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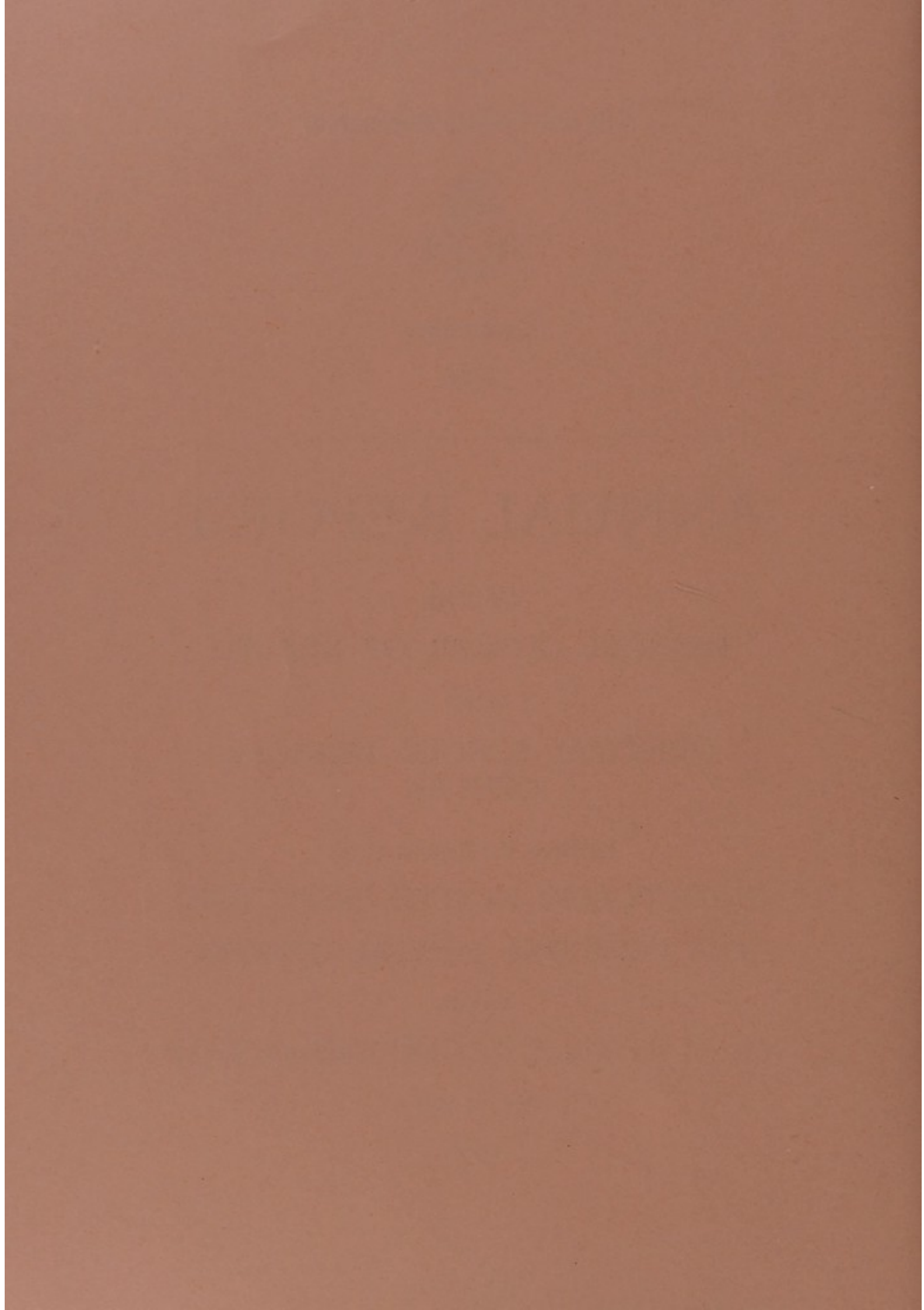
Canterbury

1966

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL
OFFICER

Including the Reports of the
CHIEF PUBLIC HEALTH INSPECTOR,
THE PRINCIPAL DENTAL OFFICER
and the
Medical Director of the Child Guidance Clinic
for the year
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Sanitary

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CITY OF CANTERBURY-1967

Mayor:

COUNCILLOR B. A. PORTER

Chairman - Health Committee:

COUNCILLOR MRS. E. M. ROTHERMEL

Chairman - Education Committee:

ALDERMAN S. H. JENNINGS, O.B.E.

Chairman - Sanitary and Licensing Committee:

COUNCILLOR K. G. HILLS

Town Clerk and Welfare Officer:

J. BOYLE, LL.B.

Director of Education:

N. POLMEAR, M.A.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

T. L. MARTIN, A.R.S.I., M.S.I.A.

COMMITTEE MEMBERSHIP, 1967

Mayor:

COUNCILLOR B. A. PORTER

Health Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL

City Council Members: Alderman T. McCALLUM, Councillor MRS. K. M. ELLIS, Councillor K. HILLS, Councillor MRS. L. PIKE, Councillor J. J. ROOK, Councillor J. TILLEARD, Councillor MRS. A. K. WOOLLEY, Councillor A. V. WILSON.

Co-opted or Representative Members: MISS E. M. HAIGH, Matron Kent and Canterbury Hospital; DR. J. CHEESE, Local Medical Practitioner; MR. A. S. HAINES, South East London and Kent Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

Mental Health Service (Case) Sub-Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Councillor MRS. K. M. ELLIS.

Markets and Licensing Committee (Public Health):

Chairman: Councillor K. G. HILLS.

City Council Members: Alderman H. P. DAWTON, Alderman P. L. WOOD, Councillor H. J. BUCKWORTH, Councillor MRS. L. PIKE, Alderman W. S. BEAN, Councillor L. R. BENNETT, Councillor MRS. M. KEITH-LUCAS, Councillor J. J. ROOK, Councillor H. V. STEPHAN, MR. E. HEDGER.

Education Committee:

Chairman: Alderman S. H. JENNINGS, O.B.E.

City Council Members: Alderman E. E. KINGSMAN, Alderman T. McCALLUM, Councillor E. C. BROWN, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor MRS. E. M. ROTHERMEL, Councillor E. G. SHERSBY, Councillor J. TILLEARD, Councillor A. V. WILSON.

To the Right Worshipful the Mayor, the Aldermen and the Councillors of the City and County of Canterbury.

I have the honour to present my annual report for the year 1966. It comprises the report on the City Council's health services and school health service and incorporates the reports of the Chief Public Health Inspector, the Principal Dental Officer and the Medical Director of the Child Guidance Clinic. It also provides information to help users of the local health services and the local voluntary services, brought up to date at the time of going to the printers.

MALCOLM S. HARVEY,

Medical Officer of Health.

Health Department,
15a Dane John,
Canterbury.

ANNUAL REPORT, 1966

In recent years greater attention has been given by local health authorities to three fields of activity, of preventive health procedures, health education and help for the handicapped. During 1966 we saw the local establishment of a service for cervical cytology which had been awaiting the development of hospital laboratory facilities. By the end of the year the 'first five hundred' had attended the clinic to have a smear taken and about one quarter of that number had attended the family doctors to have the test done. The arrangement to concentrate part of the time of one health visitor on health education resulted in improved displays and an organised succession of subjects. This allows that edification on the same subject at the same time should be given at home visits throughout the City, in the belief that it will stimulate discussion between mothers and enhance thinking on healthy living. The development of help to the handicapped has been greatest in the field of mental handicap, the largest group, in which physiotherapy has been introduced and speech therapy is about to start. For the handicapped school leaver a closer link has been made with the vocational guidance service, while for the hearing handicapped school or pre-school child inclusion in the joint assessment panel for partially hearing children held at the Kent and Canterbury Hospital has been a step forward.

Reviewing other developments during the year the reduction in domiciliary deliveries, while it was matched by an increase in early hospital discharges, allowed a slight reduction in midwifery staffing.

It proved possible to implement an arrangement envisaged in our National Health Service Act scheme for district nursing, by which the Canterbury District Nursing Association nurses have been brought under the day to day supervision of the Superintendent Health Visitor. This has worked well.

The closer association of health visitors with the work of the general medical practitioners has shown only slight progress.

Social work in the mental health service, which is closely integrated through joint staffing with that of the welfare department, developed to the extent of requiring an assistant mental welfare officer.

The demand for admission to the training centre exceeded capacity and emphasized the need for an adult training centre.

There was further development in the provision of play group centres by voluntary effort, a service to mothers and pre-school children that is viewed with favour.

Day Hospitals, the outreach of the hospital service into care in the community as active outpatient therapy for the chronic sick or mentally ill, were established at St. Martin's and Nunnery

Fields Hospitals, and promised to add to the load on the ambulance service.

The home help service continued its growth. A family welfare service available at the request of the Children's Department to reduce the need for taking children into care in an emergency was approved. The demand in our closely knit community is likely to be small.

The local authority as a source of information for research workers is well recognised, and the health department suffers as badly as any other department from the demands for completion of questionnaires. We have not so far refused assistance where it does not involve confidential information, but there is a limit.

The reduction in the amount of air pollution emanating from dwelling houses, now the main source of smoke pollution depends on the use of approved fuels in a modern type of appliance. The Building Regulations require heating and cooking fittings in new houses to be capable of burning such approved fuels, and these fuels are available locally. Areas of new houses in the City with fittings capable of using approved fuels still produce smoke pollution by burning bituminous coals, as shown by the atmospheric pollution measurements. While Canterbury is below the national average, which of course includes such heavy pollution areas as the Black Country, for smoke and sulphur dioxide in the atmosphere, we do not compare favourably with Ashford or Maidstone, particularly in sulphur dioxide pollution.

The number of unemployed men in the area showed a rise at the end of the year but was still a very low percentage of employable persons.

The population showed a minimal increase and the birth rate dropped below 16 per 1000 population, but at the same time the infant mortality rate improved to the much more satisfactory level of 15.5 per 1000 live births. The stillbirth rate also remained low, and these figures together suggest progress in infant care and mothercraft.

General Statistics:

Vital Statistics for year	1966	1965	Mean of 1962-66
Population of the City Mid-Year	32,770	32,560	(31,818)
Area	4,810	acres - no change -	
Inhabited Dwellings on 1st April	10,709	10,659	(10,365)
Product of 1d rate	£6,140	£5,967	-
Persons per dwelling	3.05	3.05	3.07
Live births	516	528	518.6
Live & Stillbirths	520	536	525.4
Illegitimate Live & Stillbirths	53	42	41.4
% Illegitimate Live & Stillbirths	10.2	7.8	7.9
Infant Deaths	8	12	11
Infant Mortality per 1000 live births - Canterbury	15.5	22.7	21.2
Infant Mortality per 1000 live births - England & Wales	19	19	20.06
Birth rate per 1000 population	15.74	16.22	16.3
Stillbirth rate per 1000 live & stillbirths	17.7	15	12.9
Perinatal Mortality rate - Canterbury	17.3	28	24.7
Total Deaths	423	410	418.6
Death rate per 1000 population	12.9	12.6	13.15
<u>Rates adjusted by Registrar General</u>			
<u>factor for comparison.</u>			
(Factor 1966 = 1.07) Birth rate Corrected	16.34	17.35	17.2
Birth rate Corrected - England and Wales	17.7	18.0	18.06
(Factor 1966 = 0.79) Death rate Corrected	10.19	10.0	10.47
Death rate Corrected - England and Wales	11.7	11.9	11.8

Infant Deaths

There were eight deaths of children under 1 year of age. Three occurred within 24 hours of birth, were premature births, in one with severe congenital defects. Two babies dying within the first week were also premature. A sixth died aged 1 week from imperforate bile duct and rhesus incompatibility. Of these six neonatal deaths four could be attributed to prematurity. Two infant deaths occurring beyond the first month were both cot deaths due to acute laryngo tracheitis. In 1965 the Ministry of Health published Report 113 "Enquiry into sudden death in infancy". Conclusions in this report were that 'unexplained' death in infancy is associated with early bottle feeding, the use of soft pillow and recent infection. This offers opportunity for 2 preventive measures. The first is the promotion of breast feeding even for the first two weeks in life, for the immunological studies suggested that the inhalation of cows milk at that early age might be the cause of anaphylactic shock from accidental inhalation at a later age. The second is the banning of the soft pillow and substitution of a hard pillow, if any is required for the baby. This dictum has long been preached by the health visitor. But the suppressive therapy that allows a ready acceptance of failure to breast feed, may present an insidious danger if sensitization to cows milk protein can arise in the course of artificial feeding in the first two weeks in life. This ready acceptance of breast failure is more common where mothers come from social circumstances that condition the attendant nurse or doctor to the idea of inadequacy. Perseverance in breast feeding is of special value.

Causes of Death	1966 Actual deaths	Mean of 1962-66 as a Rate per 100,000 population	England & Wales Rate per 100,000 1966 (provisional)
Tuberculosis of Respiratory System	-	2.5	4.3
Tuberculosis. Other forms	-	-	0.5
Syphilitic Diseases	-	1.3	1.7
Other infective and parasitic diseases	2	2.5	
Malignant Neoplasm, stomach	5	23.9	27.3
Malignant Neoplasm, lung and bronchus	14	51.6	56.2
Malignant Neoplasm, breast	8	21.4	20.6
Malignant Neoplasm, uterus	2	5.7	8.2
Other malignant and lymphatic neoplasms	34	98	
Leukaemia - Aleukaemia	1	5.7	6.
Diabetes	1	4.4	8.9
Vascular Lesions of Nervous System	71	212.6	
Coronary Disease and Angina Pectoris	84	251	
Hypertension with Heart Disease	6	32.7	
Other Heart and Circulatory Diseases	77	234.6	
Influenza	-	4.4	
Pneumonia	26	64.8	
Bronchitis	24	72.3	66.1
Other diseases of Respiratory System	6	10.6	
Ulcer of stomach and duodenum	4	10.7	8.5
Gastritis, Enteritis and Diarrhoea	2	4.4	
Nephritis and Nephrosis	4	14.5	
Hyperplasia of Prostate	-	3.1	
Pregnancy, Childbirth and Abortion	-	0.6	
Congenital Malformation	1	11.3	9.8
Other defined and ill defined diseases	42	105.7	
Motor Vehicle accidents	5	13.8	
All other accidents	1	15.7	
Suicide, or Homicide	3	13.8	
Total	423		

Canterbury Population 32,770

Factor to convert actual deaths to rate per 100,000 = 3.05

Home Health Services

By the end of the year there were indications that discussions between General Medical Practitioner representatives and the Ministry of Health would produce a contract of service within which health centre practice would be feasible. The development of health centres to house the the local authority clinics and the general medical practice surgeries under the one roof aims at mutually beneficial integration of the service provided. But the example shown by the Kent Postgraduate Medical Centre which has been running meetings, postgraduate courses and conferences on the Centre principle for some years before the achievement of the actual building, can be followed by general medical practitioners and local health services by the development of a closer association in our activities which will justify the building of health centres. The present association of health visitors with surgeries is slow to achieve results, and feelers towards attachment of district nurses have been received without enthusiasm.

Live Births: 1966 - 516.

Registrar General's Estimate of Child population Mid 1966:

Under 1 year = 530; 1-4 years 1970 Total under 5 years = 2,500
5 - 14 years = 4,700 Total under 15 years = 7,200

Health Visiting

The staff comprises one Superintendent Health Visitor who also supervises the district nurses' work, and 5 health visitors of whom two have senior responsibilities - one in field instruction and one in health education. All carry out additional school nursing activity. The average numbers of home visits per health visitor (excluding school nursing visits) were:- Families with expectant mothers = 41. Families with children under 5 years = 1306. Elderly persons over 65 years = 41. Only 37 visits and 108 follow-up visits were made at the request of the family doctor. The Health Visitors made 501 clinic session attendances (excluding chest clinic sessions - see below). A state enrolled nurse is shared with the school health service. The S.E.N. made 107 clinic session attendances.

In addition a health visitor for tuberculosis work attached to the chest clinic is shared with Kent County Council.

Visits made by Health Visitors (excluding school health)

Category	First visits	Total visits
Infants born in 1966	493	2,055
Children born 1961-65	2,014	5,780
Expectant mothers	154	250
Elderly persons over 65 years		250
After Care, Inf. Disease, Home Accidents, etc.	231	646
Tuberculosis Home Visits		573

Chest Clinic Health Visitor sessions: 87 = Mantoux test sessions = 43
B.C.G. (Contacts) " = 10
Patient sessions = 34

Child Welfare Clinic attendances

	Age Group	Central	Wincheap	North-gate	London Road	St. Stephen's	Totals
On Clinic Register	Under 1	237	64	65	85	-	451
31.12.65	1-5 years	391	143	137	141	-	812
On Clinic Register	Under 1	178	85	54	97	61	475
31.12.66	1-5 years	389	168	124	173	95	949
Number of Children attending	Born 1966	197	78	63	74	61	475
	Born 1965	239	61	78	103	18	499
	Born 1961/64	286	131	156	165	51	789
Attendances by Children	Born 1966	1,493	730	516	654	553	3,946
	Born 1965	1,727	498	569	612	221	3,627
	Born 1961/64	934	600	613	467	205	2,819
Total attendances:							10,392

Clinic Doctors' Consultations:

Children born 1966	..	..	..	..	..	..	..	560
Children born 1961-65..	..	..	..	..	..	..	..	1,369
Total	..	..	..	..	..	..	..	1,929

Prematurity:

Two out of 27 premature births to Canterbury mothers were born in domiciliary practice.

At Risk

The number of children on the "At risk" register had increased to 251 at the end of the year. Attention has since been directed to the need for this to remain so high, and to earlier purging of the list to avoid creation of any parental anxiety.

Priority Dental Care.

Forty seven special sessions were held at the Central Clinic surgery. The Principal Dental Officer uses the School Clinic and Central Clinic surgeries for priority dental care according to the subsequent treatment required.

Numbers provided with dental care

	Examined during the year	Commenced treatment during the year	Treatment completed during the year
Expectant & Nursing Mothers	37	33	21
Children under 5	81	51	27

Numbers provided with dental care

	Scaling and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	13	48	-	-	50	15	1	12	1
Children under five and not eligible for School Dental Service	5	26	17	-	171	51	-	-	-

Ante Natal care

This clinic provision is limited to Mothercraft and Relaxation Classes and sewing classes. Doctors and midwife's ante natal supervision is provided at the surgeries of the practices to which the midwife is attached.

Relaxation classes - 50 sessions	In attendance = 195
	Total attendances = 1,178
Mothercraft sessions (duplicated)	= 45
Mothers in attendance	= 176

The film "To Janet a Son" was again used for showing to expectant fathers and mothers. Sewing classes are held, with a teacher in attendance, weekly throughout the autumn and spring term.

Domiciliary Midwifery

The staff of district midwives was modified to three full-time district midwives and one part-time relief midwife. The percentage of home deliveries remained at 25%, of which 72% were delivered by the midwife. Home deliveries totalled 126. Early hospital discharges accounted for a load of 84 cases for lying-in care. The four stillbirths occurred in hospital practice. Only 50 of the 126 home deliveries were still breast feeding on completion of midwife's care.

Analgesia

Gas and Air was used in 41 cases, Pethidine or allied products in 102 cases. The family doctor was present at 6 of the former and 26 of the latter occasions.

	1966	1965	1964
Live births of which notification was received			
Home delivery	126	129	178
Hospital delivery	1,405	1,370	1,160
	<u>1,531</u>	<u>1,499</u>	<u>1,338</u>

Live births to Canterbury mothers, where delivered:

	1966	1965	1964
Domiciliary Practice (City)	126	129	175
Kent and Canterbury Hospital	328	338	294
Private Domiciliary Practice	Nil	Nil	Nil
Military Families Hospital, Shorncliffe	23	26	24
St. Helier's Maternity Home, Tankerton	21	23	26
Elsewhere	9	6	13
	<u>507</u>	<u>522</u>	<u>532</u>

There were 4 stillbirths, all in hospital.

Welfare Foods

The use made of National Dried Milk again declined, but the use of Orange Juice improved.

	1966	1965	1964
National Dried Milk (tins)	3,233	4,623	5,413
Orange Juice (Bottles)	11,013	10,353	9,167
Cod Liver Oil (Bottles)	466	444	362
Vitamin A & D Tablets (packets)	558	742	793

Home Nursing

This service is, to be exact, provided by the Canterbury District Nursing Association whose membership has so taken on the identity of Councillors and Aldermen or co-opted members of the Health Committee that it is hard to appreciate its separate status. The City Council's financial arrangements with the Association cover the working loss, which in the course of the years since 1948 has become 95% of expenditure.

The staff of District Nurses came under the supervision of the Superintendent Health Visitor during the year, implementing the original 1948 proposal. There were still five State Registered Nurses and one State Enrolled Nurse employed at the end of the year and the work done is shown in the following table.

District Nursing 1961-66

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
The year 1961	469	93	3	1	566	18,269	353	14,753
" " 1962	508	78	5	8	599	20,043	351	15,668
" " 1963	498	101	5	2	606	18,334	363	14,297
" " 1964	431	92	2	-	525	14,913	253	11,015
" " 1965	497	119	3	1	620	15,731	328	11,724
" " 1966	550	121	2	12	685	15,938	337	10,982

The nurses attended 8 cases under 5 years of age. One hundred and forty two patients received over 24 visits in the year and such long term cases accounted for 11,482 visits (72% of visits). Cases still on the register at the end of the year numbered 127 (107 medical, 20 surgical).

Vaccination and Immunisation

Vaccinations against Smallpox, 1966

Against Smallpox		Under 3 Months	3-6 Mth's	6-9 Mth's	9-12 Mth's	1 - 4	5 - 15	Over 15	Total
Primary Vaccination	Clinic	1	2	1	4	156	4	4	172
	Family Dr.	8	4	2	13	153	5	1	186
	Total	9	6	3	17	309	9	5	358
Re-Vaccination	Clinic	-	-	-	-	-	20	39	59
	Family Dr.	-	-	-	-	1	13	1	15
	Total	-	-	-	-	1	33	40	74

Immunisation against Diptheria, Whooping Cough, Tetanus and Poliomyelitis, 1966

Completed Primary Course	Born in 1966	1965	1964	1963	1959-1962	Others under Age 16	Total
Diphtheria	179	227	15	4	14	5	444
Whooping Cough	178	223	12	-	-	-	413
Tetanus	179	226	15	4	15	7	446
Poliomyelitis	91	319	48	11	30	8	507

Reinforcing Doses	Born in 1966	1965	1964	1963	1959-1962	Others under Age 16	Total
Diphtheria	1	54	165	36	338	31	625
Whooping Cough	1	26	68	14	74	9	192
Tetanus	1	54	158	35	320	28	596
Poliomyelitis	5	10	9	8	327	16	375

B.C.G. Vaccination

(Section 28 N.H.S. Act; Prevention of Illness)

The programme continued, with case contacts dealt with by the Chest Clinic and routine protection through school health arrangements.

Contacts -

Skin Tested	40
Found Negative ..	35
B.C.G. Vaccinated ..	39

Routine Protection -

Number in 11/12 Age Group	Older Age Group	Total
Consents to test	46	550
Found Negative	31	436
Vaccinated B.C.G.	31	436
Positive (previous B.C.G.)	2	67

L.E.A. SCHOOLS - B.C.G. VACCINATION SINCE 1957

Year	Appropriate School population	Test	No. Tested	% Possible	Test + ve	%	Test - ve	Vacd. B.C. G.
1957	618	Mantoux	481	78	48	10.0	433	433
1958	710	Heaf	639	90	56	8.7	583	583
1959	937	Heaf	712	85	81	11.4	631	631
1960	612	Heaf	511	83	37	7.0	474	474
1961	801	Heaf	695	86	31	4.4	639	634
1962	559	Heaf	550	94	50	9.9	500	500
1963	516	Heaf	401	80	23	4.4	378	378
1964	512	Heaf	460	90	22	4.8	438	438
1965	638	Heaf	557	87	26	5.0	477	477
1966	591	Heaf	504	91	34	7.7	405	405
10 years			5,510		408	7.3	4,958	4,953

+ 65 positive previous B.C.G.

Ambulance Service

The staff at the end of 1966 was 26 driver/attendants, of whom 18 were on a three-shift rota, and 8 on varying shift day duty. In addition there is 1 control room assistant and the Station Officer. The Deputy County Ambulance Officer who covers the Eastern half of the county has his office in the Canterbury Station. Working relations are excellent.

USE MADE OF AMBULANCE SERVICE OVER FIVE YEARS TO 1966

	1962	1963	1964	1965	1966
Total patients carried	33,411	33,046	37,922	39,689	36,603
Outpatients	27,917	27,443	32,001	34,170	31,000
Admissions, Transfers	5,494	5,603	5,921	5,519	5,600
Accidents, etc.					
Mileage	158,106	159,235	169,209	174,633	174,110

Hospital Car Service

Patients - 233, miles 12,941, average 55 miles per patient. This voluntary service gives useful support and saves sending some ambulances on long journeys out of the station area. The average miles per patient on the statutory service was 4.7 miles.

Health Education

While health education is seen as the task of all the medical and nursing staff in the local health services and is equally important in the family doctor's surgery, we have aimed at an organised approach to detail. The year was planned out to cover the series of subjects listed below and this programme was phased into national health education activity. In addition to our own display area in the Central Clinic, a display cabinet in one of the lanes in the centre of the City was in regular use, and several displays were set up in the Museum and Public Library. The Health Visitor concerned, Mrs. P. Mathews, set about her task with enthusiasm and showed a considerable flair for designing and setting out displays.

Month	Subject	Clinic Main Hall	I.W.C. Display	Butchery Lane	Public Library
Jan.	Child Behaviour	-	-	She's only curious	
Feb.	Influenza	-	-	What to do with a cold.	
Apr.	Dental Care	Structure of Teeth: Hygiene	This is the way to clean your teeth	Dare you smile.	
May	Feet	Everybody's feet	Foot development: birth to adult.	Shoe buying	Everybody's feet.
June	Polio protection	Polio publicity	Is all the family protected.	Polio publicity.	
July	Food Hygiene	Rogues Gallery	Keeping food cool and safe.	Kill that fly.	
Aug.	Anti-Smoking	Swing on a Star	Don't be a nit-quit	I don't smoke	
Sept.	Immunisation	How its done	Protection: Meat cover/syringe	Publicity. D.P.T.	Immunisation Display.
Oct.	Mixed	Immunisation	Home Safety	A.N. Film Show	
Nov.	Mixed	Cervical Smear Tests	Hypothermia	Fireworks risks	
Dec.	Christmas wishes	Immunisation theme	Three Kings of Health	Home Safety Wishes	

A continuously recurring course of mothercraft talks is given throughout the year. This brings in the midwife for appropriate items.

The introduction of a special evening club was attempted, intended for expectant parents. This did not take on and was abandoned. Showings of the film "To Janet a Son" are always popular and bring in the fathers. Evening talks to existing groups such as Young Wives, Mothers' Union, etc. are given on request on health subjects. The routine of talks to secondary school pupils are given by the health visitors associated with the schools or by the medical staff on request.

Home Help Service

The case load continues its gentle increase. At the beginning of 1966 there were 196 cases on the books and this had risen to 205 by the end of the year. New cases during the year numbered 105 and 96 cases terminated giving a total of 301 cases helped during the year. The hours worked by home helps over the last three years were:-

1964 = 40,960

1965 = 44,670

1966 = 45,270

The increase in hours worked was 1.3%; the increase in cases helped was 4%.

Agreement was reached on providing a family case service to reduce the need for children of temporarily broken homes to be taken into care.

HOME HELP TO HOUSEHOLDS

For persons aged 65 or over	For persons aged under 65 years				Total
	Chronic Sick or T.B.	Mentally Disordered	Maternity	Others	
251	21	2	14	13	301

The work of the Organiser is a three dimensional task, in that she must herself ascertain by a visit the amount of service needed, or in emergency assess the need pending a visit; she must select the home help for the particular task involved; and she must arrange each home help's work in a sequence to reduce travelling time to the minimum. She must also give some of her time to visiting the Home Helps on the job, to check the quality of the help given and deal with the multiplicity of little difficulties that arise. Some form of in-service training is considered of value and we have received much help in the past from the Canterbury Technical College Home Management department in providing this. The high proportion of elderly persons in the case load demands from the Organiser and her staff of 31 Home Helps a tolerance of the eccentricities and of the mild confusions of memory and understanding in those of advanced age of body and mind. There is the occasional case in which the presence on the staff of a home help who has lost her sense of smell is found most useful. This section of the staff as well as others in the Health Department staff do many acts of kindness in their own time for those whom they are sent to help through the service, and I appreciate how much this enhances official care.

Foul Laundry Service

This service dealt with 423 bundles of foul laundry in the year. It is a service which makes home care of the chronic sick less burdensome to a household, and supplements the District Nursing and Home Help service. It is used also in cases where neither of these services is involved as is now fully appreciated by the family doctors.

Chiropody Service

The number of cases under treatment was 215 at the beginning of 1966 and 208 at the end of the year. Seventy eight cases were referred during the year; source of referral -

	1966	1965	1964	1963
General Medical Practitioners	58	57	44	52
District Nurses	13	25	18	6
Health Visitors	17	14	3	1

The cases under treatment at the end of the year comprised

Physically handicapped - 106	Elderly - 89
	Other - 17
Elderly not physically handicapped - 102	Total 208

One hundred and eighteen cases were attending the Chiropodist's surgery for treatment and 90 were receiving domiciliary treatment.

Sixty six of the 78 new cases referred during 1966 were assessed to pay the minimum charge of 2/- per treatment. Case distribution was 58 female, 20 male.

Mental Health

Because of the ever-increasing pressure of work in the mental health and welfare fields, it was necessary to consider the appointment of an assistant. Such an appointment was made during the early part of 1967.

Care and After-Care

Liaison with both St. Augustine's Hospital and the recently opened Day Hospital at Canterbury has been most satisfactory, the latter proving a very welcome addition to the mental health services available.

Nearly 800 domiciliary visits were made to 44 individual patients and their families up to mid-November when the Mental Welfare Officer was absent for the rest of the year through illness.

A number of patients were escorted to the Psychiatric Out-Patient Clinics and to the Day Hospital as required.

During the year the number of admissions to hospital involving a Mental Welfare Officer was as follows:-

	Section 29	Section 25	Section 26	Section 60	Informal	TOTAL
Male ..	2	4	2	4	2	14
Female..	10	7	1	1	5	24

New referrals for after-care totalled 11, from various sources, including St. Augustine's Hospital, General Practitioners and Health Visitors.

Accommodation

There are no Hostels or Mental Nursing Homes in Canterbury. One Canterbury patient was admitted to Manor Gate Hostel at Dartford during the year.

Mental Subnormality

Four new cases were referred to the Local Authority and 4 cases were removed from the register. Six cases received short-term care at Hill House Hospital, Rye, and Leybourne Grange Hospital, West Malling.

The numbers under supervision on 31st December, 1966 were 30 males and 18 females. Of these 17 males and 12 females attended the Training Centre.

Home visits by the Mental Welfare Officer totalled 151.

Guardianship

There are no cases under guardianship.

Canterbury Training Centre

In attendance at the Canterbury Training Centre at December 1966 :-

	Under 16		Over 16		Total
	Male	Female	Male	Female	
Canterbury cases	11	7	6	5	29
Kent cases	9	4	7	8	28
	20	11	13	13	57

National Assistance Act 1948, Section 47

It was not found necessary to seek any order for removal into care during the year.

Accommodation for the Elderly

The accommodation specially provided for the elderly is shown over. The modern version of the Almshouse, the Wardened unit of little flatlets with communal amenities, has been developed further by the Council.

	Total places	Wardened	No Warden
<i>Council Units:</i>			
Bungalows	138	66	72
Flats	210	166	44
The Holt O.P.H.	42	42	-
The Pines O.P.H.	25	25	-
Total ..	415	299	116
<i>Almshouses:</i>			
Jesus Hospital	17	17	-
St. John's Hospital	24	24	-
Eastbridge	5 ✓	5	-
Cooper's	6	-	6
St. Lawrence Road	4	-	4
Manwood	6	-	6
Hospital Lane	1 *	-	1
Smith's, Longport	4 ✓	-	4
Total ..	67	46	21
Registered Private O.P.H.	4	4	-
Grand Total ..	486	349	137

*Under renovation. ✓ Awaiting action.

Blind and Partially Sighted Persons

The cases notified on Form B.D.8 during 1966 numbered 11.

Condition present	Cataract	Glaucoma	Myopia	Others	Total
No treatment recommended	1	-	-	3	4
Treatment needed	✓ 2	1*	-	4(2*)	7
Treated on follow-up	1	1*	-	4(2*)	6

* Ophthalmic medical supervision only.

✓ Treatment refused by one case.

We observe our interest in the cases on the register by a periodic enquiry by home visit (Health Visitor) or through the Welfare Department Visitor to the Blind.

Nursing Homes and Nurses Agencies

There is one private Nursing Home (6 places) and one registered Nurses' Agency in the City.

Nurseries and Child Minders

There were two registered Child Minders at the end of 1966, one for 8 and one for 18 children. One of these is a kindergarten run in the residence of the minder. Three Pre-School play groups are registered, one for 40 children which is run on one afternoon in the week by the W.R.V.S. and one for 20 children run on three mornings a week by a group of mothers. A new play group started in the Welfare Hut, Victoria Estate (Home Counties Brigade Depot) with 24 places.

Voluntary Organisations

A list of contacts for Voluntary Organisations is given under Service Information at the end of the Annual Report. The annual meeting of representatives was held at which information on plans and progress was exchanged to ensure the maximum co-ordination.

Infectious Diseases Tables

Cases Notified during 1966

Disease	Age Group											Quarterly Incidence				
	Age Un-known	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Total	1st	2nd	3rd	4th	Total
Measles	-	4	16	25	25	26	70	1	-	-	167	13	44	12	98	167
Scarlet Fever	-	-	-	2	-	3	6	-	1	-	12	1	8	-	3	12
Whooping Cough	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	1
Dysentery	-	-	-	-	-	-	-	-	2	1	3	-	3	-	-	3
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	1	-	-	2	3	2	-	-	1	3

Other Infectious Diseases Notified

Disease	Age Group							Quarterly Incidence					
	Age Un-known	Under 5 yrs.	5-14	15 - 44		45-64	65+	Total	1st	2nd	3rd	4th	Total
Acute Pneumonia	-	-	1	1		1	2	5	3	2	-	-	5
Acute Encephalitis (infective)	-	-	-	-		-	-	-	-	-	-	-	-
		Under 5 yrs.	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory	-	-	-	1	2	1	1	5	1	1	3	-	5
Other forms	-	-	1	1	-	-	-	2	1	1	-	-	2

Tuberculosis

There were 5 cases notified, all pulmonary (3 male, 2 female). The T.B. Register showed a reduction of current cases to 51 male, 55 female pulmonary and 8 male, 6 female non-pulmonary. The 1963 Annual Report gave 25 years' notifications of pulmonary tuberculosis.

Food Poisoning

Three separate cases of food poisoning arising from Salmonella Typhimurium occurred during the year.

Laboratory Services

Public Health Laboratory - Preston Hall, Aylesford, Maidstone.

Public Analytical Laboratory - South Eastern Laboratory,
1, New Dover Road, Canterbury.

Pathological Laboratory Service - Kent and Canterbury Hospital
Laboratory and Preston Hall, Aylesford, Maidstone.

Venereal Disease

It is not possible to separate from the information available cases of venereal disease in persons from Canterbury as against the outside area. Both Syphilis and Gonorrhoea still occur in the locality and the need to discourage promiscuous behaviour remains.

Canterbury (Kent and Canterbury Hospital)

Male - Tuesday, 3-4 p.m.

Female - Tuesday, 2-3 p.m.

Dover (Buckland Hospital)

Male - Tuesday, 9.30 - 10.30 a.m.

Thursday, 9.30 - 10.30 a.m.

Margate (General Hospital)

Male - Friday, 11 a.m. - 12 noon

Female - Friday, 10 - 11 a.m.

REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1966

Public Health Department,

Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the annual report on the health inspection services carried out in 1966.

In the 1965 report I forecast that the houses on the lists of unfit houses would be dealt with in 1966, but this has not materialised. It is our policy to correlate action on unfit houses with the building of new houses and as this rate fell to a low level in 1966, it is now almost certain that some of the unfit houses will remain until late 1968.

It has also become evident that certain blocks of dwellings which just escaped inclusion in the 1964 list of unfit houses have deteriorated and there appears to be no alternative to a third list of unfit houses.

It has not been possible because of staff shortage to carry out all the work that I should have liked, for instance the completion of the initial inspections under the Offices, Shops and Railway Premises Act 1963. The establishment of public health inspectors was below strength for 11 months of the year and this cannot continue too long without efficiency being impaired.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee and Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Public Health Inspector.

General Statistics

Complaints received and investigated 388

	Houses	Food Premises	Offices & Shops	Factories
Number of visits	2,151	1,344	421	22
Defects remedied	257	125	151	4
Informal Notices sent	35	28	48	-
Formal Notices sent	8	-	-	-

Prosecutions:-

For selling mouldy bread. Fined £40.

For selling sausages containing flies. Fined £10.

For carrying on a food business at insanitary premises. Fined £50.

Warnings:-

For selling figs infested by mites.

For selling a mouldy fancy cake.

Three for selling mouldy bread.

Two for selling mouldy pies.

For selling a cheese and onion pasty containing a fly.

For selling a cheese and pickle roll containing a wasp.

For selling a tin of garden peas containing a slug.

For selling a packet of sausages containing a dead maggot.

Housing Acts

Number of new houses/units erected in 1966

1.	By the Council	...	...	...	...	...	...	...	144
2.	By private enterprise	...	...	...	...	...	...	...	100
									244
Houses demolished	...	...	...	...	...	...	...	...	82
								Net increase	162

Number of houses in respect of which:

(a)	Demolition orders were made	...	...	...	...	...	...	-
(b)	Closing orders were made	...	...	...	...	...	...	4
(c)	Undertakings not to use for human habitation were accepted	...	...	...	...	...	...	8
(d)	Closing orders were determined after houses had been made fit	...	...	...	...	...	...	9
Houses repaired as a result of informal action	...	...	...	...	...	...	...	36
Houses repaired after the service of Statutory Notice under Public Health Act	...	...	...	...	...	...	...	6

Houses repaired after service of formal notice under Housing Act

(a) by owners	...	...	...	...	...	...	...	...	2
(b) by Council in default of owner	...	...	...	...	...	...	...	...	-

Fifty-nine routine housing inspections were made and where the house lacked essential amenities the question of improving the house was discussed with the occupier, but there was little response from owners of rented houses. Two of the houses had items of disrepair and the defects received attention without the service of statutory notices.

No case of overcrowding came to light during the year.

There are no common lodging houses in the City.

Improvement Grants

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. Four houses were inspected and in all the cases the owners were asked to carry out repairs.

Fifty-nine applications for Standard Grants were received during the year.

The Standard Grant scheme is administered by this department and the authority given by the Council for me to approve grants where the statutory conditions are fulfilled has reduced the time between application and approval to a minimum. Approval is usually given within a fortnight.

Twenty-one of the 59 applications for standard grants were in respect of rented houses. This is a much higher proportion than in previous years.

In the 1965 report reference was made to an inspection of 539 houses built mainly in the 1870-1900 period in a compact area and the summary showed:-

Owner occupied houses

With standard amenities	...	...	295
Without standard amenities	...	...	69

Rented houses

With standard amenities	...	...	58
Without standard amenities	...	...	117

The Council after considering the report wrote to the tenants of 49 houses who had said at the time of the inspection that they were willing to pay extra rent for improvements, to invite them to make written application for improvements to be made. Only eight of the 49 tenants made a written representation and later two of the eight withdrew their written application; it is believed after discussing the matter with the owner. Seven improvement notices have been served upon owners of houses in this area and improvements have been completed in two cases. Nine grants have been authorised for other rented houses and three were completed in 1966. Sixteen owner/occupiers also applied for grants and 11 houses were improved. At the end of 1966, 376 houses now have modern amenities compared with 353 at the time of the survey.

It appears that the interest aroused by a personal visit to the houses in this particular area has now waned, and unless compulsory powers are used, improvement to houses will in the main depend on the property changing hands.

Unfit Housing Programme

The first list of unfit houses prepared in 1955 contained 622 houses and the second list accepted by the Council in 1964 contained 149 houses, a total of 771. Six hundred and fifty-three had been dealt with formally by the end of 1966 and 516 had been included in clearance areas.

Of the houses on which closing orders were placed in the 1955-1966 period, 60 have been modernised and re-occupied. Most of these have been improved well beyond minimum standards and at the end of the year the restoration had commenced, or was about to commence, on a

further 19. Six former houses are now used for business purposes and the sites of 27 houses demolished have been built on.

Eighty-two properties remain on the lists of unfit houses and 20 are vacant. Most of the remaining 62 occupied houses will be dealt with under closing order procedure. Consequently not all will be demolished as it is probable that many of them will be restored and equipped with modern amenities to provide good housing accommodation.

No clearance areas were represented in 1966.

A public inquiry was held concerning five areas of 53 houses represented in 1965 and in respect of which 15 appeals had been lodged. The orders had not been confirmed at the end of the year.

In the twelve year period 1955-1966, 1,300 persons have been rehoused by the Council from houses dealt with under the Housing Acts.

There appears to be an occasional anomaly following the detailed inspection of houses with a view to representation. Where a tenant has made a particularly good job at maintaining the house, there is no alternative but to class the house as fit and when it is acquired compulsorily under a compulsory purchase order, the value of the house goes exclusively to the owner. On the other hand the tenant who has done some work but not sufficient to justify the house being classed as fit, might have part of his expenditure returned in the event of a well maintained payment being authorised by the Minister.

Rent Act, 1957

	1966	Total to date
No. of applications for certificates	1	140
No. of decisions not to issue certificate	-	1
No. of decisions to issue certificates	1	139
(a) in respect of some but not all defects	-	103
(b) in respect of all defects	1	36
No. of undertakings given by landlords	-	40
No. of undertakings refused by local authority	-	-
No. of disrepair certificates issued	-	90
No. of applications by landlords to local authority for cancellation of certificates	-	47
Objections by tenants to cancellation of certificates	-	16
Decision by local authority to cancel in spite of tenant's objections	-	-
Certificates cancelled by local authority	-	34
No. of certificates invalid owing to tenant leaving or house demolished	-	49
No. of certificates in operation at end of year	-	7

Water Supply

The Canterbury and District Water Company own the water undertaking and the mains provide a very satisfactory supply both as regards quality and quantity.

Every house in the area has a piped supply of town's water inside the house.

It should be mentioned that the supply to 22 houses on the edge of the City which is taken from a service pipe laid some 50 years ago to supply an army camp, now yields a much reduced quantity and during periods of peak demand is insufficient to the houses farthest from the water main. Representations from the property owners involved asking the Council to assist in the

provision of a new water main were under consideration at the end of the year.

The Company carry out bacteriological tests three times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by Company's sampling would be disclosed.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 278 parts per million of which 240 is temporary (i.e. deposited on boiling).

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Seventeen samples of water from various properties in the City were sent for bacteriological examination and four samples for chemical examination. The chemical samples were all satisfactory as were 11 of the bacteriological samples. The six unsatisfactory samples were all from a new educational establishment which was about to be occupied. The cause of the inferior samples was found to be due to unsatisfactory sterilising of water pipes after installation. With the co-operation of the local Water Company, the contractors concerned re-sterilised the whole of the water system one weekend, and eventually satisfactory samples were obtained.

Six samples of water from local authority swimming pools were submitted for bacteriological examination, only one was unsatisfactory and this was from a new pool and was due to an obstruction in the filter. This was remedied and subsequent samples were satisfactory. The Department's own apparatus for testing swimming pool water was also used and tests showed that the various plants were working satisfactorily.

The new filtration and chlorination plant at the Westgate Gardens paddling pool was used during the year and regular tests were made. These were not altogether satisfactory, and this was due to various "teething" troubles with the plant and due to flooding of the pool owing to high rain fall.

Food Supplies

Mr. J.H.E. Marshall, M.A., F.R.I.C., was our Public Analyst throughout the year.

Ninety-one formal samples and 50 informal samples were submitted for chemical analysis:-

Article	No. of samples	
	Formal	Informal
Milk	47	3
Channel Islands milk	25	-
Blackcurrant health drinks	2	-
Jam	1	1
Fruit drinks	4	4
Beef steaketts	2	-
Confectionery	-	2
Chinese canned food	-	4
Sausages	2	1
Drugs	-	8
Tea	-	2
Ice cream	-	3
Dairy ice cream	1	2
Bread	-	3
Butter	2	-
Dried fruit	3	3

and one each of the following:- non-brewed condiment, freeze dried vegetables, lemon curd, cake

decorations, canned salmon, vitamin C preparation, pork luncheon meat, full cream milk powder, instant coffee, ice cream powder, margarine, lime chutney, corned beef, cream, chopped chicken and cereal and turkey chasseur.

All except five were satisfactory and these were:-

Sample 2373.	Milk sampled in course of delivery by producer found to contain 0.03 international units penicillin per millilitre. Warning letter to milk producer.
Sample 2377.	Pork sausages. Method of declaring presence of preservatives not satisfactory. Letter to manufacturer.
Sample 2378.	Pre-packed pork chipolatas. Address of packer not disclosed. Letter to manufacturer.
Sample 2392.	Freeze drinks. Label not satisfactory. Letter to manufacturer.
Sample 2456.	Dried figs. Infested with mites. Warning letter to vendor.

Fifty-five of the 75 samples of milk submitted for the usual chemical analysis were also checked for the presence of antibiotics. None was found except in sample 2373 referred to above.

The average composition of the samples of milk was:-

	Fat	Solids Not Fat
Milk (other than Channel Islands milk) ...	3.77%	8.70%
Channel Islands milk	4.66%	9.00%
The minimum standards are:-		
Milk	3.0%	8.5%
Channel Islands milk	4.0%	8.5%

Public Health (Preservatives in Food) Regulations

All the samples in the preceding table were examined for preservatives and with the exception of a minor technical irregularity involving the method of declaring the presence of preservatives in sausages the samples were satisfactory.

Liquid Egg (Pasteurisation) Regulations 1963

There are no egg pasteurisation plants in the City and no samples of liquid egg were obtained in 1966 for the Alpha-Amylase test.

Food Hygiene

Type of Premises	No.	No. of premises fitted with sinks to comply with Reg. 16 of Food Hygiene Regulations	No. of premises to which Reg. 19 of Food Hygiene Regulations apply	No. of premises fitted with wash hand basins to comply with Reg. 19	Inspections
Schools & Works' Canteens	43	43	43	43)	425
Restaurants & Hotels	69	69	69	69)	
Clubs	9	9	9	9)	
Butchers	32	32	32	32	177
Bakers & Confectioners	17	17	4	4	71
Grocers	69	69	69	69	316
Fried Fish Shops	5	5	5	5	15
Wet Fish Shops	6	6	6	6	21
Sweet Shops	37	37	2	2	25
Licensed Premises	83	83	83	83	58
Greengrocers	22	22	-	-	61
Dairies	1	1	1	1	64
Other Food Premises	5	5	5	5	103

Number of registered premises:-

Dairies	...	...	...	...	...	...	1
Premises from which bottled milk is sold	...	...	...	...	...	...	54
For the manufacture of ice cream	...	...	...	...	...	...	5
For the sale and storage of ice cream	...	...	...	...	...	...	95
For the preparation of sausages or processed food	...	...	...	...	...	...	39

The number of complaints regarding irregularities in food showed no sign of diminishing. The complaints ranged from a nylon roller in a tin of peas to a very sharp piece of metal in a chocolate. There were several complaints during the year regarding mouldy wrapped bread, during hot humid weather. The bread manufacturers were concerned about this and one local firm decided to reduce the "shelf life" of wrapped bread during the summer. It was interesting to note that of the two largest suppliers of bread in the district, only one was using a coding system whereby the age of the loaf could be determined.

There were also several complaints regarding imported tinned meat products. Complaints concerned small areas of mould on the meat and this was found to be due to small perforations in the tin, either where the tins were scored for easy opening or where openers were attached to the tin. This matter was taken up with the Ministry of Agriculture and Fisheries and Food.

All food complaints are thoroughly investigated, and every effort is made to ascertain that the complaint is a genuine one. Some complaints concerned peculiar tastes in food and it is often found that there is nothing wrong with the product concerned but the complainant has bought a different brand to the one he usually purchases which does have a slightly different taste.

There were two prosecutions during the year - one concerning the sale of mouldy loaves, and one concerning the sale of sausages containing a fly. Eleven warnings were given regarding the sale of unsatisfactory foods.

Bacteriological Sampling of Cooked Meats

A start was made during the year on the bacteriological sampling of cooked meats. Attention was focused on these products following the Aberdeen typhoid outbreak in 1964 and it was thought that bacteriological sampling would be valuable in checking on the handling of cooked meats in retail shops. A total of 24 samples were taken and submitted to 24-hour and 72-hour plate counts and also checked for coliforms. Results were startling and showed that much useful work could be carried out in educating shop staffs in the correct handling of cooked meats. Fifteen of the samples had high plate counts and eight samples contained coliform organisms. When bad reports were received the shops were visited and advice given in an effort to prevent further unsatisfactory samples. Points stressed included the adequate cleaning and sterilization of slicing machine blades, the storage of cooked meats under refrigeration at all times, strict hand washing routine and the need to keep the handling of the cooked meats with bare hands to a minimum. It was found that by far the most common fault was the failure to effectively clean and sterilize the slicing machine blade, but it is appreciated however that this is not an easy operation.

When the sampling started it was thought that bad results would purely reflect the handling in the shop but in one case after a number of bad samples it was suspected that some of the meats coming into the shop were in an unsatisfactory bacteriological state. Samples were therefore taken with sterile equipment soon after the meats were delivered to the shop and the results were found to be unsatisfactory. The meats were produced by a well-known firm who market a wide range of meats packed in polythene wrappers. The manufacturers were contacted regarding the poor results and the local authority for the area in which the factory was situated was informed. At the end of the year this matter was still being pursued.

Inspection of Food

Meat from the Council owned abattoir is distributed over most of Kent and into adjoining counties. From the following summary it will be noted that there was an increase of 949 in the total number of animals slaughtered.

	Cattle Excluding Cows	Cows	Calves	Sheep	Pigs
Number killed	7,531	1,113	1,232	22,075	21,375
Number inspected	7,531	1,113	1,232	22,075	21,375
Figures for 1965	7,076	1,125	1,309	20,333	22,534
Figures for 1964	6,737	1,159	1,737	22,710	19,568
All disease except T.B. and Cysticercus bovis					
Whole carcasses condemned	11	5	14	83	54
Carcasses of which some part or organ was condemned	3,159	570	23	2,888	5,892
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus bovis	42.09	51.66	3.00	13.46	27.81
Tuberculosis only					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	10	4	-	-	623
Percentage of the number inspected affected with T.B.	0.13	0.36	-	-	2.91
Cysticercus bovis					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	9	1	-	-	-
Percentage of the number inspected affected with Cysticercus ovis	0.12	0.09	-	-	-

CARCASES FOUND TO BE UNFIT
(B-Bovines, C-Calves, S-Sheep, P-Pigs)

	B	C	S	P
Septicaemia/Pyaemia	5	4	3	16
Septic Pneumonia/Pleurisy/Peritonitis				
Pericarditis/Metritis	3	5	7	14
Pregnancy Toxaemia	-	-	5	-
Lympho-sarcoma	1	-	-	1
Multiple Tumours	-	-	2	-
Swine Erysipelas	-	-	-	4
Generalised Pigmentation	-	-	1	-
Arthritis	-	-	2	1
Johnes Disease	1	-	-	-
Immaturity	-	-	-	2
Extensive Bruising	-	-	1	1
Moribund	1	2	4	1
Injuries with complications	-	1	-	-
Emaciation and Oedema	5	2	58	14
Totals	16	14	83	54

Parts of carcasses and offal found to be unfit on account of:-

Tuberculosis	...	...	...	...	6,518 lbs.
Fascioliasis	...	...	...	...	41,514 lbs.
Cirrhosis	...	...	...	...	1,152 lbs.
Abscesses	...	...	...	...	8,253 lbs.
Pneumonia, Pleurisy, Pericarditis and Peritonitis	...	...	...	...	4,217 lbs.
Actinomycosis	...	...	...	...	1,126 lbs.
Cysts and parasites	...	...	...	...	11,926 lbs.
Cysticercus bovis	...	...	...	...	252 lbs.
Miscellaneous	...	...	...	...	9,052 lbs.
					84,010 lbs.
Weight of carcasses condemned	...	...	...	...	16,196 lbs.
Total weight	...	...	...	...	100,206 lbs.

A detailed examination of every ovine carcass was made to discover the presence of cysticercus bovis, which is the larval state of the tape-worm Taenia saginata found in man. Ten localised and viable infestations (0.12% of bovine animals slaughtered) were found and an analysis of these cases is as follows:-

	Cows	Heifers	Steers	Bulls
Site of lesion:-				
External Masseter	-	1	4	-
Internal Masseter	-	-	1	-
Heart	1	2	-	-
External Masseter, Internal Masseter, Heart and Diaphragm	-	1	-	-

During the year 33 cattle which had reacted to the tuberculin test carried out by the Ministry veterinary surgeons were sent for slaughter. If the number of reactor cattle were excluded from the figures the incidence rate in normal entry cattle would be:-

Cattle excluding Cows	0.05%
Cows	0.09%

Only five normal entry bovines showed evidence of tuberculosis and for the second year running no whole bovine carcass has had to be condemned for tuberculosis. The following table illustrates the dramatic fall in the incidence rate of tuberculosis in cattle. Percentage of animals affected by tuberculosis based on the total number of animals slaughtered:-

	Cattle excluding Cows	Cows	Pigs
1966	0.13	0.36	2.91
1961	1.43	10.65	2.86
1956	7.00	11.80	2.40
1938	16.20	49.00	5.80

When a normal entry bovine animal is found to have evidence of tuberculosis the Animal Health Division is immediately notified by telephone so that the necessary action can be taken at the farm concerned.

Co-operation with various colleges and research organisations in connection with animal diseases continued throughout the year.

The unsound meat from the Abattoir, with the exception of pork which is converted into fertiliser, is sold to a pig keeper.

The meat and other foods found to be unsound on inspection in food shops amounted to 11, 240 lbs.

Meat	...	...	...	...	...	1,580 lbs.
Canned Meat	...	...	...	...	...	2,042 lbs.
Fish	...	...	...	...	...	322 lbs.
Canned Fish	...	...	...	...	...	11 lbs.
Other foods	...	...	...	...	...	7,285 lbs.

In the past, reference has been made to the export of meat from the Abattoir to Germany, Belgium, Holland and France which had gone on somewhat intermittently, for eight years. In 1965, however, Canterbury Abattoir was taken off the approved list of abattoirs for the export trade and perhaps it is appropriate to look at one of the reasons put forward for this exclusion. It is the way in which cattle, that is bullocks, heifers, cows and bulls, are dressed. The established practice in this country is to remove part of the hide and to carry out other work while the carcass is on the floor. It is now generally acknowledged that floor dressing is becoming obsolete and is unhygienic. The cattle in some abattoirs are now dressed on "cradles" so as to reduce contamination of the carcass and the latest improvement, known as "vertical" or "on the rail" dressing, enables the work of preparing the carcass to be carried out while it is suspended and clear of the floor. This method has been in use for sheep and pigs in the Canterbury Abattoir since it opened and experts now predict that no abattoir will be built in future which does not incorporate the "vertical" system of dressing. Some abattoirs are already operating this system and others are contemplating changing. It is understood that both the cradle method and the vertical method of dressing cattle are acceptable for meat intended for export.

It is not for me to deal with the advantages of exporting meat to Europe, but I cannot ignore the question "How long should we as consumers of meat lag behind the Europeans in a matter of the hygienic preparation of meat?".

Poultry

There are no poultry processing establishments in the City.

Milk

There are five milk retailers in the City and 63 general shops are registered for the sale of pre-packed sterilised, pasteurised, and/or ultra heat treated milk.

All the milk sold by retail, with the exception of a few pints of untreated farm bottled milk sold by a producer-retailer, is either pasteurised or sterilized. The untreated milk comes from an adjoining district, and as the authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and *Brucella abortus*.

One firm using a H.T.S.T. plant is licensed by the City Council to pasteurise milk. Forty-two samples of bottled milk were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality at the point of delivery to the retailer (methylene blue test). All the tests were satisfactory.

Unfortunately not such a satisfactory state of affairs exists when the milk is sold loose from dispensing machines in cafes etc. Five out of 10 samples failed the keeping quality test and an investigation indicated that faulty sterilisation of the milk container was mainly responsible.

Six washed bottles at dairies were submitted to bacteriological examination and all were satisfactory.

Five cartons of milk from slot machines were checked for keeping quality and four were satisfactory.

The testing of farm milk before delivery to the distributor for the presence of antibiotics was continued and 55 samples were obtained. No antibiotics were found in 54. The unsatisfactory sample contained 0.03 international units of penicillin per millilitre and a warning letter was sent to the milk producer.

As it was known that testing of milk for the presence of antibiotics is also carried out by agents of the Milk Marketing Board an approach was made to the Board with a view to the exchange of information on milk coming into the City found to contain antibiotics. The object being to direct attention to herds with an antibiotic history and so make the best use of our sampling. It is much regretted that the Board refused to co-operate in this way. No doubt the Board has a reason to keep its findings confidential, but it is a little difficult to understand this attitude if there is a serious desire to see that the consumer has antibiotic-free milk.

Milk in Schools Scheme

All the milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

Milk (Special Designation) Regulations

The following licences granted by the City Council were in operation at the end of the year:

To pasteurise milk	...	...	...	1
To sell pre-packed pasteurised/ sterilized and/or ultra heat treated milk	...	...	...	63

Ice Cream

Of the total of 49 methylene blue samples taken during the year, 45 were graded in category I or II, two in category III and two in category IV. All the grade III and IV samples were found to be due to faults in the cleaning and sterilizing of service equipment and after advice had been given better results were obtained. All the samples of ice cream manufactured locally were Grade I.

			Figures for comparison			
			1966	1965	1964	1963
Grade I	...	...	43	44	38	33
Grade II	...	...	2	4	6	7
Grade III	...	...	2	-	13	1
Grade IV	...	...	2	4	8	-

Public Houses

All the 83 public houses have proper glass washing facilities and improvements were made to the sanitary fittings in five houses during the year. It is expected that the one remaining house with obsolete sanitary fittings will be modernized in 1967 and this will mark the end of 16 years of endeavour.

Health Education

As in previous years the Inspectors continued to emphasize to food handlers the most important points of food hygiene during visits to food premises.

So long as attendance at organized courses of lectures is voluntary and depends upon the employee giving up some of his spare time, it is considered that the best results can be achieved by frequent inspection of the premises and by calling attention to the principles to be observed when the premises are visited.

A better arrangement than the present voluntary system of attending lectures would be a

regulation requiring persons holding the more important functions in food premises to have satisfactorily completed the appropriate craft course, or an approved course in food hygiene.

During the year the Inspectors took part in a course of lectures on food preparation organized by the local education authority.

Offices, Shops and Railway Premises Act, 1963

Work on the enforcement of this new Act continued during the year, 112 general inspections being made together with 277 reinspections. At the end of the year there were however 141 premises still to be inspected out of the total of 650 premises known to be covered by the Act. It had been hoped that by this time all premises would have received at least one inspection, but unfortunately there was a vacancy for a public health inspector for eleven months of the year and this was not possible. Fifty-eight new registrations were received on form OSR.1 from occupiers of premises during the year, many of these were however from new occupiers of premises already covered by the Act. At the end of the year it was estimated that there were 6,049 persons working in registered premises, the majority being employed in offices and retail shops.

As a result of inspections many improvements were carried out particularly to washing facilities, toilet accommodation, staircases and heating facilities. As a result of the lighting survey carried out at the end of 1965 some improvements in this respect were made, mainly in offices. A definite standard for artificial lighting would however be appreciated.

It should be mentioned that the Kent Fire Brigade also carry out inspections under the Act to ensure that adequate means of escape in case of fire is provided. It is therefore necessary in some cases to confer with the Kent Fire Brigade before asking for improvements, in order to ensure that the work will not be in conflict with the fire precautions required.

Thirty-five accidents were reported during the year, compared with the 32 accidents reported in 1965. In 16 cases it was found necessary to investigate the accident and in six of these recommendations were made in order to avoid further accidents. It is still thought that many accidents occur which are not reported, and employers are therefore reminded that they have a legal obligation to report to the local authority on form OSR.2 all accidents occurring on their premises which result in an employee being away from work for more than three days. Most accidents reported are of a minor nature but it is thought that two cases may be of interest. The first case involved a girl of 16 years working in a shoe shop, where step ladders were used for obtaining stock from high shelves. The accident occurred when the girl lost her balance while using one of these ladders. As she fell the ladder also fell and she landed on top of it, badly bruising her leg. On investigation it was found that the step ladder, although quite new, was unstable. This was mainly due to poor design rather than disrepair, and the firm concerned were asked to remove all step ladders of this type from the shop and replace them with step ladders of a more suitable design. The other accident occurred in a wholesale meat depot and was of a more serious nature. The manager was marking sides of bacon when a roller holding a side of bacon came off one of the meat hanging rails and struck him on the head. He suffered concussion and was taken to hospital. On investigation it was found that at various points on the rail system there were opening gates, which when open made it possible for rollers to come off the end of the rail accidentally. The firm was asked to fit safety catches on the system that would come into operation when the gates were opened. This has now been carried out and works satisfactorily. In another meat depot however it was found that a similar rail system existed and the firm concerned were also asked to fit safety catches. In this case the manufacturers of the rail system said that it was not possible to do this as the rail sections were too shallow.

Noise

The complaints received during the year ranged from noise from industrial equipment to noise from parties attended by young people. In most cases it was possible to gain some satisfaction for the complainants by informal action. The sound level meter was used to check the noise level in a factory working at night and in other cases where it was appropriate.

The Department has been endeavouring to persuade statutory undertakers and others to use an appliance on pneumatic drills which has the effect of reducing noise nuisance. Complaints are still being received regarding bird scaring devices in the fruit season, but it seems doubtful that there is really an effective alternative to explosive noises, although some farmers are experimenting with an imitation hawk made of plastic attached to a cable and kept up by a hydrogen filled balloon, which is said to hover in a life-like manner.

Clean Air Act

The measurement of atmospheric pollution in connection with the National Survey sponsored by the Ministry of Technology continued throughout the year at the three stations - Northgate, Stour Street and London Road. We are now in a position to make some comparison between the last 17 weeks of 1965 (measurements started on the 17th September, 1965) and the corresponding period in 1966. It may be misleading to place too much reliance on comparisons, as atmospheric pollution depends to a considerable extent on weather conditions, but there does appear to be a tendency in Canterbury, as elsewhere, for the amount of smoke in the atmosphere to become less while the amount of sulphurdioxide declines to a much lesser extent. This may be due to the tendency for solid fuel to be replaced by oil, especially when heavy oil is used with a sulphur content of around three per cent. In view of this more attention is being paid to chimney heights in commercial and industrial establishments to ensure that emissions from chimneys are adequately diffused.

The measurement of atmospheric pollution is a worthwhile and valuable part of the health department's functions. It has been suggested that as there is little industry in Canterbury there is little atmospheric pollution, but this is not necessarily so, for it must be borne in mind that by far the major part of atmospheric pollution is caused by the ordinary domestic fire burning bituminous coal which is notoriously inefficient compared with modern industrial furnaces.

The Building Regulations require heating and cooking appliances installed in new houses to be capable of burning authorized fuels and it is considered that when the production of these fuels has increased to provide an adequate supply, consideration might be given to the type of fuel used in new housing development. Some tenants elect to burn smokeless fuels, but the best results could be obtained by declaring areas ripe for development to be "smoke control areas." Our observations have already indicated that there is more smoke in the air of Canterbury than in the air of another, much more industrialised town, in Kent.

The average monthly readings, in microgrammes per cubic meter, for the three stations were as follows:-

	NORTHGATE		STOUR STREET		LONDON ROAD	
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
January	142	108	89	111	126	109
February	47	57	48	103	42	49
March	49	77	50	100	47	74
April	37	42	36	87	39	62
May	19	45	21	71	21	46
June	13	48	16	65	14	54
July	11	45	14	60	15	41
August	12	34	14	65	16	34
September	33	43	28	66	34	48
October	36	32	35	69	46	42
November	70	61	68	78	74	79
December	71	72	63	102	70	85

Diseases of Animals Acts

Five licences granted by the Council under the Diseases of Animals (Waste Foods) Orders, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order.

Slaughter of Animals Act, 1958

The Council issued 15 slaughterman's licences during the year and three of the licences include the slaughter of horses.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter are strictly complied with.

No Jewish or Mohammedan methods of slaughter are carried on in the City.

Caravans

There are no licensed caravan sites in the City.

Fertilizers and Feeding Stuffs Act, 1926

Four samples of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist, and all were satisfactory.

Rodent Control

Complaints were received in connection with 363 premises, 276 of which were in respect of private houses, 50 business premises and 37 local authority properties. During the investigations, 30 additional infestations were discovered.

Visits to houses	...	...	...	...	...	...	794
Visits to other premises	...	...	...	...	...	...	354
<u>Number of premises cleared</u>							
<u>Rats</u>							
Houses	...	...	...	...	...	...	268
Business premises	...	...	...	...	...	...	36
Other premises	...	...	...	...	...	...	25
<u>Mice</u>							
Houses	...	...	...	...	...	...	17
Business premises	...	...	...	...	...	...	12
Other premises	...	...	...	...	...	...	11

One maintenance treatment of the sewers was carried out and it would appear that the number of rats in the sewers is still being kept to a very low level.

The number of complaints of surface infestations has increased considerably compared with last year. This experience is apparently not peculiar to Canterbury. Some of the additional complaints may be due to members of the public being more ready to report the presence of rats to the local authority, but it is apparent that we are not really winning the battle against rats. During the year methods used have been examined and an analysis of the location of complaints carried out. As a result of this, certain changes have been made which, although our labour strength is very small, it is hoped will improve the situation. It has been necessary several times during the year to ask the City Engineer for the use of one of his staff to assist in the work.

Prescribed Particulars on the Administration of the Factories Act, 1961

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	26	4	-	-
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	159	18	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	-	-	-
	193	22	-	-

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	Number of cases in which prose- cutions were instituted (6)
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature ...	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors ...	-	-	-	-	-
Sanitary Conveniences:					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective ...	4	4	-	-	-
(c) Not separate for sexes ...	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork). ...	-	-	-	-	-
TOTAL	4	4	-	-	-

Part VIII of the Act. Outworkers

Nature of work	No. of outworkers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel: Making, etc.	9	-	-	-	-	-
Cleaning & Washing	-	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER 1966

Mr. Chairman, Ladies and Gentlemen,

The work of the school health service cannot as yet be replaced by any other part of the health services. While it may not always receive appreciation from those concerned with young people in a state of sickness, and while criticisms may be levelled at its limitations by those examining entrants to the fighting forces who disclose undetected defects, the routine of health supervision by the school health service is still the best known way of ensuring that the child is fit to benefit from education. Each doctor varies in degree in the interpretation of his findings from a medical examination, and this is never more clear than in the reactions of some family doctors to cases referred to them by the school doctor. The school doctor asks himself, or herself, "Is what I find a defect that does or may affect this person's ability to benefit fully from education?". If conscientiously it is considered to be so then some action must be taken, and within the relative responsibilities under the Education Act and National Health Service Act this action is to refer the question of treatment to the family doctor. The latter meets the problem in a situation where the claims of the sick are dominant; and it is not to be wondered at that differences of opinion arise on the importance of the defect and its treatment. Rather is it a matter for praise that so many family doctors are able to switch to the preventive outlook in the midst of a surgery session to take on the treatment procedure for something that seems of small importance in relation to the more obviously ill.

A condition in point is that of hearing defect. Routine audiometry at school entry is important in identifying cases of hearing loss at a time when full hearing is essential to the formation of the foundation to formal education. Mild or occasional attacks of middle ear disease, eustachian tube blockage arising from catarrhal infection with temporary hearing loss, the chronic wet ear, are all defects of educational importance. From the general practice angle the problem may be met by prescribing home treatment and leaving it at that. From the school health service viewpoint follow-up is essential to ensure that no residual hearing defect has resulted. It is not unknown to find parents who have defaulted in taking a child to a specialist appointment arranged by the family doctor. The hospital department writes off the case, the family doctor knows nothing of the failure to co-operate and only the school health follow-up discloses the situation. The same arises after hospital in-patient treatment when patients fail to attend for follow-up examination. Inconvenience, change of address, or holidays may be the simple explanation but the consequences on the results of treatment may be quite detrimental to the child's education. The development of the County Scheme of Assessment Panels for Partially Hearing Children at which Ear, Nose and Throat Consultant, School Medical Officer, Speech Therapist, Educational Psychologist, and Teacher of the Partially Hearing meet round the table to discuss all aspects of the educational needs of the child with a hearing problem, stresses the importance of the matter. We are fortunate to be able to join in this scheme which also considers children in the pre-school years identified as having a hearing or speech problem.

The school health service has one main aim which is to assist the education of the child by seeking full health to benefit from it. It is a natural consequence that a fitter nation of adults has grown out of it.

MALCOLM S. HARVEY

General Information

Number of Schools: Primary 10, Secondary 5.

Number of Scholars on the Roll at 31.3.67:

Primary	...	...	...	...	...	...	...	2,914
Secondary	...	...	...	...	...	...	...	2,640
Total								<u>5,554</u>

(Simon Langton Schools' 1160 pupils come under the County School Health Service by an arrangement made between authorities in 1945 to counterbalance the number of County children in City Secondary Technical and modern Schools)

Out of the 1,199 pupils submitted to a full routine medical examination only 15 were graded as generally unsatisfactory in physical health. Eighteen were found to be in need of treatment at the time of examination, (other than for defects of vision or presence of vermin). Thirty-nine had an unrecognized defect of vision requiring treatment; 25 of them in middle school routines.

Special medical examinations were requested in 195 cases and 976 follow-up medical inspections were carried out.

The findings are shown on the tables over.

Hearing

All 5-year-old entrants have routine audiometer tests. In addition to these tests 61 children were referred from routine medical examination for test, 44 of these were listed for observation and re-check, and 3 were referred to the family doctor for treatment. Seventy-one children are listed on an audiometry register for annual re-check because of past history or intermittent troubles, while 3 children are using hearing aids at school.

Lip Reading Classes

This is no longer provided for school children as the service of peripatetic teachers of the deaf has removed the need.

Nose and Throat

Fifteen cases were referred direct to the hospital specialist after the usual preliminary contact with the family doctor. It is not known how many pupils were referred by the family doctor but 62 received operative treatment on tonsils or adenoids and 5 for other E.N.T. conditions.

Speech Therapy

The cases of 73 Canterbury children were dealt with during the year; of these 47 were closed and 26 continue to be seen in 1967.

Among the closed cases, 37 had been referred to the Whitstable Road Clinic. The reasons for their closure at that clinic were as follows:-

Satisfactory progress	...	...	...	...	...	3
Treatment incomplete - family left district	...	...	...	...	...	1
Reported improved prior to being seen at the clinic	...	...	...	...	...	29
Left school or district prior to appointment being offered	...	...	...	...	...	4
						<u>37</u>

10 closed cases were dealt with by consultation and peripatetic supervision by senior staff based on County Hall.

Of the 26 city children continuing under speech therapists into 1967, 22 are being seen at the Canterbury Speech Therapy Clinic, 3 are being dealt with by peripatetic consultation with senior staff based on County Hall, and 1 City child who has been placed at the Port Regis Open Air School, is being seen at the Margate Speech Therapy Clinic.

Twenty-two City children were on the waiting list at the Whitstable Road Clinic at the end of the year.

Artificial Sunlight Therapy

During winter and spring term 216 treatments were given to 11 cases at 44 sessions.

Minor Ailments

On the way to school or on the way home, or on referral from school during the day 2,965 minor ailment treatments were given at the School Clinic.

Bed Wetting

Seventeen cases were loaned the bell system. Six were cured, 5 improved, 1 failed to improve and 5 continued under treatment. Modifications to improve the equipment were introduced.

Milk and Meals

School Milk: 3,554 pupils. School Dinner: 4,025 pupils. Meals were provided free of charge to 339 pupils.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	Number Medically Examined	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	312	309	99	3	1
Intermediates ...	212	208	98.1	4	1.9
Leavers	521	518	99.4	3	0.6
Other	154	149	96.7	5	3.3
Total	1,199	1,184	98.7	15	1.3

TABLE S.2.

Defects found by Medical Inspection in the year ending 31st December, 1966

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	-	72	2	20
5	Eyes (a) Vision	39	179	70	177
	(b) Squint	2	3	1	9
	(c) Other	-	21	-	14
6	Ears (a) Hearing	-	61	3	44
	(b) Otitis Media	-	15	-	2
	(c) Other	-	9	-	1
7	Nose and Throat	5	54	2	27
8	Speech	4	20	4	1
9	Cervical Glands	-	13	-	8
10	Heart and Circulation	-	23	1	5
11	Lungs	-	37	-	29
12	Developmental -				
	(a) Hernia ...	-	1	-	1
	(b) Other ...	-	9	-	7
13	Orthopaedic -				
	(a) Posture ...	9	19	2	7
	(b) Flat foot ...	-	33	4	12
	(c) Other ...	-	32	-	13
14	Nervous System -				
	(a) Epilepsy ...	-	6	-	2
	(b) Other ...	-	30	-	25
15	Psychological -				
	(a) Development	-	16	-	22
	(b) Stability	-	19	-	18
16	Abdomen... ..	-	9	-	2
17	Other	-	129	-	45
Total Number of Children Inspected		1,199		1,171	
Number of Children represented in figures above		859		580	

NOTE - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.
MINOR AILMENTS TREATED
(excluding Uncleanliness shown in Table S.6.)

*No. of Defects
Treated or under treat-
ment during the year*

SKIN:								
Ringworm - Scalp:								
(1) X-ray treatment	...	...	...	...	...	...	...	-
(2) Other treatment	...	...	...	...	...	...	...	-
Ringworm - Body	...	...	...	...	...	...	...	-
Scabies	...	...	...	...	...	...	...	7
Impetigo	...	...	...	...	...	...	...	375
Other skin diseases	...	...	...	...	...	...	...	49
EYE DISEASES								
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)								48
EAR DEFECTS								
(Treatment for serious diseases of the ear is not recorded here)								281
Miscellaneous	...	...	...	...	...	...	...	760
Total number of attendances at Authority's minor ailments clinics								2,965

TABLE S.4.
TREATMENT OF DEFECTIVE VISION AND SQUINT
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors in Refraction and Squint dealt with	...	...	...	...	380
Other Defects or Diseases of the Eye	...	...	...	...	118
No. of Children for whom spectacles were prescribed	...	...	...	...	

TABLE S.5.						
Defects which received operative treatment (through Education Committee arrangements)						-

TABLE S.6.
GENERAL HYGIENE

(1) Average number of visits per school made by School Nurses	...	49
(2) Home visits made as School Nurses	...	405
(3) No. of Individual Children found with nits	...	37
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	...	-
(5) No. of cases in which legal proceedings were taken	...	-
(6) Total individual examinations of pupils in school by School Nurse..		16,233

Handicapped Pupils

Arising from Circular 9/66 D.E.S. (7/66 Ministry of Health) on Co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People, after a preliminary approach to the County Medical Officer who demurred at joint local discussions because the County was going about it in a different way, a round table discussion between health, mental health, welfare and vocational guidance officers was held to review our local arrangements. Discussion with the local paediatric consultant indicated his preference for individual case conferences. The need for co-ordinated consideration with the vocational guidance service when a handicapped child reaches age 13/14 years is recognized. Pre-school consideration of a handicapped child's needs functions reasonably well. The London hospitals are no longer remote and there is a much improved liaison with the local health authority on case needs.

Handicapped Pupils

	On Register		Newly assessed as needing special education treatment	Newly Placed	Newly Placed (Assessed prior Jan. 1966)	Requiring Special Schools (a) Day (b) Boarding	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools (a) Day (b) Boarding	On Registers Boarding Schools		
	Male	Fem.							Main-tained Schools	Non-Main-tained Schools	Independent Schools
Blind ..	-	-	-	-	-	-	-	-	-	-	-
Partially sighted ..	1	-	1	1	-	-	-	-	-	1	-
Deaf ..	2	-	-	-	-	-	-	-	-	2	-
Partially hearing ..	1	-	1	1	-	-	-	-	-	1	-
Physically Handicapped	4	6	-	-	-	-	-	-	-	4	-
Delicate ..	4	4	1	1	1	(b) 2	-	(b) 2	1	3	-
Maladjusted	3	2	-	-	-	(b) 1	-	-	-	2	-
E.S.N. ..	32	24	10	2	-	(a) 12 (b) 5	-	(b) 3	10	10	1
Epileptic	-	-	-	-	-	-	-	-	-	-	-
Speech Defects ..	-	-	-	-	-	-	-	-	-	-	-

REPORT OF THE PRINCIPAL DENTAL OFFICER 1966

Principal Dental Officer: Mr. B. J. West, L.D.S., R.C.S.

Mr. Chairman, Ladies and Gentlemen,

At the end of 1965 Mr. P. B. Taylor retired as Principal Dental Officer and for the first three months of 1966 the dental work was carried on by Mr. D. Crouch and Mrs. S. Payne on a sessional basis.

In April, Mr. B. J. West took up his duties as Principal Dental Officer. Unfortunately both Mr. Crouch and Mrs. Payne felt that they could no longer spare time for sessional work with the City and left during March. Mr. West, however, was joined by Mr. F. Cogan in May for two sessions per week and by Mr. J. M. Atkins in October for three sessions per week.

The re-equipping of the surgeries was taken a stage further with the replacing of the old Walton II Anaesthetic machine with a Walton V model and the purchase of a Philips Oralix X-ray Apparatus and a Velopex Developer.

Estimates have been submitted to replace the remaining obsolete equipment during 1967-68 and bring both surgeries up to date.

(a) SCHOOL DENTAL SERVICE

Although the amount of dental work during the first three months was low due to the reduction in sessions worked, the number of fillings completed during the year showed a rise of 405 to 1,577, and although the number of extractions was also increased this was the first year since 1954 that the number of fillings exceeded the number of extractions. Another point of note was that the number of permanent teeth extracted fell from 455 to 325.

The number of children inspected at school or at the clinics remained high but there exists a large back-log of children awaiting treatment, and this back-log must be cleared before an adequate inspection-treatment ratio can be set up.

Attendances and Treatment

	Ages 5-9	Ages 10-14	Aged 15 and over	Total
First visit	444	392	81	917
Subsequent visits	653	1,051	285	1,989
Total visits	1,097	1,443	366	2,906
Additional Courses of Treatment				
Commenced	57	62	10	129
Fillings in Deciduous Teeth ...	291	47	-	338
Deciduous Teeth Filled	274	45	-	319
Deciduous Teeth Extracted	926	258	-	1,184
Fillings in Permanent Teeth ...	251	913	317	1,481
Permanent Teeth Filled	211	759	288	1,258
Permanent Teeth Extracted	43	223	59	325
General Anaesthetics	326	198	27	552
Emergencies	40	13	3	56

No. of Pupils X-rayed	...	...	...	...	...	...	29
Prophylaxis	...	...	...	...	...	...	229
Teeth otherwise conserved	...	...	...	...	...	...	138
No. of teeth root filled	...	...	...	...	...	...	Nil
Inlays	...	...	...	...	...	...	Nil
Crowns	...	...	...	...	...	...	Nil
Courses of treatment completed	...	...	...	...	...	...	581

Orthodontics

Cases remaining from previous year	...	...	...	...	13
New cases commenced during year	...	...	...	...	16
Cases completed during year	...	...	...	...	9
Cases discontinued during year	...	...	...	...	7
No. of removable appliances fitted	...	...	...	...	27
No. of fixed appliances fitted	...	...	...	...	Nil
Pupils referred to Hospital Consultant	...	...	...	...	Nil

Prosthetics

Pupils supplied with F.U. or F.L. (first time)
Pupils supplies with other dentures (first time)
Number of dentures supplied

Ages 5-9	Ages 10-14	Aged 15 and over	Total
-	-	-	-
3	5	3	11
3	5	3	11

Inspections

First inspection at school: No. of Pupils	...	...	...	4,042
First inspection at clinic: No. of Pupils	...	...	...	397
No. found to require treatment	...	...	...	2,599
No. offered treatment	...	...	...	2,031
Pupils re-inspected at School Clinic	...	...	...	199
No. found to require treatment	...	...	...	100

Sessions

Sessions devoted to treatment	...	...	...	452
Sessions devoted to inspections	...	...	...	25
Sessions devoted to Dental Health Education	...	...	...	Nil
General Anaesthetics administered by Dental Officer	...	...	...	33

(b) MATERNITY AND CHILD WELFARE SERVICES

During the Summer an experiment by which pre-school children would have their teeth inspected when they attended for their general medical inspection after their third and fourth birthdays, was discontinued through lack of response. As a result, Health Visitors agreed to submit the names of all mothers and pre-school children who wished to avail themselves of the Local Authority Dental Service to the Principal Dental Officer and the treatment was carried out at either the Dental Clinic, St. John's Place, Northgate, or the Central Clinic, Stour Street, depending on the wishes of the mothers concerned.

Numbers Provided with Dental Care

	No. of persons inspected	No. of persons offered treatment	First Visits	Subsequent Visits	Total Visits	Additional courses of treatment commenced
Expectant and Nursing Mothers	37	33	40	100	146	6
Children Ages 0-4	81	51	82	53	144	9

	No. of Teeth filled	No. of Teeth Extracted	General Anaesthetics	Prophylaxis	Teeth otherwise conserved	Crowns and Inlays	Radio-graphs	Dentures		
								No. of Full Upper or Lower	No. of Partial or Lower	No. of Courses Completed
Expectant or Nursing Mothers	48	50	15	13	-	-	1	1	12	21
Children Ages 0-4	26	171	51	5	17	-	-	-	-	27

No. of equivalent sessions	...	...	...	...	...	47
General anaesthetic administered by Dental Officer	...	...	...	...	...	4

(c) TRAINING CENTRE

Owing to the special care these patients need, it is intended to carry out a routine dental inspection every six months. One such inspection was carried out during October, 1966, details of which are given below. Treatment was given at the Dental Clinic, St. John's Place, Northgate and included in the figures for the School Dental Service.

No. inspected	...	...	...	...	...	43
No. offered treatment	...	...	...	...	...	19
No. accepting treatment	...	...	...	...	...	16

CANTERBURY CHILD GUIDANCE CLINIC ANNUAL REPORT, 1966

During this year the staff has been depleted by retirement and resignation. Miss Bassom, who retired in August, had been the Psychotherapist for many years, and for the last three years had also given part-time service to the Dover Clinic. Many families have missed her friendly manner and children her understanding of their problems. Mrs. Popplestone resigned as Psychiatric Social Worker at the end of October after only a short period in Canterbury, to accompany her husband to a post in another University, and in early November Mrs. Sambrook retired. I should like to pay tribute to the sterling service given by Mrs. Sambrook, often at considerable sacrifice of her own personal comfort, to ensure that many children should have reassurance, help and stimulation. The Clinic also lost by resignation the services of Mrs. Clarke, part-time secretary, at the end of the year, and Mr. Firth who joined as Educational Psychologist in the autumn also submitted his resignation in 1966, although not leaving until early 1967.

Despite these changes in personnel and the changes in role required of the existing members of Staff, the service offered has continued to reflect the changing needs of the population. I am glad that the need for more work with younger children as a result of the influx of young families into the City has been met, largely through the co-operation of the Health Visitors and their close links with other services and General Practices.

We now frequently receive enquiries from professionally trained relatives of University or College staff about openings in this area for all types of work with children, and the amount of goodwill and voluntary effort available here is most gratifying. We are grateful to those students who have staffed a children's playgroup one afternoon a week and so given a few hours respite to over-busy mothers.

The links with the hospitals and the co-operation of teaching staff in schools and colleges are growing all the time, and the Staff of the Child Guidance Clinic hope that their clinic will continue to be the discussion centre for the professional problems of those working with families as well as the Clinic for families who have worries about their children.

K. M. FRASER,

Medical Director.

TABLE C.G.1.

SOURCE OF REFERRAL

	1966		1965	
	County	City	County	City
School Medical Officer	6	16	10	12
Private Doctor	35	12	25	9
Court or Probation Officer	4	1	9	2
Parent or Foster Parent	2	3	9	4
Educational Psychologist	-	-	9	-
Education Officer or Head-Teacher..	19	10	9	4
Other Clinics or Psychiatrists	17	-	13	2
Miscellaneous Social Agencies, including Children's Officers, Infant Welfare Clinics, etc. ...	2	2	6	2
	85	44	90	35
	129		125	

TABLE C.G.C.2

DIAGNOSTIC WAITING LIST

December 31st, 1966		December 31st, 1965	
County	City	County	City
20	12	23	5

TABLE C.G.3

DISPOSAL OF NEW CASES SEEN

	1966		1965	
	County	City	County	City
Diagnosis and Advice	9	3	11	4
Taken on for Treatment	57	24	65	33
Remedial Coaching	5	2	2	2
Partial Service	7	1	11	8
	78	30	89	47
	108		136	

TABLE C.G.4

CASES CLOSED

	1966		1965	
	County	City	County	City
Improved	25	25	34	13
Unco-operative	2	1	4	1
Interrupted or Moved Away	9	2	7	1
Placed after Supervision	9	3	8	-
	45	31	53	15
	76		68	

STAFF

Consultant Psychiatrist and Medical Director

Educational Psychologist

Psychiatric Social Worker

Occupational Therapist

Remedial Teacher

Clinic Secretary

Part-time Clerk

K. M. Fraser, M.B., Ch.B., D.C.H., D.P.M.

Mr. Brian Roberts, B.A., Dip. Psych.

Miss M. E. Cripps, A.A.P.S.W.

Miss H. M. Hamblin, M.A.O.T.

Mr. J. Wyborn (Saturday mornings only)

Miss N. Drury

Mrs. B. S. Lawrence

SERVICE INFORMATION

The following section provides general information for those who use or work with the local health services provided by the City Council:

Ambulance Service

The Ambulance Service for the City and around is provided jointly by Canterbury City Council and Kent County Council, and is supplemented by the Hospital Car Service and by use of rail transport. Except in the case of emergencies or accidents, requests are only accepted from medical practitioners and authorised officers of hospitals and local health authorities.

Canterbury Ambulance Station, Old Ruttington Lane, Canterbury. Tel. No. 65001.

In emergency use 999 and state name, number of your telephone and the nature and location of the emergency, and do not ring off until the information is checked back.

The obligation resting on the Ambulance Service is not to make arrangements for the conveyance of all persons suffering from illness but only those for whom special transport such as the service provides is necessary.

(a) Patients needing to attend hospital who can reasonably be expected to make their own way there should do so. (b) Walking patients may not be provided with transport if they can be expected without detriment to health to make their way to hospital on foot or by public transport. (c) Patients may not be conveyed to a distant hospital or specialist if the necessary treatment or diagnosis can be obtained nearer home. In such cases arrangements may be made for transport and a charge levied on the patient or responsible relative.

Questions on ambulance service matters concerning this station area may be made at Canterbury 64411 Ext. 42.

District Nursing

This service is provided by the Canterbury District Nursing Association, affiliated to the Queen's Institute of District Nursing, and is centred on the Central Clinic, Poor Priests' Hospital, Stour Street, Canterbury.

The services of a nurse are obtained through the family doctor under whose clinical direction the nurses work. Nursing requisites are loaned out by arrangements through the nurses. Larger articles may be obtained on loan from the Central Clinic or through British Red Cross Society, St. John Ambulance Brigade, and the Alford Aid Society. Incontinence pads for special cases not being attended by a district nurse may be obtained from the Central Clinic at a charge.

Address: Poor Priests' Hospital, Stour Street (Central Clinic, side door).

District Nurses - Tel. No. Canterbury 64917.

MRS. R. B. LEUTNER, S.R.N., S.C.M., Q.N.S. Tel. Stelling Minnis 316.

MISS M. K. GILLET, S.R.N., S.C.M., Q.N.S. Tel. Canterbury 65763.

MRS. M. PERCIVAL, S.R.N. Tel. Canterbury 63333.

MRS. M. E. PERKS, S.R.N., Q.N.S. Tel. Whitstable 4719.

MISS E. P. GOUDIE, S.R.N., S.C.M., Cert.D.N. Tel. Canterbury 66562.

MISS M. WIMBUSH, S.R.N., Q.N.S. Tel. Lyminge 87139.

Domiciliary Midwifery

Domiciliary Midwives provide a service for the delivery of mothers at home. In general the care is provided in conjunction with the family doctor, but the midwives are qualified to practice alone if required to do so. Booking: A midwife may be booked any forenoon or afternoon (except Thursday and Friday afternoons or Saturday) by calling at the Central Clinic, Stour Street. The midwives now work to particular medical practices and the name of the midwife to be booked is obtained from the surgery.

Staff:

MISS N. E. THOMAS, S.R.N., S.C.M., S.R.F.N., Q.N.S. Tel. 63962.
MRS. F. M. LIVERSEDGE, S.R.N., S.C.M. Tel. 65356.
MISS C. H. L. DESAINT, S.R.N., S.C.M. Tel. 65828.
MRS. J. HOWARD, S.R.N., S.C.M. (RELIEF). Tel. 66056.

Health Visiting

Six Health Visitors provide a service for the care of mothers, infants and young children and the promotion of health through advice and health education, in the home, amongst school children, and through the child welfare clinics. They are concerned in the welfare of the elderly and infirm in their district and are associated with the family doctors by regular contact with surgeries. They are also concerned with the care and after-care services.

Headquarters: Central Clinic, Stour Street. Tel. No. 64411 Ext. 49, 46, or 27.

Staff:

MISS A. GREY, S.R.N., H.V.Cert. (Superintendent Health Visitor).
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.
MISS J. C. BARBER, S.R.N., H.V.Cert.
MRS. P. RUSSELL, S.R.N., H.V.Cert.
MRS. B. M. RUTKINS, S.R.N., S.C.M., H.V.Cert.
MISS K. J. ALLSON, S.R.N., S.C.M., H.V.Cert., Q.N.S.
(Clerk: Mrs. A. Burton).

A special Tuberculosis Health Visitor works from the Chest Clinic, 43 New Dover Road, Canterbury. Tel. 62336.

Care of Mothers and Young Children

Clinic Times:

Monday, 2 p.m., 51 London Road, May Hooker Memorial Clinic: Health Visitor and W.R.V.S. voluntary workers (Doctor fortnightly) (London Road Clinic).
Tuesday, 10 a.m. St. Stephen's Church Hall: Health Visitor and Voluntary Workers. (Doctor once a month) (St. Stephen's Clinic).
Tuesday, 2 p.m. Hollow Lane, Wincheap Primary School: Health Visitor and Voluntary Workers (Doctor once a month). (Wincheap Clinic).
Tuesday, 2 p.m. Welfare Hut, Military Road: Health Visitors and Voluntary Workers (Doctor fortnightly). (Northgate Clinic).
Thursday, 2 p.m. Central Clinic Stour Street: Doctor, Health Visitors and Voluntary Workers.
Friday, 9.30 a.m. - 12 noon, Central Clinic: Immunisation.
Friday, 2 p.m. Central Clinic, Stour Street: Doctor, Health Visitors and Voluntary Workers.

Mothercraft and Relaxation Classes

Monday, 2 p.m. Central Clinic: Physiotherapist and Health Visitor.

Sewing Classes

Tuesday, 2.15 p.m. Central Clinic (during school term-time).

Dental Clinic (Expectant and Nursing Mothers and Pre-School Children):

Central Clinic Surgery (Ground floor). (Treatment is also carried out by appointment at the Dental Surgery in the School Clinic, Northgate).

Unmarried Mothers

Help is provided for the special need of the unmarried mother and assistance is arranged through the Welfare Visitor, Tel. No.63186 (before 10.30 a.m.) at 46 Old Dover Road (Miss U. Miller). Approach for assistance may also be made through the family doctor, health visitor, or by letter to the Medical Officer of Health, Dr. M. S. Harvey, 15a Dane John, Canterbury, marked strictly confidential. The Health Department works with the Diocesan Council for Social Work, and the Southwark Catholic Rescue Society in providing care.

Exfoliative Cytology

A cervical smear test clinic is held on Thursday evenings in the Central Clinic by appointment only, for women to 65 years. A lady doctor is in attendance. Appointment forms are obtainable from the Health Department, the clinics, or through doctors' surgeries. The family doctors are providing a similar service for their patients through their own surgeries.

Facilities are provided for Kent County Health Department to run a similar clinic for women from the County area. This clinic runs on Wednesday afternoons and forms of application are obtainable from County Hall, Maidstone, or from any of the County Welfare Clinics.

Family Planning

There is a local Branch of the Family Planning Association (see list of Voluntary Societies). The Clinics are held on Tuesday morning and Tuesday and Wednesday evenings each week in accommodation provided in the Central Clinic, Stour Street, Canterbury. Cases are seen by appointment, made through Tel. Canterbury 61267 before 10 a.m. or 1 to 2 p.m.

School Health Service

This service is staffed by doctors and dentists listed at the end of the report and is based for records, minor ailments treatment, dental treatment and special examinations and clinics on the

School Clinic, St. John's Place, Northgate. Tel. 63794

The Nursing Staff comprises the Health Visitors, and

School and Clinic Nurse: MRS. A. F. HARRIS, S.R.N., S.C.M.

Dental Surgery Assistant: MRS. E. M. GREENSTREET.

School Nurse: MISS M. E. PHIPPS, S.E.N.

School Health Service Clerk: MRS. P. A. WOODS and 1 part-time clerk

Child Guidance Clinic

Referrals are through the School Medical Officer, family doctor or hospital consultant, and the School Psychological Service. As indicated in the report from the clinic which is printed earlier in this Annual Report contact between head teachers, and social workers and the clinic in cases of doubt is welcomed. Staff are listed in the clinic report. Clinic, 51 London Road, Canterbury. Tel. No.62733.

Speech Therapy

Referrals are made through the School Health Service or the Medical Officer of Health (Kent County Speech Therapy Clinic in Canterbury is at 94 Whitstable Road).

Priority Dental Service

This dental service is provided for expectant and nursing mothers and pre-school children and is staffed by the officers of the Dental section of the School Health Service. Treatment can be obtained through the Priority Service or General Dental Service according to choice.

Birthday dental inspection and advice at age 3 years and 4 years is encouraged and the Dental Surgery in the Central Clinic is used for that purpose. Surgery Centre: Central Clinic (Ground Floor).

Home Help Service

A service provided to meet the needs of households in difficulty through illness, maternity or complications of pregnancy, physical handicap or infirmity, or arising from the presence of young children (see main report regarding help in cases of sudden family breakdown).

Requests for the service are accepted from family doctors, authorised officers of the hospital or local health services and certain social work departments. Each case is assessed for charges.

Home Help Supervisor, Mrs. J. F. Amos, Health Department, 15a Dane John. Tel.No.64411 Ext. 47.

Mental Health Service

The care and after-care of mentally ill and mentally handicapped persons is provided by the Social and Mental Welfare Officer, Mr. A. Head, 15a Dane John. Tel. No. Canterbury 64411 Ext.45, backed by Mr. G. King, Mental Welfare Officer.

THE CANTERBURY TRAINING CENTRE provides 50 places for junior and adult mentally handicapped persons. Address: Canterbury Training Centre, Woodville Close, Wincheap, Canterbury. Tel. No. Canterbury 64316.

Supervisor: MRS. E. M. MONTI.

Other Staff: MRS. W. COOMBES, MR. R. GRADY, MRS. R. IRVINE,
MRS. L. I. CLARKE, MRS. J. SKINNER, MRS. W. FOWLER.

Applications for admission should be sent to the Medical Officer of Health, 15a Dane John, Canterbury.

Nursing Requisites (see under "District Nursing").

Special Aids for the Handicapped or Elderly

The Health and Welfare Departments are each concerned in such help on a case basis. Tel. 64411 Ext. 40 or 45.

Foul Laundry Service

A service for the collection of fouled linen, laundering and delivery is provided through the Health Department to assist with the home care of incontinent bedridden patients. A charge is made per article laundered. Cases are referred through the family doctor, hospitals or district nurses. Contact: Health Department. Tel. No. 64411 Ext. 48 (see also District Nursing ref. incontinence pads).

Chiropody

A chiropody service is provided for elderly, or physically handicapped persons, and expectant or nursing mothers. Cases are referred through the family doctor, the local health authority nursing staff, the Ministry of Pensions or the hospital service. Treatment is given at the chiropodist's rooms or by domiciliary visit. The proportion of cost to be paid by the case is assessed on ability to pay but a small minimum charge is payable by all cases at the time of treatment.

The British Red Cross Society provides a corn service for elderly ambulant persons at its Headquarters in Lower Chantry Lane.

Care and After-Care

Ancillary nourishment is provided for tubercular cases on the recommendation of the Chest Physician. In special cases of debility assistance can be given or arranged for recuperative care. Convalescence after hospital treatment is arranged by the hospital service. In other cases help may be arranged by the Health Department in conjunction with the family doctor.

The local nursing, home help and social services are used to assist with the after-care of persons discharged from hospital, particularly the aged, and to help recovery and resettlement back into the community.

Prevention of Illness, etc.

B.C.G. vaccination against tuberculosis is provided for case contacts through the Chest Clinic and for young persons from age 11 upwards by approved Medical Officers. The routine B.C.G. programme is carried out in the secondary schools, local public schools and through the School Clinic for older applicants. Forms of consent are distributed through the schools, but may also be obtained on application to the Health Department, or the Registrars of the College of Art and the Technical College for Students at these Colleges.

Vaccination and Immunisation

The scheme covers protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis and such protection is available for children through the local Child Welfare Clinics or the family doctor.

Adult vaccination for those going abroad, or protection against typhoid and paratyphoid, etc. is not dealt with under the local health authority scheme and should be discussed with the family doctor. Authentication of signatures on International Certificates is done in the Health Department (Monday to Friday).

Welfare of Elderly and Physically Handicapped

Enquiries on this service should be addressed to the Welfare Officer, Municipal Buildings, Dane John. Tel. No. 64411, Ext. 40.

Children's Officers Department

Enquiries on matters concerned with the welfare of neglected or deprived children, children in need of care and attention, family guidance problems, children being fostered, etc. should be addressed to the Children's Officer, Arnett House, Hawks Lane, Canterbury. Tel. No. 65514.

Postal Addresses of Voluntary Societies

British Red Cross Society, Lower Chantry Lane.
St. John Ambulance Brigade, 17 Lancaster Road, or Headquarters, Church Lane, St. Mildreds.
Alford Aid Society, 43 Old Dover Road.
T.B. After-Care Committee, Chest Clinic, 43 New Dover Road.
National Society for the Prevention of Cruelty to Children, 30 Cherry Garden Road.
Royal Society for the Prevention of Cruelty to Animals, 60 St. Martin's Road.
Discharged Prisoners' Aid Society, 4 Gas Street.
Women's Royal Voluntary Service, 3 Castle Street.
Family Planning Association, 14 Whitehall Gardens.
Canterbury Society for Mentally Handicapped Children, 87 Tenterden Drive.
Canterbury Hard of Hearing Club, Hawcroft Farm, Sturry.
Canterbury Voluntary Association for the Blind, "Brearly", Pilgrim's Way.
Diocesan Association for the Deaf, Lady Wootton's Green.
Disabled Drivers' Association, 215 Wincheap.
Diocesan Council for Social Work, Diocesan House, Lady Wootton's Green.
Canterbury Old People's Welfare Committee, c/o. Royal Insurance Company, 16 Lower Bridge Street.
Marriage Guidance Council, 1a Castle Street.

National Institute for the Deaf, Roper House, St. Dunstan's Street,
Society of Friends, Friends' Meeting House, The Friars.
Toc H., 81 Cherry Drive.

Medical, Administrative, Clerical Staff

HEALTH DEPARTMENT, 15a Dane John. Tel. No. 64411.
Pedestrian access from Dane John Gardens, Car Park off Worthgate Place.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and School Medical Officer:

JAMES LESLIE GORDON, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer:

B. J. WEST, L.D.S., R.C.S.

Chest Physician and Adviser in After Care:

O. CLARKE, M.D., M.R.C.S.

Medical and Dental Officers (Part-time):

DR. F. B. CHEESE, M.B., Ch.B. (Child Welfare).

DR. J. A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (Anaesthetics).

MR. F. COGAN, L.D.S. (Dental Surgery).

MR. J. M. ATKINS, L.D.S. (Dental Surgery).

MR. H. MACGREGOR, L.D.S. (Dental Surgery).

DR. JEAN J. S. NICOLSON (Cervical Cytology).

DR. KATHLEEN H. CHRISPIN, (School Health, Child Welfare, Cervical Cytology).

Lay Assistant: D. PLEDGE.

Senior Clerk: MISS J. MASHMAN.

Clerical Officer: MRS. J. SPICE.

Clerical Staff: MISS B. E. HOWARD

MISS A. LEAMY

MISS J. LOUDON

and 1 part-time Clerk.

Central Clinic Clerk: MRS. N. BUTLER

General Assistant: C. A. EASTLAND.

Public Health Inspectorate

Chief Public Health Inspector: (Tel. No. 64411)

T. L. MARTIN, F.A.P.H.I.

Senior Meat Inspector:

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Senior Public Health Inspector:

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

Public Health Inspector and Meat Inspectors:

R. H. CUFF, Cert. P.H.I.E.B., Dip. Inspector of Meat and other Foods.

T. S. BRUNTON, Meat Inspector's Certificate (Scotland).

Rodent Officer and General Assistant:

A. BAUGHAN

Section Clerk:

T. C. RANDALL.





ELVY BROTHERS LIMITED
11 BEST LANE
CANTERBURY
