

[Report of the Medical Officer of Health for Kensington & Chelsea Borough].

Contributors

Kensington & Chelsea (London, England). Royal Borough.
Weir, J. H.

Publication/Creation

[1966]

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THE ROYAL BOROUGH OF
KENSINGTON AND CHELSEA

ANNUAL REPORT
ON THE
HEALTH AND WELFARE
OF THE BOROUGH
FOR THE YEAR 1965

J. H. WEIR
M.D., B.S., B.Hy., D.P.H.

MEDICAL OFFICER OF HEALTH

73679



THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Telephone: W25am 7211

Health and Welfare Department,
25A Kensington Square,
London, W.8.

November, 1966.

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

To: The Mayor, Aldermen and Councillors of the
Royal Borough of Kensington and Chelsea.

My Lord, Ladies and Gentlemen,

I have much pleasure in presenting the Annual Report on the state of the public health and welfare in Kensington and Chelsea for 1965. This is the first of a new series following the amalgamation of the former boroughs of Kensington and Chelsea in accordance with the London Government Act, 1963.

The Minister of Health (Mr. Butler) in his Circular 1/66 that the report should be generally in the same form as has been the case for some years past.

ANNUAL REPORT

on the

Although the new borough came into effect on 1st April, 1965, by arrangement with the former authorities it has been possible to make the report relevant to the first quarter of the year 1965.

HEALTH AND WELFARE OF THE BOROUGH

FOR THE YEAR 1965

by

J.H. WEIR

M.D., B.S., B.Hy., D.P.H.

MEDICAL OFFICER OF HEALTH

Throughout the report, it has been difficult to make statistical comparisons with previous years, as the records kept by the new borough's predecessors were not of the same pattern in many instances. It will, of course, be possible in future years to provide this comparative information, on an increasingly comprehensive scale, to enable an assessment to be made as to whether the service is being maintained or building up in any particular direction.

In view of the fact that this is the first annual health and welfare report of the new borough, an attempt has been made to include descriptive accounts of the work carried out, in much greater detail than will be necessary in future years. I feel that the Council would wish me to do this as the greater amount of information made available to persons and organisations working for the health and welfare of the new borough, will prove invaluable at this stage of London reorganisation.

As a principle, the London Government Act, 1963, requires the new London boroughs to carry out the same or equivalent functions as had been administered by their predecessors. This requirement has persuaded me to submit this report in a form containing certain main sections, corresponding approximately with the services which had to be absorbed in the new Health and Welfare Department as follows:-

- (a) Environmental health services - which were taken over from the former Kensington and Chelsea Borough Council;

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The Minister of Health has requested (Circular 1/66) that the report should be generally in the same form as has been the case for some years past.

Although the new borough came into effect on 1st April, 1965, by arrangement with the former authorities it has been possible to include data relevant to the first quarter of the year 1965 and so provide a review for the complete twelve months.

The Council decided to integrate their health and welfare functions in one department under my direction and, in the early part of the year, the staff of the department were under pressure in organising the amalgamation of the former health services of the boroughs of Kensington and Chelsea and absorbing the functions of the former London County Council in relation to the personal health services under the National Health Service Act, 1946, and the welfare services under the National Assistance Act, 1948. It is sufficient to say that, in spite of the difficulties resulting from the reorganisation of London Government, the health and welfare services available to the residents of the new borough of Kensington and Chelsea were continued without diminution of volume or efficiency. I would like to take this opportunity to record my sincere appreciation of all the hard work and enthusiasm of the staff of the department which achieved this satisfactory position.

Throughout the report, it has been difficult to make statistical comparisons with previous years, as the records kept by the new borough's predecessors were not of the same pattern in many instances. It will, of course, be possible in future years to provide this comparative information, on an increasingly comprehensive scale, to enable an assessment to be made as to whether the services involved need amending or building up in any particular direction.

In view of the fact that this is the first annual health and welfare report of the new borough, an attempt has been made to include descriptive accounts of the work carried out, in much greater detail than will be necessary in future years. I feel that the Council would wish me to do this as the greater amount of information made available to persons and organisations working for the health and welfare of the new borough, will prove invaluable at this stage of London reorganisation.

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THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Health and Welfare Department,
32A Kensington Square,
London, W.8.

Telephone: WEStm 7211

15 November, 1965

- (b) Personal health services - embracing such functions as the care of mothers and young children, domiciliary midwifery service, health visiting, home nursing, vaccination and immunisation, prevention of illness care and after-care, home help service and maternity and child welfare clinics and centres. These services were taken over from the former London County Council;
- (c) School medical service - this is a service the responsibility of which lies with the Inner London Education Authority which is a statutory committee of the Greater London Council, but the day-to-day work is administered from the Borough Council's Health Department under my supervision as Principal School Medical Officer;
- (d) Mental health service - being functions under the Mental Health Act, 1959, transferred from the former London County Council;
- (e) Welfare services - under the National Assistance Act, 1948 - which embrace the provision of residential accommodation for the aged, infirm or other needy persons, temporary accommodation for homeless persons, services for the elderly in their own homes, services for the handicapped, blind and partially-sighted and deaf persons. These services were transferred from the former London County Council.

In addition to these main sections there are other general items included relating to health and welfare of the borough.

In presenting this report, I should like to express my grateful appreciation of the kind co-operation which I have received from The Worshipful the Mayor, the Chairmen and Vice-Chairmen of the various Committees, and all Members of the Council.

My sincere thanks are also given to the staff of the Health and Welfare Department for their loyal and efficient service during the year, and to the other chief officers and their staffs for their ready willingness to co-operate at all times.

I have the honour to be,
Your obedient Servant,

J.H. WEIR,

Medical Officer of Health.

MEMBERSHIP OF THE HEALTH COMMITTEE

(as at 31st December, 1965)

The Mayor (Alderman Arthur J. Sims)
The Deputy Mayor (Alderman F. St. G. Fisher)

Alderman	H. L. A. Burgess	
"	Lady Petrie	(Chairman)
"	Mrs. John Walford	
Councillor	Rodney M. D. Bennett	
"	Richard Bing	
"	J. Elliott Brooks	(Vice-Chairman)
"	Miss E. M. Christmas	
"	David Collenette	
"	A. R. Jinkinson	
"	C. A. Muller	
"	P. O'Hea	
"	Miss Doreen M. Weatherhead	

MEMBERSHIP OF THE WELFARE SERVICES COMMITTEE

(as at 31st December, 1965)

The Mayor (Alderman Arthur J. Sims)
The Deputy Mayor (Alderman F. St. G. Fisher)

Alderman	Lady Petrie	
Councillor	Mrs. J. A. Albert	
"	J. Elliott Brooks	
"	Mrs. Geoffrey Buxton	
"	Mrs. J. Coleridge	
"	B. L. H. Douglas-Mann	
"	Mrs. Patricia Dumont	
"	Miss Barbara Hulme	(Vice-Chairman)
"	L. A. Kenny	
"	A. G. Morkill	
"	D. H. Piper	(Chairman)
"	Miss Janet M. Welburn	

**PRINCIPAL AND SENIOR OFFICERS OF THE
HEALTH AND WELFARE DEPARTMENT
AS AT 31st DECEMBER, 1965**

Medical Officer of Health
and
Principal School Medical Officer

DR. J.H. WEIR

Deputy Medical Officer of Health

DR. D.J. SHEERBOOM

Principal Medical Officers

DR. W.T.D. RAY : DR. H.E.E. GUNN

Medical Officers (Whole time)

DR. S.C. CAMERON : DR. J. MARTIN

DR. P.M. FLEURY

DR. K.G. CASEY : DR. F.M. GASKELL

Dental Officers (Whole time)

MRS. S. PEREKLADOSKA : MISS E. GRIVINS

Public Analyst

DR. H. AMPHLETT WILLIAMS

Chief Welfare Officer

MR. S.A. BIDDLECOMBE

Deputy Chief Welfare Officer

MISS A. BARKER

Principal Nursing Officer

MISS E. ROBINSON

Deputy Principal Nursing Officer

MISS J.A. RAINEY

Assistant Nursing Officer

MRS. J. HARRIS

Principal Mental Welfare Officer

MR. D.T. BALDWIN

Assistant Principal Mental Welfare Officer

MR. K. CHAMBERS

Supervisors of Training Centres

MRS. K.A. GRASS : MR. R.F. POTTER

Supervisor of Day Centre

MISS M. GOSLING

Principal Social Worker (Health Services)

MISS M.P. SHARP

Assistant Principal Social Worker (Health Services)

MISS M. FRENCH

Senior Home Help Organiser

MISS I.F. BARKER

Chief Chiropodist

MISS H. DUKE

Senior Chiropodist

MR. H.W. CABLE

Chief Public Health Inspector

MR. H. HOYLAND

Principal Public Health Inspector

MR. D.C. DRAPER

Specialist Housing Inspectors

MR. A.F. STANDISH : MR. A.E.F. SILLS

Chief Disinfecter

MR. J.W. NOBLE

ADMINISTRATIVE STAFF

Chief Administrative Officer

MR. J.S. WHEELER

Deputy Chief Administrative Officer

MR. G.A. PICKIS

Principal Administrative Officers

MR. C.G. LEGGE
(Finance)

MR. J.M. MURPHY
(Personal Health)

MR. I. THOMSON
(Environmental Health)

MR. B.C. DRIVER
(Welfare)

VITAL STATISTICS
AND
INFECTIOUS DISEASES

THE UNIVERSITY OF CHICAGO

1914

THE UNIVERSITY OF CHICAGO

1965

VITAL STATISTICS

AREA

The area of the borough is 2,950.7 acres.

POPULATION

Census 1961	218,528
Estimate of Registrar General at mid-year 1965	216,810

RATEABLE VALUE

Rateable value of the borough at 1st April, 1965	£25,648,360
Estimated net product of a penny rate 1965/66	£100,800
Estimated number of separately assessed dwellings at 1st April, 1965	59,408

BIRTHS

	Males	Females	Total
Legitimate	1,469	1,450	2,919
Illegitimate	368	379	747
Totals	1,837	1,829	3,666

Crude birth rate per 1,000 of the estimated population	16.91
Adjusted birth rate for comparative purposes (Area comparability factor = 0.60)	10.15

STILLBIRTHS

Total (24 males and 19 females)	43
Rate per 1,000 live and stillbirths	11.59

DEATHS

Total (1,031 males and 1,315 females)	2,346
Crude death rate per 1,000 population	10.82
Adjusted death rate (Area comparability factor = 1.00)	10.82

INFANT MORTALITY

Infant deaths (all deaths of liveborn children under one year)

	Males	Females	Totals
Legitimate	36	27	63
Illegitimate	8	10	18
Totals	44	37	81

Death rate of all infants per 1,000 livebirths	22.09
Death rate of legitimate infants per 1,000 legitimate livebirths	21.58
Death rate of illegitimate infants per 1,000 illegitimate livebirths	24.09
Death rate of male infants per 1,000 male livebirths	23.95
Death rate of female infants per 1,000 female livebirths	20.23
Neonatal deaths (under 4 weeks of age) (30 males and 29 females)	59
Males per 1,000 male livebirths	16.33
Females per 1,000 female livebirths	15.85
All infants per 1,000 livebirths	16.09
Early neonatal deaths (under 1 week of age) (27 males and 24 females)	51
Males per 1,000 male livebirths	14.69
Females per 1,000 female livebirths	13.12
All infants per 1,000 livebirths	13.91
Perinatal mortality (deaths under 1 week plus stillbirths) (51 males and 43 females)	94
Males per 1,000 live and still male births	26.95
Females per 1,000 live and still female births	23.04
All infants per 1,000 live and stillbirths	25.09

MATERNAL DEATHS

Maternal deaths	2
Maternal mortality rate per 1,000 live and stillbirths	0.54

DEATHS FROM CERTAIN CAUSES

Tuberculosis of respiratory system	7
Other forms of tuberculosis	Nil
Respiratory diseases (other than tuberculosis) (Code Nos. 22-25)	291
Cancer (Code Nos. 10-15)	457
Heart and circulation diseases (Code Nos. 18-21)	853
Suicide	66

Total	Females	Males
43	37	36
18	10	8
31	37	44

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN 1965

SUMMARY OF VITAL STATISTICS FOR KENSINGTON AND CHELSEA

(COMPARED WITH PREVIOUS TEN YEARS)

Year	Total Population	Total Deaths	Crude Death Rate	Total Births	Crude Birth Rate	Total Infant Deaths	Infant Mortality Rate
1955	220,850	2,569	11.63	3,419	15.48	109	31.91
1956	219,870	2,587	11.76	3,629	16.55	80	22.04
1957	218,500	2,500	11.44	3,503	16.03	94	26.83
1958	215,890	2,389	11.07	3,732	17.28	92	24.71
1959	216,020	2,380	11.01	3,748	17.35	87	23.48
1960	216,380	2,386	11.03	3,774	17.44	76	20.16
1961	217,570	2,456	11.29	3,958	18.19	85	21.47
1962	220,570	2,464	11.17	4,020	18.27	92	22.89
1963	220,220	2,548	11.57	3,912	17.76	94	24.03
1964	219,190	2,196	10.02	3,861	17.61	95	24.61
1965	216,810	2,346	10.82	3,666	16.91	81	22.09

NOTE:

Causes of death are classified according to the International Classification of Diseases, 9th Revision, 1969.

TOTALS

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN 1965

Cause of death	All Ages	Under 1 year	1 year and under 5	5 years and under 15	15 years and under 45	45 years and under 65	65 years and over
Respiratory tuberculosis	7	-	-	-	1	4	2
Other forms of tuberculosis	-	-	-	-	-	-	-
Syphilis	9	-	-	-	2	4	3
Diphtheria	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-
Measles	1	-	1	-	-	-	-
Other infective diseases, etc.	3	1	-	-	1	-	1
Cancer (all forms)	457	-	-	-	24	174	259
Leukaemia, aleukaemia	8	-	-	-	-	1	7
Diabetes	13	-	-	-	-	4	9
Vascular lesions of nervous system	278	-	-	-	1	40	237
Coronary disease, angina	447	-	-	-	11	111	325
Hypertension with heart disease	20	-	-	-	-	1	19
Other heart disease	229	1	-	-	13	19	196
Other diseases of circulatory system	157	-	-	-	2	22	133
Influenza	4	1	-	-	-	-	3
Pneumonia	147	11	2	-	-	5	129
Bronchitis	117	1	-	-	-	31	85
Other respiratory diseases	23	1	1	2	-	4	15
Ulcers of the stomach	10	-	-	-	-	2	8
Gastritis, enteritis and diarrhoea	12	-	1	-	-	1	10
Nephritis and nephrosis	12	-	-	1	1	5	5
Hyperplasia of prostate	6	-	-	-	-	1	5
Pregnancy, childbirth and abortion	2	-	-	-	2	-	-
Congenital malformations	23	14	1	3	4	1	-
All other diseases	204	48	1	2	19	34	100
Motor vehicle accidents	23	-	1	-	13	1	8
All other accidents	67	3	6	5	17	12	24
Suicide	66	-	-	-	35	20	11
Homicide and operations of war	1	-	-	-	-	1	-
TOTALS	2,346	81	14	13	146	498	1,594

TABLE 2

TABLE 2

INFECTIOUS DISEASES

There was no serious outbreak of infectious disease in the Borough during 1965. The total number of notifications received was 1,440 in comparison with 868 in 1964. The difference is almost entirely due to the increase in the number of cases of measles notified in 1965 compared with the previous year.

NOTIFICATIONS

The following tables show (1) the number of cases of infectious disease notified during the year 1965 with the comparative figures for the previous five years; (2) the number of notifications divided into age groups and (3) the number of cases notified in each ward of the borough:-

TABLE 1

Notifiable disease	Number of cases notified					
	1965	1964	1963	1962	1961	1960
Scarlet Fever	27	19	16	18	34	49
Diphtheria	-	-	-	-	1	-
Enteric Fever	5	8	9	3	3	8
Puerperal Pyrexia	73	90	76	106	172	157
Pneumonia	4	19	17	21	36	22
Dysentery	31	40	93	124	136	140
Erysipelas	2	4	2	7	8	12
Meningococcal infection	4	1	4	1	4	7
Malaria	1	4	3	3	1	2
Poliomyelitis:						
Paralytic	-	-	1	3	7	3
Non-paralytic	-	-	-	1	1	-
Acute encephalitis	-	-	-	1	-	1
Tuberculosis (all forms)	139	129	178	186	216	191
Measles	1084	428	1296	332	2061	472
Ophthalmia Neonatorum	2	3	4	3	5	7
Food Poisoning	15	40	33	20	43	55
Scabies	19	49	37	21	27	31
Whooping cough	34	43	103	28	54	216
TOTALS	1440	877	1872	878	2809	1373

NOTE: Cases of mistaken diagnosis are excluded from the above table.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN 1965

TABLE 2

Notifiable disease	Number of cases notified in 1965. Age groups in years.						
	Under 1	1 - 2	3 - 4	5 - 9	10 - 14	15 - 24	25 and over
Syphilis							
Diphtheria							
Scarlet Fever	-	2	8	8	5	4	-
Diphtheria	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	1	2	2
Puerperal pyrexia	-	-	-	-	-	42	31
Pneumonia	-	-	1	-	-	-	3
Dysentery	1	12	4	3	3	2	6
Erysipelas	-	-	-	-	-	-	2
Meningococcal infection	-	-	1	2	-	-	1
Malaria	-	-	-	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-
Tuberculosis	-	1	1	3	8	33	93
Measles	39	294	330	376	17	22	6
Ophthalmia neonatorum	2	-	-	-	-	-	-
Food poisoning	3	-	-	1	1	2	8
Scabies	-	-	1	3	1	4	10
Whooping Cough	6	9	12	4	2	-	1
TOTALS	51	318	358	400	38	111	164

TABLE 3

Description	Total cases notified in each Ward in 1965											
	St. Charles	Galborne	Norland	Pembroke	Holland	Earls Court	Queen's Gate	Redcliffe	Brompton	North Stanley	South Stanley	Church
Scarlet Fever	3	1	2	4	6	2	-	1	-	-	-	4
Diphtheria	-	-	-	-	-	1	-	2	-	-	-	-
Enteric Fever	-	-	-	-	2	1	-	2	-	-	-	-
Puerperal Pyrexia	1	-	1	1	4	6	2	3	2	-	2	-
Pneumonia	-	1	1	1	-	-	-	1	-	-	1	-
Dysentery	4	2	1	7	1	2	-	2	-	1	2	5
Erysipelas	-	-	1	-	-	-	-	-	-	-	-	1
Meningococcal infection	-	1	-	3	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	1	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis	22	22	11	15	8	11	9	13	6	3	2	4
Measles	148	161	73	105	94	107	37	79	19	30	64	54
Ophthalmia neonatorum	2	-	-	-	-	-	-	-	-	-	-	-
Food poisoning	-	-	2	5	2	2	-	2	-	-	-	1
Scabies	4	6	2	5	-	2	-	-	-	-	-	-
Whooping Cough	4	9	5	4	3	-	1	-	-	-	-	4

TABLE 2

DIPHTHERIA

TABLE 3

No case of diphtheria was notified during the year.

DYSENTERY

Thirty-one cases of dysentery were notified during the year, of which three were classed as *Sh. flexner* and the remainder *Sh. sonne*. Generally, the cases were of a mild type and there were no deaths, although fourteen cases were treated in hospital.

In the later part of the year there was an outbreak of *sonne* dysentery at one of the day nurseries when some twenty cases of children and staff were affected. The source of the outbreak could not be traced.

ENCEPHALITIS - ACUTE

No case of acute encephalitis was notified during the year.

ENTERIC FEVER

During the year four cases of paratyphoid fever and one case of typhoid fever were notified. In each case, the patient was removed to hospital for treatment.

The case of typhoid was an eleven year old girl who felt ill on arrival in this country from Baghdad. She was removed to hospital for treatment and after a few weeks, although not fully recovered, was discharged from hospital in order that she could return to Baghdad with her parents. The Ministry of Health were kept informed.

ERYSIPELAS

Two cases were notified during the year; no death occurred.

MALARIA

Only one case was reported during the year and investigations indicated that the illness was contracted in Nigeria.

MEASLES

1,084 cases were notified during 1965. This compares with 428 in 1964, and shows the usual biennial increase. There was one death reported.

MENINGOCOCCAL INFECTION

Four cases of this disease were notified during the year, all of whom were treated in hospital. No death was reported.

PNEUMONIA

There are various forms of pneumonia, but the only types notifiable are (1) acute

primary and (2) acute influenzal pneumonia. Four cases were notified during the year of the acute primary type, which is the lowest figure for many years.

During the year, the number of deaths from pneumonia (all forms) was 147, of which 129 were of persons over sixty-five years of age.

FOOD POISONING

Fourteen isolated cases of food poisoning were notified during the year and five other cases were reported by the Public Health Laboratory. The following table gives an analysis of the causes:-

6 salmonella typhimurium
1 salmonella enteritidis
1 salmonella stanleyville
11 unknown

OPHTHALMIA NEONATORUM

Two babies were notified as suffering from this disease during 1965, one of whom was treated in hospital, the other at home.

POLIOMYELITIS

A West Indian male aged forty-five (living in U.K. nine years) was notified and removed to hospital. However, the diagnosis was not confirmed. No other case of poliomyelitis was notified during the year.

Immunisation against poliomyelitis was offered to members of the department and their families, and 112 persons were immunised by oral vaccine.

PUERPERAL PYREXIA

During 1965, the number of cases of this disease notified was seventy-three, of whom forty-eight were persons normally resident outside the borough. All cases occurred in hospital.

The following table gives an analysis of the causes of puerperal pyrexia (defined as any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within fourteen days after childbirth or miscarriage):-

Cause	No. of cases
Breast infection	10
Urinary infections	13
Respiratory infection	1
Genital tract infection	1
Post-operative	3
Causes unknown	45
Total:	73

In addition to the foregoing, information was received concerning twenty-four patients normally resident in the borough who were notified as suffering from puerperal pyrexia in other London districts.

No death occurred under this heading.

SCABIES

The number of cases of scabies notified during the year was nineteen, which is the lowest figure on record.

SCARLET FEVER

The number of cases notified during the year was twenty-seven. There was no fatal case during the year.

SMALLPOX

No cases were reported in the borough during 1965.

Following upon the new Ships and Aircraft (Amendment) Regulations, 1963, 178 notifications were received during 1965 from port health authorities regarding persons intending to stay in the borough and who could not produce valid certificates of vaccination. All were contacted and kept under observation during the period of surveillance (fourteen days).

The Ministry of Health's memorandum on vaccination against smallpox recommends that persons likely to have to deal with cases of smallpox at short notice should be regularly re-vaccinated at not more than yearly intervals. During the year, thirty-eight members of the staff of the department were vaccinated or re-vaccinated.

WHOOPIING COUGH

Thirty-four cases were notified during the year - two being treated in hospital. As will be seen under the section dealing with immunisation, there could be a big improvement in the percentage of babies being immunised. This disease can still be a serious illness in all young children, especially if suffering from any other debilitating condition.

TUBERCULOSIS

During the year, 139 new cases of tuberculosis were notified, of which 123 were respiratory and 16 non-respiratory; in addition, 76 other cases were reported. The following table shows the number of cases added to and the number removed from the notification register during the year:-

Description	Respiratory		Non-Respiratory		Total
	M	F	M	F	
On register of notifications on 1st January, 1965	703	505	57	94	1,359
Notified for the first time during the year	79	44	9	7	139
Brought to notice other than by notification	42	28	1	5	76

Description	Respiratory		Non-Respiratory		Total
	M	F	M	F	
Removed from register on account of having -					
(a) Recovered	27	24	2	1	54
(b) Removed from district, lost sight of, etc.	111	69	4	9	193
(c) Died	15	9	1	-	25
Remaining on register on 31st December, 1965	671	475	60	96	1,302

All newly notified cases and those cases transferring into, or changing their address in, the borough, have been visited by the public health inspectors with the object of tracing the source of infection, preventing the spread of infection and removing conditions favourable to infection. Particular attention was given to the home conditions in addition to the dissemination of advice to prevent the transmission of infection to contacts.

During the year, 180 visits were paid to the homes of tuberculous patients. In 106 of these, the environmental conditions were such as to require no further action. In a further 57 cases, it was found that the patients had moved away or were away in hospital or could not be contacted by the end of the year.

INCIDENCE OF TUBERCULOSIS AMONGST KENSINGTON AND CHELSEA RESIDENTS WHO ORIGINATED FROM AREAS OUTSIDE ENGLAND, SCOTLAND AND WALES

[illegible]

Country of origin	Period (in years) between entry to U.K. and notification of disease										Total
	1	2	3	4	5	6	7	8	9	10	
India				1							1
Zanzibar				1							1
Bornio				1							1
Austria	1										1
Hong Kong	1										1
Total:	10	2	4	9	2	1	1	2	1		32

In a further 59 cases information concerning origin could not be obtained.

Since 1952 investigations have shown that of the new cases and "inward Transfers" reported in the borough, the proportions who were immigrants contracting the disease in the first ten years of arrival were as follows:-

Year	Proportion per cent
1952	16
1953	10
1954	16
1955	17
1956	15
1957	16
1958	23
1959	20
1960	20
1961	11
1962	20
1963	27
1964	23
1965	19

This year 30 per cent. (1964 - 40 per cent.) of the infected immigrants contracted the disease within one year of arrival in this country; 50 per cent. (1964 - 77 per cent.) contracted within three years of arrival. Persons born in the Republic of Ireland were regarded as immigrants for this purpose.

INTERNATIONAL CERTIFICATES

In order to prevent the spread of infectious diseases, certain countries require that visitors should be vaccinated or inoculated against specified diseases.

International certificates have been prescribed for smallpox, cholera and yellow fever. When completed by the medical practitioner, the certificates must be authenticated by the Medical Officer of Health.

During the year 8,358 of these certificates were authenticated. In addition 27 special certificates were issued to travellers who refused vaccination due to medical or religious grounds.

IMMUNISATION AND VACCINATION

POLIOMYELITIS IMMUNISATION

In the clinics, oral vaccine (Sabin) has almost entirely replaced the inactivated vaccine by injection (Salk). However, of the immunisations given by general practitioners, one quarter is still by the latter method. In September, a circular letter was received from the Ministry of Health giving the recent views of the Sub-Committee on Poliomyelitis Vaccination, and the following were their three recommendations:-

- (1) that an interval of three weeks was no longer necessary after a dose of oral vaccine before any other immunising procedure is undertaken;
- (2) the simultaneous administration of oral vaccine with triple vaccine could be recommended; and
- (3) there was no need to delay tonsillectomy because of recent administration of oral vaccine.

It is pleasing to note that no cases occurred during the year in the borough, but the very low level of protection at present prevailing means that, should a case occur, a severe outbreak is a very likely possibility. The detailed plan as originally outlined by the London County Council a year or two ago was revised and centres ear-marked should a mass vaccination scheme be necessary in any part of the borough.

	Total primary courses completed	Total reinforcing doses
<u>At Council clinics -</u>		
Salk	33	15
Sabin	3,359	1,717
<u>By general practitioners -</u>		
Salk	136	42
Sabin	541	151
Total:	4,069	1,925

DIPHTHERIA IMMUNISATION

The following table shows the number of injections given during the year. Once again, no cases have occurred in the borough but the fact that the occasional case is still occurring in other London boroughs means that every effort must be made to obtain the highest degree of protection in the community.

	Total primary courses completed	Total reinforcing doses
At Council clinics	2,447	3,451
By general practitioners	497	516
Total:	2,944	3,967

WHOOPING COUGH IMMUNISATION

Whooping cough is a disease which is particularly dangerous to children in their first year of life and, for this reason, it is very important that early protection is given to as many infants as possible. Primary vaccination is normally now given in the form of the Triple Antigen commencing before the twelfth week. A booster dose is given between fifteen and eighteen months.

Over the last few years there appears to be an emergence of a strain of *Bordetella pertussis* usually of Type 1,3. Cases in previously immunised children are occurring occasionally but no laboratory tests have yet been carried out.

	Total primary courses completed	Total reinforcing doses
At Council clinics	1,884	1,333
By general practitioners	473	430
Total:	2,357	1,763

SMALLPOX VACCINATION

Once again, the number of primary vaccinations and re-vaccinations remained very low, although it is known that in some cases of primary vaccinations the general practitioners do not bother to send in the form. In the case of re-vaccination, the figures give a rather false impression since it is known by the number of International Certificates that are now being stamped (8,358 during 1965) that many adults are, in fact, being vaccinated but since the practitioners have no statutory duty or financial reward in informing the department, the actual number of re-vaccinations performed is unknown. However, since the present policy in this country in the event of an outbreak is twofold, namely, the high rate of primary vaccinations in infants and the successful tracing and possible vaccination of contacts, it is very important that the infant vaccination rate be as high as possible. This is unfortunately not so due to many reasons, but there is no doubt that the advice given by the Ministry of Health in 1962 that vaccination should preferably be offered to children in their second year of life has made it very much more difficult for health visitors to make mothers bring their children to the clinics.

	Under 1 year	1 year	2 - 4	5 - 14	15 years and over	Total
<u>Primary vaccinations</u>						
At Council clinics	29	892	284	27	9	1,241
By general practitioners	32	145	54	5	6	242
Total:	61	1,037	338	32	15	1,483
<u>Re-vaccinations</u>						
At Council clinics	-	6	9	12	53	80
By general practitioners	-	-	1	11	8	20
Total:	-	6	10	23	61	100

MEASLES VACCINATION

During the year, the Council continued to take part in the Medical Research Council's investigation of Measles Vaccine, continuing with the policy already adopted previously by the London County Council. Briefly, the trial consisted of vaccinating children aged ten months to two years by two vaccination schedules; either giving live vaccine alone, or live vaccine preceded one month earlier by a dose of killed vaccine. The incidence and severity of measles occurring in all groups was recorded for six months after vaccination, and also the reaction to the live vaccine. The results of the trial were not in fact published until early in 1966 but, generally speaking, the trial has shown that measles vaccine is safe and effective although, as a result of this, a Ministry Circular received in February, 1966, stated that the Joint Committee on Vaccination and Immunisation felt that it was premature to embark on any programme of general measles vaccination and for Authorities to make arrangements under Section 26 of the National Health Service Act, 1946, but that vaccines should be available to doctors who wished to use them for any of their patients.

TETANUS IMMUNISATION

In September, 1965, a circular letter was received expressing the recommendations of the Advisory Group on Protection against Tetanus. The Group consider that as active immunisation is the only measure which affords reliable protection against tetanus, universal active immunisation should be the ultimate goal. Not only would this prevent many cases of tetanus occurring, but also following any injury a further injection of tetanus toxoid alone would be sufficient and thus the various complications due to anti-serum would be avoided.

The normal procedure now adopted is for an infant to receive the primary course of tetanus as Triple Antigen with a booster at eighteen months and a further booster combined with diphtheria at school entry. The figures are as follows:-

	Total primary courses completed	Total reinforcing doses
At Council clinics	2,533	2,686
By general practitioners	501	516
Total:	3,034	3,202

ANTHRAX VACCINATION

A circular letter from the Ministry of Health received in September, 1965, strongly urged authorities within whose areas there are specific establishments such as tanneries and bone-meal factories, to make the necessary arrangements under Section 26 of the National Health Service Act, 1946, for vaccination against anthrax. Once arrangements had been made, the vaccine would be supplied free. There is no such establishment within the borough.

TUBERCULOSIS (BCG VACCINATION)

The policy adopted by the London County Council of offering BCG vaccination to thirteen year old schoolchildren was continued, recommencing in the autumn term. The acceptance rate was 72.1 per cent. and the positivity rate was 6.4 per cent. This compares well with the 8.6 per cent. in 1964 for the whole of London.

It is proposed in the new year to offer all positive reactors a chest X-ray and for the home contacts of those with a "severe" reaction (more than 20 m.m. local reaction) also to be followed up by health visitors and offered chest X-ray examination.

BCG vaccination

Thirteen year old schoolchildren

Schools visited	11
Number of eligible children	1,073
Number of acceptances	774
Acceptance rate	72.1%
Number skin-tested and read	592
Number given BCG vaccination	554
Number of positive reactors	38
Positivity rate	6.4%

In addition, contacts of cases of tuberculosis were seen at the chest clinic and were offered BCG vaccination. The figures are as follows:-

Contacts

Number skin-tested and read	288
Number found negative	137
Number given BCG vaccination	130
Number found positive	151

IMMUNITY INDEX

It is obviously desirable in connection with any prophylactic scheme to be able to assess the degree of immunity conferred upon a community and this can only be achieved by calculation of the proportion protected, as compared with the total, in a particular age group. In the practical application of these requirements, the first problem arising is the absence of any statistical data for the years prior to 1965 in such form that figures applicable to the borough can be extracted from those compiled in the former London County Council Division. It will, therefore, not be possible to prepare any reliable indices for the total under-five age groups until after 1969. During the interim period, however, calculation of percentage rates for each year can be made. These may be satisfactory as a working basis for children in the first year or two of life, but may not be so for the upper age groups. The population movements which take place at school entry age are sufficiently erratic to render invalid an assumption that five-year-old residents or the children from the previous year are the same individuals, containing in each group the same proportion of immunised or vaccinated children. Thus such indices can only be a rough guide to the immunisation state of school children and it is more effective for practical purposes for a constant check to be made on individual school medical record cards.

However, an attempt has been made to calculate the percentage of infants who have received their primary immunising courses for the usual diseases at least during their first two years of life. This has been done by taking the number of live births for 1965, subtracting the number of deaths and estimating the number of infants who would have reached an eligible age and then seeing how many in fact were immunised. This method suggests that approximately sixty-four per cent. of infants received their primary course against diphtheria, whooping cough and tetanus, and fifty-seven per cent. against poliomyelitis. By using similar methods, just under thirty per cent. of infants have received primary vaccination against smallpox by the age of two years.

These estimates show that there is undoubtedly room for a good deal of improvement and every effort will have to be made to try and see that over seventy per cent. of infants are protected, which is the normally accepted percentage if a serious outbreak is to be prevented.

MASS RADIOGRAPHY

Mass radiography is undertaken on behalf of the Minister of Health by the Regional Hospital Boards. The new borough of Kensington and Chelsea is within the area of two Regional Hospital Boards; for the northern part of the borough the North West Metropolitan Regional Hospital Board operates the mass X-ray unit No. 5A from 285 Harrow Road, W.9., and for the southern part of the borough the South West Metropolitan Regional Hospital Board operates a mass X-ray unit from the Western Hospital, Seagrave Road, S.W.6.

The purpose of mass radiography is twofold:-

- (i) to find abnormalities of the chest and, in particular, tuberculosis and cancer of the lungs, and
- (ii) to give those whose X-ray is within "normal limit" a certain degree of security.

During 1965, sixteen visits were made by these Units, including the annual visit to the Chelsea College of Science and Technology and the College of St. Mark and St. John to X-ray students and staff. Other visits included those to X-ray the staff of two large stores, the Power Station in Lots Road, the Chelsea Engineering College, an engineering firm, a hospital and two hostels. A special survey was also made of shop premises in Beauchamp Place and the vicinity.

Cases of tuberculosis discovered amongst those attending from the borough are not recorded separately, but in the year under review, a total of 106,290 people were examined by the South West London units, as a result of which 168 cases of active pulmonary tuberculosis were referred to Chest Clinics for treatment. Fifty-four of these cases were infectious.

PERSONAL HEALTH SERVICES

In addition, 226 cases of tuberculosis were detected requiring occasional out-patient supervision only. 127 malignant neoplasms were discovered, of which 119 were primary carcinomas, and these are included in the figure of 966 cases under the heading "non-tuberculous conditions" which were referred for further investigation and necessary treatment.

PERSONAL HEALTH SERVICES

PLEASE REVERSE SIDE

CARE OF MOTHERS AND YOUNG CHILDREN

MATERNITY AND CHILD WELFARE

There are within the borough seven welfare centres for the care of mothers and pre-school children. Each provides a comprehensive range of services to meet the needs of the particular district which it serves. One of these centres, the Violet Melchett Infant Welfare, is provided by a voluntary committee, with grant aid by the Council.

At all centres there are ante-natal and post-natal clinics and child welfare clinics, sessions for vaccination and immunisation and mothercraft classes. The full range of welfare foods is sold, supplemented by a variety of other foods and vitamins which are available at a reduced cost, to mothers attending the clinics.

At four of the centres, occasional creches are held, where young children may be left for short periods.

The health visitors are based at the seven child welfare centres. The centres are used not only for ante-natal and child welfare sessions, but for school treatment, cervical cytology, family planning and, in effect, as advisory and educational centres for mothers. They are also meeting places for social workers, representing both voluntary and statutory services in connection with families of common concern.

At one centre, in a district where a high percentage of the mothers are working, an evening child welfare session is held weekly. Here, children, who may be under the care of child-minders during the daytime, can be brought by their mothers for consultation with the doctor or health visitor, or for vaccination or immunisation. The continued high attendance at this clinic has proved its usefulness in this particular area.

Ante-natal and Post-natal clinics:	
Total number of sessions	908
Total attendances	5,876
Number of women attending during year -	
Ante-natal	1,553
Post-natal	20

Child Welfare clinics:	
Total number of sessions	1,462
Total attendances	32,660
Number of children attending during year -	
Born in 1965	2,707
Born 1964-1960	3,986
Total attendances at special Toddlers clinics	2,852

Maternity and Child Welfare Dental Service

	Nursing or Expectant mothers	Children under five	Total
Number of appointments	91	773	864
Attendances -			
by appointment	46	448	494
other	-	1	1
Silver nitrate treatment	-	82	82
Fillings	18	123	141
Extractions	-	12	12
Dentures supplied -			
in full	2	-	2
new partial	4	-	4
Number made dentally fit	6	227	233

The total number of sessions held during the year was 58.

MATERNITY SERVICES

During 1965, there were 3,737 births in the borough. Of these, 331 took place at home and 3,406 (or 91%) in hospitals and other institutions.

Before the end of 1964, there was great pressure on hospital maternity departments in this area, as elsewhere in London, and difficulty was often experienced in finding beds even for priority cases when there were obvious medical or social indications for institutional confinement.

To alleviate the position at the ante-natal clinics where many fruitless applications had often to be made to several hospitals before a bed could be found, and to simplify booking arrangements generally, a Maternity Bed Bureau was operated. All bookings were then made at a central office with more satisfactory results. The use of a similar Bed Bureau was continued, after 1st April, 1965, in this borough. By October, 1964, a system of "maternity catchment areas" for each group of hospitals had been introduced and it had become the responsibility of the hospitals to find beds for all patients in their catchment areas for whom a hospital confinement was indicated on medical or social grounds.

Since the end of 1964, pressure on hospital beds in this area has been very much reduced and, in September, 1965, it was felt that the use of the Bed Bureau could be discontinued. Since then, bookings have been made directly by clinic staff with the hospitals and no difficulty has been experienced by the ante-natal clinics in finding beds for priority cases.

Kensington and Chelsea falls within the catchment areas of ten hospitals belonging to two Metropolitan Regional Hospital Boards, but the great majority of patients are, in practice, booked at any one of seven hospitals within or near to the borough.

ANTE-NATAL CARE

Arrangements for the supervision of a hospital booked case throughout the ante-natal period vary. The majority attend the hospital early in pregnancy when the bed is booked and a complete obstetrical and medical examination is carried out. The patients may then continue to attend the hospital clinic, but some are referred back to the Council's clinics where they attend regularly until the 32nd or 36th week of pregnancy when they once again become the responsibility of the hospital.

The post-natal examination at the sixth week after delivery is usually made at the hospital clinic.

HEALTH VISITING

Health has been defined in the Constitution of the World Health Organisation, 1946, as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It is within the broad scope, and particularly the spirit, of this definition that the work for the prevention of illness, promotion and maintenance of health is done.

The statutory notification of births to the Medical Officer of Health provides an opportunity for health visitors to visit the homes of all families with young children. They are skilled in recognising early deviations from normal, so providing for early assessment and treatment, particularly in children at risk of handicap or neglect and in families at risk of break-up. Where a child is handicapped, the health visitor is in a favourable position to help the parents in the early stages of the child's life and later to create an atmosphere like that in which a normal child can learn.

The number of health visitors available at 1st April, 1965, in the borough was below strength (24 full-time equivalent) but increased during the year (to 31 at 31st December, 1965). This establishment will need to be further increased to meet the demands of a highly cosmopolitan, shifting population, many living in multi-occupied properties, the high illegitimacy rate, and the large number of children in care of daily minders. State registered nurses and lay assistants are engaged to support the health visitors in their work.

The following table records some of the visits made by the health visitors; the number of unsuccessful visits - about one-third - is unfortunately high:-

First visits during 1965 to -	
Children born in 1965	3,439
Children born in 1960-64	7,370
Persons aged 65 or over	68
Mentally disordered persons	39
Persons discharged from hospital (other than mental hospitals)	38
Infectious households (other than tuberculosis)	4
Unsuccessful visits	10,553
Total visits	35,656

HEALTH VISITOR AND SCHOOL HEALTH SERVICE

It has not yet been possible to assign health visitors to all schools although most of the primary schools have health visitors on school medical work. Health visitors are taking part in the teaching of Health Education in four schools.

At 31st December, 1965, there were ten State Registered Nurses allocated to school medical work.

HEALTH VISITOR AND TUBERCULOSIS VISITING

The reduction in the incidence of tuberculosis made possible the home visiting of tuberculous families by the district health visitors, in place of two whole time tuberculosis visitors.

In consultation with the Chest Physicians, arrangements were made for the necessary re-organisation of this work so that it would operate at the beginning of January, 1966.

HEALTH VISITOR AND FAMILY DOCTOR PRACTICE

There are now three health visitors working with family doctor practices; in two cases they run "well-baby" and ante-natal clinics in the surgeries. This has widened the health visitors' contact with families in which there are no children and this has been beneficial to the families and health visitors and has been greatly appreciated by the doctors. Any considerable extension of these attachments is unlikely until family doctors, with overlapping practices, are able to arrange their work in groups within compact geographical areas.

There are some general practitioners who hold "well baby" clinics and prophylaxis sessions. This development has reduced attendances at similar sessions in welfare centres.

Ante-natal sessions held at hospitals and by general practitioners also affect the number of attendances at the local authority centres. Co-operation between them and health visitors is good.

TRAINING AND POST-CERTIFICATE COURSES

The Council for the Training of Health Visitors issued a new syllabus of health visitor training, and one year courses based on this syllabus started in the autumn of 1965. Six students were financially sponsored by this Council. The health visitor student enters the training school as a state registered nurse with, in addition, either obstetric experience or midwifery training.

Health visitors are encouraged to keep abreast of changes and advances in health visiting through five-yearly refresher courses arranged by the London Boroughs' Training Committee and lectures arranged by the department.

STUDENTS AND VISITORS

Facilities were provided for ten student health visitors at any time to gain practical work experience under the supervision of those health visitors who, as fieldwork instructors, have been prepared for this teaching responsibility.

Forty-seven student nurses from the nurse training schools of St. Stephen's Hospital and St. Charles's Hospital have been given insight into public health work and have been taught by health visitors at their respective training schools on the "Social Aspects of Disease".

Twenty-four students from Hammersmith Further Education College, the North Western Polytechnic, Queen Elizabeth College, Wellgarth Training College, and also thirty-two D.P.H. and D.C.H. students have visited public health establishments.

Visits of observation have been arranged for one student from the Kensington District Nursing Association; and two Assistant Child Care Officers have each been given training in a day nursery for two weeks.

There have been four visitors from overseas - Holland, Finland, U.S.A. and Korea - interested in administration or teaching vocational subjects, who have spent some time in the public health nursing section collecting information or observing the work.

HOME NURSING

Section 25 of the National Health Service Act, 1946, requires local health authorities to make provision for home nursing services in their areas, either by employing nurses themselves or by making arrangements with voluntary organisations. In Kensington and Chelsea, the two District Nursing Associations have carried out the service ever since the Act came into force. The Borough Council meets its responsibility by the payment of 93% of the net approved expenditure incurred in providing the service.

The question of whether the service should continue to be administered by the voluntary associations, or whether it would be more advantageous for it to be conducted directly by the Council, was carefully considered. The Council agreed on 8th December,

1965, that the two District Nursing Associations should continue the agency service for a further period until at least March, 1967, and thereafter subject to review.

The two District Nursing Associations have separate districts; the Kensington District Nursing Association operates within the area of the former Royal Borough of Kensington, and the Chelsea District Nursing Association covers the smaller area of the former Metropolitan Borough of Chelsea.

In addition, the Kensington District Nursing Association employs at least two nurses with midwifery qualifications, who undertake the nursing of both planned and unbooked early discharge maternity patients from three hospitals whose catchment areas are within the borough's boundaries.

The home nursing staff employed at 31st December, 1965, exclusive of supervisory staff was as follows:-

State registered nurses	-	33
State enrolled nurses	-	1
Total number employed	-	34
Full-time equivalent	-	31.25
Students	-	10

During the period 1st April to 31st December, 1965, the number of patients dealt with was 2,589, and the total number of visits paid was 77,175. The average number of visits to each patient was 29.8.

The number of cases nursed for three months or more was 257, being 9.9% of the total patients nursed.

Types of case	Number of new cases undertaken	Percentage of total
Medical	1,395	78.3
Surgical	237	13.3
Tuberculosis	19	1.1
Maternity - early discharge from hospital	122	6.9
complications	7	0.4
Mental ill-health	1	Less than 0.1
	<u>1,781</u>	<u>100</u>

	At patients' homes	Elsewhere	Total	Percentage of total
Visits for -				
Injections only	17,872	705	18,577	24
Injections plus other treatment	1,459	11	1,470	2
Other treatment only	57,124	4	57,128	74
	<u>76,455</u>	<u>720</u>	<u>77,175</u>	<u>100</u>

Age distribution of patients (new cases undertaken)	No. of patients	Percentage
0 - 4 years	62	3.5
5 - 64 years	849	47.7
65 years and over	870	48.8
Total:	1,781	100

Nursing treatments:

Total number of completed treatments - 1,949

Total number of patients being nursed,
at end of year - 644

DOMICILIARY MIDWIFERY

Under the National Health Service Act, 1946, this Council, as the local health authority, have a duty to secure that an adequate number of midwives are available to attend women confined in their homes. The Council directly employ midwives, and through arrangements with Queen Charlotte's Hospital and the Kensington District Nursing Association, other midwives are available within the borough.

The Queen Charlotte's Hospital Midwifery District includes that part of the borough which coincides approximately with the W.10. postal district. The hospital midwives and doctors hold their ante-natal clinics weekly at the Raymede Welfare Centre.

The Kensington District Nursing Association employ two midwives who undertake the puerperal nursing of "early discharges", i.e., women who are delivered in hospital, but are discharged to their homes before the end of the lying-in period.

The Council's midwives operate over the whole of the borough, with the exception of the W.10. district in North Kensington, and each has her own area of practice.

Before 1st April, 1965, five midwives were found to give adequate cover to an area roughly corresponding to the boroughs of Kensington and Chelsea and, in an emergency, other midwives could, of course, be sent in from adjoining areas. During 1964, schemes were introduced by the former London County Council to improve the working conditions of their midwives and by the end of the year new rotas of duty were introduced by which most midwives in London were on duty for two nights a week only. It was not, however, found practicable to introduce the new rotas in this borough because of the small number of midwives employed. From 1st April, 1965, the five Council midwives had to work as an independent group and, in an emergency, help could no longer be sought from midwives in adjoining areas. In order to maintain an adequate service, the Council's midwives were on call for three and sometimes four nights a week.

To alleviate this situation, a sixth midwife was appointed and took up her duties in July, 1965. Since then, the midwives have been on call for only two or three nights a week. As individual case loads have been reduced by this increase in staff, they have been able to accept more nursing of "early discharges" from hospitals.

DOMICILIARY CONFINEMENTS AND NURSING OF "EARLY DISCHARGES" IN 1965

	Cases booked with a doctor	Cases not booked with a doctor
Council's midwives	220	7
Hospital midwives	46	37
Total:	266	44

TOTAL NUMBER OF DELIVERIES ATTENDED - 310

	Planned early discharges	Unplanned early discharges
Nursed by Council's midwives	30	9
Nursed by Kensington D.N.A. midwives	97	44
Nursed by hospital midwives	35	-
TOTAL:	162	53

Women are carefully accepted for home confinement according to the recommendations of the Cranbrook report of 1959 and, generally, only those women who are pregnant for the second, third or fourth time and who show no medical or obstetrical abnormality are booked for home delivery. They are urged to make arrangements with their own doctors or general practitioner obstetricians for maternity medical services and, during 1965, out of 327 cases attended by the Council's midwives, only seven had no booked doctor. Of these, two were cases of early miscarriage, one was a premature birth in a woman visiting the district, and two were deliveries where neither a doctor, midwife nor hospital had been booked. Thus, in almost 100% of cases booked with the Council's midwives, there was also a booked doctor.

Ante-natal care is usually given by the midwife and the doctor working together at weekly clinics held at the Council's Welfare Centres, but in some cases the woman may be visited at home by the midwife, or she may attend the doctor's surgery.

Post-natal examinations are carried out by the doctors in their surgeries.

The table below gives particulars of premature live births attended by domiciliary midwives in the borough, i.e., the Council's midwives and those of Queen Charlotte's Hospital.

PREMATURITY AND MORTALITY BY BIRTH WEIGHT

Birth Weight	Number	Deaths within 24 hours	Survivors at 28 days
2 lbs. 3 ozs. or less	1	1	-
2 lbs. 4 ozs. - 3 lbs. 4 ozs.	-	-	-
3 lbs. 5 ozs. - 4 lbs. 6 ozs.	2	-	2
4 lbs. 6 ozs. - 4 lbs. 15 ozs.	1	-	1
4 lbs. 15 ozs. - 5 lbs. 8 ozs.	6	-	6
TOTAL	10	1	9

All these babies were nursed at home with the exception of one child who was transferred to hospital and who died within twenty-four hours.

Home assessment visits are made by midwives (including the midwives of the District Nursing Association and Queen Charlotte's Hospital) at the request of a hospital, when a woman is being considered for admission on social grounds or for "early discharge". The midwife visits the home and gives her opinion, often after consultation with the health visitor, as to whether it provides a suitable environment for confinement or puerperal nursing.

OBSTETRIC NURSE TRAINING

Much attention has been focussed recently on provision being made by local authorities, voluntary bodies and private individuals for the care of pre-school children who,

for some reason, cannot remain in their own homes during the daytime, or for whom nursery environment is considered to be beneficial. Ministry of Health circular No. 5/65 dealt comprehensively with this aspect of child care. The need for the provision of day care is especially pressing in this borough for a variety of reasons.

Many children are living in overcrowded and substandard homes where little or no playing space is available for them. There are also many families, especially amongst immigrants, where the mother and children are unsupported or where financial support is intermittent and unreliable and the mother must work. There are many children living in flats, who benefit greatly from daily contact with other children and, lastly, there is the small group of handicapped children who may be better able to develop their residual potentialities under trained supervision in a more favourable environment than in their own homes.

Several types of day accommodation are available for children in this borough. Accommodation in the Council's day nurseries and in the day nursery provided and run by the Violet Melchett Infant Welfare Centre, which is grant-aided by the Council on an approved cost deficiency basis, and to which children are admitted on the same conditions as apply to the Council's day nurseries, is as follows:-

Number of places -				
0 - 1 year	...	...	...	54
1 - 2 years	...	...	...	79
2 - 5 years	...	...	...	172
Total: ...	...	...	...	305
Average daily attendance during 1965				224
Total of daily attendances in 1965				62,913

Demand for nursery places is heavy and children are admitted on a priority basis, based on the principles set out by the Ministry of Health.

Children of unsupported mothers, or mothers who are ill or about to be confined, or where the father is a widower, are considered to have the greatest claim. Other children are admitted where housing conditions are detrimental to their health or on medical recommendation or when the family income is so low that both parents must work in order to maintain a reasonable standard of living.

Day nurseries have increasingly been called upon to accommodate children from "problem families" or children who are disturbed or lacking in a stable and understanding home background. The Council has continued the practice whereby mentally sub-normal children who can be looked after in or during day nursery conditions, or deaf children (up to a maximum of fifteen hours a week) are allowed to attend without charge save for the cost of a mid-day meal.

Most children in the Council's day nurseries are cared for in groups of mixed ages consisting of twelve to fourteen children under the constant care of the same nursery staff.

NURSERY NURSE TRAINING

The National Nursery Examination Board syllabus was revised in 1965 and the revised syllabus applies to all students who commence training in and after September, 1965. The period of training is still two years. Students training under these regulations should have had approved theoretical instruction covering the care of children from birth to seven years of age, and approved practical training with children of a wide age range within the overall age range from birth to seven years. Fifteen students will start training on the new syllabus in the autumn of 1966, and six students already in training will take the examination based on the old syllabus in July, 1966. There are two approved training nurseries and approval is being sought for a third to become a training nursery.

OCCASIONAL CRECHES

Total number of sessions	-	1,023
Total attendances	-	11,788

A child may be left in a creche for short periods while the mother is attending a clinic either at the Welfare Centre or at hospital. The creches also provide occasional relief to mothers who, for various domestic reasons, wish to be relieved of the care of their children temporarily.

PRIVATE DAY NURSERIES AND CHILD MINDERS

(a) Under the Nurseries and Child Minders (Regulation) Act, 1948, the Council can register premises used as private day nurseries and all persons who for reward receive into their homes children under the age of five to be looked after for a substantial part of a day.

At 1st April, 1965, there were seventeen private day nurseries within the borough. During the remainder of the year, there were four new registrations and one cancellation. All private day nurseries are visited and inspected at regular intervals by the Council's medical officers. A registered nursery must keep detailed records of the child's medical history and inoculation state and to report any occurrence of infectious diseases.

(b) Women who look after for reward in their homes more than two children from more than one family for a substantial part of the day are registered by the Council as child minders.

Before registration, the homes are visited to ensure that the premises are suitable and that there are no hazards to the health or safety of the children; particular attention being paid to the safety of heating appliances and electrical installations.

After registration, health visitors visit regularly and exercise a general supervision over the premises and advise the child minder on the various aspects of child care.

REGISTERED DAY NURSERIES AND CHILD MINDERS

(Nurseries and Child Minders (Regulation) Act, 1948)

Number of registered day nurseries at 31st December, 1965	...	...	...	20
Number of places	...	...	...	561
Number of child minders registered at 31st December, 1965	...	...	...	19
Number of children authorised	...	...	...	111

VOLUNTARY CHILD MINDERS

A woman who minds only one or two children is not required to register under the Act, but the Council maintain a register of such voluntary minders. Under this scheme, a small weekly payment is made by the Council to women who look after one or two children and who are willing to take them to Council's welfare centres and to admit the health visitors to their homes.

VOLUNTARY REGISTRATION OF CHILD MINDERS

Number registered at 31st December, 1965	-	40
Number of children authorised	-	65

PLAY GROUPS

Playgroups for pre-school children have been organised by voluntary bodies and groups of parents. Where children attend for short periods only, registration is not necessary, but one play group, which is held on Council premises and is open for the whole day, has been registered as a day nursery.

Unregistered play groups are visited by health visitors and other officers and advice is given as to the suitability of the premises, provision of sanitary accommodation, etc., and an attempt is made to bring the general standard of accommodation and child care into line with what would be expected in a registered nursery.

RESIDENTIAL CARE OF CHILDREN

A residential nursery for young children taken "into care", maintained by the Borough Council's Children's Department, is visited at regular intervals by a medical officer and nursing officer who advise on matters concerning hygiene and the health of the children generally.

Handicapped children and children "At Risk" are reviewed individually and their progress is discussed with the visiting medical officer and senior nursery staff.

Advice is also given as required by the Council's medical staff on measures necessary to prevent the spread of infection should this occur amongst children or members of the staff.

ADOPTIONS AND BOARDING OUT OF CHILDREN

The scrutiny of medical records of children in care who are being considered for adoption or boarding out by the Children's Department is undertaken by the Council's medical officers. The children are medically examined by the doctor, who supplies a written report of the examination and the Children's Officer is advised on the child's suitability on medical grounds for boarding-out or adoption. Should a report reveal a medical defect or handicap in the child, the Children's Officer is also advised on any particular medical need. Where there is a history of inheritable disease in the natural parents, the medical officer interviews the prospective adopters with whom he discusses the implications of the probability of the child's inheritance of disease or defect.

The following is a summary of the cases dealt with in 1965:-

Adoption cases:

Suitable for adoption	...	...	...	...	...	17
Suitable for adoption subject to certain conditions	...	...	...	...	...	9
Unsuitable for adoption	1

Boarding out cases:

Suitable for boarding out	3
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In the same way, the health records of prospective adopters are investigated. During the year, ten couples were considered suitable to adopt children.

HANDICAPPED CHILDREN AND CHILDREN "AT RISK"

The Council maintain a Handicap and Observation register which is a list of children who already show some handicap or who may be "at risk" of developing a handicapping condition.

The "at risk" factor may have been present before birth as, for example, rubella in the mother, or a family history of deafness; it may occur during the process of birth if there is a complicated delivery or it may appear after birth, e.g., jaundice or respiratory distress. In some cases, the "at risk" factor or actual handicap may result from subsequent illness or injury. There are several sources of information from which the register is compiled.

- (a) Notifications of births on which are recorded all congenital defects apparent at birth. Experience has proved that when one congenital abnormality has been noted, others may later appear and the names of children showing such defects are therefore entered automatically on the "observation register".

- (b) Reports from hospitals or domiciliary midwives, on the discharge of mothers from their care, which may indicate "at risk" factors or any abnormalities.
- (c) Information given by doctors and health visitors who see almost all young children either in welfare centres or in their own homes.

Children "at risk" are kept under special surveillance and are medically examined regularly in order to assess their developmental progress; these examinations include also "screening" tests for vision and hearing. If any abnormality is suspected, the child may then be kept under close supervision or may be referred for further examination by a paediatrician, otologist or ophthalmologist. When a handicap such as defective vision or hearing or mental retardation is diagnosed, the child's name is then entered in the handicap section of the register but, as congenital defects are often multiple, the child remains under surveillance as being "at risk" until it is reasonably certain that there is no other abnormality.

The purpose of the register is therefore twofold - the early detection of handicapping conditions, and to ensure that cases are kept under review and action is initiated to remedy or ameliorate the conditions found. This results in treatment and training being given to the child at a time when it is most beneficial. Support and advice is given to the family as a whole and long-term provision is made for the child's future education and training if it seems unlikely that he will attend a normal school.

As soon as the examining doctors are satisfied that the child sees, hears and communicates normally, and that there is no other handicap, its name is removed from the list of those "at risk".

Total number of children under five years of age on the Handicap and Observation Register at 31st December, 1965	945
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Number of handicapped children under five years of age included above	161
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Summary of defects:

Defects of vision	4
Defects of hearing	4
Cerebral palsy and orthopaedic defects . . .	46
Cardiac defects	25
Epileptics	11
Mental retardation	29
Other handicaps	15
Multiple handicaps	27

161

NOTIFICATION OF CONGENITAL MALFORMATIONS

Since 1st January, 1964, all congenital defects apparent at birth have been notified to the Registrar General from information given by doctors and midwives on Notifications of Birth.

During the year, sixty-four children (including two stillbirths) were notified as showing such defects. Of these, three showed more than one defect and in two there were multiple abnormalities and gross defects.

CONGENITAL DEFECTS NOTIFIED IN 1965

Central Nervous System:

Anencephalus	1
Hydrocephalus	1
Spina Bifida	4

Eye and Ear:

Abnormalities of the External Ear ...	2
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Alimentary System:

Cleft Lip	2
Cleft Palate	2
Hiatus Hernia	1
Oesophageal atresia	1
Anal Atresia	1

Heart:

Congenital Heart Disease	1
Dextrocardia	1

Urogenital System:

Hypospadias	1
Defects of the external genitalia ...	2
Hydrocele	2

Limbs:

Talipes	17
Reduction deformities	3
Extra digits	11
Webbing of fingers and toes	2

Other skeletal defects:

Achondroplasia	1
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Other systems:

Naevi	2
Defects of lip	1
Umbilical hernia	5
Mongolism	1
Erb's Palsy	1

Multiple Defects:	2
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WELFARE OF THE BLIND AND PARTIALLY SIGHTED

Number of examinations by Council's ophthalmologist	74
Number of hospital certificates accepted	38
Number of new cases registered blind	40
Number of new cases registered partially sighted	20

Re-examinations:

Number previously registered blind and now found to be partially sighted	-
Number previously registered partially sighted and now found to be blind	13

Re-examinations - continued:

Number previously registered blind or partially sighted and now found to be not registered	...	...	...	...	...	2
Number examined and no change found in category	...	...	...	...	...	34

CYTOLOGICAL DIAGNOSIS OF EARLY UTERINE CARCINOMA

The Council were concerned to extend the service for cervical screening in conjunction with ante-natal and child welfare centres within the borough. The Consultant Pathologist at St. Stephen's Hospital agreed to provide the necessary diagnostic investigation in the pathological laboratory at the hospital for a limited number of patients resident in the south of the borough, and the Health Committee accordingly decided in September, 1965, to set up clinics in alternate weeks at Campden Hill and South Kensington Welfare Centres for the collection of cervical smears.

Approval for the setting up of this service was granted by the Minister of Health under Section 28 of the National Health Service Act, 1946, on 25th November, 1965, and arrangements were made for the clinics to open early in 1966.

FAMILY PLANNING

Advice on family planning is given to married women attending the Council's Welfare Centres for whom further pregnancy would be detrimental to health.

Women eligible for advice are referred to clinics of two branches of the Family Planning Association in this area.

- (a) The North Kensington Marriage Welfare Centre at Telford Road, W.10. Sub-centre at Campden Hill Welfare Centre, Holland Street, W.8.
- (b) Putney and Roehampton Branch at St. Stephen's Hospital, Fulham Road, S.W.10.

Number of women referred to Family Planning Association Clinics	48
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RECUPERATIVE HOLIDAYS

Recuperative holidays are provided where there is a need for rest, fresh air and good food but where medical and nursing attention are not required.

Provision for expectant and nursing mothers and children under the age of five and for other adults is made under the National Health Service Act, 1946, and is authorised only for those cases where the applicant has been recently treated for some definite medical condition. In most cases, the type of holiday accommodation provided is the private boarding house or the small private hotel.

Recuperative holidays for children attending maintained or aided schools are provided under the Education Act, 1944, where it is considered on medical grounds that such a holiday is necessary to restore a child to full health.

ADMISSIONS TO HOLIDAY HOMES ARRANGED DURING THE YEAR:-

Expectant and nursing mothers	...	...	...	13
Other adults	...	...	...	53
Children under five years of age	...	...	...	22
School children	...	...	...	55

HOME HELP SERVICE

Under Section 29 of the National Health Service Act, 1946, the Council provide a service to give domestic help in homes where it is needed by reason of sickness, confinement, or old age. A charge is made of 4s. 3d. per hour, which is abated in case of necessity.

The greatest demand for the service is from old people who are unable to carry out their day-to-day domestic work without help. Seventy-one per cent. of the households assisted during the year were those of old persons. Another eight per cent. of households assisted were those of the chronic sick.

An important aspect of the home help service is the assistance given in homes where a confinement has taken place or where a mother has returned to her own home shortly after delivery in hospital. Home helps are also provided in cases of toxæmia of pregnancy. This is a fairly common cause of maternal morbidity and foetal mortality and it is an essential part of the treatment that the mother should have complete rest. This can only be achieved in the patient's own home if she is relieved of all her domestic duties and a free home help is therefore provided on the recommendation of the obstetrician or doctor in attendance.

Details of the home help work carried out during 1965 are given below:-

Number of households assisted	1,823
Number of new applications received	853

Details of households assisted:

Maternity	92
Tuberculosis	17
Old People	1,409
Chronic sick	151
Early morning and evening help	25
Child help (resident)	-
Night help for chronic sick	-
Special help (problem families)	-
Mental disorders	1
Miscellaneous	128

Staff details:

Number of home helps employed at end of year	137
Equivalent of whole-time staff	80.25

The service, the day-to-day running of which a Home Help Organiser has been responsible throughout the borough, has continued to be based in two offices - one in the north, the other in the south of the borough. There has continued to be greater demands for service than the available staff of home helps could meet in full and, as has been the case in the past, the careful sifting of the cases requiring service to determine those of greatest need and to apportion the available staff so as best to meet this need, has been the most important duty undertaken by the organising staff.

CHIROPODY

The Council's chiropody service in the borough is based on the foot clinic at No. 240 Ladbroke Grove, W.10., providing forty-four chiropodist sessions a week. In addition, three sessions a week are held at Westbourne Grove Foot Clinic, 304 Westbourne Grove, W.11.

The establishment provides for a chief chiropodist, Grade I, a senior chiropodist and up to three chiropodists on the basic grade. Only one full-time senior chiropodist was transferred to the Council's service from the former London County Council and the sessions were mainly staffed on a part-time sessional basis. Arrangements were made before the end of the year for the appointment of a senior chiropodist. Notwithstanding these efforts, some nine sessions remained unstaffed in each week and it was not possible to call some patients for treatment as frequently as was clinically desirable. Priority classes are laid down in the

Ministry of Health circular No. 11/59, viz., old persons, the handicapped and expectant mothers as well as the relatively small number of school children referred.

A charge of four shillings per treatment, which is abateable in accordance with means, is made.

Details of attendance at these sessions for the year are as follows:-

Total number of sessions held	2,170
New cases	481
Total attendances	16,080

Analysis of age-groups of treatment given at clinics:

Children	0 - 4	5
	5 - 14	356
Males	15 - 64	1,491
	65 and over	1,449
Females	15 - 59	5,669
	60 and over	7,110
Total:		16,080

The south of the borough is served by the Chelsea School of Chiropody which, for many years, has provided through its students eleven sessions a week at their premises at 250 King's Road, S.W.3., and two sessions a week at the Chelsea Community Centre, 385 King's Road, S.W.10. These sessions are not single chair sessions, but treat a considerable number of patients resident in the borough, about a half of whom fall within the priority classes laid down in the Ministry of Health circular No. 11/59. In addition, some chiropody service is provided by the Council under the National Assistance Act, 1948, of which details appear in Section 6.

In the course of the review referred to above, it became clear that there was a need to provide additional foot clinic facilities for old people, the handicapped and expectant mothers in the Earls Court area which is remote from the existing foot clinics and not conveniently served by public transport.

It was decided to make arrangements with a chiropodist in private practice in the neighbourhood to treat up to sixteen patients a week in his surgery. It was difficult, however, to find a practitioner with a surgery in the right position willing to do so and negotiations were still proceeding at the end of the year.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

During the year, grant aid continued to be paid to the Moral Welfare Associations by the Greater London Council. Unmarried mothers resident in this borough were referred to them or contacted them and were given advice and assistance by their casework staff which otherwise would have been given by the Council's health visitors with whom the casework staff co-operate closely. The numbers referred during the year 1965 were as follows:-

Southwark Catholic Children's Society	2
Crusade of Rescue	103
London Diocesan Council	164
	<hr/> 269

REGISTRATION OF NURSING HOMES

The Council are responsible for the registration of nursing homes within the borough.

The register is kept in the Health and Welfare Department and is available for inspection by members of the public.

Routine inspections of nursing homes are carried out by a medical officer and a public health inspector, and additional visits are made to deal with structural alterations to, or the variation of, the use of registered premises or on complaint.

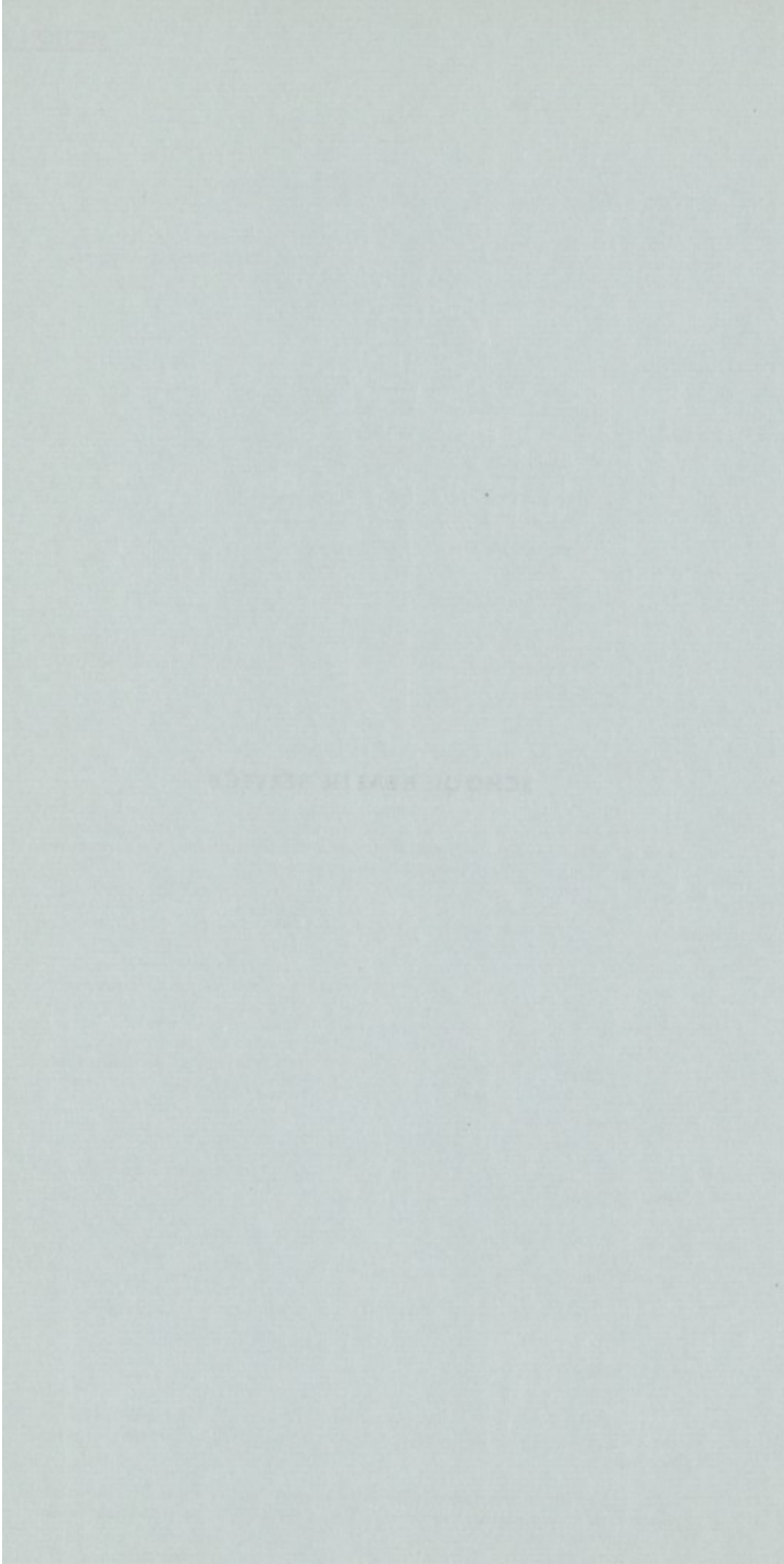
Number registered at the beginning of the year	10
Number of registrations amended during the year	1
New homes registered	-
Registrations cancelled	-
Routine inspections by a medical officer and public health inspector	7
Registered at the end of the year	10

Accommodation provided in these homes:

Total number of beds	222
Registered for medical or surgical patients ...	33
Registered for medical or maternity patients ...	7
Registered for medical patients	181
Registered for surgical or maternity patients ...	1

SCHOOL HEALTH SERVICE

SCHOOL HEALTH SERVICE



SCHOOL HEALTH SERVICE IN KENSINGTON AND CHELSEA

ANNUAL REPORT BY DR. J.H. WEIR,

Borough Medical Officer of Health and
Principal School Medical Officer.

I have pleasure in submitting the following summary of the work of the school health services undertaken in the Royal Borough of Kensington and Chelsea.

Because of the changes resulting from the London Government Act, 1963, it is not yet possible to present comparative figures, but it is hoped that the facts provided will prove informative.

Excluding children attending schools outside the ordinary jurisdiction of the authority, 9,769 children were contained in thirty primary schools, and 7,231 of senior school age attended eleven secondary schools. A further 171 children were attending nursery schools and spastics of infant age were cared for by the Cheyne Hospital School.

The medical staff is composed of five full-time medical officers together with seventeen other medical practitioners employed on a sessional basis. The equivalent whole-time medical staff engaged directly on school medical work was approximately four. In addition, the services of specialists were available when necessary.

ROUTINE MEDICAL INSPECTIONS

In the ordinary course of events, all children are medically examined four times during their school life - on entry to the infants' school at about five years of age, on entry to the junior school at about eight years of age, on entry to the secondary school at eleven-plus, and during the term before leaving the secondary school.

During the period under review, 783 sessions were held, and 7,014 children examined. Of this number, 45.48% were referred for treatment and 16.3% had defects which were reported.

The parents of 48.6% of the children exercised their right to be present at the examination of their children. This relatively low percentage is probably due in part to the fact that the older pupils prefer to be examined in the absence of their parents.

Care Committee representatives were present at 84.5% of the sessions held.

SPECIAL MEDICAL INSPECTIONS

A child may be specially examined at the request of teachers, parents and other interested parties, or as the result of defects discovered at routine medical inspections.

During 1965, 132 children were referred for the statutory ESN examination and 59 were recommended as a result for education at an ESN school. One child was found to be unsuitable for education. The number of children referred for education at Open Air Schools was 34, while 133 were seen for miscellaneous reasons. 284 secondary school pupils seeking employment were examined as were 678 who wished to go on school journeys.

HANDICAPPED PUPILS

There are no schools for the physically handicapped pupils in the area, but twenty-seven such pupils attend day special schools in other boroughs, while nine others are placed in boarding schools.

Attending ordinary schools are thirty-seven epileptic children, forty-five with orthopaedic and postural defects, twenty-one suffering from diabetes, seventeen from rheuma-

tism, nineteen from asthma, six cerebral and spastic cases, and seven with eye diseases other than refractions and squints. The number of maladjusted children referred to the Problem Case Conference was 165. Of this number, 81 were referred to Child Guidance Clinics. Two tutorial classes for maladjusted children are in being.

CLINICS

(i) Vision

The number of sessions held was 199. The total attendances amounted to 2,673, while new cases number 1,538.

Two totally blind children are being educated in boarding establishments and one child with partial sight in a special school.

(ii) Hearing

Audiometry - during the year, nursing sisters examined 3,759 children in ordinary schools. The "Sweep" test was used and forty-four children were referred to the otologist. At present, twenty-four children attend schools for the deaf, and eight attend Partially Hearing Units. Thirteen children who wear hearing aids are enabled to attend ordinary schools. Examinations have shown that twenty-nine children have a bilateral hearing loss of more than thirty decibels, while seventeen have a unilateral hearing loss of more than thirty decibels. The deafness of most of the children with bilateral hearing loss is conductive, and many of these are awaiting operative treatment, i.e., myringotomy, tonsillectomy, etc. Of those with unilateral loss, about two-thirds suffer from conductive deafness and one-third from perceptive. Here again, some of the cases of conductive deafness are awaiting operative treatment.

Audiology - until 17th November, 1965, cases were referred to the Hammersmith Clinic. Since that date, five sessions have been held locally. The total attendances numbered eighteen, with fifteen new cases.

(iii) Ear, Nose and Throat

110 sessions have been held. Of a total attendance of 639, 256 were new cases.

(iv) Special Investigation

A significant number of children attending this type of clinic are eneuritics. 110 sessions have been held. 118 new cases have been seen, and the total attendances number 716.

(v) Minor Ailments

Medical officers attended 108 sessions and examined 753 new cases, while nursing sisters held 870 sessions and saw 5,280 cases. Altogether, the total attendances at these clinics numbered 23,007.

(vi) Speech

There are three clinics in the area staffed by four speech therapists giving a total of ten sessions per week.

PERSONAL HYGIENE

17,205 children were seen during Comprehensive Surveys, and 118 of them were found to be dirty. Examinations during Selective Surveys number 11,692. Of this number, 233 were deemed to be dirty.

BATHING CENTRE

178 children attended the bathing centre where 54 cases of scabies and 124 with vermin and nits were treated.

REMEDIAL FOOT CLASSES

With the co-operation of the head teachers, five remedial foot classes were held in primary schools. They were conducted by teachers who have attended special courses at the College of Physical Education, and visited once each term by the medical officer, who made altogether fifteen visits. A total of 122 children were treated.

IMMUNISATION

Details concerning immunisation will be found in the table below:-

COMPLETE PRIMARY

Quarter Ended	Smallpox Primary Vaccination	Immunisation				Polio	
		Triple	Diph./Tetanus	Diph.	Tetanus	Salk	Sabin (oral)
March 1965	7	4	38	35	5	20	231
July 1965	4	4	79	21	13	10	361
Sept. 1965	6	5	28	9	14	1	193
Dec. 1965	15	4	74	17	3	3	165
TOTAL	32	17	219	82	35	34	950

REINFORCING

Quarter Ended	Smallpox Re-vaccination	Immunisation				Polio	
		Triple	Diph./Tetanus	Diph.	Tetanus	Salk	Sabin (oral)
March 1965	1	39	317	254	1	9	537
June 1965	12	58	359	324	-	14	592
Sept. 1965	10	63	283	83	-	18	190
Dec. 1965	-	14	157	135	5	4	325
TOTAL	23	174	1,116	796	6	45	1,644

BCG VACCINATION OF 13-YEAR OLD CHILDREN

A medical officer, together with a clerical assistant, visited eleven schools throughout the year. 1,073 children were found to be eligible for BCG vaccination. The parents of 774 children gave their consent and of this number 591 were skin tested and read, 553 children were given BCG vaccinations and 38 positive reactors were found. In addition, one child visited the Chest Clinic where, after skin testing and reading, BCG vaccination was given.

INFECTIOUS ILLNESS

The following table shows the number of cases of infectious illness reported from the schools by Head Teachers during 1965:-

Disease	Total
Meningitis	2
Chicken Pox	301
Dysentery	23
Diarrhoea	
Enteritis	
German Measles	70
Influenza	6
Impetigo	9
Jaundice	16
Measles	578
Mumps	86
Ophthalmia	9
Conjunctivitis	
Poliomyelitis	1
Pneumonia	3
Pulmonary tuberculosis	3
Scabies	9
Scarlet Fever	32
Sore throat	24
Tonsillitis	110
Whooping cough	8
Blepharitis	2
Virus Infection (stomach)	1
Shingles	1
Gastritis	2
Swollen glands	1
Glandular fever	1

DENTAL

The dental staff consists of two full-time dental officers and two others employed on a part-time basis.

There were 9,566 attendances at the four dental clinics, where fourteen anaesthetic sessions were held in addition to 1,388 treatment sessions. Five inspection sessions were held in the schools. The relatively low number of treatments may perhaps be due to the changing attitude of parents, many of whom now prefer to have their children treated by their own dental surgeons.

BOROUGH CO-ORDINATING COMMITTEE

The appropriate Government Departments have stressed the need for the fully co-ordinated use of the local authority and other statutory and voluntary services available for the welfare of children in their own homes "to ensure that the most effective use is made of existing resources".

The former London County Council developed a co-ordinating machinery, through their divisional co-ordinating committees, which proved effective and led to the development of personal contacts at all levels between all the departments concerned, resulting in a mutual awareness of the contribution which can be made by all workers.

Gradually, these committees found their interest was not restricted to questions of child neglect and ill treatment, but widened to include other family problems, including families facing eviction, unsatisfactory tenants and families facing break-up through a variety of causes. The arrangements in each division were developed experimentally on slightly different lines to meet local circumstances, but have been standardised in the light of experience.

The Working Party of officers dealing with the personal health services strongly recommended the new London Boroughs to establish Borough Co-ordinating Committees on the

lines of those organised in the former County Council's divisions to secure the continued co-ordination of social work.

With the establishment of the new borough on 1st April, 1965, a Borough Co-ordinating Committee was formed with a membership comprising principal officers of those departments of the Council concerned with social welfare work, together with representatives of the I.L.E.A.'s administrative staff and school care organisers.

The first meeting of the Borough Co-ordinating Committee was held on 14th April, 1965, and it was agreed that the Medical Officer of Health should act as Chairman. The main committee decided to appoint an intermediate case conference sub-committee of which the Deputy Medical Officer of Health was appointed to act as Chairman. The borough's Principal Social Worker for the Health Services has acted as secretary to both the main committee and the sub-committee.

It is not the function of the Borough Co-ordinating Committee, consisting as it does of the Council's principal officers and the representatives of statutory and voluntary agencies, to be concerned with ordinary casework; for the bulk of the families receiving casework services, co-operation between field workers and the co-ordination of their efforts is achieved through the medium of field workers' meetings and the intermediate case conferences. This does not mean that the Borough Co-ordinating Committee is restricted to consideration of matters of principle and policy and to the discharge of certain specific delegated functions. Instances occur where families presenting complicated or intractable problems will be referred up to the Borough Co-ordinating Committee for a decision on how best to deploy the services and agencies available to meet the family situation, including some where decisions have to be taken which could not appropriately be reached at a subordinate level.

Encouragement is given to regular and frequent consultations between the field workers of the several departments and agencies interested in any particular family. Additionally, there are the intermediate case conferences where the more senior officers from the various departments meet as required to consider action in regard to families whose difficulties are or may soon be beyond the solution of the field workers or where the field workers need help or guidance. These conferences, intermediate between field worker consultations and the Borough Co-ordinating Committee, may be called on the initiative or in the offices of officers of any of the Council's departments.

Up to the end of the year, three Borough Co-ordinating Committees and fifteen intermediate case conferences had been held. At the case conferences, fifty-seven special cases were considered.

Adequate records of the work with each family are kept so that another worker can take over the case at any time if this is necessitated, for instance, by illness. These records are also needed for the reassessment of the family situation at intervals as a check on progress and for reports to the Borough Co-ordinating Committee. The case papers are compiled by the case worker initially from information supplied by other field workers as well as from her own observation and enquiries, and include notes on action taken and on changes in the family's circumstances. The case worker decides whether or not to record confidential information on her case paper, but if such information is not recorded a note is made on the case paper where further information of a confidential nature is available.

The social workers employed in the Council's health department are, by arrangement with the I.L.E.A., particularly concerned with the follow-up of school children recommended for treatment following routine school medical inspections. The children are referred to either a hospital or school clinic, according to the wishes of the parents, and in every case (except for vision testing) the consent of the family doctor is obtained before any appointment is made. The school treatment clinics provide sessions for vision, orthoptic, audiology, ENT Special Investigation, deaf and speech therapy, and the social workers attend these clinics to ensure that all medical recommendations are carried out.

MENTAL HEALTH SERVICE

MENTAL HEALTH SERVICE

MR. D. T. BALDWIN,

Principal Mental Welfare Officer

The statistics given below account for the full calendar year, including the first quarter when the London County Council was responsible for the provision of services, and show the number of persons resident within the Borough suffering from mental illness and requiring hospital treatment and care. They also show the number of other mentally ill persons who received support from mental health social workers whilst living in the community. The value of supportive and preventive care cannot be shown in figures but there is no doubt that the help given has in many instances enabled serious breakdowns to be averted and, in the case of those recently discharged from hospital, has frequently eased their return to normal life and bridged the gap between hospital and employment. Although responsibility for the provision of hospitals in the borough is divided between the North West Metropolitan and South West Metropolitan Regional Hospital Boards, by arrangement the psychiatric hospitals serving north and south of the borough are respectively Banstead and Springfield for the mentally ill, both of which belong to the latter Regional Hospital Board, together with Leavesden Hospital, which belongs to the North West Metropolitan Regional Hospital Board and provides for the needs of the mentally subnormal. Close liaison is maintained between the Council's officers and these hospitals, and mental health social workers attend out-patient clinics held by psychiatrists at general hospitals in the borough. In addition the services of consultant psychiatrists are called upon in all cases of mental illness where the Mental Health Act, 1959 prescribes that a second medical recommendation is required for hospital admission.

A Social Club for psychiatric patients is held weekly at St. Charles' Hospital under the auspices of the Notting Hill Council of Social Service, which is grant aided yearly by the Council to the sum of £60. 0. 0. which is used to meet the incidental expenses of the club and its activities. The club is conducted by mental health social workers assisted by social workers from local hospitals and other agencies in the area.

Mental health education is not dealt with as a separate project and the Principal Mental Welfare Officer has lectured on several occasions to health visitors and other students and the pertinent questions provoked by these lectures indicate a lively interest in the subject. Following a practice begun under the former administration three students from the Certificate in Social Work course were attached to the department for three weeks to study and observe the work done in connection with the mentally subnormal.

EMERGENCY CALL ARRANGEMENTS

In order to provide a continuous twenty-four hour service the mental welfare officers work at night and week-ends to a rota arranged jointly with the Borough of Ham-smith. To assist in making this service and other services effective, an emergency call office staffed by experienced officers at all times outside normal office hours is maintained with the adjacent City of Westminster with which Authority the cost is shared.

Mental welfare officers on duty at night, week-ends or public holidays may use a bedroom with a telephone if they need to at a day nursery in the borough where residential staff accommodation is provided.

REFERRALS

It will be seen from Table 1 that the bulk of medical referrals of mental illness are made by general practitioners. Of these, as shown in Table 3, approximately half have been dealt with as emergencies under the provisions of Section 29 of the Mental Health Act, 1959 for the admission of the patient to hospital on the recommendation of the general practitioner alone. The remainder have been admitted under Sections 25 and 26 of the Act after a second recommendation has been given by a practitioner approved under Section 28 of the Act as having special experience in the diagnosis or treatment of mental disorder (usually a consultant from the admitting hospital).

Other referrals (shown in (v) of Table 1) were made by friends, neighbours and landlords of the patients concerned.

It is not easy to explain the marked increase in the number of cases referred and dealt with after the quarter which ended on 3rd April, 1965. Comparison with the previous year is complicated by the fact that the London County Council statistics were compiled on a health divisional, and not on a borough basis. The former Division 1 included the Metropolitan Boroughs of Fulham and Hammersmith as well as Kensington and Chelsea but it is undoubtedly the case that this borough, possessing as it does unusual sociological features, has a potentially higher incidence of mental illness. The divisional statistics are not therefore reliable for purposes of comparison.

It is, however, undoubtedly true that since the mental health service became a local responsibility on 1st April, 1965 it has been possible to cultivate - largely through a proportionate increase in staff - a greater degree of co-operation with psychiatric hospitals and local out-patient clinics than was possible in the past. This welcome development has, however, led in its turn to an increase in the number of cases referred since, with the regular attendance of mental health social workers at the clinics held at St. Stephen's and St. Mary Abbots Hospitals, referrals pass through the department and not, as hitherto, directly from the Consultant to the admitting hospital. Furthermore, it will be realised that as the mental health office is now accommodated in the same premises as other social work sections of the Health and Welfare Department there follows the natural and desirable consequence that cases of suspected mental illness are more frequently referred by the Welfare Section and by officers concerned with maternity and child welfare, day nurseries and the home help service.

In short, the smaller area concerned has produced closer co-operation between the various agencies in the borough concerned with the mentally ill. It has, however, produced more referrals, hospital admissions and cases needing the provision of community care.

ADMISSIONS TO HOSPITAL

All persons referred to the Council as suffering from mental illness are visited by the mental welfare officers and action taken according to the needs of the patient. Of the 961 patients dealt with during the year 384 were admitted to psychiatric hospitals under arrangements made by the mental welfare officers. In addition to those shown as being admitted to hospital informally, many others are in fact so admitted by arrangement between the general practitioner and the hospital concerned without reference to the mental health service and it is not therefore possible to provide figures of these cases.

COMMUNITY CARE

As will be seen in Table 5, 348 persons have received visits from mental health social workers. This figure comprised 128 mentally ill and 220 subnormal patients and included those who attended the Social Club.

THE MENTALLY SUBNORMAL

Referrals are received mainly from the Inner London Education Authority following the statutory examination of children at the age of five years for the purposes of Section 57 of the Education Act, 1944. In most cases arrangements are made for the child to attend a training centre although in a minority of cases the degree of subnormality is such that it is necessary to arrange permanent care in hospital. Referrals are also received in respect of mentally subnormal children and adults moving into the Borough from other districts.

The Council have continued to hold the special clinic at Campden Hill Welfare Centre initiated by the London County Council, which has as its primary aim the provision both of skilled medical advice and sympathetic counsel to parents, many of whom are reluctant to recognise the existence of mental subnormality in their children. This clinic, which takes place once a month, is staffed by a Medical Officer of the Inner London Education Authority with special experience in subnormality.

In times of domestic crisis or emergency, such as the pregnancy or illness of a mother, arrangements have been made for severely subnormal children to go away for a period of short-term care in appropriate surroundings. Such care, which does not normally exceed eight weeks in duration, is arranged in hospitals if possible but because of the shortage of hospital beds it is often necessary for the services of private homes to be utilised for this purpose. In some cases care is provided in this way because of health needs of the severely subnormal child, e.g., dental treatment, when admission to hospital is the only possible way in which it can be provided.

TRAINING CENTRES

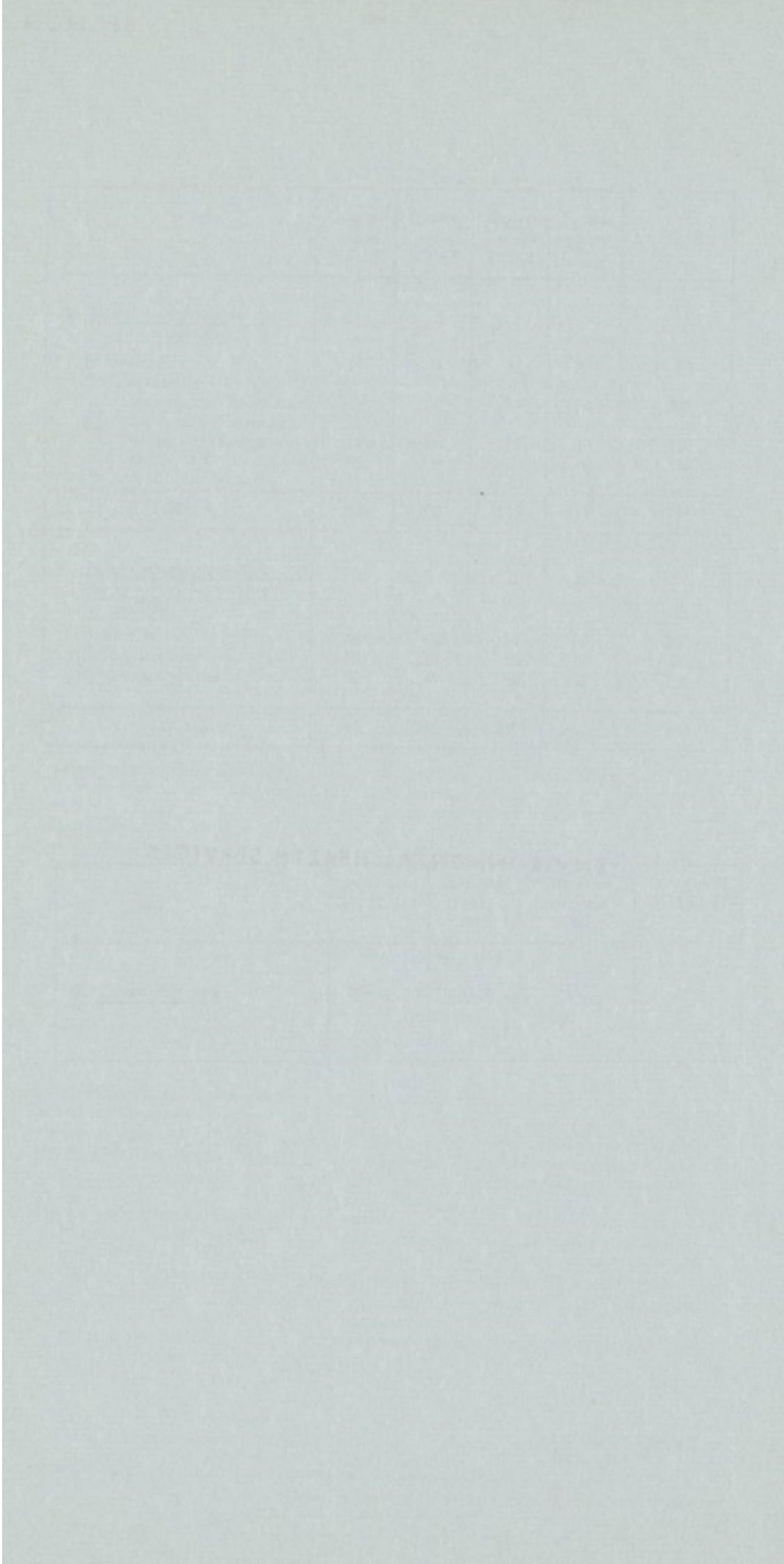
There are two training centres in the borough. The Kensington (Junior) Training Centre in Wallingford Avenue, W. 10., is a purpose-built centre erected about seven years ago. Many visitors from other countries have been directed here by the Ministry of Health and the London Boroughs Training Committee to see both the building and the methods of teaching and training applied under the direction of the Supervisor, Mrs. K.A. Grass. Children of both sexes attend this Centre until the age of sixteen, when boys are transferred to the Adult Centre in Branstone Street, W. 10. This is an old school building and is due to be replaced within the next two years. Activities consist mainly of basket and cane work together with carpentry, all under the direction of the Supervisor, Mr. R.F. Potter. It is felt that excellent work is carried out at the Centre under difficult conditions. The Council have no training centre for elder girls, and at present such trainees when reaching the age of sixteen are transferred either to College Park Centre (Borough of Hammersmith) or Balham Elder Girls' Centre (Borough of Wandsworth). The ten-year programme for the development of the personal health services in the Borough provides for the eventual building of a senior training centre for both sexes and this will provide the solution to the present somewhat unsatisfactory state of affairs in this respect.

During recent years considerable advances have taken place in the treatment of mental illness and there has been a growing, but as yet only partial, realisation that the social opprobrium formerly associated with it is unjustified and medically incorrect. The change in outlook was signified by the repeal of obsolete, compulsive statutes and by the enactment of the Mental Health Act, 1959, which sought to remove to a large measure the restrictive provisions thought necessary in the past. In particular, mental welfare officers now carry responsibilities greater than their predecessors since in addition to their duties in connection with the compulsory admission of patients to hospital they are social workers actively concerned with the care of patients in the community. Public attitudes are, however, not generally fully attuned as yet to a proper understanding of mental illness and subnormality and it is therefore hoped that, in addition to the provision of care and attention for the persons referred to it, the Council are also making a contribution in some small degree towards a more enlightened public attitude to these problems.

MENTAL HEALTH STATISTICS 1965

	Quarter ended 3.4.65.	Quarter ended 3.7.65.	Quarter ended 2.10.65.	Quarter ended 1.1.66.	Total
1. <u>Numbers referred by -</u>					
(i) Hospitals - psychiatric	12	54	45	65	176
(ii) " - non-psychiatric	5	9	14	11	39
(iii) General Practitioners	56	93	72	57	278
(iv) Police or Courts	5	19	16	21	61
(v) Other non-medical	68	118	112	109	407
TOTALS:	146	293	259	263	961
2. <u>Mental Category of above -</u>					
(i) Mentally ill	132	256	245	244	377
(ii) Subnormal or severely sub-normal	14	37	14	19	84

ENVIRONMENTAL HEALTH SERVICES



SANITARY ADMINISTRATION OF THE BOROUGH

MR. H. HOYLAND,
Chief Public Health Inspector

This section of the report concerns the work of the public health inspectors and associated officers.

For the purpose of district inspection, the borough is divided into three areas, north, central and south. The overall supervision of each area is the responsibility of a senior district inspector. The three areas are sub-divided to form twelve districts, these being the responsibility of twelve district inspectors including the three seniors. Unfortunately, owing to illness and staff shortages, the inspector has frequently had to control two or more districts.

In addition to district duties, there are inspectors and assistants engaged on the following specialised work:-

- (1) One senior housing inspector with a team of five inspectors engaged exclusively on duties in connection with houses in multiple occupation in specified areas.
- (2) One senior housing inspector dealing with slum clearance and underground rooms.
- (3) One senior inspector dealing with improvement grants, applications for mortgage and overcrowding.
- (4) One senior inspector with one technical assistant engaged on duties under the Clean Air Act, 1956, in connection with the making of Smoke Control Orders and atmospheric pollution recordings.
- (5) One senior inspector engaged on duties in connection with the Offices, Shops and Railway Premises Act, 1963, together with special duties for pilot schemes or research projects.
- (6) One senior inspector dealing exclusively with the sampling of food and drugs, fertilisers and feeding stuffs and rag flock and other filling materials used in the upholstery trade. He also investigates all complaints in connection with these products.

The inspectors are supported in their work by two technical assistants, including the one referred to above, two drainage assistants, together with a rodent officer and six assistant rodent officers, and the chief disinfecter with six assistants. Although the day-to-day work of inspectors and assistants has been maintained throughout the year, there has been an unavoidable reduction of routine inspections owing to staff shortages.

The majority of the work of the inspectors has been carried out without the need to resort in any major degree to legal proceedings. 3,472 complaints were received and 40,992 inspections and re-inspections made to all types of premises, resulting in only 113 summonses being issued, sixty-seven of which concerned offences under the Food and Drugs Act, 1955.

WORK DONE BY PUBLIC HEALTH INSPECTORS AND THEIR ASSISTANTS

INSPECTIONS MADE

The following is a summary of the inspections, etc., carried out by the public health inspectors and their assistants during the year:-

Public Health Acts, 1936 and 1961

Complaints	...	...	...	3,472
Infectious disease	...	...	...	1,444
Smoke observations	...	...	...	126
Other inspections	...	...	...	2,775
Re-inspections	...	...	...	6,595

Housing Acts, 1957 to 1964

Houses in multiple occupation (house-to-house)	...	143
Slum clearance (house-to-house)	...	192
Underground living rooms	...	315
Overcrowding	...	251
Other inspections (loans, grants, etc.)	...	522
Re-inspections	...	7,386

Clear Air Act, 1956

Total inspections	...	3,601
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Factories Act, 1961

Premises inspected	...	162
Outworkers' premises inspected	...	153

Offices, Shops and Railway Premises Act, 1963

Total inspections	...	1,915
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Drainage

Application	...	419
Plans submitted	...	317
House drains inspected	...	9,714
House drains tested	...	1,490

NOTICES SERVED

The following is a summary of the number of notices served in respect of nuisances, defects, etc., found during the year:-

Public Health Acts, 1936 and 1961

Intimation notices	...	876
Statutory notices	...	300
Final notices	...	99

Housing Acts, 1957 to 1964

Section 9 (repair)	...	82
Section 14 (deficiencies of management)	...	12
Section 15 (additional amenities)	...	75
Section 16 (means of escape from fire)	...	61

Various	
Factories Act, 1961 ...	13
Offices, Shops and Railway Premises Act, 1963 ...	112
Other notices ...	245
WORKS COMPLETED	

The following is a summary of the principal works completed under the supervision of the public health inspectors during the year:-

House drains, reconstructed or repaired	244
House drains cleansed	99
Water closets, reconstructed or repaired	118
Water closets, new provided	446
Soil pipes, vent pipes, repaired, etc.	78
Soil pipes, vent pipes, new provided	175
Baths, new provided	381
Sinks, new provided	354
Lavatory basins, new provided	494
Bidets, new provided	71
Waste pipes, new provided	262
Cisterns, cleansed	2
Dustbins provided	81
Accumulations of filth, etc., removed	139
Roofs repaired	177
Dampness in dwellings remedied	216
Artificial lighting to staircases provided	30
Houses disinfected after infectious disease (including bedding, etc.)	118
Rooms in such houses disinfected after infectious diseases	192
Verminous houses cleansed (including bedding, clothing, etc.)	328
Verminous rooms in such houses cleansed	654
Other sanitary works executed	279

HOUSING

INDIVIDUAL UNFIT HOUSES OR PARTS OF HOUSES

Houses made fit after informal action under the Housing or Public Health Acts	629
Houses repaired after service of formal notices under the Public Health Acts	312
Houses made fit after service of formal notice under section 9 of the Housing Act, 1957 -	
(a) by owners	129
(b) by local authority in default	4
Action under sections 16, 17 and 23 of the Housing Act, 1957 -	
(a) demolition orders made	Nil
(b) houses demolished in pursuance of demolition orders	Nil
(c) closing orders made in lieu of demolition orders	Nil
(d) undertaking accepted from owners to render house fit for habitation	Nil
(e) houses rendered fit for habitation by owners and closing orders determined	Nil
Action under section 18 of the Housing Act, 1957 -	
(a) closing orders made	30 (56 rooms)
(b) closing orders determined	38 (79 rooms)

(c) closing orders cancelled (premises demolished)	1 (4 rooms)
(d) consent given to use of closed rooms for non-sleeping purposes ...	11 (19 rooms)
(e) undertakings accepted from owners to render part of building fit for habitation	5 (11 rooms)
(f) part of building rendered fit and undertaking cancelled	1 (2 rooms)

OVERCROWDING

Number of new cases of overcrowding reported during the year	88 (362½ units)
Number of cases of overcrowding relieved during the year	131 (528 units)
Number of cases where dwellings again became overcrowded after local authority had taken steps for the abatement of overcrowding	Nil

NOTE: Units mean the number of equivalent persons in the families obtained by regarding children between 1 and 10 years of age as "half persons" and disregarding infants under the age of twelve months.

FLOODING

A violent rain and thunderstorm occurred on the afternoon of Tuesday, 20th July, 1965, resulting in the flooding of basement premises in certain areas of the borough. The number of areas affected was less than on previous occasions, the worst being in North Kensington in the Talbot Grove/Cornwall Crescent and Stoneleigh Street districts.

The Health Department supplied tenants of the badly flooded basements with advice leaflets and with disinfectant with instructions as to its use. The Borough Engineer and Surveyor arranged for the pumping out of basements and for the collection of bedding and carpets which were taken to the public baths for drying.

In addition to the areas mentioned, isolated complaints were subsequently received of flooding in other parts of the borough, mainly caused by choked drains and gulleys. Each premises was visited by a public health inspector who gave advice and assistance where necessary.

The total number of premises known to have been flooded was fifty-one.

MEDICINAL BATHS (PERSONAL CLEANSING STATION)

The following table shows the work carried out during 1965:-

Description	Scabies		Vermin	
	Persons	Cleansings	Persons	Cleansings
Adults				
Kensington & Chelsea	65	121	95	98
Other boroughs	4	8	2	2
School children				
Kensington & Chelsea	22	52	82	82
Other boroughs	4	6	63	63

Description	Scabies		Vermis	
	Persons	Cleansings	Persons	Cleansings
Children under 5				
Kensington & Chelsea	5	8	20	20
Other boroughs	1	2	4	4
TOTALS:	101	197	266	269

In addition to the cleansing of persons referred to above, articles of personal clothing disinfested at the Medicinal Baths during the year numbered 250.

DISINFECTION AND DISINFESTATION

A summary of the routine work carried out in 1965 by the disinfecting staff is shown in the following table:-

Houses disinfected after infectious disease	...	118 (192 rooms)
Houses disinfested after vermin	...	328 (654 rooms)
Tons cwt. qtrs. lbs.		
Total weight of bedding, etc., dealt with:-	4	18 3 22

It is the practice of certain foreign countries to prohibit the import of parcels of clothing, unless accompanied with a certificate that the articles have been disinfected. The Council afford facilities to persons desirous of sending clothing abroad. For this service the former Kensington Borough Council made a charge of 2s. 6d. per parcel and Chelsea Borough Council 7s. 6d. per parcel up to 3 cub. ft. and 10s. 0d. per parcel over 3 cub. ft. It was agreed, however, at a meeting of the new Council on 7th April, 1965, that a standard charge be fixed at 10s. 0d. per parcel. During the year 126 parcels of clothing were disinfected and the income amounted to £39. 5. 0. The following table indicates the destination of these parcels:-

	No. of parcels
Bulgaria	3
Czechoslovakia	1
East Germany	33
Greece	4
Italy	1
Poland	2
Rumania	1
Russia	1
Spain	80
TOTAL:	126

Some other countries allow the import of clothing if accompanied by a certificate stating that no case of infectious disease has occurred at the sender's address within twenty-one days prior to mailing. During the year no such certificates were issued.

PREVENTION OF DAMAGE BY PESTS

The Prevention of Damage by Pests Act, 1949, imposes a duty on occupiers of premises to notify the Council of rodent infestation, and the Council are required to ensure

that the borough is, as far as practicable kept free from rats and mice. The Council deal with rat and mice infestation in dwelling houses without cost to the occupiers, but expenditure incurred in treating infestations on commercial and industrial premises is recovered from the owners. The Council are required to submit reports on (i) the extent of infestation, (ii) special circumstances to which any undue presence of rats and mice might be attributed, and (iii) the nature and extent of co-operative working with contiguous local authorities. The Minister of Agriculture, Fisheries and Food requested a report for the twelve months ended 31st December, 1965, in the following form:-

PREVALENCE OF RATS AND MICE

	Type of Property			Total
	Local Authority	Dwelling Houses	All other (including business & industrial)	
I. Number of properties in Authority's district	113	59,408	14,253	73,774
II. Total number of properties inspected as a result of notification	4	775	78	857
Number of such properties found to be infested by -				
Common rat Major	-	-	-	-
Minor	2	133	25	160
Ship rat Major	-	-	-	-
Minor	-	-	-	-
House mouse Major	-	-	-	-
Minor	2	501	48	551
III. Total number of properties inspected in the course of survey under the Act	9	38	15	62
Number of such properties found to be infested by -				
Common rat Major	-	-	-	-
Minor	-	-	-	-
Ship rat Major	-	-	-	-
Minor	-	-	-	-
House mouse Major	-	-	-	-
Minor	-	-	-	-
IV. Total number of properties otherwise inspected (e.g., when visited primarily for some other purpose)	-	-	-	-
Number of such properties found to be infested by -				
Common rat Major	-	-	-	-
Minor	-	-	-	-
Ship rat Major	-	-	-	-
Minor	-	-	-	-

		Type of Property			Total
		Local Authority	Dwelling Houses	All other (including business & industrial)	
	House mouse	-	-	-	-
	Major	-	-	-	-
	Minor	-	-	-	-
V.	Total inspections carried out - including re-inspections	76	3,594	526	4,196
VI.	Number of infested properties (in sections II, III and IV) treated by the Local Authority	4	631	72	707
VII.	Total treatments carried out - including re-treatments	4	661	83	748

DESTRUCTION OF RATS IN COUNCIL'S SEWERS

Destruction of rats in sewers has been carried out on a systematic basis of continuous baiting of the sewers using the poison fluoracetamide. The baiting is carried out on a programmed basis whereby the borough is systematically dealt with area by area. Each area is baited four times a year.

Poison baits are laid at access points throughout the sewers, of which there are 125 miles in the borough. These points comprise side entrances connected by galleries to the sewers and ventilating shafts immediately over the sewers. There are over 2,300 of these baiting points, but it was not possible to bait all the points at any one treatment owing to road repairs and the presence of parked vehicles.

During the last treatment, non-poisonous test baits were laid at all accessible access points. The "takes" were carefully checked to ascertain the absence of infestation or the degree of infestation to each section of sewer. The results revealed a continued decrease in the rat population throughout the system.

Sewermen of the Council and employees of contractors engaged on works of repair to the sewers have commented on the decreasing number of rats seen in the sewers. Complaints of surface rat infestations continued to decline and, no doubt, this is due to the continuous treatment of the sewers together with the testing of frontage drains or sewer connections which are tested as a matter of routine when dealing with complaints of infestation to property at either ground floor or basement levels. In all such cases, drains if proved defective are either repaired or renewed.

The rodent staff, in addition, deal with infestations from pests other than rats and mice, and the following is a summary of action taken during the year in respect of all forms of infestation:-

Premises inspected following complaints	...	857
Premises where rats were found	...	160
Premises where mice were found	...	555
Premises where other vermin were found	...	197
Number of visits made	...	4,393
Number of successful treatments	...	834
Cases in which advice only was given	...	111
Borough Council properties (excluding dwelling houses) dealt with	...	21

FERTILISERS AND FEEDING STUFFS ACT, 1926

On 1st April, 1965, responsibility for the administration of the above Act was transferred to the London Boroughs from the London County Council under the provisions of the London Government Act, 1963.

The Council accepted the suggestion of the appropriate Working Party that the Scientific Adviser of the Greater London Council should act as the Agricultural Analyst on behalf of the Inner London Boroughs, and in this connection the following officers of the Greater London Council, Mr. W.B. Chapman, B.Sc., F.R.I.C., and his deputy Mr. J.H. Barker, B.Sc., F.R.I.C., have been authorised to act for the Council as Agricultural Analyst and Deputy Agricultural Analyst, respectively, as from 1st April, 1965.

The Council approved the appointment of the Chief Public Health Inspector (Mr. H. Hoyland), and two other Public Health Inspectors (Mr. L.A. Palmer and Mr. B.H. Stone), as authorised inspectors and sampling officers under the Act.

It was agreed that twenty-four samples should be taken annually and the Greater London Council have accepted that the National scale of payment be used for the samples and analyses undertaken.

The first samples were taken during the December quarter and six informal samples were submitted for analysis as follows:-

Sample No.	Description
1/65	Lebanese Bone Meal
2/65	Pakistan Bone Meal
3/65	Sulphate of Potash
4/65	Nitrate of Soda
5/65	Dried Blood
6/65	Hoof and Horn Meal

In five cases the samples were satisfactory but in the case of sample No. 2 - Pakistan Bone Meal, the phosphoric acid content fell below the statutory declaration by 2.3 per cent., which was more than the prescribed limits of variation allowed. This case was investigated with the vendor and his supplier, when it was discovered that the excess variation was due to differing analyses being shown on the provisional and final invoices supplied to the vendor. None of the consignment concerned had been delivered to any customer since the sample was taken and the vendor agreed to the use of the statutory declaration given on the supplier's final invoice when invoicing deliveries to his customers.

DISEASES OF ANIMALS ACT, 1950 AND OTHER ASSOCIATED ACTS

As from the 1st April, 1965, the Council assumed responsibility for administering the above Act, and in this connection they considered a proposal put forward by the Corporation of the City of London that there would be material advantages if, instead of each new London Borough appointing their own staff, the Corporation acted as their Agent. If that were agreed, the Corporation would become the enforcement authority for importation of animals, for which they already had the appropriate veterinary staff and inspectors.

Consequent upon the Council agreeing to this proposal, the Corporation put forward a further suggestion pointing out that further savings would result if, in addition, they were to act on behalf of the new London Boroughs in connection with the following associated Acts:-

Cruelty to Animals Act, 1876
Protection of Animals Acts, 1911 and 1934
Performing Animals (Regulation) Act, 1925
Cinematograph Films (Animals) Act, 1937

Docking and Nicking of Horses Act, 1949
Protection of Animals (Anaesthetics) Act, 1954
Riding Establishments Act, 1964

The Council have agreed to an arrangement whereby the City Corporation should report offences under these Acts occurring in the borough and thereafter the Corporation should take such action as may be necessary, subject to consultation.

During the period 1st April to 31st December, 1965, the Corporation's veterinary officer and inspectors made 165 visits to premises situate within the borough in connection with the above-mentioned Acts.

RIDING ESTABLISHMENTS ACT, 1964

There are two riding establishments requiring to be licensed annually in the borough in accordance with the provisions of the above Act, and applications for licences in respect of these have been granted.

In each case a report by a veterinary surgeon or practitioner as to the condition of the premises and of the animals is a necessary prerequisite to the licence being granted, and in this connection satisfactory reports were received from the veterinary officer of the Corporation of London.

PHARMACY AND POISONS ACT, 1933

At the end of the year the number of sellers of Part II poisons (other than registered pharmacists) on the list maintained by the Council was 130. Of this number, one was a new registration during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This Act regulates the use of clean filling materials in upholstered articles and other articles which are stuffed or lined.

Subject to certain exceptions, the Act makes it unlawful to use prescribed filling materials except on premises registered by a local authority. The local authority are required, on the application of the occupier of premises, to register the premises on payment of a registration fee of One Pound. At the end of the year there were 21 registered premises in the borough.

If on registered premises there are unclean filling materials, the occupier shall be guilty of an offence. It is also an offence to sell or offer for sale any article which is upholstered with unclean filling materials (second-hand articles are excepted).

Inspections of the registered premises were made during the year and the 8 under-mentioned samples of rag flock and other fillings were taken for analysis. The results were all satisfactory.

Description	No. of samples
Algerian Fibre	3
Cotton Felt	2
Hair and Fibre Mixture	2
Hair	1

The Act further provides that no rag flock shall be delivered to registered premises except from premises licensed for manufacturing rag flock or used as a store for rag flock. A local authority on receiving from the occupier of premises an application for the grant or renewal of an annual licence authorising him to manufacture rag flock or to use his premises as a rag flock store, may grant or renew the licence on payment of a fee of One Pound. No licences have been issued in Kensington and Chelsea.

The Rag Flock and Other Filling Materials Regulations, 1965, came into force on the 2nd August, 1965, and by amending the 1961 Regulations, they effect a technical alteration in the process of testing for cleanliness woollen flock and other woollen filling materials, as prescribed under the Act. The proportion of animal fibre in such materials, which has hitherto been the subject of a requirement under such tests, will now become a standard for grading the materials and determining what tests and requirements are applicable. An additional fee for the analyst is prescribed for making such determination by the animal fibre test and the list of analysts prescribed for testing purposes under the Act have been revised.

PET ANIMALS ACT, 1951

This Act requires that no person shall keep a pet shop except under the authority of a licence issued by the Council and in compliance with conditions specified in the licence.

During the year, 10 premises were licensed under the Act. No contraventions of the Act were found during regular inspections of the premises, and at all times the stock was well cared for and maintained in accordance with the conditions specified in the licence.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act, which came into operation on 1st January, 1964, regulates the keeping of boarding establishments for animals - defined as any dog or cat, and provides that no person shall keep a boarding establishment for animals except under the authority of a licence granted by the Council.

At present there are no animal boarding establishments in the borough.

CONSUMER PROTECTION ACT, 1961

This Act empowers the Secretary of State to make Regulations imposing, in respect of any prescribed class of goods, requirements which are expedient to prevent or reduce risk of death or personal injury.

FIREGUARDS

Under the provisions of The Heating Appliances (Fireguards) Regulations, 1953, it is an offence to sell any gas or electric fire, or oil heater, suitable for use in residential premises, unless it is fitted with an adequate guard. Generally speaking, traders do not commit offences under these Regulations, but it is necessary to keep a careful watch on the sale of second-hand fires from stalls in public markets.

OIL HEATERS

The Oil Heater Regulations, 1962, prescribe certain standards of construction, design and performance with which all unflued domestic oil heaters manufactured after 1st June, 1962, must comply, and make it an offence for any person to sell, or let on hire, or hire purchase, or have in his possession for sale, any such oil heater or component part of an oil heater not complying with the Regulations.

As the existing regulations apply only to heaters manufactured since 1st June, 1962, the former Kensington Council, in April, 1964, asked the Metropolitan Boroughs' Standing Joint Committee to make representations to the Secretary of State, to secure the

amendment of the Regulations so that they apply to all heaters irrespective of the date of manufacture. It is understood that amendments to the Regulations are now in draft form and it is anticipated that they will be finalised and presented to Parliament in the near future.

The public health inspectors continued to keep a check on all recently manufactured heaters and no new heaters were found on sale which did not comply with the existing Regulations.

CHILDREN'S NIGHTDRESSES

The Children's Nightdresses Regulations, 1964, which came into force on 1st October, 1964, impose requirements in relation to children's nightdresses and, among other things, require any fabric used to be of a kind capable of satisfying the requirements of the British Standard for fabrics "described as of low flammability". The Regulations also relate to the labelling of nightdresses made of fabrics which have been treated with chemicals to make them safer from fire, and to a prohibition on the sale of goods not complying with the Regulations.

No contravention of the Regulations was reported during the year.

ATMOSPHERIC POLLUTION

SMOKE CONTROL AREAS

During the year, the Council decided to make an Order in respect of the Earls Court/Redcliffe/Brompton Area.

This area is that part of Earls Court, Redcliffe and Brompton Wards bounded on the north by the middle of Cromwell Road, and West Cromwell Road, on the east by the middle of Queen's Gate, on the south by the middle of Old Brompton Road, and on the west by the borough boundary. It has an area of about 255 acres.

The detailed survey showed that the total cost of adaptations will be about £10,360 of which after deducting exchequer grant, and the cost for which private owners will be responsible, the Council will be liable for £3,108.

The Order was submitted to the Minister of Housing and Local Government for approval on 24th November, 1965.

The date of operation will be 1st October, 1966.

The Minister has asked local authorities to exempt from Smoke Control Orders buildings or separately occupied parts of buildings, not supplied with town gas, subject to the condition that the exemption would have effect only where authorised fuels or kindling sticks and paper were used. Provision for this was also made in the Order.

The following table gives details of Smoke Control Areas adopted by the former Councils of Kensington and Chelsea and which were in operation at the end of 1965:-

Smoke Control Area	Boundaries	Order operative
Holland Ward (No. 1)	N. Holland Park Avenue S. Kensington High Street E. Campden Hill Road W. Abbotsbury Road	1st October, 1959
Holland Ward (No. 2)	N. Holland Park Avenue S. Kensington High Street E. Abbotsbury Road W. Borough boundary	1st October, 1961

Smoke Control Area	Boundaries	Order operative
Holland Ward (No. 3)	N. Notting Hill Gate S. Kensington High Street E. Borough boundary W. Campden Hill Road	1st October, 1960
Pembridge Ward (No. 1)	N. Westbourne Grove S. Notting Hill Gate E. Borough boundary W. Ladbroke Grove	1st October, 1961
Pembridge Ward (No. 2)	N. Lancaster Road S. Westbourne Grove E. Borough boundary W. Ladbroke Grove	1st October, 1962
Norland Ward (No. 1)	N. Lancaster Road S. Holland Park Avenue E. Ladbroke Grove W. Walmer Road and Princedale Road	1st October, 1963
Norland Ward (No. 2)	N. Lancaster Road S. Holland Park Avenue E. Walmer Road and Princedale Road W. Borough boundary	1st October, 1964
Earls Court and Queen's Gate Wards	N. Kensington High Street S. West Cromwell Road E. Palace Gate and Gloucester Road W. Borough boundary	1st October, 1965
Chelsea - Church Ward	Church Ward boundaries	1st November, 1960
Chelsea - Hans Town	Hans Town Ward boundaries	1st November, 1962
Chelsea - Cheyne Ward and Royal Hospital Ward	Cheyne Ward and Royal Hospital Ward boundaries	1st July, 1965

New Furnaces

Section 3 requires that new furnaces, not used mainly for domestic purposes and exceeding a specified capacity, shall be so far as is practicable, smokeless. Any person installing such a furnace must give prior notice to the Council and may submit detailed plans and specifications for approval before the work of installation takes place.

During 1965, 26 notifications were received. In addition 3 applications were submitted for prior approval. These applications were approved, in one case subject to the fitting of a smoke alarm.

Smoke Nuisances

During the year 71 complaints of smoke nuisance were received and 20 formal smoke observations were carried out. Remedial measures in all cases were secured without further proceedings.

Routine Measurement of Atmospheric Pollution

Four smoke measuring stations are in operation at the following premises:-

1. Chenil Galleries, King's Road, S.W.3.
2. Legal and Parliamentary Section, Red House, Hornton Street, W.8.
3. Public Library, Lancaster Road, W.10.
4. Child Welfare Centre, Redcliffe Street, S.W.10.

The equipment at the Legal and Parliamentary Section, Hornton Street and Chenil Galleries, King's Road, consists of a smoke filter and a hydrogen peroxide bubbling apparatus. The smoke filter measures the daily concentration of smoke suspended in the atmosphere, and the hydrogen peroxide bubbler extracts the sulphur dioxide content of the atmosphere. Readings are taken each day. The equipment at the Public Library and the Welfare Centre consists of smoke filters only. Measurements are taken three times a week. With the use of a Reflectometer, daily and monthly averages are calculated from the results.

Weather records are also kept and observations are made at Chenil Galleries, King's Road, S.W.3. This information is required by Warren Spring Laboratory, who carry out a national survey of air pollution.

ATMOSPHERIC POLLUTION - MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE

	SMOKE (Microgrammes per cubic metre)								SULPHUR DIOXIDE (Microgrammes per cubic metre)			
	Monthly average				Highest daily reading				Monthly Average		Highest daily reading	
Sites	a	b	c	d	a	b	c	d	a	b	a	b
January	114	97	192	103	232	325	435	333	353	494	562	1874
February	139	82	191	116	516	279	348	302	252	424	494	1062
March	134	73	170	122	391	199	403	274	355	322	966	714
April	65	61	119	79	186	175	258	131	267	234	654	494
May	44	30	71	43	88	72	135	93	140	139	315	359
June	56	43	59	40	102	103	133	168	95	118	147	245
July	37	23	45	29	81	61	91	49	83	109	259	327
August	42	22	64	36	101	60	156	70	115	135	297	387
September	66	54	91	61	118	120	147	127	148	153	274	244
October	112	125	194	118	382	291	324	236	386	419	1140	1092
November	96	95	126	109	294	261	271	223	345	341	642	1086
December	103	82	86	105	310	306	164	409	303	292	624	698

Site address

- 'a' Chenil Galleries, King's Road, S.W.3.
- 'b' Legal and Parliamentary Section, Red House, Hornton Street, W.8.
- 'c' Public Library, Lancaster Road, W.10.
- 'd' Child Welfare Centre, Redcliffe Street, S.W.10.

NOISE ABATEMENT ACT, 1960

One hundred and six complaints concerning alleged noise nuisances were received throughout the year. A large proportion of the complaints related to noise caused by building operations on sites, pneumatic drills, compressors and other types of industrial machinery.

All the complaints were thoroughly investigated and, in the majority of cases, an approach to the offending contractors or firms resulted in the fullest co-operation and assistance being given to implement suitable noise reducing methods.

In all cases remedies were secured without recourse to legal action, and in the few cases where complainants were not satisfied with the action taken by the officers of the Health Department their rights under private action were explained to them.

Section 2 of the Noise Abatement Act, 1960, deals with the use of loudspeakers on the highway. It prohibits their use for any purpose between 9.00 p.m. and 8.00 a.m., except in the special circumstances defined in sub-section 2 of the section, and at any other time for advertising any trade, business or entertainment, with the exception that between noon and 7.00 p.m. a loudspeaker fixed to a vehicle used for the sale of perishable food-stuffs may be operated to announce that the commodities are on sale; the loudspeaker is, however, not to be so operated as to give reasonable cause for annoyance to persons in the vicinity.

Two successful prosecutions were undertaken during the year concerning ice cream vendors, and the offenders were fined £2. 0. 0. respectively, and £2. 0. 0. costs were awarded to the Council in each case.

SLUM CLEARANCE

ACTION ALREADY TAKEN

The following table gives details of the clearance areas declared in the borough since 1950:-

Name of area	Date of Declaration	No. of Houses	No. of persons displaced
Elgin Mews	25.4.1950	28	86
Lionel Mews (Nos. 1 and 2)	3.10.1950	13	38
Lonsdale Mews (Nos. 1 and 2)	2. 1. 1951	19	14
Munro Mews	2. 1. 1951	24	55
South End Row and Gardens	3. 4. 1951	10	4
East Mews Road	3. 4. 1951	14	40
Powis Mews	13.11.1951	13	30
St. Luke's Mews	13.11.1951	20	41
Portobello Road	13.11.1951	4	3
Kensal New Town (No. 1) Area	11.12.1956	34	309
Kensal New Town (No. 2) Area	14.1.1958	62	441
Kensal New Town (No. 3) Area	14.1.1958	15	146
Portland Road (No. 1) Area	11.3.1958	5	31
Portland Road (No. 2) Area	11.3.1958	10	71
Kensal New Town (No. 4) Area	8. 3. 1960	7	41
Kensal New Town (No. 5) Area	8. 3. 1960	20	187
Kensal New Town (No. 6) Area	8. 3. 1960	6	62
Railway Mews Area	10.5.1960	10	7
Portobello Road/Telford Road Area	17.10.1961	18	127
Kensal New Town (No. 7) Area	12.3.1963	49	350
Princedale Road Area	25.6.1963	7	30
Kensal New Town (No. 8) Area	23.7.1963	24	182
Kensal New Town (No. 9) Area	15.10.1963	54	417
Lancaster Road (West) (No. 1) Area	28.10.1965	187	1,233

KENSAL NEW TOWN AREA

This area, consisting of over twenty acres, is scheduled for clearance.

The first portion of 6½ acres has been dealt with by the Borough Council and the redevelopment of the site by the erection of flats and maisonettes has now been completed.

The remaining portion of the Kensal New Town Area, which is zoned for residential development is being dealt with by the Council and the Greater London Council on the following basis:-

- (i) The Council will undertake the redevelopment of 3.1 acres to the north and 1.62 acres to the south of the 6½ acres upon which they are at present engaged. This area, including the present 6½ acres, is bounded by Kensal Road, Golborne Road, Bosworth Road and the railway.
- (ii) The Greater London Council will undertake the redevelopment of 7.2 acres to the east of the Borough Council's present 6½ acres. This area is bounded by Golborne Road, Kensal Road and the railway. The Greater London Council will also be responsible for the redevelopment of a small area of 0.41 acres between Kensal Road and the canal, to the west of an area in Paddington, of 3.6 acres, which the Council now propose to zone as open space in place of the open space of 3.6 acres originally proposed at the eastern end of the area.

The Greater London Council will be responsible for school extensions and the provision of additional open space north of Kensal Road.

During the year, progress was made in dealing with Kensal New Town Area. Following a Public Inquiry held by the Minister on 12th August, 1964, in respect of Kensal New Town (No. 9) Compulsory Purchase Order, the Minister confirmed the Order with certain modifications.

A suitable tender has been accepted by the Council for the redevelopment of Phase 2 of the area and work is now in progress for the erection of 47 flats, 47 tenants' stores and 35 hard-standings for cars. Plans for the rebuilding of Phase 3 of the scheme have been agreed and tenders are awaited for the erection of 188 flats.

LANCASTER ROAD (WEST) AREA

This area, which consists of 20.23 acres, is scheduled for redevelopment during the period of 1960/72 and forms that part of the Blechynden Street area south of the metropolitan railway line containing approximately 455 houses, 15 factories, 140 shops, 6 licensed premises and 11 other business premises. Whilst the Council's intention is that this Lancaster Road (West) scheme should be regarded primarily as a venture in slum clearance, it is appreciated that in the area there may be many houses which will not be representable as unfit for human habitation.

Linked with the Lancaster Road (West) Redevelopment Area is the Blechynden Street area comprising 8.30 acres situated north west of the metropolitan railway line which is to be redeveloped by the Greater London Council. During the year work has commenced on the redevelopment of part of this area to provide 342 flats.

HOUSES IN MULTIPLE OCCUPATION

The Housing Act, 1961, provides powers for dealing with bad living conditions in houses let in lodgings or occupied by members of more than one family.

These include powers -

- (i) to apply a code of management to individual houses in which proper standards of management have not been observed. The requirements of this code are prescribed in the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, which came into operation on 22nd May, 1962;

- (ii) to require the provision of additional facilities and amenities essential to decent living conditions, and the provision of adequate means of escape from fire;
- (iii) for local authorities to carry out works themselves in default and recover the cost; and
- (iv) to make a direction limiting the number of persons who may live in a house or part of a house, which is in multiple occupation.

The powers are designed to deal primarily with the worst type of multi-occupied house.

Part I of the Regulations mentioned in (i) above deals with their application and interpretation; Part II prescribes the duties of management to be discharged by the manager of the house; and Part III deals with ancillary requirements including the provision of information. It also places certain obligations on occupants for the purpose of ensuring that the manager can effectively carry out his duties.

Responsibility for management will rest on an owner or lessee who receives the rents or other payments from tenants or lodgers, including any agent or trustee through whom the rents are received.

The main substance of the code of management is contained in Part II of the Regulations which deals with the manager's responsibilities for repair and maintenance. Broadly, these responsibilities amount to ensuring the repair (including reasonable decorative repair), cleanliness and good order of the parts of the house in common use; the proper maintenance throughout the house of installations for basic services, such as water supply, drainage, gas and electricity; the repair and good order of all means of ventilation and means of escape from fire. The manager is also required to ensure an adequate provision of refuse bins and to take reasonable precautions to protect tenants from injury as a result of structural conditions in the house.

Where rooms are let to tenants or lodgers as their living accommodation, the manager must ensure that the rooms are clean and in a reasonable state of structural repair at the commencement of the letting and that defects are remedied in the rooms which are already let, when the Regulations are applied to a house. There is a continuing obligation for the repair and proper working order of installations in the rooms, for the supply of water, gas and electricity as well as baths, sinks, basins and sanitary conveniences.

In Part III of the Regulations a general obligation is placed on occupants to take reasonable care not to hinder the manager in carrying out his duties.

Regulation 14 requires the manager to display in a suitable position in the house a notice containing his name and address and that of any other manager with an indication of his interest (i.e., agent or trustee), a copy of the Management Order, a copy of the Regulations and, if the local authority require, a notice which the authority may provide for indicating briefly the main provisions of the Regulations.

The Regulations do not stand in isolation, and they must be taken together with existing powers under the Housing Act, 1957, and the powers contained in the 1961 Act relating to the provision of additional services and facilities and the prevention or reduction of overcrowding. It is likely that there will be houses where Orders applying a code of management, prescribed in the Regulations, will be all that are necessary to bring about an improvement in conditions. In others, the reason for the unsatisfactory state of affairs will be not so much bad management as lack of essential facilities. To put this right, a local authority can require the necessary work to be done and, where need be, link the notice of works with a direction limiting the number of occupants in a house. In the very worst type of houses conditions may be so bad that, to effect any real improvement, it will be necessary to take action at one and the same time to secure better management, additional facilities, and a limitation on the number of occupants.

The premises affected vary considerably, and render impracticable the provision of a single rigid code of requirements applicable to all cases. The Council have adopted certain minimum requirements as standards of essential services and amenities. These were given in detail in my reports for 1962.

PLAN OF ACTION

In January, 1963, the Medical Officer of Health reported to the Public Health Committee of the Kensington Council on the improvement of houses and, inter alia, referred

to areas of properties which are up to 100 years old where the property is either unsuitable or not worth converting. These areas are shown on a map coloured pink and originally included a total of 1,436 properties. This area has now been revised to include a total of approximately 1,900 houses.

The best long-term solution for many of these properties is demolition and re-development, but the existing slum clearance commitments of the Council will prevent them from undertaking this for many years. The properties consist predominantly of houses in multiple occupation.

The joint meeting of the Public Health Committee and Housing and Town Planning Committee of the Kensington Council recommended that, as short-term policy, the provisions of Part II of the Housing Act, 1961, relating to houses in multiple occupation should be applied to these areas.

The procedure involved under the Act of 1961 is complicated and calls for very close liaison between the officers of the Town Clerk's and Medical Officer of Health's Departments.

Initially it was decided that the purpose of the inspection should be threefold:-

- (i) to secure, under Section 12 of the Housing Act, 1961, the satisfactory management of all premises in multiple occupation;
- (ii) to obtain the installation of satisfactory sanitary facilities and amenities under Section 15 of the Housing Act, 1961, to comply with the standards made by the Council; and
- (iii) to secure the repair of houses under Section 9 of the Housing Act, 1957.

At the beginning of the year under review the Council decided that the inspections should include means of escape from fire in addition to the foregoing.

Section 16 of the Housing Act, 1961, empowers the local authority to require such means of escape from fire in a house in multiple occupation as they consider necessary. In Greater London, the Act requires the Borough Councils to consult with the fire authority i.e., the Greater London Council, before serving a notice under this Section. In this connection, the Greater London Council have compiled a comprehensive code of practice for means of escape from fire at houses in multiple occupation and the inspections which have been carried out since January 1965, have also dealt with the provision of such means of escape.

The notices which are prepared are fully in accordance with the code of practice and in these circumstances consultation is deemed to have taken place with the fire authority. In any special cases, consultation takes place with officers of the Greater London Council.

PROBLEMS ENCOUNTERED

In the administration of legislation of this nature it is inevitable that difficulties should be encountered. The largest single problem which has been met in this work is the element of delay. This has been experienced at all stages of the procedure, of which the following are examples:-

- (a) When endeavouring to obtain details of persons interested in the premises, undue delay has been caused by owners in the time taken to reply to the enquiry. This information is essential before any notices can be served.
- (b) A lack of co-operation by owners and tenants has been met in gaining access to some premises.
- (c) Delay brought about by the administrative procedure necessary in making a management order.
- (d) Various methods adopted by recalcitrant landlords to avoid or delay executing the necessary works.
- (e) Changes of ownership.
- (f) Changes of occupier and the method of letting a house.

- (g) Slow progress by builders in executing work. This has been brought about mainly by the insufficiency of builders willing and able to undertake this type of work.
- (h) Delay by landlords proceeding with works at a very slow pace and by this action preventing the Council from executing the work in default.
- (i) Poor standard of work found in many cases which necessitates a larger number of re-inspections and causes delay in the resultant alterations necessary to amend the work.
- (j) Genuine cases of hardship, particularly in the case of some old owner/occupiers or old principal tenants who have sub-let and become liable to carry out certain works as they are responsible for the multiple occupation.

The Housing Act, 1964, provides additional powers to remove some of the difficulties experienced in administering the 1961 Act. These include:-

- (a) Improved methods of recovering costs of carrying out work in default under Part II of the Housing Act, 1961. The expenses of works carried out by the local authority in default are made a charge on the property, and on estates and interests in the premises, and the authority is given all the powers of a mortgagee, including the power of sale to cover their costs.
- (b) Penalties against landlords for failure to execute works under Part II of the Housing Act, 1961.
- (c) Means of operating (i) the power to require works and (ii) the power to give a direction for the reduction of overcrowding (Sections 15 and 19 respectively of the Housing Act, 1961) in combination instead of alternatively.
- (d) The obtaining of a Justice's warrant to enter premises for the purposes of Part II of the Housing Act, 1961.

In addition, local authorities are empowered to make control orders in respect of multi-occupied houses in which the living conditions are so bad as to justify urgent action in the interest of people living in the house.

A control order enables a local authority to take possession, against all landlords and proprietors, of premises and undertake all management duties subject to compensation to the dispossessed landlord.

A control order remains in force for five years, unless it is revoked by the County Court or by a higher tribunal or by the local authority.

The local authority are required to take such immediate steps as are necessary for the protection of the residents' safety, welfare or health and subsequently to improve and manage the house as well, in all respects, as they would have required a manager or person in control to do under the provisions of Part II of the Housing Act, 1961.

So far the Council have found it necessary to use the 'control order' powers in respect of only one house. This house was found to be in a deplorable physical condition, had no gas or electricity supplies and had closed basement rooms illegally occupied. The house was occupied by 20 persons in nine lettings. Some temporary works, to alleviate the bad living conditions, were carried out after the Control Order was made but the large scale improvements which were essential (costing in excess of £4,000) could not be carried out at this stage as the freeholder had appealed against the Control Order and against the Council's comprehensive scheme to render the premises fit.

The Control Order was made by the Council early in March 1965, but the appeals were not heard until 17th September, 1965. Both appeals were dismissed in the County Court with costs to the Council and the works were then put in hand.

Inspections were commenced in the Golborne Ward, in an area bounded by Acklam Road, Portobello Road, Wornington Road and St. Ervans Road, and have now extended into the Pembridge Ward. By the end of the year the total number of houses initially inspected was 794.

The following table summarises the action taken during 1965 and the total results since the work commenced in 1963:-

	1965	1964	1963	Total
Houses inspected	143	355	296	794
No action required	27	15	27	69
Management orders made	19	32	27	78
Notices served:				
Section 9 - Housing Act, 1957	82	346	105	533
Section 14 - Housing Act, 1961	12	30	-	42
Section 15 - Housing Act, 1961	75	355	117	547
Section 16 - Housing Act, 1961	61	3	2	66
Negotiations in progress	1	3	6	10
Work completed	165	183	27	375
Work in default authorised	64	73	4	141

In the area dealt with to date, the houses mainly consist of a basement and three storeys, with a back addition, usually to the basement and ground floors. In some cases, the basement rooms are subject to closing orders. In the past, these houses have been occupied by a family on each floor, but due largely to the settling of immigrants in this area, many have been found to be in one-room lettings. The majority of the houses in the area have no bathroom and, generally, there is one internal water closet situated on the ground floor or first half-landing, with an external water closet in the rear yard, the latter normally used only by the basement tenant.

The requirements generally have, therefore, been for the provision of at least one bath in every house, and in some cases an additional internal water closet, together with a hot water supply, exclusive facilities for the cooking, preparation and storage of food in each separate letting, and satisfactory means of escape from fire.

Where there are one-room lettings it has been found mainly that kitchens are shared or cooking facilities are provided on landings. In these cases, the provision of hot and cold water supplies, sinks, food storage and cooking facilities have also been required within each letting.

In a number of cases, the baths have been installed in the ground floor back addition rooms and, where additional water closet accommodation has been necessary, it has been possible to provide it in the new bathroom, in those cases where there is a separate water closet also available.

Where the back addition rooms are occupied, the bathrooms have been provided by building up the back addition by an additional storey.

STAFF

The Council has established a section consisting of a senior and five other public health inspectors for this work on houses in multiple occupation.

At the end of April, 1965, four of the inspectors engaged on this work had left the Council's service in the preceding eight months. This had a serious effect on the progress of the work, as replacement staff were difficult to obtain. Apart from the general shortage of public health inspectors in the Greater London area, it was difficult to recruit staff with the necessary experience to carry out this work, which is not of a congenial or attractive nature. At the same time, these frequent changes of staff caused a serious lack of continuity even when replacements were found. However, after action was taken by the Council to regrade these posts, no further inspectors were lost from the section and replacements were found so that at the end of the year only one post remained vacant.

IMPROVEMENT OR CONVERSION OF EXISTING HOUSES

Owners of private dwellings may apply to the Council for assistance towards carrying out works of improvement or conversion. One aim is to encourage owners to provide services and amenities in houses which are sound but which were built to a lower standard than is generally acceptable nowadays. The other is to encourage the provision of additional satisfactory dwellings, either by converting the large outmoded house from one dwelling into a number of flats, or maisonnettes or by converting an old building into one or more dwellings.

Grants are not intended to help owners to meet the cost of ordinary repairs and renewals, nor are they intended to adapt a perfectly adequate dwelling to the needs of a particular family. They are not normally payable for the provision of extra living rooms or bedrooms, or for increasing the size of existing rooms. They are not payable for the improvement of premises used primarily or partly for business purposes.

Two methods of applications are available. The first is to apply for an improvement grant - known as a **discretionary grant** - under the Housing (Financial Provisions) Act, 1958 as amended by the Housing Acts of 1961 and 1964. The maximum grant payable is one half of the approved expenditure (which must not be less than £100) subject to a maximum allowance of £400 per house improved, or per flat produced by conversion. Where, however, flats are produced by the conversion of a house of three or more storeys, the upper limit of grant is £500 per flat.

In considering a scheme of improvement or conversion submitted for grant, only one question may properly be asked, namely, whether it will produce a satisfactory modernised dwelling complying with the statutory conditions and the specified requirements.

The twelve requirements which the Minister of Housing and Local Government has specified for a dwelling, in respect of which an improvement grant may be made, are as follows:-

The dwelling must, after improvement or conversion -

1. Be in a good state of repair and substantially free from damp;
2. Have each room properly lighted and ventilated;
3. Have an adequate supply of wholesome water laid on inside the dwelling;
4. Be provided with efficient and adequate means of supplying hot water for domestic purposes;
5. Have an internal or otherwise readily accessible water closet;
6. Have a fixed bath (or shower) preferably in a separate room;
7. Be provided with a sink or sinks and with suitable arrangements for the disposal of waste water;
8. Have a proper drainage system;
9. Be provided in each room with adequate points for gas or electric lighting (where reasonably available);
10. Be provided with adequate facilities for heating;
11. Have satisfactory facilities for storing, preparing and cooking food;
12. Have proper provision for the storage of fuel (where required);

Applications for improvement (discretionary) grants received and dealt with during 1965 are summarised as follows:-

Applications received	...	36
Applications granted	...	35
Applications refused	...	1
Total amount of grants approved	...	£12,763

The second method is to apply for **standard grants**, which are introduced by the House Purchase and Housing Act, 1959, as amended by the Housing Acts of 1961 and 1964. The Act sets up a new system of standard grants to supplement the present system of improvement grants paid at the discretion of the local authority. These standard grants are payable only in respect of the provision of specified standard amenities and on the expenditure actually incurred for this purpose. Provided certain conditions are satisfied, the owner of the property can claim the grant as of right.

There are five standard amenities (as shown below) eligible for standard grant, which is one half of the cost shown to have been incurred in executing the works involved, subject to a maximum payment of £155, which may be increased to £350 in exceptional circumstances. The maximum payment of £155 is made up by the following specific amounts, bath or shower £25, wash-hand-basin £5, hot and cold water supply £75, water closet £40, food store £10.

- (a) A fixed bath or shower in a bathroom;
- (b) A wash-hand-basin;
- (c) A hot water supply;
- (d) A water closet for the dwelling;
- (e) Satisfactory facilities for storing food.

Where the Council is satisfied that it would not be practicable at reasonable cost to improve the dwelling to the full standard (five amenities), a 'reduced standard' is permitted. This 'reduced standard' consists of a water closet, hot and cold water supply to a sink, and a satisfactory food store.

These amenities must be for the exclusive use of the occupant of the particular dwelling. The dwelling must after improvement be equipped with all five standard amenities, although it is not a condition of this grant that the dwelling be self-contained, as is required under the discretionary grant scheme.

During 1965, four applications for standard grants were received in respect of individual premises. All four applications were approved, three being for the provision of all the standard amenities and the remaining one was in respect of bath and wash-hand-basin with hot and cold water supply.

HOUSE PURCHASE LOANS

During the year, the basements of 41 properties were inspected as a result of applications to the Council for house purchase loans.

ARTIFICIAL LIGHTING OF COMMON STAIRCASES IN TENEMENT HOUSES AND FLATS

The Council's Bye-laws relating to artificial lighting of common staircases in tenement houses and flats were made under the provisions of the Public Health (London) Act, 1936, and the London County Council (General Powers) Act, 1956, and continue in force by virtue of Section 87 of the London Government Act, 1963. The principal Bye-law reads as follows:-

"The occupier of every tenement house to which these Bye-laws apply and the owner of every block of flats shall provide adequate artificial lighting for all common staircases:-

- (a) from half an hour before sunset until 12 o'clock midnight;
- (b) for one hour before sunrise during the months of October, November, December, January, February and March; and
- (c) at other times as and when necessary if adequate means of natural lighting are not provided."

During 1965, formal notices were served in 2 cases, requiring compliance with these Bye-laws.

CERTIFICATES OF DISREPAIR IN RELATION TO DWELLING HOUSES

The Council's duty to issue certificates of disrepair in respect of "rent controlled" dwelling houses, not reasonably suitable for occupation, is governed by the Rent Act, 1957.

No applications were received or certificates issued during the year.

OVERCROWDING

All cases of overcrowding are dealt with on the strict interpretation of the standards laid down in the Housing Act, 1957: distinguishing between "penal" and "non-penal" cases.

The number of new cases of overcrowding reported to the Committee during 1965 was 88, giving an equivalent number of persons of 362½. The total number of overcrowding cases which were recorded during the year as having been abated was 131, comprising a total of 528 units.

ASSESSMENT OF HOUSING PRIORITIES ON MEDICAL GROUNDS

During the year, 207 applications for rehousing on medical grounds were examined, and recommendations for the award of additional points were made to the Chief Housing Officer. In each case the precise medical condition and resultant disability were determined (frequently necessitating communication with the family doctor or with the hospital attended). The premises were inspected in detail to ascertain the extent and nature of the existing accommodation; the adequacy of day and sleeping space; sanitary or structural defects, and the existence of inconveniences, such as stairs, which might be prejudicial to the patient.

On this information and that supplied by the Chief Housing Officer an assessment of points to be awarded on medical grounds was made in 187 cases.

FACTORIES

Section 153(1) of the Factories Act, 1961, requires the Medical Officer of Health to make an annual report in regard to the Council's functions under the Act. The following tables give the prescribed particulars in the form requested by the Ministry of Health in Circular No. 1/66, dated 11th January, 1966:-

PART I OF THE ACT

1. INSPECTIONS for the purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	No. on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities.	134	17	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	773	80	13	-

Premises (1)	No. on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(iii) Other premises in which Section 7 is enforced by the local authority - (excluding out-workers' premises).	65	65	-	-
TOTAL	972	162	13	-

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	10	10	-	2	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	3	3	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	13	13	-	3	-

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of work (1)	Section 133			Section 134		
	No. of outworkers in August lists required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises. (5)	Notices served (6)	Prosecutions (7)
Wearing apparel:						
Making, etc.	127	-	-	-	-	-
Cleaning and washing	4	-	-	-	-	-
Household linen	-	-	-	-	-	-
Curtains and furniture hangings	10	-	-	-	-	-
Furniture and Upholstery	29	-	-	-	-	-
Boxmaking	21	-	-	-	-	-
Artificial flowers	32	-	-	-	-	-
Carding, etc., of buttons, etc.	-	-	-	-	-	-
Stuffed toys	27	-	-	-	-	-
Lampshades	6	-	-	-	-	-
Paper bags	-	-	-	-	-	-
TOTAL	256	Nil	Nil	Nil	Nil	Nil

During the year, 153 inspections of outworkers' premises were made, but in no case was action necessary to prevent work being carried out in unwholesome premises.

No instance of infectious disease occurring in premises where home work is carried on was reported during the year.

BASEMENT BAKEHOUSES

The Factories Act, 1961 (Section 70) requires the Council to inspect in every fifth year all basement bakehouses in the borough for which certificates of suitability have been issued. The certificates continue to operate if the Council are satisfied that the bakehouses are still suitable.

The last quinquennial review was made in Kensington in 1963, and in Chelsea in 1964, and at the present time there are nine basement bakehouses in use in the borough. They are as follows:-

151 Earls Court Road
65 Golborne Road
139 Portland Road
178 Fulham Road
79 Golborne Road

46 Walton Street
134 King's Road
517 King's Road
323 Fulham Road

REGISTER OF FACTORIES

The Factories Act, 1961, requires the Council to keep a list of all factories within the borough with respect to which the duty of enforcing the provisions of the Factories Act is imposed upon them.

The following table gives a summary of the factories on the Council's register at the end of the year, indicating the types of business carried on, whether or not mechanical power is used, and where situated - i.e., North Kensington, South Kensington or Chelsea.

Factory - Business	North Kensington		South Kensington		Chelsea	
	Mech.	N-M.	Mech.	N-M.	Mech.	N-M.
Antique Restorers	-	-	-	-	1	1
Bakers and Confectioners	6	1	10	2	12	-
Belt and Button Manufacturers	1	-	-	1	-	-
Boat and Marine Repairs and Construction	-	-	-	-	2	-
Bottling Stores	-	-	-	-	2	-
Builders and Decorators	2	4	5	10	2	-
Building Construction	9	-	-	-	2	-
Carton Making and Salvage	2	-	-	-	-	-
Coffee Grinding and Roasting	2	1	2	-	-	-
Cosmetics and Toilet Preparations	-	1	-	1	-	-
Dental Mechanics	2	-	3	-	-	-
Disinfectants	1	-	-	-	-	-
Display Works and Signwriting	4	1	3	1	-	-
Doll and Toy Manufacturers	3	2	-	-	-	-
Dressmaking	11	-	19	7	22	8
Drug Manufacturers	-	1	-	-	-	-
Dyers and Cleaners	11	1	9	-	7	1
Electro Platers	2	-	-	-	-	-
Engineering (Electro)	10	-	6	3	11	-
Engineering (Mech.)	21	-	7	-	1	-
Electrical Generating Stations	2	-	1	-	1	-
Film Editing and Slide Making	1	-	-	-	-	-
Furriers	1	1	14	2	4	-
Gas Works	1	-	-	-	-	-
Glass Cutting and Polishing	4	-	-	-	1	-
Handbags and Shopping Bags	1	-	-	1	-	-
Ice Cube and Cream Manufacturers	4	-	-	-	-	-
Jewellers and Watchmakers	3	1	5	1	-	-
Lamp Shade Manufacturers	1	1	1	1	-	1

	North Kensington		South Kensington		Chelsea	
	Mech.	N-M.	Mech.	N-M.	Mech.	N-M.
Laundries	9	-	5	-	7	-
Leather Goods	2	-	1	3	3	-
Metal Merchants	9	-	3	1	5	-
Milliners	1	-	1	4	1	3
Motor Car Accessories	4	-	-	-	-	-
M.V.R. and Garages	61	1	57	1	46	1
Musical Instruments	-	-	2	-	1	-
Needle Grinders	1	-	-	-	-	-
Novelty Goods	1	-	-	-	-	-
Office Equipment	-	-	1	-	2	-
Oil Blenders and Packers	1	-	-	1	-	-
Paint Makers and Storers	1	-	1	-	-	-
Photographers	4	-	11	3	2	5
Picture Frame Makers	2	-	4	-	7	2
Plastics	6	1	-	-	1	-
Pottery	-	-	-	-	1	-
Printers and Bookbinders	22	-	1	-	5	-
Radio and Television	10	1	6	2	1	3
Rubber Goods Manufacturers	1	-	2	-	-	-
Rag Merchants	1	1	-	-	-	-
Sausage Makers	13	-	2	-	-	-
Scientific & Hospitals Instruments	3	-	1	-	-	-
Shoe Makers and Repairers	7	-	13	-	7	-
Silk Screen Printing and Spraying	3	-	1	-	-	-
Starch and Soda Manufacturers	1	-	-	-	-	-
Soft Furnishings and Upholstery	19	4	12	6	22	8
Stone Masons	1	-	1	-	-	-
Sweet Making and Packing	5	1	-	-	-	-
Tailoring	15	1	1	8	-	1
Timber Merchants	-	-	-	-	1	-
Tool Making	5	-	2	-	-	-
Undertakers	1	-	-	1	-	-
Wax Workers	2	-	-	-	-	-
Weaving	1	-	1	-	-	-
Woodworkers (Joiners, etc.)	9	1	10	2	15	1
Wheelwrights	1	-	-	-	-	-
Miscellaneous	16	5	5	5	6	1
TOTAL	343	31	229	67	201	36

SANITARY CONVENIENCES (Section 9) - continued

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Offices, Shops and Railway Premises Act, 1963, makes provision for the safety, health and welfare of persons employed in shops, offices and railway premises. The requirements of the Act follow closely those of the Factories Act and include provisions relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, seats, safety of machinery, first aid and fire precautions.

Enforcement of the provisions of the Act is divided among a number of authorities. In most premises covered by the Act, its general requirements are enforced by local authorities who were already responsible for inspecting many such premises under other legislation dealing with public health and shop closing hours. H.M. Inspectors of Factories enforce the general provisions of the Act in certain premises which are associated with, or broadly similar in their conditions to, factories, i.e., railway premises, fuel storage depots on railway premises and offices in factories. They are also responsible for inspecting premises owned or occupied by the Crown and those occupied by local authorities.

Provisions relating to fire precautions are the responsibility of the Fire Authority, i.e., with regard to this borough's area, the Greater London Council.

In Kensington and Chelsea, inspections are carried out by the public health inspectors.

Set out below is a summary of the number of premises registered, inspected, notices served and work carried out during the year

Registrations and General Inspections:

Class of premises	Number of premises registered during year	Total number of registered premises at end of year	Number of registered premises receiving general inspections during the year
Offices	78	1,167	285
Retail shops	59	1,619	93
Wholesale shops, warehouses	11	93	1
Catering establishments open to the public, canteens	22	464	51
Fuel storage depots	1	1	-

Number of visits of all kinds by Inspectors to registered premises ...

... 1,915

Analysis of persons employed in registered premises by workplace:

Class of workplace	Number of persons employed
Offices	18,153
Retail shops	14,334
Wholesale departments, warehouses	1,339
Catering establishments open to public	5,285
Canteens	415
Fuel storage depots	1
TOTAL	39,527
TOTAL MALES	18,857
TOTAL FEMALES	20,670

Number of notices served ... 112

The following contraventions were remedied during the year, as the result of written notices or verbal requests at the time of the general inspection.

CLEANLINESS (Section 4)

Walls not maintained in a clean condition - rooms	3
Ceilings not maintained in a clean condition ...	3
Walls and ceiling not maintained in a clean condition - rooms, etc. ...	80
Stairs not maintained in a clean condition ...	6
Floors not maintained in a clean condition ...	5
Fittings not maintained in a clean condition ...	3
Accumulation of dirt/refuse ...	7

TEMPERATURE (Section 6)

No effective provision for securing and maintaining a reasonable temperature ...	14
No thermometer to check room temperature ...	236
A thermometer not provided to each floor - number of floors ...	61
No means whereby employees can warm themselves	3

VENTILATION (Section 7)

No effective or suitable provision for securing or maintaining a circulation of adequate supplies of fresh or artificially purified air ...	14
---	----

LIGHTING (Section 8)

Inadequate lighting ...	13
Dirty windows ...	3

SANITARY CONVENIENCES (Section 9)

Insufficient sanitary conveniences for males/females	6
--	---

SANITARY CONVENIENCES (Section 9) - continued

No separate water-closet accommodation for persons of each sex	4
Sanitary conveniences not marked as to the sex of users ...	1
Sanitary conveniences not properly maintained ...	24
Sanitary conveniences not kept clean ...	18
Sanitary conveniences not properly lit by natural/artificial light	7
Sanitary conveniences not properly ventilated ...	11
Sanitary conveniences not conveniently accessible ...	2

WASHING FACILITIES (Section 10)

Absence of suitable or sufficient washing facilities ...	2
Absence of a supply of clean running hot water ...	41
Absence of a supply of soap and towels ...	3
Absence of a supply of towels ...	3
The place in which washing facilities are provided is not properly lit by natural/artificial means	1
Apparatus for the purpose of washing not clean ...	1

SUPPLY OF DRINKING WATER (Section 11)

An adequate supply of drinking water not provided in a conveniently accessible and suitable place ...	2
---	---

ACCOMMODATION FOR CLOTHING (Section 12)

Unsuitable/insufficient provision for the storage of clothing not used during working hours	5
--	---

SITTING FACILITIES (Section 13)

Insufficient number of seats for shop employees ...	7
---	---

SEATS FOR SEDENTARY WORKERS (Section 14)

A footrest to be provided	1
----------------------------------	---

FLOORS, PASSAGES AND STAIRS (Section 16)

Defective floorboards	6
Defective stairs	5
Defective floor covering	3
Loose carpets and mats	1
Badly worn and dangerous door mat	1
Passages not kept clear	1
Handrail to staircase not provided	5
Open side of staircase not properly guarded	18
Defective handrail	2

FENCING OF EXPOSED PARTS OF MACHINERY (Section 17)

Blade of slicing machine	2
Duplicating machine	2
Hand-operated guillotine	1

FIRST AID (Section 24)

No first-aid box provided	149
Incomplete first-aid box	79

COMMON PARTS OF A BUILDING (Section 42)

Inadequate lighting 1

NOTIFICATION OF FACT OF EMPLOYMENT OF PERSONS

(Section 49)

Failure to register premises under the Act 4

INFORMATION FOR EMPLOYEES (Section 50)

No abstract displayed in the premises 81

Section 24(7) - First Aid

Two applications for exemption under the above sections were received during the year. These were granted subject to the required conditions.

Accidents

109 accidents were notified during 1965, of which 106 were notifiable under the Act and these were investigated and advice given where necessary.

MAIN CAUSATION OF THE ACCIDENTS

Non power-driven machinery or relevant part in motion	...	1
Machinery of relevant part at rest (power and non power-driven)	...	3
Vehicle in motion not moved by power	...	1
Hand tools	...	5
Falls on or from fixed stairs	...	22
Falls on or from ladders or step ladders	...	5
Other falls from one level to another	...	7
Falls on the same level	...	9
Stepping on or striking against object or person	...	15
Handling goods	...	25
Struck by falling object	...	2
Not otherwise specified	...	11

106

A special report on lighting standards was requested by the Ministry of Labour to cover the last three months of 1965.

The following is a copy of the report as submitted to the Ministry:-

REPORT ON LIGHTING OF OFFICES AND SHOPS

OCTOBER TO DECEMBER, 1965

- (1) General Impression of the Standards of Lighting, both natural and artificial, in offices and shops.

The assessment of any aspect of the operation of the Offices, Shops and Railway Premises Act, 1963, must take into consideration factors of environment, and in the Royal Borough of Kensington and Chelsea the most obvious of these is the age of the buildings, 87% of which were erected before 1916. In those buildings built before 1870, 50% of the registrable premises inspected were lit by filament lamps, and 48% by fluorescent lamps. 60% of premises inspected in buildings erected between 1870 and 1916 were found to be lit

by fluorescent lamps, and the same proportion was also found in those buildings erected between 1916 and 1939. However, in the buildings erected since 1939 the proportion lit by fluorescent lamps is much higher at 85%.

Far too many offices and shops use the plain fluorescent light batten without any regard to the needs of the persons occupying or entering the premises, and the decoration of ceilings, walls and floors is often at variance with the type of fluorescent lamp used.

Unassisted natural light for the greater part of the day was the source of illumination in only a few (mostly small) offices and shops. In the few large, newly-erected blocks of offices in which there are large areas of glazing the inner wall of the offices is often within the range of natural light penetration, and artificial light is not needed during the late spring, summer and early autumn. Light readings of 250 lumens per square foot have been recorded near the windows of such offices.

However, the number of offices in which light is distributed evenly over the whole area of each office room is very small, and in the premises inspected to date it represents less than 1% of the total.

The selling areas of the majority of shops (73%) are illuminated by fluorescent lighting, but the number of well-designed systems seen during the period was less than five in number. As these were branch shops of large food traders it may be expected that more shops will have improved lighting systems. Food shops have much brighter illumination in the selling areas than other shops.

The lighting of ancillary rooms to offices and shops often depends on the use of those rooms. For instance, the lighting of staff rooms in office buildings is generally consistent with the lighting of the offices themselves, but the same cannot be said of shops, where the standard of lighting of staff rooms is much inferior to that of the selling areas. A similar observation can be made about W.C.'s and wash-places in offices and shops.

68% of stockrooms and packing departments in both office and shop buildings were lit by fluorescent lamps, and a major fault is the inefficient distribution of lamps in relation to shelves, bins and dunnage.

The areas of shops in which the processes of slicing, mincing, and chopping were carried on were, in general, badly lit in relation to the selling areas.

Some of the larger organisations have installed machine accounting, and the machine rooms are usually very well lit, readings of more than 40 lumens per sq.ft. being common.

(2) Examples of unsatisfactory lighting.

Offices

The offices in which there was consistently inferior lighting were those of solicitors, charitable organisations, builders' offices, and some estate agents. It was in the first two types of premises that lighting of individual work points was by unshaded filament lamps suspended by cables connected to bayonet-type adaptors. In contrast, in a house of great historical interest (now used as offices by a national organisation) it was said that the lighting had been specially designed, but readings of only 7-10 lumens per sq.ft. could be obtained on the working planes of the desks.

Shops

Antique shops, gift shops, leather goods shops, men's outfitters, footwear shops, and about half the tobacco and confectionery shops had inferior lighting.

(3) Specific Standards of Lighting, in lumens per sq.ft. which have been recommended in advice to occupiers.

The code of the Illuminating Engineering Society has been quoted in both verbal advice and correspondence on the lighting of registered premises. It is usually found that discussion is necessary on the location of lighting points, interior decoration, and the colour

could be misleading if care (dealt with in the following paragraphs) were not also considered.

- to be used in assessing it, and to too many other dogmatic and ideological assumptions, and the need to regard the needs of the person designing or entering the premises, and the design of the building, as the primary consideration, rather than the needs of the client or the needs of the community.

However, the number of officers in which light is distributed evenly over the

of the card, having in mind that the white surface of the card represents 75%.

ants, and Decorative and Building paints, the Standard Colours and luminance factors.

top caused headaches in the staff using the desk.

counters had previously been 50 lumens per sq. ft.

...two types of member that might be identified with points were distinguished: (1) those who were members of the organization, and (2) those who were not members of the organization. The first type of member was identified with points, and the second type of member was identified with points.

Detailed information about lighting in premises inspected during November

- done was:-

(a)	less than 5	...	...	...	3
(b)	more than 5 but less than 10	...	...	...	18
(c)	more than 10 but less than 15	...	...	...	22
(d)	more than 15 but less than 25	...	...	...	44
(e)	more than 25	...	...	...	104

- (2) Standards of lighting in lumens per square foot in the working areas of shops, etc., stockrooms, packing departments, preparation rooms, etc., compared with standards of lighting in the selling areas:-

	Lumens per sq. ft.					
	0-4	5-9	10-14	15-24	25-39	40+
Selling areas	1	13	11	21	36	32
Slicing, mincing, chopping	-	4	3	12	6	3
Food preparation	3	3	1	1	3	1
Stockrooms	3	9	4	10	6	5
Packing departments	2	7	1	-	-	-
Passages, stairs	8	6	4	-	1	-
W.C.s, washplaces	-	57	36	7	-	-

LAND CHARGES

The number of enquiries dealt with during the period 1st April to 31st December, 1965 was 3,257. These concerned outstanding statutory or informal notices, combined drainage orders, smoke control orders and certificates of disrepair, etc.

TOWN PLANNING APPLICATIONS

During the year 1,592 applications were referred to the Health Department for observations, and the persons responsible for carrying out any accepted schemes were informed of the various requirements of the Health Department before any work was commenced. Close liaison was maintained between the officers of the Health, Town Clerk's and Borough Surveyor's departments, and the Public Health Inspectors ensured that any development which took place was in accordance with the relevant Acts and Bye-laws.

LICENSING ACTS, 1961/1964

52 copies of applications to the Licensing Justices for restaurant or residential licences were received during the year, and inspections were made in each case to ensure that there were no breaches of the Food Hygiene (General) Regulations and that there was sufficient and properly sited sanitary accommodation for the use of patrons.

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955

This is the principal Act for controlling the composition, labelling, fitness and hygienic handling of food, and the Food Hygiene (General) Regulations, 1960, are the principal instruments for enforcing good food hygiene practice in foodshops.

FOOD PREMISES

Throughout the year the district public health inspectors have been responsible for the supervision of food premises, including food shops, catering establishments and stalls, etc., within their districts, and a total of 3,173 inspections were made.

Legal proceedings for contraventions of the Food Hygiene (General) Regulations, 1960, were instituted in a number of cases, particulars of which are as follows:-

DETAILS OF LEGAL PROCEEDINGS TAKEN UNDER

FOOD HYGIENE REGULATIONS IN 1965

As requested by Ministry of Health Circular 22/58.

Date of Hearing	Offence	Regulations	Result	
			Fine	Costs awarded to Council
			£. s. d.	£. s. d.
22.1.65.	Dirty floor of ground floor front room	23(1)	4. 0. 0.	1. 1. 0.
	Dirty walls of food room	23(1)	4. 0. 0.	-
	Dirty ceiling of ground floor front room	23(1)	Not separately dealt with	
	Dirty shelving of ground floor front room	23(1)	Not separately dealt with	
	Risk of contamination to food (bacon)	6(1)	4. 0. 0.	-
	Unsatisfactory floor of food room	23(1)	4. 0. 0.	-
	Dirty walls of ground floor back	23(1)	4. 0. 0.	-
	Dirty ceiling of ground floor back room	23(1)	Not separately dealt with	
	Dirty shelving of ground floor back room	23(1)	Not separately dealt with	
	Dirty walls of food room	23(1)	4. 0. 0.	-
	Dirty floor of food room	23(1)	Not separately dealt with	
	Dirty ceiling of food room	23(1)	Not separately dealt with	
	Unsatisfactory walls of food room ground floor back addition extension	23(1)	4. 0. 0.	-
	Dirty floor of food room ground floor back addition extension	23(1)	4. 0. 0.	-
	Dirty ceiling of food room ground floor back addition extension	23(1)	Not separately dealt with	
	Dirty window of food room ground floor back addition extension	23(1)	Not separately dealt with	
	Dirty sink in food room ground floor back addition extension	19(1)	4. 0. 0.	-
	Accumulation of refuse	24	4. 0. 0.	-
	Dirty walls of food room ground floor passage	23(1)	4. 0. 0.	-
29.6.65	Dirty floor of ground floor passage	23(1)	Not separately dealt with	
	Dirty ceiling of ground floor passage	23(1)	Not separately dealt with	
21.9.65	Risk of contamination to food	8	30. 0. 0.	5. 0. 0.
	Dirty walls of food room	23(1)	10. 0. 0.	5. 0. 0.
	Dirty ceiling of food room	23(1)	Not separately dealt with	
	Dirty shelving of food room	23(1)	Not separately dealt with	

Date of Hearing	Offence	Regulations	Result	
			Fine	Costs awarded to Council
21.9.65.	Dirty floor of food room	23(1)	Not separately dealt with	
	Unsatisfactory equipment	6(1)	10. 0. 0.	-
	Dirty sink	19(1)	10. 0. 0.	-
	Dirty walls of ground floor wash-up and servery	23(1)	10. 0. 0.	-
	Dirty ceiling of servery	23(1)	Not separately dealt with	
	Unsatisfactory floor of servery	23(1)	Not separately dealt with	
	Dirty walls of ground floor front dining room (food room)	23(1)	10. 0. 0.	-
	Unsatisfactory floor of dining room	23(1)	Not separately dealt with	
	Dirty ceiling of dining room	23(1)	Not separately dealt with	
	Dirty walls of ground floor back dining room	23(1)	10. 0. 0.	-
	Dirty ceiling of ground floor back dining room	23(1)	Not separately dealt with	
	Unsatisfactory floor of ground floor back dining room	23(1)	Not separately dealt with	
	Unsatisfactory rear wall of lower back addition dining room (food room)	23(1)	10. 0. 0.	-
	Risk of contamination of food	14(4)	10. 0. 0.	-
21.9.65.	Absence of notice re washing hands	14(5)	10. 0. 0.	-
	Absence of wash-hand-basin	16(1)	10. 0. 0.	-
9.11.65.	Dirty floor of food room	23(1)	2. 0. 0.	2. 0. 0.
	Absence of wash-hand-basin	16(1)	Withdrawn	
	Absence of notice re washing hands	14(5)	2. 0. 0.	-
	Risk of contamination of food	6	2. 0. 0.	-
	Stagnant water containing scraps of waste food laying in yard	5	2. 0. 0.	-

INSPECTION OF FOOD PREMISES

Premises where food is prepared, stored or exposed for sale for human consumption, are frequently inspected. The following is a record of inspections made by the public health inspectors engaged on this work during 1965:-

Premises registered under	No. of Premises	No. of Inspections
(1) <u>Section 16, Food and Drugs Act, 1955</u>		
(a) for the sale, or the manufacture for the purpose of sale, of ice cream or the storage of ice cream intended for sale.	472	32 *
(b) for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.	157	123

Premises registered under	No. of Premises	No. of Inspections
(2) <u>Milk and Dairies (General) Regulations, 1959.</u> as dairies or where the occupier is registered for the sale of milk in sealed containers only.	225	215

* Additional inspections of premises (not primarily in connection with the sale of ice cream) are recorded under different headings in the following table which also gives details of the number of premises fitted to comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960.

Food Premises (All categories)	No. of Premises	No. of Inspections	No. provided with wash-hand-basins - Regulation 16	No. with facilities for washing food and equipment - Regulation 19
Bakehouses	22	26	22	22
Butchers	90	107	82	90
Bread and cake shops	50	51	50	43
Food factories	24	66	24	24
Grocers	283	363	280	271
Greengrocers	103	117	88	97
Confectioners	168	201	168	143
Cafes and restaurants	481	628	481	481
Fishmongers and fried fish shops	39	59	39	39
Public Houses and Off-licences	287	258	280	267
General stores	48	61	39	47
Street Markets -				
Stalls	183	984	10†	Not applicable
Storage premises	17/		17/	

† 110 use nearby public conveniences

/ 46 have sharing arrangements

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963

These Regulations, part of which came into force on 29th September, 1963, and the remainder on 1st October, 1964, re-enact with amendments the Milk (Special Designation) Regulations, 1960.

The 1963 Regulations have since been amended by the Milk (Special Designation) (Amendment) Regulations, 1965, which came into operation on the 1st October, 1965, and introduced a new special designation "Ultra Heat Treated" in relation to milk which has been treated by the ultra high temperature method, that is to say, retained at a temperature of not less than 270°F. for not less than one second.

All milk sold by retail in England and Wales must be specially designated and those designations would in future be "Untreated" (relating to "Raw" or "Farm Bottled" milks), "Pasteurised", "Sterilised" and "Ultra Heat Treated".

The licences granted during the year are shown in the following table, together with the total numbers in force at the end of the year:-

	Licences issued in 1965	Total number in force at end of year.
Untreated milk	4	104
Pasteurised milk	27	216
Sterilised milk	19	180
Ultra Heat Treated milk	9	108

The following table shows the number of samples of untreated milk and processed milks taken during the year, together with the results of examinations:-

Designation	No. of Samples	Methylene blue test		Phosphatase test	
		Passed	Failed	Passed	Failed
Untreated	20	14	4 *	-	-
Pasteurised	55	51	2 *	-	-

* Two samples of untreated milk and two samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 70°F, which is the limit specified in the Regulations.

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

(a) Registrations

The number of persons registered under the Regulations at the end of the year, to sell milk from premises in the borough (including the sale of cream in sealed containers) was 225.

(b) Unclean Milk Containers

It is an offence under the Regulations for any dairy farmer or distributor to use for holding milk any vessel that is not in a state of thorough cleanliness immediately before use. In the case of bottled milk, the time "immediately before use" is considered to mean at the time the bottle is first filled and, therefore, any offence would be committed at the time and place of bottling.

During the year, four instances of "dirty milk bottles" were reported. In one case a warning letter was sent to the bottlers, in two cases they were passed to other boroughs and in the remaining case it was decided to take no further action.

COMPOSITION OF MILK

During the year, 119 samples of milk (all grades) were submitted to the Public Analyst for examination, all of genuine composition.

The following table shows the percentage of milk fat and non-fatty solids of the genuine samples of milk, other than Channel Islands and South Devon milks, taken during each month.

Month	No. of samples taken	Average percentages	
		Milk Fats	Non-fat Solids
January	9	3.65	8.65
February	10	3.84	8.57
March	5	3.90	8.67
April	7	3.63	8.56
May	9	3.42	8.92
June	5	3.45	8.85
July	4	3.52	8.70
August	4	3.36	8.67
September	2	4.07	8.82
October	9	3.88	8.78
November	4	3.81	8.75
December	Nil	Nil	Nil
Average for the whole year		3.68	8.72
Legal minimum standard		3.00	8.50

MILK AND DAIRIES (CHANNEL ISLANDS AND SOUTH DEVON MILK) REGULATIONS, 1956

These Regulations require that all milk for human consumption sold under the specific description of -

Channel Islands Milk
Jersey Milk
Guernsey Milk, or
South Devon Milk

must contain not less than 4% by weight of milk fat. This compares with the presumptive milk fat standard of 3% specified for ordinary milk by the Sale of Milk Regulations, 1939.

The following table shows the average percentages of milk fat and non-fat solids of the genuine samples taken during each month:-

Month	No. of samples taken	Average percentages	
		Milk Fats	Non-fat Solids
January	5	4.50	8.92
February	9	4.49	8.84
March	8	4.47	8.81
April	3	4.63	8.83
May	8	4.49	9.13

Month	No. of samples taken	Average percentages	
		Milk Fats	Non-fat Solids
June	4	4.10	9.01
July	2	4.25	8.89
August	1	4.40	8.85
September	1	4.50	9.10
October	5	4.40	8.88
November	5	4.62	9.15
December	Nil	Nil	Nil
Average for the whole year		4.44	8.95
Legal minimum standard		4.00	8.50

UN SOUND FOOD

Seizure

Under Part 1 of the Food and Drugs Act, 1955, it is an offence to sell, offer, or expose for sale, or to be in possession for the purpose of sale or preparation for sale, food intended for human consumption which is in an unfit condition. Such food can be seized and taken before a Justice of the Peace, who can condemn it and order it to be destroyed or disposed of for purposes other than human consumption.

During the year it was not found necessary to enforce this procedure.

Surrender

During the year the following amounts of food were surrendered and condemned as unfit for human consumption:-

Food	Tons	Cwts.	Qtrs.	lbs.
Meat (raw)	-	5	-	24
Meat (other)	-	6	1	3
Ham and Pork	1	16	2	13
Sauerkraut	-	10	2	12
Cucumbers and Gherkins in Brine	1	19	3	13
Butter and Cheese	-	6	3	17
Fish (Wet and dry)	-	-	3	9
Sausage	-	16	2	10
TOTAL	6	2	3	17
Tins, jars, packets or cartons of fruit vegetables and miscellaneous foodstuffs		8,642		
Frozen foods		8,635		
TOTAL		17,277		

All food condemned as unfit for human consumption is collected by the Council, taken to the refuse destructor in Fulham and destroyed.

COMPLAINTS BY PURCHASERS OF FOOD

During the year, 116 complaints were received from members of the public alleging the unsatisfactory condition of food purchased by them in the borough. The complaints generally related to the presence of foreign matter in foods, and the unsatisfactory condition of bread, meat pie, liver, cheese, sausages, confectionery, meat, cereal, vegetables and fruit.

Of these complaints, 13 cases resulted in the Health Committee instructing the Town Clerk to institute legal proceedings and in each case a conviction was awarded.

In 9 cases, the Health Committee decided to send warning letters to the vendors or manufacturers concerned.

The remaining 94 cases were dealt with informally, either owing to the lack of sufficient evidence, or to the complaint not being substantiated.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

The Regulations require the pasteurisation of liquid egg to be used in food intended for sale for human consumption, other than egg broken out on the food manufacturers' premises and used within twenty-four hours. The Regulations prescribe the method of pasteurisation and the test to be satisfied.

There is no egg pasteurisation plant in Kensington and Chelsea and it was not found necessary during the year to take any sample of liquid egg in accordance with these Regulations.

ADULTERATION OF FOOD

During the year, 100 formal samples were submitted for analysis by the Public Analyst, of which 25 (25%) were either adulterated or otherwise unsatisfactory. 1,094 informal samples were also submitted for analysis, of which 68 (6.21%) were either adulterated or otherwise unsatisfactory.

In six of the formal cases legal proceedings were taken. In nine cases warnings were given to the producers, manufacturers or vendors, and in the remaining ten cases no further action was taken. The results of these unsatisfactory samples were brought to the notice of the producers, manufacturers or vendors as the case may be.

ICE CREAM

The Food Standards (Ice Cream) Regulations, 1959, and the Labelling of Food (Amendment) Regulations, 1959, have been made jointly by the Minister of Health and the Minister of Agriculture, Fisheries and Food.

The Ice Cream Regulations prescribe standards for ice cream and introduce separate standards for "dairy ice cream" (or "dairy cream ice" or "cream ice"), and for "milk ice".

The Labelling Regulations prohibit the labelling, marking or advertising of ice cream in a manner suggestive of butter, cream, milk, or anything connected with the dairy interest unless the ice cream contains no fat other than milk (except such as may be introduced by the use as an ingredient of any egg, flavouring substance, or emulsifying or stabilising agent), but permit the presence of skimmed milk solids to be declared. These Regulations also provide that it is an offence to sell under the description "ice cream", any pre-packed ice cream which contains fat other than milk fat, unless it bears on the wrapper or container a declaration "Contains non-milk fat" or, if appropriate, "Contains vegetable fat" in type of a prescribed minimum size.

The following table shows the number of samples of ice cream taken during 1965 for chemical analysis compared with those taken in the previous year:-

	1964	1965
Number of samples	8	23
Variation of fat content per cent.	7.5 to 16.8	5.9 to 13.0
Variation of non-fat content per cent.	22.2 to 28.8	15.1 to 29.7
Average fat content per cent.	10.2	8.81
Average non-fat solids content per cent.	24.9	25.0

The Ice Cream (Heat Treatment, etc.) Regulations, 1959, require that ingredients used in the manufacture of ice cream are to be pasteurised or sterilised.

There is still no legal bacteriological standard for ice cream. As in previous years, samples were taken and submitted for examination under the provisional methylene blue reduction test, which is a simple and practical means for the routine examination of ice cream. The test is not of sufficient precision to justify its use as a statutory test. The grading is determined by the length of time taken to decolourize the methylene blue, and it is suggested that if samples consistently fail to reach grades 1 and 2 it would be reasonable to regard this as an indication of defects in manufacture or handling which warrant further investigation.

During the year 31 samples of ice cream were also taken and submitted to the methylene blue test. The results are as follows:-

Grade	No. of samples
1	12
2	3
3	3
4	13

Premises in the borough where ice cream is manufactured, stored or sold, were frequently inspected during the year and generally were found to be in a satisfactory condition, having regard to the Ice Cream (Heat Treatment, etc.) Regulations, 1959.

GENERAL

There are no abattoirs or slaughterhouses in the borough, and no killing of animals for human consumption is carried out.

PRESERVATIVES IN FOOD

In December, 1963, the Kensington Council were informed that as a result of a local family experiencing untoward symptoms after consuming minced meat, it was discovered that this resulted from the meat being treated with a powder containing nicotinic acid and ascorbic acid. This powder was used to preserve the fresh red colour of the meat and did not contravene any of the existing legislation governing the use of colouring matters or preservatives in food.

In view of this undesirable practice the Borough Council made representations to the Metropolitan Boroughs' Standing Joint Committee, who in turn approached the Ministries of Health and Agriculture, Fisheries and Food.

As a result, in January, 1964, the Ministries issued the Meat (Treatment) Regulations, 1964, which prohibited the addition to raw and unprocessed meat of ascorbic acid, erythorbic acid, nicotinic acid, nicotinamide and any salt or any other derivative of these substances and the sale of any such meat so treated.

It will be noted that the Regulations were applicable only to raw and unprocessed meat and meat products. They did not apply to processed meat and meat products. Certain preparations are now being advertised containing these chemicals, which it is claimed can advantageously be added to meat pies, bacon, ham, pork and beef sausages, and cured sausages, to help in the retention of the natural colour of these products, particularly when they have been exposed to strong light.

This practice is obviously undesirable in that it makes the meat look fresher than it really is and perhaps more attractive to the misinformed purchaser. This gives a sales advantage to the firm using the ascorbic acid, which would be calculated to force other firms to follow suit; eventually leading the public to suspect and avoid genuine fresh untreated meat. Since the vitamin would no doubt possess some prophylactic medicinal activity, its addition might also be open to objection by people who disagree with the policy of mass medication by additives in food or water. Furthermore, the addition of these chemicals means that the purchaser is receiving a substance not demanded, and therefore this might be held to be a sale to his prejudice.

It would appear that the non-inclusion of processed meat was an omission from the original Regulations which should be rectified. This could be done either by amending regulations, or, alternatively, by deleting the exemption given to the substances in the definition of preservatives in Section 2 of the Preservatives in Food Regulations, 1962.

In these circumstances the Council decided that the attention of the London Boroughs Committee and the Association of Municipal Corporations should be drawn to this matter and that they should be asked to make representations to the Ministry of Health and the Ministry of Agriculture, Fisheries and Food, with a view to obtaining amending legislation.

PESTICIDES AND OTHER TOXIC CHEMICALS

In 1964 the Government asked the Advisory Committee on Pesticides and other Toxic Chemicals to consider and advise on any improvements and extensions of present safety arrangements that may be desirable to provide greater protection against hazards arising from the use of toxic chemicals in agriculture and food storage. The Association of Municipal Corporations was invited to submit evidence to the Advisory Committee, but apart from comments of a general nature it was not possible for the Association to submit a detailed memorandum in view of the technical research which was considered necessary.

The County Council's Association have now invited the co-operation of members of the Association of Municipal Corporations in a scheme which has been proposed by the Association of Public Analysts. This scheme would enable a systematic enquiry to be carried out into the extent of contamination of foodstuffs by toxic chemicals.

The Association of Municipal Corporations' Health Committee have considered this matter and they were of the opinion that the scheme should receive their support as well as that of the County Councils' Association. Those authorities who wished to participate were therefore invited to inform the Association so that a consolidated list of participants could be prepared and made available to neighbouring authorities enabling them to co-ordinate any necessary arrangements.

The Council were of the opinion that the scheme should be supported and the Association of Municipal Corporations were informed accordingly.

LEGAL PROCEEDINGS

PUBLIC HEALTH ACTS, 1936/1961

Nuisances

During the year, 42 summonses were issued for various nuisances under the Public Health Acts, 1936/1961. In 24 cases Abatement Orders were secured, fines amounting to £109. 0. 0., and costs amounting to £46. 3. 0. were awarded to the Council. In 15 cases the summonses were withdrawn, the nuisances having been abated prior to the Court hearings. In 2 cases the summonses were adjourned *sine die*, as the necessary works were being carried out by the defendants, and in the remaining case the work was carried out by the Council in default.

NOISE ABATEMENT ACT, 1960

Nuisances

Legal proceedings were taken in 3 cases against street vendors of ice cream for operating a loudspeaker at 7.28 p.m., 7.30 p.m. and 8.45 p.m. respectively. In one case the vendor was granted an absolute discharge, and in the other two cases the offenders were fined £2. 0. 0. respectively, and the Council were awarded £2. 0. 0. costs in each case.

HOUSING ACT, 1957

Overcrowding

One summons was issued in respect of a case of overcrowding in a dwelling house but the summons was withdrawn as the overcrowding had been abated prior to the Court hearing.

FOOD AND DRUGS ACT, 1955

Milk and Dairies (General) Regulations, 1959

In one case a summons was issued in respect of the use of unregistered premises for carrying on distribution of milk. Conviction was obtained and a fine of £5. 0. 0. was imposed.

Section 2

Fourteen prosecutions were instituted for selling food not of the nature, substance or quality demanded. In 13 cases, convictions were obtained and total fines of £143. 0. 0. were imposed and the Council awarded £58. 16. 0. costs (including analysts and witnesses fees). In the remaining case the vendor was found not guilty and costs were awarded against the Council amounting to £22. 0. 0.

The Preservatives in Food Regulations, 1962

One summons was issued in respect of the sale of two 2½ oz. tins of smoked salmon containing added preservatives (benzoic acid) not permitted. A conviction was obtained and a fine of £50. 0. 0. was imposed and costs of £6. 6. 0. were awarded to the Council.

Section 6 - False Labelling of Food

One summons was issued in regard to the false labelling of food. A conviction was obtained and a fine of £10. 0. 0. was imposed.

Section 8 - Unfit Food

Legal proceedings were taken during the year in respect of the sale or exposure for sale, of the following unfit foods:-

Unfit food	Fine	Costs
Unfit stuffed pepper	£. s. d. 5. 0. 0.	£. s. d. 3. 0. 0.
" bacon	10. 0. 0.	1. 0. 0.

Section 16 - Registration of Premises

Two summonses were issued in respect of the use of unregistered premises for cooking chickens and for the sale of ice cream. The Magistrates imposed fines totalling £10. 0. 0. and the Council were awarded £4. 4. 0. costs.

Food Hygiene (General Regulations), 1960

Forty-six summonses were taken out against various defendants for contraventions of these Regulations. The contraventions included the exposing of food to contamination, failure to keep food premises and equipment in a clean condition, failure to provide an adequate supply of wash basins, absence of notices re washing hands and accumulation of stagnant water.

In 26 cases convictions were obtained and fines totalling £182. 0. 0. were imposed and the Council were awarded £13. 1. 0. costs.

In 19 cases the summonses were not separately dealt with, but the Magistrates took the offences into account in dealing with other contraventions by the same defendants. In one case the summons was withdrawn.

In 1961 the Government asked the Advisory Committee on Nutrition and other bodies to consider and advise on any improvements and extensions to the existing regulations which may be required to provide better protection of the public health in connection with the sale and supply of food. The Committee has since then been working on this matter and has submitted a report to the Government. The report contains a number of recommendations which are being considered by the Government.

The County Council's Association of Public Analysts is a scheme which has been proposed by the Association of Municipal Corporations in a scheme which has been proposed by the Association of Public Analysts. This scheme is designed to provide a more efficient and economical system of food analysis.

One summons was issued in respect of the sale of two 25 lb. tins of condensed milk. The defendant was fined £50. 0. 0. and the Council were awarded £10. 0. 0. costs. The defendant was also ordered to pay the costs of the Council.

The Association of Municipal Corporations was informed of the results of the survey and the results of the survey were discussed with the Association of Municipal Corporations.

WELFARE SERVICES

WELFARE SERVICES

MR. S. A. BIDDLECOMBE

Chief Welfare Officer

INTRODUCTION

With the transfer of services from the former London County Council Welfare Department, the full range of social services provided under the National Assistance Act, 1948 (as amended) became the responsibility of the Council. The main provisions are as follows:-

- (a) Residential accommodation for persons in need.
- (b) Temporary accommodation for the homeless.
- (c) Comprehensive services for the blind, partially sighted, deaf, and other handicapped persons including special residential accommodation, workshops, occupational and rehabilitation centres and a full range of domiciliary services including a casework service.
- (d) Domiciliary services for the aged, provided either directly or in co-operation with voluntary organisations.
- (e) Contributions to organisations engaged in promoting the welfare of handicapped and elderly persons.
- (f) Registration and inspection of homes for the disabled and elderly.
- (g) Registration of charities for disabled persons.
- (h) Removal to suitable premises of persons in need of care and attention.
- (i) Temporary protection of property of persons admitted to hospitals, etc.
- (j) Burial or cremation of persons found dead where no suitable arrangements have or can be made.

The prime concern on the 1st April, 1965, was the continuity of the services which it is pleasing to note proceeded smoothly and without disruption.

Certain of the residential properties needed for the services were transferred for the Council's use for a limited period; however, despite the shortage of accommodation generally in the borough, progress has been made in the acquisition of replacements. In addition, plans are now being prepared for two purpose-built homes for the elderly, one at Yeading Green, Ruislip (92 beds) and one in the Kensal New Town area (60 beds).

Further details regarding each of the above services appear under the appropriate sections.

RESIDENTIAL ACCOMMODATION

A total of 690 persons were in residential homes at the 31st December, 1965 as follows:-

Borough accommodation ...	...	...	483
Other local authority homes ...	...	...	33
Voluntary Homes ...	...	...	174

On the 1st April, 1965, the Council became responsible for four residential homes for aged and infirm persons provided under Section 21(1)(a) of the National Assistance Act, 1948, as amended. One of the homes is outside the borough boundary. The total number of beds is 510, allocated as below:-

Dale Mead	...	...	...	...	56 Men and Women
Ellesmere	...	...	...	...	122 - do -
Holland Park	...	...	...	...	33 Women
King's Mead	...	...	...	...	299 Men and Women
Total:					510

During the nine months to 31st December, 1965, 262 persons were admitted to, and 204 persons were discharged from these homes. In the same period, 59 persons died in the homes. Vacancies are held for short-term admissions to hospital, residents who are away on holiday, and for major redecoration programmes.

The waiting list for admission to residential accommodation at 31/12/65 was 43 men and 130 women.

AGE ANALYSIS AT 31.12.65

HOME	50-59	60-69	70-79	80-89	Over 90	Average Age
Dale Mead	-	3	22	21	5	80.5
Ellesmere	-	9	42	60	6	80.4
5 Holland Park	-	-	9	17	6	84
King's Mead	3	36	106	113	25	79.3
Totals:	3	48	179	211	42	81

ADMISSIONS AND DISCHARGES

THE FOLLOWING STATISTICS SHOW THE POSITION AT RESIDENTIAL HOMES
FOR THE PERIOD FROM 1/4/65 to 31/12/65

HOME	RESIDENT 1/4/65			ADMITTED			DISCHARGED			DIED			REMAINING 31/12/65			NORMAL ACCOMMODATION
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	
DALE MEAD	14	36	50	4	10	14	4	8	12	1	-	1	13	38	51	56
ELLESMERE	29	88	117	9	25	34	7	27	34	-	-	-	31	86	117	122
5 HOLLAND PARK	-	32	32	-	17	17	-	16	16	-	1	1	-	32	32	33
KING'S MEAD	62	223	285	56	141	197	61	81	142	-	57	57	57	226	283	299
TOTAL:	105	379	484	69	193	262	72	132	204	1	58	59	101	382	483	510

OTHER LOCAL AUTHORITY HOMES

SECTION 21(1)(4) NATIONAL ASSISTANCE ACT, 1948

If suitable accommodation is not available from the Borough's resources, or a resident seeks accommodation in a particular home or district belonging to another local authority, co-operation between the Borough and other local authorities secures residential care for the applicant. The number of persons assisted in this way during the period 1/4/65 to 31/12/65 is as follows:-

NAME OF HOME	OWNING BOROUGH	ADMITTED			DISCHARGED			REMAINING 31/12/65		
		Women	Men	Total	Women	Men	Total	Women	Men	Total
FITZJOHN'S AVENUE	Camden (2)	1	-	1	-	-	-	1	-	1
SOMERVILLE HASTINGS HOUSE	Camden (2)	1	-	1	-	-	-	1	-	1
HILLSIDE	Islington (3)	3	2	5	2	1	3	1	1	2
SOUTHERN GROVE	Tower Hamlets (5)	-	4	4	-	1	1	-	3	3
LANSBURY LODGE	Tower Hamlets (5)	-	1	1	-	-	-	-	1	1
LADYWELL LODGE	Lewisham (7)	1	21	22	-	2	2	1	19	20
NEWINGTON LODGE	Southwark (8)	2	-	2	1	-	1	1	-	1
BROCKLEBANK	Wandsworth (10)	2	1	3	-	-	-	2	1	3
ST. ANN'S REDHILL	Sutton (O.L.B.)	-	1	1	-	-	-	-	1	1
TOTALS:		10	30	40	3	4	7	7	26	33

The comparatively large number of men accommodated is owing to the lack of infirm beds for elderly males in the Borough.

ACCOMMODATION PROVIDED BY VOLUNTARY ORGANISATIONS

There are 174 persons for whom the Council is responsible in accommodation provided by Voluntary Organisations:-

	Elderly		Others		Total
	Men	Women	Men	Women	
Not materially handicapped	15	92	2	2	111
Blind	2	9	-	1	12
Deaf	-	-	-	-	-
Epileptic	-	-	4	-	4
Others physically handicapped	1	23	7	16	47
	18	124	13	19	174

There are thirty-three homes used for this purpose.

WAITING LIST FOR ADMISSION TO HOMES FOR AGED PERSONS AT 31.12.65

There were 173 persons on the waiting list for admission to residential accommodation as at the 31st December, 1965, viz:-

	Awaiting Urgent Admission	Awaiting Non-Urgent Admission	Total
Men	31	12	43
Women	82	48	130
Totals:	113	60	173

It is hoped that the normal movement i.e. admissions and discharges will enable urgent applications to be dealt with and so minimise the crises arising at least until additional beds become available in new homes.

Present information suggests new homes might become available for occupation as follows:-

Yeading Green, Ruislip	-	92 beds	-	August 1969
Kensal New Town, Edenham Street	-	60 beds	-	August 1970
One additional Home on site to be determined	-	60 beds	-	Late 1970

REPLACEMENT OF KING'S MEAD

This is a former Public Assistance Institution accommodating 299 elderly persons of both sexes. The site is required by the Ministry of Health in connection with the Hospital

Building Programme. Since the Home is shared with this Borough by the London Borough of Hammersmith, the Ministry have provisionally offered to both authorities sites for the building of replacement homes. Consultation is still continuing regarding this Council's provisional allocation. The Council has been informed that it should plan to be able to withdraw from King's Mead by 1970.

TEMPORARY ACCOMMODATION

1. Homeless Families:

The Council has a responsibility under Section 21(1)(b) of the National Assistance Act, 1948, to provide temporary accommodation for persons who, owing to sudden or unforeseen circumstances, are rendered homeless. Emergency provision is also made for victims of fire or flood whilst they are temporarily homeless. Accommodation is provided as follows:-

Trenmar Lodge, Trenmar Gardens, N.W.10.	5 family units
16/18 Wrights Lane, W.8.	17 family units
68 Holland Road, W.14.	8 family units
29/42 Lorrimore Square, S.E.17.	27 family units available for use up to October 1966.
144/148 Earls Court Road, S.W.5.	18 family units available for use up to April 1969

A further property at 228 Lancaster Road, W.11. has been acquired and will be adapted for use as 5 units of homeless family accommodation. The search for and acquisition of suitable properties, as replacement for Lorrimore Square and Earls Court Road, must continue to enable the latter to be handed back to the Greater London Council for development projects, i.e. housing in the first case, and road widening at Earls Court Road.

The following statistics show the number of admissions to and discharges from temporary accommodation during the period under review:-

Number of families in temporary accommodation as at 1.4.65	63
Number of families admitted (comprising 27 men, 39 women and 90 children)	39
Number of families discharged	46
Number of families remaining as at 31.12.65	56

The reasons for admission were as follows:-

Rent arrears	3
Illegal tenancy	17
Overcrowding	3
Family disputes	5
Other reasons, including fire, flood, new entrants to London	11

The majority of families admitted for reasons other than rent arrears nevertheless also had arrears and in some cases, debts of other kinds. In all instances, however, where rehousing was granted, social work had resulted in the arrears of rent being paid before the families moved to their new homes.

Of the 46 discharges, 35 were rehoused by nomination for housing allocated to

this Council by the Greater London Council. Three were rehoused by the Council, 2 by a Housing Association and the remaining 6 found their own accommodation.

Many of the homeless families have social and domestic problems as well as their primary housing problem and the Council's Social Welfare Officers endeavour to help them overcome these. A few families in need of constant supervision and guidance are admitted to Trenmar Lodge where they are patiently encouraged to attain reasonable standards of home management and child care.

II. Mothers and Babies:

Provision for the unmarried mother and her child is made under Section 21(1)(b) of the National Assistance Act, 1948. The majority are first baby cases and the practice is to arrange admission to one of the homes run by voluntary societies for a suitable period before and after confinement. The Council pay an agreed weekly charge. Others are admitted to the Council's mother and baby unit at King's Mead.

The following tables show the numbers accommodated from 1st April, 1965, to 31st December, 1965:-

(a) Voluntary Homes:

Number resident at 1.4.65			Admitted			Discharged			Number remaining at 31.12.65		
Mothers	Children	Total	Mothers	Children	Total	Mothers	Children	Total	Mothers	Children	Total
12	12	24	45	45	90	41	41	82	16	16	32

COUNTRY OF ORIGIN OF MOTHERS

United Kingdom ..	...	...	...	...	33
Eire ...	...	...	...	...	7
Spain ...	...	...	...	...	5
Australia ...	...	...	...	...	2
West Indies ...	...	...	...	...	2
New Zealand ...	...	...	...	...	1
Rhodesia ..	...	...	...	...	1
India ...	...	...	...	...	1
Austria ..	...	...	...	...	1
Finland ...	...	...	...	...	1
Israel ...	...	...	...	...	1
Malta ...	...	...	...	...	1
Norway ..	...	...	...	...	1
					<u>57</u>

(b) King's Mead:

Number resident at 1.4.65			Admitted			Discharged			Number remaining at 31.12.65		
Mother	Children	Total	Mother	Children	Total	Mother	Children	Total	Mother	Children	Total
4	4	8	70	71	141	69	70	139	5	5	10

COUNTRY OF ORIGIN OF MOTHERS

United Kingdom ..	...	...	...	38
Eire ...	...	...	...	24
West Indies ...	...	...	...	2
Malta ...	...	...	...	2
Australia ...	...	...	...	1
New Zealand ...	...	...	...	1
British Guiana ...	...	...	...	1
Malaya ...	...	...	...	1
Spain ...	...	...	...	1
Luxembourg ...	...	...	...	1
Germany ...	...	...	...	2
				74

53 domiciled in London; 15 domiciled outside London: 6 domicile unknown.

LOCAL AUTHORITY RESPONSIBLE

Westminster ...	...	...	15	Lewisham ...	...	...	-
Camden ...	...	...	12	Southwark ...	...	...	2
Islington ...	...	...	6	Lambeth ...	...	...	6
Hackney ...	...	...	1	Wandsworth ...	...	...	1
Tower Hamlets ...	...	...	4	Hammersmith ..	...	...	5
Greenwich ...	...	...	-	Kensington & Chelsea	...	...	21
Out County ...				1			
Total ...				74			

(c) Other Homes: "Ballantyne" Lewisham:

Number resident at 1.4.65			Admitted			Discharged			Number remaining at 31.12.65		
Mothers	Children	Total	Mothers	Children	Total	Mothers	Children	Total	Mothers	Children	Total
2	2	4	9	9	18	11	11	22	-	-	-

COUNTRY OF ORIGIN OF MOTHERS

United Kingdom ..	...	...	...	3
Eire ...	...	...	...	6
Trinidad ..	...	...	...	1
Spain ...	...	...	...	1
				11

DOMICILIARY WELFARE SERVICES FOR ALL CLASSES OF HANDICAPPED AND ELDERLY PERSONS

Sections 29 and 30 of the National Assistance Act, 1948, empower the Council to make arrangements both directly and in conjunction with voluntary agencies for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister. The Council are also required to maintain separate registers of (a) the blind, (b) the partially sighted, (c) the deaf and hard of hearing and (d) those with other disabilities. In addition, by virtue of Section 31 of the above Act, the Council have a duty to promote the welfare of the aged. Such services as are required may be provided directly or in conjunction with voluntary agencies.

The following table shows the number of persons on the registers at the 31st December, 1965. It should be noted that all registers are recording an increase, particularly that for the elderly where the review is continuing.

Blind	407
Partially sighted	113
Physically handicapped	482
Deaf/Hard of hearing	20
Elderly persons	935

The services for all classes of handicapped and elderly people are based upon home visiting by social welfare officers supplemented by 'community care' in daytime social and rehabilitation centres which are provided by the Council and by voluntary organisations. The social welfare officers ensure that day-to-day needs are being adequately met and that the home circumstances are satisfactory. To this end, a wide variety of services is made available, which includes the teaching of Braille and Moon type to blind people, handicraft instruction, the provision of aids and appliances and adaptations in the home to help surmount the effect of disabilities, holidays, home chiropody treatment, meals-on-wheels, mobile library service and a laundry service in certain cases of chronic illness.

During the period 1st April, 1965 to 31st December, 1965, 11,509 initial and follow-up home visits were made in connection with the above services and in respect of applications for admission to homes, voluntary visitors, club and centre membership and home help service. In addition, 1,002 persons were interviewed at Head Office in connection with the services.

Voluntary organisations make a significant contribution in respect of specific services and these are supported by the Council with financial assistance. During the year, the following grants were made:-

(1) The Kensington Day Centre	£3,800 running costs
... ..	£240 chiropody
... ..	£555 meals subsidy
(2) The Kensington and Chelsea Communal Services Committee	£6,090. 0. 0.
(3) The Royal Borough of Kensington and Chelsea Old People's Welfare Committee	£2,800. 0. 0.
(4) The National Library for the Blind	£120. 0. 0.
(5) Southern Regional Association for the Blind	£65. 11. 6.
(6) London Free Church Federal Council	£75. 0. 0.
(7) Cecil Houses	£468. 0. 0.
(8) Servite Houses	£60. 0. 0.
(9) National Association of Almshouses	£3. 3. 0.

It will be of interest to note that the Royal Borough of Kensington and Chelsea Old People's Welfare Committee made the following grants from its funds:-

- (a) The West London Angling Competition Committee were granted £5 towards the cost of their annual outing.
- (b) The Women's Voluntary Services Home-from-Home Club were granted £77 towards the heating of the premises and the services of a part-time boiler stoker.
- (c) The Saint Mary's Priory Over-Sixty Club was granted £50 for the purchase of tables and dining-chairs.
- (d) St. Mary Abbots Club for the disabled £25. 0. 0.
- (e) The National Old People's Welfare Council £5. 5. 0.
- (f) Chelsea Luncheon Club 650. 0. 0.

Details of the various services for the respective categories of blind, handicapped, and elderly are given below:-

WELFARE OF THE BLIND

The number of persons in the borough newly registered as blind in 1965 was ten men and thirty-one women, a total of forty-one. The total number of registered blind persons at the end of the year and ordinarily resident in the borough was 407. There follow three tables giving analyses of these registrations as follows:-

- Table I - showing the total number of blind persons registered in various age groups.
- Table II - showing analysis of the causes of blindness in newly registered cases.
- Table III - (a) and (b) - giving analysis of the total number of cases indicating the educational, training and employment positions.

Arrangements were made for six blind persons to receive holidays either in special Holiday Homes for the Blind or in other holiday accommodation.

A social club for the blind is held each Tuesday afternoon at Gertrude Street Rehabilitation Centre. A social welfare officer who is a qualified home teacher organises the club which has seventeen members. Specially designed table game equipment is provided. Other activities include a Christmas party and an outing.

The number of home visits made to blind persons by the social welfare officers was 1,164.

Close liaison is maintained with voluntary organisations, viz. the Royal National Institute for the Blind; the Metropolitan Society for the Blind; the London Association for the Blind; the Southern Regional Association for the Blind; St. Dunstan's; the National Library for the Blind. Referrals for employment and training are made to the Disablement Resettlement Officer of the Ministry of Labour with whom consultation is arranged in cases of special difficulty.

A brief summary of the special facilities available to all registered blind persons is given below:-

- Free wireless on loan from the Wireless for the Blind Fund
- Free wireless licence
- Free dog licence (for guide dogs)
- Special postal rates - for Braille literature
- Free issue of white walking sticks
- Loan of special equipment in approved instances, e.g. talking books
- Free bus passes for escorts
- Free railway fares for escorts for special purposes
- Braille literature, e.g., Radio Times, National Braille Mail
- Library books in Braille or Moon type
- Fireguards on loan
- Specially designed aids and gadgets, e.g., writing frames, self-threading needles.

TABLE I

BLIND PERSONS (REGISTERED)
FOR THE YEAR ENDED 31st DECEMBER, 1965, SHOWING THE
DISTRIBUTION BY AGE GROUPS OF THE BLIND POPULATION

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Total
Male	-	-	-	1	-	1	1	3	12	10	14	21	4	14	18	14	14	2	-	129
Female	-	-	-	-	-	-	-	1	7	13	17	14	11	23	63	52	54	23	-	278
TOTAL:	-	-	-	1	-	1	1	4	19	23	31	35	15	37	81	66	68	25	-	407

BLIND PERSONS REGISTERED AS NEW CASES

Male	-	-	-	-	-	-	-	1	-	1	2	2	-	2	1	1	-	-	-	10
Female	-	-	-	-	-	-	-	-	1	-	-	1	-	1	11	8	7	2	-	31
TOTAL:	-	-	-	-	-	-	-	1	1	1	2	3	-	3	12	9	7	2	-	41

TABLE II
ANALYSIS OF CAUSE OF BLINDNESS OF PERSONS NEWLY
REGISTERED DURING 1965

Cause	Male	Female	Total
Cataract	-	7	7
Glaucoma	3	5	8
Diabetic Retinopathy	1	-	1
Arterial Occlusion	-	1	1
Senile Macular Degeneration	-	10	10
Central Choroidal Sclerosis	2	-	2
Optic Atrophy	-	1	1
Coloboma of iris, choroid & retina	1	-	1
Keratitis	-	1	1
Myopia	2	2	4
Retinal Aphasia	-	1	1
Retinal Degeneration	-	2	2
Amblyopia	1	-	1
Retinopathy	-	1	1
TOTAL:	10	31	41

TABLE III(a)
SUMMARY OF OCCUPATIONS OF BLIND PERSONS
AT 31.12.65

	Male	Female	Total
CHILDREN:			
Aged 2-4 years - Ineducable - at home ...	1	-	1
Aged 5-15 years - Educable, attending special schools	2	-	2
ADULTS AGED 16 AND UPWARDS *(See Table III(b))			
Employed in Sheltered Workshops	3	1	4
Employed as Home Workers	-	-	-
Employed in Open Employment	38	26	64
Trainee for sheltered employment	-	-	-
Trainee for open employment	3	-	3
Trainee for profession	1	-	1
Unemployed but capable and available for work	-	-	-
Trained for sheltered employment	-	-	-
Trained for open employment	-	1	1

	Male	Female	Total
Subject to training in sheltered employment ...	-	-	-
Subject to training in open employment ...	1	-	1
Without training in open employment ...	1	2	3
Not available for work - aged 16-64 ...	17	25	42
Not capable of work - aged 16-64 ...	2	8	10
Not employed - aged over 65 ...	60	215	275
TOTAL:	129	278	407

TABLE III(b)

ANALYSIS OF THE OCCUPATIONS OF EMPLOYED BLIND PERSONS

	Sheltered Workshops	Home Workers Scheme	Open Industry	Total
Machine knitters ...	1	-	-	1
Basket workers ...	2	-	-	2
Brush workers ...	1	-	-	1
Masseurs and physiotherapists ...	-	-	3	3
Lecturers, Teachers ...	-	-	3	3
Barristers, Solicitors ...	-	-	3	3
Managers and Executive workers ...	-	-	5	5
Typists, Secretaries ...	-	-	27	27
Braille Copyists ...	-	-	2	2
Clerical workers ...	-	-	2	2
Telephone Operators ...	-	-	8	8
Sales Representatives ...	-	-	1	1
Gardeners Groundsman ...	-	-	1	1
Piano Tuners ...	-	-	1	1
Domestic Workers ...	-	-	4	4
Other open employment ...	-	-	4	4
TOTAL:	4	-	64	68

PARTIALLY-SIGHTED PERSONS

The register of partially-sighted persons (Table 1) shows a total of 113; of these 19 were newly registered during the year. An analysis of the causes of partial-sight of the newly registered is shown in Table IV following.

TRAINING AND EMPLOYMENT

(a) SEVERELY HANDICAPPED:

There are 43 persons near and prospectively blind who require the full range of welfare services. Their circumstances are as follows:-

	Male	Female	Total
(i) Employed	4	4	8
(ii) Awaiting suitable placement ...	3	-	3
(iii) Not available for employment or not capable of work	-	1	1
(iv) 65 years of age and over and not capable of employment	6	25	31
	13	30	43
(b) REQUIRING OBSERVATION ONLY	3	29	32
(c) INDUSTRIALLY HANDICAPPED			
37 persons registered are classified thus:-			
Children aged 16 years and over still at school	-	1	1
Employed	6	2	8
Undergoing training	1	1	2
Available for and capable of training or work	3	1	4
Not available for work	3	19	22
	13	24	37
(d) EDUCATION - One child under 15 years is attending a special day school	-	1	1
TOTAL:	29	84	113
Unemployed but capable and available for work	-	-	-
Trained for sheltered employment	-	-	-
Trained for open employment	-	1	1

PARTIALLY-SIGHTED PERSONS (REGISTERED)

FOR THE YEAR ENDED 31st DECEMBER, 1965, SHOWING THE
DISTRIBUTION BY AGE GROUPS OF THE PARTIALLY-SIGHTED POPULATION

TABLE I

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
Males	-	-	-	2	13	1	13	29
Females	-	-	1	4	4	11	64	84
TOTAL:	-	-	1	6	17	12	77	113

TABLE II

PARTIALLY-SIGHTED PERSONS REGISTERED AS NEW CASES

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
Males	-	-	-	-	1	-	3	4
Females	-	-	-	-	-	1	14	15
TOTAL	-	-	-	-	1	1	17	19

TABLE III

REMOVALS FROM REGISTER DURING THE YEAR FOR REASONS SET OUT BELOW

(i) On admission to Blind Register:

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
Males	-	-	-	1	-	2	-	3
Females	-	-	-	-	1	1	7	9
TOTAL:	-	-	-	1	1	3	7	12

(ii) On decertification due to improved visual acuity:

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
Males	-	-	-	-	-	-	-	-
Females	-	-	-	-	-	-	1	1
TOTAL:	-	-	-	-	-	-	1	1

TABLE IV

ANALYSIS OF CAUSES OF PARTIAL-SIGHT OF PERSONS
NEWLY REGISTERED DURING 1965

CAUSES	Male	Female	Total
Cataract and other causes ...	1	7	8
Macular degeneration ...	2	3	5
Glaucoma ...	1	2	3
Keratitis ...	-	1	1
Bilateral aphasia ...	-	1	1
Syphilis ...	-	1	1
TOTAL:	4	15	19

HANDICAPPED PERSONS - GENERAL CLASSES

The main objectives in promoting the welfare of handicapped persons are as follows:-

- (a) To assist them to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require.
- (b) To give advice and guidance on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage.
- (c) To encourage them to take part in the activities of social centres and clubs, whether provided by the Council or otherwise.
- (d) To use the best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them.
- (e) To provide practical assistance in adaptations to the homes of handicapped persons.
- (f) To facilitate the taking of holidays.
- (g) To provide facilities and assistance to handicapped persons travelling to and from their homes to participate in any of the services.
- (h) To take such steps as are practicable in consultation with the Ministry of Labour to assist a handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.
- (i) To take such steps as are practicable to assist a handicapped person who appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Acts, 1944 and 1958, and is desirous of taking advantage of such training.

The register of handicapped persons shows a total of 482 fully registered cases, Table I. During the period under review, 107 new registrations have been recorded and an analysis of the disabilities is given in Table II.

Notifications are received from many sources and the circumstances of each case are investigated at the earliest opportunity. 1,459 home visits have been carried out by the Social Welfare Officers. Arising from these visits, many needs have been brought to notice and items such as bath seats, walking aids, raised toilet seats, pick-up sticks, non-slip bath mats, etc. have been issued. Sixty articles of medical loan equipment were issued and a total of £334 has been spent on special grants for handicapped persons on the following items:-

Adaptation of room and provision of bath.

Shared cost of Possum equipment. (Patient-Operated Selector Mechanism). This is electrical apparatus which can be operated by a simple suck-blow mechanism or residual muscular action and is used for severely paralysed or disabled persons who by disease, injury or congenital defects are left with minimal muscular function. It enables them to control such things as buzzers, lights, radios and typewriters.

Electrical installations for the use of special equipment for a paralysed person.

TRANSPORT

The Council maintains one coach with a hydraulic tail-lift and two utilibuses for the purpose of transporting handicapped persons between their homes and social centres, and a further coach will be put into use next year. In the evenings and at week-ends, voluntary organisations dealing with handicapped people are allowed the use of the transport for approved purposes. For operational purposes, the Borough's schedule is grouped with that of Westminster and Camden Councils in order to meet each Borough's commitments.

TABLE I

Code	General Classes - Analysis	Male	Female	Total
A/E	Amputation	21	14	35
F	Arthritis and Rheumatism	15	113	128
GG	Congenital malformations and deformities	1	6	7
H/L	Diseases of the digestive and genito-urinary, heart, circulatory and respiratory systems.	31	39	70
QT	Injuries of head, face, neck, thorax, abdomen, pelvis, trunk, limbs and spine.	19	39	58
V	Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis, etc.	64	103	167
U/W	Neuroses, psychoses other than in V above	2	2	4
X or Y	Tuberculosis, respiratory and non-respiratory	1	2	3
Z	Diseases and injuries not specified	4	6	10
	TOTAL:	158	324	482

TABLE II
NEW REGISTRATIONS DURING 1965

ANALYSIS OF DISABILITIES

Disability	No. of Persons
Paraplegia	3
Rheumatoid Arthritis	28
Multiple Sclerosis	2
Disseminated Sclerosis	4
Poliomyelitis	3
Epilepsy	5
Bronchial Asthma	2
Cardiac Disease	1
Chronic Bronchitis	4
Osteo-arthritis	6
Fractured Femur	2
Parkinson's Disease	5
Spondylitis	1
Left leg amputation	4
Partial paralysis	1
Hemiplegia	11
Congenital deformity legs	1
Anaemia	2
Ulcerated legs	1
Fractured Hip	3
Fractured Spine	1
Rheumatism	1
Coronary Thrombosis	2
Angina	1
Chest troubles	1
Bronchiectasis	1
Nephrectomy	1
Heart failure	1
Stroke	1
Injury to left knee	1
Arteriosclerosis in right Humerus	1
Cancer of Womb	1
Cancer of Prostate	1
Cancer of Bronchus	1
Cancer of Larynx	1
Cancer of Bones	1
Lung Cancer	1
TOTAL:	107

(Representing 40 males and 67 females)

OLD PEOPLE'S WELFARE

A review of the register of elderly persons is being undertaken and between 1st April and 31st December, 1965, a total of 935 were visited. The purpose of this service is to ascertain the needs of the elderly and relate them to the various statutory and voluntary sources of assistance to ensure their continued welfare.

Co-operation with voluntary organisations interested in the welfare of old people is effected wherever possible and close liaison is maintained with the Old People's Welfare Committee of which the Chief Welfare Officer is the Honorary Secretary. This Committee is an autonomous body representative of all those organisations both voluntary and statutory whose interests and activities are concerned with the services to the elderly.

Close liaison has also been maintained with Task Force 1964, Ltd., which is an organisation whose aim is to harness the services of young people to afford voluntary practical help and friendship to the elderly. Forms of practical help which are numerous include house cleaning and redecorating, window cleaning, shopping, pushing wheelchairs, etc.

MEALS SERVICE

The arrangements for meals either delivered to old people in their own homes or at luncheon clubs were continued successfully by the Women's Voluntary Services in conjunction with the Kensington and Chelsea Communal Services Committee. The total number of meals supplied was 88,457; of these 53,000 were delivered by the meals-on-wheels service to elderly people in their own homes.

ADVICE LEAFLETS

The Old People's Welfare Committee arranged for the publication and distribution of pamphlets giving information on the services available for old people. In addition, they carried on the arrangement with the Ministry of Pensions and National Insurance to send to every person reaching retirement pension age a card giving general information on how to obtain services.

LIBRARY FACILITIES

The Libraries Committee authorise the provision of books (including large print) for old people confined to their homes. The circulation of books was effected by the Women's Voluntary Services in Kensington and by the British Red Cross Society in Chelsea.

CHIROPODY

In conjunction with the Old People's Welfare Committee and the British Red Cross Society, a domiciliary chiropody service was provided for homebound elderly persons. Three chiropodists were employed and they carried out 1,695 visits. 466 persons benefited from the service. A clinic functions at the Chelsea Community Centre in co-operation with the School of Chiropody, the Old People's Welfare Committee and the British Red Cross Society.

LAUNDRY

No direct authority exists for the Council to provide a laundry service, as such. Section 84 of the Public Health Act, 1936, enables the Council to cause any article in a house to be cleansed, disinfected or destroyed, if it is in such a condition as to be a danger to health. The cleansing of fouled bedding in cases of incontinence may be dealt with under this section.

To comply with legal requirements, the Council have given a general authority to the Medical Officer of Health to take whatever action appears to him to be necessary under the terms of the section.

Action was taken in 63 cases. The bedding was marked, collected and laundered at the Council's disinfecting station and returned to the person's home. The scheme appears to fill a much felt need. During the year, 2,178 separate collections of laundry were made and the number of articles cleansed totalled 29,279.

SOCIAL ACTIVITIES

There are 23 social clubs for elderly people organised by various associations, etc.; among them being Old Time Dancing and Arts and Crafts classes. The clubs also arrange outings and concerts.

Christmas concerts were arranged by the Old People's Welfare Committee at Kensington and Chelsea Town Halls. These were attended by some 850 persons. In addition, 1,880 Christmas parcels were distributed to needy old persons by the Old People's Welfare Committee and various organisations and schools in the borough.

SOCIAL ACTIVITIES

SOCIAL AND REHABILITATION CENTRE

The Centre, situated in Gertrude Street, S.W. 10. was adapted and brought into use in November, 1965. All persons known to be suffering from blindness or physical handicap and those of the elderly who might benefit by attendance were advised of the facilities of the Centre. At the end of the year, the total membership was 42.

This establishment is open each week-day and is staffed by a supervisor, an assistant supervisor, kitchen and cleaning staff and a porter. Transport is provided for handicapped persons to and from their homes. Morning and afternoon tea and a midday meal are also provided.

The main activity is handicraft work for which qualified instructors of the Inner London Education Authority are engaged. A variety of activities is planned as the membership increases, including the introduction of equipment for pottery, art and drama, sewing etc. Arrangements were made for two Christmas parties, one for the blind, the other for physically handicapped, both of which were very much enjoyed.

HOLIDAYS

In 1964 provisional bookings of holidays to be taken in 1965 were arranged by the former London County Council for residents of old people's homes and handicapped and blind persons. Also, the former boroughs of Kensington and Chelsea arranged provisional holidays for elderly persons. These arrangements were accepted by the new Council. In fact, the Chief Welfare Officer acted as the co-ordinating officer for all Inner London Boroughs, in respect of the arrangements initiated by the former London County Council.

Bookings had been made at holiday camps providing chalets and ground floor facilities suitable for the infirm, and at holiday homes and guest houses for the more active.

The total number of holidays arranged was 1,305. The following is a summary of the holidays arranged for residents of this borough:-

Elderly persons	...	...	...	...	192
Physically handicapped persons	...	...	...	...	49
Residents of Part III Homes	...	...	...	...	94
Residents of voluntary homes and others	...	...	...	...	18
TOTAL:					353

THE KENSINGTON DAY CENTRE

Close liaison was maintained with the Kensington Day Centre which is at present administered by a Management Committee under the auspices of the Kensington Council of Social Service, with representatives of interested bodies, including the Borough Council.

The Centre is open each week-day and provides recreational facilities and occupational therapy, a chiropody service, hairdressing and bathing services, a library service and midday meals.

A hydraulic tail-lift coach with driver is provided by the Council to transport the elderly handicapped to and from the Centre.

Attendance is approximately 60 per day serving some 300 elderly per week.

OTHER FEATURES OF THE WORK OF THE DEPARTMENT

DETERMINATION OF LIABILITY OF LOCAL AUTHORITY

Section 32 of the National Assistance Act, 1948, provides that the Local Authority in whose area a person is "ordinarily resident" shall be responsible for the cost of assistance lawfully provided by any other local authority. Cases of disagreement are determined by the Minister of Health. It has not been necessary to date to refer any cases for arbitration to the Minister and all cases in doubt have been amicably resolved.

REGISTRATION AND INSPECTION OF VOLUNTARY AND PRIVATE HOMES FOR THE AGED AND INFIRM

The National Assistance Act, 1948, Section 26 makes provision for the accommodation of aged and infirm persons in homes maintained by voluntary organisations. Section 37 provides for the inspection and registration both of voluntary and privately run homes.

The Council on the 1st April, 1965, accepted the responsibility for the registration and inspection of 17 voluntary homes within the borough providing 773 beds, and 3 private homes providing 66 beds. One of these private homes was registered prior to the 1st April, 1965, and during the nine months period to the end of December, the other 2 private homes were in the process of complying with the regulations, with a view to their early registration.

Two voluntary homes were closed; the residents of one were transferred to new premises in another borough, while the residents of the other were transferred to new premises within the borough. These changes resulted in there being 16 voluntary homes with 731 beds within the borough at the 31st December, 1965.

The inspection of all these homes is progressing satisfactorily.

CARE AND PROTECTION OF PROPERTY

In accordance with Section 48 of the National Assistance Act, 1948, the department undertakes responsibility for the care and protection of movable property of persons admitted to hospital, residential accommodation or place of safety under an order of the Court where no other suitable arrangements are being or can be made.

At 1st April, 1965, the Council accepted responsibility for 30 lots of property and during the period under review, 102 further cases were dealt with; of these, it was possible in 15 cases to arrange for a relative or other responsible person to take over the care of the patient's property.

BURIALS AND CREMATIONS

Section 50 of the National Assistance Act, 1948, imposes on the Council the duty to arrange for the burial or cremation of the body of any person who has died or been found dead, within the borough, where no suitable arrangements have been or can be made for disposal.

During the period under review, the Council became responsible for the burial of 25 persons. The following is a summary of the action taken:-

Cases where funeral expenses have been fully recovered	...	...	...	...	17
Cases where part only of the expenses have been recovered	...	...	...	...	5
Cases where full cost has been borne by the Council	...	...	...	...	3

Cost of the 25 burials	...	...	£525. 9. 0.
Amount recovered	...	...	£425. 19. 0.
Cost to Council	...	...	£99. 10. 0.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION (SECTION 47)

It was necessary to obtain a Court Order in only one case to effect the removal to hospital of a woman, aged 65 years, who was suffering from a grave chronic disease.

RECEIVERSHIPS

The Chief Welfare Officer is the designated person to act as Receiver, by Order of the Court of Protection, on behalf of 9 persons who are mentally incapable of managing their own affairs.

The duties of the Receiver are defined by the terms of the Court's Order and vary in each case. They are usually connected with the day-to-day administration of the patients' financial affairs which includes the sale of the patients' effects, procuring lodgment into Court of capital monies, paying outstanding debts and arranging for the safe custody of securities, etc. The Receiver has to account, generally annually, to the Court of Protection for his action on behalf of the patient. He is also expected to take a personal interest in the welfare of the patients, to advise and assist them to be restored to the management of their own affairs and to submit to the Chief Clerk of the Court any proposals within patients' means which are likely to ameliorate their condition or add to their comfort.

The gross value of the estates of the nine persons concerned amounts to approximately £8,000.

SETTLEMENT OF ESTATES

Local Authorities have the responsibility for the settlement of estates of persons dying intestate in those instances where they are actively engaged in the provision of services stemming from the National Assistance Act, 1948; such work is carried out in co-operation with the Treasury Solicitor.

At the commencement of the year, 65 estates for settlement were transferred to the Department from the former London County Council. Some of them have remained outstanding for periods of four or five years, owing to problems in ascertaining full detailed information. Fifteen estates involved people without relatives; however, information has now been supplied to the Treasury Solicitor's office to enable the estates to be wound up. At 31st December, 1965, a total of 75 estates was being dealt with.

MISCELLANEOUS SERVICES

EMERGENCY CALL SERVICE

It was apparent that from 1st April, 1965, it would be necessary to provide an effective means of alerting those personal and other health and welfare services which might be needed to meet emergencies outside ordinary office hours.

Following discussions between neighbouring authorities with a similar problem it was agreed that a service should be set up and shared between this Council and the City of Westminster and that it would be based at Westminster City Hall. Four Night Duty Officers were duly appointed to supplement the normal day staff and it became possible to maintain a twenty-four hour a day service of information and advice for the public.

The Night Duty Officer on duty is responsible for dealing with all calls received from the public and the calling into action of the appropriate emergency service during periods when the offices are closed, i.e., at night, during week-ends and public holidays.

This service, which has worked smoothly since its inception, in fact, besides covering general health emergencies, provides coverage for the mental health service, the domiciliary midwifery service, the welfare service, the Children's Department and the public health inspectors.

The cost of running the service is divided between the two Councils and in the nine months' period ending 31st December, 1965, there were 1,132 calls for this Council's services necessitating some action by the Night Duty Officer and, in addition, 828 calls which only required subsequent routine attention.

HEALTH EDUCATION

GENERAL

This authority, as the successor of the Metropolitan Boroughs of Kensington and Chelsea, with the areas of which its boundaries coincide and of the London County Council, of which it formed approximately the eastern half of Health Division No. 1, inherited from those authorities an active concern with all the varied aspects of health education. A considerable number of staff was transferred to its service with experience in health education from each of these authorities.

It is convenient at this point to summarise the statutory position as it was at 1st April, 1965, when the new authority first took over these responsibilities from its three predecessors.

The Public Health (London) Act, 1936, section 298, conferred on the London County Council, the City of London and the Metropolitan Boroughs powers to "arrange for the publication of information on questions relating to health or disease and for the delivery of lectures, and the display of pictures (including cinematograph displays), in which such questions are dealt with". The provisions of section 298 were applied to the County Council in its capacity of local health authority by the National Health Service Act, 1946 (10th Schedule). Section 179 of the Public Health Act, 1936, which conferred similar powers generally in the country was also applied by the 10th Schedule to other local health authorities.

The County Council's proposals under section 28 of the National Health Service Act, 1946, included a proposal "to develop a comprehensive educational programme in physical and mental health, and for this purpose to seek the co-operation of the borough councils and to utilise the services and material available from the Central Council for Health Education and other appropriate bodies". This scheme was approved by the Minister. By virtue of section 45(1) of the London Government Act, 1963, this Council in accordance with section 45(2) continue to implement this scheme. In framing any future proposals, section 179 of the Public Health Act, 1936, may be invoked if necessary in place of the provisions of Public Health (London) Act, 1936, which is wholly repealed by schedule 18 of the London Government Act, 1963.

The Road Traffic Act, 1956, section 5, gives powers to local authorities to promote road safety.

The Clean Air Act, 1956, section 25, also gives powers to local authorities to undertake research or publicity relevant to the problem of air pollution.

The London County Council (General Powers) Act, 1957, section 82, empowered the City of London and the Metropolitan Boroughs to promote home safety activities; this power was conferred generally on county districts by the Home Safety Act, 1961, which repealed the relevant section of the General Powers Act.

Health education in schools is conducted under the general provisions of the Education Acts.

There was considerable overlapping of powers of the respective authorities, and an understanding developed between the County and the Metropolitan Boroughs whereby the former authority concentrated on aspects of health education connected with the personal health services for which it was responsible, whilst the boroughs dealt with environmental matters. In practice, clean air publicity and road safety were dealt with by the boroughs, whilst the County dealt to a greater extent with home safety. There was, however, extensive co-operation and aid between authorities in a great variety of matters and especially in the field of home safety.

With the exception of road safety, for which it was considered appropriate for this Council's Works and Highways Committee to assume responsibility, all of these matters are now the responsibility of the Health and Welfare Department, subject to policy direction of the Health Committee.

The Council continues to maintain the links forged by its predecessors with the Royal Society for the Prevention of Accidents, the Central Council for Health Education, the National Association for Mental Health and the National Association for Maternity and Child Welfare.

ARRANGEMENTS FOR HEALTH EDUCATION IN THE HEALTH AND WELFARE DEPARTMENT

There is a panel of officers representative of all disciplines in the department, which is responsible for devising methods of carrying out the day-to-day health education policy as directed by the Health Committee. The panel meets frequently and is free to invite the participation of representatives from outside the service, e.g. the Inner London Education Authority and the London Fire Brigade.

There is also a working team of Health Visitors, which meets once a month. This team discusses and plans the current schemes for the welfare centres and is responsible for special projects. Usually the emphasis is on one special theme for every two-monthly period.

During the year the Health Visitors in the welfare centres have continued to provide health education on a personal level through their routine contact with the public. Talks and demonstrations are given to expectant and nursing mothers with the use of films, film strips and other visual aids. Schoolgirls are given talks on the theme "Preparation for Life". Health Visitors also give talks to various clubs and organisations on general health topics.

SAFETY IN THE HOME

In the autumn the Council supported the National Fire Prevention Campaign being held by all Fire Brigades at the behest of the Home Office. It was decided that this support should take the form of publicity in the welfare centres and day nurseries where talks were given by health visitors and other staff, by the display of posters on public notice boards and the widespread distribution of suitable leaflets. One of the areas most prone to fire accidents, especially those as a result of the misuse of oil heaters, is in North Kensington, where there is a large amount of old family property in multiple occupation by a largely immigrant or transitory population. In this area, in addition to the general publicity, an exhibition was mounted at a welfare centre which was widely publicised and as a result well attended. The exhibition was simple in form and included practical demonstrations of the flammability of materials. Fireguards and the proper method of fixing them were shown, as were photographs of injuries resulting from burning accidents. This exhibition was suggested and was prepared and staffed by the health visitors' working team who were also responsible

for suggesting the poster competition and exhibition by school children mentioned below. An officer of the London Fire Brigade was in attendance throughout and dealt with all technical enquiries.

Junior schools in the borough were invited to take part in a competition for painting posters on the general theme "Keep your home safe from fire". The schools were most enthusiastic about the idea and a great number of really excellent posters were submitted by the children and displayed at the exhibition. The Head of the Art Department of one of the senior schools in the borough acted as judge. Not only was this in itself an interesting and worthwhile exercise but it also helped to bring the children and their families and friends to the exhibition.

John Barkers, Ltd., supported the campaign by producing an excellent window display in a window on Kensington High Street showing the importance of using non-flammable materials and the correct and safe use of heating stoves, etc.

To further the campaign on a borough wide basis 30,000 leaflets were sent to the vendors of paraffin oil for distribution to their customers, who with the main distributors concerned agreed to assist in this way. The pamphlets were obtained from the Oil Appliance Manufacturers Association, who also kindly lent a display panel which was exhibited in suitable premises in the borough.

Meetings were held with local shops to arrange that window displays should demonstrate various aspects of the current health campaign. Publicity was given to the Exhibition by The Kensington and Chelsea Chamber of Commerce in their Newsletter in September, 1965; both gave publicity to the Exhibition and enlisted the assistance of their members who displayed posters and arranged suitable supporting window displays.

HOME ACCIDENTS

Figures supplied by the Greater London Council show that 443 persons were admitted in London Ambulance Service ambulances to hospitals from addresses within the borough as the result of home accidents. It has not been possible to classify these accidents by cause, but this figure, coupled with the fact that a survey conducted by the Medical Officer of Health of the London County Council in 1959, indicated that for every patient admitted to hospital by ambulance as the result of a home accident another two proceed independently to hospital, shows that a great deal more preventive teaching and advice is necessary to prevent these often tragic accidents.

There is the usual excess of females over males, the usual excess of children and old persons over adults (about half the total were from 0 - 14 years or 65 and over) and an indication that the heaviest incidence is in the winter months.

I.L.E.A. HEALTH EDUCATION COMMITTEE

The Principal Medical Officer, responsible for the day to day running of the school health service, has been appointed a member of the I.L.E.A. Health Education Committee. A number of meetings were attended during the year when health education topics of particular interest to the school health service were discussed.

"LOCAL AFFAIRS"

The official journal of the borough, which is produced by the Publicity and Information Committee and distributed direct to ratepayers, has proved to be a popular and efficient method of direct communication for health education purposes. During the year 1965, the following health education topics were dealt with:-

The work of the Health and Welfare Department

Fouling of footways by dogs

HEALTH EDUCATION TALKS AND LECTURES

Any contact between the staff of the Health and Welfare Department and the public should be regarded as an opportunity for health education, and the attendances at maternity and child welfare centres, the visits by home nurses, home visits by health visitors, school medical examinations, and visits to the homes of school children by social workers or to homes by public health inspectors are particularly important for this purpose. Apart from this contact with the public, a regular series of talks and discussions held mainly at welfare centres is also provided to supplement the opportunities taken in the course of field work. Health visitors who carry out the greater part of this work were below strength through the year but were very active in this field. The variety and volume of the talks is shown in the following tables below which relate to the nine months ending 31st December, 1965:-

TABLE I - SPEAKERS

Health Visitors	...	...	...	...	595
Domiciliary Midwives	...	...	...	...	4
Public Health Inspectors	...	...	...	...	1
Teachers/Instructors (I.L.E.A.)	...	...	...	...	15
Other Lecturers from outside the Council's service					52

667

TABLE II - SUBJECTS

Care of Mothers and Young Children	...	...	...	...	480
General family health topics	...	...	...	...	120
Food Hygiene	...	...	...	...	1
Prevention of accidents	...	...	...	...	5
Other	...	...	...	...	61

667

TABLE III - AUDIENCE GROUPS

Expectant mothers	...	...	...	...	423
Mothers' clubs, etc.	...	...	...	...	162
Hospital kitchen staff	...	...	...	...	1
Parent/Teacher associations	...	...	...	...	Nil
Schools	...	...	...	...	81

667

Four regional liaison committees were formed to act as successors to the Committee of Medical Officers of Health for London and the Home Counties who had met regularly prior to 1st April, 1965. The North West Metropolitan Regional Liaison Committee was formed on 6th May, 1965, and covers this borough. The Chairman is the Medical Officer of Health of Camden.

An off-shoot of these committees, the Health Education Co-ordinating Committee (London and the Home Counties), was formed in August, 1965, to deal with more comprehensive campaigns, e.g. immunisation, and health education in general under the Chairmanship of Dr. Galbraith, Deputy Medical Officer of Health for Newham. The original Liaison Committee was formed early in 1961 to co-ordinate health education projects of common interest. It arose from an increasing awareness that publicity on a number of health education subjects could best be given by media (television, sound broadcasting, public press, poster display, etc.) circulating generally throughout the Greater London or even the S.E. England area.

In fact these media now operate on a country-wide basis, and just as they outran

the boundaries of the former county, they do now, in fact, those of Greater London. For any one borough, therefore, their cost would be prohibitive whilst their range would make their use inappropriate. The Joint Committee of the English and Scottish Health Service Councils set up under the Chairmanship of Lord Cohen of Birkenhead to assess among other things the results of past health education and, in the light of this assessment, to suggest what methods were likely to be most effective in future, reported in December, 1963. Among the recommendations made was that the Government should appoint a strong central board in England and Wales which would promote a climate of opinion generally favourable to health education, develop "blanket" programme of educational and selected priority subjects securing support from all possible national sources, commercial and voluntary as well as medical and assist local authorities and their agencies in the conduct of programmes locally.

This body would clearly go far to meeting the large scale needs of health education and would leave it to the local authorities' staff to continue to support the subjects so dealt with in the most effective way within their own boundaries and to themselves deal with matters peculiar to their areas which lend themselves to local treatment. The report states that such an organisation would support at local level, but that local agencies would still continue to play a key role. This is particularly the case with the health visitor and the public health inspector whose day-to-day duties include a very considerable amount of health education on a number of subjects which go on, and are bound to continue to do so, regardless of whatever subject may for the time being be given more intensive treatment, whether on a nation-wide, or over any other wide area. This is undoubtedly the most effective form which health education can take since the local authority officer is engaged in a person to person relationship and generally is in a position to give some effective help to the member of the public with whom he or she is in contact. The fact that help can be, and is being, given makes for the acceptance of health education on other matters than the immediate subject of the contract between officer and member of the public. However, the importance of the effect of mass media in this country today in persuading a large part of the public to a course of action is being demonstrated continually.

It is relevant here to add (although he did so outside the year to which this report relates) that the Minister of Health announced in Parliament that he accepted the conclusions of the Cohen Committee and that the first priority is a new and stronger central organisation and he therefore proposes to establish a new health education council with the functions proposed in the report. Medical Officers of Health and all the staff of the departments concerned with health education will find this most encouraging and are looking forward to the developments in this important area of health endeavour which will follow the Minister's decision.

WATER SUPPLY

The water supply in Kensington and Chelsea is almost entirely provided by the Metropolitan Water Board, but there are four premises which obtain water, used for domestic purposes, from artesian wells. Samples of water were taken both by the Council and the owners for bacteriological and chemical examination and the results were in all cases satisfactory.

FLUORIDATION OF WATER SUPPLIES

The matter of fluoridation of water was considered by both the former Kensington and Chelsea Councils. The Chelsea Council gave their support to the scheme at their meeting held on 30th January, 1963, and the Kensington Council also agreed to support the policy at their meeting on 12th February, 1963.

Under the provisions of the London Government Act, 1963, the new Council are empowered to implement the policies of the former Kensington and Chelsea Councils.

Fluoridation at a level of 1.0 part per million has been shown to be both harmless to health and most suited for dental protection. Indeed, this concentration, or greater, occurs naturally in many water supplies. Artificial fluoridation is intended to make generally available the protection which is enjoyed in those areas where this obtains.

Because of doubts expressed by some sections of the public on both the efficacy of fluoridation and the policy of what has been referred to as "mass medication", the Minister of Health made a statement to the Press giving reassurance on the question of safety and on the need for fluoridation of water as a preventive measure for dental decay. In addition, the Minister issued a circular urging all local authorities and water undertakings to make the necessary arrangements for the fluoridation of water and offering at the same time to indemnify authorities concerned in England and Wales in the event of legal proceedings on lack of powers or on damage to health.

The London Boroughs Committee have had under consideration a request by certain constituent authorities for the formation of a concerted policy on fluoridation and, as a result, their General Purposes Sub-Committee asked for the Council's observations on a suggestion that an approach be made to the Minister for the introduction of legislation enabling fluoridation of water supplies to be directed nationally.

The Council were of the opinion that such legislation should be introduced and the London Boroughs Committee were informed accordingly.

No action has yet been taken by the Metropolitan Water Board to introduce the fluoridation of water in London.

BACTERIOLOGICAL AND ANALYTICAL WORK

The following is a summary of the work performed during 1965:-

Nature of sample		Number examined
Nose and throat swabs	...	244
Faeces and rectal swabs	...	770
Milk (bacteriological)	...	72
Water (drinking)	...	25
Water (swimming)	...	69
Ice Cream	...	31
Miscellaneous	...	69

SWIMMING BATHS

There are four swimming pools in the borough, two are provided at the Public Baths situated in North Kensington at the junction of Lancaster Road and Silchester Road and the other two pools are provided at the Chelsea Public Baths in Chelsea Manor Street.

The water used in the North Kensington pools is taken from the mains of the Metropolitan Water Board and the Chelsea pools are supplied from a deep well situated beneath the baths. In both establishments the water is treated by chlorination and continuous filtration.

During the year, samples of water were taken from the pools and sources of supply for bacteriological examination, and all were satisfactory. Samples were also taken from the pools and submitted for examination regarding the residual chlorine content and all results were returned as satisfactory.

PUBLIC MORTUARY FACILITIES AND CORONER'S COURT

Prior to the 1st April, 1965, the former Kensington and Chelsea Councils had an arrangement with the Hammersmith Borough Council that all bodies should be accommodated in the Hammersmith mortuary at 77 Fulham Palace Road, W.6.

Consequent upon the London Government Act, 1963, there was a rearrangement of the London Coroners' Districts, and the area for which H.M. Coroner would in future be

responsible under this new arrangement included the new City of Westminster and the Royal Borough of Kensington and Chelsea. The Coroner had expressed a wish that all bodies in his new area should go to the mortuary at Westminster, and the Westminster City Council agreed that this arrangement would be advantageous to all concerned. The Westminster City Council were already in the process of reorganising their Horseferry Road mortuary, but in view of the extra requirements they decided to carry out a more extensive development of the Horseferry Road site to allow for an enlarged Coroner's Court and mortuary.

The Council agreed to conform with the new arrangement.

Details of the number of Kensington and Chelsea cases admitted during 1965 to the Hammersmith and Westminster mortuaries are as follows:-

Hammersmith Mortuary	...	127	...	(27 inquests)
Westminster Mortuary	...	429	...	(128 inquests)
Total:		556		(155 inquests)

MEDICAL EXAMINATIONS

It had been the practice for many years both at Kensington and Chelsea for all employees appointed by the Councils to have a medical examination before they were admitted to the superannuation funds. This was not a requirement of the Superannuation Acts, but a decision by the local authority. In view of the large number of staff either to be appointed from the London County Council before 1st April, 1965, or transferred from the County Council on that date, it was decided by the Royal Borough of Kensington and Chelsea to discontinue for all employees the requirement of the existing authorities of a medical examination before appointment.

In order to safeguard the position, however, a questionnaire has been produced and this is sent to applicants for posts. If the reply received indicates the necessity for a medical examination this is arranged.

1. PRIOR TO INTRODUCTION OF QUESTIONNAIRE

No. of medical examinations carried out 41

2. SINCE INTRODUCTION OF QUESTIONNAIRE ON 1st APRIL, 1965

No. of forms received ... 376

of these -

No. referred for medical examination	68
No. failing to pass ...	7
No. referred for further opinions ...	9
No. referred for re-examination within 12 months ...	5

In addition, 23 members of the Council's staff who had been on prolonged sick leave were medically examined and 19 medical examinations were carried out at the request of other local authorities.

IMMIGRATION

Since the mid 1950's immigration has brought with it increasing social, health and political problems and Kensington has been one of the London Boroughs closely involved. As the latest census report (1961) shows, approximately 22 per cent. of the population has been born outside the British Isles; namely 47,667 persons out of 218,528 and in some wards in North Kensington almost every third person is an immigrant. Equal numbers, over 5,000 each, come from Asia and the Caribbean area with more than 3,000 from Africa.

The many and varied problems which large scale immigration bring are now becoming well known but those which particularly involve the Health and Welfare departments of a local authority are as follows:-

The main difficulties of the environmental health services are connected with insanitary conditions; work not complying with bye-laws etc; complaints of noise and cooking smells, plus the ever present danger due to oil heaters, both summer and winter. In view of the large numbers of immigrants from many countries engaged in food handling we devised a set of simple instructions relating to food hygiene. These have been translated into eleven languages and copies in the appropriate language are supplied wherever necessary.

On the housing side there are instances of "Rachmanism", often a coloured landlord as well as tenants; multiple occupation and all its associated problems, overcrowding and over-occupation. Approximately 50 per cent. of all cases of overcrowding brought to official attention concern coloured immigrants.

The personal health services encounter difficulties in connection with illicit child-minding and the heavy demand for day nursery places; nearly half of all our day nursery places are occupied by coloured children. However, although coloured immigrants normally need no persuading to attend clinics, whether ante- or post-natal, infant welfare and immunisation, there is difficulty in arranging to have their coloured infants adopted or fostered. Simple health education has to be constantly used by all workers to overcome the differences in education, language, customs and, particularly, diet. The poor housing conditions under which many immigrants live render hospital confinements essential. This throws a great strain on hospital maternity services.

Problems are also found in the school health service, notably that many children appear to be more backward than they really are due to lack of previous educational opportunities and language difficulties.

With regard to specific diseases we have no evidence that rickets is occurring or that many persons are carriers of various tropical worms, but a survey carried out a few years ago did show that many of the children were anaemic. With regard to venereal disease, I am informed that in one clinic, covering the northern part of the borough, the number of coloured men attending for gonorrhoea has dropped by about 10 per cent. over the last three years with a less marked fall in the number of coloured women. The number of Asians of both sexes is not large and has remained almost unchanged. Notifications of tuberculosis (the other disease always associated with immigration) show that approximately 20 per cent. occur in immigrants and of these 30 per cent. either had the disease on arrival or contracted it within one year.

In January, 1965, the Ministry of Health arranged that in future all long stay immigrants were given at ports and airports of arrival, a handout printed in their own language stressing the importance of registering with a G.P., who in turn would arrange for a chest X-ray. At the same time their destination address would be forwarded to the appropriate Medical Officer of Health so that they might be visited and persuaded to act on the advice of the handout.

In the quarter April 1st to July 1st, 393 such immigrants settled in the borough, 412 in the next quarter and 333 in the final one. By July it had become obvious that the public health inspectors and the health visitors, already understaffed, were too heavily committed to continue this visiting. It was therefore decided to discontinue these visits and to write to each immigrant stressing the importance of registering with a doctor and enclosing a 5-page summary of all the important health, welfare and other social services in the borough. Also attached was a post card which asked that the name and address of the G.P. be inserted and returned to the department. In the last quarter when this scheme was fully in operation, at least one-third had apparently registered.

All this however, is very far from the scheme recommended by the B.M.A. Working Party who stressed that a medical examination and X-ray should be performed in the immigrant's country of origin.

Immigration, with all its problems, is obviously with us for the foreseeable future and it is up to all concerned, whether at national, local or personal level, to try and see that the various social and cultural groups become absorbed into our national way of life.

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