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**Contributors**

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# BOROUGH OF GILLINGHAM



THE HEALTH

OF

GILLINGHAM

IN

1970



# BOROUGH OF GILLINGHAM

Health Department,  
Municipal Buildings,  
Gillingham, Kent.

December, 1970.

Telephone Medway 50021

To the Mayor, Aldermen and Councillors of the Borough of Gillingham.

1970 was a year of success for the local government health service and its future role. Forward progress was made in the Government White and Green Papers and the National Health Service.

It was with an overwhelming sense of loss that we bid farewell to Dr. David Rosenwald before his death. He was a man of many talents, a revealingly sensitive, dynamic and wise colleague that it will be long before the many people in the fields of activity in which he engaged, particularly in the schools and their health education programmes, will forget his kindness and understanding of their problems and his quiet efficiency and sympathy in dealing with them. Dr. Rosenwald came to Gillingham in 1954 for 15 years as Medical Officer of Health in Bombay to renew his knowledge of the health services and if cancer had not been his mark in the field of community medicine in his country as well as in Africa.



## ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

FOR THE YEAR

# 1970

HELEN E. MAIR, M.B., Ch.B., D.P.H.

Health Department,  
Municipal Buildings,  
Gillingham, Kent.

Telephone : Medway OME 4 50021

BOROUGH OF GILLINGHAM



ANNUAL REPORT

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HELEN E. MAIR, M.B., Ch.B., D.P.H.

Health Department,  
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Gillingham, Kent.

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Telephone Medway 50021

December, 1970.

To the Mayor, Aldermen and Councillors of the Borough of Gillingham.

1970 was a year of uncertainty in the future of the local government health service and its future role. Forward planning is difficult in a rapidly changing situation of Government White and Green Papers on both Local Government and the National Health Service.

It was with an overwhelming sense of loss and helplessness in the inevitability in the course of his illness that we affectionately lived through the last months of 1970 with David Rosenwald before his death in December. He had been such a stalwart, unceasingly selfless, tireless and wise colleague that it will be long before the many people in the fields of activity in which he engaged, particularly in the schools and their health education programmes, will forget his kindness and understanding of their problems and his quiet efficiency and sympathy in dealing with them. Dr. Rosenwald came to Gillingham in 1966 after 15 years as Medical Officer of Health in Mombassa to renew his knowledge of English public health and community health and welfare services and if cancer had not prematurely ended his career he would have rapidly made his mark in the field of community medicine in this country as well as in Africa.

The work of the public health section of the department during the year was very largely involved with the rapid increase in the number of requests and enquiries for house improvement and during the year 850 enquiries for improvement of houses were received, the houses inspected and the grant system explained. This resulted in 282 applications for improvement grants and the work was put in hand and again inspected during progress and on completion by the public health inspectors.

In the St. Mary's Road area an Improvement Area of 160 houses and shops was declared after public meetings and the acquisition by the Borough Council of a house for improvement which was then improved to a standard to meet the grant requirements as an exhibition house and on public view for the month of June. That this publicity was a successful enterprise in the area was shown by the increase in interest and number of grant applications received. It is therefore with regret that many months later, at the time of writing, it is necessary to report delays in the implementation of the scheme as a whole, though the number of houses improved in the small Area was the same in this one year as it had been in the whole of the previous 15.

In Gillingham we have such a proportionately large area of old but basically sound houses which lack amenities - a total of 3,000 most of which could, with the appropriate grant aid, be improved and if taken in Improvement Areas so that there

could be co-ordinated improvement of the environment and the surrounding streets , most of the northern part of the town could be given a life of 30 years and save the future borough services from taking on a burden of clearance and rebuilding which will be inevitable if the problem is not seen to be of importance now.

The increase in the housing work of the section has inevitably meant a decrease in the general work of the public health inspectors in their districts and the appointment of a Deputy Chief Public Health Inspector was agreed to strengthen the establishment but it was not found possible to finance this post for the next financial year.

1971 will bring increasing pressures on the staff in the public health inspectorate and it is with gratitude to them that I express concern at the work load that they are at present carrying so that the public in the town may receive the speedy assistance that it is their right to expect from a department dealing with the maintenance of standards of public health, housing and food hygiene and the control of infectious disease.

The implementation of the Social Services Act in May 1970 with the appointed day being April 1st 1971, meant that for Gillingham 1970 would be the last full year of responsibility as a delegated health and welfare authority and that delegation of all the social welfare powers relating to mental health, the adult handicapped, the home help services and some of the functions of the health services such as Nurseries and Child Minders registration would be revoked and revert to the County Council as a responsibility of the new Social Services Committee. It was however clear towards the end of 1970 that the new department would not be staffed nor in a position to take over those services for some time so during 1971 they are likely to remain with the Health Department in Gillingham.

It is too late to plead with the County Health Committee on behalf of Gillingham for increases in establishment of the welfare section who are three officers with a Principal Welfare Officer responsible for a range of services which can only lightly be touched upon as urgent needs are met but it has been the Cinderella of the services for health and welfare since delegation in 1961 but perhaps it is not too late at the beginning of the new County Social Services Committee for Gillingham to show its concern for the 95% of mental ill health which is the responsibility of the community health and welfare services and the general practitioners in the town, and for the follow up of the 5% who are hospital cases. So much of the mental illness is never brought to the notice of the Health Department for help and social support that Medical Officers and future Directors of Social Services will need close liaison with hospital psychiatric departments to provide a comprehensive service.

Just the same can be said and must be said in the field of the services for the elderly, but here Gillingham has appointed a half time medical officer in department to survey the problems of the elderly in the town and to start a clinic for them on the lines of a child health centre. In June 1970 Dr. Brian Griffiths was appointed and undertook a

survey of 300 old people over 80 years old who were known to the department, as well as being available for urgent calls to help to meet the medical and social needs of the elderly as they arose. Gillingham has an Old People's Liaison Officer who acts also as Secretary to the Old People's Welfare Committee and so can be a bridge between the statutory and voluntary services for the elderly and by bringing together all the agencies in the field the main needs of the elderly are being defined. Many are housebound and lonely and a consistent and frequent visiting service is needed to keep the old people in touch. The provision of luncheon clubs helps to meet a need but this is mainly a preventive measure to guard against loneliness and to provide a meeting place for the ambulant younger elderly.

The Chronically Sick & Disabled Act 1970 has placed on local authorities the responsibility to make provisions for care for the elderly and the chronically sick and for district authorities to provide housing to meet the needs of the old and handicapped. In Gillingham we have a large number of old people living in one room of large older houses without amenities and their needs are increasingly for purpose built accommodation near their friends and neighbours but with the supportive help of wardens available to flatlets or houses.

The Child and School Health Services in the town grow with the rapidly increasing demands made on them by the rise in the young population and the number of school places. The 5 child health clinics are constantly full to capacity with young mothers and babies for general help and advice from the medical officers in department and the health visitors and specifically for developmental checks for those babies at risk of handicapping abnormalities and for all children under 5 at six monthly and annual reviews.

The Special Care Clinic continues to meet a growing need for the under 5 handicapped children and to provide a centre for the assessment of those children's future educational needs and their potential and abilities both physical and mental. Much closer integration with the hospital paediatric department is needed in the future to develop this venture into a full scale assessment centre with all the agencies involved, and to extend the clinic to a full time centre where the children's medical, social and educational diagnosis and progress can be measured over the early years of a child's development.

We now have a fully trained staff of medical officers in department qualified in developmental paediatrics and it is important to ally this with the paediatric department in the hospital to provide a comprehensive community paediatric health service in the town.

The school health service continues on the broad outlines of the past but in particular fields is expanding rapidly to meet the demands and pressures from parents



and schools to provide an advisory service in social and behaviour problems in the school population, and particularly in the adolescent age group.

The medical officer in department who is responsible for an area of child and school health sees the children through the whole age range and is increasingly acting as consultant in normal child development both medical and social. To deal with the increasing problem of behaviour disorders in school children, special weekly sessions by one of the medical officers in conjunction with the Child Guidance Clinic have been made available and are overburdened with requests for consultations. This is an area of school medical work that is rapidly increasing and demanding of time and knowledge and will be a link between hospital psychiatric and child guidance clinics and the school clinics of the future.

The dental service has been able to give a wider cover to the children in the schools during the year due to the part time sessional help we have had.

The health and social statistics for the area remain remarkably constant over the years and there is little of note to report in the fields of infectious disease. Only in the death rate from heart disease and allied conditions is there a rise from 2.9 in 1960 to 4.2 per 1,000 of the population in 1970.

The staff in the Health Department offices and the clinics and the doctors, nurses and welfare officers and public health inspectors in their visits to the homes of the people of Gillingham have continued to give a friendly service to the town and it is with gratitude that I thank them and the Committee for their work during 1970.

HELEN E. MAIR

Medical Officer of Health

PUBLIC HEALTH, SCHOOL HEALTH SERVICE, AND COUNTY  
COUNCIL DELEGATED HEALTH SERVICES STAFF

Medical Officer of Health:

Helen E. Mair, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health:

C.D. Rosenwald, M.B., Ch.B., D.P.H. (Died 3.12.70)

Senior Medical Officer in Department:

L.M. Corall, M.B., B.S., D.P.H.

Medical Officers in Department:

E.S. Linton, M.B., B.S., D.G.O., L.M., D.Obst., R.C.O.G., M.M.S.A.

L.M. Hogg, M.B.E., M.B., B.S.

J.B. Griffiths, M.B., Ch.B. (commenced 6.7.70)

Ophthalmologists: (S.H.S.)

K.N. Thomas, M.B., Ch.B., B.A.O., D.O. (part-time)

W.H. Hamilton, M.B., B.Chir., M.R.C.S., L.R.C.P. (part-time)

Dental Surgeons (S.H.S.)

E.D. Gimson, B.D.S.

K. Bharrucha, B.D.S. (part-time)

S.E. Brown, L.D.S. (part-time)

T. Salter, B.D.S. (part-time) (resigned 20.11.70)

Dental Surgery Assistants: (S.H.S.)

A.E. Turner

S. Gillespie

Chief Public Health Inspector:

K.E. Sewell, M.R.S.H., M.I.P.H.E., M.A.P.H.I. (a, c, d, e)

Deputy Chief Public Health Inspector:

N. Smith, M.A.P.H.I. (a, c, d, e)

**COUNCIL DELEGATED HEALTH SERVICES STAFF**  
**PUBLIC HEALTH, SCHOOL HEALTH SERVICE, AND COUNTY**

Medical Officer of Health  
Helen F. Mall, M.B., Ch.B., D.P.H.  
Deputy Medical Officer of Health  
C.D. Rosenwald, M.B., Ch.B., D.P.H. (Died 3.12.70)  
Senior Medical Officer in Department  
J.M. Corah, M.B., B.S., D.P.H.

Medical Officer in Department  
E.S. James, M.B., B.S., D.C.O., I.M., D.O.M., R.C.O.C., M.M.S.A.  
J.M. How, M.B., B.S.  
J.B. Gairdner, M.B., Ch.B. (Commenced 8.7.70)

Ophthalmologist (S.H.S.)  
R.N. Turner, M.B., Ch.B., F.A.C.O., F.R.C.S. (part-time)  
W.H. Hinchey, M.B., Ch.B., F.R.C.S. (part-time)  
Dental Surgeon (S.H.S.)  
E.D. Gimson, B.D.S.  
K. Brannan, B.D.S. (part-time)  
S.E. Brown, F.D.S. (part-time)  
T. Saker, B.D.S. (part-time) (retired 30.11.70)

Dental Surgery Assistant (S.H.S.)  
A.E. Turner  
S. Colledge

Chief Public Health Inspector  
R.E. Sewell, M.R.S.H., M.I.P.H.E., M.A.P.H.I. (a,c,d,e)  
Deputy Chief Public Health Inspector  
N. Smith, M.A.P.H.I. (a,c,d,e)

Public Health Inspectors:

P.J. Brewer, M.A.P.H.I. (a, c, d)  
J.A. Croydon, A.R.S.H. (a, c) (resigned 3.5.70)  
B.J. Naylor (a, c)  
R. Nethercott (b)  
M.J. Rivers, M.A.P.H.I. (b) (commenced 26.5.70)

- a. Public Health Inspectors Certificate
- b. Public Health Inspectors diploma
- c. Meat and Other Foods Certificate
- d. Smoke Inspectors Certificate
- e. Diploma in Sanitary Science

Student Public Health Inspector:

R.M. Manktelow

Technical Assistants:

R. Taylor  
B.C. Woodard

Area Superintendent Health Visitor:

M.M. Byrne, S.R.N., S.C.M., Health Visitor's Cert.

Health Visitors: (D.H.S./S.H.S.)

J.E. Barnes, S.R.N., S.C.M., Health Visitor's Cert. (resigned 11.12.70)  
W. Clements, S.R.N., S.C.M., Health Visitor's Cert.  
R. Cowling, S.R.N., S.C.M., Health Visitor's Cert.  
M.E. Cox, S.R.N., S.C.M., Health Visitor's Cert. (transferred to K.C.C. 9.1.70)  
M.A. Crystal, S.R.N., S.C.M., Health Visitor's Cert. (part-time) (resigned 31.12.70)  
M.T. Fitzpatrick, S.R.N., S.C.M., Health Visitor's Cert. (resigned 27.12.70)  
J.A. Hewitt, S.R.N., S.C.M., Health Visitor's Cert. (part-time)  
M. Lyons, S.R.N., S.C.M., Health Visitor's Cert. (commenced 14.9.70)  
J. Manson, S.R.N., S.C.M., Health Visitor's Cert.  
V. Porter, S.R.N., S.C.M., Health Visitor's Cert.  
D.G. Purt, S.R.N., S.C.M., Health Visitor's Cert.  
R.M. Tatham, S.R.N., S.C.M., Health Visitor's Cert. (commenced 14.9.70)  
F.M. Tomlin, S.R.N., S.C.M., Health Visitor's Cert. (part-time)  
E.C. Tomlinson, S.R.N., S.C.M., Health Visitor's Cert.  
E.M. Turner, S.R.N., S.C.M., Health Visitor's Cert.  
M. Wignall, S.R.N., S.C.M., Health Visitor's Cert. (part-time)

Midwives (D.H.S.)

B. Bassadona, S.R.N., S.C.M.  
M. Clayton, S.R.N., S.C.M.  
S. Craddock, S.R.N., S.C.M. (Commenced 1.10.70)  
B.E. Foote, S.R.N., S.C.M.  
J.C. Hammond, S.R.N., S.C.M. (commenced 16.3.70)  
K. Lowry, S.C.M.  
G.M. McGregor, S.R.N., S.C.M.  
B. Peters, S.R.N., S.C.M.  
M.M. Shorey, S.R.N., S.C.M.  
S.I. Shorey, S.E.A.N., S.C.M.  
V.C. Sullivan, S.R.N., S.C.M. (resigned 31.1.70)  
M.E. White, S.C.M.

District Nurses (D.H.S.)

K. Burton, S.R.N., S.C.M. (commenced 1.1.70)  
E.M. Chambers, S.R.N. (commenced 1.4.70)  
J.P. Davis, S.R.N.  
M.M. Ellis, S.R.N. (commenced 2.3.70)  
O. Fenske, S.R.N.  
A.J.A. Finnis, S.R.N.  
E.J. Flynn, S.R.N.  
B.D. Frapple, S.E.A.N.  
E.M. Masson, S.R.N.  
F.M. McGargle, S.R.N. (retired 31.3.70)  
M.H. Rayner, S.R.N., S.C.M.  
I. Read, S.R.N.  
G.A. Smith, S.R.N., S.C.M. (resigned 9.1.70)  
S.R. Stenhouse, S.R.N.  
A.T. Stonehouse, S.R.N. (retired 31.3.70)  
K.T. Stoves, S.R.N.  
M. Turpin, S.R.N.  
K. Wales, S.R.N., S.C.M.  
E.B. Willoughby, S.R.N.

Principal Welfare Officer:

P.E. King

Welfare Officers:

J.M. Preston (transferred to K.C.C. 31.8.70)  
J.S. Terry  
R.A. Pearson  
N.A. Schwartz (temporary) (commenced 22.9.70)

Craft Instructors:

M.H. Lipscombe  
C.J. Daws (part-time) (commenced 7.12.70)

Social Welfare Officer for the Blind:

A.J. Smith

Welfare Officer for the Deaf:

A.B. Masson

Chiropodist:

M. Miller, S.E.N., S.R.Ch., L.Ch.

Home Help Organisers:

M. Sharp  
M. Higgins

Old People's Liaison Officer:

F.S. Booker

Chief Administrative Assistant:

S. Pett, T.D.

Senior Administrative Assistant:

M.M. McKeen

Clerks:

R.C. Thomas (S.H.S.)  
B. Taylor  
A.D. Frost  
P. Rome (D.H.S.)  
A. Mills (D.H.S.) (resigned 5.8.70)  
A.L. McCulloch (commenced 30.11.70)  
E.A. Jones (D.H.S.) (transferred to K.C.C. 16.10.70)  
A. Wyatt (D.H.S.)  
M.E. Drury (D.H.S.)  
V. Buttfield (commenced 2.11.70)  
J. O'Connor (D.H.S.)  
L.S. Palmer  
J. Stourton (D.H.S.)  
J. Bunyan (commenced 28.12.70)  
N. Pett (clinic clerk - D.H.S.)  
P. Buttenshaw (clinic clerk - D.H.S.) (resigned 25.9.70)  
B. Clarke (clinic clerk - D.H.S.) (commenced 30.11.70)

M.O.H. Secretary:

V. Mortlock

Shorthand Typist:

P.J. Deacon

N.B. D.H.S - Delegated Health Service  
S.H.S. - School Health Service

# GENERAL HEALTH STATISTICS

Area in acres (land, inland)

Estimated value (April, 1970)

The town represented by a party

In 1970/71 the total population was

Extracts from vital statistics

Total population (Registrar-General)

Live Births:

Number of Live Births	1,691
Rate per 1,000 of the estimated civilian population	18.7
Illegitimate live births per cent of total live births	5

Stillbirths:

Number of stillbirths	24
Rate per 1,000 total live and stillbirths	14
Total live and stillbirths	1,715
Infant deaths (deaths under 1 year)	31

Infant Mortality Rates:

Total infant deaths per 1,000 total live births	18
Legitimate infant deaths per 1,000 legitimate live births	18
Illegitimate infant deaths per 1,000 illegitimate live births	19
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	14
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	11
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	25



Clerks

**GENERAL HEALTH**

S. C. Thomas (S.H.S.)

A. D. Frost

P. Scott (D.H.S.)

A. Mills (D.H.S.) (resigned 7.6.70)

30.11.70)

to R.C.C. 16.10.70)

A. Wyatt (D.H.S.)

M.E. Drury (D.H.S.)

V. Burfield (commenced 3.11.70)

J. O'Connell (D.H.S.)

L.S. Palmer

J. Scourie (D.H.S.)

J. Bayle (commenced 28.10.70)

K. Fox (leave clerk - D.H.S.)

P. Barnham (leave clerk - D.H.S.) (resigned 25.9.70)

B. Clark (leave clerk - D.H.S.) (commenced 30.11.70)

M.O.S. Clerks

V. Martin

Statistical Clerks

P.J. Jones

N.B. D.H.S. - Delegated Health Service  
S.H.S. - School Health Service

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area in acres (land, inland water and foreshore) .. .. .	11,123
Rateable value (April, 1970) .. .. .	£3,116,143
The sum represented by a penny rate (1970/71) .. .. .	£12,900

In 1970/71 the total rate was 12/6 and the water rate 1/4 in the £.

### Extracts from vital statistics

Total population (Registrar-General) .. .. .	90,900
--	--------

#### Live Births:

Number of live births .. .. .	1,696
Rate per 1,000 of the estimated civilian population .. .. .	18.7
Illegitimate live births per cent of total live births .. .. .	6

#### Stillbirths:

Number of stillbirths .. .. .	24
Rate per 1,000 total live and stillbirths .. .. .	14
Total live and stillbirths .. .. .	1,720
Infant deaths (deaths under 1 year) .. .. .	31

#### Infant Mortality Rates:

Total infant deaths per 1,000 total live births .. .. .	18
Legitimate infant deaths per 1,000 legitimate live births .. .. .	18
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .	19
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) .. .. .	14
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .. .. .	11
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) .. .. .	25

Maternal Mortality (including abortion)

Number of deaths .. .. .  
 Rate per 1,000 total live and stillbirths .. .. .

Deaths (all causes)

Rate per 1,000 of the estimated civilian population .. .. . 9.6

	Males			Females		
	Total	Legit.	Illegit.	Total	Legit.	Illegit.
Live births	870	813	57	826	775	51
Stillbirths	15	14	1	9	9	-
<u>Deaths of Infants</u>						
Under 1 year of age	19	17	2	12	12	-
Under 4 weeks of age	15	13	2	9	9	-
Under 1 week of age	13	11	2	6	6	-

Analysis of Infant Deaths during 1970

Cause of Death	Age at Death	
	Total under 1 month	Total under 1 year
Congenital malformations .. .. .	8	9
Pneumonia .. .. .	1	1
Birth injury, difficult labour etc. .. .. .	10	10
Other respiratory diseases .. .. .	-	1
Other causes .. .. .	5	10
<b>Total .. .. .</b>	<b>24</b>	<b>31</b>

Deaths of infants under 1 year numbered 31 which represents an infant mortality rate of 18 per 1,000 live births.

The rate for England and Wales was 18 per 1,000 relative live births.

Death rate of infants under 1 year per 1,000 live births for Gillingham from 1966-70:

	No.	Rate per 1,000	England and Wales Rate per 1,000
1966	22	14	19
1967	21	13	18
1968	29	18	18
1969	35	21	18
1970	31	18	18

Maternal Mortality:

There were no deaths associated with pregnancy.

Causes of deaths for the year 1970 as provided by the  
Registrar-General

Causes of Death	Male	Female	Total
Enteritis and other diarrhoeal diseases .. ..	2	-	2
Late effects of respiratory tuberculosis .. ..	1	-	1
Measles .. .. .	1	-	1
Other infective and parasitic diseases .. ..	1	-	1
Malignant neoplasm, buccal cavity etc. ..	5	1	6
Malignant neoplasm, oesophagus .. .. .	5	2	7
Malignant neoplasm, stomach .. .. .	10	10	20
Malignant neoplasm, intestine .. .. .	14	14	28
Malignant neoplasm, lung, bronchus .. ..	23	10	33
Malignant neoplasm, breast .. .. .	-	14	14
Malignant neoplasm, uterus .. .. .	-	6	6
Malignant neoplasm, prostate .. .. .	9	-	9
Leukaemia .. .. .	4	2	6
Other malignant neoplasms .. .. .	25	29	54
Benign and unspecified neoplasms .. .. .	1	1	2
Diabetes mellitus .. .. .	3	9	12
Other endocrine etc. diseases .. .. .	3	2	5
Anaemias .. .. .	1	-	1
Mental disorders .. .. .	1	-	1
Meningitis .. .. .	1	-	1
Other diseases of nervous system .. .. .	2	2	4
Chronic rheumatic heart disease .. .. .	2	3	5
Hypertensive disease .. .. .	5	20	25
Ischaemic heart disease .. .. .	133	91	224
Other forms of heart disease .. .. .	16	25	41
Cerebrovascular disease .. .. .	45	71	116
Other diseases of circulatory system .. ..	9	25	34
Influenza .. .. .	4	5	9
Pneumonia .. .. .	29	37	66
Bronchitis and emphysema .. .. .	24	17	41
Asthma .. .. .	-	1	1
Other diseases of respiratory system .. ..	2	5	7
Peptic ulcer .. .. .	2	1	3

(contd...)

Causes of Death	Male	Female	Total
Intestinal obstruction and hernia .. .. .	2	1	3
Cirrhosis of liver .. .. .	-	1	1
Other diseases of digestive system .. .. .	4	4	8
Nephritis and nephrosis .. .. .	-	2	2
Hyperplasia of prostate .. .. .	6	-	6
Other diseases, genito-urinary system .. .. .	7	11	18
Diseases of skin, subcutaneous tissue .. .. .	1	1	2
Diseases of musculo-skeletal system .. .. .	1	3	4
Congenital anomalies .. .. .	5	6	11
Birth injury, difficult labour, etc. .. .. .	7	3	10
Other causes of perinatal mortality .. .. .	1	2	3
Symptoms and ill defined conditions .. .. .	2	1	3
Motor vehicle accidents .. .. .	6	1	7
All other accidents .. .. .	5	1	6
Suicide and self-inflicted injuries .. .. .	6	1	7
<b>Total all causes .. .. .</b>	<b>436</b>	<b>441</b>	<b>877</b>

Deaths in Public Institutions:

461 or 52.5 of the total, took place in institutions.

Natural Increase of Population:

<u>Year</u>	<u>Natural Increase of Population</u>
1961 .. .. .	446
1962 .. .. .	528
1963 .. .. .	549
1964 .. .. .	651
1965 .. .. .	661
1966 .. .. .	757
1967 .. .. .	751
1968 .. .. .	697
1969 .. .. .	829
1970 .. .. .	819

Cancer

	Female	Male		<u>Cancer Death Rate</u>	<u>Percentage of Total Deaths</u>
1961	..	..	..	2.2	19.3
1962	..	..	..	2.2	19.6
1963	..	..	..	1.9	16.7
1964	..	..	..	2.1	20.0
1965	..	..	..	2.0	18.6
1966	..	..	..	2.2	22.5
1967	..	..	..	2.1	21.3
1968	..	..	..	1.9	18.6
1969	..	..	..	1.7	17.5
1970	..	..	..	2.0	20.9

Violence

Deaths from motor vehicle accidents numbered 7, from suicides 7 and from "all other accidents" 6.

ANALYSIS OF BIRTHS AND INFANT DEATHS FOR THE YEARS 1961 to 1970

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Number of stillbirths	28	26	35	19	17	25	21	23	24	24
Number of neo-natal deaths	23	17	16	16	18	14	13	20	23	24
Total number of stillbirths and neo-natal deaths	51	43	51	35	35	39	34	43	47	48
Number of deaths of infants 1 to 12 months of age	5	10	15	10	10	8	8	9	12	7
Number of live births	1264	1363	1425	1476	1537	1580	1563	1630	1702	1696
Number of stillbirths	28	26	35	19	17	25	21	23	24	24
Total live and stillbirths	1292	1389	1460	1495	1554	1605	1584	1653	1726	1720

MORTALITY RATES CALCULATED PER 1,000 BIRTHS

Stillbirths	22	19	24	13	11	15	13	14	14	14
Neo-natal deaths	18	12	11	11	12	9	8	12	14	14
Perinatal deaths	37	30	33	21	22	24	19	10	11	11
Deaths of infants 1 to 12 months of age	4	7	10	7	6	5	5	5	7	4
Stillbirths and all deaths up to 1 year	39	39	45	30	29	29	27	31	35	32
Infant mortality per 1,000 births	22	20	22	18	18	14	13	18	21	18



Prevalence of, and Control Over Infectious and Other Diseases

Table showing:- (a) The distribution in age groups of infectious disease cases notified during 1970  
 (b) The number removed to hospital.

Notifiable Disease	CASES NOTIFIED (Diagnosis Corrected)								Removed to Hospital
	Years								
	All Ages	Under 5	5 - 14	15 - 44	45 - 64	65 and Over	Age Unknown		
Food Poisoning .. .. .	2	-	-	2	-	-	-	-	-
Dysentery .. .. .	-	-	-	-	-	-	-	-	-
Infective Jaundice .. .. .	40	1	28	8	2	-	1	-	-

Table showing:- (a) The distribution in age groups of infectious disease cases notified during 1970  
 (b) The number removed to hospital.

Notifiable Disease	CASES NOTIFIED (Diagnosis Corrected)								Age Unknown	Removed to Hospital
	Years									
	All Ages	Under 1	1-2	3-4	5-9	10-14	15-24	25 and Over		
Scarlet fever .. ..	29	-	3	4	17	2	3	-	-	-
Whooping cough .. ..	1	-	-	-	1	-	-	-	-	-
Measles .. ..	675	29	159	220	244	4	3	2	14	-
Acute meningitis .. ..	2	-	1	-	1	-	-	-	-	-

Particulars of patients from the Gillingham area dealt with at the Chest Clinic during 1970.

(These figures were kindly supplied by Dr. F. Temple-Clive, Consultant Chest Physician).

	Adults		Children		Total	
	M.	F.	M.	F.	M.	F.
Tuberculosis:						
Pulmonary .. .. .	11	3	-	-	11	3
Non-pulmonary .. .. .	-	1	-	-	-	1
Total .. .. .	11	4	-	-	11	4

Total attendances numbered 1,149

Public Health (Tuberculosis) Regulations, 1930.

	Pulmonary	Non-Pulmonary	Total
Number on Register at 1st January, 1970	385	77	462
Number on Register at 31st December, 1970	351	77	428

Notifications:

Table compiled from local records, giving details with regard to sex, age, etc. of notified new cases during 1970.

Age Periods	New Cases			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
Under 5 years .. .. .	-	-	-	-
5-14 years .. .. .	-	-	-	-
15-24 years .. .. .	1	-	-	-
25-44 years .. .. .	1	2	-	-
45-64 years .. .. .	5	-	1	-
65 and over .. .. .	-	-	-	-
Total .. .. .	7	2	1	-

Tuberculosis Death Rate

The following table is inserted for the purposes of comparison:

Year	Death Rates per 1,000 of Population		
	All Forms	Pulmonary	Non-Pulmonary
1961 .. .. .	0.11	0.11	0.00
1962 .. .. .	0.05	0.04	0.01
1963 .. .. .	0.08	0.05	0.03
1964 .. .. .	0.01	0.00	0.01
1965 .. .. .	0.11	0.11	0.00
1966 .. .. .	0.05	0.05	0.00
1967 .. .. .	0.01	0.01	0.00
1968 .. .. .	0.04	0.04	0.00
1969 .. .. .	0.01	0.01	0.00
1970 .. .. .	0.01	0.01	0.00

Venereal Diseases

I am indebted to Dr. C.D. Routh, Director of the Medway and Gravesend Hospital Management Committee's Special Clinic in Rochester for the following figures:

New Patients - Gillingham

Syphilis	..	..	..	..	3
Gonorrhoea	..	..	..	..	27
Other conditions	..	..	..	..	112
Total	..	..	..	..	142

Nursing Homes - Public Health Act, 1936.

There was 1 nursing home on the register at the end of the year, which provided 32 beds for aged persons.

National Assistance Act, 1948 (Section 47)

During the year there were no persons removed to hospital under this section of the Act.

Year	Non-Pulmonary	Pulmonary	All	Total
1970	0.0	0.0	0.0	0.0
1971	0.0	0.0	0.0	0.0
1972	0.0	0.0	0.0	0.0
1973	0.0	0.0	0.0	0.0
1974	0.0	0.0	0.0	0.0
1975	0.0	0.0	0.0	0.0
1976	0.0	0.0	0.0	0.0
1977	0.0	0.0	0.0	0.0
1978	0.0	0.0	0.0	0.0
1979	0.0	0.0	0.0	0.0
1980	0.0	0.0	0.0	0.0

ENVIRONMENTAL HEALTH SERVICES

# ENVIRONMENTAL HEALTH SERVICES

It was with considerable interest that the Council took up the work of housing inspection in 1954, recognising that it formed part of the general scheme of good housing standards in the City. The first year was the best in terms of improving the standards of the older areas of the City. However, the area and scope of the law has increased during the year and it has shown that the establishment is inadequate to effectively deal with the statutory duties of the Health Committee.

In spite of the fact that the Council is making arrangements for a campaign which requires the attention of the Chief Public Health Inspector it will be necessary to call staff from other equally important roles of the Inspectorate, particularly in relation to the Food Hygiene Regulations and the Inspection of Factories.

PUBLIC HEALTH INSPECTORATE OF THE DISTRICT

Purpose and Number of Visits made during the year

Housing					
General Housing Program	..	..	..	..	2072
Houses in multiple occupation	..	..	..	..	36
Overcrowding	..	..	..	..	24
Improvements Grants	..	..	..	..	2341
Food Control					
Food Hygiene Regulations	..	..	..	..	708
Food Sampling	..	..	..	..	176
Unsound Food	..	..	..	..	201
Food Complaints	..	..	..	..	73
Milk	..	..	..	..	52
Ice Cream	..	..	..	..	52
Atmospheric Pollution					
Smoke Control	..	..	..	..	1200

Veneral Disease

At the Hospital, D. ... of the Medway and Gravesend Hospital Management Committee's Special Clinic in Rochester for the following figures:

New Patients - Gillingham

Syphilis	3
Gonorrhoea	27
Other conditions	112
	<hr/>
	142

Nursing Homes - Public Health Act, 1936.

There was 1 nursing home on the register at the end of the year, which provided 32 beds for aged persons.

National Assistance Act, 1948 (Section 47)

During the year there were no persons removed to hospital under this section of the Act.

## ENVIRONMENTAL HEALTH SERVICES

It was with considerable enthusiasm that the public health inspectorate took up the work of housing improvement in the town at the beginning of the year, recognising that it formed part of their responsibilities for the maintenance of good housing standards in the town and offered perhaps the best solution to improving the standards of the older houses in the northern areas of Gillingham. However, the size and scope of the involvement of the staff in this work as it developed during the year has so increased the workload on the inspectorate that it has shown that the establishment is inadequate to effectively deal with the statutory duties of the Health Committee.

In spite of the encouraging work that is reported on housing improvement, a campaign which required much effort and took 25% of the total time of the district public health inspectors it will be necessary to devote more staff time with an increased staff to the other equally important roles of the inspectorate, particularly in relation to the Food Hygiene Regulations and the inspection of factories.

### PUBLIC HEALTH INSPECTION OF THE DISTRICT

#### Purpose and Number of Visits made during the year

<b>Housing</b>						
General Housing Purposes	..	..	..	..	..	2072
Houses in multiple occupation	..	..	..	..	..	35
Overcrowding	..	..	..	..	..	24
Improvement Grants	..	..	..	..	..	2341
<b>Food Control</b>						
Food Hygiene Requirements	..	..	..	..	..	708
Food Sampling	..	..	..	..	..	176
Unsound Food	..	..	..	..	..	201
Food Complaints	..	..	..	..	..	73
Milk	..	..	..	..	..	53
IceCream	..	..	..	..	..	69
<b>Atmospheric Pollution</b>						
Smoke Control	..	..	..	..	..	1800



Water	..	..	..	..	..	..	53
Offices, Shops etc.	..	..	..	..	..	..	979
Factories	..	..	..	..	..	..	61
Outworkers	..	..	..	..	..	..	39
Rodent and Pest Control	..	..	..	..	..	..	701
Drainage etc.	..	..	..	..	..	..	1190
Noise	..	..	..	..	..	..	140
Infectious Diseases	..	..	..	..	..	..	236
Public Health Nuisances	..	..	..	..	..	..	901
Public Conveniences	..	..	..	..	..	..	127
Pet Animals	..	..	..	..	..	..	11
Hairdressers	..	..	..	..	..	..	10
Caravans	..	..	..	..	..	..	15
Riding Establishments, Piggeries etc.	..	..	..	..	..	..	116
Diseases of Animals	..	..	..	..	..	..	28
Number of Complaints Investigated	..	..	..	..	..	..	2389
Farms and Small Holdings	..	..	..	..	..	..	18

#### Notices served during the year

##### Informal:

Housing	..	..	..	..	..	..	70
Food Premises	..	..	..	..	..	..	5
Factories, Offices, Shops etc.	..	..	..	..	..	..	103
Miscellaneous Nuisances, etc.	..	..	..	..	..	..	3

##### Formal:

Housing Acts	..	..	..	..	..	..	-
Public Health Acts	..	..	..	..	..	..	76
Gillingham Corporation Act	..	..	..	..	..	..	11
Clean Air Act	..	..	..	..	..	..	10

#### HOUSING

A preliminary survey of the housing stock of the borough was made early in 1967, following this survey a report was submitted to Redevelopment Sub-Committee and the Council in 1967. The report and plan showed

- a) areas requiring urgent individual house inspection
- b) twilight areas that would require such detailed inspection in the very near future

- c) areas that could be rehabilitated by encouraging improvement grants
- d) areas of satisfactory housing, mainly modern, where no action was required.

This survey revealed approximately 3,500 dwellings lacking the standard amenities which represented one family in seven, and approximately 1250 dwellings in serious disrepair of which some were unfit for human habitation.

The preliminary survey confirmed the need for a comprehensive approach to the older areas of the town, for detailed house to house surveys to accurately determine the condition of the houses with regard to both repair and the provision of amenities and the need for positive steps to encourage improvement where the condition of the houses warranted improvement and for clearance in those areas where the houses were past saving.

The areas that required urgent survey were inspected during 1967/68 and during this period 18 small clearance areas containing a total of 69 unfit houses were represented resulting in 8 Compulsory Purchase Orders and 2 Clearance Orders.

The James Street area consisting of 169 dwellings was surveyed in early 1968, one terrace of 10 houses was found to be suitable only for clearance but the area as a whole was found to be worth improving and letters were sent to all owners inviting them to take advantage of the Improvement Grant Scheme.

#### Improvement of Houses

The Committee was concerned with the estimated 3,500 houses in the town lacking the standard amenities and in 1967 only 56 isolated houses were improved with grants, so if the improvement of all the houses had continued at that rate it would be more than 60 years before all had the necessary amenities.

The need in Gillingham was to improve 300 - 400 houses per year and to attempt to improve whole terraces and streets rather than individual houses spread around the older parts of the town.

Improvement areas under the Housing Act 1964 which concerned only tenanted property were impractical in Gillingham due to the high incidence of owner/occupation but the White Paper 'Old Houses into New Homes' Cmnd. 3602 published in April 1968 indicated the Government wanted local authorities to direct their main efforts in future to the improvement of whole areas in the older parts of the towns.

Following this White Paper and in advance of legislation, discussions on the improvements of areas of older housing in the borough were held with representatives of the then Ministry of Housing and Local Government.

Consultations between the relevant departments of the Borough Council and the Ministry showed that a small area defined as St. Mary's Road Area of houses dated from the early years of this century was most suitable for a pilot scheme.

Part II of the 1969 Housing Act gave local authorities power to declare Improvement Areas which would be areas of older houses requiring improvement and in which environmental improvement could be made by changing street patterns and the making of play areas and similar alterations.

A house to house survey of the area commenced on 12th May 1969 and I reported in detail to the Committee on 23rd July 1969. The area consists of 151 houses and 9 shops with living accommodation and the survey revealed that 103 of the dwellings lacked all or some of the standard amenities and 21 were in a state of disrepair, although none were classified as unfit for human habitation. The Council agreed to purchase a vacant house lacking amenities and in disrepair in the area for use as a show house to illustrate the improvement grant scheme to owners in the proposed general improvement area and generally to residents in Gillingham. The house was purchased in November 1969, opened to the public for a week in disrepair and lacking amenities. The house was then rehabilitated, opened to the public for the whole of June 1970 and was viewed by 1,500 persons.

A public meeting was held at the end of June 1970 to discuss the proposed general improvement area with occupiers and owners, this meeting was poorly attended but those present displayed a great interest in the scheme. A questionnaire asking for comments on a number of proposals for environmental improvements delivered to all residents in July resulted in an encouraging response and replies were received from 74% of occupied houses. The Council declared the St. Mary's General Improvement Area on 22nd September 1970 following a recommendation from the Health Committee.

The full potential of house improvement will not be experienced until the environmental improvements have been completed but it is interesting to note that during 1970 in this particular area the same number of applications for housing improvement was received as in the whole of the previous 15 year period.

## Improvement Grants

The Council delegated to the Health Committee all duties under the Housing Act, 1969 and the administration of Improvement Grants passed to the Health Department on 1st January 1970.

There was a need to inform the public of the increased grants available to improve older houses. A letter was delivered to the occupiers of 3,500 older houses in the borough in May informing them of the improvement grant scheme and inviting inspection of the show house in June. These letters, the show house and national publicity resulted in about 850 grant enquiries, each occupier was visited and advised as to the application of the scheme to their particular house.

162 applications for standard grants and 120 for discretionary grants a total of 282 were received during the year; the applicants have one year from date of approval to complete the work and I will give a detailed analysis in my next annual report.

I list below the number of grants completed in recent years.

	<u>Standard</u>	<u>Discretionary</u>	<u>Total</u>
1969	37	30	67
1968	25	26	51
1967	22	34	56

It has been shown that with sustained effort the number of grant applications could be increased to between 300 - 400 per year.

## Area Surveys

There are over 1,100 houses in the older areas of the town in need of urgent survey, but due to the staffing position it was not possible to undertake surveys during 1970. The houses in these areas need to be surveyed to determine the state of repair and the provision of amenities so that they can be given a life of 30 years for discretionary grants and 15 years for standard grants. Although it is probable that most of the houses will be worth improving, this cannot be said for all houses until inspections have been made so when applications are received for houses in these parts of the town it is not possible to give consistent advice and many owners in these survey areas are thus being deprived of grants and the opportunity to rehabilitate certain areas is being lost.

## General

Representations were made in respect of 18 individual unfit houses or parts of houses, 4 demolition orders and 14 closing orders were made. Five closing orders

were determined after the houses had been made fit for human habitation.

94 applications were received during the year for qualification certificates or provisional qualification certificates, all the dwellings were inspected, some several times and the certificates were issued or refused in accordance with the provisions of Part III of the Housing Act, 1969.

### Houses in Multiple Occupation

35 inspections were made during the year and the necessary improvements were obtained by informal action. There were no cases where the conditions were so bad as to require the service of a management order, a direction order or a control order.

### Overcrowding

17 complaints were received, all were fully investigated and in 3 cases overcrowding was confirmed and the necessary steps were taken to abate the overcrowding.

### Repairs and General Housing Matters

Houses needing repairs were mainly discovered as a result of the investigation of complaints but in many cases the need for repairs was found during an inspection made following an application for an improvement grant or for a qualification certificate or during a visit for some other purpose.

A summary of the housing work carried out during the year is given below.

Inspection of Dwelling Houses During the Year

Number of houses inspected for housing defects	..	..	..	317
Number of inspections made for the purpose	..	..	..	1,755
Number found to be unfit for habitation	..	..	..	19
Number found not to be in all respects reasonably fit for habitation	..	..	..	246

Remedy of Defects by Informal Action

Number of houses rendered fit as a consequence of informal action	..	..	..	..	..	..	..	29
---	----	----	----	----	----	----	----	----

Action Under Statutory Powers

(a) under the Public Health Acts

Number of houses in respect of which notices were served	..	76						
Number of houses in which defects were remedied after service of formal notices:								
By owners	..	..	..	..	..	..	..	19
By local authority	..	..	..	..	..	..	..	56

(b) under the Housing Acts

Number of demolition orders made	..	..	..	..	..	4
Number of closing orders made	..	..	..	..	..	14
Houses demolished as a result of formal action	..	..	..	2		
Closing orders determined	..	..	..	..	..	5

Common Lodging Houses

There are no common lodging houses in the borough.

## CONTROL OF FOOD AND FOOD PREMISES

### Food Hygiene

There are 591 premises in the borough from which food is sold and these are classified in the following main categories:

Type of Business	Number of Premises	Inspections Made
Public Houses and Off Licences	102	42
Cafes, Restaurants	32	100
Fishmongers	29	42
Baker/Bakehouses	21	35
Butchers	46	76
Grocers	166	256
Fruiterers etc.	46	62
Canteens	39	17
Confectioners and Tobacconists	91	67
Chemists	19	11

708 inspections of food premises were made in 1970, this is a pathetic figure with 591 food premises in the borough. To maintain proper supervision of all food premises it is necessary to make in the region of 1,600 inspections annually, some food shops require very regular visits to bring them up to and to maintain them at the required standard.

Cafes, restaurants, canteens, butchers, fishmongers and similar premises require at least 4 routine inspections per year.

The following inspections have been made in the years 1965 - 1969:

1969	-	1047
1968	-	664
1967	-	502
1966	-	630
1965	-	665

The Food Hygiene (General Regulations 1970 which amend and consolidate the 1960 and 1962 regulations come into operation on 1st March, 1971.

There are 97 premises in the borough registered under the Food and Drugs Act, 1955, Section 16 for the manufacture of sausages or potted, pressed, pickled or preserved food. All these premises have been inspected.

Visits were also made to various fairs, fetes and sports meetings to ensure that the catering arrangements were satisfactory from the hygiene point of view.

Food and Drugs - Sampling etc.

172 samples of various foods and 2 samples of medicines and drugs were taken and submitted to the public analyst for examination.

The main classification of the samples with results is given as follows:

	Total	Unsatisfactory		Total	Unsatisfactory
Dairy Products	25	-	Drugs	2	-
Fruit & Fruit Products	19	-	Meat Products	33	-
Cereals & Cereal Products	2	-	Vegetable Products	26	-
Sugar Products	29	-	Soft Drinks	3	-
Fermentation Products	1	-	Fats and Oils	3	-
Coffee, Cocoa, Tea	2	-	Fish Products	11	-
Spices	12	2	Food Flavouring & Colouring	6	-

The following samples were found to be unsatisfactory:

1. A pack of ground caraway seeds was found to contain volatile oil 1.5, acid insoluble ash 0.6%. The volatile oil should not be less than 2.5%. The packers and retailers were advised.
2. A further sample of the same type of ground caraway seeds was also found to be below the required standard. The retailers removed the entire stock from sale at all branches.



## Ice Cream

There were 7 manufacturers and 217 retailers of ice cream on the register at the end of the year and 62 visits were made specifically in connection with the manufacture, storage and sale of this product. This is in addition to general inspections of food premises made under the Food Hygiene (General) Regulations, 1960.

62 samples were taken for bacteriological examination, the results were as follows:

Grade 1	=	61	Grade 3	=	1
Grade 2	=	Nil	Grade 4	=	Nil

## Food Poisoning and Associated Infections

Two notifications were received during the year and investigated, in both cases salmonella infection was confirmed, one was a sporadic case and not found to be food borne, in the other case the patient had eaten with a party in a restaurant in an adjoining authority following which a number suffered with food poisoning.

## Food Complaints

I am pleased to report a decrease in the number of food complaints received during the year, 42 compared with 50 in 1969 and 44 in 1968. In 4 cases the food was found to be satisfactory. The remaining 38 complaints were all fully investigated and the 9 detailed below were of a sufficiently serious nature to warrant consideration by the Health Committee.

1. Bee in jam, warning letter to manufacturers.
2. Mould in meat pies, retailer fined £25 and ordered to pay £5 costs.
3. Mould in Cornish pasty, retailer fined £25 and ordered to pay £3. 3s. costs.
4. Mouldy and sour pork and beef sausages, retailer fined £30 and ordered to pay £3. 3s. costs.
5. Mouldy beef steak puddings, manufacturer fined £20 and ordered to pay £5 costs.
6. Dirty milk bottle, warning letter sent to bottlers.
7. Mould on steak and kidney pie, retailer fined £10 and ordered to pay £2 costs.

8. Mouldy wrapped loaf, manufacturer fined £20 and ordered to pay £5 costs.
9. Cardboard in bath bun, manufacturer fined £20 and ordered to pay £5. 5s. costs.

## Milk

All the milk distributed in Gillingham is produced and bottled outside the borough. There are three depots and 167 other distributors such as retail shops.

At the end of the year 371 licences issued under the Milk (Special Designation) Regulations 1963/1965 were in operation.

Pasteurised milk	169
Sterilised milk	160
Ultra heat treated milk	41
Untreated milk	1

6 samples of milk were taken and examined by the inspectors on the Gerber apparatus, and were found to be satisfactory.

The following table is a summary of the results:

	Fat	Solids not fat	Total Solids
Highest	3.8%	9.1%	12.8%
Lowest	3.5%	8.5%	12.0%
Average	3.6%	8.6%	12.2%

41 samples of pasteurised milk, 40 from supplies to the public and 1 from supplies to a school were taken and submitted for bacteriological examination. All passed the methylene blue and phosphatase tests.

Milk Supplies - Brucella Abortus

There was only 1 licence for the sale of untreated milk in operation during the year and this expired on the 31st December. No untreated milk was sold in the borough during the year and no samples of this type of milk were taken.

Poultry Processing

There are no poultry processing establishments in the borough.

Unsound Food

During the year 2 tons 9 cwt. of various foods were inspected and found to be unfit for human consumption.

	Total Solids	Solids not Fat	Fat	
1.	12.0%	3.3%	3.3%	Higher
2.	12.3%	3.3%	3.3%	Lower
3.	12.3%	3.3%	3.3%	Average

## ATMOSPHERIC POLLUTION

The Council has already agreed in principle to include the whole of the borough in smoke control areas and the initial provisional programme scheduled completion by 1970.

The programme has been held up at various times for several reasons, such as the shortage of suitable solid smokeless fuels, public inquiries on areas 4 and 5 and financial restrictions.

Smoke Control Order No. 5 was confirmed on 24th July 1969 and came into operation on 1st July, 1970.

The Council were advised that no assurances could be given regarding adequate supplies of solid smokeless fuel during the winter 1970-71 and to avoid hardship among residents application for suspension of all 5 Smoke Control Orders was made to the Department of the Environment. Similar applications were made by the City of Rochester and the Borough of Chatham.

The Clean Air (Suspension of Smoke Control - Borough of Gillingham) Order 1970 came into operation on 23rd December 1970 and suspended all 5 orders until 30th April, 1971.

The progress made to date is shown below:

<u>Area No.</u>	<u>Acres</u>	<u>Houses</u>	<u>Date of Operation</u>
1.	812	5816	1st November, 1962
2.	1946	1609	1st November, 1963
3.	1002	1691	1st November, 1965
4.	292	1477	1st July, 1967
5.	4261	2035	1st July, 1970.

1800 visits were made to premises during the year mostly in connection with the adaptation or replacement of appliances on area No. 5, the other visits were for routine observations in areas covered by previous Smoke Control Orders and inspection of industrial installations following complaints.

Four new furnace and boiler installations were given approval during the year under Section 3 of the Clean Air Act, 1956.

## SHOPS, OFFICES, FACTORIES

### Offices, Shops and Railway Premises Act, 1963.

The 538 premises on the register at the end of 1970 all received at least one general inspection during the year, many of them were visited several times and a total of 979 visits were made. Inspections are made for the registration of new premises, registration following changes in occupation, routine re-inspections and accident investigation. The whole of every premises in the borough is visited by a technical assistant when it is registered and on general inspection. There are no large premises in the borough and work is confined mainly to small shops and offices.

Contraventions again fell during the year to 173, as in previous years lack of adequate first-aid requirements and the absence of the prescribed notices formed the greater part of these, at the end of the year there were 35 contraventions outstanding. Once more I am able to report that co-operation from owners was in the main excellent and it was not necessary to institute any legal proceedings.

### Registrations and General Inspections

Class of Premises	No. registered during the year	Total No. registered at end of year	No. receiving general inspection
Offices	12	130	130
Retail Shops	23	368	368
Wholesale Shops, Warehouses	1	9	9
Catering Establishments	2	30	30
Fuel Storage Premises	-	1	1
<b>Totals</b>	<b>38</b>	<b>538</b>	<b>538</b>

## Analysis of Persons Employed in Registered Premises by Workplace

Class of Workplace	No. of Persons Employed
Offices	1148
Retail Shops	1843
Wholesale Shops, Warehouses	85
Catering Establishments	342
Canteens	-
Fuel Storage Depots	42
<b>Total</b>	<b>3460</b>
<b>Total Males</b>	<b>1215</b>
<b>Total Females</b>	<b>2245</b>

### Accidents in Offices, Shops etc.

8 accidents were reported during 1970. The figures for the previous 4 years being 1969 - 7; 1968 - 10; 1967 - 10; 1966 - 21.

4 of the cases warranted detailed investigation.

### Summary of Accident Statistics for 1970

Type of Premises	No. of accidents		No. investigated	No. due to contra-vention	No. fatal
	Males	Females			
Retail Shops	3	3	3	-	-
Storerooms	-	-	-	-	-
Garages	-	-	-	-	-
Catering Establishments	-	-	-	-	-
Other	2	-	1	-	-
<b>Totals</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>-</b>	<b>-</b>

Summary of contraventions found

Contraventions	Offices	Shops (Retail)	Wholesale Shops and Warehouses	Catering Establishments	Fuel Stores etc.	Totals
Thermometers	3	7	-	-	-	10
First-aid Requirements	12	62	2	7	-	83
Hot or Warm Water	1	4	-	-	-	5
Washbasin and Sinks	1	1	-	-	-	2
Sanitary Conveniences	-	-	-	-	-	-
Repairs or Markings of S.C.	-	-	1	-	-	1
Heating	1	3	-	-	-	4
Lighting	1	1	-	-	-	2
Ventilation	-	4	-	-	-	4
Overcrowding	-	1	-	-	-	1
Guards on Machinery	2	-	-	-	-	2
Seating Facilities	1	-	-	-	-	1
OSRG Notices	6	26	1	2	-	35
Handrails	-	1	-	1	-	2
Cleanliness/Redecorations	1	15	1	-	-	17
Drinking Water Supply	1	3	-	-	-	4
<b>Total Contraventions</b>	<b>30</b>	<b>128</b>	<b>5</b>	<b>10</b>	<b>-</b>	<b>173</b>

Summary of contraventions outstanding at end of Year

Contraventions	Offices	Shops (Retail)	Wholesale Shops and Warehouses	Catering Establishments	Fuel Stores etc.	Totals
Thermometers	-	-	-	-	-	-
First-aid Requirements	-	5	1	2	-	8
Hot or Warm Water	-	1	-	-	-	1
Washbasin and Sinks	-	-	-	-	-	-
Sanitary Conveniences	-	-	-	-	-	-
Repairs or Markings of S.C.	-	2	1	-	-	3
Heating	-	-	-	-	-	-
Lighting	-	-	-	-	-	-
Ventilation	-	3	-	-	-	3
Overcrowding	-	1	-	-	-	1
Guards on Machinery	-	2	-	-	-	2
Seating Facilities	-	-	-	-	-	-
OSRG Notices	2	3	-	1	-	6
Handrails	-	2	-	-	-	2
Cleanliness/Redecorations	-	9	-	-	-	9
Drinking Water Supply	-	-	-	-	-	-
<b>Total Contraventions</b>	<b>2</b>	<b>28</b>	<b>2</b>	<b>3</b>	<b>-</b>	<b>35</b>



## Factories

Very few visits were made during the year to factories due to the unsatisfactory staffing position.

A total of 28 inspections were made compared with 223 in 1969.

Regular routine inspections are essential if the standard in factories is to be maintained and improved.

The tables prescribed by circular 1/71 are given below:

### Prescribed Particulars on the Administration of the Factories Act, 1961

#### Part I of the Act

- 1 - Inspections for purposes of provisions as to health  
(including inspections made by public health inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	22	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	170	28	3	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	5	-	-	-
Total	197	28	3	-

2 - Cases in which defects were found

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspect.	By H.M. Inspect.	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences(S.7)					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	3	3	-	1	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
<b>Total</b>	<b>3</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>-</b>

Outworkers

33 outworkers were on the August list as required by Section 133 of the Factories Act and all were engaged in the making of wearing apparel. 39 inspections were made and no premises were found to be in a dirty or unwholesome condition.

## RODENT AND PEST CONTROL

### Rodents

123 complaints of rats and 184 of mice, a total of 307 were received during the year and resulted in the inspection of 485 premises. The details for 1969 were rat complaints 225; mice complaints 188- total 413. The marked reduction in the number of rat complaints is very encouraging but the number of mice complaints shows no sign of falling.

Generally speaking mice represent a greater risk to public health than rats. Mice are becoming much more difficult to kill, the anti-coagulant Warfarin added to an oatmeal base has been used nationally as a poison bait since the early 1950's, a high percentage of mice are now resistant to Warfarin and a fairly high percentage are now reluctant to eat the bait base. The alternative baits/poisons available have the disadvantages of being more expensive both in cost of materials and in the number of visits required and the results fall short of the requirements.

Warfarin resistant common rats have been present in an area south of Maidstone for some time, it has not been possible to eliminate all these rats or to contain them and latest reports indicate a steady northward movement. At the end of 1970 these resistant rats were within 5 - 7 miles of the southern boundary of the borough and it seems likely that they will reach this area in the next year or two. There has been much misleading information given to the public on Warfarin resistant rats, they are difficult and more expensive to control but I am confident that effective control will be achieved in the Borough.

The total number of visits made for rodent control on treatments, surveys and revisits exceeded 3,000 in comparison with 2,688 in 1969.

A summary of the work undertaken during the year is given below:

	Non	
	<u>Agricultural</u>	<u>Agricultural</u>
1. No. of properties in district	33,747	122
2. No. inspected due to notification	450	19
No. infested by rats	111	15
No. infested by mice	180	2
3. No. inspected for other reasons	5	11
No. infested by rats	-	7
No. infested by mice	1	1

### Sewer Treatment

Total number of manholes	1,898
Number of manholes treated	183
Manhole treatments carried out	549
Fluoracetamide bait used	56 lbs

### Other Pest Control

The department gave advice and assistance on various other pests as follows:

Ants	19	Cockroaches	5
Fleas and bugs	27	Other pests	32
Pigeons	7		

### GENERAL PUBLIC HEALTH MATTERS

#### Swimming Pools

The general standard is extremely high and only three samples showed a slightly unsatisfactory result. Adjustments to the treatment procedure were made in these cases and quickly gave the necessary improvement.

The samples taken from the Strand Paddling Pool revealed a high bacteriological standard and were satisfactory, the installation of chlorination plant and the modifications made early in the year proved to be totally effective under the difficult conditions that are always found at paddling pools.

The following is a summary of the results obtained from samples taken:

Source	No. of Samples	No. of samples showing		
		Coliform Bacilli	E. Coli	High Plate Count
Strand Bath	23	2	1	2
Strand Paddling Pool	4	-	-	-
Fairview School	4	-	-	-
Grammar School	2	-	-	-
Wakeley Road School	6	-	-	-
Upbury Manor School	2	-	-	-
Westbrook School	4	-	-	-
Orchard Street School	8	-	1	-
<b>Total</b>	<b>53</b>	<b>2</b>	<b>2</b>	<b>2</b>

### Drainage

A summary of the work carried out in this field during the year is given below:

Inspections - public sewers	..	..	..	304
Inspections - drains	..	..	..	393
Reinspections	..	..	..	368
Smoke tests	..	..	..	23
Water tests	..	..	..	147
Drains repaired, altered or reconstructed			..	4
Sewers repaired, altered or reconstructed			..	5
Cesspools emptied	..	..	..	497
Cesspool drainage connected to sewer	..	..	..	-
Choked drains and sewers cleansed	..	..	..	1,331

## Infectious Disease

40 cases of infective jaundice were notified during the year, a decrease of 1 compared with the previous year; 32 of these cases were notified during the first quarter of 1970.

236 visits were made for the purposes of investigating notified cases of infectious disease and suspected gastro-enteric infections including many to local residents who had possibly been in contact with cases whilst on holiday in Southern Europe.

## Diseases of Animals

A full investigation was made into the illegal importation of a kitten contrary to the Importation of Dogs and Cats Order 1928, as amended which at the time prohibited all imports of dogs and cats.

The kitten was picked up in a street in Bucharest an area where rabies was known to be present. The animal was placed in quarantine then destroyed, full histological and bacteriological examination was undertaken by the Central Veterinary Laboratory, the results were fortunately negative. In view of the exceptional circumstances a warning letter was sent in this case.

Two infected place notices under the Fowl Pest Order, 1936 were served on 2 premises in the borough by the Ministry of Agriculture, Fisheries and Food. In one case Newcastle Disease was confirmed, in the second case no infection was found and the notice was withdrawn.

There are 9 piggeries and other premises in the borough, the occupiers of which are licensed to operate plant under the Diseases of Animals (Waste Foods) Order, 1957. All were inspected and found to be kept in a satisfactory condition.

The quarantine notice on a dog referred to in my last annual report was withdrawn by the Ministry of Agriculture, Fisheries and Food on 25th July, 1970.

10 licences for the movement of swine into the borough were issued by other authorities and in each case the premises were visited.

One dog was temporarily imported in a ship docked in the borough, visits were made to ensure the animal could not land.

Assistance was given in a case of suspected Psittacosis in budgerigars, the disease was not confirmed.

A total of 104 visits were made under the Diseases of Animals Acts during the year.

#### Keeping of Animals etc.

There are no riding establishments in the borough.

Six pet shops licensed under the Pet Animals Act, 1951 were on the list at the end of the year. These were visited regularly and were kept to the required standard.

One premises licensed under the Animal Boarding Establishments Act, 1963 was listed at the end of the year and was inspected by both the Veterinary Surgeon and the Public Health Inspector.

#### Scrap Metal Dealers Act, 1964.

There were on the register 6 dealers occupying 5 sites.

#### Caravans

From time to time gypsies pull their caravans on to vacant sites on the outskirts of the borough. They are liable to cause both a public health nuisance and annoyance to local residents. 15 visits were made during the year and the gypsies were usually persuaded to move fairly quickly.

#### Noise Abatement

The Noise Abatement Act 1960 amends the Public Health Act, 1936 and makes certain nuisances from noise or vibrations statutory nuisances.

Complaints were received from the occupiers of dwelling houses in close proximity to industrial premises and 140 visits were made with this type of complaint. This type of investigation is always difficult but in nearly every case the necessary improvements were effected by co-operation with the management concerned.

## SEWERAGE AND SEWAGE DISPOSAL

### Sewerage

The arrangements for sewerage and sewage disposal in the borough are reasonably adequate. In relation to new development, schemes are undertaken as the need for them arises. There is some deficiency in storm water drainage in the older parts of the town, schemes for the rectification of which are in preparation.

### Sewage Disposal

The following information has been provided by the General Manager of the Rochester, Chatham and Gillingham Joint Sewerage Board:

"The programme of extensions referred to in last years report is being well met, and it is to be hoped that the major part of the work will be completed by the autumn.

Much attention, by means of visits to other plants, and discussion of the pros and cons of the heat treatment of sludge has gone on, following doubts as to the absolute reliability of such plants and their freedom from smell. Finally, it has been resolved to change to a system of chemical treatment with lime and copperas, which has been well proved over the years. Design is going ahead, and a start on construction should be made, in the year ahead.

The population draining to the Board's Works at Motney Hill has now exceeded the design figure of 200,000 and investigations are being made into future trends of development within the Medway Towns area, and will be the subject of a report to the Board, to assist in its assessment of future programmes."

## WATER

The public water supply of the area is provided by the Medway Water Board and is satisfactory both in quality and quantity.

The following information has been provided by the chemist and bacteriologist of the Medway Water Board.



SUMMARY OF RESULTS OF BACTERIOLOGICAL ANALYSES

Source of Samples	No. of Samples	No. of Samples Showing	
		Coli Aerogenes	E. Coli
Gore P.S. - untreated water	51	None	None
Gore P.S. - treated water	51	None	None
Luton P.S. - untreated water	53	4	1
Luton P.S. - treated water	55	None	None
Matts Hill P.S. - untreated water	96	78	65
Matts Hill P.S. - treated water	101	None	None
Rainham P.S. - untreated water	50	None	None
Rainham P.S. - treated water	51	None	None
Snodhurst P.S. - untreated water	51	None	None
Snodhurst P.S. - treated water	51	None	None
Belmont Scheme - treated water	49	None	None

WATER

CHEMICAL ANALYSES

(Results in mg/litre where appropriate)

	Gore Treated	Luton Treated	Matts Hill Treated	Rainham Treated	Snodhurst Treated	Belmont Treated
Appearance	Bright & clear	Bright & clear	Bright & clear	Bright & clear	Bright & clear	Bright & clear
Turbidity	Nil	Nil	Nil	Nil	Nil	Nil
Colour	Nil	Nil	Nil	Nil	Nil	Nil
pH	7.1	7.2	7.2	8.0	7.2	7.2
Electric Conductivity	620	570	500	420	530	520
Alkalinity(as CaCO <sub>3</sub> )	280	265	260	205	270	265
Temp Hardness	262	244	242	38	246	248
Perm. Hardness	72	56	36	12	42	32
Total Hardness	334	300	278	50	288	280
Chloride (as Cl)	30	29	20	28	23	22
Ammoniacal N	Nil	Nil	Nil	0.24	Nil	Nil
Albuminoid N	Nil	Nil	Nil	Nil	Nil	Nil
Nitrate N	7.9	7.9	3.2	Nil	3.7	3.4
Nitrite	Nil	Nil	Nil	Nil	Nil	Nil
KMnO <sub>4</sub> oxygen	0.15	0.10	0.10	0.12	0.10	0.12
Residual chlorine	0.10	0.05	0.05	0.10	0.05	0.05
Iron (as Fe)	Nil	Nil	Nil	Nil	Nil	Nil
Fluoride (as F)	Nil	Nil	Nil	0.3	Nil	Nil
No. of samples examined in 1970	4	3	4	5	4	5

All the Board's sources of supply have been examined specifically for plumbo-solvent action and in no instance was a tendency to be plumbo-solvent found.

With the exception of Rainham and Snodhurst where marginal chlorination is carried out, the remaining sources are super-chlorinated and dechlorinated after a period of contact before distribution.

Any pollution detected at the Board's sources is investigated and the cause eliminated. The entire population of the borough is on a direct mains supply.

The fluoride content of all sources is nil except at Rainham since this source is very small in terms of yield and is in fact mixed with water from Gore before distribution, the fluoride content of the water in the borough is negligible and may be considered absent.

Fluoridation of Water Supplies

Again this year there has been no change in the County Council's policy with regard to fluoridation of water supplies and the borough's recommendation of 1963 that they supported the principle of fluoridation stands.

It is hoped that a decision will be reached by the County Council to enable this recommendation to be put into effect and the Health Committee will be kept informed if there is any change in County Council policy.

During the year this matter was fully discussed by Health Committee and again referred to the County Council for their support.

All the board's sources of supply have been examined specifically for plumbo-solvent action and in no instance was a tendency to be plumbo-solvent found. With the exception of Rainham and Strood where marginal chlorination is carried out, the remaining sources are super-chlorinated and dechlorinated after a period of contact before distribution. Any pollution detected at the board's sources is investigated and the cause eliminated. The entire population of the borough is on a direct mains supply.

# DELEGATED HEALTH SERVICES

Maternity Services  
Child Health Service  
Health Visiting  
District Nursing  
Immunisation and Vaccination  
Home Help Service  
Mental Health  
Welfare Services  
Prevention of Illness, Care and After Care

The fluoride content of all sources is all except at Rainham since this source is very small in terms of yield and is in fact mixed with water from Gore before distribution, the fluoride content of the water is so low that it is negligible and may be considered absent.

### Fluoridation of Water Supplies

Again this year there has been no change in the County Council's policy with regard to fluoridation of water supplies and the Health Committee's recommendation of 1963 that they supported the principle of fluoridation stands.

It is hoped that the County Council will continue to support this recommendation to be implemented. The Health Committee will be kept informed if there is any change in County Council policy.

During the year this matter was fully discussed by the Health Committee and again referred to the County Council for their approval.

- Maternity Services
- Child Health Service
- Health Visiting
- District Nursing
- Immunisation and Vaccination
- Home Help Service
- Mental Health
- Welfare Services
- Prevention of Illness, Care and After Care

## DELEGATED HEALTH SERVICES

The Local Government Act 1958 conferred the delegation of administration of health and welfare functions to the borough of the sections of the Acts listed:

### National Health Service Act, 1946.

Section 22	..	..	..	Care of Mothers and Young Children
23	..	..	..	Midwifery
24	..	..	..	Health Visiting
25	..	..	..	Home Nursing
26	..	..	..	Vaccination and Immunisation
28	..	..	..	Prevention of Illness, Care and After Care
29	..	..	..	Home Help

### Mental Health Act, 1959.

### National Assistance Act, 1948.

Section 29	..	..	..	Welfare arrangements for blind, deaf, dumb and crippled persons, etc.
30	..	..	..	Voluntary organisations for disabled persons' welfare.

### Disabled Persons (Employment) Act, 1958.

### Nurseries and Child Minders' Regulation Act, 1948.

Of these the Local Authority Social Services Act 1970 revokes delegation for section 29 of the National Health Service Act 1946 relating to the Home Help Service and the Mental Health Act 1959 relating to the social work support of the mentally handicapped and mentally ill and the National Assistance Act, Section 29 relating to the welfare arrangements for the blind, deaf and handicapped and the Nurseries & Child Minders Regulation Act, 1948.

It thus brings into one Social Services Department all the social service welfare functions that authorities which have held both health and welfare powers jointly in one Committee, as opposed to two separate departments which was the case in the majority of local authorities throughout the country will lose these welfare functions on the appointed day in 1971, and these functions will be combined with the Children's Services to form one social work discipline. All health service functions will remain delegated until such time as local government and the National Health Service are reorganised.

## THE CARE OF MOTHERS AND YOUNG CHILDREN

### Midwifery Services

There has been a continuing increase in the number of deliveries in hospital during the year and the number of domiciliary deliveries by the local health authority midwives decreased by 25.

There were 12 midwives employed by the authority and they attended 526 deliveries during the year.

During this period 2377 visits were made to 290 patients who had been confined in hospital and discharged home before the 10th day after delivery.

The attachment of midwives in the borough to groups of medical practitioners continued very successfully.

Midwives attend the ante natal clinics of their group doctors in many instances where this is practicable and undertake relaxation classes at clinics for their patients.

20 pupil midwives were based at 136 Gillingham Road as a hostel during the year and it has continued to form a comfortable home for them.

We now have 4 midwives approved by the Central Midwives Board as teaching midwives and each are allocated a pupil midwife every three months for experience in ante and post natal care plus the conduct of 10 confinements in the home.

Car radios are used by 2 of the midwives in the town and it is proposed to extend this arrangement to other midwives in due course.

## Relaxation and Mothercraft Classes

There continues to be a large demand for relaxation and mothercraft classes for expectant mothers. At four centres, Balmoral Gardens, Holding Street, Twydall and Wigmore, relaxation classes for expectant mothers are held at regular intervals by the department's midwives. These classes establish contact between the midwife and mother before the birth of her child and enable the midwives to teach mothercraft and to introduce material in the health education field, visual aids such as films are used in this work.

Relaxation classes are held by appointment at clinics as follows:-

The Clinic,  
Balmoral Gardens,  
Gillingham. Monday and Wednesday  
a. m.

The Clinic,  
Holding Street,  
Rainham. Friday a. m.

The Clinic,  
Twydall Green,  
Gillingham. Thursday a. m.

St. Matthews Community Hall,  
Wigmore. Monday p. m.

There were 2261 attendances by antenatal patients at relaxation classes during the year.

## Care of Illegitimate Children

In accordance with the County Council scheme financial responsibility was accepted in respect of the maintenance of 15 unmarried mothers in mother and baby homes.



## CHILD HEALTH SERVICES

In a year when prophets of doom are foretelling the end of local health authority child health services under future reorganisation, we report that in Gillingham the healthy state of the child health clinics, the attendances at which have increased by 3,000 to 18,500 during the year. The paediatric services, however, reconstructed under a reorganised National Health Service, will have to show a great expansion and a change in emphasis from the purely curative role of both in and out patient treatment to involve and incorporate the role of the preventive child health clinics and particularly the increasingly important field of developmental paediatrics. That this need is not being met by either general practitioners or hospital is shown by the constant pressure on us to increase our services.

Community paediatrics is the "in" thing and the paediatricians are jumping out of hospital into the community and we welcome their help and advice and hope there is equal reciprocity.

### Child Health Clinics

The child health clinics in the borough are as follows:

<u>Clinic</u>	<u>Sessions Held</u>	<u>Times Sessions Held</u>
The Clinic, Balmoral Gardens, Gillingham.	Weekly	Monday and Thursday p.m.
The Clinic, Holding Street, Rainham.	Weekly	Tuesday and Thursday p.m.
The Clinic, Twydall Green, Gillingham.	Weekly	Monday and Wednesday p.m.
Parkwood Baptist Church Hall	Weekly	Tuesday and Thursday p.m.
Hempstead Village Hall	2nd and 4th in the month	Friday p.m.

The total attendances at child health clinics during the year were 18,509 covering 4,342 children; of these 1,687 under one year of age attended for the first time during this period. The attendances increased by 3,000 over the previous year.

Attendances at clinics were as follows:

Clinic	Average attendance per session	New cases				Total Attendances	Sessions
		Born in					
		1970	1969	65-68	Totals		
Balmoral Gardens	39	472	484	602	1558	5916	151
Holding Street	36	523	194	240	957	3709	104
Twydall	33	329	165	160	654	3291	100
Wigmore	25	9	58	36	103	174	7
Hempstead	22	25	44	38	107	533	24
Parkwood	50	338	362	365	1065	4886	97
<b>Total</b>		1696	1307	1441	4444	18509	483

#### Special Care of Premature Infants

During the year notifications were received of 71 babies who weighed 5½lbs or less at birth. Details of these are given in the following tabulation.

Notifications were received relating to 12 premature stillbirths and details of these are also given in the following table.

Weight at Birth	Premature live births										Prem. still-births			
	Born in hospital					Born at home or in a nursing home					Born			
	Died					Died					in hospital		at home or in a nursing home	
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	in hospital
1. 2lb 3oz or less	1	1	-	-	-	-	-	-	-	-	-	-	2	-
2. Over 2lb 3oz up to and incl. 3lb 4oz	7	-	2	-	-	-	-	-	-	-	-	-	1	-
3. Over 3lb 4oz up to and incl. 4lb 6oz	15	2	-	-	3	-	-	-	1	-	-	-	4	2
4. Over 4lb 6oz up to and incl. 4lb 15oz	14	-	-	-	4	-	-	-	-	-	-	-	2	-
5. Over 4lb 15oz up to and incl. 5lb 8oz	34	-	1	1	19	-	1	-	-	-	-	-	3	-
6. Total	71	3	3	1	26	-	1	-	1	-	-	-	12	2

## HEALTH VISITING

I give below the report of the Area Superintendent Health Visitor, Miss M.M. Byrne, on the work of the health visiting staff during 1970.

For some years now we have been operating this important service well under establishment. Indeed were it not for the invaluable work undertaken on a part time basis by married and retired staff, the high standards achieved in the past may well have fallen below the level necessary to maintain a satisfactory service.

Because of this shortage, which became acute during the last quarter of the year, no advance in general practitioner/health visitor attachment can be reported, although most of the doctors in the borough are anxious to include this aspect of community care in their existing practice teams.

Attendances at child health clinics remained high, so it was with regret that in February we ceased to operate the Wigmore Clinic, 2 Magnolia Avenue, owing to the closure of the prefabricated houses in that area.

An additional session at the Baptist Hall, Parkwood, was necessary although, because of distance, this did not help the Wigmore situation.

Hearing assessments of all children at 7 - 9 months were made, and the staff were instructed in new, improved techniques for both babies and school children by Mr. Echlin, the teacher in charge of the partially hearing children.

### Schools

All health visiting staff carry out audiometric sweeps in primary schools.

The involvement of health visitors with health education in schools increased. Miss V. Porter was invited to collaborate with teaching staff in Upbury Manor County Secondary, in a course on parentcraft for the Certificate of Secondary Education.

### Hospital Liaison

This continues to form a link between patient, hospital staff, community services and the home.

Mrs. W. Clements continues her weekly visits to the maternity and paediatric units at All Saints' Hospital.

For the past several years we have been providing a week of observation visits for third year student nurses in 'Social Aspects of Disease', following this with an afternoon of discussion at the Medway School of Nursing.

With the introduction of the General Nursing Councils new syllabus, hospital staffs will be coming into the community services in increasing numbers, and for much longer periods. Although this will present problems in the planning of programmes, and the support of staff involved in a teaching as well as working situation, one believes it will also widen the interest of the nurses in training, giving them a broader view of the patient outside hospital.

In December changes in the management structure of the nursing services were announced.

Until now the three services, health visitors, midwives and district nurses, have functioned under separate supervisors. Following publication of the Mayston Report local authorities were requested by the Department of Health & Social Security to submit a new management structure aimed at integration of all three services.

From January 1st, 1971, therefore, I will cease to be Area Superintendent Health Visitor, and will assume responsibility for the management of all three services under the direction of the Medical Officer of Health, with the new designation of Area Nursing Officer.

Happily I have many years of experience in all three fields, and look forward with a modicum of confidence and no small enthusiasm to 1971.

#### Health Visitor's Visits

The following are details of the number of visits carried out during the year:

To expectant mothers .. .. .	200
To children under 1 year .. .. .	8,164
To children aged 1 and under 2 years .. .. .	4,095
To children aged 2 and under 5 years .. .. .	7,098
To patients with tuberculosis .. .. .	321
Other visits (hospital care, care of old people, children at risk, etc.) .. .. .	<u>1,448</u>
Total visits .. .. .	<u>21,326</u>

### Screening Tests of Hearing

Screening tests of hearing were carried out on 997 children under five years of age during 1970; 3 were referred for further investigation.

### Children At Risk

In 1970 there were 1,429 children under five years of age on the At Risk Register; 387 under one year; 1,042 from 1 to 5 years.

Initially children 'at risk' are seen frequently by the medical officers and consultations between hospital and general practitioner undertaken to ensure that any handicapping abnormality is diagnosed, its degree recognised, and all forms of help given to the child and the parents.

If there is no apparent abnormality in these children they are seen at 7 months and 1 year to exclude any deafness or other defect and after 1 to 2 years are taken off the At Risk Register.

It follows therefore that there will be fewer children in the older age group still on the register but they will be those with defects or problems stemming from their congenital or neonatal abnormalities.

The need for special clinics for the review of these children and for special developmental paediatric sessions by the medical officers now qualified in this speciality by the six week Course of the Medical Officers of Health Society increases the load on the child health clinic services and the demands on the clinic premises and a particular need for these facilities is shown in the new and developing area of Parkwood where 5,000 attendances were made at clinic sessions, many of whom needed longer consultation time which is not at present available.

### Special Care Clinic, Twydall.

This well established service to the handicapped children of pre-school age has now completed its fifth year.

34 individual children attended three times weekly during 1970.

We have been able to enlarge the scope of work in the centre to include not only children with severe physical handicaps, but those with speech retardation, and emotional disturbance.

Once again in July we took a party on a day's outing to Folkestone, including not only mothers and those children attending the centre, but their older brothers and sisters.

In December a most enjoyable cheese and wine party was held at the centre for the parents and staff.

Adequate and reliable transport remained a problem but the Belisha Beacon Sports and Social Club sustained their interest by a very welcome gift of £100.

The newly formed Gillingham Lions Club made a mini-bus the goal of their first fund raising project and in a very short space of time raised sufficient to place an order for a brand new vehicle which will be presented to us early in the New Year.

It is heartening when community interest takes so practical and generous a form.

#### HEALTH EDUCATION

The following talks, film shows and discussions were held in various schools and voluntary organisations during the year. The Deputy Medical Officer and medical officers in department gave 22 talks and lectures and the Area Superintendent Health Visitor 15 to various clubs, schools and on courses.

All invitations from the many organisations were met mostly in out of duty hours.

The contribution that Dr. Rosenwald made to health education in schools was an important part of the school health service as it gives children and parents a chance to come together with experts and discuss their problems.

Miss Byrne has been particularly active in giving talks to groups of parents and young mothers and explaining the role of the local authority health services to voluntary organisations.

22.1.70	2.30 p.m.	Rainham Girls' School	Dr. Rosenwald
23.1.70	2.40 p.m.	Grammar School	Dr. Rosenwald
28.1.70	8.0 p.m.	Rainham Girls P.T.A.	Dr. Rosenwald
29.1.70	2.45 p.m.	Rainham Girls' School	Dr. Rosenwald
2.3.70	a.m./p.m.	Napier and Richmond Schools	Dr. Rosenwald
3.3.70	a.m./p.m.	Gillingham Technical & Upbury Manor Schools	Dr. Rosenwald
4.3.70	2.0 p.m.	Rainham Boys' School	Dr. Rosenwald
5.3.70	4.0 p.m.	Rainham Girls' School	Dr. Rosenwald
6.3.70	a.m./p.m.	Woodlands Girls' & Boys' Grammar Schools	Dr. Rosenwald
9.3.70	2.30 p.m.	Drewery Drive Community Hall	Dr. Rosenwald
20.3.70	8.0 p.m.	15 Group Parkwood	Miss Byrne
27.3.70	a.m./p.m.	Rainham Girls' School	Dr. Rosenwald
27.4.70	2.0 p.m.	3rd Year Student Nurses Medway School of Nursing	Miss Byrne
4.5.70	7 - 9 p.m.	Course for District Nursing Staffs Adult Education Centre	Miss Byrne
11.5.70	7 - 9 p.m.	ditto	Miss Byrne
14.5.70	3.0 p.m.	Catholic Women's Guild Beckett Club	Miss Byrne
25.6.70	10.0 a.m.	Byron Road Methodist Church	Dr. Rosenwald
8.7.70	10.30 a.m.	Upbury Manor	Dr. Rosenwald
16.7.70	10.45 a.m.	School Leavers Conference, Woodlands County Youth Club	Dr. Rosenwald
5.8.70	3.0 p.m.	Townswomen's Guild Masonic Hall	Miss Byrne
17.8.70	2.0 p.m.	3rd Year Student Nurses Medway School of Nursing	Miss Byrne
9.9.70	evening	Medway Towns Hard of Hearing Club	Dr. Griffiths
17.9.70	3 - 4 p.m.	Marks & Spencers	Dr. Rosenwald
1.10.70	7 - 9 p.m.	Course for District Nursing Staffs	Miss Byrne
12.10.70	1.15 p.m.	Pre-School Playgroup Course	Dr. Linton
15.10.70	2.30 p.m.	Salvation Army Citadel	Miss Byrne
15.10.70	7 - 9 p.m.	Course for District Nursing Staffs	Miss Byrne
17.10.70	2.45 p.m.	Home League	Miss Byrne
22.10.70	1.15 p.m.	Pre-School Playgroup Course	Dr. Linton
28.10.70	7.30 p.m.	Barnsole Road Junior School	Dr. Hogg
29.10.70	1.15 p.m.	Pre-School Playgroup Course	Miss Byrne



12.11.70	2.30 p.m.	Women's Fellowship, Byron Road Methodist Church	Miss Byrne
18.11.70	afternoon	Upbury Manor	Miss Byrne
26.11.70	1.15 p.m.	Pre-School Playgroup Course	Dr. Linton
2.12.70	2.30 p.m.	Young Wives Club St. Matthews	Dr. Hogg
8.12.70	2.30 p.m.	3rd Year Student Nurses	Miss Byrne

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

With the implementation of the Nurseries & Child Minders Regulation Act, 1948, the work of inspection of premises and advice to staffs increased considerably.

Mrs. M. Crystal, part time health visitor undertook this work for 6 sessions per week and obtained the willing co-operation of all concerned. Unhappily she left us in December but had succeeded in bringing about a very satisfactory standard in these establishments.

Courses for Day Nursery and Play Group staffs were held in the Adult Education Centre, Gardiner Street and were well attended and both Dr. Linton, medical officer in department and the Area Superintendent Health Visitor gave lectures throughout the Course.

At the end of the year the following premises were registered as nurseries or persons registered as child minders under the Act.

Type of care (all day or sessional) provided by premises and persons:

	Premises providing		Persons providing	
	all day care 1	sessional care 2	all day care 3	sessional care 4
Number of premises or persons	6	11	22	13
Number of children permitted	261	304	45	98

At the 31st December, 1970 there were 16 district nurses employed in the borough.

		Patients who were 65 or over at the time of the first visit in 1970	Children who were under 5 at the time of the first visit in 1970
No. of patients attended	1,335	1,063	22
No. of nursing attendances made by district nurses	34,301	21,143	69

The attachment scheme for district nurses to group practices of private doctors continued very successfully during the year.

## IMMUNISATION

### Immunisation against diphtheria, whooping cough and tetanus Vaccination against smallpox, poliomyelitis, measles and rubella

Set out below are the figures for diphtheria, whooping cough and tetanus immunisation (triple antigen) and for smallpox, poliomyelitis, measles and rubella vaccination for 1970.

#### Triple Antigen Immunisation (Diphtheria, Whooping Cough, Tetanus)

Age at Date of Immunisation	Primary Immunisation	Reinforcing Dose
Under 1 year	25	-
1 - 4 years	1256	1266
5 - 14 years	8	333
15 years and over	-	-
Total	1289	1599

2888 persons were thus immunised or re-immunised by triple antigen injections by general practitioners and local health authority medical officers.

As explained last year the alteration of the schedules of age groups immunised in 1969 has meant a greatly increased number of children immunised during 1970 - a doubling of the total, but constant attention of the health visiting staff is necessary to see that all eligible age groups are immunised.

### Poliomyelitis Vaccination

The following table gives the number of third doses and fourth doses of oral vaccine given during the year ended 31st December 1970.

Age at Date of Vaccination	Third	Fourth
Under 1 year .. ..	25	-
1-4 years .. ..	1272	1414
5-14 years.. ..	13	169
15 years and over ..	-	-
<b>Total all ages .. ..</b>	<b>1310</b>	<b>1583</b>

### Vaccination Against Smallpox

Age at Date of Vaccination	Vaccinated
Under 1 year .. .. .	-
1-4 years .. .. .	791
5-14 years .. .. .	104
15 years and over .. ..	-

895 persons were thus vaccinated against smallpox by general practitioners and local health authority medical officers.

### Vaccination Against Measles

Vaccination against measles introduced in March 1968 under the National Health Service Act 1946 for children between 1 - 7 years was extended during 1970 to all susceptible children up to 15 years of age.

The table overleaf gives the figures for 1970.

Age at Date of Vaccination	Vaccinated
Under 1 year .. .. .	1
1-3 years .. .. .	545
4-7 years .. .. .	112
Over 7 years .. .. .	6
Total .. .. .	664

### Vaccination Against Rubella

Following the Department of Health & Social Security circular No. 11 of July 1970, vaccination against rubella was introduced.

The purpose of the vaccination is to ensure that as many girls as possible are offered protection against rubella by vaccination before reaching child-bearing age because of the known association of certain foetal abnormalities with rubella infection in pregnancy.

Initial priority was given to the 14 year old girls but it is intended to offer the vaccination to all girls between their 11th and 14th birthdays. 407 girls were vaccinated during the year.

### B.C.G. Vaccination

This vaccination to protect against tuberculosis is offered after preliminary testing to all persons of 13 years of age or over who are in full time attendance at schools and educational establishments, as well as persons known to have been in close contact with patients suffering from tuberculosis. By the end of the year 866 school children had been vaccinated by medical officers in department.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HOME HELP SERVICE

### Cytology Clinic

The district nurses have conducted regular cytology clinics according to public demand for this service. The cervical smear test has indeed picked up several patients in need of treatment, though not all of a serious nature.

Number of sessions 20

Number of attendances 374

#### Results

Negative 374

Positive -

Abnormalities referred to G.P.s 101

#### Repeat Results

Negative 2

Further letters to G.P.s -

### T.B. Care and After-Care - Provision of Extra Foods

24 recommendations were made for patients to receive extra nourishment and 23 were approved.

### Illness Generally - Recuperative Care

1 recommendation was made under the County Council's scheme which is now restricted to children under 16 years of age but the child was ultimately provided with convalescence through the hospital service.

Recommendations for medical loans have again increased this year and some 274 persons were supplied with 373 items.

In accordance with the central government's recommendation, adaptations of homes to install artificial kidney machines have been completed in 3 homes during 1970.

## HOME HELP SERVICE

### Domestic Help

The Home Help Service continues to give valued help to the community - mainly with the elderly. Help has also been given for short periods to patients discharged from hospital, giving assistance until they were stronger and able to cope alone.

During 1970 a total of 524 old people have had domestic help, about 180 new cases were referred to us from doctors, hospitals and relatives etc., 150 were commenced and 30 cases after many visits and investigations did not materialise - some objected to paying for the service - others made their own arrangements.

The warden controlled flats are proving satisfactory - both to the old folk and to this department. Most of the old folk like their independence but are glad to be able to call on the warden in time of sickness. We have a close liaison with the wardens, which always proves most helpful.

The Meals on Wheels Service is still very valuable. The patients look forward to these visits twice weekly.

### Confinements

57 applications were received and 37 cases served. Those patients who did not have the service were cancelled because of various reasons - some were admitted to hospital, others a relative came to help. One or two on receiving the assessment from the Treasurers objected to the cost and made private arrangements. Some patients who did have help were having help for the second and third time. The mothers are most grateful to have a home help in the home for eight hours a day for two weeks, this giving them the opportunity to have a complete rest.

### Family Welfare

This service was not used during this year. One family where 'Family Care' was given whilst the mother was in hospital for her fifth confinement was approached after her discharge regarding the help continuing as Family Welfare as the health visitor felt some supervision was necessary, but neither father nor mother would agree to this. Father promised to help more.

## Family Care Service

This aspect of the Domestic Help Service has again proved its worth in that 19 children were able to stay in their own homes and familiar surroundings thus maintaining happy relationships with friends and school etc., and having security at a time of crisis in the home. In all but one case the mother was in hospital and the family in need of the Family Care Service and in one case the mother had deserted the children.

Close contact was kept throughout with children's officers, also health visitors so that the home help in the home received as much background information as was available. Where necessary the W.R.V.S., assisted with clothes for the children.

## Night Service

Requests for Night Service has continued throughout the year. Doctors and district nurses in particular making these requests where their patient was too ill to move to hospital or where an immediate bed could not be found. In some cases the service was provided to give a relative a rest in order that they could cope during the day. Fifteen cases referred were for aged patients who were living alone.

Throughout the year the Home Help Service has been called upon continually and met the need as it has arisen.

We have a good team of home helps who are often called upon to go the extra mile in an emergency and this they do willingly. We are fortunate in that we have little difficulty in recruitment of home helps.

A survey of the old people was made and a list of 246 names was given to Dr. Griffiths, of those over 80 and living alone and these old people are being visited in their own homes, and this is proving most helpful.

Close contact is kept with the Old People's Liaison Officer, Welfare Department and health visitors and co-operation is given throughout the various departments where others are involved and help is needed.



The figures shown in the following table give an overall picture of the service provided in 1970.

Family Care Service

A.	Number of applications received .. .. .	7
B.	Disposal of applications:	
	(a) number of cases in which service has been provided:	
	(i) resident .. .. .	-
	(ii) non-resident .. .. .	5
	(b) number of cases in which help is pending .. .. .	-
	(c) number of cases in which help was not provided .. .. .	2
C.	Summary of cases in which help has been provided:	
	(a) resident - still operating .. .. .	-
	resident - terminated .. .. .	-
	(b) non-resident - still operating .. .. .	-
	non-resident - terminated .. .. .	5
D.	Details of the circumstances calling for the provision of the service:	
	(a) mother in hospital for confinement or complications of pregnancy or confinement .. .. .	2
	(b) mother to hospital .. .. .	2
	(c) mother deserted the family .. .. .	1
	(d) mother died .. .. .	-
	(e) mother to convalescent home .. .. .	-
E.	Details of families for which help was not provided:	
	(a) family made own arrangements .. .. .	2
	(b) children taken into care .. .. .	-
	(c) domestic help provided .. .. .	-
	(d) difficulty cleared up .. .. .	-
	(e) not suitable or not eligible .. .. .	-
F.	Total number of children in the families which have been or are being cared for:	
	(a) under the age of five years .. .. .	12
	(b) five years and over .. .. .	13

G. Statement showing (a) the total number of children cared for in each age group, and (b) the total number of days covered in each age group:

	(a) Number of children cared for	(b) Total number of days covered
Under 1 year .. ..	1	23
Aged 1 year .. ..	1	10
" 2 years .. ..	1	4
" 3 years .. ..	3	31
" 4 years .. ..	2	37
" 5 years .. ..	1	23
" 6 years .. ..	4	64
" 7 years .. ..	1	10
" 8 years .. ..	-	-
" 9 years .. ..	2	31
" 10 years .. ..	-	-
" 11 years .. ..	1	4
" 12 years .. ..	1	4
" 13 years .. ..	1	4
" 14 years .. ..	-	-
" 15 years .. ..	-	-
Over 15 years but not working	-	-
<b>Total of all ages ..</b>	<b>19</b>	<b>245</b>

Of the 5 families served the number of children in each family was:

	Families	Children
2 children in family ..	1	2
3 children in family ..	1	3
4 children in family ..	2	8
5 children in family ..	-	-
6 children in family ..	1	6
<b>Totals</b>	<b>5</b>	<b>19</b>

Average days service per child 12.9

H. The total number of days covered by the service, i.e. including those cases receiving service at the beginning of the year during which children would have needed to be in care:

(a)	Under five years	..	..	..	..	105
(b)	Five years and over	..	..	..	..	140
	Total	..	..	..	..	245

Night and Evening Service

						<u>Night</u>	<u>Evening</u>
Number of applications received	..	..	..	..	..	36	6
Number of cases where help was provided	..	..	..	..	..	14	5
Source of request:							
Doctor	..	..	..	..	..	9	3
Hospital, hospital management committee	..	..	..	..	..	-	-
Domestic help service	..	..	..	..	..	-	-
District nurse	..	..	..	..	..	1	2
Health visitor	..	..	..	..	..	1	-
Relations and neighbours	..	..	..	..	..	1	-
District office	..	..	..	..	..	1	-
Patient personally	..	..	..	..	..	-	-
Social Security officer	..	..	..	..	..	1	-
Cases brought forward from 1969	..	..	..	..	..	-	-
Number of cases terminated during 1970	..	..	..	..	..	14	5
Number of cases carried forward to 1971	..	..	..	..	..	-	-
Reasons for termination:							
Improved	..	..	..	..	..	3	2
Looked after by friends or relatives	..	..	..	..	..	-	2
Admitted to hospital	..	..	..	..	..	6	1
Admitted to nursing or old people's home	..	..	..	..	..	2	1
Died	..	..	..	..	..	2	-
Other reasons	..	..	..	..	..	1	-
Number of cases served where patient was							
living alone	..	..	..	..	..	8	5
Average age of patients	..	..	..	..	..	81	78
Number of cases helped where patient was							
under 70 years of age	..	..	..	..	..	3	-

The figures given below show various categories of households where service was provided during the year:

Maternity .. .. .	41
Tuberculosis patients and chronic sick .. .. .	36
Person or persons over 65 years .. .. .	524
Others, e.g. illness, mental subnormal etc. .. .. .	36
Total households served .. .. .	637
The number of helps employed at the end of the year .. .. .	59

## WELFARE AND MENTAL HEALTH SERVICES

### Mental Health

The mental health services continued to take up a considerable amount of the welfare officers' time and energy. The supportive visits to the mentally handicapped giving advice, assistance, reassurance and a general counselling service to parents and relatives proves to be extremely time consuming. In this connection also, through the Department, the officers are required to arrange the admission of the mentally handicapped to hospitals for both permanent and short term care, the admission of children to Junior Training Centres and of adults to the Adult Training Centres. It will be appreciated that extensive investigations and enquiries have to be made in these cases to assess the particular need for care and placement.

For the mentally ill the welfare officers endeavoured to provide adequate after care to discharged psychiatric hospital patients and this work also entails much liaison and co-operation with hospitals, consultant psychiatrists and general practitioners in an attempt to rehabilitate the patient and to give help and support to the family when required. The increasing importance of psychiatric after care must be stressed and to ask for improved consultation and co-operation from the hospital psychiatric departments to provide not only rehabilitation but intensive after care which may also prevent readmission of the patient.

I would stress here, however, that the three mental welfare officers are also responsible for the welfare of the physically handicapped and, of necessity, are obliged to apply the bulk of their time to this demanding and growing service.

As has been said many times before, a truly effective mental health service cannot be provided with such an insufficiency of staff. It is to be hoped that, with the coming of the Social Services Department, there will be re-thinking in Kent and that these insufficiencies will be improved in time. There is much goodwill and co-operation at officer level but the social workers will need the assistance of the administrators and committees to increase the support that can be given by the welfare services in the community.

### Mentally Ill

57 patients were referred to the mental welfare officers during the year for admission to hospital.

50 cases were referred and 14 cases were on the care and after care register as at 31.12.70.

### The Subnormal and Severely Subnormal

Two patients were admitted to hospital on a permanent basis and 16 cases were admitted for 'short term care'.

206 visits were made by the mental welfare officers to severely subnormal patients.

Two patients remained on the waiting list for suitable hospital accommodation. Friendly oversight is available to 71 males and 66 females.

### Training Centres

A total of 62 patients attended the training centres as follows:

<u>Rochester</u>				<u>Bobbing</u>			
<u>5 - 15</u>		<u>16 and over</u>		<u>5 - 15</u>		<u>16 and over</u>	
M	F	M	F	M	F	M	F
15	8	14	11	6	4	3	1

National Assistance Act, 1948.

Welfare Arrangements for Handicapped Persons. Section 29.

The increase in the numbers registered as permanently and substantially handicapped received further impetus during 1970, and the case load is now almost three hundred more than at delegation of the service in 1960. It will thus be seen that it is very difficult to provide regular visitation to all cases. Adaptations to homes include ramps, W.C.s, vehicular crossings, and handrails to baths, stairs etc. Holidays and personal aids such as stocking aids and helping hands were also provided. Those attending the day work centre at Pattens Lane, Rochester increased by ten over last year and thirty-two people enjoy this facility.

During the year the craft service continued to be a great benefit. The number of people receiving the service fluctuated and the average number of persons receiving the craft service during the year was sixty-two and home visits totalled 1,297.

The high standard of work was again maintained throughout the year, and instruction was given in a variety of crafts, including cane work, leather work, lampshade making, soft toys, mosaic work, rug making etc. No difficulty was experienced in disposing of articles made by the handicapped as apart from sales organised by the County Council at Springfield, the home teacher was invited to speak to several local organisations and groups about the aspects and problems of her work and was always asked to take samples made by the handicapped for display and sale. The most popular time for these talks and sales was around Christmas, especially the visit to a Senior Citizen's Club at Wigmore where they were able to make their Christmas purchases from the variety of goods offered for sale.

The Thursday Club remained a very popular weekly outing for those who were fortunate enough to attend, and membership increased to approximately twenty, including several people confined to wheelchairs. Due to the increase in numbers, the possibility of arranging another Club on a different day of the week was discussed, but unfortunately no transport was available.

During the latter part of the year a part time craft instructor was appointed and this enabled more people to receive individual instruction and attention.

Several outings were arranged in conjunction with the old people's section of the Thursday Club at St. Lukes, and a special outing to a local cinema to see the film 'Oliver' was enjoyed by a group of disabled people and helpers, including some members of the Thursday Club.

It is hoped that during 1971 the transport problem will be solved and facilities for a new Club become available so that another group may enjoy the benefits of a weekly outing and the companionship of others in similar circumstances.

The increase in the number of people receiving the service in 1970, and the fact that the number of people receiving the service in 1969, it will thus be seen that it is very difficult to provide regular visits to all cases. Adaptations to homes include ramps, W.C.s, vehicular crossing, and handrails to baths, stairs etc. Holidays and personal aids such as stocking aids and helping hands were also provided. These attending the day work centre at Pattern Lane, Rochester increased by ten over the year and thirty-two people enjoy this facility.

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Number of persons on handicapped register at 31st December 1970

Age	Sex	Deaf with speech	Deaf without speech	Hard of hearing	General classes	Total
Under 16	M	1	1	7	-	9
	F	2	-	12	8	22
16 - 29	M	5	2	7	16	30
	F	4	2	8	14	28
30 - 49	M	7	1	2	25	35
	F	6	-	1	29	36
50 - 64	M	3	1	4	38	46
	F	5	1	3	49	58
65 or over	M	3	1	21	43	68
	F	6	1	22	91	120
Total		42	10	87	313	452

Number of persons whose names were added to the register during the year ended 31st December 1970

Age	Sex	Deaf with speech	Deaf without speech	Hard of hearing	General classes	Total
Under 16	M	-	-	-	-	-
	F	-	-	-	2	2
16 - 29	M	-	-	-	4	4
	F	-	-	-	2	2
30 - 49	M	-	-	-	7	7
	F	-	-	-	4	4
50 - 64	M	-	-	-	12	12
	F	-	-	1	13	14
65 or over	M	-	-	7	14	21
	F	-	-	2	32	34
Total		-	-	10	90	100



Major Handicaps	AGE					Total
	under 16	16 - 29	30 - 49	50 - 64	65 or over	
Amputation	-	2	-	3	11	16
Arthritis or rheumatism	-	2	5	19	74	100
Congenital malformations or deformities	5	3	2	-	1	11
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	-	2	3	12	9	26
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the lower limbs and of the spine	2	2	6	10	10	30
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	1	16	29	38	21	105
Neuroses, psychoses and other nervous and mental disorders not included above	-	2	6	1	1	10
Tuberculosis (respiratory)	-	-	-	2	-	2
Tuberculosis (non-respiratory)	-	-	1	-	1	2
Diseases and injuries not specified above	-	1	2	2	6	11
<b>Total</b>	<b>8</b>	<b>30</b>	<b>54</b>	<b>87</b>	<b>134</b>	<b>313</b>

## Handicapped Persons

- 313 persons registered as at 31st December 1970
- 36 supplied with personal aids
- 15 persons had adaptations carried out to their homes.
- 30 persons went on holiday.
- 5 new persons issued with car badges, making a total of 39
- 61 persons received craft service.
- 32 persons attending the day work centre as at 31.12.70 (22 males  
10 females).

## Chiropody

Authority has been approved for an increase in chiropody staff but it has not proved possible to obtain anyone even on a sessional basis.

During 1970 there were 142 new applicants for chiropody treatment, of which 140 were old age pensioners, 2 physically handicapped persons. The total number of attendances for treatment was 2,319 of which 701 (including 534 domiciliary visits) were made by private chiropodists approved by the County Council and 1,618 by the chiropodist appointed by the County Council to work on a sessional basis in Gillingham.

The charges by private chiropodists to the Council are 12/- per visit to the surgery and 19/- per domiciliary visit.

The maximum amount payable by patients was increased from 4/- to 5/- (25p) with effect from 1.7.70 per treatment, and of the total number of 594 patients treated during the year, 382 paid the maximum charge of 5/- and 216 received treatment free of charge.

Details of statistics on chiropody treatment year ending 31st December 1970

**PART 1** Number of persons treated during year ending 31st December 1970 by local authority chiropodists.

1.	Persons aged 65 and over	564
2.	Expectant mothers	Nil
3.	Others	16
4.	<b>Total</b>	<b>580</b>

**PART 2** Number of treatments given during year ending 31st December 1970.

1.	In clinics	1618
2.	In patients' homes	534
3.	In old people's homes	-
4.	In chiropodists' surgeries	167
5.	<b>Total</b>	<b>2319</b>

**PART 3** Number of treatments included in part 2 above which were paid for by the Authority on the basis of fees per treatment.

701

Tubercular (non-respiratory)	-	1	-	1	2
Diseases and injuries not specified above	-	1	2	6	11
<b>Total</b>	<b>8</b>	<b>38</b>	<b>54</b>	<b>27</b>	<b>134</b>

## Blind and Partially Sighted - a report from the Home Teacher for the Blind

The change of the title 'Home Teacher' during 1970 to 'Social Welfare Officer for the Blind' was a little disconcerting to the blind. The name 'Home Teacher' having become a household word in the blind person's world, but as probably 80% of the Home Teacher's work was social welfare and moves were afoot to a more integrated welfare service, this was a necessary adjustment, and one which once it was proved that it did not change the service provided, was easily accepted by the blind person.

The approval of the appointment of another social welfare officer for the blind in the latter part of 1970 was most encouraging, the prospect of the very high case load of blind and partially sighted being reduced. However, unfortunately due to the extreme shortage of qualified social welfare officers for the blind, this appointment was not filled, and it is hoped that this will be remedied in 1971.

Mobility was stressed as an important aspect of blind welfare by provision being made for the appointment of a Mobility Instructor in Kent to undertake training with the long cane and sonic torch - two comparatively new forms of mobility aid which are fast being accepted as an alternative to the guide dog. These aids together with the tuition given by the social welfare officer in mobility about the home, and for local shopping visits, are doing much to meet this very necessary need of the blind.

Again the handicraft class which meets on Thursday afternoons in the Nye Bevan Hall proved its therapeutic value. The very high standard achieved at this class is reflected in the awards which it received at the County Handicraft Exhibition and Sale held at the Corn Exchange, Maidstone in October, the class was particularly proud to have been awarded the silver cup for the deaf/blind section. The Southern Regional Association for the Blind's exhibition of handicraft work from all of southern England was much enjoyed by the Gillingham craft class when they visited it during July. The award of a silver medal for a rug made by one of the members of the craft class against very keen competition was a great achievement.

The highlight of the year for the social club was the visit to Paris in September. Forty-eight blind persons and their guides took part by air and coach from Ashford Airport. The day consisted of a conducted tour of many of the places of interest in Paris, a shopping spree and a taste of French food. A memorable event and we are grateful to the voluntary associations for the help and co-operation which made this trip possible.

Further social club activities include roller skating, old time dancing, county quiz competitions, cribbage and dominos contests, visits to stately homes, local seaside resorts, and exhibitions, with a well remembered trip to Canterbury Cathedral in June for a service to mark the centenary of the Kent Association for the Blind. The service, enjoyed by over a thousand blind was conducted by the Rev. Francis P. Hind, himself a blind person, and the lessons were read from moon and braille. After the service the deaf/blind were presented to Dr. Fisher, Archbishop of Canterbury.

The Kent Association of the Blind's holiday home at Cliftonville was again the focal point during the summer months; also the deaf/blind again had the opportunity to use the holiday home with its many amenities, when a week was set aside for their use accompanied by social welfare officers for the blind. During this week we were able to widen the limited world of these doubly handicapped persons by many local trips of interest, also a visit to Calais on the hovercraft service from Ramsgate.

The availability of the rehabilitation services at Torquay and Oldbury Grange, Shropshire are of inestimable value to the newly blind as also is the rehabilitation services for the deaf/blind. With the co-operation of the Blind Persons Resettlement Officer and the Department of Employment & Productivity, many persons who would be unemployable are now able to be trained to do useful and interesting work; and for those who cannot cope with the stress of open industry, the services of the sheltered workshops for the blind and home workers schemes are available.

The local authority who have now accepted the financial responsibility for the hire of the talking book machines have awakened a new interest in the pleasure of books, and many people who could not afford this service are enjoying this form of written word. Also the larger range of Ulverscroft books available from the public libraries make reading possible for the partially sighted. However, the provision of these services have not removed the challenge to learn to read braille and moon and tuition of these continues in a blind person's home.

The following table gives details of the number of registered blind and partially sighted persons as at 31st December 1970.

Age Group	BLIND			PARTIALLY SIGHTED		
	Male	Female	Total	Male	Female	Total
Under 1 year	-	-	-	-	-	-
1 - 4 years	-	-	-	-	1	1
5 - 10 years	2	-	2	1	3	4
11 - 15 years	-	1	1	2	-	2
16 - 20 years	-	1	1	1	-	1
21 - 29 years	1	-	1	4	2	6
30 - 39 years	5	-	5	1	-	1
40 - 49 years	6	2	8	3	2	5
50 - 59 years	3	1	4	1	-	1
60 - 64 years	8	5	13	-	3	3
65 - 69 years	6	9	15	4	1	5
70 - 79 years	13	29	42	1	9	10
80 - 84 years	8	22	30	1	7	8
85 - 89 years	6	15	21	1	8	9
90 and over	2	22	24	1	5	6
<b>Totals</b>	<b>60</b>	<b>107</b>	<b>167</b>	<b>21</b>	<b>41</b>	<b>62</b>

The following table shows the action taken concerning the examination of persons alleged to be blind during the period 1st January - 31st December 1970.

	Number of Examinations	Certified Blind		Not Certified Blind	
		Male	Female	Male	Female
New cases	33	5	11	4	13
Re-examinations:					
Previously blind;					
- still blind	1	-	1	-	-
- now not blind	2	-	-	1	1
Previously not blind;					
- still not blind	6	-	-	3	3
- now blind	3	2	1	-	-
<b>Totals</b>	<b>45</b>	<b>7</b>	<b>13</b>	<b>8</b>	<b>17</b>

#### St. Dunstaners

There are 3 St. Dunstaners registered in the borough, of whom 1 is employed and 2 are unemployable.

#### Workshop Employment & Home Workers Scheme

There are 2 persons employed under this scheme, 1 lady does hand knitting and chair caning and 1 man is a mat finisher.

## Welfare of the Deaf and Hard of Hearing

The Welfare Officer for the Deaf who is responsible for the West-Kent area reports a very successful year of continued progress and varied activities in Gillingham. The Welfare Officer and Chaplain to the Deaf have again worked in very close liaison with one another and that the Centre in Paget Row has continued to flourish and is supplying a great need for the deaf within the area.

The Centre provides wide social activities for the deaf, such as badminton with several teams in the local leagues, table tennis, whist, bingo and much else are arranged. With a little supervision and guidance from the Chaplain in charge, all these activities are arranged by the Deaf Committee themselves which gives them a sense of achievement and satisfaction. All refreshments are prepared and served by a Deaf Ladies Committee. An encouraging development is the growing number of younger deaf persons coming forward to active participation in the work of organisation.

Usually fifty people are present on a general club night and on special occasions such as dances held quaterly, New Year party, competition night, or garden party, this figure has increased to 200.

Wednesday nights are allocated to the hard of hearing in Gillingham and on these nights lip reading lessons are run in association with the further education programme.

Church services are held on the 2nd and 4th Sundays monthly at 4 p.m., the first for the totally deaf, the second for the hard of hearing and are followed by a tea and a social evening.

A deaf church women's group meets on Tuesday afternoon at 2.30 p.m. to 4.30 p.m.

There continues to be close co-operation between the Chaplain and the Welfare Officer so that help can be given to those of limited education and poor language comprehension who, quite apart from the problems of simply not hearing, need guidance and interpreting at hospitals, labour exchanges, insurance offices, Courts, Solicitors, Building Societies and many other points of contact. These needs often come to light in general conversations at Club or Church as the deaf person has not realised the true facts, or seriousness of some matter and so the Chaplain and the Welfare Officer can be of help as liaison between officials or departments in difficulties with deaf persons. Housebound deaf and those in hospital require frequent visits and supportive help.



## OLD PEOPLE'S LIAISON OFFICER'S REPORT

The past year has seen a steady build-up of work although in many ways the position has been one of consolidation rather than expansion particularly on the part of the voluntary agencies involved with the elderly. The appointment of a medical officer with special interest in the health problems of the elderly has given emphasis to the work of support for the elderly in the town.

Working together with the medical officer and domestic help department, a survey among 300 of the over eighties in the borough has shown many needs, not least is the problem of the owner/occupier living alone in a large house which has become almost impossible to keep clean and in good repair. Many of these persons are anxious to obtain a smaller dwelling and apply for council accommodation but because they are living in their own house and are adequately housed there are many who come before them when consideration is given for an old aged person's dwelling. In many cases these people suffer from infirmities which make it difficult for them to negotiate steps and stairs so they do not use any portion of their house above ground floor level.

The high incidence of elderly residents in the population of Gillingham (second highest in the county) makes it impossible for residential hospital and other services to meet the requirements. This in turn creates pressure on all agencies involved in their welfare and the number of persons retiring each year means this difficulty will remain for many years to come. Applications for assistance in obtaining accommodation and hospital care, particularly from those who require a rest from looking after elderly relations, is increasing. Many we are able to assist on a temporary basis by calling in the domestic help department or by using voluntary agencies.

The role of the voluntary organisations is to act as an agency for the County Council in supporting the elderly in the community and in an area where the incidence of elderly in the population is above the national average this presents overwhelming problems for the Old People's Welfare Council. The following will give some indication of what is involved in coming to terms with this problem by the Old People's Welfare Council.

There are at present 5 luncheon clubs in the borough with 2 more opening shortly. These continue to be of great benefit to the elderly ambulant persons in the community. The number of meals served from this source during the year has exceeded 11,000. There has been an increase in the number of elderly persons attending social clubs of which there are now 20 in the town. Two new clubs have opened during

the past year, most of them are registered with the Old People's Welfare Council and are contact points for meeting those who attend and obtaining information on elderly neighbours who may be sick or infirm.

Transport continues to be a major problem, the Old People's Welfare Council operate a mini-bus but this is incapable of providing a complete service to meet the need. The problem of transport for the elderly is of concern to officers and committees as there are many elderly active persons who now very rarely use public transport because of the increase in fares, re-routing or suspension of services in their district. The problems of public transport have been highlighted by the National Old People's Welfare Council report following a national survey in which all old people's welfare councils co-operated and their findings are relevant to the Medway Towns area. Many of the elderly in the town have become disinclined to travel distances and so become less involved in the community and become housebound more quickly and create demands on the domiciliary health and social services and on the voluntary visiting service.

Over the past year home visits have been made for a variety of reasons which have led to contact with many of our voluntary colleagues involved in visiting the housebound and lonely. Many of the voluntary organisations are engaged in this work as are the senior schools whose older boys and girls have been visiting the elderly for several years. The visitor is a link between the various services available for those who require them.

During the past year a second Abbeyfield house has been opened in the town providing as it does a unique service for elderly persons requiring security and comfort with complete independence in sheltered accommodation.

Education continues to play a part in dealing with the problems of our elderly citizens so that they are encouraged to re-think their lives, do things at a slower pace, eat well and sensibly within their reduced means, accept services provided and even suggest ones that are required. In this context, we now work very closely with the Adult Education Centre. The Principal is very helpful both in circulating information and providing facilities for classes for the older age group which have proved most popular and as with clubs, provide an incentive for the elderly to remain active and alert.

The providing and passing on of information is one of the Old People's Liaison Officer's most time consuming activities. Enquiries by letter, telephone and

personal calls for information on a very wide variety of welfare subjects from the elderly and their relations continue to be received. They concern almost every problem, the most common being for assistance in obtaining a bed in hospital or residential home. Although the voluntary organisations and the borough services try to meet the demand, there are far too many gaps and until more finance and staff are made available for this service there will be many elderly persons at considerable risk in spite of the high level of liaison and co-operation between statutory and voluntary services.

The problem of the elderly, particularly those living alone with no relations is a real and urgent one and it is obvious that more time must be spent on individual visits and in liaising between the many organisations involved in this field if we are to provide cover services for those who so urgently require them and to give adequate cover, additional assistance is required to reduce the work load to an efficient level.

The following statistics are an indication of what is involved:

Home calls on elderly persons or on individuals in their interests .. ..	914
Visits to clubs, luncheon and social.. .. .	566
Meetings and talks Old People's Welfare Council and Constituent Members .. .. .	134
Conferences - Old People's Welfare, National and County .. .. .	12
Training Meetings .. .. .	28
<u>Total ..</u>	<u>1,654</u>

Meals served to elderly persons during 1970:

Luncheon Clubs

St. Peter's Trafalgar Luncheon Club .. .. .	2,803
Gardiner Street Luncheon Club .. .. .	1,343
St. Luke's Church Sidney Road (mainly handicapped) .. .. .	1,432
Wigmore Luncheon Club .. .. .	2,246
Baptist Church Thursday Diners Club .. .. .	3,552
W.R.V.S. Meals on Wheels Service .. .. .	11,765
Abbeyfields House, 4 Kingswood Road .. .. .	5,110
<u>Total ..</u>	<u>28,251</u>

SCHOOL HEALTH SERVICE

# SCHOOL HEALTH SERVICE

Gillingham is an "excepted district" under the provisions of the Education Act of 1944. The Corporation of Gillingham has a School Health Service Committee and works in co-operation with the Gillingham Health Authority.

As at year's end the number of pupils going to schools under the control of Gillingham's Committee for Education is made up as follows:

Primary Schools

Arden Street	Junior	430
Barnsole Road	Junior	585
Barnsole Road	Infants	275
Brompton C. of E.	Infants	143
Byron Road	Junior	350
Byron Road	Infants	223
Deanwood	Infants	53
Fairview	Junior	540
Fairview	Infants	292
Featherby	Junior	394
Featherby	Infants	281
Forge Lane	Infants	166
Hempstead	Junior and Infants	190
Hilbyfields	Junior	430
Meredale	Infants	296
Napier Road	Junior and Infants	240
Parkwood	Junior and Infants	746
Orchard Street	Infants	337
Rainham C. of E.	Junior	438
Richmond Road	Infants	153
Skinner Street	Infants	227
St. Mary's R.C.	Junior and Infants	341
St. Thomas of Canterbury R.C.	Junior and Infants	266
Thames View	Junior and Infants	431
Twydall	Junior	468
Twydall	Infants	210
Wakeley	Junior	489
Woodlands	Infants	237
Westbrook	Junior	233
	<u>Total primary</u>	<u>9,506</u>

personal calls for information on a very wide variety of welfare subjects from the elderly and their relations continue to be received. This concern almost every problem the most common being for assistance in obtaining a bed in hospital or residential home. Although many voluntary organisations and the Council's services try to meet the demand, there are far too many gaps and until more resources and staff are made available for the service there will be many elderly persons at considerable risk in spite of the high level of liaison and co-operation between statutory and voluntary services.

The problem of the elderly person living alone with no relations is a real and urgent one and it is obvious that more time must be spent on individual visits and in liaising between the many organisations involved in this field. If we are to provide cover services for those who so urgently require them and to give adequate cover, additional assistance is required to reduce the work load to an efficient level.

The following statistics are an indication of what is involved:

Home calls on elderly persons or on individuals in their interests .. ..	914
Visits to clubs, luncheon and social .. ..	588
Meetings and talks Old People's Welfare Council and Constituent Members .. ..	184
Conferences - Old People's Welfare, National and County .. ..	13
Training Meetings .. ..	28
<u>Total ..</u>	<u>1,654</u>

Meals served to elderly persons during 1979:

Luncheon Clubs

St. Peter's Trafalgar Luncheon Club .. ..	2,903
Gardiner Street Luncheon Club .. ..	1,843
St. Luke's Church Sidney Road (mainly handicapped) .. ..	1,432
Wigmore Luncheon Club .. ..	2,240
Baptist Church Thursday Dinners Club .. ..	3,582
W.R.V.S. Meals on Wheels Service .. ..	11,785
Abbeyfields House, 4 Kingswood Road .. ..	5,110
<u>Total ..</u>	<u>36,253</u>

## SCHOOL HEALTH SERVICE

Gillingham is an "excepted district" under the provisions of the Education Act of 1944. The Committee for Education is responsible to the Kent County Education Committee and works to an agreed scheme of divisional administration.

As at year's end, the number of pupils going to schools under the control of Gillingham's Committee for Education was 15,204 made up as follows:

### Primary Schools

Arden Street	Junior	420
Barnsole Road	Junior	565
Barnsole Road	Infants	275
Brompton C. of E.	Infants	143
Byron Road	Junior	380
Byron Road	Infants	228
Deanwood	Infants	53
Fairview	Junior	549
Fairview	Infants	292
Featherby	Junior	394
Featherby	Infants	281
Forge Lane	Infants	166
Hempstead	Junior and Infants	170
Hillyfields	Junior	430
Meredale	Infants	296
Napier Road	Junior and Infants	240
Parkwood	Junior and Infants	746
Orchard Street	Infants	337
Rainham C. of E.	Junior	438
Richmond Road	Infants	153
Skinner Street	Infants	227
St. Mary's R.C.	Junior and Infants	341
St. Thomas of Canterbury R.C.	Junior and Infants	266
Thames View	Junior and Infants	431
Twydall	Junior	466
Twydall	Infants	260
Wakeley	Junior	489
Woodlands	Infants	237
Westbrook	Juniors	233
	<u>Total primary</u>	9,506

Danecourt Day E. S. N. 128

Secondary Schools

Napier Road	Mixed	499
Rainham	Boys	781
Rainham	Girls	744
Richmond Road	Mixed	344
Upbury Manor	Mixed	1,271
Woodlands	Boys	371
Woodlands	Girls	417

Grammar School

Boys 599

Technical School

Boys 544

Total Secondary 5,698

TOTAL 15,204

This figure represents an increase of 666 over the figure for 1969.

The full programme of school health work applies to all children who attend schools under the control of Gillingham's Committee for Education. This programme includes:

- (1) medical and dental inspections of children of different age groups in schools;
- (2) the referral from these inspections of children with defects to the school clinics for consultation and the follow-up in the clinics of all school children with special problems or for special examinations, e.g. for employment, and
- (3) the provision of a diagnostic ascertainment and advice service for handicapped children from the age of two years.

Routine medical inspections were carried out on the following groups of pupils:

- (a) Children in their first year at infant school;
- (b) Children in their first year at secondary school;
- (c) Children in the last year of secondary education;
- (d) Children of any age transferred from other areas to schools in Gillingham.

In addition special examinations and reinspections of children with defects and problems were carried out as necessary. This part of the work is specially necessary at the Danecourt Special School and at the Special Units for the handicapped at Marlborough Road, Richmond Road, Woodlands Road and Fairview.

### Handicapped Pupils

Handicapped pupils are defined in Part II of the Handicapped Pupils and Special Schools Regulations, 1959 as pupils who require special educational treatment by reason of their being:

- (a) Blind
- (b) Partially sighted
- (c) Deaf
- (d) Partially hearing
- (e) Educationally subnormal
- (f) Epileptic
- (g) Maladjusted
- (h) Physically handicapped
- (i) Pupils suffering from speech defect
- (j) Delicate

The Education Act of 1944 places on the education authority the responsibility of ascertainment, examination and classification of educationally subnormal children. These ascertainments and examinations are the duty of the school medical officers who can recommend to the local education authority the appropriate form of special educational treatment that each child requires.

All handicapped children are assessed by medical officers in department and recommendations made for the children's education. These medical officers have specific postgraduate training in the ascertainment of educational subnormality and by their recent training in developmental paediatrics and their attendance at courses on the needs of handicapped children.



To cover the needs of the children in the borough there are two classes within the Marlborough Road Unit for educationally subnormal children for the further assessment of those with educational subnormality who may go on to Danecourt Educationally Subnormal School or to the Schools for the Severely Subnormal at Bobbing and Strood. These two schools have now been taken over by the County Education Department from the County Health Department under the Education Act, 1970.

The needs of the older physically handicapped children between the ages of 8 and 11 are now being met by the Junior Physically Handicapped Unit which was opened at Westbrook School in the summer term 1970 and moved to Orchard Street, Rainham in the autumn. Next year we hope it will settle permanently at the Twydall Junior School.

The two units for the partially hearing continue to meet a need for the children in the Medway Towns with hearing defects and reports on all these units are given later by the teachers and the medical officers concerned.

Total number of children attending special schools and units in Gillingham from Gillingham, Medway and Sittingbourne:

	<u>No. of Pupils</u>
Danecourt Day E.S.N. School	126
Partially Hearing Units:	
(1) Woodlands Road C.P. Infants' School	6
(2) Fairview C.P. J.M. School	14
Physically Handicapped Unit, Richmond Road	11
Physically Handicapped Junior Unit, Orchard Street	8
Special subnormal units, Marlborough Road	18

Number of Gillingham children admitted to special schools and units during 1970:

Danecourt Day Special School: E.S.N.	17
Glencoe Special Classes, Chatham: E.S.N.	2
Special subnormal units, Marlborough Road	4
Residential special school: E.S.N.	3
Residential special schools: Physically handicapped	-
Physically Handicapped Unit, Richmond Road	6
Physically Handicapped Junior Unit, Orchard Street	3
Residential special schools: Deaf	-
Residential special schools: Partially hearing	1
Residential special schools: Speech	-
Partially Hearing Units:	
(1) Woodlands C.P. Infants	-
(2) Fairview C.P. Junior Mixed	1
Residential schools: Delicate	6
Residential schools: Blind	-
Residential schools: Partially sighted	2
Residential schools: Maladjusted	3

No. of Gillingham children of school age on 31.12.70 formally ascertained as handicapped pupils requiring special educational treatment	Blind	Partially sighted	Deaf	Partially hearing	Delicate	Physically handicapped	E.S.N.	Maladjusted	Epileptic	Speech defect	Dual defect	TOTAL
Attending day special school/units	-	-	-	10	-	9	104	-	-	-	-	123
Awaiting placement in day special school/units	-	-	-	1	-	1	33	-	-	-	-	35
Attending residential special schools	-	2	11	2	14	3	11	10	1	-	-	54
Awaiting placement in residential special school	-	-	2	-	1	-	1	6	-	-	1*	11
Total number of children of school age requiring special educational treatment	-	2	13	13	15	13	149	16	1	-	1*	223
Children of school age on register of handicapped pupils but not requiring special educational treatment and attending ordinary school	-	7	-	/o 140	61	76	-	55	29	71	-	-

/o Many of these children only require occasional help from the teacher of the partially hearing.

\* Included in total

In addition to the previous table, 25 children were ascertained and found not to be E.S.N. but required special help. 1 child is physically handicapped and partially sighted and is receiving home tuition. Children ascertained but not E.S.N. and not requiring special school help - 14.

UNDER FIVE HANDICAPPED

(Ministry of Education Classification - not including severely subnormal)

	Blind	Partially sighted	Deaf	Partially hearing	Delicate	Physically handicapped	E.S.N.	Maladjusted	Epileptic	Speech defect	Dual defect *	Total
Children aged 2-5 years on 31.12.70 formally ascertained as handicapped pupils requiring special educational treatment												
Receiving .. ..	-	-	-	3	-	1	2	-	1	10	2	19
Awaiting .. ..	-	-	-	-	-	2	1	-	-	16	6	25
Not formally ascertained but may require special education	1	-	1	1	10	53	2	-	4	-	9	81

\* Not included in total

## REPORTS FOR SPECIAL SCHOOLS AND UNITS

### Danecourt Day Special School

Subsequent to the opening of Bradfields School in Chatham in September, 1969 and the transfer there of Medway children, vacancies were created at Danecourt and resulted in a larger number of new admissions than usual, and the number on the roll has remained at approximately 130. The whole school adjusted to these changes most successfully, despite inadequate staff and accommodation. With reorganisation it was possible to increase the individual attention these pupils received by providing remedial help in small groups.

Besides subnormality, many children at Danecourt have additional problems, e.g. poor co-ordination, speech disorders, hearing impairment, emotional inadequacies, all of which need a specialised approach to enable each individual to develop his or her full potential and obtain the maximum benefit from the educational programme.

It is to the credit of the Headmaster and his staff that accommodation was always made available for the County speech therapist, visiting teacher for the partially hearing and the medical officer on their respective visits, as no structural additions had been made to compensate for the increase in the number of pupils. There were 30 children receiving speech therapy and 5 children fitted with hearing aids and receiving supervision by the visiting teacher for the partially hearing. The physiotherapist attended 3 sessions each week and children requiring attendance at the school dental and ophthalmic clinics were transported by the school minibus, which is an extremely useful arrangement as many would not otherwise receive this type of treatment.

The ultimate achievement of every school leaver is to obtain and maintain employment and apart from the educational curriculum, the children are trained and encouraged to accept and be accepted by the society in which they live at an early age. Of the 15 school leavers, 2 girls and 2 boys remain unemployed. 8 were recommended supervision by the welfare services after leaving school; mainly due to social conditions, and unfortunately the prospects for school leavers do not improve.

During the year there were 10 direct transfers, 1 child with dual handicaps was recommended for residential special schooling, 6 were recommended for Day Training Centre, 3 transferred to residential special schools, 6 to day special schools and 1 emigrated.

Some pupils require more medical supervision than others and the intellectual ability of all is kept constantly under review to ensure that they are suitably placed in the special school. Most assessments of intellectual ability are carried out by the school medical officer, but assessment by the Educational Psychologist is of great assistance in determining the ability of children with associated neurological, speech, hearing or emotional disorders, and liaison with the school psychological service has been maintained.

It is hoped that with larger premises and increased teaching staff it will be possible to reduce the waiting list for admission to Danecourt. An increasing number of children are being ascertained as in need of special education as a result of assessing child development from an early age and the growth of population in the catchment area, which now covers Gillingham and Sittingbourne, and improved facilities for their education are envisaged for 1971.

#### Gillingham Partially Hearing Unit

The Gillingham Partially Hearing Unit continues to offer special help to children with impaired hearing between the ages of 2½ years and 11 years. The Unit classes are split between two primary schools in the borough, Woodlands C.P. Infants School and Fairview C.P. Junior School, but functions as far as possible as a single unit. During 1970 a total of 26 children have attended the Unit; 14 of them live within the Borough of Gillingham, 10 in the K.E.C. Medway Division, 1 in the K.E.C. Thames-side Division and 1 in the K.E.C. Sittingbourne Division.

At present the Unit has an infant class of 5 children, a junior class of 7 and 10 children are integrated into hearing classes in the Junior school, but continue to receive individual and small group specialist help from the Unit teachers. There has been no nursery class this year, but it is planned to reform one shortly. Three young children with impaired hearing are awaiting admission.

Three children have left the Unit during the year, 2 going to a residential school for the Partially Hearing and 1 to a local Secondary Modern School. One child has been on the Unit roll throughout the year but has not attended as she has been in hospital or confined to bed at home. She has received some help at home from the Unit staff. One child in the Unit is awaiting placement in a residential school for the deaf.

Three children have joined the Unit during the year. Two previously attended normal schools with help from visiting teachers of the partially hearing. One child moved from another Unit.

The Unit is at present staffed by an audiologist/teacher of the deaf, a teacher of the deaf, two qualified teachers and a welfare assistant. One teacher of the deaf left the Unit during the year to take up another appointment and one teacher from the Junior School has been seconded for the course leading to the Diploma in Teaching of Deaf and Partially Hearing Children at the University of London.

The Teacher in Charge of the Unit successfully completed the University of Manchester Diploma in Audiology during the year. Since his return to the Unit he has been engaged for part of his time in audiological assessment work in the borough and in training work with the borough's health visitors in screening tests of hearing for pre-school children. He has also undertaken assessment work with children throughout the County on one day each week. It is planned that consideration and training in screening procedures for school age children will be undertaken shortly so that the essential screening of the hearing of all children in the borough can be carried out accurately.

The Partially Hearing Unit has continued to make an important contribution in the education of children with impaired hearing in the borough. The increasing co-ordination of work in the Unit with the parent schools, the borough's Health Department and with the County's services for deaf and partially hearing children is encouraging and will be fostered for it is impracticable for the Unit and its staff to attempt to work in isolation. The Unit's work needs to remain flexible and experimental in character if it is to deal adequately with the many and varied needs of the hearing impaired children and their parents in the borough and the surrounding area.

## Physically Handicapped Units

The need for additional provision for physically handicapped pupils, who for a variety of reasons required day schooling, had been appreciated for some time and as a result a Junior Unit was established in Gillingham in the summer term of 1970.

It opened with 9 children in temporary premises at Westbrook Junior School but due to the pressure of places in the ordinary school the unit moved to Orchard Street Junior School in September where it was anticipated to function for a year before moving to permanent accommodation at Twydall Junior School. The inconvenience to the Unit staff and pupils of these changes was offset by the fact that 11 physically handicapped children passed through the Unit during the two remaining terms of 1970 who would otherwise have received home tuition or been placed in residential schools.

The pupils included 3 Gillingham and 4 County children transferred from the Richmond Road Infants Physically Handicapped Unit, a severely handicapped child with cerebral palsy who transferred to the area and was awaiting a residential placing, a haemophiliac who moved out of the area and a child with muscular dystrophy who deteriorated and was unable to continue at school.

Both the Junior schools had swimming pools which were a great asset to the handicapped children and the pupils and staff of these schools were keenly interested in bringing the world of the normal child into the sphere of the Unit as far as was feasible.

Physiotherapy and visits by a speech therapist for selected cases continued as in the Infant Unit, and although conditions were not ideal the group functioned efficiently and the children and their parents were unanimous in their approval of such facilities being available.

The problem of immobility and incontinence in most handicapped children of Junior school age are considerable and the strain on the staff consisting of one teacher and a single welfare assistant was only too obvious. It is anticipated that this will be rectified by the appointment of a second welfare assistant next year.

Types of defects admitted during 1970:	Spina Bifida	2
	Cerebral Palsy	3
	Haemophilia	1
	Congenital Heart Disease	1
	Muscular Dystrophy	1
	Spastic Diplegia	2
	Rheumatoid Arthritis	1



There were 19 children within the two Units during the year, i. e.

Cerebral Palsy	10
Spina Bifida	4
Haemophilia	1
Congenital Heart Disease (Pulmonary Atresia)	-
Hydrocephalus Meningo Myelocoele	1
Idiopathic Hypoparathyroidism	1
Pseudo Hypertrophic Muscular Dystrophy	1
Rheumatoid Arthritis and Congenital Cataract	1

At the commencement of 1970 the nucleus of children for the Junior Physically Handicapped Unit was still at Richmond Road Infants Unit but by the summer term when they transferred it was possible to admit 4 more children from Gillingham and 2 from County to the Infant Unit, bringing the total to 9 pupils on the roll.

Two children integrated in the ordinary school, 1 with a relatively mild degree of haemophilia and the other with a moderately disabling spina bifida and both these were able to transfer to ordinary schools in September.

The equipment at the Unit has been increasing over the years and is now of a high standard enabling the teaching staff and physiotherapist to obtain very rewarding results for the considerable effort involved in educating and mobilising children with severe physical handicaps. There is very close liaison with normal children and the Unit participates in practically all the school functions, thus widening the horizons of both categories of pupils. The services of the County Speech Therapist and School Psychological Service continue to provide valuable support and advice and medical examinations are conducted periodically by the school medical officer. All the children at both Units are transported by the education authority to and from school.

By the end of the year there were still 4 children awaiting admission to the Richmond Road Unit, 2 awaiting transfer to the Junior Unit and a third who was unable to cope with ordinary school also on the waiting list for the Junior Unit. Five of these were from the County and 2 from Gillingham. As the survival rate of handicapped infants, especially spina bifida children, continues to increase, the provision of sufficient suitable schooling facilities cannot be disregarded. In this respect the two Day Units in Gillingham are fulfilling a very valuable and useful function.

## Marlborough Road Unit

There was still a demand for places at the Marlborough Road Unit in 1970. 11 children from Gillingham and 3 from the County remaining on the waiting list at the end of the year. The Unit caters for children from 5 - 7 years of age who primarily have learning difficulties and are functioning in the subnormal range of intelligence. It is mainly a diagnostic unit where children receive individual attention, develop their potential and can then be reliably assessed for the most suitable type of schooling at Junior School age.

Of the 16 children attending this year, 11 from Gillingham and 5 from the County, 1 transferred to Bradfields Special School, another to ordinary school, 1 moved out of the area and a fourth was admitted to a Residential Psychiatric Unit for observation and diagnosis.

The structure of the two classes of which the Unit is comprised remained unchanged with children of comparable ability in each and a second welfare assistant was a valuable addition to the staff as most pupils on admission require help with personal needs and social training and the majority must be supervised because of their age. Some are frail and timid, others hyperactive and lack control and perpetual vigilance.

Despite the structural improvement to the premises last year, accommodation is not ideal and the progress made by the pupils is a great credit to the two teachers and welfare assistants working under difficult conditions. In addition parents are encouraged to visit the Unit frequently as the children's problems often have an emotional basis related to their social environment and close co-operation between school and home resolves behaviour problems, parental anxieties and encourages a mutual understanding towards helping the children to function at their maximum level.

The ancillary services continued to give excellent support, several children receiving speech therapy provided by the County speech therapy service and 1 child with a hearing aid was under supervision by the Visiting Teacher for the Partially Hearing. The help of the School Psychological Service in assessments was invaluable and additional demands were and are being made on it as knowledge on education of handicapped children increases.

Due to intellectual handicap associated speech defects etc., these children have frequently had difficulty in integrating with others and even within their own families before admission to the Unit and there is an inevitable delay in commencing

formal schooling (albeit adapted to their handicap) till social training and behaviour problems are dealt with and the child adapts to the school situation.

The provision of a pre-school nursery class attached to the Unit would enable many of their difficulties to be overcome before the children attained school age and as early ascertainment is already a feature of the under 5 child care programme, there is a known and suitable group of children who would benefit from such facilities. There is room for expansion in the 5 - 7 age group also as the catchment area for the Unit still includes the Medway Towns and Sittingbourne as well as Gillingham.

During the year:-

2 children have gone to Danecourt.

1 child has gone to Bradfields Day E.S.N. School, Chatham.

1 child was transferred to ordinary school.

1 child removed from the area.

1 child transferred to Residential School for observation and diagnosis.

## STATISTICAL TABLES

### Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools

#### Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1966 and later	19	19	-
1965	934	925	9
1964	1088	1070	18
1963	154	153	1
1962	64	61	3
1961	11	11	-
1960	15	15	-
1959	64	64	-
1958	697	676	21
1957	326	321	5
1956	71	70	1
1955 and earlier	305	301	4
<b>Total</b>	<b>3748</b>	<b>3686</b>	<b>62</b>

Percentage satisfactory - 98.35

Percentage unsatisfactory - 1.65

The number of children called for re-inspection depend very much on the individual wishes of the doctors examining them but the number inspected were increased by 500 over the previous year.

Other Inspections

Number of special inspections	..	..	..	1954
Number of re-inspections	..	..	..	1445
<b>Total</b>	..	..	..	<b>3399</b>

Pupils Found to Require Treatment  
at Periodic Medical Inspections  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For Defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
1966 and later	1	3	4
1965	15	148	163
1964	29	220	249
1963	4	18	22
1962	6	11	17
1961	1	1	2
1960	4	-	4
1959	8	1	9
1958	64	72	136
1957	35	31	66
1956	7	9	16
1955 and earlier	54	37	87
<b>Total</b>	<b>228</b>	<b>551</b>	<b>775</b>

Defects found by medical and special inspections during the year

Defect Code No.	Defect or Disease	Periodic Inspections										Special Inspections	
		Entrants		Leavers		Others		Total		T	O	T	O
		T	O	T	O	T	O	T	O				
4	Skin .. ..	59	68	8	11	39	27	106	106	106	86	48	
5	Eyes -	45	126	61	26	122	55	228	207	336	38	172	
	a. Vision .. ..	41	39	-	-	7	7	48	46	38	17	17	
	b. Squint .. ..	5	7	1	-	6	6	12	13	12	5	5	
	c. Other .. ..	18	151	1	3	3	42	22	196	106	329	329	
6	Ears -	16	20	-	-	3	5	19	25	12	12	12	
	a. Hearing.. ..	1	1	-	-	-	2	1	3	17	12	12	
	b. Otitis media ..	102	189	7	11	21	46	130	246	114	127	127	
7.	Nose and throat ..	17	89	-	-	-	7	17	96	30	29	29	
8	Speech .. ..	-	28	-	1	2	4	2	33	-	17	17	
9	Lymphatic glands ..	12	34	2	5	4	17	18	56	18	45	45	
10	Heart .. ..	26	75	1	4	10	21	42	100	68	118	118	
11	Lungs .. ..	6	7	-	-	3	4	9	11	4	8	8	
12	Development -	4	84	1	1	4	22	9	107	27	72	72	
	a. Hernia .. ..	-	6	6	8	1	15	7	29	8	32	32	
	b. Other .. ..	22	71	8	8	17	31	47	110	32	74	74	
13	Orthopaedic -	11	30	6	5	3	15	20	50	52	70	70	
	a. Posture .. ..	5	4	-	-	2	3	7	7	18	26	26	
	b. Feet .. ..	4	31	-	-	-	2	4	33	13	33	33	
	c. Other .. ..	1	55	-	2	-	10	1	67	4	183	183	
14	Nervous system -	2	19	-	4	1	16	3	39	19	86	86	
	a. Epilepsy.. ..	12	15	-	2	3	5	15	22	18	34	34	
	b. Other .. ..	7	75	5	9	5	62	17	146	14	51	51	
15	Psychological -												
	a. Development ..												
	b. Stability .. ..												
16	Abdomen .. ..												
17	Other .. ..												

T = Treatment

O = Observation

### Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	17
Errors of refraction (including squint) ..	970
<b>Total .. .. .</b>	<b>987</b>
Number of pupils for whom spectacles were prescribed .. .. .	367

### Ophthalmic Clinics

Ophthalmic clinics are held at the School Clinic at Balmoral Gardens and conducted by a consultant working on a sessional basis. The work of the clinic may be summarised thus:

Sessions .. .. .	61
Number of children examined for first time ..	197
Number of children re-examined .. .. .	925
Total attendances .. .. .	1122
Glasses prescribed .. .. .	367
Glasses not required or no change necessary ..	755
Referred to hospital .. .. .	20

Diseases and Defects of Ear, Nose and Throat

				Number of cases known to have been dealt with
Received operative treatment				
(a)	for diseases of the ear ..	..	..	1
(b)	for adenoids and chronic tonsillitis ..	..	..	37
(c)	for other nose and throat conditions ..	..	..	11
Received other forms of treatment ..				-
Total .. .. .				49
Total number of pupils in schools who are known to have been provided with hearing aids				
(a)	in 1970 ..	..	..	6
(b)	in previous years ..	..	..	24

Orthopaedic and Postural Defects

				Number of cases known to have been dealt with
(a)	pupils treated at clinics or out-patients departments ..	..	..	7
(b)	pupils treated at school for postural defects ..	..	..	55
Total .. .. .				62



### Diseases of the Skin

						Number of cases known to have been treated
Ringworm - (a)	scalp	..	..	..		-
	(b) body	..	..	..		-
Scabies	.. .. .	..	..	..		-
Impetigo	.. . . .	..	..	..		-
Other skin diseases	..	..	..	..		47
Total						47

### Child Guidance Clinic

During the year Dr. Linton attended the Child Guidance Clinic twice a month. Urgent referrals were discussed with Dr. Dennehy and advice on the cases being dealt with by this department were obtained. This arrangement enabled us to offer some help to parents who would otherwise have a long waiting period before children could be seen. It also helped to reduce the total number of cases referred to the Clinic and several cases were successfully dealt with, making referral to the Child Guidance Clinic unnecessary.

Figures for attendances at the Child Guidance Clinic were as follows:-

Number referred to the Clinic in 1970	299
Number of new cases seen	174
Number awaiting diagnostic interview on 31.12.70	103
(up to June 1970 these figures include referrals from Gravesend; from June to December they include only Medway children and Court cases)	

A total of 31 children were referred to or discussed at the Child Guidance Clinic by the School Health Service of this borough.

Of a total of 89 children dealt with by this department at the request of the parents or the school with a total of 168 sessions the distribution was as follows:-

No. of attendances

Total No. of cases

Remarks

1	43	1 under referral and 9 referred 12 seen for the first time before 31.12.70
2	24	2 referred
3	12	1 referred
4	9	1 referred; 2 under referral, 1 did not require to be seen and 1 left the area
5	1	Discharged

The 43 single attendances must include some 'left overs' from 1969.

Speech Therapy

Speech therapy is under the control of the Kent County Council. A clinic is held at Marlborough Road at which 35 cases were treated in the year. In addition a speech therapist worked in some of the schools, particularly Danecourt Day E.S.N. School.

There is a waiting list of 21 school and pre-school children needing speech therapy and the average waiting period for non-urgent cases remains at about 1½ years.

Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. 7172
- (b) Total number of individual pupils found to be infested .. .. . 84
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944) .. .. .
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .

Other Treatment Given

				Number of cases known to have been dealt with
(a)	Pupils with minor ailments	..	..	117
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	-
(c)	Pupils who have received B.C.G. vaccination	..	..	866
(d)	Other than (a), (b) and (c) above	..	..	-
Total (a) - (d)				983

Provision of Milk

Milk is provided free of charge to all primary school children and Danecourt Day Special School only. During December 1970, 8,654 children were supplied with milk each day.

This represents 90% of the total number of children on the roll.

Number referred to the Clinic in 1970	288
Number of new cases seen	174
Number awaiting diagnostic interview on 31.12.70	108
(up to June 1970 these figures include referrals from Gravesend; from June to December they include only Medway children and Court cases)	

A total of 31 children were referred to or discussed at the Child Guidance Clinic by the School Health Service of this borough.

Of a total of 89 children dealt with by this department at the request of the parent or the school with a total of 188 sessions the distribution was as follows:-

## Summary of Health Visitors' Work in Schools in Gillingham during 1970

(1)	Total visits to schools	..	..	..	..	..	..	207
(2)	Attendances at routine medical inspection	..	..	..	..	..	..	37
(3)	Attendances at clinics	..	..	..	..	..	..	73
(4)	Visits to homes	..	..	..	..	..	..	163
(5)	Examination of heads and bodies re cleanliness	..	..	..	..	..	..	7955
(6)	Notices sent re nits (children not excluded from school)	..	..	..	..	..	..	36
(7)	Notices sent re nits and vermin (children excluded from school)	..	..	..	..	..	..	18

### Audiometry

The health visitors have for some years been carrying out audiometric tests on school children when a teacher, school medical officer or general practitioner has expressed a wish for this to be done for a particular child.

The importance of routine checks has been emphasised by results obtained from screen testing all children as early as eight months.

As well as tests made on request, audiometric sweeps are now carried out on certain age groups particularly at 7 years. The time needed to carry out these special surveys is available to the health visitors since the more routine duties of health visitors at medical inspections are now undertaken by the lay health assistants.

During the year 704 tests were carried out.

### Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	..	7172
(b)	Total number of individual pupils found to be infested	..	..	..	..	..	..	84
(c)	Numbers of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	..	..	..	-
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..	..	..	..	..	..	-

## CONSULTATION CLINICS

During the year 1,338 children were seen by the school medical officers at their consultation sessions, 534 by home and office appointments and 52 attendances were made at the nurses' sessions. Attendances at the various clinics were as follows:

Gillingham	..	..	..	..	..	631
Rainham	..	..	..	..	..	494
Twydall	..	..	..	..	..	213
Total	..	..	..	..	..	1,338

## Attendances at Treatment Clinics

9 children made attendances for inspection and treatment of minor ailments.

## Employment of Children

106 pupils were examined for fitness for employment out of school hours and certificates were given for all those children.

## Staff Medical Examinations

The following medical examinations were carried out and X-ray arrangements made in respect of the following during 1970.

School meals service staff	..	..	..	106
Caretakers and cleaners	..	..	..	91
Prospective student teachers	..	..	..	71
Teachers	..	..	..	22
Clerical and other staff	..	..	..	12
Total	..	..	..	302

DENTAL SERVICES

Attendance and Treatment

Last year it was reported that there was a reduction in the number of sessions in operation due to staff changes. It is regretted that this situation has not improved and is in fact now even worse. Whilst the surgery at Twydall is still open for three sessions a week, the Rainham Clinic now only has a dental surgeon in attendance for one session.

From recent school dental inspections it is apparent that there are still a very large number of children in need of treatment. Although a large number of them attend either their own family dentist or the school clinic, it is unfortunately obvious that many do not receive any treatment at all.

Owing to the large number of schools involved, inspections have to be carried out at rather infrequent intervals which does not help when trying to persuade some of the more reluctant patients to seek treatment.

The dental surgeries at all three clinics are all well equipped each having dry heat sterilizers, X-ray equipment and air turbine drills. With the recent purchase of a new anaesthetic machine, we now have modern anaesthetic equipment in each surgery.

The surgery at Balmoral Gardens has been improved recently by the addition of a corner unit of cupboards with a large formica working surface. This has allowed more space to be obtained in the recovery room and hence greater efficiency during gas sessions.

## Attendances and Treatment

DENTAL SERVICES

	<u>Ages</u> 5 to 9	<u>Ages</u> 10 to 14	<u>Ages</u> 15 and over	<u>Total</u>
First visit .. .. .	1086	466	65	1617
Subsequent visits .. .. .	1843	1318	171	3332
Total visits .. .. .	2929	1784	236	4949
<u>Additional courses of treatment</u>				
commenced .. .. .	145	49	6	200
Fillings in permanent teeth .. .. .	538	1061	156	1755
Fillings in deciduous teeth .. .. .	1338	81	-	1419
Permanent teeth filled .. .. .	458	854	124	1436
Deciduous teeth filled .. .. .	1199	65	-	1264
Permanent teeth extracted .. .. .	25	97	15	137
Deciduous teeth extracted .. .. .	348	107	-	455
General anaesthetics .. .. .	66	22	1	89
Emergencies .. .. .	251	44	3	298
Number of pupils X-rayed .. .. .			137	
Prophylaxis .. .. .			290	
Teeth otherwise conserved .. .. .			481	
Number of teeth root filled .. .. .			3	
Inlays .. .. .			1	
Crowns .. .. .			7	
Courses of treatment completed .. .. .			1108	

## Orthodontics

Cases remaining from previous year .. .. .	49
New cases commenced during year .. .. .	18
Cases completed during year .. .. .	10
Cases discontinued during year .. .. .	21
No. of removable appliances fitted .. .. .	32
No. of fixed appliances fitted .. .. .	-
Pupils referred to hospital consultant .. .. .	-

## Prosthetics

## INDEX

	<u>Age Groups</u>			<u>Total</u>
	<u>5 - 9</u> <u>years</u>	<u>10 - 14</u> <u>years</u>	<u>15 years</u> <u>and over</u>	
Pupils supplied with F.U. or F.L. (first time) .. ..	-	-	-	-
Pupils supplied with other dentures (first time) .. ..	-	1	-	1
Number of dentures supplied ..	-	1	-	1

## Anaesthetics

General anaesthetics administered by dental officers .. 89

## Inspections

(a) First inspection at school - number of pupils .. .. .	5353
(b) First inspection at clinic - number of pupils .. .. .	691
Number of (a) + (b) found to require treatment .. ..	2714
Number of (a) + (b) offered treatment .. ..	2522
(c) Pupils re-inspected at school or clinic .. ..	153
Number of (c) found to require treatment .. ..	117

## Sessions

Sessions devoted to treatment .. .. .	702
Sessions devoted to inspection .. .. .	38
Sessions devoted to dental health education .. .. .	-



Total	Age Groups			5 - 9 years	10 - 14 years	15 years and over
	5 - 9 years	10 - 14 years	15 years and over			
1201	301	354	546			
1202	301	354	546			
1203	301	354	546			
1204	301	354	546			
1205	301	354	546			
1206	301	354	546			
1207	301	354	546			
1208	301	354	546			
1209	301	354	546			
1210	301	354	546			
1211	301	354	546			
1212	301	354	546			
1213	301	354	546			
1214	301	354	546			
1215	301	354	546			
1216	301	354	546			
1217	301	354	546			
1218	301	354	546			
1219	301	354	546			
1220	301	354	546			
1221	301	354	546			
1222	301	354	546			
1223	301	354	546			
1224	301	354	546			
1225	301	354	546			
1226	301	354	546			
1227	301	354	546			
1228	301	354	546			
1229	301	354	546			
1230	301	354	546			
1231	301	354	546			
1232	301	354	546			
1233	301	354	546			
1234	301	354	546			
1235	301	354	546			
1236	301	354	546			
1237	301	354	546			
1238	301	354	546			
1239	301	354	546			
1240	301	354	546			
1241	301	354	546			
1242	301	354	546			
1243	301	354	546			
1244	301	354	546			
1245	301	354	546			
1246	301	354	546			
1247	301	354	546			
1248	301	354	546			
1249	301	354	546			
1250	301	354	546			
1251	301	354	546			
1252	301	354	546			
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