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Contributors

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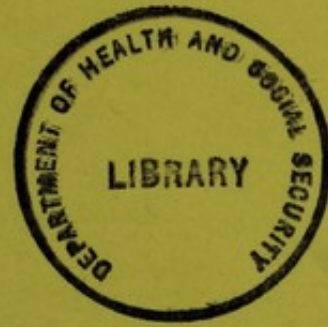
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BOROUGH OF GILLINGHAM



THE HEALTH

OF

GILLINGHAM

IN

1972

BOROUGH OF GILLINGHAM

Health Department,
Municipal Buildings,
Gillingham, Kent.
ME7 6LA

Telephone: 0634 50021

To the Mayor, Aldermen and Councillors
Borough of Gillingham.



This year the work of writing the Annual Report for the previous year is particularly difficult because the dividing line between 1971 and 1972 has been blurred by the commitment of all Health Department staff in planning for the changes proposed in 1974.

In August 1972 the White Paper on the National Health Service Reorganisation was published and the following

ANNUAL REPORT

Following the publication of the White Paper, Joint Liaison Committees for future Area Health Authorities were set up. Both the Town Clerk and I are members of the Kent Joint Liaison Committee. In 1972 the Joint Liaison Committee through one of its main sub-committees, the Administrative and Director Working Party, considered the implications of the White Paper for the management of the Area Health Authority and the staffing requirements of the new authority at Area and District level and the implications for existing staff.

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

Other Working Parties looked into the problem of the location of Area and District Headquarters and of provision of services. A separate Nursing Working Party was set up to advise proposals for the provision of a nursing service that included the present hospital and community based nurses.

By the end of 1972 a clear pattern of proposals for the future Health District in Kent was visible.

HELEN E. MAIR, M.B., Ch.B., D.P.H., M.F.C.M. Secretary of State.

Health Department,
Municipal Buildings,
Gillingham, Kent.

Telephone : Medway OME 4 50021

BOROUGH OF GILLINGHAM



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1972

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

Health Department,
Municipal Buildings,
Gillingham, Kent.

Health Department,
Municipal Buildings,
Gillingham, Kent.
ME7 5LA

Telephone: 0634 50021

October, 1973.

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

This year the work of writing an Annual Report on the previous year is particularly difficult because the dividing line between 1972 and 1973 has been blurred by the commitment of all Health Department staff to planning for the changes proposed in 1974.

In August 1972 the White Paper on the National Health Service Reorganisation was published and all Members are now well aware of the proposals that this paper and the following legislation envisage for the future unified health service.

Following the publication of the White Paper, Joint Liaison Committees for future Area Health Authorities were established and both the Town Clerk and I are members of the Kent Joint Liaison Committee. In 1972 the Joint Liaison Committee through one of its main sub-committees, the Administrative and District Working Party of which I am Chairman and the Town Clerk is Secretary, was concerned with determining the appropriate pattern of Health Districts in Kent; considering the application to local circumstances of central advice on the management structure of the Area Health Authority, and assessing the staffing requirements of the new authority at Area and District levels and the probable allocation of existing staffs.

Other Working Parties looked into the problem of the location of Area and District headquarters and of resources and finance. A separate Nursing Working Party was set up to make proposals for the establishment of a nursing service that included the present hospital and community based nurses.

By the end of 1972 a clear pattern of proposals for the future Health Districts in Kent was submitted to the Regional Joint Liaison Committee and to the Secretary of State.

Kent is one of the largest Area Health Authorities in the country and the proposal is that there will be six Health Districts, one of which will be Medway Health District and this will include the new local government district authorities of Medway, Gillingham and Swale.

The work of the Kent Joint Liaison Committee and its Working Parties will continue throughout 1973 in assessing needs and defining more clearly the structure of the future organisation, particularly in relation to the concept of health care planning which have been specifically defined in relation to particular groups, e. g. child health, mental health, care of the elderly and maternity and to determine within the proposed Districts the requirements of the services.

Although National Health Service Reorganisation has involved much of my department's time, there has been an equal involvement in the proposed changes in local government which will take effect on the same date, April 1974. The new District Council of Gillingham will be responsible for environmental health services under an Environmental Health Officer and the medical advice on matters of public health, infectious diseases, food hygiene and the present responsibility of the Medical Officer will pass to the District Community Physician of the new National Health Service.

As in 1971, during the first half of 1972 the public health inspectorate was depleted and it was only possible to undertake the most immediate tasks. However the appointment of a Deputy Chief Public Health Inspector in the spring and the appointment of three more inspectors during the summer made it possible for food hygiene inspections throughout the town to be increased to an acceptable standard and for the improvement grant work to be maintained at the previously high level. By the end of 1972 work on 284 improvement grants had been completed. In the three years since the Health Department took over this work almost 900 improvement grants have been dealt with.

In the delegated health services of the borough it is pleasing to be able to report that following integration of the nursing services there is now full attachment of all the nursing staff including health visitors to general practices in the town. It is not, of course, possible with the present establishment of 16 health visitors to allocate one health visitor to each practice, particularly in a town in which there are only a few group practices and some are still single-handed. The health visitor

establishment and the district nursing establishment is still well below that recommended by the Department of Health and Social Security Circular 13/72 which recommends 1 : 2,500 population for district nurses and 1 : 3,000 for health visitors. This would mean an establishment of 34 district nurses and 30 health visitors in Gillingham to cater for the increasing demand of domiciliary nursing care in all its many aspects. The attachment of health visitors to general practices increases the work load both for the health visitor and the general practitioner. The health visitor's involvement with the whole family of whatever age brings back to the practice many previously hidden health needs, and the general practitioners increasingly request the assistance of the health visitor in collaboration with the Social Services.

In August, after discussions with the Family Planning Association, the County Council took over responsibility for providing family planning services and three clinics started on the 4th October and the need for them has been evidenced by the increase in demand and six are planned for the beginning of the New Year.

In the child health services the developmental checks on babies and infants at the child health centres has been increased so that we are able to say that we are now providing a screening service for all children under the age of 5 years. Thus assessing the needs of those with minor defects as well as the major handicapping conditions.

The handicapped children from Gillingham attend the Special Care Clinic which has been based at the Spastics Centre, Woodlands Road since April. This is a service we hope to extend to the children outside the borough in the forthcoming year so that comprehensive assessment and care for all the young handicapped children in the Medway area can be made available.

The other special service of which we are justly proud is the increasing involvement in the health care of the elderly that this department has been able to give through the appointment of a medical officer in department responsible for assessing the needs of the elderly and establishing a clinic where they may attend.

In the school health service increased emphasis has been laid on the medical examination of particular groups as well as continuing as far as possible the routine inspection of the 5 year old, 11 year old and school leavers.

For both 1972 and 1973 the vastly increased work load related to reorganisation proposals and plans is affecting all members of the staff of the Health Department and it is with particular gratitude that I would like to thank them for their help and encouragement during the year and to thank the Members of the Health Committee for their understanding of the demands that this planning for reorganisation has made on the department.

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., M. F. C. M.

Deputy Medical Officer of Health

B. H. Gooch, M. A., M. B., B. Ch., L. M. S. S. A., D. P. H.
(resigned 4. 8. 72)

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.

Ophthalmologist: (S. H. S.)

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

Dental Surgery Assistants (S. H. S.)

A. E. Turner
L. Stone

Chief Public Health Inspector

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

Deputy Chief Public Health Inspector

B. J. Naylor, M. A. P. H. I. (a, c) (commenced 1. 2. 72)

Public Health Inspectors

P. J. Brewer, M. A. P. H. I. (a, c, d)
J. A. Croydon, M. A. P. H. I. (a, overseas, c) (commenced 21. 8. 72)
E. C. Edwards, M. A. P. H. I. , M. R. L. P. H. H. (a, c, e) (commenced 30. 5. 72)
R. M. Manktelow, M. A. P. H. I. (b) (commenced 1. 7. 72)
R. Nethercott (b) (resigned 24. 3. 72)
F. O'Grady, M. R. S. H. , M. A. P. H. I. (a, c) (commenced 1. 6. 72)
M. J. Rivers, M. A. P. H. I. (b, d)

- 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

Technical Assistants

R. Taylor
B. C. Woodward

Area Nursing Officer

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

Nursing Officer

L. A. Farrar, S. R. N. , S. C. M. (commenced 1. 10. 72)

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

P. M. Adams, S. R. N. , S. C. M. Health Visitor's Certificate (commenced 2. 10. 72)
T. A. Allen, S. R. N. , S. C. M. Health Visitor's Certificate (commenced 11. 9. 72)
D. M. Bradley, S. R. N. , S. C. M. Health Visitor's Certificate
R. Cowling, S. R. N. , S. C. M. , Health Visitor's Certificate
L. J. Hewett, S. R. N. , S. C. M. , Health Visitor's Certificate
C. H. Hicks, S. R. N. , S. C. M. , Health Visitor's Certificate
M. Lyons, S. R. N. , S. C. M. Health Visitor's Certificate
J. Manson, S. R. N. , S. C. M. Health Visitor's Certificate (resigned 15. 12. 72)
J. M. Oliver, S. R. N. , S. C. M. Health Visitor's Certificate
D. G. Part, S. R. N. , S. C. M. Health Visitor's Certificate
J. Reddington, S. R. N. , S. C. M. Health Visitor's Certificate

L. Ross, S. R. N., S. C. M., Health Visitor's Certificate (commenced 23. 10. 72)
R. M. Tatham, S. R. N., S. C. M., Health Visitor's Certificate
E. M. Turner, S. R. N., S. C. M., Health Visitor's Certificate
M. Wignall, S. R. N., S. C. M., Health Visitor's Certificate

Health Visitor Assistant

A. J. McAsoy, S. R. N. (commenced 1. 8. 72)

Midwives (D. H. S.)

B. Bassadona, S. R. N., S. C. M.
M. Clayton, S. R. N., S. C. M.
C. Y. Cummings, S. R. N., S. C. M. (commenced 1. 5. 72)
D. Delisser, S. R. N., S. C. M.
K. Y. Lisgarten, S. R. N., S. C. M. (commenced 12. 6. 72)
K. Lowry, S. C. M.
G. M. McGregor, S. R. N., S. C. M.
E. C. Palmer, S. R. N., S. C. M. (commenced 2. 10. 72)
B. Peters, S. R. N., S. C. M.
M. M. Shorey, S. R. N., S. C. M.
S. I. Shorey, S. E. N., S. C. M.
V. C. Sullivan, S. R. N., S. C. M.
M. E. White, S. C. M. (retired 31. 5. 72)

District Nurses

E. C. Bassant, S. R. N.
D. F. Brittain, S. R. N. (commenced 3. 7. 72)
K. Burton, S. R. N., S. C. M.
E. M. Chambers, S. R. N.
J. C. Crane, S. R. N. (commenced 4. 9. 72)
J. P. Davis, S. R. N.
M. M. Ellis, S. R. N.
O. Fenske, S. R. N.
E. J. Flynn, S. R. N. (retired 20. 6. 72)
B. D. Frapple, S. E. N.
J. M. Howard, S. R. N.
E. M. Masson, S. R. N.
M. H. Rayner, S. R. N., S. C. M.

I. Read, S. R. N.

S. R. Stenhouse, S. R. N.

K. T. Stoves, S. R. N.

M. Turpin, S. R. N. (resigned 30. 6. 72)

K. Wales, S. R. N., S. C. M.

E. B. Willoughby, S. R. N.

Chiropodist

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

Old People's Liaison Officer

F. S. Booker

Chief Administrative Assistant

S. Pett, T. D.

Senior Administrative Assistant

M. M. McKeen (retired 19. 12. 72)

R. Thomas

Clerks

P. J. Deacon (S. H. S.)

B. Taylor

A. D. Frost

A. Wyatt (D. H. S.)

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

L. S. Saxton

J. Parish

N. Pett (clinic clerk - D. H. S.)

E. Dwyer (clinic clerk - D. H. S.)

M. O. H. Secretary

V. Mortlock

Shorthand Typist

F. Buck (commenced 11. 9. 72)

N. B.

D. H. S. - Delegated Health Service

S. H. S. - School Health Service

GENERAL HEALTH STATISTICS

Area in acres (land)	11,123
Rateable value (April 1972)	£3,300,091
The sum represented by a penny	132,800

In 1972/73 the total rate was 74 2p and the water rate 9p in the £

Extracts from vital statistics:

Total population (Registrar-General)	30,720
--------------------------------------	--------

Live births:

Number of live births	1,651
Rate per 1,000 of the estimated civilian population	18.2
Illegitimate live births per cent of total live births	6

Stillbirths:

Number of stillbirths	21
Rate per 1,000 total live and stillbirths	15
Total live and stillbirths	1,672
Infant deaths (deaths under 1 year)	28

Infant Mortality Rates:

Total infant deaths per 1,000 total live births	17
Legitimate infant deaths per 1,000 legitimate live births	17
Illegitimate infant deaths per 1,000 illegitimate live births	10
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	12
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	24

I. Read, S.R.N.

S.P. Stanbom, S.R.N.

GENERAL HEALTH

K. Wales, S.R.N., S.C.M.

E.R. Willoughby, S.R.N.

STATISTICS

Old People's Liaison Officer

J. G. Archer

Chief Administrative Assistant

S. Pitt, T.D.

Senior Administrative Assistant

M. M. McKee (retired 12.12.72)

V. Thomas

Clerks

F. J. Gorman (S.H.S.)

S. Taylor

A. D. Pitt

A. Wheat (D.H.S.)

L. O'Connor (D.H.S.)

L. G. Saxon

J. Pugh

N. Fox (clinic clerk - D.H.S.)

E. Dwyer (clinic clerk - D.H.S.)

M.O.N. Secretary

V. Mortlock

Shorthand Typist

F. Buck (commenced 11.9.72)

N.A.

D.H.S. - Delegated Health Services

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 1972)	£3,300, 091
The sum represented by a penny rate (1972/73)	£32, 800

In 1972/73 the total rate was 74. 2p and the water rate 9p in the £

Extracts from vital statistics:

Total population (Registrar-General)	90, 720
--	---------

Live births:

Number of live births	1, 651
Rate per 1, 000 of the estimated civilian population	18. 2
Illegitimate live births per cent of total live births	6

Stillbirths:

Number of stillbirths	21
Rate per 1, 000 total live and stillbirths	13
Total live and stillbirths	1, 672
Infant deaths (deaths under 1 year)	28

Infant Mortality Rates:

Total infant deaths per 1, 000 total live births	17
Legitimate infant deaths per 1, 000 legitimate live births	17
Illegitimate infant deaths per 1, 000 illegitimate live births	10
Neo-natal mortality rate (deaths under 4 weeks per 1, 000 total live births)	12
Early neo-natal mortality rate (deaths under 1 week per 1, 000 total live births)	12
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1, 000 total live and stillbirths	24

Maternal Mortality (including abortion):

Number of deaths	-
Rate per 1,000 total live and stillbirths	0.0

Deaths (all causes):

Rate per 1,000 of the estimated civilian population ..	9.8
--	-----

	Males			Females		
	Total	Legit.	Illegit.	Total	Legit.	Illegit.
Live births	860	802	58	791	745	46
Stillbirths	10	9	1	11	11	-
<u>Deaths of Infants</u>						
Under 1 year of age ..	16	16	-	12	11	1
Under 4 weeks of age ..	11	11	-	9	9	-
Under 1 week of age ..	11	11	-	8	8	-

Analysis of Infant Deaths during 1972

Cause of Death	Age at Death	
	Total under 1 month	Total under 1 year
Congenital malformations	5	6
Pneumonia	1	1
Birth injury, difficult labour, etc.	5	5
Enteritis	1	1
Other respiratory diseases	-	3
Other causes	8	12
Total	20	28

Causes of death for the year 1972 as provided by the Registrar General

Deaths of infants under 1 year numbered 28 which represents an infant mortality rate of 17 per 1,000 live births.

The rate for England and Wales was 17 per 1,000 relative live births.

Death rate of infants under 1 year per 1,000 live births for Gillingham from 1968-1972:

	<u>No.</u>	<u>Rate per</u> <u>1,000</u>	<u>England and Wales</u> <u>Rate per 1,000</u>
1968	29	18	18
1969	35	21	18
1970	31	18	18
1971	15	9	18
1972	28	17	17

Maternal mortality:

There were no deaths associated with pregnancy.

239	108	44883	159	Other diseases of digestive system
37	29	59827	159	Chronic rheumatic heart disease
117	72	98245	157	Hypertensive disease
37	18	79211	157	Other diseases of heart disease
4	2	98212	156	Other diseases of circulatory system
84	33	98221	158	Influenza
48	5	07941	158	Pneumonia
15	7	7918	158	Bronchitis and emphysema
4	1	2913	157	Other diseases of respiratory system
3	1	2	157	Peptic ulcer
3	2	1	157	Intestinal obstruction and hernia
3	2	1	157	Cirrhosis of liver
5	4	1	157	Other diseases of digestive system

Causes of deaths for the year 1972 as provided by the Registrar General:

Causes of Death	Male	Female	Total
Enteritis and other Diarrhoeal diseases	1	-	1
Late effects of Respiratory T. B.	4	-	4
Other infective and parasitic diseases	-	2	2
Malignant neoplasm, buccal cavity, etc.	2	-	2
Malignant neoplasm, oesophagus	2	2	4
Malignant neoplasm, stomach	10	9	19
Malignant neoplasm, intestine	19	13	32
Malignant neoplasm, lung, bronchus	41	13	54
Malignant neoplasm, breast	-	19	19
Malignant neoplasm, uterus	-	8	8
Malignant neoplasm, prostate	8	-	8
Leukaemia	2	-	2
Other malignant neoplasms	23	18	41
Benign and unspecified neoplasms	2	-	2
Diabetes Mellitus	4	4	8
Other endocrine etc. diseases	-	1	1
Anaemias	-	2	2
Other diseases of blood, etc.	-	1	1
Multiple Sclerosis	1	3	4
Other diseases of nervous system	6	3	9
Chronic rheumatic heart disease	1	-	1
Hypertensive disease	7	16	23
Ischaemic heart disease	133	106	239
Other forms of heart disease	17	20	37
Cerebrovascular disease	45	72	117
Other diseases of circulatory system	11	16	27
Influenza	2	2	4
Pneumonia	31	33	64
Bronchitis and Emphysema	41	5	46
Other diseases of respiratory system	8	7	15
Peptic ulcer	3	1	4
Intestinal obstruction and hernia	2	1	3
Cirrhosis of liver	1	2	3
Other diseases of digestive system	1	4	5

(Contd.)

Causes of Death	Male	Female	Total
Nephritis and Nephrosis	1	4	5
Hyperplasia of prostate	3	-	3
Other diseases, Genito-urinary system	5	13	18
Diseases of skin, subcutaneous tissue	-	1	1
Diseases of Musculo-Skeletal System	3	1	4
Congenital anomalies	6	6	12
Birth injury, difficult labour, etc.	2	3	5
Other causes of perinatal mortality	5	3	8
Symptoms and ill defined conditions	-	2	2
Motor vehicle accidents	10	-	10
All other accidents	8	2	10
Suicide and self-inflicted injuries	2	2	4
Total all causes	473	420	893

Natural Increase of Population:

<u>Year</u>	<u>Natural Increase of Population</u>
1963	549
1964	651
1965	661
1966	757
1967	751
1968	697
1969	829
1970	819
1971	926
1972	758

ANALYSIS OF BIRTHS AND INFANT DEATHS FOR THE YEARS 1963 TO 1972

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Number of stillbirths	35	19	17	25	21	23	24	24	18	21
Number of neo-natal deaths	16	16	18	14	13	20	23	24	14	20
Total number of stillbirths and neo-natal deaths	51	35	35	39	34	43	47	48	32	41
Number of deaths of infants 1 to 12 months of age	15	10	10	8	8	9	12	7	1	8
Number of live births	1425	1476	1537	1580	1563	1630	1702	1696	1760	1651
Number of stillbirths	35	19	17	25	21	23	24	24	18	21
Total live and stillbirths	1460	1495	1554	1605	1584	1653	1726	1720	1778	1672

MORTALITY RATES CALCULATED PER 1,000 LIVE BIRTHS

Stillbirths	24	13	11	15	13	14	14	14	10	13
Neo-natal deaths	11	11	12	9	8	12	14	14	8	12
Perinatal deaths	33	21	22	24	19	10	11	11	7	12
Deaths of infants 1 to 12 months of age	10	7	6	5	5	5	7	4	0.6	5
Stillbirths and all deaths up to 1 year	45	30	29	29	27	31	35	32	19	29
Infant mortality per 1,000 births	22	18	18	14	13	18	21	18	9	17

Prevalence of, and Control over Infectious and Other Diseases

Table showing:- (a) The distribution in age groups of infectious disease cases notified during 1972.
 (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	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-
Infective Jaundice	7	-	-	5	-	-	2	-
Typhoid Fever	-	-	-	-	-	-	-	-

Table showing:- (a) The distribution in age groups of infectious disease cases notified during 1972.
 (b) The number removed to hospital.

Notifiable Disease	CASES NOTIFIED (Diagnosis Corrected)										Removed to Hospital
	Years										
	All Ages	Under 1	1-2	3-4	5-9	10-14	15-24	25 and Over	Age Unknown		
Scarlet fever	17	-	2	2	8	3	1	1	-	-	-
Whooping cough	2	-	-	2	-	-	-	-	-	-	-
Measles	221	11	52	62	91	2	1	-	2	-	-
Acute meningitis	1	-	1	-	-	-	-	-	-	-	-

Particulars of patients from the Gillingham area dealt with at the Chest Clinic during 1972.

(These figures were kindly supplied by Dr. O. R. McCarthy, Consultant Chest Physician).

	Adults		Children		Total	
	M.	F.	M.	F.	M.	F.
Tuberculosis:						
Pulmonary	4	8	-	-	4	8
Non-pulmonary	-	1	-	-	-	1
Total	4	9	-	-	4	9

Total attendances numbered 1331

Public Health (Tuberculosis) Regulations, 1930

	Pulmonary	Non-Pulmonary	Total
Number on Register at 1st January, 1972	335	77	412
Number on Register at 31st December, 1972	323	77	400

Notifications:

Table compiled from local records, giving details with regard to sex, age, etc. of notified new cases during 1972.

Age Periods	New Cases			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
Under 5 years	1	1	-	-
5-14 years	-	-	-	-
15-24 years	1	2	1	1
25-44 years	1	2	1	1
45-64 years	1	2	-	-
65 and over	2	1	-	-
Total	6	8	2	2

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
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
1971	0.03	0.02	0.01
1972	0.04	0.04	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:

<u>New Patients - Gillingham:</u>		Adults	Children	Total
		M	F	M
Syphilis	.. ..	..	..	3
Gonorrhoea	.. M ..	..	..	51
Other Genital Conditions		..	..	95
Other Conditions	.. ..	..	..	111
				<u>260</u>
		Total	.. ..

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	All Forms	Pulmonary	Non-Pulmonary
1972	0.04	0.04	0.00
1971	0.03	0.03	0.01
1970	0.01	0.01	0.00
1969	0.01	0.01	0.00
1968	0.04	0.04	0.00
1967	0.01	0.01	0.00
1966	0.05	0.05	0.00
1965	0.11	0.11	0.00
1964	0.01	0.00	0.01
1963	0.08	0.05	0.03

ENVIRONMENTAL HEALTH SERVICES

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Purpose and Nature of Work made during the Year

Category	Number of Cases
Housing	
General Housing Purposes	1233
House in multiple occupation	25
Overcrowding	31
Improvement Orders	3238
Food Control	
Food Hygiene Requirements	585
Food Sampling	20
Unsound Food	187
Food Complaints	136
Milk	90
Ice Cream	15
Atmospheric Pollution	
Smoke Control	105
Water	
Offices, shops, etc.	968
Factories	77
Consumer protection	42
Rodent and Pest control	1155
Drainage, etc.	1258
Noise	115
Infectious diseases	126
Public Health nuisances	1627

Vaccinal Diseases

I have the honor to acknowledge the receipt of the Hospital and Gravesend Hospital, for the following figures:

New Patients - Gillingham:

- Syphilis
- Gonorrhoea
- Other General Conditions
- Other Conditions

Nursing Homes - Public Health Act, 1936

There was 1 nursing home on the register at the end of the year, which provided 25 beds for aged persons.

National Assistance Act, 1948 (Section 47)

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

ENVIRONMENTAL HEALTH SERVICES

During the first half of the year the establishment of the public health inspectorate was inadequate to deal effectively with all the responsibilities of the Public Health section of the department but 3 public health inspectors were appointed during the summer and the backlog of work on grants, food hygiene was dealt with during the second half of the year.

PUBLIC HEALTH INSPECTION OF THE DISTRICT

Purpose and Number of Visits made during the Year

Housing							
General Housing Purposes .. .. .	..	..	..	..	..	..	1238
Houses in multiple occupation .. .. .	..	..	..	..	..	..	26
Overcrowding .. .. .	..	..	..	..	..	..	31
Improvement Grants .. .. .	..	..	..	..	..	..	3238
Food Control							
Food Hygiene Requirements .. .. .	..	..	..	..	..	..	665
Food Sampling .. .. .	..	..	..	..	..	..	20
Unsound Food .. .. .	..	..	..	..	..	..	187
Food Complaints .. .. .	..	..	..	..	..	..	136
Milk .. .. .	..	..	..	..	..	..	20
Ice Cream .. .. .	..	..	..	..	..	..	15
Atmospheric Pollution							
Smoke Control .. .. .	..	..	..	..	..	..	105
Water							
Offices, shops, etc. .. .. .	..	..	..	..	..	..	966
Factories .. .. .	..	..	..	..	..	..	77
Consumer protection .. .. .	..	..	..	..	..	..	42
Rodent and Pest control .. .. .	..	..	..	..	..	..	1195
Drainage, etc. .. .. .	..	..	..	..	..	..	1258
Noise .. .. .	..	..	..	..	..	..	115
Infectious diseases .. .. .	..	..	..	..	..	..	126
Public Health nuisances .. .. .	..	..	..	..	..	..	1527

Public Conveniences	200
Pet Animals	10
Caravans	66
Riding Establishments, Piggeries, etc.	21
Diseases of Animals	22
Number of Complaints investigated	2483
Miscellaneous	208

Notices served during the year

Informal	
Housing	88
Formal	
Housing Acts	2
Public Health Acts	98
Gillingham Corporation Act	16

HOUSING

The preliminary survey of the housing stock of the borough made in 1967 revealed the need for detailed house to house inspection of the older areas of the town and surveys of the worst areas were made in 1967 and 1968.

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.

The work of the department in relation to the older houses in the private sector falls conveniently under four headings although all four are in varying degrees related to each other, these are improvement grants, area surveys, general improvement areas and slum clearance.

Improvement Grants

105 applications for standard grants and 179 for improvement (discretionary) grants, a total of 284, were received during the year, this total would have been greater had the staffing position made it possible to deal more quickly with grant enquiries.

The table below shows the position since the Health Department took over responsibility for the improvement of houses in the borough in 1970:-

	<u>Standard</u>	<u>Discretionary</u>	<u>Total</u>
1970 (applications) ..	162	120	282
1970 (completed) ..	126	95	221
1971 (applications) ..	129	168	297
1971 (completed) ..	117	121	238
1972 (applications) ..	105	179	284

Analysis of Grant Applications for 1971:-

	<u>Standard</u>	<u>Discretionary</u>	<u>Total</u>
Number of Applications ..	129	168	297
Improvements completed ..	117	121	238
Grants refused	-	2	2
Cancelled by Applicant ..	7	8	15
Time extended (awaiting completion)	1	3	4
Time expired	14	2	16
Awaiting approval (requirements not complied with)	4	4	8

Area Surveys

The detailed house to house inspection of 190 houses in the Fox Street area was completed early in the year, 8 dwelling houses and 3 parts of buildings used for dwelling purposes were found to be unfit for human habitation and were dealt with individually.

During the year 74 dwellings in the Jubilee Terrace area and 81 dwellings in Layfield Road area were surveyed in detail, and one house in each area was found to be unfit and dealt with.

General Improvement Areas

The St. Mary's Area consisting of 151 houses and 9 shops with living accommodation was surveyed in detail in 1969 and the Council declared the

St. Mary's General Improvement Area on 22nd September, 1970. The environmental improvements commenced in August 1972 and were nearing completion at the end of the year.

It was considered that the area to the north of and adjoining the St. Mary's Area would be the most suitable for both housing improvement and environmental improvement as the next Improvement Area. The area contains approximately 550 dwellings and the physical layout makes planning the area comprehensively essential and the necessary survey commenced in November.

Slum Clearance

The surveys of the Fox Street, Jubilee Terrace and Layfield Road areas for housing improvement dealt with in 1972 did not reveal any areas that needed clearance.

General

Representations were made in respect of 14 individual unfit houses or parts of houses. 1 demolition order and 13 closing orders were made. 7 closing orders were determined after the houses had been made fit for human habitation.

15 applications were received during the year for qualification certificates or provisional qualification certificates - all the dwellings were inspected, 8 qualification certificates and 7 provisional certificates were issued.

Houses in Multiple Occupation

26 inspections were made during the year and any necessary improvements we 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

15 complaints were received, all were fully investigated and in 4 cases overcrowding was confirmed and the necessary steps were taken to abate the overcrowding.

Repairs and General Housing Matters

CONTROL OF FOOD AND FOOD PREMISES

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 as follows:-

Inspection of Dwelling Houses during the year

Number of houses inspected for housing defects	253
Number of inspections made for the purpose	985
Number found to be unfit for habitation	13
Number found not to be in all respects reasonably fit for habitation	135

Remedy of defects by informal action

Number of houses rendered fit as a consequence of informal action..	16
---	----

Action under statutory powers

(a) under the Public Health Acts

Number of houses in respect of which notices were served ..	114
Number of houses in which defects were remedied after service of formal notice:	
By owners ..	26
By local authority	88

(b) under the Housing Acts

Number of demolition orders made	1
Number of closing orders made	13
Houses demolished as a result of formal action	9
Closing orders determined	7

Common Lodging Houses

There are no common lodging houses in the borough.

CONTROL OF FOOD AND FOOD PREMISES

Food Hygiene

There are 575 premises in the borough from which food is sold classified in the following main categories:-

Type of Business	Number of Premises	Inspections Made
Public Houses and Off Licences	100	109
Cafes, Restaurants	29	145
Fishmongers	30	24
Baker/Bakehouses	22	20
Butchers	48	36
Grocers	160	229
Fruiterers, etc.	43	37
Canteens	39	32
Confectioners and Tobacconists	84	31
Chemists	20	2

It was possible for only 665 inspections of food premises to be made and of these 408 were undertaken during the last quarter of the year; this was because 3 public health inspectors took up their appointments in the second half of the year. To improve and maintain the standard of food hygiene in the borough it is necessary for about 1600 inspections to be made annually.

There are 125 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.

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

Food and Drugs - Sampling, etc.

198 samples of various foods and 1 sample of a drug 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 ..	14	-	Drugs	1	-
Fruit & Fruit products	28	2	Meat products ..	49	1
Cereals & Cereal products	24	2	Vegetable products ..	22	1
Sugar products ..	7	-	Soft drinks	4	-
Fermentation products	10	-	Fish products	15	-
Coffee, Cocoa, Tea	5	-	Spices, etc.	7	-
Special foods ..	11	-	Oil and fat products	2	-

The following samples were found to be unsatisfactory:-

1. Pork Chipolatas contained 48 per cent meat as opposed to the minimum of 65 per cent. Manufacturers agreed to take steps to ensure that sausages are up to the required standard.
2. One beetle larva was found in dates, this was taken up with the importers.
3. Blackcurrant jam contained 62.5 soluble solids as opposed to 68.5 per cent. Manufacturers agreed to maintain the required standard in future.
4. Labelling of a soup was in a foreign language and no list of ingredients was given. The retailer withdrew stock from sale.
5. The amount of chalk in plain flour was 50 mg/100 g. whereas it should be between 235 and 390 mg/100g. Manufacturers have instituted a new system which has resulted in a greater consistency.
6. Calcium in biscuits was in excess of the amount declared; viz: 105mg/oz. as opposed to 60mg/oz. Manufacturers agreed to maintain a closer control.

Ice Cream

There were 5 manufacturers and 239 retailers of ice cream on the register at the end of the year and 15 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.

Food Poisoning and Associated Infections

I am pleased to report that no cases of food poisoning or associated infections were notified during the year.

Food Complaints

There was a marked increase in the number of food complaints received during the year, 71 compared with 39 in 1971 and 42 in 1970.

In 7 cases the food was found to be satisfactory, the remaining 64 were all fully investigated and the 7 detailed below were of a sufficiently serious nature to warrant consideration by the Health Committee.

1. Fly in Brown Loaf, the manufacturer was fined £30 with £10 costs.
2. Stale and Mouldy Pie, the retailer was fined £15 with £5 costs.
3. Stale and Mouldy Cream Slice, the retailer was fined £50 with £15 costs.
4. Beetle in Loaf, the manufacturer was fined £10 with £5 costs.
5. Stale and Mouldy Chocolate Eclair, the retailer was fined £30 with £5.25 costs.
6. Stale and Mouldy Cornish pasties, the retailer was fined £25 with £5 costs.
7. Stale and Mouldy Bread rolls, the manufacturer was fined £25 with £10 costs.

Milk

All the milk distributed in Gillingham is produced and bottled outside the borough. There are 3 depots and 164 other distributors such as retail shops.

At the end of the year 325 licences issued under the Milk (Special Designation) Regulations 1963/1965 were in operation.

Pasteurised milk	141
Sterilised milk	119
Ultra heat treated milk	65

Milk supplies - Brucella Abortus

No premises in the borough are licensed under the Milk (Special Designation) Regulations 1963 to sell untreated milk. 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 4½ tons of various foods were inspected and found to be unfit for human consumption.

ATMOSPHERIC POLLUTION

The Council has already agreed in principle to include the whole of the borough in smoke control areas and the provisional date for completing the programme was 1970. The programme has been held up at various times for a number of reasons, such as the shortage of suitable fuels and the need to dovetail with an adjoining authority. The public inquiries on areas 4 and 5 and financial restrictions delayed proceedings considerably and more recently have halted progress yet again.

The survey for Smoke Control Area 6 will commence as soon as the necessary financial provision for its implementation has been made, probably early in 1973.

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	6054	1st November, 1962
2	1946	2012	1st November, 1963
3	1002	1795	1st November, 1965
4	292	1482	1st July, 1967
5	4261	2179	1st July, 1970

105 visits were made during the year for the inspection of industrial installations following complaints and for routine observations in smoke control areas.

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

SHOPS, OFFICES, FACTORIES

Offices, Shops & Railway Premises Act 1963

There were 571 premises on the register at the end of 1971. Inspections are made for the registration of new premises, registration following changes in occupation, routine re-inspections and accident investigation. Contraventions were brought to the attention of occupiers and owners and co-operation was again very good: in no case was it necessary to institute legal proceedings and no exemption was issued. A total of 936 inspections and visits were made during the year.

Registrations and General Inspections

Class of Premises	No. registered during the year	Total No. registered at end of year	No. receiving general inspection
Offices	20	140	136
Retail Shops	52	390	374
Wholesale shops, Warehouses	1	8	8
Catering establishments	3	32	26
Fuel Storage premises	-	1	1
Totals	76	571	545

Analysis by Workplace of Persons Employed in Registered Premises at the end of the year:-

Class of Workplace	No. of Persons Employed
Offices	1038
Retail Shops	1939
Wholesale shops, Warehouses	149
Catering establishments, Canteens	359
Fuel Storage Depots	7
Total	3492
Total Males	1152
Total Females	2340

Accidents in Offices, Shops, etc.

3 accidents were reported in 1972 the same number as in the previous year, the cause of the accident in each case was considered to be carelessness on the part of the employee.

Summary of Accident Statistics for 1972

Type of Premises	No. of Accidents		Number Investigated	No. due to contravention	Number fatal
	Males	Females			
Offices	-	-	-	-	-
Retail shops	1	2	3	-	-
Wholesale shops, Warehouses	-	-	-	-	-
Catering establishments, canteens	-	-	-	-	-
Fuel Depots	-	-	-	-	-
Totals	1	2	3	-	-

Summary of Contraventions Found

Contraventions	Offices	Shops (Retail)	Wholesale Shops and Warehouses	Catering Establishments	Fuel Stores etc.	Totals
Thermometers	10	31	-	-	-	41
First-aid Requirements	6	22	-	4	-	32
Hot or Warm Water ..	2	7	-	-	-	9
Washbasin and sinks ..	2	-	-	-	-	2
Sanitary conveniences	1	-	-	1	-	2
Repairs or markings of						
S. C.	1	8	-	-	-	9
Heating	-	6	-	-	-	6
Lighting	-	5	-	-	-	5
Ventilation	-	4	-	-	-	4
Overcrowding	-	-	-	-	-	-
Guards on machinery ..	-	1	-	-	-	1
Seating facilities ..	-	1	-	-	-	1
OSRG Notices	17	43	-	3	-	63
Handrails	4	-	-	-	-	4
Cleanliness/Redecorations	2	7	-	-	-	9
Drinking water supply..	-	2	-	-	-	2
Disposal Bins	-	-	-	-	-	-
Lifts and hoists	-	-	-	-	-	-
Soap and towels ..	1	-	-	-	-	1
General repairs	3	4	-	-	-	7
Total contraventions	49	141	-	8	-	198

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	-	-	-	-	-	-
Hot or Warm Water ..	2	-	-	-	-	2
Washbasin and sinks ..	1	-	-	-	-	1
Sanitary Conveniences	-	-	-	-	-	-
Repairs or markings of S. C.	-	-	-	-	-	-
Heating	-	-	-	-	-	-
Lighting	-	-	-	-	-	-
Ventilation	-	2	-	-	-	2
Overcrowding	-	-	-	-	-	-
Guards on machinery ..	-	-	-	-	-	-
Seating facilities ..	-	-	-	-	-	-
OSRG Notices	-	-	-	-	-	-
Handrails	-	-	-	-	-	-
Cleanliness/Redecorations	3	2	-	-	-	5
Drinking water supply	-	-	-	-	-	-
Disposal Bins	-	-	-	-	-	-
Lifts and hoists	-	-	-	-	-	-
Soap and towels	-	-	-	-	-	-
General repairs	-	-	-	-	-	-
Total contraventions	6	4	-	-	-	10

Factories

The staffing position allowed only 77 inspections to be made, an improvement on the 18 inspections made during 1971 and the 28 made in 1970. Regular routine inspections are necessary if the standard is to be maintained and improved.

The tables prescribed by Circular 1/73 are given below:-

Prescribed Particulars on the Administration of the Factories Act, 1961

Part I of the Act

1 - Inspection 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
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	2	-	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the local authority.	190	77	-	-
(3) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises).	10	-	-	-
Total	202	77	-	-

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	-	-	-	1	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	-	-	-	1	-

Outworkers

43 outworkers were on the August list as required by Section 133 of the Factories Act 1961 and all were engaged in the making of wearing apparel. 15 inspections were made and no premises were found to be in a dirty or unwholesome condition.

RODENT AND PEST CONTROL

Rodents

The total number of complaints and notifications showed little change from 1971 but there was a marked increase in the rat complaints and a correspondingly marked decrease in the mouse complaints.

	<u>Rats</u>	<u>Mice</u>	<u>Total</u>
1972	359	346	705
1971	291	431	722
1970	123	184	307
1969	225	188	413
1968	229	138	367

Warfarin resistant mice are so widespread in the Borough that this rodenticide has not been used for the last two years; alternative baits and poisons are being used to good effect.

Warfarin is effective against rats and none resistant to this rodenticide have been found in the area; latest reports indicate that the nearest are still five miles from the southern boundary.

Ship (black) rats were reported on 2 occasions during the early part of the year in each case only one rat was caught, trapping and baiting revealed no further evidence at either site.

The number of premises inspected and treated during the year was as follows:-

<u>Non-Agricultural</u>	<u>Number infested with rats</u>	<u>Number infested with mice</u>	<u>Negative</u>
831	200	308	323
<u>Agricultural</u>			
57	48	2	7

Apart from notifications, premises and areas of land were regularly surveyed where rodents were suspected, with the following results:-

<u>Premises surveyed</u>	<u>Number infested with rats</u>	<u>Number infested with mice</u>	<u>Negative</u>
221	44	109	68
<u>Land surveyed</u>			
102	54	17	31

The main public sewers are known to be in a satisfactory condition following several treatments since 1969 with fluoracetamide. During 1972 sewer treatments were concentrated in the small sewers running at the rear of houses, 767 chambers were baited of which complete takes were recorded in 287.

The total number of visits made during 1972 for rodent control purposes, inspections, surveys, treatment and revisits was 4,033 compared with 4,340 in 1971 and 3,000 in 1970.

Other Pest Control

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

Ants	21	Cockroaches	4
Fleas and bugs	54	Other pests	26
Pigeons	6		

<u>Number infested with rats</u>	<u>Number infested with mice</u>	<u>Negative</u>
200	308	323

48 notices were on the August list as required by Section 133 of the Factories Act 1961 and all were engaged in the making of wearing apparel. 15 inspections were made and no premises found to be in a dirty or unwholesome condition.

GENERAL PUBLIC HEALTH MATTERS

Swimming Pools

10 swimming pools and the Strand paddling pool were in regular use during the season and frequent bacteriological samples were taken. 7 slightly unsatisfactory results were obtained due to a low residual chlorine content and adjustments quickly gave the necessary improvement.

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	20	-	-	1
Strand Paddling Pool ..	10	4	2	1
Fairview School	2	-	-	-
Grammar School	2	-	-	-
Wakeley Road School ..	4	-	-	-
Upbury Manor School ..	4	1	-	2
Westbrook School	2	-	-	-
Orchard Street School ..	4	-	-	-
Hempstead School	4	-	-	-
Thames View School	2	-	-	-
Medway Hospital	2	-	-	-
Total	56	5	2	4

Drainage

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

Inspections - public sewers	385
Inspections - drains	598
Reinspections	207
Smoke tests	57

Water tests	113
Drains repaired, altered or reconstructed ..	7
Sewers repaired, altered or reconstructed ..	7
Cesspools emptied (1st January to 31st March)	47
Cesspools - number of loads removed (1st January to 31st March)	130
Choked drains and sewers cleansed	1286

Responsibility for the emptying of cesspools passed to the Borough Engineer on the 1st April, 1972.

Infectious Disease

7 cases of infective hepatitis were notified during the year compared with 4 cases in 1971 and 40 in 1970.

126 visits were made for the purposes of investigating notified cases of infectious disease and suspected gastro enteritis including many to local residents who had possibly been in contact with cases whilst on holiday in Southern Europe or North Africa.

Diseases of Animals

The Council has been responsible for the routine administration of Diseases of Animals since 1st April, 1969. There were no confirmed outbreaks of notifiable diseases during the year, 1 case of suspected rabies in a fox was investigated but proved negative.

There are 7 piggeries in the borough, the occupiers of 5 being 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. A total of 43 visits were made under the Diseases of Animals Acts during the year.

Keeping of Animals, etc.

There are no riding establishments in the borough.

7 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.

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

Scrap Metal Dealers Act 1964

There were 2 dealers on the register at the end of the year.

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. Inspectors are usually successful in persuading them to move fairly quickly but difficulty was experienced at two sites. 66 visits for this purpose were made during the year.

Noise Abatement

The Public Health Act 1936 as amended by the Noise Abatement Act 1960 makes the nuisance from noise or vibration a statutory nuisance. Complaints are received from the occupiers of houses and offices in close proximity to industrial premises and other premises such as Clubs, in most cases the necessary improvements were rapidly effected by co-operation with the occupiers of the premises. 115 visits were made in connection with noise control in 1972.

SEWERAGE AND SEWAGE DISPOSAL

Sewerage

The arrangements for sewerage and sewage disposal in the borough are reasonably adequate. Against 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.

During August of 1972 a start was made on the £571,800 contract to erect buildings and instal equipment to chemically treat and hydraulically press liquid sludge. This process will enable sludge to be treated under "factory" conditions producing a "dry" cake (50% - 55% moisture content) in a matter of hours rather than weeks or months as presently occurs. The plant is believed to be one of the largest in the south of England, and will cater for an area with a population of 250,000, but provision has been made for future extension if proved necessary.

The large building will house twelve 75 chamber fully mechanised side bar presses, a complex range of chemical mixing equipment, many varied types of pumps, and ancillary equipment. Each press weighs about 40 tons and will produce about 3 to 4 tons of dried sludge cake on each drop. The cake can then be stored, ground, and possibly bagged, to provide an outlet as fertiliser if demand indicates. The process should be fully operational by the Autumn of 1973.

Thought has been directed to the next phase of extensions, bearing in mind the rapid expansion of the population in the Medway Towns. Efforts will be made to considerably improve on the standard of effluent currently discharged to the river, probably by the inclusion of secondary treatment. It is anticipated that work in this field would commence towards the end of 1973.

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	50	None	None
Gore P. S. - treated water	50	None	None
Luton P. S. - untreated water	52	3	None
Luton P. S. - treated water	52	None	None
Matts Hill P. S. - untreated water	99	86	67
Matts Hill P. S. - treated water	94	None	None
Rainham P. S. - untreated water	49	None	None
Rainham P. S. - treated water	50	None	None
Snodhurst P. S. - untreated water	46	2	None
Snodhurst P. S. - treated water	46	None	None
Belmont Scheme - treated water	50	None	None

SEWERAGE AND SEWAGE DISPOSAL 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	7.3	7.1	8.0	7.1	7.2
Electric conductivity	615	555	510	430	535	520
Alkalinity (as CaCO ₃)	280	270	265	203	270	260
Temp. hardness	264	245	240	32	255	248
Perm. hardness	60	53	40	13	37	36
Total hardness	324	298	280	45	292	284
Chloride (as Cl)	28	28	21	27	23	21
Ammoniacal N	Nil	Nil	Nil	0.34	Nil	Nil
Albuminoid N	Nil	Nil	Nil	Nil	Nil	Nil
Nitrate N	7.2	7.8	4.0	Nil	4.3	3.6
Nitrate N	Nil	Nil	Nil	Nil	Nil	Nil
KMnO ₄ oxygen	0.08	0.07	0.07	0.16	0.10	0.12
Residual chlorine	0.05	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	0.26	Nil	Nil
Number of samples examined during 1972	4	4	7	4	4	4

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.

Fluoridation of Water Supplies.

The fluoridation of water supplies has not yet been approved by the County Council.

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

Parameter	Treatment of Water Supplies					
	Great Ouse	Great Ouse	Great Ouse	Great Ouse	Great Ouse	Great Ouse
Turbidity	Nil	Nil	Nil	Nil	Nil	Nil
Colour	Nil	Nil	Nil	Nil	Nil	Nil
pH	7.1	7.3	7.1	7.2	7.1	7.2
Electric conductivity	435	455	430	430	435	420
Alkalinity (as CaCO ₃)	280	270	265	263	270	260
Temp. hardness	264	245	240	32	265	248
Perm. hardness	53	53	40	13	57	38
Total hardness	324	298	280	45	322	284
Chloride (as Cl)	28	28	21	27	23	21
Ammoniacal N	Nil	Nil	Nil	0.34	Nil	Nil
Albuminoid N	Nil	Nil	Nil	Nil	Nil	Nil
Nitrate N	7.2	7.8	4.0	Nil	4.3	3.8
Nitrite N	Nil	Nil	Nil	Nil	Nil	Nil
KMnO ₄ oxygen	0.08	0.07	0.07	0.18	0.10	0.12
Residual chlorine	0.05	0.06	0.05	0.30	0.07	0.05
Iron (as Fe)	Nil	Nil	Nil	Nil	Nil	Nil
Fluoride (as F)	Nil	Nil	Nil	0.26	Nil	Nil
Number of samples examined during 1972	4	4	7	4	4	4

All the Board's sources of supply have been examined specifically for plumbic-solvent action and in one instance was a tendency to be plumbic-solvent found.

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

DELEGATED HEALTH SERVICES

The following services under the National Health Service Act were administered by the delegated health authorities:

National Health Service Act 1946

Section 22

23

24

25

26

28

DELEGATED HEALTH SERVICES

DELEGATED

HEALTH

SERVICES

DELEGATED HEALTH SERVICES

The following sections of the National Health Service Act were administered by the delegated health services in Gillingham during 1972:-

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

COMMUNITY NURSING SERVICES

The integrated nursing services established in the town in 1971 under the Mayston Report continued their work during the year under the direction of the Area Nursing Officer from April 1972.

Further nursing officer appointments recommended by the Mayston Report were considered during the year and the first of these appointments implemented in October. A community nursing department has, therefore, been formed with the necessary clerical support.

The task of completing the attachment of community nursing teams to general practices throughout the borough was achieved in 1972. For the first time in several years we had full establishment of health visitors who were thus able to join their district nursing, midwifery and family practitioner colleagues in giving a more co-ordinated service to the families in their care.

The nursing services are responsible for medical and nursing aids used in the home care of patients - a responsibility which remained with the Health Department after the revocation of Social Services legislation.

Health Education

The health visitors and midwives are already very involved in these activities, the former in schools and with outside organisations, the latter in ante-natal clinics.

The district nurse also has a role to play in education on standards of health care with the patients in their practices and increasingly in informing the general practitioners in preventive health measures.

A health education course was held at the Adult Centre, Gardiner Street from January to April this year.

In September three members of the health visiting staff attended an intensive residential course at Eversleigh College, Folkestone and a midwife attended a non-residential course at Ashford.

No major health education programmes have been undertaken and the increasing demands from the schools and the community for expert help in the field of health education makes it imperative that staff be given the opportunity to keep up to date on new methods and to add to their expertise but this requires finance and increases in staff as this is a time consuming, specialised field. It is however only through health education of the public in all age groups that preventive health measures can be effective.

Hospital Liaison

The long established liaison that the health visitors have with the paediatric and midwifery departments at All Saints' Hospital was extended by the district nurses to the Medway Hospital and to all age groups. This will be very valuable in the coming year as an integrated nursing service takes place within a unified health service in preparation for 1974.

In the case of the young child, the close connection of the district nursing services with the hospital has been evidenced by their assumption of responsibility in post operative supervision and thus shortening the period of the child's separation from home and family.

In relation to the elderly separation can be equally distressing and concern by the patient in hospital about the partner left alone at home can inhibit the best curative efforts of medical and nursing staff.

We have been able to allay these anxieties by visiting the home, assessing any needs that may have arisen and meeting them with provision of domiciliary nursing care, nursing aids and medical loans and, through the Social Services, with home helps and meals on wheels.

This liaison is important as an information service between the hospital and the primary care team when patients living alone are being discharged and there is more possibility of arranging for the domiciliary nursing and social services to be made available.

Hospital contact with the community is made through the planned three day visits of third year student nurses. They each spend a day accompanying members of the three nursing services in order to acquire some knowledge of the social aspects of disease.

Health Visiting

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

To expectant mothers	123
To children under 1 year	6,568
To children aged under 5 years	10,342
To children between 5 - 16 excluding those seen as part of S. H. S.	387
To patients with tuberculosis	214
Other visits (hospital care, care of old people, children at risk, etc.)	3,418
Total visits	21,052

Screening tests of hearing were carried out by health visitors on 1,216 children under 5 years of age during 1972; 4 were referred for further investigation.

Domiciliary Midwifery

The 13 midwives in the borough attended 400 home confinements during the year and paid 2,125 visits to 464 patients who had been confined in hospital and discharged home before the tenth day.

Relaxation and Mothercraft Classes

There continues to be a large demand for ante-natal education 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. Matthew's Community Hall Wigmore	Monday p. m.

There were 2,876 attendances by ante-natal patients at relaxation classes during the year.

CHILD HEALTH SERVICES

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	3rd in the month	Friday p. m.

The total attendances at child health clinics during the year were 18,312 covering 4,401 children; of these 1,327 under one year of age attended for the first time during this period.

Relaxation and Mothercraft Classes

There continues to be a large demand for ante-natal education classes for expectant mothers.

At four centres, Balmoral Gardens, Holding Street, Twydall and Wignote relaxation classes for expectant mothers are held at regular intervals by the

Attendances at clinics were as follows:-

Clinic	Average Attendance per Session	New Cases				Total Attendances	Sessions
		Born in					
		1972	1971	67-70	Totals		
Balmoral Gardens	50	473	466	581	1520	5349	107
Holding Street	40	302	362	379	1043	4093	103
Twydall	34	201	214	264	679	3365	100
Hempstead	23	20	33	40	93	277	12
Parkwood	51	331	422	313	1066	5228	103
Total		1327	1497	1577	4401	18312	425

Special Care of Premature Infants

During the year notifications were received of 100 babies who weighed $5\frac{1}{2}$ lbs 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			
	Nursed entirely at home or in a nursing home					Transferred to hospital on or before 28th day					Born			
	Died		Total births			Died		Total births			Died		Born	
	within 24 hours	in 1 and under 7 days	in 7 and under 28 days		within 24 hours	in 1 or under 7 days	in 7 and under 28 days		within 24 hours	of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
1. 2lb. 3oz. or less	2	2	-	-	-	-	-	-	-	-	-	-	3	-
2. 2lb. 3oz. up to and inc. 3lb. 4oz.	9	2	2	-	-	-	-	-	-	-	-	-	4	1
3. Over 3lb. 4oz. up to and inc. 4lb. 6oz.	18	3	-	-	1	-	-	-	-	-	-	-	2	-
4. Over 4lb. 6oz. up to and inc. 4lb. 15oz.	17	-	1	-	1	-	-	-	-	-	-	-	-	-
5. Over 4lb. 15oz. up to and inc. 5lb. 8oz.	31	-	-	-	21	-	-	-	-	-	-	-	2	-
6. Total	77	7	3	-	23	-	-	-	-	-	-	-	11	1

HOME NURSING SERVICE

FAMILY PLANNING SERVICES

At the 31st December, 1972 there were 17 district nurses employed in the borough.

		Patients who were 65 or over at the time of the first visit in 1972	Children who were under 5 at the time of the first visit in 1972
No. of patients attended	2,621	1,114	106
No. of nursing attendances made by district nurses	34,511	21,991	85

The table shows that there has been a significant increase in the numbers of patients attended which is related to the increase in early discharges from hospital and the increase in the domiciliary care of the elderly.

FAMILY PLANNING SERVICES

HOME NURSING SERVICE

The local authority family planning clinics commenced in October and the following figures give details of the work carried out for the last quarter of the year:-

Number of sessions	39
Number of new patients seen	362
Total attendances	471

Weight at birth	Born in hospital					Total
	1. 2 1/2 lbs. and less	2. 2 1/2 lbs. up to and inc. 3 1/2 lbs.	3. Over 3 1/2 lbs. up to and inc. 4 1/2 lbs.	4. Over 4 1/2 lbs. up to and inc. 5 1/2 lbs.	5. Over 5 1/2 lbs. up to and inc. 6 1/2 lbs.	
	18	17	31	17	17	79

CHILDREN AT RISK

In 1972 there were 1,862 children under five years of age on the At Risk Register: 623 under one year; 1,239 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.

Increasingly all children attending the child health clinic are given a full developmental check by the medical officers in department and seen at regular intervals until they reach school age.

SPECIAL CARE CLINIC

As a Special Care Clinic the assessment of handicapped children under 5 started in Gillingham in 1965 held at Twydall Clinic on 3 mornings a week. Children from Gillingham attended, the numbers ranging from 31 in the first year; 31 in 1966; 32 in 1967; 32 in 1968; 34 in 1969; 34 in 1970; 42 in 1971; 37 in 1972. In 1968 a Young Wives Club was formed and this has been of great benefit to the mothers of handicapped children who could come and talk over their problems together.

A lot of voluntary effort has gone into providing transport and facilities for these children and in 1971 a Mini Bus was given by the Lions Club of Gillingham.

Increasingly comprehensive assessment has been undertaken at the Clinic but throughout physiotherapy has been available for all the children on a regular basis as has educational psychological testing and the assessment of any hearing defects by the Visiting Teacher for the Partially Hearing. Speech therapy has been a little more spasmodic and less easy to obtain regular help but whenever real problems arose the Senior Speech Therapist attended to give advice to the staff and the mothers. The specially qualified Medical Officer in Department attends regularly and sees all children and mothers for assessment and advice.

All the children have moved on to either the Physically Handicapped Unit at Richmond Road which started in 1961 or if their mental handicap was too great to Training Centre (now Schools for the Severely Subnormal) or to the Marlborough Road Unit which further assessed the educationally subnormal before transfer to Danecourt at a later age. Thus we have been providing comprehensive assessment and care for the under 5 children both physically and mentally handicapped for some time. I would like to stress the caring aspect of the Clinic and particularly that of social and educational training for these young children.

There is a tendency for hospital based comprehensive diagnostic centres to be concerned with making recommendations for the children's placement but it is important for these children to maximise their potential by attending on a regular basis a centre where all the necessary stimulus and therapeutic care can be given as well as diagnostic assessment.

In planning for the future child health care service we are hoping that assessment centres will provide the central meeting place of the present hospital based and community based services for the young child where assessment of both the handicapped child and the developmental assessment of the infants at risk can be undertaken.

It is in this field that the joint team approach spanning hospital and the community is of paramount importance and at each District it is necessary to consider urgently the setting up of comprehensive assessment units whether hospital and/or community based. This assessment requires the special qualifications and experience of the child health doctors with training and experience in developmental ascertainment of the mentally and physically handicapped child, together with the Consultant in charge of the team who may be a clinical paediatrician and/or Consultant in mental subnormality but we must keep in mind that comprehensive assessment of a child's handicap is NOT a single or even repeated paediatric diagnosis supported by other clinical evidence and expertise, radiological, pathological, genetic examinations, but in our view and that of many others it is of necessity the assessment of a handicapped child's ability to cope with its handicap and a prolonged and continuous endeavour to aid, by all means, physical, mechanical, social training and educational programmes, management, parental guidance, and all accepted forms of therapy, physio, speech and occupational, the handicapped child to live among his peers.

In this team as well as the nursing support it will be necessary to involve the social workers and the nursery teachers so that future services for the young handicapped may and will be available for the child in the community.

We hope to be able to develop along these lines and the only thing we are missing at the moment is adequate educational assistance from a nursery teacher who can give the staff the right educational stimulus and play her part in increasing the educational potential of the children.

In 1972 the Spastics Society who had been running a nursery play group at their centre agreed that we should transfer to their specially built premises which could provide better facilities than those at Twydall and free the Twydall Clinic for other purposes.

The local Paediatricians were concerned that children from outside Gillingham who would attend the Physically Handicapped Units in the schools were not benefiting from these facilities so the Regional Hospital Board agreed to contribute to 2 further sessions a week for the children from outside Gillingham. Therefore in January 1973 the Clinic will open on 5 mornings a week, 3 mornings for Gillingham children, 2 mornings for those from the neighbouring areas. The Clinic will be staffed as follows:-

- The Paediatricians both attend monthly;
- Medical Officers in Department specially trained in developmental paediatrics and the assessment of the handicapped child;
- Educational Psychologists;
- Physiotherapist;
- Visiting Teacher for the Partially Hearing;
- Speech Therapist (as requested).

There is a permanent staff of one supervisor, Mrs. Goddard, who has had long experience with the mentally handicapped and the spastics and two helpers on each day (one NNEB trained, one experienced in the care of handicapped children).

IMMUNISATION

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

Set out below are the figures for diphtheria, whooping cough and tetanus immunisation (triple antigen) and for poliomyelitis, measles and rubella vaccination for 1972.

Triple Antigen Immunisation (Diphtheria, Whooping Cough, Tetanus)

Age at Date of Immunisation	Primary Immunisation	Reinforcing Dose
Under 1 year	27	-
1 - 4 years	1,467	5
5 - 14 years)	49	1,503
15 yrs. and over)	-	-
Total	1,543	1,508

3,051 persons were thus immunised or re-immunised by triple antigen injections by general practitioners and local health authority medical officers.

Poliomyelitis Vaccination

The following table gives the number of third doses and fourth doses of oral vaccine given during the year ended 31st December, 1972.

Age at date of Vaccination	Third	Fourth
Under 1 year	25	-
1 - 4 years	1,473	2
5 - 14 years)	37	1,262
15 years and over)	-	-
Total all ages	1,535	1,264

Vaccination Against Measles

Age at date of Vaccination	Vaccinated
Under 1 year	3
1 - 3 years	870
4 - 7 years	84
Over 7 years	9
Total	966

Vaccination Against Rubella

220 girls between their 11th and 14th birthdays 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 1, 050 school children had been vaccinated by medical officers in department.

<u>Results:</u>	
Number of attendances	432
Negative	432
Positive	2
Abnormalities referred to G.P.	132
Further letters to G.P.	-

T. B. Care and After-Care - Provision of Extra Food

17 recommendations were made for patients to receive extra nourishment and 17 were approved.

Illness Generally - Recuperative Care

286 persons were supplied with 470 items.

Chiroprody

It has still not proved possible to fill the vacancy on establishment for 1 full time chiroprodist or to obtain anyone even on a seasonal basis. Mr. Miller continued to undertake 6 sessions weekly but it is not possible to reduce the waiting list of patients without additional staff.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

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	24
Number of attendances	435

Results:

Negative	433
Positive	2
Abnormalities referred to G. P's	135

Repeat Results:

Negative	-
Further letters to G. P's	-

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

17 recommendations were made for patients to receive extra nourishment and 17 were approved.

Illness Generally - Recuperative Care

296 persons were supplied with 470 items.

Chiropody

It has still not proved possible to fill the vacancy on establishment for 1 full time chiropodist or to obtain anyone even on a sessional basis. Mrs. Miller continued to undertake 6 sessions weekly but it is not possible to reduce the waiting list of patients without additional staff.

During 1972 there were 195 new applicants for chiropody treatment, of which 195 were old age pensioners. The total number of attendances for treatment was 2, 228 of which 702 (including 619 domiciliary visits) were made by private chiropodists and 1, 526 by the chiropodist appointed by the County Council to work on a sessional basis in Gillingham.

Home Dialysis

During the year 3 patients were on home dialysis equipment.

One patient died in December.

HEALTH SERVICES FOR THE ELDERLY

During the year the cases seen by the Departmental Medical Officer at home and at the Health Clinic for the Elderly, mentioned in last year's report, continue to confirm the large number of needs of the elderly within the borough, especially with regard to medical conditions detected for the first time at random checks. The other factor of equal importance was the need for more suitable housing.

A great number of cases of conditions such as cataracts and deafness were able to be dealt with at the Health Clinic, Balmoral Gardens, by the attendance weekly of two welfare officers, one responsible for the deaf and the other for the blind. Owing to the great deal of incapacity caused in this age group by immobility, often due to arthritic changes in various stages and the practical value of educating the patients in exercises to remedy this condition at an early stage, it again was made quite clear that the attendance at the Clinic of a qualified physiotherapist would be extremely useful, and arrangements have been made for the attendance of one in February 1973. Further the ideal situation would be, if it were ever possible, for a domiciliary physiotherapist service within the borough. This has been tried in a limited number of areas and tremendous benefit has been found.

The restoration or maintenance of mobility in elderly persons is considered by many geriatricians to be the most important single factor involved in dealing with their general welfare, and because restriction to the house, especially of those living alone, and their inability to attend any social clubs or contact with the outside world is the cause of so many unhappy situations, both physical and mental, often giving rise to very serious depression and in extreme cases in later years to the state of senile dementia.

The importance of the voluntary agencies and the help they give to the elderly in arranging for and encouraging them to attend luncheon and other clubs in the borough is shown by the annual increase in the members attending. Voluntary agencies help both in visiting and assisting elderly people who are unable to leave their house.

The increase emphasizes an early discharge of elderly patients from hospital who need a considerable amount of domiciliary nursing care and supporting services rely also on voluntary agencies to assist in helping patients to readjust to home life.

It is well known of course that the number of places available in residential accommodation falls short of the number of needs for these transfers to be made. Co-ordination between the Health Department and the Social Services Department of the area has been closely maintained. The number of cases dealt with in this way is shown on the accompanying chart.

A chiropodist is in attendance at the Clinic to deal with the large number of cases needing attention to foot troubles, which also helps a great deal in improving mobility.

There is no decrease in the number of cases requiring hospital admission either as geriatric emergencies or in the case of advanced mental confusion and then in many cases the problem arises of the continuation of their care after their period of hospitalization.

While we may plan and organize services for the elderly in their medical and social care, including in this advice as to their housing needs, it is important to remind ourselves that many elderly people do not wish to move from their present homes to more suitable smaller homes or old people's accommodation and it is these cases that frequently need more help than is available. It is only by the continued co-operation of Health, Housing and Social Services that we shall be able to make suitable and acceptable services and facilities to meet their needs. This we must do by a continued and careful study of the elderly in the population and so we can increase our knowledge and therefore our provisions of care.

In 1973 we hope to extend the facilities of the Clinic to the elderly mentally infirm and Dr. Durrant, Consultant Psychiatrist in the area is dealing with this problem as best he can at the moment with the resources available. A large number of these cases are being brought to see Dr. Durrant by referrals from family doctors, health visitors and district nurses and also directly referred from the Health Clinic.

HEALTH CLINIC FOR THE ELDERLY

Summary of Sessions held from 1st January - 31st December, 1972

REFERRALS

Age	Male	Female	Total No. of attendances	Hearing	Chirophy	G. P.	H. Help	Blind	Day Hospital	Hospital	Housing	Social Security	Dr. Durrant	O. P. L. O.
60 - 70	14	30	93	7	4	8	1	-	1	-	-	-	2	1
70 - 80	14	48	146	20	5	12	3	3	2	3	-	-	2	1
80+	2	13	27	6	3	2	2	1	1	-	3	1	-	-
Total	30	91	266	33	12	22	6	4	4	3	3	1	4	2

Total No. of Sessions Held: 40

Average Attendance per session: 7

SUMMARY OF GERIATRIC VISITS CARRIED OUT BY DR. J. B. GRIFFITHS

1st January, 1972 - 8th December, 1972

TOTAL NUMBER OF CASES	149
Male	36
Female	113
Deceased	9
TOTAL NUMBER OF HOME VISITS	187
REFERRALS	
Domestic Help	11
(Number already receiving help at time of visit - 56)	
* Housing Manager for Warden Controlled accommodation, other types	
of council accommodation or transfers	19
Social Services Department for permanent care or temporary care to	
give relations a rest	34
Admitted to private nursing homes	8
To general practitioners for treatment or admission to hospital	31
Admitted to hospital by G. P. or Dr. Griffiths	30
Health Clinic for the Elderly	7
Welfare Officer for the Deaf (for domiciliary visit)	6
Welfare Officer for the Blind	8
District nurses for home care	11
Old People's Liaison Officer	6
Meals on Wheels	2
Social Security for Attendance Allowance	2
On list for Geriatric Day Centre	10
On list for Psychiatric Day Centre	5
* Number of cases still outstanding on housing list for warden controlled	
accommodation	11
Number of cases still outstanding on housing list for council flats	2

OLD PEOPLE'S LIAISON

During the period under review there has been increasing activity on the part of the many voluntary organisations catering for the needs of the elderly of the borough, particularly in the way of Luncheon Clubs, of which there are now six providing meals for the elderly on a one day a week basis, and on the part of the social clubs, of which there are now twenty-four. These are run by Church groups, W. R. V. S. and other voluntary organisations affiliated to the Old People's Welfare Council for Gillingham who, throughout the year, have made grants to Luncheon Clubs and assisted in circulating information on many of the problems met with by those retired. The Old People's Liaison Officer visited as many of these clubs as possible throughout the year. There are still a considerable number of elderly persons who are housebound who are not able to take part in club activities and who, in some cases, require more assistance than can be offered. There is an ever increasing demand from relations of elderly persons for assistance in obtaining accommodation in either residential homes or hospital, both on a short term and a long term basis.

In the new estates of Parkwood and Hempstead many of the elderly have no neighbours to help during the day as many residents are commuters and are therefore not available. There is therefore a greater need for club facilities similar to those at the Adult Education Centre in these areas than was first considered when they were thought to be areas of young families.

More of the senior schools in the borough are becoming involved in community activities for the benefit of the elderly. These activities cover decorating, visiting, shopping, etc. We find that not only the housebound elderly benefit from these activities, but the senior scholars themselves obtain great benefit. A pleasing feature of this involvement is the fact that the pupil's parents also become interested and in many cases assist the elderly persons their child is visiting by taking them for trips where possible, and remembering small presents at birthdays and Christmas.

Close contact is maintained with all the voluntary organisations in the borough and this has resulted in an increase in practical assistance being offered to those most in need. Evidence of this is in the extension of the installation of warning bells in the homes of the housebound, which was started as a pilot scheme by TOC H in Wigmore and has now extended into other areas of the borough. Other organisations

still manage to accept recommendations from us in supplying a wide variety of amenities. Most of these organisations are limited in the services they are able to provide by a shortage of suitable volunteers and insufficient finance to cover their day to day activities. This year a Handicrafts and Hobbies Exhibition for the Elderly was organised in co-operation with the Borough Librarian. The Exhibition was visited by over 1,500 persons and the Borough Librarian produced a booklet on this Exhibition which was sent to every Member of the Borough Council.

There was again an increase in the number of meals served at the Luncheon Clubs involved over the previous year, the total being served by the six Clubs being 16,750.

We still receive reports of elderly persons in distress, a great many of these being real emergencies. This illustrates only too clearly that in spite of increased activities on the part of those dealing with the elderly, there are a great many elderly persons not known to any agency or department.

STATISTICS - 1st JANUARY - 31st DECEMBER 1972 (INCLUSIVE)

Home Calls on elderly persons or on individuals in their interest	815
Visits to Clubs, Luncheon and Social	514
Meetings and Talks - Old People's Welfare Council and Constituent Members	106
Conferences - Old People's Welfare, National and County	8
Training Meetings	<u>26</u>
Total	<u>1469</u>

In the new estate of Parkwood and Hempsford many of the elderly have no neighbours to help during the day as many relatives are overseas and are therefore not available. There is therefore a greater need for club facilities similar to those at the Adult Education Centre in these areas than was first considered when they were thought to be areas of young families.

More of the senior schools in the borough are becoming involved in community activities for the benefit of the elderly. These activities cover decorating, visiting, shopping, etc. We find that not only the housebound elderly benefit from these activities, but the active scholars themselves obtain great benefit. A pleasing feature of this involvement is the fact that the pupils' parents also become interested and in many cases assist the elderly persons their child is visiting by taking them for trips where possible, and remembering small presents at Birthdays and Christmas.

Close contact is maintained with all the voluntary organisations in the borough and this has resulted in an increase in practical assistance being offered to those most in need. Evidence of this is in the extension of the installation of warming rails in the homes of the housebound, which was started as a pilot scheme by T.O.C.H. in Wignote and has now extended into other areas of the borough. Other organisations

SCHOOL HEALTH SERVICE

Gillingham
Act of 1944.

Education Committee and work to an agreed scheme of divisional administration.

The full scope of the service applies to all children who attend schools under the Education Act of 1944. This programme includes medical examinations of children of different age groups in schools; the referral from these inspections of children with defects to the school clinic for consultation and the follow-up in the clinic of all school children with special problems or for special examinations, e.g. for employment, and the provision of a diagnostic ascertainment and advice service for handicapped children from the age of two years.

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

The Education Act of 1944 places on the education authority the responsibility of ascertainment, examination and classification of educationally subnormal children. These ascertainment and examinations are the responsibility of the school medical officers and educational psychologists who can recommend to the local education authority the educational needs of the child.

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.

STATISTICS - 1st JANUARY - 31st DECEMBER 1972 (INCLUSIVE)

Home Calls - ...	815
Visits to Clubs, Lanchons and Social ...	314
Meetings and Talks - Old People's Welfare ...	105
Conferences - Old People's Welfare, National and County ...	8
Training Meetings ...	26
	<u>1468</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.

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 medical and dental inspections of children of different age groups in schools; 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 the provision of a diagnostic ascertainment and advice service for handicapped children from the age of two years.

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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 Handicapped Childrens Act 1970.

The needs of the older physically handicapped children between the ages of 8 and 11 are being met by the Junior Physically Handicapped Unit 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.

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

The Education Act of 1944 places on the education authority the responsibility of ascertainment, examination and classification of educationally subnormal children. These ascertainment and examinations are the responsibility of the school medical officer and educational psychologists who can recommend to the local education authority the educational needs of the child.

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.

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	162
Partially Hearing Units:	
(1) Woodlands Road C. P. Infants' School	10
(2) Fairview C. P. J. M. School	12
Physically Handicapped Unit, Richmond Road	9
Physically Handicapped Junior Unit, Twydall	15
Special subnormal units, Marlborough Road	13
Severely subnormal schools:	
(1) Fulmar, Strood	29
(2) St. Bartholomews, Bobbing	13

Number of Gillingham children admitted to special schools and units during 1972:

Danecourt Day Special School: E. S. N.	30
Glencoe Special Classes, Chatham: E. S. N.	1
Special subnormal units, Marlborough Road	7
Day schools for Severely Subnormal:	
(1) Fulmar, Strood	2
(2) St. Bartholomews, Bobbing	4
Residential special school: E. S. N.	4
Residential special school: S. S. N.	9
Residential special schools: Physically handicapped	-
Physically Handicapped Unit, Richmond Road	1
Physically Handicapped Junior Unit, Twydall	5
Residential special schools: Deaf	1
Residential special schools: Partially hearing	1
Residential special schools: Speech	-
Partially Hearing Units:	
(1) Woodlands C. P. Infants	4
(2) Fairview C. P. Junior Mixed	-
(3) Highfield Secondary, Chatham	4

Total number of children attending special schools and units in Gillingham

	No. of Pupils
Residential schools: Delicate	3
Residential schools: Blind	-
Residential schools: Partially sighted	1
Residential schools: Maladjusted	5
Hospital Special School	1

Number of Gillingham children admitted to special schools and units during 1972:

30	Daneourt Day Special School: E.S.N.
1	Glouce Special Classes, Chatham: E.S.N.
7	Special subnormal units, Marlborough Road
	Day school for severely subnormal:
2	(1) Fulmar, Snood
4	(2) St. Bartholomews, Bobbing
4	Residential special school: E.S.N.
9	Residential special school: S.S.N.
-	Residential special schools: Physically handicapped
1	Physically Handicapped Unit, Richmond Road
5	Physically Handicapped Junior Unit, Twydall
1	Residential special schools: Deaf
1	Residential special schools: Partially hearing
-	Residential special schools: Speech
	Partially Hearing Unit:
4	(1) Woodlands C. P. Infant
-	(2) Fairview C. P. Infant Mixed
4	(3) Highfield Secondary, Chatham

No. of Gillingham children of school age on 31. 12. 72 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	-	-	-	18	-	13	116	-	-	-	*	*
Awaiting placement in day special school/units	-	-	-	-	-	-	17	-	-	-	-	17
Attending residential special schools	-	5	10	3	6	6	15	5	-	-	-	50
Awaiting placement in residential special school	-	-	-	-	2	-	-	3	-	1	-	6
Total number of children of school age requiring special educational treatment	-	5	10	21	8	19	148	8	-	1	*	*
Children of school age on register of handicapped pupils but not requiring special educational treatment and attending ordinary school	-	10	-	115	82	70	-	76	32	62	*	447

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

* Included in total

In addition to the previous table, 29 children were ascertained during 1972 and found not to be E. S. N. but required special help. Children ascertained but not E. S. N. and not requiring special school help - 16. The total number of children who were on the register of handicapped pupils but not ascertained as E. S. N. was 89.

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 effect *	Total
Children aged 2-5 years on 31. 12. 72 formally ascertained as handicapped pupils requiring special educational treatment												
Receiving	-	1	-	3	-	4	4	-	4	18	14	48
Awaiting	-	1	-	-	-	-	-	-	-	6	-	7
Not formally ascertained but may require special education	-	-	-	1	-	60	-	-	1	-	5	67

* included in total

REPORTS FOR SPECIAL SCHOOLS AND UNITS

Danecourt Day Special School

Danecourt continued to provide special education in 1972, for children aged 6-16 years in the educationally subnormal range. Despite staffing and accommodation difficulties, the accommodation problem was relieved to some extent by the provision of a second mobile classroom and the full time work preparation course for final year pupils at James Street. By the end of 1972, 30 pupils were accommodated at this Centre and the school roll had increased to 162, there being virtually no waiting list for admissions at that time, but unfortunately it was soon apparent that this balance could not be maintained in 1973, as the numbers recommended for special education rose again.

The school is well equipped and the 9 classes staffed by devoted teachers who make a point of giving every child as much individual attention as possible. There were 3 welfare assistants without whose help it might not have been possible to retain some of the smaller, incontinent and very immature children, and the two with severe epileptic fits at school. The paramedical services continued to give support, there being three physiotherapy sessions per week and two monthly visits by the speech therapist who also advised the staff on speech training for children with speech defects. Several children were referred to the Educational Psychology Service for assessment and the Visiting Teacher of the Partially Hearing had 4 children under his supervision. With 80 children on the roll suffering from dual or multiple handicaps, the value of specialised assistance in their education is incalculable.

During the year the admissions were as follows:

Gillingham children	..	..	..	..	15
K. E. C. children	..	..	..	..	5

Direct transfers from other specialised schools and Units:

	<u>Gillingham</u>	<u>County</u>
Marlborough Road Unit	8	3
Physically Handicapped Unit	1	1
Severely subnormal schools	1	-
Transfers from other areas	5	1

Transfers from Danecourt to other schools included:

	<u>Residential school</u>	<u>Severely Subnormal</u>	<u>Out of area</u>
Gillingham	2	-	2
County	1	-	2

Out of a total of 15 school leavers, 5 remained unemployed at the end of the year, 1 being unsuitable for employment and was attending Adult Training Centre. It is hoped that with improved prospects of employment in the area, and the facilities at the James Street Centre, these figures will be improved upon next year.

Despite scientific and medical progress it is still apparent that approximately 10 per 1,000 children will require special education and as the local population expands, the pressure for adequate educational facilities will increase. The specialised help that schools such as Danecourt can offer will also require constant review and reinforcement because of improved knowledge on physical, intellectual and learning disabilities, and the techniques evolved to overcome them. This will inevitably mean greater expenditure and the training of staff in adequate numbers if an efficient service is to be maintained and the children at Special Schools enabled to achieve some independence in adult life and be socially acceptable.

Gillingham Partially Hearing Units

The Partially Hearing Unit at Woodlands C. P. School has two well established classes this year. In the nursery there are six children with hearing losses and two with normal hearing. Three children are severely or profoundly deaf and the other three have partial losses of varying degrees. Children from two-and-a-half years are accepted. At present there is one other child who may be admitted in the near future and several children who are too young.

The nursery is staffed by a teacher of hearing children and a nursery assistant. All the children have made good progress, both in language development and socially. Unfortunately the amplifier which runs the loop system has been away for repair for much of the time, so much so that it is likely that it needs replacing. The teacher has a Radio Microphone. It has now been confirmed that it is possible for the nursery assistant to wear a second microphone.

The Infant Class, with an age range of $4\frac{1}{2}$ to $6\frac{1}{2}$, now has five children. One child is profoundly deaf and will almost certainly require transfer to a School for the Deaf within two years. The other children are partially hearing and developing speech well. The class teacher is able to take the two older children, both partially hearing, to the reception class for short periods. There she works hearing children and the two partially hearing children in a small group.

Of the eleven hearing handicapped children in the Unit at Woodlands, six are deaf as a result of Rubella. Two have hereditary deafness, one had meningitis and one has Treacher Collins syndrome.

The Junior Unit at Fairview Junior School now has eight children in the Unit class and nine children integrated in normal classes and then withdrawn for help from the Unit staff. The age range is from 8 to 11+ years. At present all children are suitably placed, but there may be some difficulty when it comes to secondary placement. The majority of these children have good speech but still rely on lip reading plus hearing as a means of acquiring new vocabulary and as a necessary part of communication. This also applies to children integrated in normal classes. Class teachers within the normal school are very much aware of the need for integrated children to sit in a position best for hearing and lip reading. Two class teachers are using radio microphone and receiver equipment with integrated children. A third set is on order - the money having been given from the 'Magpie' Appeal. The other classrooms used by integrated pupils are to be fitted with inductance loop systems. Money for this equipment was donated by the Chatham Ladies 'Inner Wheel'.

During the last year one child was awarded a place at Mary Hare Grammar School and one other child has taken the admission examination for this year. Three other children left the Junior Unit - two went to Highfield Unit, Chatham and one to normal secondary school. The latter is seen by the Visiting Teacher of the Deaf from time to time.

The teacher of the deaf based at Fairview left at Christmas to take up an appointment as a Deputy Head. The teacher in charge now spends mornings at Woodlands and afternoons at Fairview. One member of the Unit staff hopes to attend the Department of Education at London University in September in order to qualify as a teacher of the deaf.

The teacher in charge attends Hearing Assessment Panel meetings when Unit children are discussed.

Routine hearing 'screening' tests were carried out by the teacher of the deaf on all 1st year junior children in January and February.

Physically Handicapped Units

Two physically handicapped units in Gillingham cater for children from the borough and the Medway and Sittingbourne K. E. C. districts and one child from Sheppey was also admitted to the unit at Richmond Road Infants' School. Here one teacher and two welfare assistants care for children in the 5-7 age group, and at Twydall Junior School the staff was increased to two teachers and three welfare assistants in the Autumn term of 1972.

At the beginning of the year there were 9 children on the roll at the Junior unit, and 8 full time and 1 part time pupil on the roll of the Infant Unit, but more admissions to the Junior unit were possible during the year, and 2 physically handicapped children were also attending the ordinary school full time.

The facilities for integrating children in both units in the activities and interests of the ordinary schools were fully utilised, despite many being immobile and incontinent. Apart from actual education in ordinary class, when possible, playtime, outings and school functions were all organised to include the handicapped children who were readily accepted as members of the group. Some close friendships have been established and extended to include the families of the children, thus widening the interests and experiences of the children, their parents and the community. Great credit is due to all members of the teaching staff and the welfare assistants, who expend considerable time and energy on caring for the handicapped children, meeting the needs and understanding the personality of each individual child and organising their varied routine. The parents are always welcome, and often benefit considerably from the sound advice on management and emotional problems pertaining to the process of education.

A vital aspect of the school day for the majority of physically handicapped children is physiotherapy and the units were fortunate in having four sessions each per week, shared between 3 physiotherapists. This was clearly insufficient as the

number of pupils increased, and it is hoped to provide more sessions next year. As plans were in hand for establishing a purpose built unit the accommodation and equipment available to the physiotherapists was inadequate, but their enthusiasm and co-operation from the head teachers and unit staff enabled very gratifying results to be achieved by their pupils. Increased mobility and improved co-ordination opens up a wide range of interests for the handicapped child who establishes a very close relationship with the physiotherapist, in which the parents are also invited to share. They frequently visit during 'physio' sessions, are advised on exercises at home, and are often accompanied by the physiotherapist when their child has a hospital appointment with a Consultant, or wheelchairs and appliances are to be supplied or adapted for use. The school medical officer visits both units frequently and intellectual assessments by the School Psychological Service when necessary, continued.

The necessity for the existence of the units now having been established beyond doubt, meant that better accommodation and facilities were imperative for the future and by the end of the year, with this possibility in mind, integration of both Infant and Junior units at the Twydall Junior School site was envisaged as the most efficient way of offering the physically handicapped children the best opportunities of education in its widest sense. Community interest has been aroused and two local voluntary groups presented a wheelchair and a 'Hob-cart' respectively to the Junior unit, and it is hoped that more out of school activities at the Adult Physically Handicapped Centre might be arranged in the future.

Admissions during 1972:

	<u>Gillingham</u>	<u>County</u>
Richmond Road Unit	1	4
Twydall Unit	5	1
Transfers from Infant to Junior Unit	1	2
Transfers from Infant Unit to Danecourt	1	-
Transfers to ordinary school	-	2
Deceased (Infant Unit)	-	1

Types of defects in children attending the Units in 1972:

Cerebral Palsy	9
Spina Bifida	10

Congenital Heart Defect	2
Muscular Dystrophy	2
Spinal Muscular Atrophy	1
Hydrocephalus and Scoliosis	1
Idiopathic Hypothyroidism	1
Partially sighted and E. S. N.	1
Hemiplegia	1

Marlborough Road Unit

In 1972, the Marlborough Road Unit admitted a total of 13 children, 6 from the K. E. C. area of the Medway Towns and Sittingbourne, and 7 from Gillingham. The Head of Department who is especially qualified to teach children with learning difficulties, was assisted by a teacher and welfare assistant in each of the two classes at the Unit. The personnel and accommodation were fully stretched to cope with the 5-7 yr. age group of children too immature and/or intellectually handicapped to benefit from attending an ordinary school, but the results achieved were rewarding and left no doubt for the need to expand such facilities. The provision of a mobile classroom at Danecourt had made it possible to transfer some children in their sixth year, permitting extra admissions to the Unit, but the waiting list has since increased, and will continue to do so, as pre school developmental assessment becomes an established procedure.

The Unit is essentially diagnostic and a small proportion of entrants are usually found suitable for ordinary school each year, after receiving specialised help to overcome the specific problems causing them to function in the educationally subnormal range. An equally small number, after close observation and receiving considerable individual attention, emerge as being more suited to education in schools for the Severely Subnormal, previously known as Training Centres, but became part of the educational system in April 1971. Thus, all children of school age are included in the educational system and another barrier separating the severely handicapped from their more fortunate companions has been swept away.

The majority of the Unit children transfer to day schools for E. S. N. pupils, i. e. the special schools at Danecourt in Gillingham and Bradfields for the Medway children. After varying periods of 1-2 years at the Unit, their individual problems are apparent, and a great deal has been done by the staff to overcome them.

Considerable time is spent by the staff and school medical officers in counselling parents, many of whom visit the Unit frequently, to discuss their difficulties in management and overall approach to their intellectually handicapped children.

The social background of the pupils is varied and some immigrant children have also required admission. The complication of subnormality by difficulty with communication, is not unique to them as many children from our own culture attending the Unit have speech defects. Fortunately, there is a County Speech Therapist based on the premises who provides very useful assistance in such cases - assessing the intellectual ability of any handicapped child requires specialised training and experience and the help of the School Psychological Service, in determining the future educational needs of these young children is an established feature of the total assessment each child receives.

Unfortunately premises for a nursing unit have not yet been established, although the need becomes more pressing and there is always a waiting list for children in the 5-6 years age range who have been ascertained as requiring special education and their plight is not being improved by delay in receiving this. Resources are limited, but enthusiasm, skill and untold patience are not lacking in those concerned with staffing the unit, where the points of research, both educational and medical, are co-ordinated to help the pupils attending it.

	<u>Gillingham</u>	<u>County</u>
New admissions to Unit-1972	7	6
TRANSFERS to Bradfields	-	2
" " Danecourt	7	3
" " Day school for Severely Subnormal pupils	1	-
TRANSFERS to Ordinary school	1	-

S T A T I S T I C A L T A B L E S

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
1968 and later	76	75	1
1967	834	828	6
1966	841	826	15
1965	129	129	-
1964	52	52	-
1963	24	24	-
1962	12	11	1
1961	292	290	2
1960	877	866	11
1959	324	315	9
1958	12	12	-
1957 and earlier	112	112	-
Total	3585	3540	45

Percentage satisfactory - 98.74

Percentage unsatisfactory - 1.26

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 119 over the previous year.

Other Inspections

Number of special inspections	1763
Number of re-inspections	1206
Total	2969

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
1968 and later	-	-	-
1967	13	42	49
1966	36	159	171
1965	9	4	12
1964	3	4	6
1963	3	2	5
1962	3	1	4
1961	3	1	4
1960	87	18	105
1959	26	9	34
1958	1	-	1
1957 and earlier	9	4	12
Total	193	244	403

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				
4	Skin ..	7	29	-	-	2	17	9	46	17	36		
5	Eyes -	49	121	9	9	135	158	192	288	146	145		
	a. Vision ..	29	32	-	1	9	6	38	39	19	11		
	b. Squint ..	-	-	-	-	1	6	1	6	-	6		
	c. Other ..	-	-	-	-	-	-	-	-	-	-		
6	Ears -	3	169	-	2	4	32	7	203	91	340		
	a. Hearing ..	-	6	-	-	2	9	2	15	2	4		
	b. Otitis media ..	-	-	-	-	-	-	-	-	-	2		
	c. Other ..	23	126	-	2	8	43	31	171	22	84		
7	Nose and throat	8	92	-	-	-	6	8	98	32	59		
8	Speech ..	-	11	-	-	-	4	-	15	-	1		
9	Lymphatic glands	5	25	-	1	1	22	6	48	4	14		
10	Heart ..	3	51	-	1	1	30	4	82	11	38		
11	Lungs ..	2	7	-	-	-	2	2	9	1	3		
12	Development -	2	58	-	-	1	58	3	116	5	23		
	a. Hernia ..	-	3	-	1	1	13	1	17	12	37		
	b. Other ..	16	37	2	3	7	29	25	69	7	8		
13	Orthopaedic -	3	10	-	1	1	8	4	19	14	21		
	a. Posture ..	3	4	-	-	1	4	4	8	1	14		
	b. Feet ..	-	11	1	1	1	6	2	18	6	10		
	c. Other ..	-	-	-	-	-	-	-	-	-	-		
14	Nervous system -	1	22	-	1	-	9	-	32	3	82		
	a. Epilepsy ..	1	28	-	-	-	14	1	42	9	22		
	b. Other ..	2	10	-	-	-	3	2	13	7	25		
15	Psychological -	4	135	-	4	1	110	5	249	4	27		
	a. Development ..	1	28	-	-	-	-	-	-	-	-		
	b. Stability ..	2	10	-	-	-	-	-	-	-	-		
16	Abdomen ..	4	135	-	4	1	110	5	249	4	27		
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	3
Errors of refraction (including squint)	922
Total	925
Number of pupils for whom spectacles were prescribed	411

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	52
Number of children examined for first time	215
Number of children re-examined	777
Total attendances	992
Glasses prescribed	411
Glasses not required or no change necessary	581
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	-
(b) for adenoids and chronic tonsillitis	31
(c) for other nose and throat conditions	10
Received other forms of treatment	-
Total	41
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1972	5
(b) in previous years	39

Orthopaedic and Postural Defects

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	12
(b) Pupils treated at school for postural defects	66
Total	78

Diseases of the Skin

						Number of cases known to have been treated
Ringworm - (a) Scalp	..	..	..	..	..	-
(b) body	..	..	..	..	..	-
Scabies	..	..	..	..	..	2
Impetigo	..	..	..	..	..	-
Other skin diseases	..	..	..	..	..	6
Total	..	..	..	..	..	8

Child Guidance Clinic

Throughout the year the Child Guidance Clinic was severely handicapped by having no full time child psychiatrist. We have been very grateful for the help given by Dr. James on the sessions that she attended the Chatham Child Guidance Clinic and the medical officer in department has maintained a liaison arrangement with the Clinic. Throughout the year children referred from a number of sources have been seen by the medical officer by appointment to make an assessment of behaviour problems in children discussed and support to the families concerned. In many cases this is sufficient to resolve the problems without their having to be referred further.

No. of Cases

Distribution by age groups

	<u>Old</u>		<u>New</u>		<u>Total</u>	
	Male	Female	Male	Female	Male	Female
Infants	5	4	11	14	16	18
Juniors	13	5	14	7	27	12
Secondary	8	3	11	3	19	6
Technical	4	-	1	-	5	-
Total	30	12	37	24	67	36

Total No. of cases: 103

Total Attendances

	<u>Old</u>	<u>New</u>	<u>Total</u>
Total offered	91	91	182
Appointments not kept	17	14	31
Appointments held	74	77	151

Disposal of Cases

Old Cases

No. of Attendances	Total Nos.	Closed Improved	Defaulted Out of area	Ref. C. G. C.	To Court	Remaining on 31. 12. 72
Nil	8	-	5	2	1	Nil
1	12	6	2	3	-	1
2	8	2	-	3	-	3
3	11	3	-	3	-	5
4	2	2	-	-	-	-
5	1	-	-	-	-	1
Totals	42	13	7	11	1	10

New Cases

No. of Attendances	Total Nos.	Closed Improved	Defaulted Out of area	Ref. C. G. C.	To Court	Remaining on 31. 12. 72
Nil	7	-	5	-	-	2
1	22	7	3	3	-	9
2	11	4	-	-	-	7
3	11	2	1	1	-	7
Totals	51	13	9	4	-	25

No report of the Child Guidance Clinic is available for the current year in the absence of a full time psychiatrist but during the year 10 cases were referred through the school health service which is a decrease on earlier years in which 30 or more cases were referred. These figures themselves show the value of the work of the medical officer in department as a screening procedure for some behaviour problems.

Residential Schools for the Maladjusted

20 Gillingham children are attending residential schools and 3 are awaiting admission.

Special Tuition Group

This unit was established by the psychiatrist in consultation with the medical officer of health, educational psychologist and the Chatham and Gillingham education authorities for the treatment and rehabilitation of school refusers. It has served an extremely useful purpose, and a need now exists to have a unit of our own in Gillingham.

Speech Therapy

A speech therapy clinic is held at Marlborough Road at which 62 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 20 school and pre-school children needing speech therapy. The waiting period is six months for the first interview, and the urgency of the need for regular speech therapy is ascertained by the speech therapist.

Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	52
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who have received B. C. G. vaccination	1013
(d) Other than (a), (b) and (c) above ..	-
Total (a) - (d)	1065

Provision of Milk

Milk was provided free of charge to all primary school children and Danecourt Day Special School only. During 1972, 4,114 children were supplied with milk each day.

7 children were recommended free milk between January and December 1972.

Summary of Health Visitors' Work in Schools in Gillingham during 1972

(1) Total visits to schools	107
(2) Attendances at routine medical inspection	3
(3) Attendances at clinics	18
(4) Visits to homes	144
(5) Examination of heads and bodies re cleanliness	13432
(6) Notices sent re nits (children not excluded from school) ..	8
(7) Notices sent re nits and vermin (children excluded from school)	5

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 416 tests were carried out.

Infestation with Vermin

- | | |
|---|-------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons | 13432 |
| (b) Total number of individual pupils found to be infested | 140 |
| (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 964 children were seen by the school medical officers at their consultation sessions, 594 by home office and school appointments and 8 attendances were made at the nurses' sessions. Attendances at the various clinics were as follows:

Gillingham	465
Rainham	357
Twydall	142
Total	<u>964</u>

Attendances at Treatment Clinics

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

Employment of Children

116 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 1972:

School meals service staff	11
Caretakers and cleaners ..	9
Prospective student teachers	66
Teachers	15
Clerical and other staff ..	5
Total	<u>106</u>

DENTAL SERVICES

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	1035	497	73	1605
Subsequent visits	2136	1693	206	4035
Total visits	3171	2190	279	5640
Additional courses of treatment				
commenced	137	42	9	188
Fillings in permanent teeth	544	1152	82	1873
Fillings in deciduous teeth	1421	119	-	1540
Permanent teeth filled	464	895	138	1497
Deciduous teeth filled	1202	63	-	1265
Permanent teeth extracted	38	163	30	231
Deciduous teeth extracted	654	151	-	805
General anaesthetics	97	41	4	142
Emergencies	294	71	18	383
Number of pupils X-rayed		203		
Prophylaxis		174		
Teeth otherwise conserved		641		
Number of teeth root filled		7		
Inlays		-		
Crowns		3		

Orthodontics

New cases commenced during year	27
Cases completed during year ..	9
Cases discontinued during year ..	4
No. of removable appliances fitted	50
No. of fixed appliances fitted ..	1
Pupils referred to hospital consultant	-

Prosthetics

	<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	2	3
Number of dentures supplied	-	1	2	3

Anaesthetics

General anaesthetics administered by dental officers Nil

Inspections

(a) First inspection at school - number of pupils ..	3655
(b) First inspection at clinic - number of pupils ..	588
Number of (a) + (b) found to require treatment	2007
Number of (a) + (b) offered treatment	1756
(c) Pupils re-inspected at school or clinic	146
Number of (c) found to require treatment	96

Sessions

Sessions devoted to treatment	784
Sessions devoted to inspection	25
Sessions devoted to dental health education	12

