to Miss A. J. Brown, School Meals Organiser, for the excellent service provided.

The trainees attend the centre from 9.30 a.m. to 4.30 p.m. daily and are paid a monetary reward from 8/- to 40/- weekly according to diligence, ability, application and general social conduct. The following report has been received from Mr. A. L. Tudway, N.A.M.H. Dip., Manager of the Centre:—

“Despite certain inherited environmental disadvantages of these temporary premises a high degree of success has been achieved in the negotiation and execution of industrial subcontract work of a suitable and diverse nature. Below is a summary of the type of work undertaken.

The assembly of plastic drain plugs for the building industry. The assembly of a household domestic pump for retail to commercial markets. The part assembly and export packing of hydraulic water rams. All these particular jobs involve the use of jigs and provide a variety of manual skills in their specific execution.

The recovery and salvage operations of spark plugs returned to, or rejected at certain stages in the factory. This involves inspection and discrimination according to the catalogue type and will ultimately involve the use of a lathe in the centre, so taking the responsibility for this important production process from the Factory to the Centre.

The above work schemes are supported by a practical social education and recreation programme as recommended in the Ministry of Health Models of Good Practice and given by the staff, aimed at encouraging the mentally handicapped adult to use their potential to the full by active participation in a happy atmosphere.

A Social Training Department has been adapted in the Centre which will be decorated by the trainees. It will house a shop and loan section which will be operated by the trainees and be used to simulate interview situations as experienced in open employment.

There has been an excellent rapport between the Adult Training Centre and Harle House Junior Training Centre — two trainees attended the Adult Training Centre on a transitional basis prior to full-time transfer. The two centres also held a highly successful bonfire party together and I am grateful to Miss Bunce, Head Teacher, for their support and co-operation”.

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.	20.7.69 — 2.8.69	5 2 male. 3 female.
London Borough of Hounslow (Adult Camp)	St. Mary's Bay, Romney Marsh, Kent.	5.9.69 — 12.9.69	5 3 male. 2 female.
Royal Borough of Kingston-upon-Thames (Junior & Adult)	Pirates Spring, Dymchurch, Kent.	20.6.69 — 27.6.69	6 3 male. 3 female.

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, 1969.

	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	6	1	—	29
(b) Treatment (medical, surgical or optical and supervision) ...	10	13	—	25
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	10	—	21

At the 31st December, 1969, there were 388 persons on the Blind Register. The following tables show 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	...	...	—	29
Aged 1 year	...	...	—	1
" 2 years	...	...	—	2
" 3 years	...	...	1	2
" 4 years	...	...	—	1
" 5-10 years	...	...	2	9
" 11-15	...	...	1	6
" 16-20	...	...	6	7
" 21-29	...	...	10	9
" 30-39	...	...	12	14
" 40-49	...	...	15	29
" 50-59	...	...	24	29
" 60-64	...	...	24	26
" 65-69	...	...	36	38
" 70-79	...	...	97	93
" 80-84	...	...	72	58
" 85-89	...	...	56	25
" 90 and over	...	...	31	6
Age unknown	...	...	1	4
TOTAL			388	388

During the year 54 persons were added to the Register, 46 of these being new cases including 10 who were transferred from the partially sighted register, and the remaining 8 cases transferred from the areas of other Local Authorities. 18 persons removed from the Borough, 39 persons died during the period and 2 persons were taken off the Register as their sight had improved.

It is of particular interest that 317 of the total of 388 persons on the register were aged 60 and over and that 246 of these did not lose their sight until they were over that age. On the other hand, there were only 4 children under 16 years of age, 1 who was under school age, 1 attending a special school for the deaf-blind, 1 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. 124 of the persons on the Register were suffering from other handicaps in addition to blindness, 47 were in Residential Homes under Part III of the National Assistance Act, 1948, 4 were in hospitals for the mentally ill, 1 was in a hospital for the mentally subnormal and 2 were in Chronic Sick Units.

Of the 91 blind people aged between 16 and 65, 2 were still engaged in full-time studies at a university and 34 were in employment. There were also 4 persons over 65 who were still working. None of those working were employed in special workshops for the blind and only 2 were working under the Homeworkers Scheme. The remaining 36 persons were all working in open employment under ordinary conditions.

The table below shows the occupations followed by those in employment:—

<i>Professional, Technical, Administrative, etc.</i>			
Computer Programmer	...	...	1
Masseurs, Physiotherapists	...	...	4
Musicians (including Teachers)	...	...	3
Social Welfare Workers, etc....	...	...	1
Miscellaneous	...	...	3
<i>Clerical and Related Workers</i>			
Typists, Secretaries, etc.	...	...	4
Braille Proof Readers...	...	...	2
Clerical Workers	...	...	1
Telephone Operators	...	...	1
<i>Sales Workers</i>			
Shop Managers	...	...	2
Shop Assistants	...	...	1

Agricultural and Horticultural Workers

Gardeners	...	...	...	...	2
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Craftsmen, Production Process Workers, Labourers

Machine Tool Operators	...	...	...	4
Fitters and Assemblers	...	...	...	3
Inspectors, Testers	...	...	...	1
Carpenters and Joiners	...	...	...	1
Craftsmen & Production Process Workers	...	...	...	1

Service and Miscellaneous Workers

Domestic, Cleaners, Caretakers	...	...	...	2
Miscellaneous	...	...	...	1

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 Arrangements 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 17 cases, payment of the Blind Reader's membership subscription to the National Library for the Blind in 32 cases, payment of the rental charges for Talking Books to the Royal National Institute for the Blind in 86 cases, distributing 33 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 and for another to attend a computer programming course at Pembridge Place, London. During the year two people also went for short courses to the Guide Dog Training School at Exeter.

Welfare Services for the Partially Sighted.

The Register of Partially Sighted Persons on the 31st December, 1969, showed a total number of 90 persons, made up as follows:—

Under 5 years of age	...	...	1
Aged 5—15 years	...	...	2
„ 16—20 „	...	...	4
„ 21—49 „	...	...	10
„ 50—64 „	...	...	12
„ 65 and over	...	...	61
Total			90

During the year, 12 new cases were added to the Register, 10 persons were transferred to the blind register, 6 died and 3 removed to other areas. The sight of 1 person improved and this person was de-registered.

Of those now on the Register, 51 are expected to become blind within the near future and 3, while not expected to become blind, are considered to be industrially handicapped.

Ophthalmia Neonatorum

(i)	Total number of cases notified during the year	...	...	—
(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 1969 was as follows:

Maternity Homes	...	...	Nil.
Other Homes	...	...	5
Total number of beds	...	...	84

There was one cancellation during 1969.

NURSES AGENCY

At the end of 1969, 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 standard items of nursing equipment. A total of 2,065 loans of various articles was made during the year. A small charge was made for articles loaned, which was paid by the Council if the patient was in receipt of a supplementary pension.

The Council owns some special equipment including hoists, mechanical and electrically operated beds, etc. These items are loaned free of charge to patients requiring nursing care. During the year 146 items of council-owned equipment were loaned to patients.

Alternate Pressure Pads.

These pads known as "ripple beds" save a great deal of unnecessary suffering to bed-ridden patients in the prevention and healing of pressure sores.

45 ripple beds and 7 ripple cushion seats were hired for varying periods during 1969.

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 continues to expand and at the end of the year there were approximately 100 cases receiving this service, compared with 95 at the end of 1968, 70 at the end of 1967, and 50 at the end of 1966.

Pads, waterproof pants with disposable linings are provided for incontinent patients. 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 service provided by Telephone Answering Services Ltd., 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 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.

Midwives and mental welfare officers continue to use the radio telephones which are rented to the Council by Telephone Answering Services Ltd. Four sets are used by the midwives and two by the mental welfare officers.

The use of these radio telephone sets ensures a total 24-hour emergency cover for both services.

Artificial Dialysis.

In accordance with the general approval issued by the Minister of Health in January, 1968, arrangements were made, in collaboration with the Housing Officer, for a Home Dialysis unit to be installed in a Council house for a patient referred by a teaching hospital.

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 ...	...	1,733	(1,686)
Total number of physical examinations ...	...	462	(483)
Total number examined for continued service...		62	(57)
Total number found unfit for further service ...		8	(14)

The figures for 1968 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 1969.

- 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, 1969 was 176,586.
(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:
River Thames — derived water from Hampton Works.

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 62.

- 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. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement.
- 3 a) During the year, 90 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. 81 samples were satisfactory and 5 of the remainder were only slightly below the recommended standard. Repeat samples produced satisfactory results.
- b) Nineteen samples of swimming bath water were taken from school or privately owned pools. Five were below the recommended standard but the variation in two of these samples was very small. Repeat samples proved bacteriologically satisfactory. (See page 91 — Swimming Pools).
- c) Three samples of well water were submitted for bacteriological examination and were satisfactory.
- d) Six samples of mains water thought to be causing illness or to be abnormal in taste were submitted for bacteriological examination. All were satisfactory.

SEWERAGE & SEWAGE DISPOSAL

I am obliged to (a) Mr. M. S. Hebron, B.Sc., C.Eng., M.I.C.E., A.M.I.Mun.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

The work of replacing the compressed air ejectors by electrical pumps at Red Lion Square, Hampton has been completed and similar work will be in hand in the near future for two further pumping stations in Hampton Wick.

A 12in. diameter foul sewer has been constructed at Thames Street, Hampton, to replace a length of defective cast iron pipe.

The sewer survey for the Richmond Central Area is progressing satisfactorily and will be continued into the Kew Green and Petersham areas in the coming months.

"(b) Sewage Disposal

Sewage from those parts of the Borough which were formerly in the County of Middlesex is treated at the Mogden Works of the Greater London Council at Hounslow. During the year Mogden Works dealt with an average daily flow of 95 million gallons from the whole of the former West Middlesex area, discharging the pumped effluent to the river at Isleworth Ait. This effluent has been consistently within the standards required by the Port of London Authority.

Additional sludge digestion tanks, commissioned early in the year enabled all sludge to be digested adequately before being pumped to Perry Oaks Works, near London Airport, for drying and disposal to land.

Good progress was made in the construction of an automatic pumping station at Ham, and a pumping main to convey sewage from Ham to Mogden. It is anticipated that this work will be completed during the summer of 1970.

Sewage from the 11 square miles of the Borough, including the town of Richmond, south of the Thames is treated at the Kew Works of the Greater London Council. During the year Kew Works dealt with an average daily flow of $7\frac{1}{2}$ million gallons and discharged the purified effluent, again well within the Port of London Authority's standards, into the river between Kew and Chiswick bridges.

In order to deal with increased load on the Works extension of the aeration plant is planned for the coming year."

AVERAGE RESULTS OF THE CHEMICAL EXAMINATION of the water supplied to the London Borough of Richmond upon Thames during 1969. Milligrammes per litre (unless otherwise stated).

Description of the Sample	Number of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_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	53	0.015	0.088	4.3	1.05		280	80	5	24.1	5.5	32	2.2	10	58	0.25	0.02		0.1	10	7.9	540

BACTERIOLOGICAL RESULTS — YEARLY AVERAGES, 1969

BACTERIOLOGICAL RESULTS — YEARLY AVERAGES, 1969												
Source of supply	Number of samples	BEFORE TREATMENT						AFTER TREATMENT				
		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	1,952	89.1		41.70	14.4	55.58	4.6	1,198	13.4		100.0	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 1966-70 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 new Housing Act, 1969, Part V, now establishes a more equitable principle in the making of well-maintained payments; a house, to qualify, has no longer to be treated as a whole, and a payment may be made for a well-maintained interior even though the exterior of the property has been neglected, and of course, the reverse applies.

The 1969 Act amends Section 4 of the Housing Act, 1957, which deals with the matters to be taken into account when judging the fitness of a house. Food storage facilities can no longer affect fitness for human habitation, but on the other hand, the internal arrangement of a house now forms part of the fitness standard. The new Act also increases from £5 to £50 the maximum penalty for failure to supply information as to ownership of houses.

The progress made on Clearance Areas comprised —

1 - 27 (odds inclusive), Station Road, Hampton — Demolished.

1 - 6 (consecutive), Waldegrave Avenue, Teddington — Represented.

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

6 - 16, Adelaide Road, Richmond (6 houses);

1, Katherine Road, Twickenham;

16, Marsh Farm Road, Twickenham;

1 - 6, Waldegrave Avenue, Teddington (Clearance Area);

1 & 3, Adelaide Road, Richmond;

10, Ashley Road, Hampton;

17, Audley Road, Richmond;

111, Church Road, Richmond (Room 2b) (Basement);

152, Colne Road, Twickenham;

52, Park Lane, Teddington;

19, 21, 27 & 29, St. Mary's Grove, Richmond;

1 and 2, Yarrell Cottages, Ham Street, Ham;

90, 92, 94/94a, Hounslow Road, Whitton;

55, North Lane, Teddington;

69, Park Road, Teddington;

25, Rosemont Road, Richmond;
 8, Briar Road, Twickenham;
 36, First Avenue, Mortlake, S.W.14;
 50, Hampton Road, Twickenham;
 10, Katherine Road, Twickenham;
 14, Wades Lane, Teddington;
 61, Pagoda Avenue, Richmond;
 52, Park Road, Hampton Wick;
 65, Park Road, Hampton Wick;
 67, Park Road, Hampton Wick;
 20, St. John's Road, Richmond;
 64, Hampton Road, Teddington (Basement);
 7, Springfield Road, Teddington;
 9, Springfield Road, Teddington;
 149, Church Road, Teddington (Basement);
 21, Blackmores Grove, Teddington;
 310, Richmond Road, Twickenham (Basement, Right);
 51, Bushy Park Road, Teddington;
 12, First Cross Road, Twickenham;
 228, Kingston Road, Teddington (Ground Floor and Basement);
 7, Little St. Leonards, Mortlake, S.W.14 (Basement);
 12, Stanmore Road, Richmond;
 54, Lion Road, Twickenham;
 43a, Onslow Road, Richmond.

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

Closing Orders and Undertakings

5, Katherine Road, Twickenham;
 2, Andover Road, Twickenham;
 50b, Church Road, Richmond (Basement);
 25, Holly Road, Twickenham (*Undertaking*);
 1, Katherine Road, Twickenham;
 7, Albany Passage, Richmond;
 46, York Road, Teddington;
 16, Marsh Farm Road, Twickenham;
 10, Ashley Road, Hampton;
 17, Audley Road, Richmond;
 152, Colne Road, Twickenham;
 111, Church Road, Richmond (No. 2b, Basement);
 90, Hounslow Road, Whitton;
 55, North Lane, Teddington;
 69, Park Road, Teddington;
 14, Wades Lane, Teddington;
 2, Yarrell Cottages, Ham Street, Ham (*Undertaking*);

25, Rosemont Road, Richmond;
 36, First Avenue, Mortlake, S.W.14;
 50, Hampton Road, Twickenham;
 10, Katherine Road, Twickenham;
 61, Pagoda Avenue, Richmond (*Undertaking*);
 52, Park Road, Hampton Wick;
 20, St. John's Road, Richmond;
 64, Hampton Road, Teddington (Basement);
 149, Church Road, Teddington (Basement);
 21, Blackmores Grove, Teddington;
 69, Park Road, Teddington;
 310, Richmond Road, Twickenham (Basement);
 51, Bushy Park Road, Teddington;
 12, First Cross Road, Twickenham;
 7, Little St. Leonards, Mortlake, S.W.14 (Basement).

Demolition Orders

9 and 10, Manor Road, Twickenham;
 6, 8, 10, 12, 14 & 16, Adelaide Road, Richmond;
 1 & 3, Adelaide Road, Richmond;
 52, Park Lane, Teddington;
 19, 21, 27 & 29, St. Mary's Grove, Richmond;
 92, 94/94a, Hounslow Road, Whitton;
 8, Briar Road, Twickenham.

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

17, Mount Ararat Road, Richmond;
 37, Onslow Road, Richmond;
 13, Gloucester Road, Teddington;
 316, Kew Road, Richmond;
 113, 115, 117 & 119, Kneller Road, Whitton (Demolition Order revoked);
 61, Pagoda Avenue, Richmond (*Undertaking cancelled*);
 4/5, Queens Bench Cottages, Station Road, Hampton;
 45a, Onslow Road, Richmond;
 55, North Lane, Teddington.

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

208, St. Margarets Road, Twickenham;
 17, Thames Street, Hampton.

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

86, Colne Road, Twickenham;
 23, Coombe Road, Hampton;
 25, Coombe Road, Hampton;

- 21, Coombe Road, Hampton (Owner/Occupied);
 15, Watts Lane, Teddington;
 11, Tudor Road, 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 240 dwellings after informal consultation with the owners, and 77 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	...	...	...	...	6
(c)	Dwellings demolished after Clearance Orders made	...	...	...	...	1
(d)	Dwellings represented for Demolition or Closing Orders	...	...	...	...	50
(e)	Undertakings received to carry out repairs	...	...	...	...	3
(f)	Closing Orders made in respect of —					
	(i) Whole of building	...	...	...	...	22
	(ii) Part of building	...	...	...	...	6
(g)	Demolition Orders made	...	...	...	...	18
(h)	Closing Orders determined on a building being made fit	...	...	...	...	8
(i)	Demolition Orders revoked	...	...	...	...	4
(j)	Undertakings cancelled on a building being made fit	...	...	...	...	1
(k)	Dwellings in which defects were remedied after service of formal notice	...	...	...	...	77
(l)	Dwellings in which defects were remedied after informal action	...	...	...	...	240

(2) HOUSES IN MULTIPLE OCCUPATION

The Housing Act, 1969, Part IV, contains a new definition for a house in multiple occupation being "a house which is occupied by persons who do not form a single household", the former definition referring to "a house which is occupied by members of more than one family".

Some difficulty had arisen in the past in houses occupied by persons all claiming some family relationship where, on inspection, it seemed clear that there were a number of households sharing unsatisfactory domestic facilities. The new definition enables local authorities to improve conditions in these properties.

The new Act also gives an additional power to local authorities to close any part of a house in multiple occupation which is not provided with adequate means of escape in case of fire and cannot be provided with such means at a reasonable expense.

The Housing Officer has continued to refer cases where applications for rehousing indicated multiple occupation problems. His co-operation in this aspect of unsatisfactory housing has enabled action to be taken with a minimum of hardship to the occupants.

Further progress has been made in implementing the Council's standard in these houses, and as owners show willingness to adopt these reasonable provisions for multiple lettings after informal consultation, fewer statutory proceedings have been necessary.

Formal action taken during the year is shown below :

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

(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	1964/68	1969
1. Number of applications for Certificates	668	26	1
2. Number of decisions not to issue Certificates	24	2	—
3. Number of decisions to issue Certificates:			
(a) in respect of some but not all defects	520	10	—
(b) in respect of all defects ...	124	14	1
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	415	16	—
5. Number of undertakings refused by Local Authority under pro- viso to paragraph 5 of the First Schedule	3	4	—
6. Number of Certificates issued ...	252	12	1

Applications for Cancellation of Certificates:

7. Applications by landlords to Local Authority for cancellation of certificates	134	17	6
8. Objections by tenants to cancel- lation of certificates	54	3	—
9. Decisions by Local Authority to cancel in spite of tenant's objection	18	3	—
10. Certificates cancelled by Local Authority	98	17	6

(4) QUALIFICATION CERTIFICATES

The Housing Act, 1969, Part III, establishes a new procedure whereby a controlled tenancy may become a regulated tenancy with a corresponding increase in rent.

The main conditions are that the house is (a) provided with all the standard amenities (a fixed bath or shower, a wash-hand basin, a sink, hot and cold water supplies to these fittings, and a water closet within or entered from within the house); (b) in good repair having regard to its age, character and locality (disregarding internal decorative repair) and (c) in all other respects fit for human habitation.

It is necessary for the landlord to apply to the Council for a Qualification Certificate and the house is then inspected to ensure that the foregoing conditions are complied with. The Certificate may be granted, provisionally granted (if work to meet the conditions has been specified in the application), or refused. Both tenant and landlord have right to appeal to Court and the landlord, when granted a Qualification Certificate, may then apply to the Rent Officer for the registration of a fair rent.

At the end of 1969, the first applications under the Act were being received.

(5) MEDICAL PRIORITIES

All applications for rehousing on medical grounds, when supported by a medical certificate, are referred by the Housing Officer for investigation.

A new system of classification was introduced in July 1968. It aimed at assisting the Housing Sub-Committee by giving more guidance as to the degree of urgency for rehousing.

During the year medical priority was awarded in 115 cases and 63 families were found suitable accommodation during the same period, which represents approximately 8½% of the total number rehoused.

2. INSPECTION AND SUPERVISION OF FOOD

(1) FOOD INSPECTION

Recently there has been an increase in the volume of container traffic for the importation of food and this trend is likely to continue. One of the essential features of this type of traffic is rapid off loading at the port and speedy delivery to the area at which the food is to be received. If, however, all foods had to be inspected at the port of entry delays would inevitably occur. In order to facilitate the working of the system, and still retain adequate health control, The Imported Food Regulations, 1968 permit an authorised officer of the local authority of the area into which the food is imported to either examine the food at that point or allow it to be delivered to the place of destination without being examined at the place of entry. If he adopts the latter course he must, as quickly as possible, notify the local authority of the area to which the food is to be delivered and, at the same time, obtain a written undertaking from the importers that the containers have been sealed and will not be opened until they reach the place of destination. The local authority of the place of destination then becomes responsible for the examination of the food. Consignments of meat under these circumstances are being received by two firms in the Borough and examination is carried out by an officer from this department.

During the year there were 104 complaints alleging unfitness or other irregularities in food compared with 102 in 1968. Although the nature of the complaints varied, in the main they related to foreign bodies in food, mould affected food and to food which the complainant considered had unusual appearance or palatability.

Two complaints of pieces of glass in tinned salmon were found to be the crystalline form of magnesium ammonium phosphate, known as struvite. This chemical can be found in a natural state in salmon but under certain circumstances after canning it develops into a crystalline form which has the appearance of glass.

A complaint was received of worms in cod. These particular threadlike worms are occasionally found encysted in such fish as cod, coalfish, hake and pollack but normally no external signs of their presence are evident even when in large numbers. They can, however, be readily seen when the fish is cut and, although it is considered that they do not affect the consumer as they are destroyed in cooking, heavily infested fish are regarded as being unfit for human consumption.

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. Nineteen complaints of mould in such types of food were received.

In one particular instance an unusual type of mould was identified on bread. The bread was a type of wrapped long life loaf, the major part of which was eaten by the complainant during four to five days after purchase. On the last day of use the remaining slices were found to be covered with a profuse growth of salmon pink mould. Examination revealed that the mould was a comparatively rare sub-tropical type called *Monilia sitophila* or "pink bread mould". This mould requires both a moderately high temperature and high humidity for growth but, after initial infection by the air-borne spores and under optimum conditions, it is possible for a loaf to become extensively affected within 36 hours. The spores usually fail to develop under the normal temperatures and humidity in this country. It was considered that infection occurred after the wrapper had been removed and that the very warm atmosphere in the complainant's kitchen where the bread had been kept provided ideal conditions for the rapid development of the mould.

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

1. A grocer was fined £10 with £6. 6s. 0d. costs for selling a soup tablet containing an insect.
2. A grocer was fined £7. 7s. 0d. with £3. 3s. 0d. costs for selling a beef pie affected with mould.
3. A manufacturer was fined £10 with £7. 7s. 0d. costs for selling lemonade containing a slug.
4. A baker was fined £25 with £10. 10s. 0d. costs for selling a loaf of bread containing a particle of rodent faeces.

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 examination:—

Baby Foods (tins) ...	36	Meat (lbs.) ...	3874
Beverages (Pkts. & jars) ...	224	Meat (tins) ...	468
Biscuits & Cakes (pkts.) ...	526	Meat (pkts.) ...	1097
Butter (lbs.) ...	12	Meat Extracts (jars) ...	127
Cereal (pkts.) ...	356	Milk (Evaporated) (tins) ...	141
Cheese (pkts.) ...	40	Oil (bottles) ...	76
Chicken (whole) ...	74	Pastry (pies, etc.) ...	1298
Fish (pkts.) (Frozen) ...	2928	Pickles, Sauces (bottles and jars) ...	285
Fish (tins) ...	434	Preserves (jars) ...	117
Fish (wet) ...	176	Puddings (tins & pkts.) ...	905
Fruit & Fruit Juices (tins) ...	3303	Sausages (pkts.) ...	85
Ice Cream (Cartons) ...	115	Soups (tins & pkts.) ...	295

Sugar (lbs.)	...	...	...	62	Miscellaneous (unlabelled tins,			
Sweets (Chocs., Lollies, etc.)	...	...	...	187	bottles and pkts.)	...	...	291
Vegetables (Tins & pkts.)	...	...	...	6705				

(2) FOOD PREMISES

The routine inspection of food premises is still an important duty to ensure that satisfactory standards are maintained. Although better designed premises and equipment, which are capable of being more readily cleansed, are being introduced there is still the problem of the food handler. The advantages gained by providing well designed food premises and equipment can be lost unless food handlers practice good standards of hygiene. For many years there has been an increase in the amount of communal feeding in industrial and office canteens and restaurants and the need for the hygienic storage, preparation, cooking and handling of food is more essential than ever. This of course also applies in the home.

Food technology is rapidly advancing to meet the demands of increasing quantities and variety of presentation of food, in particular convenience foods. The modern techniques of accelerated freeze drying and quick freezing are of considerable advantage to the producer, retailer, caterer and housewife not only because of the keeping qualities of the food but also because of the all-year availability of seasonal foods and the convenience of preparation. It is now envisaged that because of these modern techniques a new form of service will be extended to the housewife. Some companies are developing the practice of encouraging housewives to install deep freeze cabinets capable of holding a month's, or more supply of a variety of food which is delivered to the home. The advantages claimed are that by buying in bulk quantities the food can be supplied at reduced prices, that time spent in shopping can be lessened and that a variety of food is always readily available at the home. The advantages may be welcomed by many housewives but in order to eliminate as far as possible any health hazards it is essential that the food, particularly that of animal origin, is properly stored at all times, adequately thawed out before cooking and finally cooked for a sufficient period at the right temperature.

In the latter part of the year a new food processing factory was opened in the Borough by a company which operates a complete catering service. A wide variety of foods is cooked, deep frozen and stored at the factory until required for use. Storage is for a limited period so that the quality of the food is not impaired. The food is eventually delivered in insulated vehicles to hospitals, schools, factories and offices where it is finally prepared for serving by the company's own staff. The factory is well designed and provided with modern equipment and high standards of hygiene are practised. Qualified staff at a laboratory on the premises are constantly engaged in carrying out bacteriological and other examinations on the foods during the various stages of preparation, production and storage.

Although the system of bulk delivery of beer by road tankers has been in use for some years there is now evidence of an increase in this type of delivery in the Borough. The system has certain advantages over delivery by kegs, but these are still used for the types of beer for which there is a lesser demand than that delivered in bulk. In order to prevent bacterial growth or enzyme production, to preserve the palatability of the beer and ensure that it has a good life, it is essential that equipment of the right materials is used and that strict hygienic control measures are adopted.

Kegs, normally of five or ten gallons capacity, are made of stainless steel, or of aluminium internally lined with an epoxy resin which gives the interior a vitreous enamel type of finish. These are delivered sealed to public houses and similar places and until tapped the beer will remain in good condition for some time. Depending on conditions such as cleanliness and temperature, the life of the beer after tapping is about 14 days. When required for use the keg is unsealed, connected to the bar delivery tubes and to a cylinder of carbon dioxide which is used to force the beer through to the bar taps. After use the kegs are returned to the brewery for steam sterilisation before

being refilled. The bar delivery tubes, which are made of plastic or nylon, together with the bar taps are sterilised at least once a week. This is carried out by using a sterilant which is forced into the tubes by carbon dioxide, held there for approximately 30 minutes and then run out to waste. The tubes and taps are finally rinsed with hot and cold water.

For large bulk supplies the beer is delivered by road tankers made of stainless steel. Hoses connected to the tankers deliver the beer to fixed vessels in the cellar. Road tankers, hoses and ancillary equipment are steam sterilised daily at the brewery. Different types and sizes of vessels are used for beer delivered by this method. One type of vessel, capable of holding 36 gallons, is made of stainless steel. Before each delivery of beer the vessel is brushed out with a sterilant which is then left in the vessel for approximately 30 minutes. The sterilant is then run to waste and the vessel finally rinsed with hot and cold water and allowed to dry off. Larger vessels capable of holding 90 and 180 gallons of beer are also used. These are made of aluminium internally lined with an epoxy resin and the method of sterilisation applied is similar to that for the 36 gallon vessels except that, in order to avoid damage to the epoxy resin lining, the sterilant is jetted in and not brushed. In the methods of storage described the beer is in direct contact with the interior surface of the vessel and conveyed to the bar taps by carbon dioxide being pressurised into the beer.

A more modern development has now been introduced in which sealed sterile plastic bags are used in conjunction with the larger 90 or 180 gallon vessels. A sealed sterile bag is placed into each vessel in which a sterile "tank door" pierces the sealed bag when fixed. When the bag is sufficiently filled with beer the bar delivery tubes are connected to a nozzle on the "tank door". The beer is conveyed to the bar taps by air being forced under pressure into the space between the inside of the vessel and the bag. For each delivery a new sterile bag together with a sterile "tank door" is used. By using this system the beer does not come in contact with the vessel with the result that sterilisation of the vessel becomes unnecessary.

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	26	25	26	25	133
Butchers' Shops	126	124	126	126	467
Confectioners (Flour)	68	67	—	—	156
Confectioners (Sugar)	264	264	—	—	371
Dairies	6	6	6	6	21
Fishmongers and Poulterers	37	37	37	37	112
Fried Fish Shops	26	25	26	26	76
Greengrocers and Fruiterers	137	136	137	136	406
Grocers	305	299	305	305	849
Ice Cream Premises—Manufacture	8	8	8	8	124
Ice Cream Premises—Sale and Storage	571	571	—	—	
Public Houses and Licensed Premises	245	240	245	241	504
Restaurants, Cafes and Canteens ...	359	351	359	355	1224
	2178	2153	1275	1265	4443

* 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 6 persons and 1 premises were registered.

Legal proceedings were taken in 10 cases in respect of food premises and food stalls which failed to maintain proper standards with the following results:—

1. A wholesale butcher was fined £40 with £5 5s. 0d. costs in respect of 4 summonses.
2. A grocer was fined £10 with £3 3s. 0d. costs in respect of one contravention in April 1969 and 5s. 0d. per day for 56 days (£14) with £2 2s. 0d. costs for a similar offence in July 1969.
3. A restaurant proprietor was fined £12 with £5 5s. 0d. costs.
4. An ice-cream vendor was fined £30 and £2 with £4 4s. 0d. costs.
5. An ice-cream vendor was fined £3.
6. An ice-cream vendor was fined £32 with £2 2s. 0d. costs in respect of 2 ice-cream vehicles.
7. A stallholder was fined £15 with £10 costs.
8. An ice-cream vendor was fined £18 with £6 costs.

(3) FOOD SAMPLING

The routine sampling of food and drugs for chemical analysis and bacteriological examination was maintained throughout the year. Samples for chemical analysis were submitted to the Public Analyst and those for bacteriological examination to the Public Health Laboratory Service. The invaluable help and advice given by the Public Analyst and the staff of the Public Health Laboratory Service substantially contributed to the effectiveness of the sampling. A wide variety of samples was taken and particular attention was given to the sampling of products for which there are legal standards and to those products manufactured in the Borough. These specifically included meat pies and sausage rolls, standards for which are prescribed in The Meat Pie and Sausage Roll Regulations, 1967. The year 1969 was the first full year for the operation of these Regulations. In May 1969, The Sausage and Other Meat Product Regulations, 1967 also became operative and specified requirements for the composition of products defined in the Regulations. Samples of food manufactured in the Borough, and coming within the scope of both these sets of Regulations, were in general reported upon as being satisfactory.

Some samples were taken as a result of complaints from members of the public.

One complainant was of the opinion that satsumas in a particular shop in the Borough had been imported in a green condition and had been dyed to give them a more ripe appearance. A sample was taken but the nature of the complaint was not substantiated as the sample was reported upon as being genuine.

A complaint was also received from a person who alleged that he had been served in a public house with whisky which had been diluted with water. A formal sample was taken but upon analysis it was found to be genuine.

A can of rice and curry was also the subject of complaint. The consumer considered that the list of ingredients on the can was false as the product did not contain pineapple as indicated, that the quantity of beef and sultanas was negligible compared with the amounts shown on the illustration on the can and that therefore the illustration was misleading. A sample of the product was taken but the Public Analyst was satisfied that there were no contraventions and considered the sample to be genuine.

During the year 467 samples were submitted for chemical analysis and of these 16 were considered to be irregular. The following table shows the types of samples analysed and the results obtained:—

Article.	Number Analysed	Number Irregular
Artificial Sweeteners	3	—
Beverages	13	1
Baking Powders	5	—
Cereals	9	—
Drink and Drink Ingredients	32	1
Drugs and Medicines	18	1
Farinaceous Products	6	—
Fats and Oils	17	—
Fish and Fish Products... ..	20	1
Flavourings and Essences	10	—
Flour and Flour Confectionery	27	—
Food Colourings	5	1
Fruit and Fruit Products	19	2
Jellies and Gelatines	11	—
Marzipan	12	—
Meat and Meat Products	110	5
Milk and Milk Products	36	1
Mustard	10	—
Pickles, Sauces and Vinegar	22	—
Preserves	10	1
Salad Cream and Mayonnaise... ..	10	—
Savoury Spreads	2	—
Soups	1	—
Spices, Herbs and Seasonings... ..	19	—
Chocolate and Sugar Confectionery	27	1
Vegetables and Vegetable Products	10	1
Miscellaneous	3	—
Total ...	467	16

The irregular samples comprised:

Rooitee.

This was a sample of a product used to make a beverage similar to tea, the labelling of which contravened the Labelling of Food Order, 1953. No further stocks were found at the retailer's premises where the sample was procured, nor could the retailer trace the importers of the product as it had been obtained by the previous occupier of the shop.

Blackcurrant Lemon Drink.

The content of Vitamin C on the label of this product was 150 milligrams per fluid ounce but upon analysis was found to contain 136 milligrams per fluid ounce. The sample was also found to contain numerous lumps. It was considered that the loss in Vitamin C and the change in consistency was due to the product being kept too long before sale. The retailer was informed and remaining stocks of the product were withdrawn from sale.

Ferrous Succinate Tablets.

The amount of ferrous succinate in these tablets was not stated on the label. Stocks of the product at the retailers were withdrawn from sale and subsequent containers were found to be satisfactorily labelled.

Smoked Salmon Paté.

This sample was found to contain 46.9 per cent of fish although in the opinion of the Public Analyst the fish content should have been 70 per cent. The manufacturers were informed subsequent to which it was ascertained that they had ceased manufacturing the product. No further stocks were available at the retailer's shop.

Cochineal Food Colour.

The container of this product did not bear a statement in the form required by The Colouring Matter in Food Regulations, 1966. Stocks of the product were withdrawn from sale from the retailer's shop and an appropriate label was agreed upon with the manufacturers.

Condensed Tomato Puree.

A sample of this product which was manufactured abroad was found to contain 330 parts per million of tin and had a strong metallic flavour. In the opinion of the Public Analyst the tin content of tomato puree should not exceed 100 parts per million. A second sample was taken and found to contain 210 parts per million of tin and also had a strong metallic flavour. Subsequent to this stocks of the product were withdrawn from sale at the shop. The importers were informed and took up the matter with the manufacturers abroad.

Frankfurter Sausages in Brine.

This was a product manufactured abroad, which upon analysis was found to contain 64.5 per cent of meat. In accordance with The Sausage & Other Meat Regulations, 1967, frankfurters in brine should contain not less than 70 per cent of meat calculated on the drained weight of the sausage. The importers were informed and the result of the analysis was sent to the factory abroad. The deficiency was considered to be an isolated case as figures submitted by the manufacturers on their own analytical control measures showed that the meat content of the product was normally above 70 per cent. A repeat sample was taken and this was found to be satisfactory.

Stewed Steak with Gravy.

This sample contained 66 per cent of meat although the minimum amount required under The Canned Meat Product Regulations, 1967 is 75 per cent. This deficiency was considered to be due to inadequate mixing at the factory. A repeat sample was taken and found to be satisfactory.

Cornish Pasty.

This pasty was made with a filling of minced meat and mashed potatoes whereas it was considered that a cornish pasty should contain a filling made from diced potatoes, small pieces of meat and onion. The manufacturer, a baker in the Borough, was informed of the irregularity but, as a result of a letter from him stating that he had disposed of his business, no further action was taken.

Cornish Pasties.

These pasties were found to contain 10.7 per cent of meat instead of a minimum of 12½ per cent of meat as required by The Meat Pie & Sausage Regulations, 1967. The manufacturer, a baker in the Borough, was informed of the irregularity and discontinued making the product.

Preserved Pork Sausages.

This product, manufactured by a butcher in the Borough, was found to contain 60.9 per cent of meat. In accordance with The Sausage & Other Meat Product Regulations, 1967, pork sausages must contain not less than 65 per cent of meat. The manufacturer considered that the irregularity was due to inadequate mixing. A repeat sample was taken and reported as being genuine with a meat content of 67 per cent.

Skim Milk Powder.

This sample was found to have a moisture content of 6.8 per cent, but by virtue of The Dried Milk Regulations, 1965, the maximum allowed is 5 per cent. The manufacturing retailer was informed and it was considered that the irregularity could have been caused by unsatisfactory storage.

Peach Preserve.

This product was found to contain 31 per cent peach fruit instead of 40 per cent as required by The Food Standards (Preserves) Order, 1953. The manufacturers were notified and stocks of the product at the shop were withdrawn from sale. The authority in whose area the preserve was manufactured was informed of the irregularity and a check sample was taken by them. This was reported upon as being satisfactory. The manufacturers altered their method of processing by using smaller pieces of fruit so as to ensure a more even distribution of the fruit in order to obviate a deficiency in isolated jars.

Chocolate Vermicelli.

The ingredients of this product were not appropriately listed on the label as required by The Labelling of Food Order, 1953. The manufacturers were informed and arrangements were made for satisfactory labels to be introduced.

Fecule de pomme de terre.

This was a sample of potato starch. The illustration of an iced sandwich cake on the carton taken in conjunction with the absence of a title in English was considered to be misleading to the ordinary purchaser. The importers were informed as a result of which an amended carton with the name of the product printed in English was brought into use.

(4) MILK SUPPLIES AND SAMPLING.

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

Ultra Heat Treated	...	...	38
Pasteurised	...	...	102
Sterilised	...	...	63
Untreated	...	...	30

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.

All the 59 samples of milk examined satisfied the prescribed tests. In addition 13 samples of milk examined for the presence of brucella abortus and mycobacterium tuberculosis were found to be negative.

(5) ICE-CREAM MANUFACTURING AND SAMPLING.

There are 8 manufacturing establishments in the Borough and 571 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 where a sterilised mix is used and the process of manufacture completed by freezing only.

The sampling of ice-cream was concentrated on the manufacturing premises, cafes and restaurants from which loose ice-cream was being sold. Of 211 samples examined 169 were reported upon as being satisfactory. The inadequate sterilising of equipment was generally found to be the cause of the unsatisfactory results. In such instances advice was given as a result of which, by carrying out more efficient methods of sterilising equipment, subsequent samples were found to be satisfactory.

(6) OTHER FOODS.

Of 204 bacteriological samples of other foods comprising such products as cooked meats, pies, sausage rolls, fish products, cream cakes, natural and artificial creams, all were reported upon as being satisfactory with the exception of three samples of fresh cream. These failed to satisfy the methylene blue test which is a test applied to assess

the bacterial contamination and keeping quality of fresh creams. Investigations regarding the unsatisfactory results were carried out and improved results were obtained.

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

There are no pasteurisation plants in the district. Nine samples of liquid egg were taken from bakehouses and 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. 10 Order ...	...	224	1,574	76
Richmond	No. 10 Order ...	...	200	639	14
Twickenham	No. 8 Order ...	...	203	2,535	191

There are now 12,264 acres including 57,141 premises subject to Smoke Control Orders. During the year, the following Order was made, which will become operative on 1st October, 1970.

			Acreage.	Number of Dwellings.	Number of other Premises.
Twickenham	No. 9 Order ...	...	653	4,642	418

The assurances given in the past by the Gas Boards that adequate supplies of gas coke would be available for smoke control areas made before late 1966 were not being honoured and at the end of the year most distributors were no longer stocking this fuel. No doubt there was a small tonnage sold but this was not readily available to the householder. This is understandable for less and less gas in the area is produced from coal and very soon there will be none produced from this raw material.

The decreasing production of gas coke is being matched by increased manufacturing capacity for the supply of Homefire, Coalite, Rexco and Sunbrite, and there would have been ample supplies but for certain difficulties. Unfortunately, these difficulties resulted in a very tight supply situation for mainly open fire fuels. Although there was a plentiful supply of Sunbrite, which is a hard coke, there was a certain amount of speculation in the press about the shortage of the other authorised solid fuels but fortunately the situation was eased as a result of the milder weather before Christmas. During this period only two members of the public complained to the department about difficulties in getting fuel and even so they were not long without a supply.

Section 9 of the Clean Air Act 1956 came into force on 1st April 1969 and prohibits any person from acquiring unauthorised fuel for use in a building or fireplace in a Smoke Control Area. This section also prohibits the sale by retail delivery of unauthorised solid fuel in an area. The section does not however prevent a retailer from making a sale across the counter and some retailers in the centre of smoke control areas, and some distance from districts where coal can be legally burnt, were found to be selling bags of coal. The attention of these retailers was drawn to the provisions of the section and they were asked, in view of the many hundreds of thousands of pounds expended by the community to reduce atmospheric pollution, if they would, as a public spirited gesture, stop such sales. In all instances the retailers were co-operative enough to discontinue selling bituminous coal.

Householders continue to have freedom of choice, for grant purposes, in the selection of replacement appliances. During the year, for the first time since 1964, grants

were also available for direct acting electric space heaters (electric fires), but few applicants chose such appliances, mainly it was considered, because of the expense in running them.

Listed below are the type of appliances selected during the year compared with the previous three years:

Appliance Selected				1969	1968	1967	1966
Gas Room Heaters ...	...	...	...	65%	69%	66%	51%
Open Fires ...	...	...	...	19%	14%	19%	33%
Solid Fuel Heating Stoves ...	...	...	...	9%	12%	10%	14%
Electric Storage Heaters ...	...	...	...	5%	5%	5%	2%
Electric Fires ...	...	...	...	2%			

The Gas Room Heater was still the first choice but, due to some active canvassing of the householders by solid fuel interests, there has been a greater number of people retaining the use of an open fire.

It seems that in choosing an appliance most people have regard firstly to the ease of operation, the actual running cost being a secondary consideration. Older citizens were generally more likely to choose open fires because they were more accustomed to them and did not feel so apprehensive as they would of a newer, different type of appliance.

Concerning the running costs, it is interesting to compare the following figures arrived at, using as a basis the appliance efficiency and annual fuel consumption set out in the White Paper "Domestic Fuel Supplies and the Clean Air Policy" presented to Parliament in 1963 by the then Minister of Power.

Estimated average weekly cost of providing the same amount of room heat as would be provided by burning 50 cwt. of Bituminous coal per annum.

FUEL.			APPLIANCES.			1969.	1966.
Coal ...	...	...	Stool and Fret ...	...	...	13/5	12/9
Gas Coke ...	...	...	Improved Open Fire ...	...	...	12/8	11/9
Hard Coke ...	...	...	Openable Room Heater ...	...	...	8/9	8/-
Gas ...	...	...	Gas Room Heater ...	...	...	11/1	9/11
Electric ...	...	...	Electric Fire ...	...	...	18/-	15/8
Electric ("D" Tariff)	...	...	Electric Storage Heater ...	...	...	8/6	8/1
Paraffin ...	...	...	Fixed Flued Heater ...	...	...	8/2	8/2

The disposal of waste material by burning in the open causes considerable inconvenience and is often a nuisance to the inhabitants of the neighbourhood. Now that more residents live in Smoke Control Areas, an increasing number of individuals are finding their neighbours' practice of burning garden and other refuse objectionable. Most of the complaints about bonfires are received in the summer when windows are opened and people sit outside. Generally the person committing the offence is unaware that he is causing any annoyance and is often himself trying to solve a personal problem of what to do with the increasing bulk of domestic and other refuse, being unaware that the Council will remove all household refuse and will, in addition, receive refuse at nominated depots in the Borough.

During the year the Clean Air Act, 1968 came into full operation. Section 1 of this Act prohibits the emission of dark smoke due to open burning on any industrial or trade premises. The Minister of Housing and Local Government made Regulations which exempted, amongst others, the emissions resulting from burning waste materials during the demolition of buildings or the clearance of sites. This is a great disappointment as such activities are a constant source of complaint and seldom in the past could any effective action be taken. It appears this unfortunate situation will continue until such time as the community at large decide that it does not want any open site burning

and is prepared to pay directly, or indirectly, for the extra cost of a disposal system which will not pollute the atmosphere.

Section 6 of the 1968 Act, because it applies to furnaces having an input of $1\frac{1}{4}$ million B.Th.U.'s. or over, has only been applicable to six chimneys. Because of the costly tall chimneys required should there be a significant amount of sulphur in the proposed fuel, there has developed the trend, after learning of the height required, of proposing the use of a lower sulphur content fuel — or even going over to gas firing which, to all intents and purposes, is sulphur free. If this trend continues this will result in a further reduction of the sulphur compounds polluting the atmosphere.

Generally there is no difference between the interests of cleaner air and planning control, for the general purpose of both is an improved environment. A proposed chimney on the lower slopes of Richmond Hill had to be tall enough to avoid the effluvia being prejudicial to health or cause a nuisance to the inhabitants of the dwellings above the factory. Because of the steep slope of the hill and the tall buildings on the edge of the escarpment the structure had to be so exceedingly tall that it could be considered most unsightly. Faced with this problem the owners of the factory, with considerable regard to the feelings of their neighbours and the public at large, decided to use gas as a fuel and so avoid causing nuisance and offence.

Earlier in the year residents in Defoe Avenue, Kew, had experienced the unpleasant affects of acidic smuts which were being discharged from the newly erected chimney serving the Government Buildings at Ruskin Avenue. The attention of the Ministry of Public Buildings and Works was drawn to these complaints and an assurance was given that the Ministry was well aware of the problem, which was under urgent investigation. After establishing the optimum operating temperatures and adapting the boilers to burn a light grade fuel oil, the plant, much to the relief and satisfaction of the neighbours, has not, since the initial starting up period, emitted any smuts.

A householder close to a hospital was frequently finding heavy deposits of ash and carbonised flakes of bandages and paper in his yard enclosure. This material was being discharged over the immediate neighbourhood and originated from an antiquated and primitive incinerator which was also producing smoke in contravention of the provisions of the Act relating to smoke control areas. The Hospital Management Committee, after two informal approaches, failed to take any apparently effective steps to ease the problem and consequently the attention of the Department of Health and Social Security had to be drawn to the continuing source of pollution. This resulted in the installation of a sophisticated gas fired incinerator fitted with an after burner and it is hoped that this plant will be commissioned in the early part of 1970.

During the year three "Fulgora" stoves were installed to heat a large building in the Borough. These appliances are designed to burn clean wood waste only and are subject to "The Smoke Control Areas (Exempted Fireplaces) Order 1959" which permits their use in smoke control areas. Shortly after fitting a complaint was received about the smoke being emitted but since the conditions of exemption were being complied with there was no offence.

Twenty-five complaints were received alleging contravention of smoke control orders, eighteen of which proved to be valid. Immediate remedial action was taken after informal approaches to the persons found to be at fault.

Two incinerators were found which had been installed without any proper notification under Section 3 of the Act but what was more serious was the fact that they were not capable of being operated continuously without emitting smoke. This was because of their poor design and it was disturbing to find in both these instances that the salesman had omitted to inform the buyers that the installation should be notified to the Council. The purchasers of these incinerators both agreed to discontinue their use.

There are now five stations operating within the Borough (one at each of the following locations — Barnes, Hampton, Teddington, Kew and Whitton). It became necessary with the agreement of the Warren Spring Laboratory to discontinue operation of Teddington No. 3 on the 31st March, 1969. Three of these stations are operated by the Health Department and the other two by Central Government Departments.

The following table gives processed daily average figures over the year, so far available for seven years up to March, 1969.

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
1968	35	106	42	110	56	115	49	122
1969	37	103	45	116	43	116	41	105

The level of pollution would now appear to be approaching a stable level and the slight variations might well be accounted for by climatic conditions.

4. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

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	711	702
Retail Shops	1,228	1,113
Wholesale Shops	46	36
Catering Establishments	209	177
Fuel Storage Depots	3	2
	2,197	2,030

Part 1 — Registrations and Inspections

Initial registrations and inspections being completed and original contraventions abated, the functions of the officers administering the Act are now clearly to maintain the standards reached and to encourage wherever possible the raising of them.

Administration of the Act now has four clear facets:

- Systematic routine re-inspection of registered premises;
- The inspection of new, newly renovated or changed business premises;
- The investigation of accident reports and complaints;
- The supervision of the newly imposed Hoists and Lifts Regulations.

ROUTINE RE-INSPECTIONS

These are maintained at a steady pace on a systematic basis aiming at a reasonable maximum coverage. During 1969 the proportion of premises on the register at the end of 1968 which were re-inspected during the year was almost exactly 80%. It is anticipated that with the present staff it will be possible to maintain a future re-inspection coverage of 65 — 70% ensuring that every registered premises will be visited at least once in each two year period.

Where contraventions are found to exist an informal notice is served, followed, at reasonable intervals, by a reminder and finally, after Committee approval, a 14 day warning issued by the Town Clerk and prosecution where necessary. Verbal warnings in cases of comparatively minor infringements are, in our experience, not generally of value. Personal interviews and persuasion are readily adopted to clear up misconceptions and to provide technical advice but precise documentation of each step avoids misapprehensions and disputes.

NEW BUSINESSES

In the case of new or renovated premises or change of occupants, the aim is to encourage consultation by the prospective occupiers with our staff before extensive, and often expensive, work is carried out. Business executives or their consultants are aware of the need to obtain approval of their proposals for Planning and Building Regulations purposes but they are often surprisingly ignorant of the possible impact of the Offices, Shops and Railway Premises Act (and in some cases the Food Hygiene Regulations) upon their plans.

It is exceptional to receive an OSR 1 form prior to the opening of the establishment and in this matter Section 49 has proved to be rather naively optimistic in its phrasing viz: "Before a person first begins to employ persons" etc., he must supply details on OSR 1. In consequence by far the greatest number of premises changing hands are re-registered as a result of observation by the officer on his district or by a follow-up to information of plans submitted for Planning approval.

REGISTRATION OF CONCESSIONAIRES

It is a not unusual practice for large departmental stores to grant concessionary use, upon suitable terms, of parts of their sales floors to commercial firms as exclusive retail outlets for their own goods or services. The concessionaires employ their own staff directly at these sites but they are able to avail themselves of all the facilities, amenities and privileges provided by the store for its own staff.

Some measure of protest was received from a few concessionaires when asked to complete an OSR 1 as separate employers. It was considered that as separate employers, occupying separate retail areas, albeit sharing premises, registration was necessary. A number of concessionaires in a store could together employ a significant number of employees who could not accurately be included in the total of store employees but their numbers might have an effect on the required number of toilet facilities, the employment of trained first aid persons, etc. In any event the provision of washing facilities, toilets, etc., by the store may relieve the concessionaire of these obligations but there are a number of requirements of the Act for which the concessionaires must themselves accept responsibility within the area of their concession, e.g. Section 13 — seating, Section 16 — safety, etc.

Part II — Operation of the Act

TEMPERATURE

The problem of maintaining a reasonable temperature arises each winter, more especially in those shops where managerial policy firmly insists on the ever-open-door as an invitation to customers. During periods of strong cold winds this practice often makes it impossible to maintain a tolerable internal temperature and there is no doubt that managers should be allowed greater flexibility in this matter.

In supermarkets the checkers-out are usually in a particularly vulnerable position adjoining doors constantly being opened. A little more thought on this problem in the initial planning stages might ensure a more reasonable working temperature for these employees.

VENTILATION

Perhaps predictably the long warm and humid summer produced the biggest crop of complaints about ventilation in shops. Last year's report recorded the tendency to overlook ventilation needs in the modernising of shops. These omissions came home to roost last summer.

In one instance a corner-sited shop with two all-glass walls recorded one hot afternoon an internal temperature of 96°F.

The question of what constitutes provision for effective ventilation, in the absence of any standards, is a recurring problem. It was claimed in the case of a shop which had no provision for ventilation at all that doors at back and front, frequently opened by staff and customers respectively, were entirely adequate to ventilate the shop. This claim appeared to be supported by the staff. One is constantly astonished at the extent to which people prefer to live and work in a "fug".

It has become, more than once, necessary to point out that the provision of a single aperture somewhere in a premises does not, as a rule, constitute effective ventilation. One is obliged to emphasise that the Act requires "the circulation of adequate supplies of fresh air" and that this therefore assumes the existence of both an inlet and an outlet between which a flow of air must be maintained.

WASHING FACILITIES

Perseverance and patience are both qualities much to be desired in the public service and they do, on occasion, bring their reward. Just such an instance is the case of the small shop in Richmond which was first registered and inspected in July 1964 when it was found that there was an absence of hot water supply. This omission was duly pointed out to the occupiers (a Cleaner's receiving depot). Unfortunately the business closed in December 1964 before the hot water had been installed. It re-opened again in March 1966 as a handbag and accessories shop still without a hot water supply. A notification of the contravention went to the new employer. The hot water was still not flowing when the business closed after several months. Once again it re-opened in December 1967 this time as a Boutique still without the hot water. The matter was now passed to the Court and a conviction obtained but not hot water as the business closed down shortly afterwards in October 1968. It re-opened as another Boutique in March 1969 the hot water supply still being noticeably absent. To use a current cliché we were back to square one and once again the official procedure began. In November 1969 — just 5 years and 4 months after the initial inspection the official was able, triumphantly, if wearily, to record "Running hot water supplied".

HOISTS AND LIFTS REGULATIONS

These new Regulations, operative from May 28th, 1969, have introduced a new technicality into the administration of the Act. The effect of the Regulations on premises where passenger and goods lifts have been regularly inspected to meet insurer's requirements has been minimal. They have, perhaps, placed heavier responsibility upon the lift engineers carrying out the inspections and have undoubtedly put considerable authority into their hands in that their recommendations or requirements are bound to be accepted unreservedly.

In one area the Regulations have produced an unexpectedly large problem viz: in numbers of public houses and off licence premises, where hand operated crate hoists are used between cellar and bar or shop, there is no exemption to the enclosure of the liftway. In almost all cases the hoists have been open and brewery companies have now found themselves required to carry out a good deal of enclosure work.

Copies of the reports of examination of defective hoists and lifts are now beginning to come in as required by Regulation 6(3). Where the engineer has indicated under Paragraph 5(a) that the repair is required "immediately" it becomes especially important how this is interpreted. How immediate is "immediately"? It clearly implies that the lift should be put out of action until the repair is carried out which, in some cases, would virtually paralyse movement of stock between store-room and shop. This would appear to be unavoidable.

The Regulations prescribe a period of 28 days within which a copy of a report on a defective lift must be forwarded to the Local Authority. Clearly this could mean that the Local Authority may remain unaware of a seriously defective lift for as long as four weeks after this fact had been established. The responsibility for the lift of course remains with the occupier but, in the event of a serious accident, the Local Authority would probably be a target for criticism.

Part III — Accidents

ALL accidents, of whatever character, are fully investigated. The total of 34 reported accidents makes this administratively possible and is considered valuable partly to demonstrate to both employers and employees the importance placed upon all measures the employer is required to take to ensure safety and partly to underline the employees own responsibilities in this field. It is also considered to be a contribution towards ensuring that accidents do get reported by demonstrating that each report is considered seriously and not as just so much formality.

None of the 34 accidents in 1969 involved contraventions of the Act. Most arose from thoughtlessness or carelessness or over-confidence in the use of tools or equipment. Handling of goods and use of hand tools (in each case a knife) provided equally the highest total of one category of accidents — 6, although different categories of falls together totalled — 11.

In 4 instances informal advice was offered to prevent a recurrence.

Retail shops provided easily the greatest number of accidents (24) and 18 of these were in supermarkets.

Part IV — Prosecutions

It is pleasant to report that no case of contravention of the Act whether established by routine inspection or arising from an investigation of an accident required the institution of legal proceedings during 1969. One would hope that this indicates perhaps a greater degree of acceptance of the provisions of the Act and therefore a greater readiness to comply with its requirements.

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	...	...	...	...	165
— Milk	...	...	...	...	75
— Other Foods	...	...	...	...	119
Clean Air Act — Inspections and Observations	...	...	...	...	8138
Control of Caravans	...	...	...	...	40
Diseases of Animals Act: Waste Food Order	...	...	...	...	38
Drainage and Sanitary fittings examination	...	...	...	...	3197
Food and Drugs Sampling	...	...	...	...	300
Houses inspected — Housing Act	...	...	...	...	1047
Houses Let in Multiple Occupation	...	...	...	...	335
Housing Applications	...	...	...	...	114
Houses inspected — Public Health Act	...	...	...	...	4730
Houses inspected re Permitted Numbers	...	...	...	...	40
Houses inspected re Vermin and Disinfestation	...	...	...	...	622
Infectious Diseases enquiries, disinfection, etc.	...	...	...	...	1528
Noise Abatement Act	...	...	...	...	390
Offices, Shops and Railway Premises Act — General Inspections	...	...	...	...	2030
Offices, Shops and Railway Premises Act — Other Visits	...	...	...	...	3111
Pet Animals Act	...	...	...	...	16
Prevention of Damage by Pests Act	...	...	...	...	11343
Rag Flock and Other Filling Materials Act	...	...	...	...	5
Rent Act, 1968	...	...	...	...	4
Swimming Baths — Sampling	...	...	...	...	51
Unsound food examination	...	...	...	...	543
Water Supply — Inspection	...	...	...	...	126
Water Supply — Sampling	...	...	...	...	11
Agricultural Holdings	...	...	...	...	37
Animal Boarding Establishments	...	...	...	...	3
Bakehouses	...	...	...	...	133
Butchers Shops	...	...	...	...	467
Confectioners (Flour)	...	...	...	...	156
Confectioners (Sugar)	...	...	...	...	371
Dairies	...	...	...	...	21
Factories (Mechanical)	...	...	...	...	442
Factories (Non-Mechanical)	...	...	...	...	23
Factory and School Canteens	...	...	...	...	183
Fishmongers and Poulterers	...	...	...	...	112
Fried Fish Shops	...	...	...	...	76
Greengrocers and Fruiterers	...	...	...	...	406
Grocers	...	...	...	...	849
Hawkers	...	...	...	...	140
Hairdressing Establishments	...	...	...	...	31
Ice-Cream Premises	...	...	...	...	124
Massage and Chiropody Establishments	...	...	...	...	47
Outworkers	...	...	...	...	66
Places of Public Entertainment	...	...	...	...	5
Public Houses and Licensed Premises	...	...	...	...	504
Restaurants and Cafes	...	...	...	...	1041
Riding Establishments	...	...	...	...	13
Schools	...	...	...	...	20
Scrap Metal Dealers	...	...	...	...	4
Interviews	...	...	...	...	552
Miscellaneous Visits	...	...	...	...	2512
Inspections other than Houses — Public Health Act	...	...	...	...	1960
Total number of visits and inspections	...	...	...	...	48416

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	382
Choked and defective drains and sewers	792
Defective water closets	53
Accumulations of offensive matter	180
Unsound food	179
Verminous and other Infested premises :	
(a) Bugs	50
(b) Rats and Mice	1347
(c) Wasps	5
(d) Fleas	99
(e) Others	104
Keeping of Animals	20
Nuisance from Pigeons	26
Smoke Nuisances	125
Noise Nuisances	78
Fumigation of Rooms	18
Miscellaneous	290
Total ...	3748

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	320	204
Number of Informal Notices complied with	240	183
Number of Statutory Notices served	65	—
Number of Statutory Notices complied with	77	—

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 infectious disease at the cost of the individual.

The cost of 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 to Mr. F. G. Baldwin, Superintendent of the Baths, for their valuable assistance during the year.

25 patients received treatment against scabies and 9 people were treated for lice infestation.

15 premises were disinfected following infectious disease and 130 premises disinfested during the year. Costs amounting to £346 10s. 0d. were recovered.

7. PEST CONTROL

(a) RATS AND MICE.

The reports of the presence of rats and mice received by the department show no sign of falling in numbers.

	1969	1968
No. of complaints received	1347	1353
No. of infestations found	1091	1040
Total number of visits	10748	8444

The direct poisoning of the sewers in the Borough with fluoracetamide referred to in my last report has continued throughout 1969. As in 1968 four treatments were given to the Richmond/Barnes sector and two to the Twickenham sector. The effect of this treatment throughout the Borough was checked in the latter part of the year with a 10% test treating programme. The low take obtained in the 1968 tests in the Twickenham area has been maintained, only 8 out of 266 manholes — 3% — showing bait take. In the Richmond/Barnes sector, which in 1968 had shown a 21.2% take of manholes tested (44 out of 207), this year revealed a most marked reduction to 2.4% (5 takes in 205 manholes tested).

These results indicate that the sewers in the two sectors of the Borough now appear to have much the same level of rat infestation. It may not be possible to reach a completely 100% rat-free sewer system but it would seem reasonable to take the view that something very close to this figure is now attainable in the near future.

Domestic premises, particularly back gardens remain the most commonly rat infested places. Residents would assist in reducing the prevalence of the rodents if they were to give special attention to the following points:

- (a) Garden sheds, especially those with wooden floors provide a harbourage in the under floor space.
- (b) Outdoor pet or poultry hutches are vulnerable places especially because of scattered grains or other food which attract the rats.
- (c) Rubbish heaps, rockeries and so-called compost heaps are frequently found to harbour rats. A heap of rotting garden waste is not necessarily a compost heap. Properly made compost heaps should be too hot internally for rats but a rough heap of grass mowings, etc., is often an attractive breeding area.
- (d) The misguided feeding of birds by throwing out of waste food, stale bread, etc., attracts not only rats but sometimes squirrels and pigeons.

On more than one occasion it has been found that rats are using the underground pipes carrying the Post Office telephone cables. In only one instance was there clear damage to installations, but the rats had evidently found in the system a ready-made underground communications network and, once gaining access, made full use of it for movement. With the assistance of the Post Office staff poison bait was laid in junction boxes under the pavements and this apparently dealt with the infestation. Some reconstruction of defective boxes by the Post Office reduced the likelihood of their future use by the rats.

Satisfactory communications have been established with British Rail to obtain treatment by their Contractors of sections of permanent way embankments within the Borough where we had pinpointed sources of rat infestations of adjoining properties. At a number of points these embankments have clearly provided protected harbourage secure from public access from which the rats have raided premises whose boundaries adjoin the line of rail. In the majority of cases action by the British Rail's Contractor and our own efforts succeeded in clearing up the trouble.

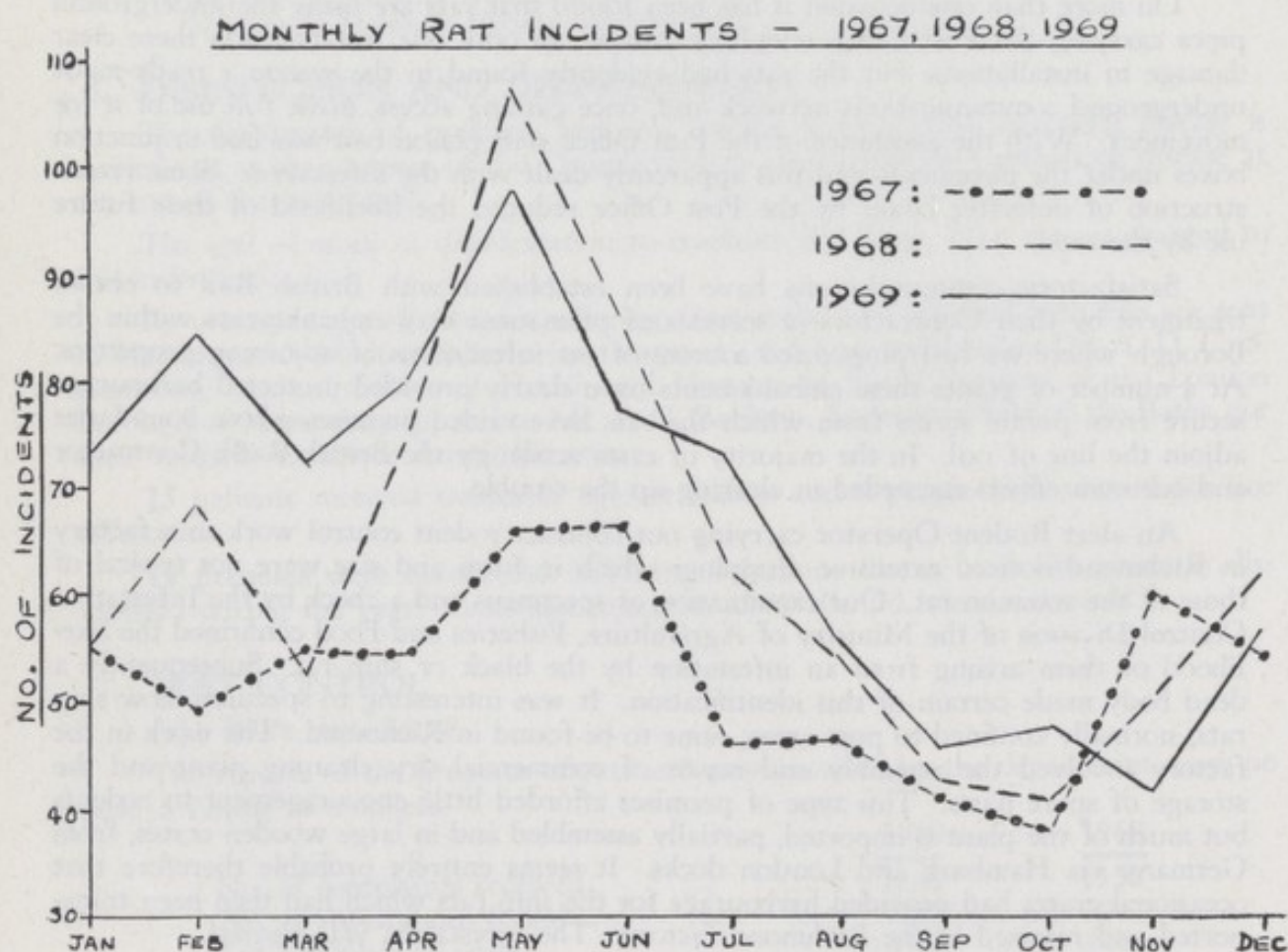
An alert Rodent Operator carrying out contract rodent control work in a factory in Richmond noticed extensive droppings which in form and size were not typical of those of the common rat. Our examination of specimens and a check by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food confirmed the likelihood of them arising from an infestation by the black or ship rat. Subsequently a dead body made certain of this identification. It was interesting to speculate how ship rats, normally confined to port areas, came to be found in Richmond. The work in the factory involved the assembly and repair of commercial dry cleaning plant and the storage of spare parts. This type of premises afforded little encouragement to rodents but much of the plant is imported, partially assembled and in large wooden crates, from Germany via Hamburg and London docks. It seems entirely probable therefore that occasional crates had provided harbourage for the ship rats which had then been transported and released in the Richmond factory. The infestation was cleared.

During the year there has been further evidence that mice infestations are showing signs of increased resistance to treatment. Considerable quantities of Warfarin bait have, in a number of premises, been taken with remarkably little reduction in the mice population. This is in line with the information reaching the Central Government Department. The situation in each case required persistence and change of bait. Alpha chloralose was used as an alternative poison where conditions permitted, but this poison is largely ineffective in centrally heated premises. A clearance was ultimately achieved but the time expended was greater than for an equivalent rat infestation and accounts in part for the higher number of visits paid.

134 contracts ranging from 1 to 12 months were agreed in 1969 for rodent control work in non-domestic premises. This figure is only slightly below that for 1968.

Graphing of monthly confirmed incidents of rat infestations over the past 3 years has revealed an interesting similarity of seasonal variation. As the graph below shows during 1969, 1968 and rather less markedly in 1967 there was a peak of rodent activity reached at the end of May and a low during October and November each year.

It would be interesting to know if this pattern is general in other areas. There is no clear indication why May should be so strikingly prominent for rat activity. Biological and breeding factors may offer some explanations and it is reasonable to suspect that increased human outside activity in the improved weather may give rise to a greater awareness of the presence of rats.



(b) GREY SQUIRRELS AND FERAL PIGEONS.

In my 1966 Annual Report, I said that the grey squirrel was becoming a serious nuisance to householders and that there was a real danger from maggots, filth and damage to timber if they become established in lofts or roof spaces. Following this I received a number of protests through the post, by letters in local newspapers and by telephone, because I described these animals as "tree rats". Since then many more urgent requests for advice have been received when squirrels have become established in houses, and I think the public are now beginning to realise that whilst the squirrel may have its attractions in the open country, it can be a serious nuisance in built-up areas and it is common-sense not to encourage and feed it near the house. Although the Health Department are not under any statutory obligation to take action in the case of infestation, advice on treatment and proofing is available to householders, and the following method recommended by the Ministry of Agriculture, Fisheries and Food has had considerable success in evicting squirrels from roof spaces and lofts. "Obtain 7-14lbs. of flake naphthalene, according to size of roof space, from any large chemist or seedsman. Place at different points in roof space; leave 2-3 days when substance will have dispersed and slowly given off a gas which should drive the squirrels away". Immediately after this, "proofing" such as fixing of small gauge wire netting, making good tiles and fillets, etc., can be carried out.

In November the Council approved a contract with a specialist firm for action under Section 74 of the Public Health Act, 1961, to abate or mitigate the nuisance from pigeons in a selected site in the Richmond area. Details of the two previous areas similarly dealt with were given in last year's Annual Report. A fair measure of success was achieved, but in the Richmond Town centre the operation was adversely affected because some members of the public continued to feed the birds and rendered trapping difficult.

As in the case of the grey squirrel, the number of complaints received about pigeons is on the increase and there can be no doubt that these birds cause serious nuisance to occupiers as well as damage to property. (The photograph below shows a typical infestation in a Richmond area and the heavy fouling of the roof is clearly shown). The Council are using their permissive powers to deal with suitable well defined heavy infestations, but this is an expensive matter and it is difficult to see when and how it will be possible to extend treatment to the very many small infestations which occur throughout the Borough. In the meantime, the public can help by not feeding and encouraging the feral pigeon.



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	7	23	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	588	442	11	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Totals	595	465	11	—

(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)	1	—	—	—	—
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	1	—	—	—	—
(b) Unsuitable or defective	8	3	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	—	—	—	—	—
Totals	11	4	—	3	—

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	29	—	—	—	—	—
Electrical Fuse Makers	101	—	—	—	—	—
Artificial Flowers	30	—	—	—	—	—
Lampshades	11	—	—	—	—	—
Total	171	—	—	—	—	—

9. MORTUARY.

The mortuary at Hampton has again functioned satisfactorily and the number of bodies admitted during the year was 864.

The temporary closing on two occasions of a mortuary in an adjoining Borough placed a heavy burden on the attendant and at these times the capacity of the mortuary was strained.

10. RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One of the two businesses in the Borough using rag flock or other filling materials closed down in 1969. This was the company manufacturing principally cot mattresses.

The remaining business is a small one manufacturing quilts, sleeping bags and similar quilted material.

The filling materials used are now almost exclusively man-made fibres—principally terylene.

11. 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, 1969 is as follows:—

Riding Establishments Act, 1964

Four riding establishments were inspected and recommendations submitted. Another establishment was inspected, but was not recommended for licensing until alterations to the premises are carried out.

Animal Boarding Establishments Act, 1963

These premises are inspected regularly and a good standard has been maintained. Recommendations for licensing were submitted.

Pet Animals Act, 1951

Regular visits of inspection were made to fifteen pet shops and all were recommended for licensing.

General

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

Piggery, Harvey Road, Hounslow

Five visits were made, but this is a difficult piggery to inspect.

Dairy Farm, Petersham Meadows, Richmond

Poultry and cows are kept at this farm and a very high standard of cleanliness is maintained.

Piggery, Ham Fields, Richmond.

The owner has given up keeping pigs and his boiling plant licence will soon be cancelled.

Poultry Keeper, Oak Avenue, Hampton.

Three visits were made to these premises, which were found to be in a satisfactory condition.

Red Lion Street, Richmond.

This kosher butcher's premises were inspected on five occasions. Conditions were quite satisfactory.

Bushy Park and Richmond Park

Frequent visits were made to these parks concerning the large numbers of deer and cattle which graze there. Conditions were very good.

Psittacosis.

Following a report that a male patient was in hospital suffering from psittacosis and had sold parrots to persons living in Richmond, enquiries were carried out and several parrots and a monkey were examined. Some days after these enquiries the monkey died and a post mortem examination was carried out. Specimens were sent to the Central Public Health Laboratory and a psittacosis agent was isolated.

Rabies Order, 1938

A report was received to the effect that an alsatian dog had bitten two people and was suspected of having rabies. The dog was examined and found to be quite healthy, but as a precautionary measure, was restricted from leaving the house (unless muzzled) for fourteen days. The dog was re-examined after this period and was quite normal.

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

As required by the terms of this Order, the following were advertised in a national daily newspaper:—

Foot and Mouth Disease (Amendment) Order, 1969.

Foot and Mouth Disease (Infected Areas Restrictions) (Amendment) Order, 1969.

Foot and Mouth Disease (Controlled Areas Restrictions) (Amendment) Order, 1969.

12. 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.

13. 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 $6\frac{1}{2}$ 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 90 samples have been taken, of which 81 were satisfactory and 5 of the remainder were only marginally below the recommended standard. In each case repeat samples were satisfactory. (See page 60 — Water Supply).

Richmond Baths (Indoor and Open Air)

The 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 $1\frac{1}{2}$ 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."

14. FERTILISERS AND FEEDING STUFFS ACT, 1926

Nineteen samples of fertilisers were obtained during the year and submitted to the Agricultural Analyst. Fifteen were satisfactory, but the following irregularities were found in four of the samples:—

No. 1. (Dried blood). The statutory statement was not in the required form. The vendor's attention was drawn to this and no further action was necessary.

No. 7. (Compound fertilisers). The percentage of phosphoric acid insoluble in water was 1.0 above the percentage stated in the statutory statement and the difference was in excess of the limits of variation allowed. The vendor and the manufacturer were informed but as the discrepancy was not to the prejudice of the purchaser, no further action was necessary.

No. 10. (Dried blood). The percentage of nitrogen was 0.84 below the percentage stated in the statutory statement and the difference was in excess of the limits of variation allowed. Correspondence with the Ministry of Agriculture, Fisheries and Food followed, and it was agreed that although the discrepancy was to the prejudice of the purchaser, no further action was possible as the owner or seller would have a defence

under Section 20(2) of the Act in respect of the Sale of Fertilisers in small quantities. There is no power to take proceedings against the suppliers or manufacturers in such a case. The suppliers and the Sampling Officer of the Authority where the dried blood was manufactured were informed.

No. 16. (Dried blood). The percentage of nitrogen was 0.6 above that stated in the statutory statement and was in excess of the limits of variation allowed. This was not to the prejudice of the purchaser and the manufacturer was informed. No further action was necessary.

15. COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

16. HAIRDRESSERS AND BARBERS

At the end of the year 162 hairdressers' premises were registered, and in no case was it necessary to take legal proceedings for enforcement.

17. DEPUTY PUBLIC ANALYST AND DEPUTY AGRICULTURAL ANALYST

Following the resignation of Mr. J. H. Shelton, F.R.I.C., the Ministry of Agriculture, Fisheries and Food approved the appointment of Mr. S. Landsman, M.Chem.A., F.R.I.C., as Deputy Public Analyst and Deputy Agricultural Analyst with effect from 30th September, 1969.

SCHOOL HEALTH SERVICE

POPULATION.

The population of Richmond upon Thames at mid-1969 was 176,600 (1968—177,130) of which 20,736 (1968—20,622) were school children in maintained schools.

Table I.

SCHOOL POPULATION (As at 18.1.70)

	No. of schools	Number on Registers		Total
		Boys	Girls	
Secondary Grammar ...	5	1,606	1,597	3,203
Secondary Modern ...	12	2,544	2,299	4,843
Primary ...	53	6,327	6,054	12,381
	70	10,477	9,950	20,427
Nursery ...	2	42	58	100
Day Special Schools for E.S.N. children ...	2	91	46	137
Day Special School for Maladjusted children :				
Junior ...	1	35	15	50
Infant ...	1	11	1	12
Autistic Unit ...	1	7	3	10
	7	186	123	309
TOTAL	77	10,663	10,073	20,736

An increase of 114 pupils compared with the number in 1968 should be noted.

MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1969

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)
1965 and later	69	68	98.55	1	1.45
1964	730	729	99.87	1	0.13
1963	1628	1620	99.52	8	0.48
1962	744	740	99.46	4	0.54
1961	219	217	99.09	2	0.91
1960	110	109	99.09	1	0.91
1959	92	90	97.83	2	2.17
1958	145	143	98.63	2	1.37
1957	552	547	99.10	5	0.90
1956	571	570	99.83	1	0.17
1955	739	737	99.73	2	0.27
1954 and earlier	950	945	99.47	5	0.53
TOTAL	6549	6515	99.48	34	0.52

B. — OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	3,247
Number of Re-Inspections...	...	...	...	...	2,658
					<u>5,905</u>

Periodic Medical Inspections.

The number of children inspected at routine periodic medical inspections was 6,549 (1968—3,724). Special examinations and re-inspections were 5,905 compared with 4,988 for the previous year.

Physical Condition of Pupils Inspected.

The general physical condition of school children remains high. Out of 6,549 children examined only 34 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)
1965 and later	1	13	13
1964	16	80	90
1963	54	224	255
1962	44	118	147
1961	12	49	57
1960	10	34	36
1959	9	27	31
1958	13	34	41
1957	65	70	124
1956	44	73	112
1955	81	78	155
1954 and earlier	148	95	226
TOTAL	497	895	1287

The 7.6 per cent of children inspected who were found to require treatment or under treatment for defective vision, compares with 9.8 per cent in 1968, 8.6 per cent in 1967, 6.33 per cent in 1966 and 9.00 per cent in 1965.

Table IV.

Defects found by medical inspection in the year ended 31st December, 1969.

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	76	113	64	65	75	45	215	223
5	Eyes: a. Vision	114	242	208	182	175	125	497	549
	b. Squint	67	50	2	9	15	19	84	78
	c. Other	11	8	5	22	6	6	22	36
6	Ears: a. Hearing	19	179	3	27	13	74	35	280
	b. Otitis media	16	94	4	2	4	35	24	131
	c. Other	32	16	17	2	2	8	51	26
7	Nose and throat	54	319	7	49	15	87	76	455
8	Speech ...	27	96	1	4	24	27	52	127
9	Lymphatic glands ...	18	158	—	7	—	34	18	199
10	Heart ...	1	64	1	21	2	34	4	119
11	Lungs ...	10	78	3	26	6	31	19	135
12	Developmental:								
	a. Hernia ...	2	11	—	2	2	2	4	15
	b. Other ...	9	120	4	22	7	32	20	174
13	Orthopaedic:								
	a. Posture ...	7	41	1	25	9	23	17	89
	b. Feet ...	27	96	4	21	27	49	58	166
	c. Other ...	11	42	4	26	4	19	19	87
14	Nervous system:								
	a. Epilepsy ...	5	23	2	2	10	10	17	35
	b. Other ...	3	14	1	7	3	11	7	32
15	Psychological:								
	a. Develop- ment	4	68	—	3	73	86	77	157
	b. Stability ...	10	124	2	17	68	79	80	220
16	Abdomen ...	1	24	2	8	—	12	3	44
17	Other ...	104	156	29	68	46	145	179	369

(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	722	75
5	Eyes: a. Vision ...	111	106
	b. Squint ...	13	3
	c. Other ...	11	5
6	Ears: a. Hearing ...	133	249
	b. Otitis media ...	10	8
	c. Other ...	23	2
7	Nose and throat ...	21	38
8	Speech	25	21
9	Lymphatic glands ...	—	4
10	Heart	3	19
11	Lungs	6	23
12	Developmental:		
	a. Hernia ...	3	3
	b. Other ...	15	43
13	Orthopaedic:		
	a. Posture ...	7	16
	b. Feet ...	71	49
	c. Other ...	30	38
14	Nervous system:		
	a. Epilepsy ...	2	3
	b. Other ...	6	4
15	Psychological :		
	a. Development ...	13	39
	b. Stability ...	25	50
16	Abdomen	3	9
17	Other	81	105

Table V.

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

						1969	1968
Total children examined	...	...	...	...	...	6,549	3,724
Skin	...	...	...	...	...	32.8	31.9
Eyes :	a. Vision	...	...	...	...	75.8	97.7
	b. Squint...	...	...	...	...	12.8	11.3
	c. Other	...	...	...	...	3.3	2.4
Ears :	a. Hearing	...	...	...	...	5.3	4.3
	b. Otitis media	...	...	...	...	3.6	3.2
	c. Other	...	...	...	...	7.7	11.0
Nose and Throat	...	...	...	...	...	11.6	12.4
Speech	...	...	...	...	...	8.1	6.7
Lymphatic Glands	...	...	...	...	...	2.7	1.1
Heart	...	...	...	...	...	0.6	0.8
Lungs	...	...	...	...	...	2.9	5.6
Developmental :							
	a. Hernia	...	...	...	...	0.6	1.6
	b. Other	...	...	...	...	3.0	4.6
Orthopaedic :							
	a. Posture	...	...	...	...	2.5	4.3
	b. Feet	...	...	...	...	8.8	13.2
	c. Other	...	...	...	...	2.9	5.6
Nervous System :							
	a. Epilepsy	...	...	...	...	2.5	3.0
	b. Other	...	...	...	...	1.0	0.0
Psychological :							
	a. Development	...	...	...	...	11.7	0.5
	b. Stability	...	...	...	...	12.2	2.1
Abdomen	...	...	...	...	...	0.4	1.9
Other	...	...	...	...	...	18.0	15.8

Table VI.

Number of children examined other than at Periodic Medical Inspections :

Pupils examined for any condition, ailment or defect...	...	...	...	2,278
Other special examinations, freedom from infection, employment byelaws, etc.				969
				3,247
Re-inspections of pupils previously found to have some defect	...	...		2,658

Table VII.

CLINICS.

	School Health Service facilities available (as at 31.12.69)	
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 (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 (including Orthoptic)	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 (including Orthoptic)	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 (including X-ray) Minor Ailments Vaccination and Immunisation	

OPHTHALMOLOGY

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

The school ophthalmic clinics have been running satisfactorily during the past year. The attendances have been good, both of new and follow-up cases.

Most of the work has been the routine diagnosis and correction of defective vision. In the older age group of ten years and over, axial myopia still provides the bulk of visual defects. In the younger age group of five years and over, the commonly known 'lazy' eye frequently comes up as well as the high hypermetropes and the astigmatic errors. The correction of all, of course, help the better functioning of the child.

I know that the report covers school children, but in this Borough, the fact that children under five years can be referred for an ophthalmic examination, is an enormous advantage. Squints should be diagnosed before the age of five years, when the child goes to school. Also, it lessens enormously the time of the hospitals which are already heavily laden. Many of the babies referred have had pseudo squints due to lack of symmetry of their faces, but many have had true squints, which have needed early treatment. Some have been corrected with spectacles and some have to be followed up with orthoptic treatment and later by surgery, the ultimate end of which is the working of the two eyes together and the establishment of good vision in either eye. If surgery is required, the child is referred to the hospital of the parents' choice.

Mrs. Butterworth is coping with the orthoptic treatment excellently. Unfortunately she still has to cope with a backlog of appointments. There has been a delay in orthoptic appointments, but the recent establishment of an additional session will help to make the service more efficient.

May I acknowledge the work of Mrs. Mathias and Mrs. Corteen, who man the telebinocular so well. I also pay tribute to the nurses, who attend me at the clinics. It helps very much to have the same nurses familiar with eye procedures attending the eye clinics.

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	35
Errors of refraction (including squint)	2539
Total	2574
Number of pupils for whom spectacles prescribed	381

Keystone Telebinocular Vision Screener.

The use of Keystone Telebinocular Vision Screeners continued in the schools during 1969. The instruments are operated by the audiometer/vision screener operators. The statistics relating to this screening procedure are given below:

Table IX.

Age Group.	First Tests	Failures	
		TOTAL	% of Col. 2
(1)	(2)	(3)	(4)
Infants ...	1520	166	10.92
Junior ...	1702	318	18.68
Senior ...	1584	287	18.12
TOTAL ...	4806	771	16.04

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	4
(b) for adenoids and chronic tonsillitis	27
(c) for other nose and throat conditions	44
Received other forms of treatment	238
Total ...	313
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1969	3
(b) in previous years	37

AUDIOMETRY

At the end of 1969 two audiometer/vision screener operators were on the staff of the department.

Up to September, children had their hearing tested by audiometer three times in their school lives; the first routine test before the age of seven; the next in the third year in junior school, and finally in the second year in the senior school. As from September, it was decided to give priority to routine testing the very young children to the exclusion of those in the senior schools where experience had shown that virtually no new case of defective hearing was discovered. In future, therefore, routine testing will be carried out on children during their second term in school, and in their third year in junior school. Special instances, for example, children with speech defects, and those who are failing to make progress in school, will continue to be 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. Forty six new cases were seen and 83 re-examinations were carried out in 1969, 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.	2596	312	296	11.40
10 to 11 yrs.	1714	151	155	9.04
12 to 13 yrs.	920	51	48	5.22
Total ...	5230	514	499	9.54

* In Schools.

(b) Audiometer Tests — Specials

Age.	1st Tests.	Re-tests.	Failures.	
			Total.	% of Col. 1
	(1)	(2)	(3)	(4)
Under 5	90	14	36	40.00
5	153	27	71	46.40
6	217	51	118	54.38
7	208	74	97	46.63
8	156	43	58	37.18
9	142	24	67	47.18
10	152	49	74	48.68
11	116	22	35	30.17
12	98	9	44	44.90
13	57	11	23	40.35
14	52	7	21	40.38
Over 14	73	9	44	60.27
Total ...	1514	340	688	45.44

Table XII.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons...	20,087
(ii) Total number of individual pupils found to be infested ...	81
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	4
(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 uncleanliness — see Table XII.).

	Number of cases known to have been treated.
Ringworm :	
(a) Scalp ...	—
(b) Body ...	—
Scabies ...	2
Impetigo ...	—
Other skin diseases ...	393
Total ...	395

Table XIV.

OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments ...	1466
(b) Pupils who received convalescent treatment under School Health Service arrangements...	8
(c) Pupils who received B.C.G. vaccination ...	†* 2030
(d) Other than (a), (b) and (c) above —	
Heart ...	7
Lungs ...	24
Development — Hernia ...	3
— Other ...	27
Nervous system — Epilepsy ...	16
— Other ...	18
Lymphatic Glands ...	5
Psychological — Development ...	7
— Stability ...	14
Abdomen ...	13
Total ...	3638

† Children with Grade I positive re-actions are now being vaccinated.

* includes 224 revaccinations.

Table XV.

HANDICAPPED PUPILS.

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

(a)	Blind	...	...	...	...	...	...	1
(b)	Partially sighted	...	...	...	...	...	...	1*
(c)	Deaf	...	...	...	...	...	...	1
(d)	Partially hearing	...	...	...	...	...	...	3
(e)	Educationally sub-normal	...	...	...	...	...	...	2†
(f)	Epileptic	...	...	...	...	...	...	1
(g)	Maladjusted	...	...	...	...	...	...	41
(h)	Physically handicapped	...	...	...	...	...	...	8
(i)	Speech	...	...	...	...	...	...	1
(j)	Delicate	...	...	...	...	...	...	11

* Includes one child partially sighted / partially hearing.

† Includes one child educationally sub-normal / maladjusted.

Table XVI.

HANDICAPPED PUPILS, YEAR ENDED 31st December 1969

ASCERTAINMENT

DISTRIBUTION
(As at last day of year)

	No. of ascertained cases known on 31.12.68		No. of new cases ascertained during year		No. of ascertained cases known on 31.12.69		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	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—
Partially-sighted ...	1	3	—	—	1	3	1	3	—	—	—	—	—	—	—	—	1	3
Deaf	2	1	1	—	3	—	—	—	3	—	—	—	—	—	—	—	3	—
Partially-Hearing ...	9	4	1	—	8	4	5	3	1	—	—	—	1	1	1	—	8	4
Educationally Sub. ...	79	34	—	1	68	31	53	26	8	1	7	2	—	2	—	—	68	31
Epileptic	2	—	1	—	3	—	—	—	3	—	—	—	—	—	—	—	3	—
Maladjusted	80	25	31	11	99	31	39	13	7	1	14	2	37	14	2	1	99	31
Physically Handicapped	23	10	4	2	25	11	13	5	3	4	5	—	1	—	3	2	25	11
Speech Defects ...	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	1
Delicate	8	6	6	5	12	9	3	1	8	5	—	2	1	1	—	—	12	9
Multiple Defects ...	8	1	2	—	9	—	5	—	2	—	1	—	1	—	—	—	9	—
TOTAL	212	84	47	20	229	90	119	51	35	11	27	6	41	19	7	3	229	90
GRAND TOTALS ...	296		67		319		170		46		33		60		10		319	

Children NOT ascertained as H.P. but recommended convalescence in a Holiday Home or Camp School during year ended 31st December 1969.

B	G
4	4

RESIDENTIAL SPECIAL SCHOOLS — Table XVII.

	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) ...							4				4
Red House (Ealing) ...						1					1
St. Nicholas (Surrey) ...					5						5
Swaylands (Barnet) ...					3						3
Anerley (I.L.E.A.) ...						1					1
Suntrap (Haringey) ...							1				1
Tylney Hall (Brent) ...					1						1
Park Place (Hillingdon) ...							1				1
<i>Non-Maintained Schools (L/42)</i>											
Lord Mayor Treloar ...								1			1
Muntham House ...						3					3
Red Hill ...						1					1
Royal School for Deaf ...			1								1
St. Patrick's Open Air ...							1				1
Shotton Hall ...						2					2
Florence Treloar ...								1			1
Burton Hill House ...								1			1
Warlies ...								1			1
Bessels Leigh ...						1					1
Ovingdean Hall ...				2							2
St. Dominic's ...							1				1
Tenovus ...	1										1
Meath ...							1				1
<i>Recognized Ind. Schools (L/70)</i>											
Cokethorpe ...						1					1
Crookham Court ...						1					1
Frensham Heights ...						3					3
Ingfield Manor ...								1			1
Netherfield ...					1						1
Northaw ...						3					3
Peredur ...						2					2
St. George's College ...							1				1
St. Mary's Abbey ...							1				1
St. Mary's, Wrestwood ...						2					2
Salesian College ...						1					1
Sandon House ...						3					3
Sibford ...						1					1
Stanbridge ...						2					2
The Hall, Wincanton ...						1					1
Grangewood Hall ...						2					2
Leighton Park ...						1					1
St. Christopher's ...						1					1
Hamilton Lodge ...			1								1
Hengrove ...						1					1
Hurn Court ...						1					1
Kingsmuir ...						3					3
Normansal ...						1					1
Philpotts Manor ...						1					1
Ringwood ...					1						1
Walton Elm ...						1					1
Westonbirt ...						1					1
<i>Other Independent Schools</i>											
Adelstrop Park Hostel ...						1					1
Horncastle ...						3					3
Hersham House ...									1		1
Stinsford ...						1					1
Falcon Manor ...						1					1
<i>Hospital Schools</i>											
Lingfield ...										3	3
Chailey Heritage Craft School ...								1			1
	1		2	2	12	48	11	6	1	3	86

RESIDENTIAL SPECIAL SCHOOLS.

Table XVII on page shows the number of Handicapped Children maintained by the Richmond upon Thames Education Committee in Residential Special Schools as at 31st December, 1969.

The total number of handicapped children maintained by the Richmond upon Thames Education Committee in Residential Special Schools as at 31st December, 1968 was 77.

DAY SPECIAL SCHOOLS.

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

Admissions during 1969	...	...	...	...	...	...	...	12
Discharges during 1969	...	...	...	...	...	...	...	8
Transferred to ordinary schools...	...	...	...	...	...	...	4	
Transferred to senior day E.S.N. school	...	...	...	...	...	...	3	
Left district	...	...	...	...	...	...	1	
Number of children on roll as at 31st December, 1969	...	...	...	...	...	...	...	30

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

Admissions during 1969	...	...	...	...	...	...	...	37
Discharges during 1969	...	...	...	...	...	...	...	9
Left school for employment	...	...	...	...	...	...	1	
Transferred to ordinary schools...	...	...	...	...	...	...	3	
Transferred to Junior Training Centre	...	...	...	...	...	...	1	
Left district	...	...	...	...	...	...	4	
Number of children on roll as at 31st December, 1969	...	...	...	...	...	...	...	107

Oldfield House Junior Day Special School for Maladjusted Children, Hampton.

Admissions during 1969	...	...	...	...	...	...	...	21
Discharges during 1969	...	...	...	...	...	...	...	9
Transferred to ordinary schools...	...	...	...	...	...	...	3	
Transferred to residential schools	...	...	...	...	...	...	2	
Transferred to Oldfield House Infant Day Special School	...	...	...	...	...	...	1	
Left district	...	...	...	...	...	...	3	
Number of children on roll as at 31st December, 1969	...	...	...	...	...	...	...	48

Oldfield House Infant Day Special School for Maladjusted Children, Hampton. (Opened September, 1969).

Admissions during 1969	...	...	...	...	...	...	...	8
Discharges during 1969	...	...	...	...	...	...	...	Nil.
Number of children on roll as at 31st December, 1969	...	...	...	...	...	...	...	8

Athelstan House Autistic Unit, Hampton.

Admissions during 1969	...	...	...	...	...	...	...	1
Discharges during 1969	...	...	...	...	...	...	...	1
Transferred to residential school	...	...	...	...	...	...	1	
Number of children on roll as at 31st December, 1969	...	...	...	...	...	...	...	9

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 1969, no reports were issued to the Local Health Authority under Section 57 (4) of the Education Act, 1944, regarding children who were found unsuitable for education at school.

Information was passed to the Local Health Authority about five educationally sub-normal children who required supervision after leaving school.

CHILD GUIDANCE SERVICE.

The Medical Directors of the Child Guidance Clinics, Dr. Robin Higgins, M.A., M.B., B.Chir., D.P.M., and Dr. Agnes Main, M.B., B.S., report as follows:—

Dr. Robin Higgins —

The following table summarises the number of cases referred, seen and treated at the Clinic during 1969:—

Referred	Seen	Under Intensive Treatment	Under Supervision or Annual Review
101	91	70	50
Referring Agents :			
General Practitioners	...	...	25
School Medical Officers	...	...	16
Head Teachers and Educational Psychologists	...	...	10
Parents	...	...	21
Speech Therapists and Health Visitors	...	...	16
Children's Department	...	...	11
Miscellaneous Agencies	...	...	2
TOTAL			101

The task of intensive treatment was shared by the psychiatrist, the psychotherapist, art and drama therapists and psychiatric social workers.

In the course of the year Mrs. Chandler our psychotherapist and Miss Cartwright our art therapist, left. Miss C. Mann was appointed as a temporary psychotherapist. Mrs. Corry, one of our psychiatric social workers was seconded in June, for one session a week, to the Youth Counselling Clinic.

We have continued our link with Chiswick Polytechnic, two further Social Work Certificate students having spent their 4 months of practical work under the supervision of Mrs. B. Hall, psychiatric social worker.

Dr. Agnes Main —

The following table summarises the number of cases referred, seen, and treated at the Clinic during 1969:—

Referred	Seen	Under Intensive Treatment	Under Supervision or Annual review
168	152	103	86
Referring Agents :			
General Practitioners	...	...	20
School Medical Officers	...	...	30
Head Teachers and Educational Psychologists	...	...	43
Parents	...	...	45
Speech Therapists and Health Visitors	...	...	14
Children's Department	...	...	5
Miscellaneous Agencies	...	...	11
TOTAL			168

These figures are almost identical to the case load of year 1968. In dealing with this number of children, which is large for a Child Guidance Clinic of this size, we have, as formerly, been helped by a number of students from the Maria Grey College

and a student from the Institute of Education, all qualified teachers attending specialized courses. The help provided alleviates the referral problem to some extent pending more specialized treatment, i.e. psychotherapy, placement in a school for maladjusted children or, alternatively, an improvement in the child's difficulties.

In August last, Mrs. Chandler, psychotherapist, left to join the staff of Exeter University and was replaced by Miss Marriott who, in addition to these duties, is employed as clinic remedial teacher on a sessional basis.

The enlargement of Oldfield Day Schools for Maladjusted Children, by the addition of an Infant Department and the provision of a new Junior Mixed building, has enabled us more readily to place children in need of this kind of help in a school setting and it is hoped that facilities will be made in the near future for senior children whilst keeping the numbers within the bounds of therapeutic possibility. For this latter reason also, we have more recently been reluctant to accept children from the catchment areas.

Athelstan House continues to provide an educational and therapeutic environment for the autistic children of this Borough and also from some of the outlying districts. Our numbers are restricted to ten children and there are at present a number on the waiting list. Since we prefer to feel that we can best help the younger children this does mean that our turnover is not very rapid and here again, as at Oldfield Schools, we are coming to a point where restriction of intake of children to our own Borough begins to seem necessary. During the past year one child has been successfully established in one of our junior schools and we look forward to placing other children at Clarendon or other primary schools.

Table XVIII.
Child Guidance Treatment.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	226

Table XIX.
Orthopaedic and Postural Defects.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patient departments ...	162
(b) Pupils treated at school for postural defects	30
	192

Orthopaedic Clinic, 20, Seymour Road, Hampton Wick.

The North West Metropolitan Regional Hospital Board withdrew the services of the orthopaedic consultant to this clinic at the end of the year. The children under the consultant's care at the clinic were transferred to the session for child orthopaedic patients run weekly by the orthopaedic consultant at West Middlesex Hospital.

SPEECH THERAPY.

Therapists working in the Borough during 1969 were :—

Miss Kathleen Buckman (Senior — Full-time).

Mrs. Mary Pletts (Full-time).

Miss Elizabeth Reed (Full-time).

Mrs. Hunter (Full-time from September).

Mrs. Hughes and Mrs. Tooley (Part-time from June).

Miss Reed resigned, on marriage, at the end of April. We were very sorry to lose her services. She was succeeded in September by Mrs. Hunter, a young therapist, who adapted quickly to requirements. Two additional part-time therapists had already been appointed in June, so with a full staff in September it was possible to arrange for more attention to be given to children who are backward and mentally handicapped. Language as a means of communication is surely one of the most valuable aspects of the training of such children and from the Autumn onwards regular visits were made to Clarendon and St. Hilda's (both schools for E.S.N. pupils) and also to the Junior Training Centre at Harle House, Feltham.

At Clarendon School the speech of each child was assessed by a therapist with the result that at the end of the year 27 children were receiving treatment or observation. This school is visited daily. Accommodation is not entirely satisfactory to attain the best results and it is hoped that in the future consideration may be given to the erection of a Speech Unit (approximate size 18ft. x 12ft.) to be attached to the present building to enable a therapist to give uninterrupted treatment daily in the same accommodation, with room for necessary equipment to be kept and sufficient space to allow movement for restless and immature children. Good conditions give the opportunity of doing much towards improving the speech and language development of backward children.

At Harle House Junior Training Centre accommodation has also necessarily been poor, the bathroom being the only space available for therapy. However, the time is approaching for the completion of the new centre in Strathmore Road, Teddington, and it is hoped that improved conditions are on the way.

Other special schools visited by therapists were Oldfield House School for Mal-adjusted Children and the Autistic Unit (Athelstan House). At the latter school 3 children benefited by treatment.

A total of 315 cases were dealt with during the year, which included those seen in special schools and the children attended one of the following clinic treatment centres :—

Twickenham
Windham Road
Mortlake
Kings Road
Ham
Barnes.

It cannot be stressed too much the value of referring children to a speech therapist while still young, and it was noticeable that many under five years of age were sent from the child health clinics. A nursery group met every Tuesday afternoon at 58, Hampton Road, Twickenham, and these children were observed carefully, and advice was given to the parents. Often in their homes children late in developing speech are urged and pushed beyond their capacity with dire results! At the weekly meeting the children are encouraged to listen to sounds, and their language is stimulated through play. There is often a marked improvement by the time school age is reached, and thus the children are less embarrassed as they can be more easily understood. Usually "further treatment" has to be undertaken later, possibly six months or so after the children have settled at school.

During the Autumn every child who was newly admitted to a primary school was seen by a speech therapist and those with any special difficulty were noted and kept under observation. In this way it is hoped to give children in need of therapy the help they require before they become too self-conscious at having to attend a clinic and also to prevent much absence later from school when work becomes more serious.

These visits to schools are helpful in increasing a relationship between teachers and therapists and in every instance a welcome has been given.

Table XX.

Number of pupils treated by Speech Therapists under arrangements made by the Authority.

Number of Children treated ...	...	...	...	...	...	315
Number of New Patients ...	...	...	...	...	...	124
Total Number of Attendances ...	...	...	...	...	...	2,975
Number on Waiting List, 31.12.69 ...	...	...	...	...	...	29
Number of Children Discharged ...	...	...	...	...	...	127
Normal Speech ...	...	...	...	...	...	72
Improved ...	...	...	...	...	...	23
Referred elsewhere (Child Guidance, etc.) ...	...	...	...	...	...	4
Uneventuated (non-attendance, etc.) ...	...	...	...	...	...	10
Left District (Treatment not completed)...	...	...	...	...	...	18

Table XXI.

Types of cases treated during the year.

Dyslalia ...	...	...	...	...	...	121
Retarded Speech and Language Development...	...	...	...	...	...	75
Stammering ...	...	...	...	...	...	31
Indistinct Speech ...	...	...	...	...	...	17
Sigmatism (Interdental and lateral) ...	...	...	...	...	...	45
Language difficulty ...	...	...	...	...	...	10
Apraxia ...	...	...	...	...	...	2
Cleft palate (post operation) and bifid uvula ...	...	...	...	...	...	6
Dysphasia ...	...	...	...	...	...	1
Autism ...	...	...	...	...	...	3
Mutism ...	...	...	...	...	...	3
Dysenia ...	...	...	...	...	...	1

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

During the year 1969 there were again changes in the dental staff. Two full-time dental officers were appointed, Mr. A. B. Jeetoo and Miss E. Grivins. Miss D. Jones was appointed as a dental surgery assistant in December.

Mr. K. Lesser, Mrs. F. Hardman and Mrs. F. Shaw, all dental officers, resigned during the year. Miss W. Coatsworth, a dental surgery assistant, also resigned. The Principal School Dental Officer attended the British Dental Association conference in June and Mr. A. B. Jeetoo attended a two day course "Efficiency in Local Authority Dental Practice" organised by the British Dental Association.

Mr. C. J. Grigson, a dental apprentice, obtained his final City and Guilds certificate before the end of his apprenticeship.

During the year 88 sessions were devoted to the dental inspection of the mouths of 6,152 children in schools and a further 2,987 were inspected for the first time in the year at clinics. A total of 4,901 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 4,540 and 3,278 accepted. The number of sessions devoted to treatment was 1,557 and details of the treatment are shown below arranged in age groups. 1,458 pupils were re-inspected at clinics and 658 of them were found to require treatment.

Table XXII.

	Age 5—9.	Age 10—14.	Age 15+
First visit to clinic	1602	1347	329
Subsequent visits	1924	2470	612
Total visits	3526	3817	941
Additional courses commenced ...	363	265	94
Fillings: Permanent teeth	778	1738	758
Fillings: Deciduous teeth	1710	140	—
Permanent teeth filled	685	1660	705
Deciduous teeth filled	1550	148	—
Permanent teeth extracted	45*	294†	75‡
Deciduous teeth extracted	938	269	—
General anaesthetics	451	201	14
Emergencies	369	149	36
Pupils supplied with partial dentures	2	3	2
Number of dentures supplied ...	2	3	2

* this figure includes 13 teeth extracted for orthodontic purposes.
 † this figure includes 187 teeth extracted for orthodontic purposes.
 ‡ this figure includes 28 teeth extracted for orthodontic purposes.

The next table shows a wider range of treatment given but not divided into age groups.

Table XXIII.

No. of pupils X-Rayed ...	...	...	121
Prophylaxis ...	...	...	346
Teeth otherwise conserved ...	...	...	73
No. of teeth root filled ...	...	...	12
Inlays or crowns ...	...	...	21
Courses of treatment completed ...	...	...	3195
Orthodontics :			
Cases pending from 1968 ...	...	...	201
New cases commenced ...	...	...	184

A measure of the success of the combined attack on dental disease by dental health education (equivalent of 8 sessions) and conservative treatment as shown by the ratio of fillings (3,274) to extractions (186) due to decay of the permanent teeth of more than 17:1, whilst in the deciduous dentition 1,850 fillings and 1,207 extractions gave a ratio of approximately 3:2.

Starting from December, all new entrants to primary infant schools at the time of their first dental inspection are presented with a dental hygiene kit consisting of a beaker, brush and toothpaste, together with a letter encouraging parents to take an increased interest in their child's oral hygiene.

Five clinics in the Borough have sessions devoted to general anaesthetics at regular intervals. Two medically qualified anaesthetists are employed on a sessional basis for these sessions.

The orthodontic surgeon treated 385 patients with 187 appliances and completed treatment for 42 children. Seventeen 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 not only of the Borough but also of the London Boroughs of Brent, Ealing, Harrow, Hillingdon and Hounslow.

The output of the laboratory was as follows:

Table XXIV.

Dentures	Ortho. appliances	Inlays and Crowns	Misc.
157	1798	108	518

NUTRITION.

I am indebted to Mr. W. R. Wainwright, B.A., D.P.A., Chief Education Officer, for the following:—

Meals and Milk.

The number of children receiving mid-day dinners and milk at maintained schools on a selected date in 1969 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
23rd September, 1969	*15,516	19,193	80 (appx.)	10,829	11,535

* In addition approximately 1500 meals per day to Teaching, Kitchen and Cooking Staff.

The number of children receiving milk at non-maintained schools on 23rd September, 1969 was 1,709 (number of children at school 2,067).

In September, 1969, meals were being cooked at 41 school kitchens and three central kitchens.

Table XXV.

ROAD ACCIDENTS TO CHILDREN, 1969.

Mr. A. W. B. Goode, Town Clerk, has kindly supplied the following details of road accidents to children under 15 years of age :

Month	Fatal.	Serious.	Slight.	Total.
January ...	—	1	15	16
February ...	—	1	10	11
March ...	—	4	8	12
April ...	—	2	8	10
May ...	—	5	24	29
June ...	—	3	12	15
July ...	—	5	14	19
August ...	1	3	20	24
September ...	—	1	10	11
October ...	—	6	13	19
November ...	—	2	12	14
December ...	1	7	14	22
Totals	2	40	160	202

The two fatal accidents recorded involved a male occupant of a push-chair, aged 4 years and a male passenger in a car, aged 12 years.

Table XXVI.

DEATHS OF SCHOOLCHILDREN.

It is with regret that I include the following details of local schoolchildren who died in 1969 :—

Sex		Age	Cause of Death.
M	F		
1		5	Acute myeloid leukaemia.
	1	7	Inter cranial hypertension; systemic lupus; erythematosus; nephrotic syndrome.
1		8	Bilateral adrenal haemorrhage due to lobar pneumonia due to chronic bronchial asthma.
1		12	Road accident.
1		13	Drowning (accidental death).
1		14	Traumatic cerebral haemorrhage; Crossing the road on foot and struck by a private motor car (accidental death).
	1	15	Primary intercerebral haemorrhage.
1		15	Bronchopneumonia; aspiration of gastric contents; status epilepticus; hypoglycaemia.

CLINICS	
Barnes	1. Essex House, Station Road
	2. Library, Canalside
Ham	3. Ashburnham Road
Hampton	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. Winifred's Hall, Leybourne Park
Marble	9. North Wargia Way
Richmond	10. Kings Road
Teddington	11. Windham Road
	12. Church Road
	13. Stanley Road
Twickenham	14. York House
	15. 58 Hampton Road
	16. Mobile Clinic, Meadow
	17. Mobile Clinic, Ransley Road
Whitton	18. Hospital Bridge Road
	19. Mobile Clinic, Colonial Avenue
DAY NURSERIES	
Barnes	20. 47 Canalside
Richmond	21. Parkside
Twickenham	22. Clifford Lodge, The Green
HOSTEL	
Twickenham	23. 11 Ransley Road
ADMINISTRATIVE OFFICES	
Teddington	24. Elmfield House, High Street
Richmond	25. Kings Road
ADULT TRAINING CENTRE	
East Sheen	26. Chestnut Avenue

