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City and County Borough of

Canterbury

1970

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

1970

CITY OF CANTERBURY
(IN OFFICE 1971)

Mayor:
COUNCILLOR J. TILLEARD

Chairman–Health Committee:
COUNCILLOR MRS. R. KILVERT

Chairman–Education Committee:
ALDERMAN H. J. BUCKWORTH

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, F.A.P.H.I.

COMMITTEE MEMBERSHIP, 1971

Mayor:
COUNCILLOR J. TILLEARD

Health Committee:

Chairman: Councillor MRS. R. KILVERT

City Council Members: Alderman Mrs. K. M. ELLIS, Alderman A. V. WILSON, Councillor L. R. BENNETT, Councillor M. J. S. BUTLER, Councillor A. J. E. FISHER, Councillor Mrs. L. K. GUY, Councillor Mrs. J. E. JONES, Councillor F. E. JOHNSON, Councillor B. A. PORTER.

Co-opted or Representative Members: Miss E. M. HAIGH, Matron, Kent and Canterbury Hospital, Dr. J. A. CHEESE, Local Medical Practitioner, Mr. A. FENTON-TAYLOR, South East London and Kent Executive Council, Mrs. H. V. PAGE, Canterbury Group Hospital Management Committee, Mrs. H. BARBER

Education Committee:

Chairman: Alderman H. J. BUCKWORTH

City Council Members: Alderman Mrs. K. M. ELLIS, Alderman A. V. WILSON, Councillor W. J. CLARKE, Councillor A. J. E. FISHER, Councillor M. E. FULLER, Councillor Mrs. L. K. GUY, Councillor A. S. JARVIS, Councillor B. A. PORTER, Councillor J. TILLEARD.

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

A dominant feature of the year was the discussion that went on concerning the restructure of the National Health Service and the combination of the social services with which the Health Department was concerned with other social and welfare services into a new Social Services Department. It was appreciated that the development of the Social Services Department is a necessary preliminary to any separation of the personal or community health services which have been the concern of Local Health Authorities, and their integration within an Area Health Board structure. The reform of local government has now been given a shape and it is anticipated that the future health service structure will correspond to the shape of local government areas. In the case of Canterbury we know the value to the community of being in close touch with the people who need the services. Something will be lost if the structure of the social services based on a County area makes no provision for the retention of local contact points which correspond to previous centres of local government to which the population is used to making an approach.

A much needed Child Health Clinic has now been established for the Reed Avenue and Vauxhall area in the Sturry Road Social Centre. It is hoped that a pre-school play group will become established on this centre and the two together will meet the need to counteract a certain sense of isolation in this housing area.

The community nursing services were improved during the year by the addition of one more Health Visitor. A District Nurse was also added to the staff as well as improved relief arrangements and the introduction of three part time nursing assistants to assist the District Nurses with bed bathing, general unskilled care and heavy nursing cases. The community nursing staff is now arranged on a management structure with one Senior Nursing Officer in charge, and this is working to the advantage of the service. Arrangements were completed for the attachment of Health Visitors to general practices in the City and we now have the complete community nursing team organised on an attachment basis.

The views of the Health Committee on a scheme of improving aid to the Pre-School Play Groups based on the service they provide to socially deprived cases was passed to the new Social Services Committee and accepted for implementation during 1971.

A new arrangement with the Family Planning Association was agreed whereby the Association continues to act as agent of the Council in providing a service. The agency arrangement is to be extended to provide not only advice and supplies to medical and social cases but also to provide advice to all city cases without charge.

There was no progress beyond further review of the preliminaries in health centre development and settlement has yet to be reached on the siting of a health centre in order to present a detailed study.

The main environmental hazards which caused problems during the year were noise and smell. New Bye-laws for the control of noisy animals were introduced.

A most difficult problem developed around the introduction of the new plant at the sewage works, with the smells arising causing nuisance to the nearby villages of Sturry and Fordwich and to the Vauxhall and Reed Avenue housing area within the City. The technical problems involved are anything but simple and proved very difficult to overcome. There appears to be little margin of error between the efficient functioning of the plant without nuisance and deterioration of the process with the production of nuisance.

The extension of the refuse tipping area was the subject of an Inquiry in which, due to my responsibilities outside as well as within the City, led to a conflict of opinion. I felt it my duty to warn of the possible consequences of tipping refuse beyond the boundary into the Rural District in the near proximity of the village of Sturry. The problem was that the land involved has a very high water table and the proposal included tipping into water. The Inquiry led to the compromise of limiting the Council's activities to within the City boundary. But again one must recognise that there is a narrow margin of error in the process of tipping refuse into water between carrying out this form of disposal unsatisfactorily and the production of a localised nuisance. Joint discussions have opened on an officer level with the surrounding Authorities on the possibility of a combined scheme of refuse disposal in a dry area with the consideration of preliminary pulverisation of the refuse to provide a more easily disposable material.

The clean air policy accepted by the Council was continued by the extension bit by bit of the area of smoke control with the minimum of disturbance to the community or to the Council's finances.

The new swimming bath provides a welcome and healthy amenity for young and adult population and its completion must be recorded as a significant provision in Canterbury's recreational facilities.

MALCOLM S. HARVEY

VITAL STATISTICS – CANTERBURY 1970

It is too early to say that the birth rate is recovering. The drop in infant deaths is maintained. The peri-natal mortality rate which is a reasonable measure of the standard of pre-natal and neo-natal care shows an improvement due mainly to the drop in stillbirths. The percentage of elderly persons remains around the 14.8% for Canterbury and the area immediately surrounding it. This is a lower rate than for the rest of the area to the north and east of Canterbury.

Vital Statistics	1970	1969	1968	Mean 1966/70
Population Mid-Year	33,150	33,140	32,790	32,952
Area in acres	4,810	4,810	4,810	No change
Inhabited dwellings 1st April	11,192	11,067	10,851	10,910
Product of 1d rate	£16,980	£6,850	£6,750	–
Persons per dwelling	2.95	2.99	3.3	3.07
Live births	461	441	498	477
Live and stillbirths	463	448	503	483
Illegitimate live and stillbirths	58	46	43	46
% of total	12.3	10.2	9.5	9.85
Total deaths	421	414	416	415
Infant deaths	9	7	12	10
Statistical Rates (unadjusted)				
Birth Rate per 1,000 population	13.9	13.3	15.2	14.49
Death Rate per 1,000 population	12.7	12.5	12.7	12.6
Infant Mortality per 1,000 live births	20.0	16.0	24.0	20.1
Stillbirths per 1,000 live and stillbirths	4.0	16.0	9.1	13.5
Perinatal Mortality rate	17.0	27.0	26.0	23.6

Comparisons with rates for England and Wales after adjustment

	Adjustment factor	Canterbury 1970	England and Wales 1970
Birth Rate	1.07	14.9	16.0
Death Rate	.88	10.3	11.7
Stillbirths Rate	-	4.0	13.0
Infant Mortality	-	20.0	18.0
Neo Natal Mortality	-	13.0	12.0
Perinatal Mortality Rate	-	17.0	23.0

Registrar General Child Population Estimate 1970

Under 1 year	–	430
1– 4 years	–	1,870
5–14 years	–	4,800
Total Population 33,150	Under 15 years	7,100

Infant Deaths, 1970

Cause Age:	under 1 day	to 1 week	to 1 month	to 1 year	Total
Prematurity	1(f)				1
" with Respiratory failure	1(f)				1
Congenital abnormalities	1(m)	1(f)		1(f)	3
Resp. Distress Syndrome		1(f)			1
Resp. Infection		1(m)		1(m)	2
Malignant disease				1(f)	1
	3	3	–	3	9

1970 Total Deaths	DEATHS BY CAUSE	MALES 1970 by age groups						FEMALES 1970 by age groups						Pre vio Yea Tot 196
		All	Under 1	1–14	15–64	65–74	75+	All	Under 1	1–14	15–64	65–74	75+	
–	Tuberculosis	–						–						–
1	Other Infective/Parasitic Dis's.	1			1									–
78	Malignant Neoplasms: all:	32						46						5
–	Oesophagus	–						–						
10	Stomach	4			2		2	6			1	2	3	
6	Intestine	2			1	1		4			1	1	2	1
18	Lungs & Bronchus	16			4	10	2	2			1		1	2
13	Breast	–						13			5	7	1	
3	Uterus	–						3			1		2	
3	Prostate	3				1	2	–						
1	Leukaemia	–						1	1					
24	Other Malignant Neoplasms	7			3	3	1	17			6	6	5	3
1	Benign and Unspec. Neoplasms	1					1							
2	Diabetes Mellitus	1			1			1					1	
–	Other Endocrine Diseases	–						–						
1	Other diseases of Blood etc.	–						1					1	–
1	Mental Disorder	–						1				1		–
–	Meningitis	–						–						
2	Other Disease of Nervous System	1			1			1					1	
2	Chronic Rheumatic Heart Disease	1				1		1					1	
8	Hypertensive Disease	4			2	2		4					4	
101	Ischaemic Heart Disease	60			16	20	24	41			3	15	23	11
35	Other forms of Heart Disease	6			1		5	29			1	5	23	3
55	Cerebro Vascular Disease	21			3	7	11	34			5	6	23	4
18	Other Diseases of Circulatory System	10			3	1	6	8			2	–	6	3
5	Influenza	2			1		1	3			1		2	
35	Pneumonia	4	1				3	31			1	4	26	1
22	Bronchitis & Emphysema	14			1	3	10	8			2	2	4	2
3	Other Diseases of Respiratory System	1				1		2				1	1	
6	Peptic Ulcer	6				2	4	–						
–	Appendicitis	–						–						
1	Intest. Obstruction & Hernia	1				1		–						–
1	Cirrhosis of Liver	–						1			1			–
5	Other Diseases of Digestive System	1				1		4					4	
1	Nephritis & Nephrosis	–						1				1		
2	Hyperplasia of Prostate	2					2	–						–
4	Other Dis. Genito Urinary Syst.	–						4			1	1	2	
1	Diseases of Skin, Subcutaneous Tissue	–						1				1		
1	Diseases of Musculo-Skeletal System	–						1					1	
3	Congenital Anomalies	–						3	2	1				
4	Birth Injury, Diff. labour etc.	2	2					2	2					–
1	Other causes Peri-natal Mort.	–						1	1					
4	Other Symptoms & Ill definied Conditions	3					3	1					1	
8	Motor Vehicle Accidents	8			8			–						
5	All other accidents	1			1			4			2		2	
2	Suicide & Self-Inflicted Injury	1			1			1			1			
2	All other External Causes	1			1			1				1		
421	All causes	185	3	–	51	54	77	236	6	1	35	54	140	414

COMMUNITY HEALTH SERVICES

Staffing Structure

The medical staff comprises the Medical Officer of Health-Principal School Medical Officer, a deputy Medical Officer of Health and School Medical Officer, a Principal Dental Officer, and one full-time Dental Officer. The rest of the medical duties are provided by the employment of local general medical practitioners on a regular sessional basis.

The nursing staff is headed by the Senior Nursing Officer who manages the Health Visitors, District Nurses, Midwives, School Nursing Staff and Nursing Auxiliaries. The non-medical supervision of the midwives in their practice is carried out by the County Non-Medical Supervisor of Midwives in this part of Kent.

One Health Visitor is a Field Work Instructor for the Medway and Maidstone College of Technology Health Visitor Training School and one Health Visitor gives two-fifths of her time to Health Education of a specialised nature. Two midwives are Teacher Midwives for the Part II Midwifery Training School of Canterbury District General Hospital

The joint ambulance service covering the area of Canterbury and Bridge-Blean Rural District is managed from the Health Department. There is close co-operation with the County services and the Station Officer links with the other County Stations in the running of the service. During emergency manning hours the operation of Canterbury Station is under the co-ordination of Broadstairs control.

The Senior Mental Welfare Officer is associated with the Social Welfare Services by a joint appointment involving a quarter of his time on welfare services.

Other details are given in the body of the report.

Health Visiting

The health visiting staff comprises six full-time Health Visitors and one part-time Health Visitor. Preparations were made during the year for the attachment of the Health Visitors to general practices and this was implemented at the end of the year. The community nursing team has therefore been completed and each general medical practitioner in the City has a Health Visitor, a District Nurse and a midwife whose service is directed to the patients on his list who live within the City. The abandonment of Health Visitor districts has presented some difficulties particularly in connection with the associated school nursing duties. It is however considered to be the right policy to follow.

Category	First Visits	Total Visits
Infants born in 1970	456	1,867
Children born 1965/69	2,010	5,703
Expectant mothers	140	189
Elderly persons over 65 years	89	247
After Care, Inf. Disease, Home Accidents, etc.	308	687
Tuberculosis	49	95
Registered Child Minders	9	45
Registered Play Groups	11	69

Tuberculosis health visiting is now included in the duties of one of the full-time Health Visitors. The Part-time Health Visitor is used for the duties that arise from persons moving into the district and not yet associated with a local doctor. She also is concerned with persons who are on the medical list of doctors outside the City.

One State Enrolled Nurse is shared with the School Health Service and she assisted at 160 clinic sessions during the year. Her services are also useful in reviewing chiropody cases or visiting the registered blind from the health aspect and assisting the Health Visitors with hearing assessments in infants.

Only 73 primary visits and 94 follow-up visits were made at the request of the family doctors. It is expected that this figure will rise rapidly under the attachment arrangement. Tuberculosis health visiting included 67 Chest Clinic sessions, 33 Mantoux testing sessions, 9 B.C.G. contact clinics and 95 home visits.

Child Health Clinic Attendances

	Age Group	Central	Wincheap	North-gate	London Road	St. Stephen's	Totals
On Clinic Register 31.12.69	Under 1	193	42	35	62	42	374
	1–5 years	319	148	85	–	–	835
On Clinic Register 31.12.70	Under 1	219	100	–	54	51	424
	1–5 years	385	133	–	153	120	791
Number of Children attending	Born 1970	231	55	17	52	55	410
	Born 1969	218	50	33	61	51	413
	Born 1965/68	208	99	30	115	93	545
				To July 1970			
Attendances by Children	Born 1970	1,397	441	96	429	438	2,801
	Born 1969	1,203	381	194	432	273	2,483
	Born 1965/68	582	354	123	315	362	1,736
						Total Attendances:–	7,020

Clinic Doctors' Consultations:

Children born 1970	434
Children born 1965–69	1,137
Total	1,571

Observation List

The Observation List or At Risk Register is based on pre-natal, natal or post-natal indications or following any serious illness in infancy. The cases on the index are brought forward for review at intervals determined by the Child Health Clinic, Medical Officer or after consultation with the family doctor by the Health Visitor. At the end of the year the index was at a level of 179 cases, representing 7.5% of the child population under school age.

Prematurity

Two out of the 27 premature births were born on district and the rest in hospital.

Congenital Malformation

These were recorded in 11 Canterbury babies at the notification of birth. After confirmatory enquiry they were found to include:
Cleft lip and/or palate : 4 Dislocation of hip: 2 Malformation of limbs: 1 Urino genital: 1 Rectal/Anal atresia: 1 Malformation of Heart/circulation systems: 1 Downs Syndrome: 1

Peri-natal mortality

The fluctuations in the peri-natal mortality rate over the years from 1960 to 1970 have been determined by the number of stillbirths. The number of early neo-natal deaths has remained constant around the mean of 6. The overall peri-natal mortality rate covering the 11 years has been 25 per 1,000 live and still births. After a period of three years above this average it dropped in 1970 to 17 per 1,000 live and stillbirths.

Health Education

Our Health Education programme is based on the day to day work of all members of the nursing team. Displays which have achieved a high level of visual impact have been mounted by the Health Visitor who specialises in this aspect of health education. Our demonstration panel in one of the lanes in the City ceased to be available and we have concentrated these displays on the Central Clinic. Use is made of the Health Education Council's material and on the particular subjects of smoking and of misuse of drugs selected educational material has been fed to the schools to be used by teaching staff as they considered possible. Medical, nursing and other staff have accepted invitations to speak to groups in schools and elsewhere. A not insignificant element of health education is the work done through mothercraft classes and through the mothers' club which runs in one of the clinic premises.

Training

In-service training includes the regular attendance of community nursing staff at refresher courses, aiming at attendance every fourth year at such a course. The full-time medical and dental staff are also geared to regular conference or week-end school attendance. We are fortunate in having the opportunity for our community nursing staff to attend Kent County Council refresher courses held in Maidstone. This also includes the opportunity for district nursing staff who have not carried out a full training course to be up-graded by attendance at one of the County courses held locally.

The other side of training is the opportunity given for student nurses at the Kent and Canterbury Hospital and St. Augustine's Hospital pupil nurses and pupil midwives to benefit from community experience with our community nursing staff. In the future this will be based on a regular pattern of community experience as part of nurse training.

Play Groups

There were 246 places in play groups in the City and 28 places in the play group and creche at the University. These play groups are well used and the Council accepted a system of improved financial support for these play groups in recognition of the social aid which they give to children from socially deprived households based on recommendations made by the Health Visitors or other social agencies.

Child Minders

By the end of 1970 there were 63 places available with registered child minders.

Unmarried Mothers

Social case work is carried out on behalf of the Health Department by the Social Workers of the Diocesan Council for Social Work and the Southwark Catholic Rescue Society. There is full liaison between these two bodies. Financial support is given as required towards hostel accommodation.

Case work:	
Hostel admissions	6
(Illegitimate live and stillbirths)	58

Domiciliary Midwifery

The midwives are attached to general medical practices in the City. By the end of the year it was found possible to transfer the part-time midwife to district nursing duties where she became part of the holiday relief and off duty relief staff, with the possibility of transferring her back to midwifery duties in an emergency.

Home deliveries	83	Emergency hospital admissions	8
Early hospital discharges	99	Stillbirths	nil
Premature births	2		
Analgesia: Entonox (Dr. present 10)	53		
Pethidine Products (Dr. present 15)	70		

Aid to cases outside the City area as a result of the General Practitioner attachment 7.

Total visits to attend on patients: 4594

Total visits to clinics or doctors' surgeries for ante or post natal care 678

(Average hours on duty away from midwife's own house–6.15 hours per day) to which must be added time for writing up records at home).

Mothercraft Instruction

Regular mothercraft classes, relaxation classes and sewing classes are provided in the Central Clinic.

The staff involved are:

Mothercraft	–	Health Visitors and Midwives
Relaxation Classes	–	Physiotherapist
Sewing Classes	–	Technical College External Instructor (Winter and Spring terms). The sewing classes continue as a Mothers' Club during the summer term.

Sessions	Mothers City	Mothers County	Attendances City	Attendances County	Total Attendances
Relaxation Classes 45	101	152	463	674	1137
Mothercraft Classes 45			431	611	1042

Notifications of Birth Received

	1970	1969	1968	1967	1966
Home delivery	76	70	102	114	126
Hospital delivery	1639	1538	1560	1478	1405
	1715	1608	1662	1592	1531

The hospital deliveries include many babies from outside the Authority's area. Live births to Canterbury mothers, where delivered:

	1970	1969	1968	1967	1966
Domiciliary Practice (City)	76	70	102	112	129
Kent and Canterbury Hospital	362	353	361	294	328
Private Domiciliary Practice	Nil	Nil	Nil	Nil	Nil
Military Families Hospital, Shorncliffe	Nil	Nil	8	25	23
St. Helier's Maternity Home, Tankerton	4	9	12	16	21
Elsewhere (Hospital)	1	4	6	5	9
	443	436	489	452	507

Stillbirths: at home – Nil In Hospital: 2

Welfare Foods

We provide a main store and distribution centre at the Central Clinic. The acceptance of Welfare Foods, is shown in the following table. Members of the W.R.V.S. help with sales at outlying clinics.

	1970	1969	1968	1967	1966
National Dried Milk (tins)	927	1124	1553	2383	3233
Orange Juice (Bottles)	11301	10205	9475	9834	11013
Cod Liver Oil (Bottles)	372	379	480	449	466
Vitamin A & D Tablets (packets)	614	463	517	570	558

Family Planning

The Family Planning Association is given facilities and accommodation to provide a service from the Central Clinic. The clinic is staffed by general medical practitioners and nurses who have received special training in the subject.

HOME NURSING

District Nursing 1966–70 **Cases and Visits**

Types of Case	Medical	Surgical	T.B.	Other	Cases Nursed	Over 65	Total Visits	Visits to over 65
1966	550	121	2	12	685	337	15938	10982
1967	523	167	–	5	695	362	15390	11266
1968	891	172	4	1	1068	484	17760	11861
1969 Home	640	170	2	1	813	463	19811	13831
Surgery	243	55	1	–	299	59	949	219
1970 Home	642	227	1	–	870	499	21806	15640
Surgery	349	104	–	–	453	118	1123	344

The nurses attended 18 children under school age, 14 in the surgery and 4 at home. There were 245 (197 medical, 48 surgical) patients under care at the close of the year and during the year 222 patients received more than 24 visits. The table above shows how the attachment of staff to general medical practice surgeries has influenced the load.

Home Help Service

The majority of cases received help at minimum charge and special long term physically handicapped at a nominal charge.

Hours of Service Given

	1970	1969	1968
Total Hours	43,935	45,098	41,139
Hours worked in Homes	33,823	34,925	33,293
Travelling time, sickness and holidays	10,112	10,173	7,846
Average weekly hours for each case	3 hrs. 25 mins	3 hrs. 18 mins	3 hrs. 40 mins.

Number of new cases visited to assess need, where initial requests to visit came from general practitioners and hospital = 160.

No. of *new* cases given Home Help	Hospital Discharge and other cases returning home	Maternity and other enquiries (alternative arrangements)	No service provided			Cases Refusing Home Help		Total
			Had Private Help	Going away or in to Hospital	Not qualified to have Home Help	Over 65	Under 65	
101	11	5	10	7	3	19	4	160

The staff of 2 full-time and 30 part-time is directed by one Organiser. The Home Helps worked well and their willingness to undertake extra duties and tasks which are not always of the pleasantest, is invaluable.

Cases carried over from 1969 - 199, new cases in 1970 - 101, cases carried forward to 1971 - 211. There were always about 210 cases being helped at any one period.

Types of Cases

All types age 65 and over	Cases under 65 years			Others	Total
	Chronic sick and T.B.	Mentally disordered	Maternity		
265	13	1	8	13	300

Foul Laundry Service

This service dealt with 170 bundles of laundry from chronic sick incontinent patients at home.

Greater use was made of incontinence pads available through the Central Clinic which reduced the demand on the Foul Laundry arrangement by 40 per cent.

Chiropody Service

There were 266 cases under treatment during the year, 76 new referrals as shown below.

Referral from	1965	1966	1967	1968	1969	1970
General Medical Practitioner	57	58	48	47	39	50
District Nurse	25	13	11	23	23	23
Health Visitor	14	17	6	3	2	3
Total	96	88	65	73	64	70

Cases under treatment were classified as –

Physically handicapped 140 (elderly 125)

Elderly not physically handicapped 126

Domiciliary treatment was provided to 144 cases and 122 attended the Chiropodist's surgery.

Cancer Prevention

Cervical Cancer. The progress of the smear test programme was fully described in the 1969 report. There are 4 sources of this procedure available, namely the Family Doctor, the Local Authority Clinic, the Family Planning Association Clinic and the Hospital Gynaecological Department. Three of these make no use of the Registrar General's standard record form and computer recall of such cases in 5 years' time is dependent on the Health Department sending in a record for cases coming through the office.

Local Authority Clinic attendances:

May–Dec.	1966 - 668
	1967 - 523
	1968 - 176
	1969 - 147
	1970 - 149

Breast Cancer. Self examination is promoted by health education, and by the inclusion of this also in the Smear Test Clinics.

SMOKING AND HEALTH

This is a continuing process of health education carried out in conjunction with the national campaign.

MENTAL HEALTH SERVICE

The year saw the satisfactory establishment of the new adult training centre. A helpful interest was shown by and support provided from industry in the East Kent area and even further afield, by the provision of contract work. We shall be handing over to the Social Services Department a training unit of top standard not only in the facilities provided but in the character of the unit and the very happy atmosphere that prevails.

The Junior Training Centre will on 1st April 1971 become a special school and will be named St. Nicholas School. This new name is very acceptable to the staff as there has always been much interest shown by the parish priest of St. Nicholas in the centre and a form of religious activity with the practice of morning prayers on at least one assembly each week.

The Mental Welfare Officers will in due course be absorbed into the Social Services Department. In view of their close association with the welfare services in the past and a satisfactory co-operation at all times with the Children's Department there should not be any great difficulty arising from the change.

Referrals for admission to Hospital by M.W.Os.

	Sec. 29	Sec. 25	Sec. 26	Sec. 60	Inf.	Total
Male	7	1	1	Nil	8	17
Female	9	7	–	Nil	19	35
					Total:	52

14 cases were referred in which no admission was made.

AFTER-CARE SERVICE

19 new cases were referred for home after-care, and a total of over 1,100 visits were paid to 52 persons and their families.

MENTAL SUBNORMALITY

New cases referred ..	8	(2 male; 6 female)
Cases deleted from register	8	(6 male; 2 female)
No. of persons on register as at 31.12.70 ..	28	male
	19	female
Total:	47	

A total of 186 domiciliary visits were made to families with mentally handicapped children.

ADULT TRAINING CENTRE

The new centre at Cow Lane, Wincheap was opened in January 1970.

By mid-March, separate coaches and escorts had been provided to collect and return the trainees.

In July, the manager, Mr. Cox, resigned and Mr. L. Johnson was appointed.

Contract work of various types has been successfully introduced and from November, wages were paid to the trainees according to aptitude and ability.

As at 31.12.70, 38 of the 40 places had been filled, and it is anticipated by the middle of 1971 that there will be a waiting list of entrants to the Centre.

Regular visits to the Centre are made by a Speech Therapist and Physiotherapist, and an Education class is held once a week.

Social and recreational activities have been introduced, including the provision of a stereo radiogram made possible by the generosity of the Canterbury branch of the National Society for Mentally Handicapped Children.

It is hoped that at least one or two trainees will be ready to take up full-time employment during 1971, and the Manager is making every effort to interest employers in the work carried out by the trainees.

JUNIOR TRAINING CENTRE

This centre ended the year with 39 children receiving training. The staff noted great benefit to the older children from the absence of adult trainees in the opportunity given to take new responsibilities. At the lower age range children who came within the category of special care by reason of their physical disability could now be more easily grouped under special care. The next stage of development due in 1971 of becoming a school was viewed with mixed feelings.

OLD AGE

Accommodation of a special nature provided in the City:

Council Units	Wardened	Unwardened	Total
Bungalows	163	33	196
Flats	202	8	210
Old Persons Homes	65	–	65
Almshouses	46	26	72
Registered Private O.P.H.	4	–	4
	480	67	547

Compulsory Admission into Care *(Sect. 47 National Assistance Act 1948)*

No cases.

Physically Handicapped

There were 88 persons registered with the Welfare Officer as physically handicapped.

Blind and Partially Sighted Persons

Twelve cases were added to the Register during the year.

Condition present	Cataract	Glaucoma	Myopia	Others	Total
No treatment recommended	1	1	2	2	6
Treatment needed	–	–	–	6	6
Treated on follow-up	–	–	–	3Ø	3

Ø 2 others left City during the year.

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.

Voluntary Services in support of local health services

The W.R.V.S. in addition to the aid given in Child Health Clinics, provide help in kind through their clothing store to families referred by the Community Nurses, and in particular by the Health Visitors.

The Citizen's Advice Bureau has become a focus for guidance of the worried or puzzled to the sources of help, and the liaison with the Health Department over personal, general or environmental health problems is close.

The Family Planning Association acts as Agents for the local health service in providing help to medical and social cases unable or unwilling to obtain adequate help through other channels.

The Alford Aid Society is both a help in itself to families in need of after care and other help in case of illness but is the local agent of a number of voluntary aid societies for special problem groups or special causes.

There is an active Marriage Guidance Council in the district.

The Chest Clinic Service is supported by a Voluntary After Care Committee.

The Parents of Mentally Handicapped Children are good friends to the Training Centres, as well as providing support to each other through an organisation of parents with common problems.

Ambulance Service

The Canterbury Ambulance Service is operationally integrated with the County Service and comes under the area emergency control through County's Thanet Ambulance Station. At the end of 1970 the Canterbury Ambulance Station strength was 1 Station Officer, 1 Assistant Station Officer, 1 Control Room Officer and 36 Ambulancemen (18 rotating shift, 15 varying day shift and 3 relief shift). Vehicle strength 11 dual purpose stretcher ambulances and 4 sitting case cars.

USE MADE OF AMBULANCE SERVICE OVER FIVE YEARS TO 1970

	1966	1967	1968	1969	1970
Total patients carried	36,603	43,422	46,243	48,810	46,784
Outpatients	31,000	37,869	40,544	42,603	40,595
Admissions, Transfers, Accidents, etc.	5,600	5,553	5,699	6,207	6,189
Mileage	174,110	181,947	188,969	214,700	219,425

Hospital Car Service

This service gives useful support on long distance outpatient work and hospital transfers.

Patients carried: 344 Mileage: 19,727
Average miles per patient: H.C.S. 57 miles N.H.S. 4.69 miles

Vaccination and Immunisation

Vaccinations Against Smallpox, 1970

Against Smallpox	Under 3 months	3–6 months	6–9 months	9–12 months	1–4	5–15	Over 15	Total
Primary Vaccination	–	–	2	8	297	10	21	338
Re-vaccination	–	–	–	–	43	152	195	390

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, 1970

Completed Primary Course	Born in 1970	1969	1968	1967	1963–1966	Others Under Age 16	Total
Diphtheria	65	255	32	2	11	1	366
Whooping Cough	65	251	32	1	2	–	351
Tetanus	65	255	32	2	10	88	452
Poliomyelitis	63	261	37	4	10	2	377
Measles	–	153	96	32	40	10	331

Reinforcing Doses	Born in 1970	1969	1968	1967	1963–1966	Others Under Age 16	Total
Diphtheria	–	7	38	13	339	29	426
Whooping Cough	–	6	17	7	134	10	174
Tetanus	–	7	39	13	346	318	723
Poliomyelitis	–	1	17	6	340	249	613

Year Born	1969	1968	1967	1966 and earlier	By G.Ps.	At Clinic
Children protected against measles	153	153	200	994	1,141	359

These figures show that by the end of 1970 a total of 1,500 out of the 7,100 children under 15 years had been protected against measles.

B.C.G. Vaccination 1970

L.E.A. schools and older age groups (students and public schools).

Skin Tested: 680 Positive: 68 Negative: 612 B.C.G. Vaccinated: 612

The Heaf test is used by means of six marker Heaf gun, using P.P.D. The acceptance rate in Education Authority Schools was 82% of appropriate school population with a finding of 5.6% positive skin test excluding all with history of previous B.C.G. vaccination.

B.C.G. vaccination is carried out also at the Chest Clinic for contacts.

Contacts tested: 152 Found positive: 51 Negative: 68 Vaccinated: 56

Infectious Diseases Tables

Cases Notified during 1970

Disease	Age Group											Quarterly Incidence				
	Age Unknown	Under 1	1–2	2–3	3–4	4–5	5–9	10–14	15–24	25+	Total	1st	2nd	3rd	4th	Total
Measles	–	2	12	7	6	10	31	–	–	–	68	–	36	30	2	68
Scarlet Fever	–	–	1	1	–	–	4	–	1	–	7	3	–	2	2	7
Whooping Cough	–	–	–	–	1	–	4	2	–	–	7	–	–	–	7	7
Dysentery	–	1	–	–	–	–	–	–	1	4	6	6	–	–	–	6
Food Poisoning	–	1	–	–	–	–	–	–	–	–	1	1	–	–	–	1
Infective Jaundice	–	–	–	–	–	–	–	–	1	–	1	1	–	–	–	1

Tuberculosis

The T.B. register now stands at 104 cases, 48 male and 44 female cases of disease of the lungs and 5 male and 7 female non-pulmonary cases. In the 1963 Annual Report 25 years' incidence of Pulmonary Tuberculosis was given, and the figures for the following 6 years from 1965 onwards are now provided.

Cases of Tuberculosis Notified

	Age Group							Quarterly Incidence				
	Under 5 years	5–14	15–24	25–44	45–64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory	–	–	–	1	1	1	3	1	1	1	–	3
Other forms	–	–	1	–	–	–	1	–	1	–	–	1

	1965	1966	1967	1968	1969	1970
Tuberculosis: Pulmonary	5	5	3	8	5	3
Non-Pulmonary	–	2	–	2	–	1

With an open Chest X-ray session held regularly at the Chest Clinic the M.R. Unit only visited at the University and nearby mental hospital.

Laboratory Services

Public Health Laboratory - Preston Hall, Maidstone
Public Analytical Laboratory - South Eastern Laboratory, 1 New Dover Road, Canterbury.
Pathological Laboratory Service - Kent and Canterbury Hospital Laboratory and Preston Hall, Maidstone.

Venereal Diseases

The comment made in the 1969 report remains relevant to the existing situation. Road accidents and venereal disease have something in common. The more cars there are on the road the more the damage done by rash drivers. The more promiscuous is the sexual behaviour the more the damage done by an infected person. Alcohol plays an equally dangerous part in both situations. The increase in cases of gonorrhoea and non-gonococcal urethritis continues.

Other Matters

Sewage. Major works were carried out to improve surface water drainage for a section of the City and to improve sewers serving the south area, including the hospital complex which has added much to the load in that sector.

Mention is made of the troubles arising from the new sewage treatment plant which has created a troublesome environmental hazard to the eastern sector and nearby rural area. This has proved frustratingly difficult to improve in a topography that tends to produce atmospheric inversions.

Water Supply

There were no complaints of water shortage. The supply provides a safe chalk water of moderate hardness and a fluoride level of between 0.05 p.p.m. and 0.1 p.p.m., too low for full benefit to dental development.

Mortuary

There is no public mortuary provided by the City, but good facilities are provided in the Kent and Canterbury Hospital mortuary.

REPORT ON THE ENVIRONMENTAL AND FOOD INSPECTION SERVICE IN 1970

Public Health Department,
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting a report on work carried out under the above in 1970.

I have been conscious for many years of the low rents of "controlled" houses and the consequent lack of incentive for owners to repair and maintain such houses in a good condition. The low rents have also been partly responsible for the decline in the number of privately owned rented houses available. It is obvious that if the occupiers of privately rented properties are to have better homes more rent will have to be paid and I had hoped to be able to report a substantial number of applications for Qualification Certificates now that the Housing Act 1969 has been in operation for a full year. The Qualification Certificate procedure will arrest the decay of "controlled" houses; it will ensure that the houses are provided with essential amenities and by converting the tenancies into regulated tenancies with a higher rent, the owners should have adequate financial return to maintain the houses. It is consequently disappointing to report that only twenty applications for Qualification Certificates were received during the year and for reasons set out in a subsequent paragraph, only seven were appropriate.

Another disappointment has been the shortage and poor quality of some solid smokeless fuel notwithstanding the assurances in recent years that an adequate supply would be forthcoming. The houses being built in the smoke controlled areas are fortunately heated by electricity, gas or oil, but for those owners of older properties who have voluntarily gone smokeless and kept to solid fuel, the future prospects of trouble-free heating appears to be uncertain, if not grim. It is more than likely that the pattern of house heating in the near future will follow what has taken place in the methods of propelling railway engines, with gas, of course, also being an alternative fuel.

Having disposed of my disappointments I can confidently say that I am pleased with the results of our efforts to improve environmental health, but as will be understood most of our work is of an unspectacular nature.

I should like to record my indebtedness to the Chairman and Members of the Health Committee and the 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.

T. L. MARTIN
Chief Public Health Inspector

General Statistics

Complaints received and investigated 411

	Houses	Food Premises	Offices and Shops	Factories
Number of visits	2,783	2,216	308	14
Informal Notices sent	43	33	13	–
Formal Notices sent	5	–	–	–

Prosecutions:–

Adhesive bandage in loaf	Fined £50 and £5. 5s. 0d. costs.
Mouldy and decomposing sausages	Fined £25 and £3. 3s. 0d. costs.
Mouldy bread	Fined £75 and £10 costs.
Mouldy steak and kidney puddings	Fined £25 and £5 costs.

Warning letters were sent in respect of:–

Splinter of glass alleged to have been found in a buttered roll by a foreign visitor.
Small insect found in a carton of yoghurt.
Irregular shaped black mass in a tin of corned beef.
Rolled leg of lamb containing foreign abattoir blue label.
Fruit loaf containing metal bolt.
Milk bottle containing thin layer of cement concrete.
Machine grease in loaf.
Sausages in which the presence of preservative was not disclosed in an adequate manner.
Cream "snowball" in which the ingredients on the label were not in descending order of magnitude.

Housing Acts

Number of new houses/units erected in 1970

(1)	By the Council	96
(2)	By private enterprises	113
		209
	Houses demolished	33
	Net Increase ..	176

Number of houses in respect of which:–

(a)	Demolition orders were made	1
(b)	Closing orders were made	7
(c)	Undertakings not to use for human habitation were accepted	2
(d)	Closing orders were determined after houses had been made fit ..	8

Houses repaired as a result of informal action	72
Houses repaired after the service of Statutory Notice under Public Health Act	5
Houses repaired after service of formal notice under Housing Act:	
(a) by owners	2
(b) by Council in default of owner	1

One clearance area involving nine houses which was represented in 1969 was confirmed without modification in 1970.

No case of overcrowding came to light during the year.

There are no common lodging houses in the City.

Unfit Housing Programme

The first list of unfit houses prepared in 1956 contained 622 houses; the second list submitted in 1964 - 149 houses and the third list accepted by the Council in 1970 contained 42 houses, making a total of 813. Seven hundred and fifty one had been dealt with formally by the end of 1970 and 534 had been included in clearance areas.

One hundred and seven houses, mainly single houses or houses in small blocks, which featured on the lists of unfit houses have been modernized in the 1955/70 period and practically all of them were improved well beyond minimum standards.

Sixty-two properties remain on the lists of unfit houses; twenty are owner-occupied and five are vacant.

While it may be said that the sixty-two houses are unfit they are not in a dangerous condition, nor are they very seriously unfit. Most of them are occupied by elderly people who appear to be satisfied with their homes and as practically all available Council houses are at the present time being used to re-house tenants of prefabricated bungalows, action on unfit houses is being slowed down. A watch is being kept on these houses and action will be taken if conditions alter to the detriment of the occupiers. I am now of the opinion that the best employment of the public health inspectors in the housing field is in the modernization of the older houses.

In the fifteen year period 1955–70, 1,499 persons have been re-housed by the Council from houses dealt with under the Housing Acts.

Improvement Grants

The applications for Improvement Grants are investigated and the houses inspected to ascertain state of repair. Twenty-seven houses were inspected and in twenty-two cases the owners were asked to carry out repairs.

One hundred and thirteen applications for Standard Grants were received as follows:–

Owner occupied houses

Normal grants	46
Higher grants for bathroom extensions	30

Rented houses

Normal grants	19
Higher grants for bathroom extensions	18

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.

£18,852. 13s. 1d. was paid by the City Council for Standard Grants during 1970.

Eight written applications from tenants for the Council to enforce modernization of the houses were received.

It is estimated that there are 900 houses in the City still lacking baths and indoor W.C.s, etc.

Qualification Certificates

Twenty applications were received from owners of rent controlled houses for the tenancies to be converted to regulated tenancies.

Houses said to satisfy the conditions (i.e. possess essential amenities and be in a good state of repair)	15
Qualification certificates issued	4
Applications in progress at end of year	3
House found to be let on a regulated tenancy i.e. let after the 6th July, 1957	1
Houses without the essential amenities	6
Still in 3 year control period following payment of improvement grant	1
Houses which do not have all the essential amenities	5
Tenant in receipt of rate relief	1
Applications cancelled by owner	2
House found to be let on a regulated tenancy i.e. let after the 6th July, 1957	1
Did not comply with the statutory requirements	1

Water Supply

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

The mains provide a very satisfactory supply both as regards quality and quantity.

There is close co-operation between the Mid Kent Water Company and the Public Health Department and anything unusual revealed by the 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 280 parts per million of which 243 is temporary (i.e. deposited on boiling).

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

Fifteen samples of town's water were sent by the Department for bacteriological and chemical examination and all were satisfactory.

Swimming Pools

During the summer months the Public Health Inspectors pay regular visits to the various swimming pools in the area in order to ensure that the pool water is of a satisfactory quality both bacteriologically and chemically. There are now nine pools in the City plus the children's paddling pool in the Westgate Gardens.

Eight of the pools are situated at local schools and here experience has proved that advice from the Public Health Inspectors is often necessary in order to achieve satisfactory free chlorine and pH levels, and to get good results from the filtration plant. It is important that one person at the school, usually the caretaker, should be responsible for the operation and maintenance of the pool, and he should be encouraged to contact the Health Department whenever he has a problem that he cannot overcome. The pools that give most trouble are those that rely on the injection of liquid sodium hypochlorite as a means of chlorinating the pool water. The best method of chlorination is by the use of chlorine gas, or in the case of small pools, by the use of the new trichloroisocyanuric acid tablets. One new school pool was opened during the year. This was an open air heated pool using gas chlorination and with the exception of some early "teething troubles" the pool has functioned satisfactorily.

As in past years particular attention was given to the Westgate Gardens Paddling Pool and with the co-operation of the City Engineer's staff at the pool, the pool water was maintained at a reasonable standard. Mention should be made that the chlorination plant is not capable of maintaining an adequate level of free chlorine and frequent chlorination by hand using sodium hypochlorite has to be resorted to in order to boost the free chlorine. This of course is not always practicable at peak periods when the pool is full of children and when the demand on the chlorine is at its highest. Probably the best way to chlorinate this pool would be by using trichloroisocyanuric acid tablets placed in the skimmers.

In July the City Council's new Kingsmead Swimming Pool was opened and immediately proved to be extremely popular. The building incorporates a 33⅓ metre main pool and a small learner pool. Chlorination is by chlorine gas and filtration by sand filters. A close watch is made on the chlorine and pH levels by the Baths Manager and by this Department. Samples of pool water are sent once a week to the Public Health Laboratory for bacteriological examination and all samples have so far proved to be satisfactory. Soon after the pool opened complaints began to be received of smarting eyes with the usual comment that there was "too much chlorine" in the water. These complaints not only involved some of the bathers but also some of the spectators who had not been swimming. The free chlorine levels maintained in the pool water are quite normal for a large pool employing breakpoint chlorination. The causes of eye smarting in swimming pools are complex and varied, but in this case it is thought that the problem is mainly caused by a combination of the poor ventilation of the pool area and a fairly high level of chloramines in the water. Another factor could be the temperature of the pool water which at 80 to 82°F is 5 degrees above the temperature recommended in the Ministry of Housing and Local Government bulletin number 4 on swimming pools. Chloramines are formed by the action of some of the chlorine in the water combining with ammonia from bathers' bodies, and in situations where there is a high bathing load such as at Kingsmead Pool, it is extremely difficult to keep the chloramines at a low level. In theory the only way to eliminate

chloramines is by increasing the chlorine dose which if taken high enough will break-down all the chloramines and leave only free chlorine in the water. However in practice there are limits to the amount of chlorine one can reasonably add to swimming pool water. The biggest factor contributing to the eye smarting is probably the poor ventilation and if this can be improved it is hoped that these complaints will decrease.

The matter of the ventilation of the pool area has been taken up with the consultants and at the end of the year correspondence and discussions were continuing

Food Supplies

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

Twenty-four formal samples and fifty-one informal samples were submitted for chemical analysis:–

Article	Number of samples	
	Formal	Informal
Milk	9	–
Channel Island Milk	6	–
Sausages	4	1
Whisky	4	–
Crab sandwiches	1	–
Fruit drinks and squashes	–	9
Mineral waters	–	4
Various cheeses	–	5
Cheese spreads	–	2
Glace cherries	–	4

and one each of the following:– tea, sauerkraut, easter eggs, tomato paste, tomato extract, canned minced beef, sesame snaps, cream snowball, skimmed milk powder, jam, Bavarian mustard, Tarragon mustard, curry mixture, canned salami, cu-bits relish, garlic cheese salad dressing mix, spaghetti sauce mix, liquid cochineal, black pepper, olives, currants, raspberry flavour cup, grated horse radish, marinated artichoke hearts, fruit salad and chipped potatoes.

All except seven were satisfactory. The unsatisfactory samples were:–

(a) Cola drink with name and address of manufacturer not properly disclosed. Local authority in whose district the drink was prepared was notified.

(b) Sausages in which the presence of preservatives was not disclosed. The notice in the shop was not clearly visible. Warning to shopkeeper.

(c) Full fat soft cheese. Analyst reported the cheese to be grossly underweight due to extreme drying out. Weights and Measures Inspector informed.

(d) Cream snowball. Ingredients not in descending order of magnitude. Warning to importer.

(e) Garlic cheese salad dressing mix. Analyst reported that the packet did not declare prominently the need for vinegar and olive oil. Importer informed.

(f) Spaghetti sauce mix. Analyst reported that it was not prominently displayed that the mix requires the addition of a tomato product. Importer informed.

(g) Olives. The Analyst reported that the label was not satisfactory in that it permits black olives as an alternative for green olives. Importer informed.

The average composition of the samples of milk was:–

	Fat	Solids not fat
Milk (other than Channel Island milk)	3.79%	8.72%
Channel Island Milk	4.68%	8.9%

The minimum standards are:–

Milk	3.0%	8.5%
Channel Island Milk	4.0%	8.5%

Public Health (Preservatives in Food) Regulations

All the samples in the preceding table were examined for preservative and only one irregularity was discovered–sausages in which the presence of preservatives was not disclosed and a warning was issued.

Liquid Egg (Pasteurization) Regulations 1963 etc.

There are no egg pasteurization plants in the City and no samples of liquid egg were obtained in 1970 for the Alpha-Amylase test.

Poultry

There are no poultry processing establishments in the City.

Complaints regarding food

During the year fifty-two complaints were received regarding irregularities in food. All the complaints were fully investigated by the Department and as a result four prosecutions were taken:–

Adhesive bandage in bun	Fined £50 and £5. 5s. 0d. costs
Mouldy and decomposing sausages	Fined £25 and £3. 3s. 0d. costs
Mouldy bread	Fined £75 and £10 costs
Mouldy steak and kidney puddings	Fined £25 and £5 costs

Warning letters were sent in respect of:–

Splinter of glass alleged to have been found in a buttered roll by a foreign visitor.

Small insect found in carton of yoghurt.

Irregular shaped black mass in tin of corned beef.

Rolled leg of lamb containing foreign abattoir blue label.

Fruit loaf containing metal bolt.

Milk bottle containing thin layer of cement concrete.

Machine grease in loaf.

Fifteen complaints related to imported food:–

butter containing a piece of wood; drawing pin in corned beef; stewed steak containing piece of hide; pie filling containing a metal nut; a black tomato in canned tomatoes; canned tomatoes containing a piece of wire; fly in tin of peas; fly in canned tuna fish; tinned pork with a fishy flavour; tin of

pineapple juice with inside of tin badly attacked by fruit juice; packet of cheese in a very mouldy condition; canned runner beans in a mouldy condition and 3 tins of meat where the scored marks to facilitate the opening of the can had perforated the metal and decomposition had occurred.

In all these cases the importers passed on the complaints to the food processors.

Five complaints of mouldy sliced bread, in addition to the case where legal proceedings were taken, were received during the summer months, but a delay had occurred between purchase and making the complaint so there was some doubt whether the bread had been sold in a mouldy condition. From our observations of the mould it was evident that the mould spores had been introduced by the bread slicing blades and the growth of the mould was due to the bread being sliced warm; the high ambient temperature, or both factors. It is obvious that more care requires to be taken by the baker if this type of complaint is to be avoided.

The remaining complaints could be classed as trivial or without foundation. One perhaps worth mentioning concerned a live lace wing in a packet of breakfast cereal.

There is a matter which has been mentioned previously and which is very important to the shopkeeper selling bought-in sausages, meat pies and the like, but is seldom carried out unless he has been involved in legal proceedings. The Inspectors are constantly reminding shopkeepers to protect themselves and the public by marking these foods by a simple code immediately on receipt. This enables the shopkeeper to sell the food in proper rotation; he can check it at any time to see that the product is within the maker's recommended shelf life and he is in a strong position to argue with the manufacturer if there has been a delay between manufacture and arrival at his shop.

Perhaps the real answer is for the manufacturer to mark his product "Sell before . . .". Until this occurs it behoves the shopkeeper to take precautions to avoid the serious legal charge of selling food unfit for consumption.

Food Hygiene

Type of Premises	No.	No. of premises fitted with wash hand basins to comply with Regulation 16 of Food Hygiene Regulations	No. of premises to which Regulation 19 of Food Hygiene Regulations apply	No. of premises fitted with sinks to comply with Regulation 19	Inspections
Schools and Works Canteens	58	58	58	58	
Restaurants & Hotels	86	86	86	86	604
Clubs	7	7	7	7	
Butchers	26	26	26	26	298
Bakers and Confectioners	12	12	12	12	65
Grocers	62	62	62	62	423
Fried Fish Shop	6	6	6	6	22
Wet Fish Shop	4	4	4	4	19
Sweet Shops	33	33	–	–	55
Licensed Premises	70	70	70	70	92
Greengrocers	15	15	–	–	117
Dairies	1	1	1	1	19
Other Food Premises	4	4	4	4	30

Number of registered premises:–

Dairies	1
Premises from which bottled milk is sold ..	50
For the manufacture of ice cream	4
For the sale and storage of ice cream ..	103
For the preparation of sausages or processed food	41

In recent years two shops selling Chinese and English food to take away for home consumption have opened in the City and during 1970 another similar shop selling only English food opened. The Public Health Inspectors pay particular attention to such places to ensure that all food is heated to an adequate temperature as well as to ensure that hygiene practices are at all times observed.

A problem that has started to occur which will probably increase is the disposal of swill from restaurants. In the past there have always been pig keepers requiring swill for pig food, but the number of such pig keepers is rapidly declining and it may not be too far distant when they will have disappeared and swill will have to be disposed of as ordinary refuse. The modern collection vehicles with their built in crushing apparatus have difficulty in dealing with semi-liquids, such as swill, and tend to extrude some of the mixture with some force out of the rear of the vehicle and over the unfortunate operators.

Agar Sausage Testing of Food Services

In their visits to food premises the Public Health Inspectors made increasing use of the agar sausage technique, both for testing the efficiency of cleaning routines, and for instilling an interest in food hygiene in the persons working in the premises. The technique, which was described in detail in last year's annual report, is quick and simple and has the advantage of producing results that can be seen by the food handlers the following day. Most of the results of testing were satisfactory and in cases where poor results were obtained, the proprietors of the premises concerned after having seen the results were eager to make improvements.

Milk

There are three milk retailers in the City and 50 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 sterilised. 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 High Temperature Short Time plant is licensed by the City Council to pasteurise milk. Fifty-six bottles of milk were sampled to check the pasteurising process (phosphatase test) and all were satisfactory. Of the fifty-six samples to check the keeping quality at the point of delivery to the consumer (methylene blue test), two samples of loose milk from a dispensing machine in a restaurant failed the test and the investigation showed the cleaning technique of the machine to be faulty. Forty-one samples were satisfactory. The methylene blue test could not be applied to the remaining thirteen samples obtained during the summer months because one of the conditions laid down by the Regulations had not been satisfied. It was found that the atmospheric shade temperature in the laboratory where the milk bottles were kept overnight for testing the following day had exceeded 70°F during the period and consequently the tests were void.

No milk is now brought in churns from farms to the dairy and the Department has an arrangement with the Kent County Council who carry out sampling of "tanker" milk for the presence of antibiotics.

Twenty-two cartons of milk from vending machines were checked for keeping quality and all were satisfactory.

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/sterilised and/or ultra heat treated milk	50

Ice Cream

Twenty-nine samples were subjected to the methylene blue test to assess bacterial cleanliness and all were satisfactory. Twenty-six were grade 1 and three grade 2 (Grades 3 and 4 are considered to be unsatisfactory).

	1970	1969	1968	1967	1966	1965	1964
Grade 1	26	46	40	36	43	44	38
Grade 2	3	–	1	6	2	4	6
Grade 3	–	1	2	3	2	–	13
Grade 4	–	–	2	–	2	4	8

Inspection of Food

Meat from the Council owned Abattoir is distributed over most of Kent and into adjoining counties.

No slaughtering took place on Sundays, but there is no restriction on hours of slaughter on other days of the week.

The fall in the number of animals slaughtered, which was noted last year, was halted during 1970, and the number of animals killed during the year - 54,340 is the highest number since the abattoir was opened. The number of livers condemned on account of Fascioliasis (liver fluke) was still disturbingly high and almost entirely accounts for the higher disease incidence in cattle during 1970 compared with 1969.

	Cattle Excluding Cows	Cows	Calves	Sheep	Pigs
Number killed	7,782	609	1,470	13,638	30,841
Number inspected	7,782	609	1,470	13,638	30,841
Figures for 1969	6,547	485	1,396	10,498	29,679
Figures for 1968	7,493	546	1,066	20,463	23,845
All diseases except T.B. and Cysticercus Bovis Whole carcases condemned	4	7	10	23	31
Carcases of which some part or organ was condemned	3,951	324	33	1,075	6,111
Percentage of the number inspected with diseases other than T.B. or Cysticercus Bovis	50.79%	54.35%	2.92%	8.05%	19.91%
Tuberculosis only Whole carcases condemned	–	–	–	–	–
Carcases of which some part or organ was condemned	1	1	–	–	970
Percentage of the number affected with T.B.	0.01%	0.16%	–	–	3.14%
Cysticercus Bovis Whole carcases condemned	–	–	–	–	–
Carcases of which some part or organ was condemned	5	2	–	–	–
Percentage of the number affected with Cysticercus Bovis	0.06%	0.33%	–	–	–

CARCASES FOUND TO BE UNFIT

B = Bovines, C = calves, S = sheep, and P = pigs

	B	C	S	P
Septicaemia/pyaemia	3	6	–	8
Septic pneumonia/pleurisy/peritonitis pericarditis/metritis	3	3	5	7
Oedema and emaciation	2	–	9	6
Pregnancy toxaemia	–	–	4	–
Jaundice	–	–	–	2
Extensive bruising	–	–	1	2
Swine erysipelas	–	–	–	2
Uraemia	1	–	–	1
Multiple tumours	–	–	1	–
Moribund	2	1	–	3
Injuries with complications	–	–	2	–
Generalised arthritis	–	–	1	–
TOTALS	11	10	23	31

Parts of carcases and offal found to be unfit on account of:–

Tuberculosis	9,899 lbs.
Fascioliasis	46,480 lbs.
Cirrhosis	449 lbs.
Abscesses	7,648 lbs.
Pneumonia, pleurisy, pericarditis and peritonitis	4,249 lbs.
Actinomycosis	1,805 lbs.
Cysts and parasites	11,578 lbs.
Cysticercus bovis	1,093 lbs.
Miscellaneous	5,858 lbs.
	89,059 lbs.
Weight of carcases condemned	9,298 lbs.
Total weight	98,357 lbs.

All the unfit meat is sold to a fertiliser manufacturing firm.

A detailed examination of every bovine carcase was made to discover the presence of cysticercus bovis which is the larva state of the tape worm taenia saginata found in man. The latest instructions from the Ministry of Agriculture, Fisheries and Food have suggested to local authorities that if only one non-viable cyst is found in an animal the whole carcase need not be subjected to the refrigeration treatment, but only the infected organ or part condemned. Those cases mentioned in the table below therefore apply only to animals where viable cysts were found and the carcases were refrigerated for the stipulated period.

	Cows	Heifers	Steers	Bulls
Site of lesion:–				
External Masseter	2	1	2	–
Internal Masseter	–	1	1	–

Slaughter of Animals Act 1958

The Council issued twelve slaughterman's licences during the year.

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.

Investigation into the presence of salmonellae

The drainage system at the Abattoir was swabbed on 48 Mondays during the year and on 12 occasions the swabs which had been suspended in the drains when bovines, pigs, sheep and calves had been slaughtered were found to contain salmonella organisms. The following serotypes have been isolated:– dublin (5), virchow (3), typhimurium (2), kentucky, reading and 04,12;d:–

Imported Food Regulations 1968

Sixty notifications regarding uninspected food containers were received during the year from eight port health authorities. Fifty-five of the notifications were in respect of quarters of beef from the Republic of Ireland. As in past years, all consignments of Irish beef arriving in the City were inspected as routine, as often official notifications are received after beef has arrived and been distributed. The other five notifications received involved four consignments of frozen pork offal from the Republic of Ireland and one consignment of boneless Australian beef.

All the consignments arrived in Canterbury by road in insulated sealed containers, and with the exception of one consignment of Irish pork offal, all were found to be in a satisfactory condition. The pork offal in question, although not unfit, was found to be soft on arrival and checks made with an electronic probe thermometer revealed that the temperature of the packs varied from 25°F to 30°F. The matter was taken up with the suppliers and the next consignment when checked was found to be at a satisfactory temperature.

Diseases of Animals Acts

The administration and enforcement of these Acts hitherto carried out by the police authority was transferred to the City Council during the year and three members of this department were appointed inspectors. The routine work is mainly in connection with the cattle markets and the objects are the prevention of the spread of animal diseases and the humane treatment of animals. It requires the attendance of an inspector at each cattle market. Another aspect is the licensing of plants used for the boiling of waste food for feeding to pigs and seven licences were in operation at the end of the year.

Public Houses

All the 70 public houses have proper glass washing facilities and adequate sanitary accommodation.

Defects of a minor nature were found in 13 licensed premises during routine inspections and the owners were notified.

One public house closed during 1970.

Each year more occupiers sell food other than beer etc. and the Inspectors pay attention to this and particularly to those who sell such items as hot pies etc. It is most important that such food should be heated quickly to 140°F. pending sale and not kept at temperatures in the region of 100°F. if food poisoning is to be prevented.

Health Education

Although no special courses were arranged for food handlers during the year the Inspectors lost no opportunity while making routine visits to food premises to mention the important points of food hygiene.

Reference is made elsewhere to agar sausage testing for cleanliness of equipment. This is a most useful aid in food hygiene work and the production of the agar slices with visible growths of organisms invariably creates interest, much more it is suspected than remarks about bacterial growths do in talks on food hygiene. This applies particularly when the testing of food handlers hands is done before and after washing.

I feel convinced that visual proof and a short discussion at the time will produce a longer lasting effect on food handlers than a prepared talk on the varieties of organisms found in food.

Offices, Shops and Railway Premises Act 1963

Routine inspection of premises under this Act continued during the year, 119 general inspections being made together with 189 reinspections. At the end of the year there were 637 registered premises in the City with 6,484 persons employed therein. These figures include the various premises occupied by the Post Office Corporation which were not included in last year's annual report, although since 1st October 1969 it has been the responsibility of the City Council to inspect them.

Eighteen accidents were reported during the year, all of them being of a minor nature. This was a slight reduction on the previous year. Almost half of the accidents involved falls of persons, and none involved machinery.

Caravans

The City Council owns and operates a caravan site for tourists which by reason of its very pleasant setting and high standard of cleanliness has been very popular since it opened in 1968.

There is no authorised site in the City for "travellers", but from time to time caravans belonging to "travellers" are parked in the City particularly in the Whitehall Road area. In spite of the Caravan Sites Act 1968 no authorised sites for such caravans have yet been set up in East Kent and we still have no satisfactory reply to the question—"But where can we go?" when we ask the "travellers" to move on.

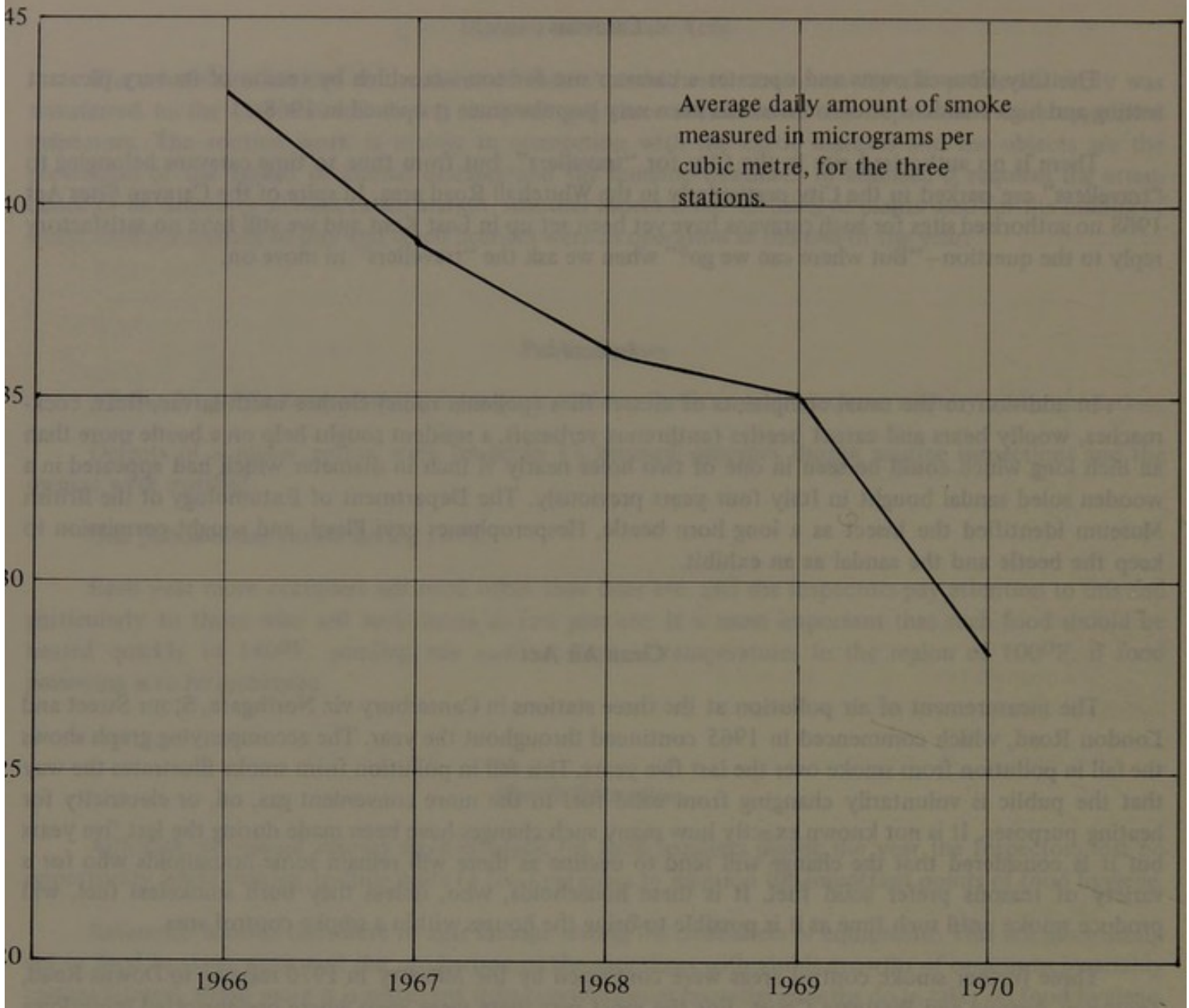
Insects

In addition to the usual complaints of cluster flies (pollenia rudis) clothes moth larvae, fleas, cock-roaches, woolly bears and carpet beetles (anthrenus verbasai), a resident sought help on a beetle more than an inch long which could be seen in one of two holes nearly ½ inch in diameter which had appeared in a wooden soled sandal bought in Italy four years previously. The Department of Entomology of the British Museum identified the insect as a long horn beetle, Hesperophanes gayi Plavil, and sought permission to keep the beetle and the sandal as an exhibit.

Clean Air Act

The measurement of air pollution at the three stations in Canterbury viz Northgate, Stour Street and London Road, which commenced in 1965 continued throughout the year. The accompanying graph shows the fall in pollution from smoke over the last five years. This fall in pollution from smoke illustrates the way that the public is voluntarily changing from solid fuel to the more convenient gas, oil, or electricity for heating purposes. It is not known exactly how many such changes have been made during the last five years but it is considered that the change will tend to decline as there will remain some households who for a variety of reasons prefer solid fuel. It is these households, who, unless they burn smokeless fuel, will produce smoke until such time as it is possible to bring the houses within a smoke control area.

Three further smoke control areas were confirmed by the Ministry in 1970 relating to Downs Road, Tennyson Avenue and Westgate Court. For the most part these were areas where prefabricated bungalows were being demolished. These areas will not become operative before April 1971, but when they do there will be six smoke control areas in the City covering approximately 200 acres on which new houses are now being built.



Noise

Twenty-two complaints regarding noise were received during the year. Five of these complaints concerned the same premises—a club from which Pop music emanated. The sound level meter reading taken in this particular club, when a four piece Pop group was practising, exceeded 115 d.B.A. and the unfortunate inspector operating the instrument was forced to beat a hasty retreat. Further readings were taken, some after midnight, and as a result representations were made to the proprietor. The position improved and no further complaints were received. The other complaints were of a minor nature and were all dealt with informally.

During the year the City Council adopted bye-laws for the prevention and suppression of nuisances from noisy animals.

Rodent Control

Complaints were received in connection with 275 premises, 182 were in respect of private houses, 56 business premises, 27 local authority properties and 10 agricultural properties.

Visits to houses	609
Visits to other premises	317

Number of premises cleared

Rats	
Houses	126
Business premises	35
Other premises	28
Mice	
Houses	56
Business premises	21
Other premises	9

The number of rat complaints was almost the same as in the previous year but mice complaints have more than doubled. So far as mice are concerned members of the public generally make some attempt themselves to eradicate the pest but they often fail due perhaps to the fact that the mice may have become resistant to Warfarin which is the poison usually used by the public. This department has been using a narcotic for mice control for some time and this has generally been found to be effective.

Feral Pigeons

Trapping was continued, mainly in the Longmarket, except during the peak of the nesting season, and 140 pigeons were caught.

The number of pigeons in the centre of the City appeared to be fewer for most of the year, but at the end of the year a considerable increase was noticed and trapping on a more extensive scale in 1971 will be necessary.

An increase in the number of collared doves has been noted, but so far they have not been troublesome in areas where people congregate for shopping or pleasure.

Prescribed Particulars on the Administration of the Factories Act 1961

(1) Inspections for purposes of provisions as to health

Premises	Number on Register	Inspections	Written Notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	16	13	–	–
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	157	3	–	–
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	1	1	–	–
	174	17	–	–

(2) Cases in which defects were found

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

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) Making apparel) etc.	14	–	–	–	–	–
Cleaning and Washing	–	–	–	–	–	–
Lace, lace curtains and nets	–	–	–	–	–	–
Curtains and furniture hangings	1	–	–	–	–	–

REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1970

Mr. Chairman, Ladies and Gentlemen,

The state of health of school children in Canterbury can be described as generally satisfactory. Your programme of school building over the years has made great improvement to the conditions under which the children are educated and the prospects are that the one or two corners still to be tidied will be improved in the near future. The accommodation from which the School Health Service works remains poor, and prospects of improving this are linked with the Council's acceptance of a health centre project about which there is a certain shyness to venture forward. The Health Visitors in their capacity as school nurses have found that attachment to general medical practices with an end to district orientated duties has severed the district school association, and there is therefore likely to be a tendency in the future towards school nursing centred on activity within the school rather than within the community. With Head Teachers developing their interest in the social and family background of their pupils because of its effect on the child's capacity for learning, that there is now no certainty that the school's nurse will be the family's health visitor is a hindrance to discussion between nurse and teacher.

Communication therefore depends on close liaison between the health visitors and others involved. The progress of the community nursing team of health visitor, district nurses and midwife helps this liaison, but the separateness of a new social services department may make liaison with the social worker more difficult. We shall have to wait to find that out. It will be essential to ensure that in our promotion of community health we must give full attention to school health as well as to the health of the young and the elderly.

MALCOLM S. HARVEY

General Information

A total of 5,969 pupils come within the concern of the City School Health Service, i.e. the Primary, Secondary Modern, Technical and Catholic Schools but not the two Grammar Schools which come under the Kent County Council School Health Service. Routine medical inspection involved 1,328 of these pupils i.e. 22% and a similar percentage, 1,373 pupils were the subject of special or re-inspections as a consequence of previous routine medical inspection or referral by parent or teacher.

The tables show the findings of these inspections.

The nurses made 17,445 inspections of pupils, or other routine procedures such as vision testing, anthrompometric recordings, audiometry. Hygiene inspections identified 37 cases of evidence of infestation, all dealt with informally.

The distribution of pupils according to age was 30 : 28 between primary and secondary schools. The process of review of medical history, attendance record and comments from teaching staff is used as a preliminary to the intermediate procedure of routine medical examination and in a little over half the children the medical inspection is not found necessary.

Routine Medical Examinations in 1970–

		Primary	492	
		Intermediate	337	
		Leavers	499	Total 1,328
Re-inspections	935	Special Inspections	438	Total 1,373

Audiometry and Hearing Defects

Audiometry is carried out on all school entrants by the School Nurses with follow up of all doubtful findings by the Medical Officer.

276 additional special examinations were carried out. 92 were referred to the family doctor because of hearing defect. Of those 92, 13 were treated by the family doctor, 55 were deemed to require E.N.T. Specialist opinion. 32 of those 55 have had operative treatment, 5 are on the waiting list for operative treatment. The remainder either responded to treatment, are being observed or hearing defect proved to be of a temporary nature. 1 child was found to have a hearing defect of a permanent nature and the Head Teacher was informed.

We continue to observe annually by audiometric assessment any child found to have a permanent defect of hearing in one ear and any child who does not achieve an audiogram showing the hearing level to be within normal.

Vision

The Keystone vision tester is used, thus ensuring standard conditions for all children tested and a much more comprehensive assessment of visual efficiency or defect. Testing is carried out at ages 5, 8, 10, 13 and prior to school leaving.

Tonsils/Adenoids

Out of the 32 children referred to under "audiometry" who had operative treatment, 16 were cases of tonsillectomy or a similar procedure. Five children were on the waiting list for such treatment.

Speech

We were fortunate in being able to use the Kent County Speech Therapy Service and to have the advice of Miss Joan Pollitt, the Senior County Speech Therapist on cases.

There is a separate Speech Therapy Service based on the Kent & Canterbury Hospital serving a wide age range of cases referred from the Consultants following or in association with treatment. This is co-ordinated with the County Speech Therapy Service to avoid duplication of referrals.

Number of children from Canterbury helped at Kent County Clinic:

(i)	At the County's Speech Therapy Clinic			
		Closed during the year	14	
		continuing into 1971	27	41
(ii)	Within the County's peripatetic service			1
(iii)	Within the Special Unit attached to Holy Cross School			7
				49

During 1970 the County printed three pamphlets entitled "Infant Gossip", "Into the World of Words", and "The Role of the Health Visitor in relation to Speech Development". A working party consisting of five speech therapists and one senior health visitor has been responsible for compiling these pamphlets and designing their attractive layout. These publications have evolved because of the need of some preventive measure, following a growing awareness that a large number of children might not have needed to be referred to a speech therapist had appropriate advice been available at an early stage in the child's development. "Infant Gossip" deals with a child's needs between birth and the onset of words if speech is to develop normally, while "Into the World of Words" deals with speech development following onset of words. These two pamphlets are for distribution to parents by health visitors, who are in the unique position of having access to all new babies and pre-school children. The third pamphlet has been designed for the guidance of health visitors.

At the end of 1970 the County Clinic in Canterbury was providing 15 sessions per week for children from Canterbury and the surrounding district. One Speech Therapist was giving regular sessions to the Special class (ESN) at Holy Cross School and the same therapist was visiting the Training Centre to help the mentally handicapped children. The report on the Canterbury Training Centre is as follows:

"Number of children seen, i.e. all the children who attend the centre	39
Number of sessions at Training Centres	31

I have continued to visit the Junior Training Centre regularly, and have tried to implement the policy, put forward this year, of seeing all the children who attend there. Some have adequate verbal ability, some find it difficult to communicate verbally, and a few have no speech at all. With the continued co-operation and interest of the staff, verbal expression is being encouraged in all activities at the Centre, and I have helped individual children where this has seemed of benefit. I have also been able to see the parents of some of the children, to help them in various ways to give support and stimulation to their children, even when the response is only very slight and one is tempted to give up trying. It has also been useful to discuss with concerned parents the link between slow speech development and the child's general retardation, and to look more deeply into the widely held concept of the child having a "speech defect" which can be "cured".

One is pleased with the gradual improvement in speech and language which is evident in the majority of the children as the months pass, and the patience and understanding given by the staff and the children's families.

During the last part of the year I have also spent some sessions at the new Adult Training Centre in Canterbury. It seems that most of the trainees are able to express themselves adequately in speech, and here again it is evident that the staff understand the importance of encouraging verbal activities.

Where speech and language are poor, time is being spent assessing the particular difficulties of the trainee concerned, and discussing methods of practical help with those concerned."

The Placement Panel for children with hearing and speech defects meets at the Kent and Canterbury Hospital for cases in this area. Chaired by the Principal Medical Officer of the County School Health Service it brings together consultant, senior teacher of the deaf, speech therapist, educational psychologist and other specialities concerned.

Bed Wetting. All equipment is transistorized to avoid hazards of electrolyte reaction. The bell warning system was provided in 17 cases, and the results recorded were 7 cured, 1 improved, 2 failed and 7 still in use.

Artificial Sunlight Clinic. The clinic was held during the Spring Term only, when 8 cases referred made 87 attendances at 16 sessions.

School Milk. The number of children receiving school milk at the end of 1970 was 2,679.

Minor Ailments. The treatment of minor ailments at the School Clinic declined in number but not in importance. These numbered 2,137, a drop of 360 on the previous year. No scabies was recognized or referred.

Child Guidance. With 10 cases re-opened the total number of Canterbury cases under treatment or review was 156. The Clinic report is given in the following pages.

Immunisation

The offer of reinforcing Immunisation against Poliomyelitis and Tetanus is given to and well accepted by school leavers. Rubella vaccination is offered to girls aged 11–13 years in all the City Secondary Schools including the Grammar Schools.

HANDICAPPED CHILDREN

	On Register		Newly assessed as needing special education treatment at Special Schools	Newly Placed in Special Schools	Newly Placed (Assessed prior Jan. 1970)	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 Maintained Schools	Inde-pendent Schools
Blind	–	–	–	–	–	–	–	–	–	–	–
Partially sighted	1	–	–	–	–	–	–	–	–	–	–
Deaf	3	–	–	1	–	–	–	–	–	3	–
Partially hearing	–	–	–	–	–	–	–	–	–	–	–
Physically Handicapped	3	2	1	1	–	–	–	–	–	2	–
Delicate	6	–	–	–	–	–	–	–	1	–	–
Maladjusted	8	4	2	–	–	(b) 2	–	–	2	4	–
E.S.N.	26	23	8	3	3	(a) 20 (b) 3	–	–	17	4	–
Epileptic	–	–	–	–	–	–	–	–	–	–	–
Speech Defects	–	–	–	–	–	–	–	–	–	–	–

TABLE S.1

Defects found by Medical Inspection in the year ending 31st December 1970

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	42	28	11	17
5	Eyes (a) Vision	187	251	297	310
	(b) Squint	6	8	–	1
	(c) Other	–	3	–	–
7	Ears (a) Hearing	6	47	67	344
	(b) Otitis Media	4	12	4	5
	(c) Other	6	3	–	2
7	Nose and Throat	15	43	2	5
8	Speech	9	23	–	–
9	Cervical Glands	–	8	–	–
10	Heart and Circulation	4	15	1	12
11	Lungs	7	11	16	8
12	Developmental –				
	(a) Hernia	–	2	–	–
	(b) Other	13	20	4	3
13	Orthopaedic –				
	(a) Posture	2	12	–	13
	(b) Flat foot	5	8	–	4
	(c) Other	6	11	5	5
14	Nervous System –				
	(a) Epilepsy	6	1	–	–
	(b) Other	7	5	–	6
15	Psychological –				
	(a) Development	1	12	2	1
	(b) Stability	2	12	–	2
16	Abdomen	5	6	–	1
17	Other	9	26	2	7
Total Number of Children Inspected		1328		1373	
Number of Children represented in figures above		818		1056	

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.2

MINOR AILMENTS TREATED
(excluding Uncleanliness shown in Table S.5)

	No. of Defects Treated or under Treatment during the year
SKIN:	
Ringworm–Scalp:	
(1) X-ray Treatment	–
(2) Other Treatment	–
Ringworm–Body	–
Scabies	–
Impetigo	3
Other Skin Diseases	176
EYE DISEASES	10
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)	
EAR DEFECTS	7
(Treatment for serious diseases of the ear is not recorded here)	
Miscellaneous	85
	281
Total number of attendances at Authority's minor ailments clinics	2137

TABLE S.3

TREATMENT OF DEFECTIVE VISION AND SQUINT
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors in Refraction and Squint dealt with	480
Other Defects or Diseases of the Eye	–
No. of children for whom spectacles were known to be prescribed	407

TABLE S.4

Defects which received operative treatment (through Education Committee arrangements)	–

TABLE S.5

GENERAL HYGIENE

(1)	Average number of visits per school made by School Nurses	59
(2)	Home visits made as School Nurses	583
(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 ..	17,445

REPORT OF THE CHIEF DENTAL OFFICER, 1970

Mr. Chairman, Ladies and Gentlemen,

The year 1970 was rather like a sandwich made of fresh bread and stale cheese. What started out as a year full of promise, got bogged down during the late summer and autumn when our Dental Officer left, but revived again during December with the appointment of our new Dental Officer.

There have again been many staff changes. Mrs. Bentley, the Dental Officer, left in July as she was shortly to have a baby and we were unable to replace her until December, when Mrs. E. MacDonnell joined us from the London Borough of Westminster.

I have to report the sudden death in May of Mrs. E. Greenstreet, who for 17 years had been our Dental Surgery Assistant. She was well loved by the children and by parents, many of whom had been looked after by Mrs. Greenstreet when they themselves had been children. She was a great loss to the Service and will be greatly missed. Our new Dental Surgery Assistant is Miss J. Harbour.

Our part-time clerk, Mrs. J. Langston, was transferred in April to the Supplies Section of the Health Department. Because we had no Dental Officer for the latter part of the year, it was decided not to fill the post until the new Dental Officer was appointed. In December, therefore, we appointed Mrs. P. Slyfield as clerk, working 30 hours/week.

We have continued with the re-equipping of the Surgeries with a new chair, unit and aspirator in the Dental Centre at St. John's Place and with the transfer of the older chair, unit and aspirator to the Dental Surgery in the Central Clinic, Stour Street, so that now both Surgeries are equipped for four-handed Dentistry.

Although the equipment has been brought right up to date, the buildings are giving cause for concern. Both Surgeries are located in buildings of considerable age, which are now totally unsuitable for use as Dental Surgeries. At Stour Street the electrical supply is so poor that supplies are frequently disrupted through fuses. This results in patients having to be turned away without receiving treatment. At St. John's Place, we urgently require an office to house our clerk. At the present time, she has to sit in the Surgery to perform her duties. Both buildings are in constant need of repair; St. John's Place in particular has had water in through the roof, two major water bursts beneath the floor boards and one window completely rotted away. We are, at present, investigating a very unpleasant odour coming from underneath the floor. An independent observer has commented that in his opinion, St. John's Place is the most unhygienic surgery he has come across. Mention has been made of building a Health Centre but no progress at all has been made on this during the year. Until a proper Dental Suite is built for the City's Dental Service no further progress can be expected.

A. SCHOOL DENTAL SERVICE

In spite of the increasing demand made on the service, we have again made good progress and the volume of work done has increased.

The Stour Street Surgery was once again closed down in August while we were without our Dental Officer and was only re-opened in December. This naturally resulted in an increased load being placed on the Dental Centre, St. John's Place. During this period, school inspections were suspended and are now running at intervals approaching two years.

Taking the year as a whole, however, there was considerable progress made in nearly all departments. The number of filling/treatment sessions again rose to 6.63 filling/session an increase of 0.34 per session on the previous year.

A vast improvement has been made in the reduction of the waiting lists to minimal proportions and the interval between visits for treatment running at between 1–2 weeks. This is the best treatment interval since I took up my appointment five years ago.

There has naturally been a reduction in the number of children inspected at school, due to the suspension of school inspections during the Autumn, so that less than half the school population (2,764) were examined. However, our recall system continued in operation and a further 1,006 were examined in the City's Surgeries with another 440 examined a second time in the year. Of these 83% required some form of dental treatment. This represents yet another rise this year of 4.6% with still a large number of children with active gross caries. The gross decay is mainly found in children whose parents consistently refuse treatment, fail to reply to notices sent out after school inspections and fail to keep dental appointments made for them. The number of teeth extracted went up with a bang this year to 1,841 a rise of 436 over 1969, although there was a decrease in the number of permanent teeth extracted from 385 to 328. Again, the number of teeth extracted to allow space in the mouth represented a quarter of all extractions.

In view of the vast amount of dental treatment required throughout the city and bearing in mind the shortage of man-power in both the School Dental Services and the General Dental Services a re-examination of the Council's refusal to allow the fluoridation of the City's water supplies must be made. Fluoridation has been found to substantially reduce the incidence of dental caries and has been shown to be completely safe. Unless preventative measures such as these are employed no real and lasting progress can be made in the dental treatment of school children.

ATTENDANCES AND TREATMENT

	AGES 5–9	AGES 10–14	AGES 15 or over	TOTAL
First Visits	798	640	194	1632
Subsequent Visits	1784	1713	595	4092
Additional Courses of Treatment	405	212	51	668
Total Visits	2987	2565	840	6392
Fillings in Deciduous Teeth	1102	100	–	1202
No. of Deciduous Teeth Filled	1001	95	–	1096
Deciduous Teeth Extracted	1209	304	–	1513
Fillings in Permanent Teeth	846	1734	626	3206
No. of Permanent Teeth Filled	670	1501	592	2763
Permanent Teeth Extracted	65	212	51	328
General Anaesthetics	520	251	37	807
Emergencies	79	31	13	123

No. of Pupils X-Rayed	18
Prophylaxis	615
Teeth Otherwise Conserved	5
No. of Teeth Root-filled	1
Inlays	–
Crowns	3
Apicectomies	–
Gingivectomies	–
Courses of treatment completed	1542
General Anaesthetics administered by Dental Officers	32

Orthodontics

Cases remaining from previous year	37
New cases commenced during year	29
Cases completed during year	27
Cases discontinued	10
Removal appliances fitted	63
Pupils referred to Hospital Consultant	Nil
Fixed appliances fitted	Nil

Prosthetics

	AGES 5–9	AGES 10–14	AGES 15 or over	TOTAL
Patients supplied with full upper or lower dentures	–	–	–	–
Patients supplied with partial dentures	–	3	2	5
No. of dentures supplied	–	4	3	7

Inspections

First Inspection at School	No. of Pupils	2764
First Inspection at Clinic	" "	1006
No. found to require treatment		3149
No. offered treatment		1968
Pupils re-inspected at school or clinic		440
No. found to require treatment		346

Sessions

Sessions devoted to treatment	675
" " to school inspections	18
" " to administration	26
" " to Dental Health Education	Nil

B. MATERNITY AND CHILD WELFARE

This year saw the introduction of our trial scheme to notify the parents of children who had just passed their 3rd birthday, reminding them that their child should now be receiving regular dental treatment and offering them an appointment for inspection without any obligation to receive treatment from the City's Dental Service. Details of the scheme are set out below. 36.1% of all children offered an appointment accepted and agreed to treatment by the City's Dental Service and 19.2% notified us that they were making arrangements to receive treatment by Dental Surgeons in the General Dental Service. Of those examined 28.1% required treatment.

3-Year Old Inspection Scheme

No. offered inspection	385
No. accepting inspection	139
No. going to Dentist in General Dental Service	74
No. of those inspected who were fit	100
No. of those examined offered treatment	39

The numbers of children attending for treatment apart from the 3 year olds, also showed a marked increase and the numbers of fillings rose three-fold, whilst the number of extractions fell slightly. This is a very healthy sign and I look forward to the continuation of this trend.

The decline in the dental treatment of expectant and nursing mothers, in the City's Surgeries, was reversed this year, the number of fillings being doubled and the number of extractions being reduced by two-thirds. Whilst it is encouraging to know that these mothers are receiving treatment, I look forward to the day when *all* adults receive regular dental attention from Dental Surgeons in the General Dental Service.

DETAILS OF TREATMENT

	No. Inspected	No. offered treatment	First Visits	Subsequent Visits	Total Visits	Add. Courses of Treatment Comm.
Expectant and Nursing Mothers	21	20	32	81	115	2
Children 0–4	223	91	228	173	495	94

	No. of teeth filled	No. of teeth extracted	Gen. Anaesthetics	Prophylaxis	Teeth Root filled	Teeth otherwise conserved
Expectant and Nursing Mothers	72	23	7	10	Nil	Nil
Children 0–4	187	99	38	7	Nil	Nil

	Crown & Inlays	X-rays	DENTURES			No. of courses of treatment completed
			Patients supplied partial Dentures	Patients supplied with full upper or lower Dentures	No. of Dentures Supplied	
Expectant and Nursing Mothers	Nil	Nil	3	2	8	17
Children 0–4	Nil	Nil	Nil	Nil	Nil	257

General anaesthetics administered by Dental Officers Nil
No. of equivalent full-time sessions 93

C. TRAINING CENTRES

With the completion of the Adult Training Centre in Cow Lane, Wincheap, the training centres split into two groups. A visit was made to both sections in October and the details are set out below.

I would again like to thank the staff at both centres for their co-operation and especially to Mrs. Fowler for giving up her valuable time to bring the children and help look after them during their treatment.

ADULT TRAINING CENTRE

	Adult Training Centre	Junior Training Centre
No. inspected	31	34
No. fit	10	16
No. unable to examine	1	—
No. under treatment	1	1
No. absent	4	4
No. offered treatment	20	17
Total No. accepting regular treatment	22	25

In conclusion, Mr. Chairman, I trust that you will agree that this has been a very satisfactory year with notable improvements in most sections.

However, I must again bring to your notice the very serious problem of non-attendances at the City's Dental Surgeries. Details of these missed appointments are set out below, but I must stress that they amount to 22.2% of all appointments made and represent a loss to the City of £1,200 in salaries of the officers and their ancillaries whose time has been wasted.

No. of appointments kept	6292
No. of appointments *not kept*	1769

These are made up as follows:–

No. of last minute cancellations	386
No. of people who made fresh appointments	589
No. of people who failed to reply to reminders	794

Canterbury Child Guidance Clinic

K. M. Fraser, M.B., Ch.B., D.C.H., D.P.M., Consultant Psychiatrist and Medical Director submits the following Tabular Statements concerning the work of the Canterbury Child Guidance Clinic during 1970.

SOURCE OF REFERRAL

	1970		1969	
	Kent	City	Kent	City
School Medical Officer	16	5	30	9
Private Doctor	33	10	48	5
Juvenile Court/Probation Officer ..	4	2	4	1
Parent or Foster-Parent	4	7	14	9
Educational Psychologist/School ..	43	13	49	9
Other Clinics or Psychiatrists	17	1	11	6
Department of Social Services	6	4	5	2
Miscellaneous Social Agencies	5	3	4	–
	128	45	165	41
	173		206	

DIAGNOSTIC WAITING LIST

31.12.1970		31.12.1969	
Kent	City	Kent	City
102	21	95	28
123		123	

NEW CASES DIAGNOSED

	1970		1969	
	Kent	City	Kent	City
Taken on for Treatment	70	35	90	24
Diagnosis and Advice	17	4	26	3
	126		143	

RESULT OF REFERRAL

	1970		1969	
	Kent	City	Kent	City
Improved	36	15	46	18
Placed at residential school	6	4	10	9
Unco-operative	6	2	2	1
Moved and case transferred to authority in new locality	12	2	11	6
Case withdrawn after partial service ..	19	11	16	10
	79	34	85	44
	113		129	

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