THE ROYAL BOROUGH OF

KENSINGTON AND CHELSEA

# ANNUAL REPORT

ON THE

# HEALTH AND WELFARE

# OF THE BOROUGH

# FOR THE YEAR 1966

J. H. WEIR

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

MEDICAL OFFICER OF HEALTH

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THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Telephone: 01-937 5464.

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

1st September, 1967.

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 1966. 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.

This is the second of a new series following the amalgamation of the former boroughs of Kensington and Chelsea in accordance with the London Government Act, 1963. It is therefore possible to draw comparisons between the work carried out in 1966 and that carried out in 1965. It must be borne in mind, however, that the 1965 Annual Report was, in some respects, not complete for the full year as the new boroughs' services did not take effect until 1st April, 1965. It would be unwise to draw any fixed conclusion from comparison in the two years because the first year's working was affected by the necessity to build up the new department from fragments of three other authorities, and the second year has been one more of consolidation than of progress.

Although all the problems resulting from the reorganisation of London Government have not been solved, it is pleasing to report that the statistics in this report show that the health and welfare services available to the residents of the new borough were continued without diminution of extent or efficiency.

Population. For the purpose of this report, the population for 1966 has been estimated by the Registrar-General to be 215,210. The estimated population figure for the previous year was 216,810.

Birth Rate. The number of live births per 1,000 population of the borough was 15.8 in 1966, which compares with the figure of 16.9 for the previous year. The birth rate for England and Wales was 17.7.

Death Rate. The number of deaths per 1,000 population in 1966 was 10.42, which compares with the figure of 10.82 for the previous year. The death rate for England and Wales was 11.7.

Area Comparability Factors for Birth and Death Rates. Comparisons of crude birth and death rates between local areas are not strictly valid since these rates take no account of the varying composition of the populations of the different areas by sex and age.

In order to compare the borough's birth and death rates with England and Wales as a whole, the Registrar-General has, in the case of death rates since 1934, and in the case of birth rates since 1949, supplied area comparability factors (A.C.Fs.).

The Registrar-General has supplied, for use in Kensington and Chelsea in 1966, the figures 0.60 for births and 0.97 for deaths. The crude birth and death rates for the borough should be multiplied by the appropriate factor, and when so adjusted the results are comparable with the crude rates for England and Wales or with the corresponding adjusted rates for any other area.

The following table gives the adjusted Kensington and Chelsea birth and death rates compared with the provisional rates for London and for England and Wales for the year 1966:-

| | Kensington and Chelsea adjusted | Greater London | England and Wales |
|---|---|---|---|
| No. of births per 1,000 population | 9.49 | 17.7 | 17.7 |
| No. of deaths per 1,000 population | 10.11 | 11.1 | 11.7 |

Infant Death Rate. This rate for 1966 was 22.1, the same as the rate for the previous year. The provisional rate for Greater London was 17.8 and for England and Wales was 19.0.

Maternal Death Rate. Two deaths of mothers due to childbirth were recorded in 1966, giving a maternal death rate per 1,000 live and stillbirths of 0.58. (The provisional maternal mortality rate for Greater London was 0.33 and for England and Wales the figure was 0.26).

Infectious Diseases. There was no serious outbreak of infectious disease in the borough during 1966. The total number of notifications received was 818 in comparison with 1,421 in 1965. The difference is almost entirely due to the decrease in the number of cases of measles notified in 1966 compared with the previous year.

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, 1966)

The Mayor (Alderman F. St. G. Fisher)
The Deputy Mayor (Councillor C.A. Muller)

| | |
|---|---|
| Alderman | H.L.A. Burgess |
| " | Lady Petrie (Chairman) |
| " | Mrs. John Walford |
| Councillor | Rodney M.D. Bennett |
| " | Richard Bing, B.Sc. |
| " | J. Elliott Brooks (Vice-Chairman) |
| " | Miss E.M. Christmas |
| " | David Collenette, M.C. |
| " | A.R. Jinkinson, B.A. |
| " | P. O'Hea |
| " | George Pole |
| " | Miss Doreen M. Weatherhead |
| Co-opted Member | Dr. J.F.L. King representing the Inner London Local Medical Committee |

## MEMBERSHIP OF THE WELFARE COMMITTEE

(as at 31st December, 1966)

The Mayor (Alderman F. St. G. Fisher)
The Deputy Mayor (Councillor C.A. Muller)

| | |
|---|---|
| Alderman | Lady Petrie |
| Councillor | Mrs. J.A. Albert |
| " | J. Elliott Brooks |
| " | Mrs. Geoffrey Buxton |
| " | Mrs. J. Coleridge |
| " | Mrs. Patricia Dumont, B.A. |
| " | Miss Barbara Hulme, B.A. (Vice-Chairman) |
| " | L. A. Kenny |
| " | A. G. Morkill, O.B.E. |
| " | D. H. Piper (Chairman) |
| " | Mrs. Janet M. Davies, M.A. |
| " | Mrs. Olive M. Wilson, O.B.E. |

## PRINCIPAL AND SENIOR OFFICERS OF THE HEALTH AND WELFARE DEPARTMENT AS AT 31st DECEMBER, 1966

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)

MISS E. GRIVINS : MISS N. LEAVER
MRS. B. ODGERS

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. BAILEY : MR. R.F. POTTER

Supervisor of Day Centre

MISS L.P.M. STAUNTON

Principal Social Worker (Health Services)

MISS J.F. FEELY

Assistant Principal Social Worker (Health Services)

MISS M. FRENCH

Senior Home Help Organiser

MISS F.I. 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 Disinfector

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.M. THOMSON (Environmental Health)

MR. B.C. DRIVER (Welfare)

PRINCIPAL AND SENIOR OFFICERS OF THE
HEALTH AND WELFARE DEPARTMENT
AS AT 31st DECEMBER, 1966

---

Supervisor of Day Centre

MISS I.P.M. STAUNTON

Principal Social Worker (Health Services)

MISS G.P. PEELE

Assistant Principal Social Worker (Health Services)

MISS M. PARNCOMB

Senior Home Help Organiser

MISS E.J. HARRIS

Principal Medical Officers

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

Medical Officers (Whole-time)

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

DR. R.G. CARR : DR. F.M. CASKELL

Dental Officers (Whole-time)

MISS E. GRIFFIN : MISS F. LEAVER

Principal Public Health Inspector

MR. A.F. STANDINGER

Specialist Housing Inspectors

MR. A.N.F. SILLS

Deputy Chief Dental Officer

MR. H.W. NOSAL

ADMINISTRATIVE STAFF

Chief Administrative Officer

MR. J.S. WHENLEN

Deputy Chief Administrative Officer

MR. G.A. PICKIS

Principal Administrative Officers

MR. C.G. LEDGE. MR. J.M. MURPHY MR. I.M. THOMSON
(Finance) (Preventive Health) (Environmental Health)

MR. J.C. DRIVER
(Welfare)

Assistant Principal Mental Welfare Officer

MR. K. CHAMBERS

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# VITAL STATISTICS

# AND

# INFECTIOUS DISEASES

1966

## 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 1966 ... | 215,210 |

### RATEABLE VALUE

| | |
|---|---|
| Rateable value of the borough at 1st April, 1966 ... | £25,828,023 |
| Estimated net product of a penny rate 1966/67 ... | £100,479 |
| Estimated number of separately assessed dwellings at 1st April, 1966 ... ... ... ... ... | 59,854 |

### LIVE BIRTHS

| | Males | Females | Total |
|---|---|---|---|
| Legitimate ... ... ... | 1,405 | 1,307 | 2,712 |
| Illegitimate ... ... ... | 346 | 336 | 682 |
| Totals ... ... ... | 1,751 | 1,643 | 3,394 |

| | |
|---|---|
| Crude birth rate per 1,000 of the estimated population ... ... ... ... | 15.82 |
| Adjusted birth rate for comparative purposes (Area comparability factor = 0.60) ... ... | 9.49 |

### STILLBIRTHS

| | |
|---|---|
| Total (30 males and 17 females) ... ... ... | 47 |
| Rate per 1,000 live and stillbirths ... ... ... | 13.66 |

### DEATHS

| | |
|---|---|
| Total (1,060 males and 1,182 females) ... ... | 2,242 |
| Crude death rate per 1,000 population ... ... | 10.42 |
| Adjusted death rate (Area comparability factor = 0.97) ... ... | 10.11 |

### INFANT MORTALITY

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

| | Males | Females | Total |
|---|---|---|---|
| Legitimate ... ... ... | 32 | 25 | 57 |
| Illegitimate ... ... ... | 9 | 9 | 18 |
| | 41 | 34 | 75 |

| | |
|---|---|
| Death rate of all infants per 1,000 livebirths ... ... ... ... ... | 22.09 |
| Death rate of legitimate infants per 1,000 legitimate livebirths ... ... ... ... | 21.02 |
| Death rate of illegitimate infants per 1,000 illegitimate livebirths ... ... ... ... | 26.39 |
| Death rate of male infants per 1,000 male livebirths ... ... ... ... ... | 23.42 |
| Death rate of female infants per 1,000 female livebirths ... ... ... ... ... | 20.69 |
| Neonatal deaths (under 4 weeks of age) (21 males and 27 females) ... ... ... ... ... | 48 |
| Males per 1,000 male livebirths ... ... ... ... | 11.99 |
| Females per 1,000 female livebirths ... ... ... | 16.43 |
| All infants per 1,000 livebirths ... ... ... | 14.08 |
| Early neonatal deaths (under 1 week of age) (20 males and 24 females) ... ... ... ... ... | 44 |
| Males per 1,000 male livebirths ... ... ... ... | 11.42 |
| Females per 1,000 female livebirths ... ... ... | 14.60 |
| All infants per 1,000 livebirths ... ... ... | 12.96 |
| Perinatal mortality (deaths under 1 week plus stillbirths) (50 males and 41 females) ... ... ... ... ... | 91 |
| Males per 1,000 live and still male births ... ... ... ... ... ... | 28.56 |
| Females per 1,000 live and still female births ... ... ... ... ... ... | 24.90 |
| All infants per 1,000 live and stillbirths ... ... | 26.81 |

MATERNAL DEATHS

| | |
|---|---|
| Maternal deaths ... ... ... ... ... ... | 2 |
| Maternal mortality rate per 1,000 live and stillbirths ... ... ... ... | 0.58 |

DEATHS FROM CERTAIN CAUSES

| | |
|---|---|
| Tuberculosis of respiratory system ... ... ... ... | 7 |
| Other forms of tuberculosis ... ... ... ... ... | 1 |
| Respiratory diseases (other than tuberculosis) (Code Nos. 22 - 25) ... ... ... ... ... | 267 |
| Cancer (Code Nos. 10 - 14) ... ... ... ... ... | 462 |
| Heart and circulation diseases (Code Nos. 18 - 21) ... ... ... ... ... | 833 |
| Suicide ... ... ... ... ... ... ... ... | 61 |

## SUMMARY OF VITAL STATISTICS FOR KENSINGTON AND CHELSEA

### in 1966

(Compared with previous ten years)

| Year | Total Population | Total Deaths | Crude Death Rate | Total Births | Crude Birth Rate | Total Infant Deaths | Infant Mortality Rate |
|---|---|---|---|---|---|---|---|
| 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 |
| 1966 | 215,210 | 2,242 | 10.42 | 3,394 | 15.82 | 75 | 22.09 |

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN 1966

| Cause of death | All Ages | Under 1 yr. | 1 yr. and under 5 | 5 yrs. and under 45 | 45 yrs. and under 65 | 65 yrs. and over |
|---|---|---|---|---|---|---|
| Respiratory tuberculosis | 7 | - | - | 2 | 2 | 3 |
| Other forms of tuberculosis | 1 | - | - | 1 | - | - |
| Syphilis | 3 | - | - | - | 1 | 2 |
| Diphtheria | - | - | - | - | - | - |
| Whooping Cough | - | - | - | - | - | - |
| Meningococcal infections | 1 | - | 1 | - | - | - |
| Acute poliomyelitis | - | - | - | - | - | - |
| Measles | - | - | - | - | - | - |
| Other infective diseases, etc. | 3 | - | - | - | 2 | 1 |
| Cancer (all forms) | 462 | 1 | - | 27 | 160 | 274 |
| Leukaemia, aleukaemia | 19 | - | 1 | 3 | 6 | 9 |
| Diabetes | 11 | - | - | 1 | 3 | 7 |
| Vascular lesions of nervous system | 219 | 1 | - | 5 | 29 | 184 |
| Coronary disease, angina | 451 | - | - | 9 | 116 | 326 |
| Hypertension with heart disease | 29 | - | - | - | 2 | 27 |
| Other heart disease | 220 | - | - | 16 | 16 | 188 |
| Other diseases of circulatory system | 133 | - | - | 1 | 15 | 117 |
| Influenza | 9 | - | - | 1 | 1 | 7 |
| Pneumonia | 137 | 11 | 1 | - | 10 | 115 |
| Bronchitis | 104 | 1 | - | 6 | 19 | 78 |
| Other respiratory diseases | 17 | - | - | 1 | 4 | 12 |
| Ulcers of the stomach | 15 | - | - | 1 | 4 | 10 |
| Gastritis, enteritis and diarrhoea | 12 | 5 | - | - | 1 | 6 |
| Nephritis and nephrosis | 11 | - | - | 1 | 2 | 8 |
| Hyperplasia of prostate | 8 | - | - | - | - | 8 |
| Pregnancy, childbirth and abortion | 2 | - | - | 2 | - | - |
| Congenital malformations | 27 | 16 | 3 | 5 | 2 | 1 |
| All other diseases | 195 | 38 | 3 | 13 | 37 | 104 |
| Motor vehicle accidents | 15 | - | 1 | 11 | - | 3 |
| All other accidents | 66 | 2 | 2 | 25 | 22 | 15 |
| Suicide | 61 | - | - | 32 | 23 | 6 |
| Homicide and operations of war | 4 | - | - | 4 | - | - |
| TOTALS | 2,242 | 75 | 12 | 167 | 477 | 1,511 |

SUICIDE

It will be noted that 61 of the deaths registered were due to suicide. Numerically, these were the third highest in the London boroughs during 1966. This is a continuation of the former position where, in this respect, Kensington was frequently among the first three of the Metropolitan Boroughs. Indeed, during the last five years of the borough's existence Kensington was second in four. So far as actual rates per 100,000 population were concerned, the 1965 and 1966 rates of 28.1 and 28.3 were significantly higher than that for England and Wales, 10.8 (1965) or for Greater London 12.5 (166), and the second highest among the Greater London boroughs, being only fractionally less than those for Westminster. In line with previous experience, the Kensington rates for the quinquennium 1960/64 were among the highest in London.

The relationship between the local figures and those for England and Wales and the former administrative County of London during this century are shown on the graph on page 14, from which it will be seen that there is a fairly close similarity between the curves. The rates per 100,000 of the population for England and Wales are shown on page 15, where also are shown the figures and rates for 1966 for all the London boroughs.

In detail the statistics of the Kensington and Chelsea cases were as follows:-

| Ages: | 15 - | 25 - | 35 - | 45 - | 55 - | 65 - | 75 and over | Total |
|---|---|---|---|---|---|---|---|---|
| Male: | 5 | 6 | 5 | 7 | 7 | 1 | - | 31 |
| Female: | 6 | 6 | 5 | 6 | 2 | 3 | 2 | 30 |
| Total: | 11 | 12 | 10 | 13 | 9 | 4 | 2 | 61 |

Fifty-three lived in South Kensington or Chelsea and eight in North Kensington. The deaths occurred during the following months:-

| | |
|---|---|
| January ... ... ... | 8 |
| February ... ... ... | 1 |
| March ... ... ... | 6 |
| April ... ... ... | 2 |
| May ... ... ... | 3 |
| June ... ... ... | 7 |
| July ... ... ... | 5 |
| August ... ... ... | 6 |
| September ... ... ... | 6 |
| October ... ... ... | 8 |
| November ... ... ... | 4 |
| December ... ... ... | 5 |

The causes were:-

| | |
|---|---|
| Barbiturate poisoning ... ... ... | 28 |
| Coal gas poisoning ... ... ... | 17 |
| Cyanide poisoning ... ... ... | 1 |
| Gun shot wounds ... ... ... | 2 |
| Jumping from a high place ... ... ... | 4 |
| Salicylate poisoning ... ... ... | 3 |
| Hanging ... ... ... | 2 |
| Injury by cutting and piercing instruments ... ... | 2 |
| Walking under a train ... ... ... | 2 |

The occupations were very varied.

These statistics take no account of attempted suicides, of which no accurate figures can be obtained but which are believed to be six to ten times that of suicides - at least in urban communities. It is known that during the year, 502 patients were admitted to local hospitals suffering from an overdose of drugs (7 ultimately fatal). Included in these figures are some of more than 375 patients admitted as suspected attempted suicides (2 ultimately fatal). These figures, of course, do not include patients who were dead on arrival at hospital, residents admitted to hospitals outside the borough, or those treated at home. Nevertheless, as Dr. Eustace Chesser has pointed out: "The bare figures of suicide and attempted suicide tell us nothing about motive. Moreover, they are dangerously misleading because they ignore the possibility that many attempts are not genuine. If it can be shown that a significant proportion of those who are supposed to have attempted to kill themselves did not want to succeed, it is clear that we should not describe their acts as 'attempted suicide'. What, then, were they trying to do? The view that they are merely sending out a distress signal is now widely accepted." ... "At any given time it is estimated that there are at least half a million people in Britain who have made at least one attempt in the course of their lives to kill themselves ... There is no way of discovering the state of mind of the large number of people who try to commit suicide and fail. There are no official figures and the normal techniques of a social survey are inapplicable ... Some people who genuinely meant to kill themselves are saved, whereas other who may have been play-acting go too far and succeed."

A further point on figures is that suicide statistics are of doubtful reliability as, until 1961, suicide was a criminal offence and affected burial rights.

In reviewing the possible reasons for this continued high incidence of suicide in the borough, it is only possible to mention briefly some of the salient points from the voluminous literature on the subject. So far as this country is concerned, the ratio between male and female cases has changed during this century from approximately 2:1 to approximately 3:2, the change mainly developing since the beginning of the second world war. In both sexes, suicide rates are found to increase sharply with age; between the second and third decades the rate doubles, and in males a peak is reached at about sixty-five - it occurs about ten years earlier in women. These increases and peaks appear to be related to periods in life when an individual's situation in society changes critically. It is a major cause of death in young people and among the 25/34 year-olds constitutes one in ten of all deaths. In other words, it tends to increase when the support and authority of the family group is first discarded. It is high among the aged owing to loneliness and desolation, and a feeling that life is valueless. Approximately ten per cent. of suicides have made previous attempts.

Just as the suicide rates for nations remain remarkably constant over a period of years and differ consistently from those of other nations, so do the rates between communities in large cities differ significantly and conform to a definite pattern. The widowed, the separated and the divorced have a high rate; physical illness is a relatively important factor; suicides tend to increase in the middle class and decrease with poverty, yet unemployment and overcrowding rates have shown no correlation with suicide.

On the contrary, those of a higher occupational status have a proportionately greater occurrence of suicide, and the top educational groups have been found to be more suicide prone. It is difficult to ascertain the incidence of mental disorder among suicides. Estimates vary widely in this and in other countries. A North London review in 1955 suggested mental disorder in 37% and abnormal personality in a further 17%, but more recent American research suggests a very much

higher incidence of mental disease, predominantly manic depressive illness or chronic alcoholism.

From an analysis of 27,150 suicides in England and Wales, 1960-1964, the mode of suicide was:-

| | Males | Females |
|---|---|---|
| Domestic gas poisoning | 42.3% | 45.0% |
| Other poisoning | 23.0% | 37.4% |
| Hanging or strangulation | 14.1% | 5.5% |
| Drowning | 6.9% | 7.3% |
| Firearms or explosives | 5.3% | 0.4% |
| Cutting and piercing instruments | 2.6% | 0.8% |
| Jumping from high places | 1.8% | 1.7% |
| Other agents | 4.0% | 1.9% |

As long ago as 1897, E. Durkheim advanced the idea that suicide increased when social integration and social regulation were weak. This hypothesis has been expanded by Dr. Peter Sainsbury in his 1955 monograph on suicide in London in which he writes:-

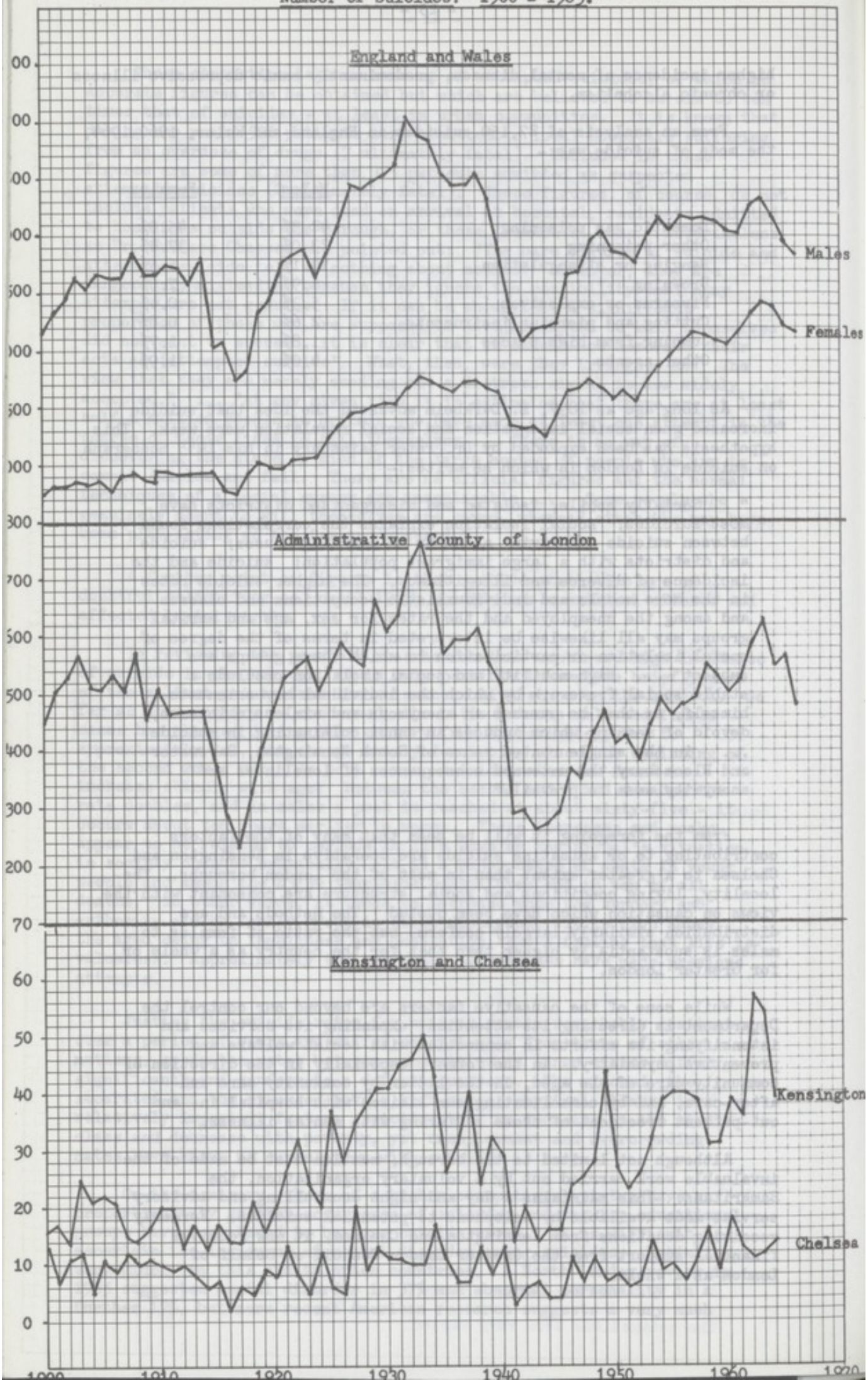
" Socially mobile, isolated and disorganised districts have most suicides; social isolation explains the correlations found between suicide and living alone or in boarding houses; suicide and districts with a large immigrant population; suicide and the incidence of divorce and illegitimacy. The higher suicide rates in the more mobile and individualistic occupations and classes and among the unemployed and the rates for sex, age and marital groups may all likewise be interpreted in terms of the degree of social isolation or participation to which these groups are subject ... High mobility and social isolation preclude a stable social framework by which the individual may orientate himself, so that he pursues an anonymous and aimless existence, devoid of meaning which induces an ennui culminating in suicide ... in the single rented rooms of South Kensington, Bayswater and Bloomsbury the untoward consequences of loneliness and anonymity seem to prevail."

From the foregoing it will be seen that many of the factors contributing to or actuating suicide are operative in Kensington and Chelsea to a greater extent than in most of the London boroughs. The locality, living conditions and social structure are consonant with the views on causation which have been quoted The methods and age distribution similarly largely conform, but the ratio of females to males is substantially higher than that for the country as a whole or for Greater London.

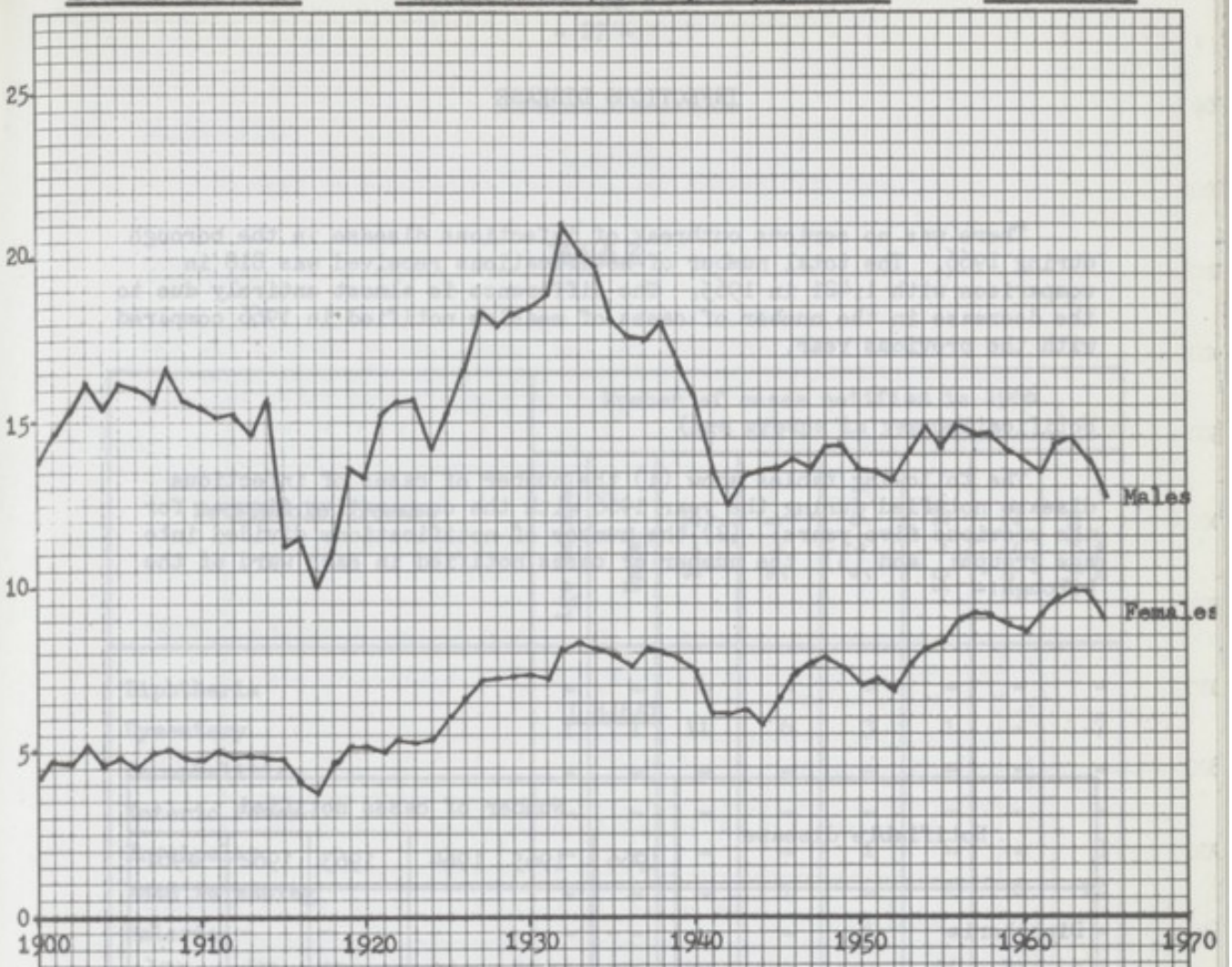
While some of the causative factors are beyond our control the Department is directing its attention, expanding its services and intensifying its efforts in connection with social welfare and preventive psychiatry. In the former, especially in the direction of community care of the aged, in the latter by community care and after-care, and by consolidating our liaison with hospital in- and out-patient treatment of those suffering with mental illness.

Although not limited to the borough, mention must be made of the invaluable work carried out by a voluntary organisation, the Samaritans. This maintains a day and night counselling and advisory service made available by telephone to potential suicides. Formerly receiving donations from Kensington and Chelsea, it now receives financial support from the Greater London Council on behalf of London as a whole.

Number of Suicides: 1900 - 1965.



ENGLAND AND WALES — Suicide Rates per 100,000 population — 1900 - 1965




London Boroughs - Number of Suicides and Rate per 100,000 population — 1966

| London Borough | Number | Rate | London Borough | Number | Rate |
|---|---|---|---|---|---|
| Barking | 18 | 10.5 | Hounslow | 21 | 10.1 |
| Barnet | 40 | 12.6 | Islington | 28 | 10.9 |
| Bexley | 23 | 10.6 | Kensington & Chelsea | 61 | 28.3 |
| Brent | 22 | 7.4 | Kingston | 15 | 10.2 |
| Bromley | 23 | 7.6 | Lambeth | 67 | 19.7 |
| Camden | 42 | 17.5 | Lewisham | 28 | 9.6 |
| Croydon | 49 | 14.9 | Merton | 19 | 10.3 |
| Ealing | 29 | 9.5 | Newham | 28 | 10.8 |
| Enfield | 39 | 14.5 | Redbridge | 27 | 10.9 |
| Greenwich | 24 | 10.3 | Richmond | 31 | 17.2 |
| Hackney | 28 | 11.1 | Southwark | 34 | 11.1 |
| Hammersmith | 29 | 13.5 | Sutton | 13 | 7.8 |
| Haringey | 32 | 12.5 | Tower Hamlets | 14 | 6.9 |
| Harrow | 18 | 8.6 | Waltham Forest | 24 | 10.0 |
| Havering | 24 | 9.5 | Wandsworth | 50 | 15.0 |
| Hillingdon | 17 | 7.3 | Westminster | 75 | 28.5 |
| Greater London | 992 | 12.5 | | | |

## INFECTIOUS DISEASE

There was no serious outbreak of infectious disease in the borough during 1966. The total number of notifications received was 818 in comparison with 1,421 in 1965. The difference is almost entirely due to the decrease in the number of cases of measles notified in 1966 compared with the previous year.

### Notifications.

The following tables show (1) the number of cases of infectious disease notified during the year 1966 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 | | | | | |
|---|---|---|---|---|---|---|
| | 1966 | 1965 | 1964 | 1963 | 1962 | 1961 |
| Diphtheria | - | - | - | - | - | 1 |
| Dysentery | 30 | 31 | 40 | 93 | 124 | 136 |
| Encephalitis | - | - | - | - | 1 | - |
| Enteric Fever | - | 5 | 8 | 9 | 3 | 3 |
| Erysipelas | 4 | 2 | 4 | 2 | 7 | 8 |
| Food Poisoning | 20 | 15 | 40 | 33 | 20 | 43 |
| Malaria | 1 | 1 | 4 | 3 | 3 | 1 |
| Measles | 515 | 1,084 | 428 | 1,296 | 332 | 2,061 |
| Meningococcal infection | 3 | 4 | 1 | 4 | 1 | 4 |
| Ophthalmia Neonatorum | 2 | 2 | 3 | 4 | 3 | 5 |
| Pneumonia | 5 | 4 | 19 | 17 | 21 | 36 |
| Poliomyelitis: | | | | | | |
| Paralytic | - | - | - | 1 | 3 | 7 |
| Non-paralytic | - | - | - | - | 1 | 1 |
| Puerperal Pyrexia | 54 | 73 | 90 | 76 | 106 | 172 |
| Scarlet Fever | 18 | 27 | 19 | 16 | 18 | 34 |
| Tuberculosis (all forms) | 97 | 139 | 129 | 178 | 186 | 216 |
| Whooping Cough | 69 | 34 | 43 | 103 | 28 | 54 |
| TOTALS | 818 | 1,421 | 828 | 1,835 | 857 | 2,782 |

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

TABLE 2

| Notifiable disease | Number of cases notified in 1966 (Age groups in years) | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Age unknown | Under 1 | 1 - 2 | 3 - 4 | 5 - 9 | 10 - 14 | 15 - 24 | 25 and over |
| Diphtheria | - | - | - | - | - | - | - | - |
| Dysentery | 1 | 1 | 11 | 6 | 3 | 1 | - | 7 |
| Encephalitis | - | - | - | - | - | - | - | - |
| Enteric Fever | - | - | - | - | - | - | - | - |
| Erysipelas | - | - | - | - | 1 | - | - | 3 |
| Food Poisoning | - | - | - | 1 | - | 1 | 6 | 12 |
| Malaria | - | - | - | - | 1 | - | - | - |
| Measles | 11 | 25 | 143 | 149 | 152 | 11 | 19 | 5 |
| Meningococcal infection | - | - | 2 | - | - | - | - | 1 |
| Ophthalmia Neonatorum | - | 2 | - | - | - | - | - | - |
| Pneumonia | - | - | - | - | - | - | - | 5 |
| Poliomyelitis | - | - | - | - | - | - | - | - |
| Puerperal Pyrexia | - | - | - | - | - | - | 27 | 27 |
| Scarlet Fever | - | - | 3 | 5 | 5 | 2 | 2 | 1 |
| Tuberculosis (all forms) | 1 | - | 2 | 2 | 4 | 4 | 19 | 65 |
| Whooping Cough | - | 5 | 22 | 17 | 23 | 2 | - | - |
| TOTALS | 13 | 33 | 183 | 180 | 189 | 21 | 73 | 126 |

TABLE 3

| Disease | Total cases notified in each Ward in 1966 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | St. Charles | Golborne | Norland | Pembridge | Holland | Earls Court | Queen's Gate | Redcliffe | Brompton | North Stanley | South Stanley | Church | Cheyne | Hans Town | Royal Hospital |
| Dysentery | 6 | 4 | 1 | 1 | 1 | 7 | - | 2 | - | 1 | 3 | 2 | 1 | - | 1 |
| Erysipelas | - | - | 1 | - | - | - | 1 | 1 | 1 | - | - | - | - | - | - |
| Food Poisoning | 1 | - | - | - | 3 | - | 5 | 1 | 2 | 5 | - | - | 1 | 1 | 1 |
| Malaria | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Measles | 119 | 93 | 53 | 71 | 11 | 36 | 17 | 49 | 5 | 4 | 14 | 11 | 16 | 2 | 14 |
| Meningococcal infection | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Ophthalmia neonatorum | - | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - |
| Pneumonia | 1 | 1 | 1 | - | - | 1 | - | - | 1 | - | - | - | - | - | - |
| Puerperal Pyrexia | - | - | - | - | 5 | 6 | 28 | 2 | 1 | 10 | 1 | 1 | - | - | - |
| Scarlet Fever | 1 | 2 | 3 | 3 | - | 2 | - | 2 | 2 | - | - | - | 3 | - | - |
| Tuberculosis (all forms) | 20 | 11 | 6 | 10 | 13 | 11 | 3 | 9 | 4 | 2 | 1 | 2 | 3 | 1 | 1 |
| Whooping Cough | 13 | 28 | 9 | 5 | 2 | 1 | 1 | 5 | - | - | - | 4 | - | - | 1 |

Diphtheria.

No case of diphtheria was notified during the year.

Dysentery.

Thirty cases of dysentery were notified during the year, of which one was 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.

Encephalitis - Acute.

No case of acute encephalitis was notified during the year.

Enteric Fever.

No case of enteric fever was notified during the year.

Erysipelas.

Four cases were notified during the year; no deaths occurred.

Malaria.

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

Measles.

515 cases were notified during 1966. This figure compares with 1,084 in 1965 and shows the usual biennial decrease.

Meningococcal infection.

Three cases of this disease were notified during the year, all of whom were treated in hospital. One case, a child aged two-and-a-half years, died.

Pneumonia.

There are various forms of pneumonia, but the only types notifiable are (1) acute primary and (2) acute influenzal pneumonia. Five cases were notified during the year, of which three were acute primary and two acute influenzal.

During the year, the number of deaths from pneumonia (all forms) was 137, of which 115 were of persons over the age of sixty-five.

Food Poisoning.

Twenty cases of food poisoning were notified during the year, and 36 other cases were reported. The following table gives an analysis of the cases:-

12 salmonella typhimurium
2 salmonella oranienberg
2 salmonella javiana
1 salmonella blockley
1 salmonella bredeney
30 clostridium welchii
8 unknown

Ophthalmia Neonatorum.

Two babies were notified as suffering from this disease during 1966. Both cases were successfully treated and there was no impairment of sight.

Puerperal Pyrexia.

During 1966, the number of cases of this disease notified was fifty-four, of whom thirty-five 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 |
|---|---|
| Urinary infection | 11 |
| Breast infection | 4 |
| Respiratory infection | 2 |
| Parametritis | 1 |
| Unknown | 36 |
| Total | 54 |

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

No deaths occurred.

Scarlet Fever.

The number of cases notified during the year was eighteen. There were no fatal cases during the year.

Smallpox.

No cases were reported in the borough during 1966.

Information was received during the year from port authorities of 144 persons intending to stay in the borough and who could not produce valid certificates of vaccination, after leaving countries which were declared local infected/endemic areas. Of these, 75 were kept under observation for the surveillance period and remained quite well. Eight were found to have moved to other areas and the local medical officers of health were notified. The staff of the department were unable to trace the remaining sixty-one persons at the addresses given by the port authorities.

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 revaccinated at not more than yearly intervals. During the year, 93 members of the staff of the department were vaccinated or revaccinated.

Whooping Cough.

Sixty-nine cases were notified during the year.

Tuberculosis.

During the year, 97 new cases of tuberculosis were notified, of which 87 were respiratory and 10 were non-respiratory. In addition, 45 other cases were reported, mainly by other borough councils, of persons moving into this borough. These figures again show a decrease in cases.

In addition to the above new cases on the register, there were those who were removed from the register, either through moving out of the borough, dying, being cured or having lost sight of, and the final figures in the register are as follows:-

| Respiratory | | Non-respiratory | | Total |
|---|---|---|---|---|
| Male | Female | Male | Female | |
| 540 | 351 | 38 | 56 | 985 |

Every effort has been made by Public Health Inspectors and Health Visitors to visit all newly-notified cases and those transferred in or changing address in the borough with the object of tracing the source, preventing the spread, 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.

Incidence of tuberculosis amongst Kensington and Chelsea residents who originated from areas outside England, Scotland and Wales

| 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 | |
| France | | 1 | | | | | | | | | 1 |
| Italy | | | | | | | | 1 | | | 1 |
| Spain | | | | | 1 | | | | | | 1 |
| Hungary | | | | | | | | 1 | | | 1 |
| Ireland | | | | | 1 | | | | 1 | | 2 |
| Iraq | | | | | 1 | | | | | | 1 |
| Barbados | 1 | | | | | | | | | | 1 |
| Trinidad | | | | | | 1 | | | | | 1 |
| Jamaica | | | | | | 1 | | | | 1 | 2 |
| India | 3 | | 1 | 1 | 1 | 1 | | | | | 7 |
| Pakistan | 1 | | | | | | | | 1 | | 2 |
| Nigeria | 1 | | | | | | | | | | 1 |
| Total | 6 | 1 | 1 | 1 | 4 | 3 | - | 2 | 2 | 1 | 21 |

In a further forty 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 |
| 1966 | 15 |

This year twenty-eight per cent (1965 - thirty per cent) of the infected immigrants contracted the disease within one year of arrival in this country; thirty-eight per cent (1965 - fifty per cent) contracted within three years of arrival. Persons born in the Republic of Ireland were regarded as immigrants for this purpose.

Psittacosis.

After admission to hospital, a woman was reported to be suffering from suspected psittacosis.

As the woman had only been in close contact with her pet budgerigar, it was very suggestive that this bird was the cause of the infection. It was therefore killed and sent to the Virus Laboratory at Colindale for investigation - psittacosis virus was isolated. The Ministry of Health was informed.

The budgerigar had only recently been purchased prior to the patient's admission to hospital, therefore efforts were made to trace the origin of the bird, without success. The store from which the bird was purchased were informed and their aviary was closed whilst tests were made on the remaining birds in the aviary. These tests were negative but a course of treatment was given to the birds in the aviary as a precautionary measure, after which the aviary was reopened.

Leprosy.

The Public Health (Leprosy) Regulations, 1966, came into force on 1st March, 1966. These Regulations provide for the notification by medical practitioners to medical officers of health of all cases of leprosy and for the transmission of this information by medical officers of health to the Chief Medical Officer of the Ministry of Health. The Public Health (Leprosy) Regulations, 1951, under which

medical practitioners notified cases of leprosy direct to the Chief Medical Officer of the Ministry were revoked.

A strictly confidential record of persons suffering from leprosy and resident in the borough is kept by the Medical Officer of Health, and they are regularly visited.

Copies of the new Regulations were sent to all medical practitioners practising in the borough.

International Certificates.

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

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

During the year, 21,099 of these certificates were authenticated. In addition, 16 special certificates were issued to travellers who refused vaccination on medical or religious grounds.

IMMUNISATION AND VACCINATION.

Immunisation of children against poliomyelitis, diphtheria, whooping cough, smallpox and tetanus has continued to be carried out by the Council and general practitioners. With certain exceptions, the numbers of completed courses of immunisation and booster doses have shown an increase over those for 1965, but further improvement is still essential for the maintenance of a satisfactory immunity level. The number of reinforcing injections given by general practitioners was fewer than in 1965.

There have been no further developments in respect of measles vaccination since the Ministry of Health's circular of February, 1966, which advised that it was then premature to embark on any programme of general measles vaccination. The Council's participation in the Medical Research Council's Trial of Measles Vaccine has continued.

It has not been necessary to make any arrangements for vaccination against anthrax, there being no specific establishments in the borough in which employees would be at risk.

The scheme for offering BCG vaccination to thirteen-year-old schoolchildren and contacts of cases of tuberculosis was continued. Also, with the assistance of one of the medical staff of the Inner London Education Authority, a group of college students and staff was included in the scheme.

Poliomyelitis Immunisation.

It is a matter of concern that primary courses and booster doses given during 1966 were less than those given in the previous year, resulting in an even lower level of protection. There have not been any cases of the disease during the year which, of course, in itself is one of the main reasons for a false sense of security giving rise to apathy. Oral (Sabin) vaccine is now almost universally preferred to the injected (Salk) vaccine, the latter now being used in those cases where there are medical contra-indications to the oral dosage.

| | Total primary courses completed | | Total reinforcing doses | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| At Council clinics - | | | | |
| Salk | 13 | 33 | 4 | 15 |
| Sabin | 2,812 | 3,359 | 1,717 | 1,432 |
| By general practitioners - | | | | |
| Salk | 22 | 136 | 9 | 42 |
| Sabin | 509 | 541 | 136 | 151 |
| TOTAL: | 3,356 | 4,069 | 1,581 | 1,925 |

Diphtheria Immunisation.

The following table shows some improvement in the number of injections given during the year compared with 1965. No cases of the disease have occurred, but the degree of protection in the community is still unsatisfactorily low:-

| | Total primary courses completed | | Total reinforcing doses | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| At Council clinics | 2,605 | 2,447 | 3,678 | 3,451 |
| By general practitioners | 530 | 497 | 473 | 516 |
| TOTAL: | 3,135 | 2,944 | 4,151 | 3,967 |

Whooping Cough Immunisation.

The following table shows there to have been some improvement in 1966 in the numbers protected, but the immunity level is still not sufficiently high, and cases of the disease are still occurring:-

| | Total primary courses completed | | Total reinforcing doses | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| At Council clinics | 1,989 | 1,884 | 1,391 | 1,333 |
| By general practitioners | 503 | 473 | 354 | 430 |
| TOTAL: | 2,492 | 2,357 | 1,745 | 1,763 |

Tetanus Immunisation.

The 1966 figures show an increase over 1965, as follows:-

| | Total primary courses completed | | Total reinforcing doses | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| At Council clinics | 2,670 | 2,533 | 3,512 | 2,686 |
| By general practitioners | 537 | 501 | 476 | 516 |
| TOTAL: | 3,207 | 3,034 | 3,988 | 3,202 |

Smallpox Vaccination.

The numbers of primary vaccinations and re-vaccinations are still low but have shown some improvement compared with 1965:-

| | At Council clinics | | By general practitioners | | Total | |
|---|---|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 |
| Primary vaccinations | | | | | | |
| Under 1 year | 33 | 29 | 38 | 32 | 71 | 61 |
| 1 year | 975 | 892 | 203 | 145 | 1,178 | 1,037 |
| 2 - 4 years | 407 | 284 | 102 | 54 | 509 | 338 |
| 5 - 14 years | 61 | 27 | 27 | 5 | 88 | 32 |
| 15 years and over | 34 | 9 | 1 | 6 | 35 | 15 |
| TOTAL: | 1,510 | 1,241 | 371 | 242 | 1,881 | 1,483 |
| Re-vaccinations | | | | | | |
| Under 1 year | - | - | - | - | - | - |
| 1 year | 6 | 6 | - | - | 6 | 6 |
| 2 - 4 years | 29 | 9 | - | 1 | 29 | 10 |
| 5 - 14 years | 72 | 12 | 17 | 11 | 89 | 23 |
| 15 years and over | 101 | 53 | 3 | 8 | 104 | 61 |
| TOTAL: | 208 | 80 | 20 | 20 | 228 | 100 |

Tuberculosis (BCG Vaccination).

Thirteen-year-old schoolchildren.

It is pleasing to note that the acceptance rate for this protective measure has risen considerably from 72.1% in 1965 to 83.4% in 1966. On the other hand, the positivity rate has increased also. The skin-test used is Mantoux (10 TU).

| | 1966 | 1965 |
|---|---|---|
| Schools visited | 10 | 11 |
| Number of eligible children | 1,309 | 1,073 |
| Number of acceptances | 1,091 | 774 |
| Acceptance rate | 83.4% | 72.1% |
| Number skin-tested and read | 784 | 592 |
| Number given BCG vaccination | 717 | 554 |
| Number of positive reactors | 64 | 38 |
| Positivity rate | 8.2% | 6.4% |

Contacts.

The numbers of contacts of cases of tuberculosis seen at chest clinics show some increase but this is not necessarily of any significance since it is dependant upon the sizes of the families concerned. A high positivity rate is normally expected in this group and is about the same level.

| | 1966 | 1965 |
|---|---|---|
| Number skin-tested and read | 305 | 288 |
| Number found negative | 141 | 137 |
| Number given BCG vaccination | 144 | 130 |
| Number found positive | 164 | 151 |

Students.

Dr. W. Hartston, a Principal Medical Officer of the Inner London Education Authority visited a college for the purpose of skin-testing and vaccinating adolescent students and staff. He reported that nearly five hundred persons attended, and that among the students the positivity rate was 45% and among staff of higher average age, 69%. A relatively high rate of reversion (7%) from acquired tuberculin sensitivity was discovered among students who had previously been vaccinated at some time within the previous ten years and these persons were revaccinated with half the normal dosage of BCG vaccine.

| | Students not previously vaccinated | Staff not previously vaccinated |
|---|---|---|
| Number skin-tested and read | 181 | 120 |
| Number with negative reactions and vaccinated | 101 | 38 |
| Number of positive reactors | 80 | 82 |

MASS RADIOGRAPHY.

The Central Mass X-ray Centre at the Western Hospital, S.W.6., together with the South West and North West London Mass X-ray Services continued to provide chest X-ray facilities for the borough during the year.

Mobile units made fifteen visits to various large establishments within the borough, in addition to the weekly visits made by a unit to Raymede Welfare Clinic.

In the year under review, a total of 119,000 people was examined by the X-ray units. 180 cases of active pulmonary tuberculosis were referred to Chest Clinics for treatment, and 85 of these cases were found to be infectious. In addition, 181 cases of tuberculosis were detected requiring occasional out-patient supervision only. 122 malignant neoplasms were discovered, of which 117 were primary carcinomas, and a further 896 cases were dealt with under the heading "non-tuberculous conditions" which were referred for further investigation and necessary treatment. (Kensington and Chelsea residents are included in these figures, but separate details for individual boroughs are not available).

# PERSONAL HEALTH SERVICES

## CARE OF MOTHERS AND YOUNG CHILDREN

### New Premises.

A new combined Maternity and Child Welfare Centre and School Treatment Centre, Walmer Road, W.11. was opened on 5th September, 1966, and replaced two separate centres - Bramley House Welfare Centre, Bramley Road, W.10. and Notting Dale School Treatment Centre, 1B & 1C Kenley Street, W.11 - which were in premises originally designed for housing purposes. The old premises have now been converted back again by the Housing Committee into housing units.

The new premises form part of a block of flats, which is the property of the Greater London Council. The Maternity and Child Welfare Centre is situated on the ground floor of the building and on the first floor is situated the School Treatment Centre, which is the responsibility of the Inner London Education Authority.

A caretaker's flat is provided on the second floor of the building.

### Maternity and Child Welfare.

During 1966, there were 3,454 notified births in the borough compared with 3,737 in 1965, and of these, 3,202 (or 93%) took place in hospital as against 91% in1965. These figures reflect the small decrease in the birth rate which has been observed throughout the country generally and the increasing tendency for women to seek hospital confinements.

| | 1966 | 1965 |
|---|---|---|
| Ante-natal and post-natal clinics: | | |
| Total number of sessions | 779 | 908 |
| Total attendances | 4,722 | 5,876 |
| Number of women attending during year - | | |
| Ante-natal | 1,340 | 1,553 |
| Post-natal | 23 | 20 |
| Child Welfare clinics: | | |
| Total number of sessions (infant welfare and toddlers) | 1,401 | 1,462 |
| Total attendances | 29,913 | 32,660 |
| Number of children attending during year - | | |
| Born in 1966 | 2,540 | 2,707 |
| Born in 1961/65 | 4,252 | 3,986 |
| Total attendances at special Toddlers Clinics | 2,976 | 2,852 |

In line with the falling birth rate, there has also been a reduction in the number of women attending the Council's ante-natal clinics and, at two centres where attendances were well below the average, the weekly numbers of sessions were reduced.

Total attendances at child welfare clinics fell in 1966, probably because of the fewer children who are in their first year of life, when visits are most frequently made, but there was a small increase in the number of children over one year who attended the centres and a small increase in attendances at special toddlers clinics.

Maternity and Child Welfare Dental Service.

| | Nursing or Expectant mothers | | Children under five | | Total | |
|---|---|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 |
| Number of appointments | 81 | 91 | 973 | 773 | 1,054 | 864 |
| Attendances - | | | | | | |
| By appointment | 47 | 46 | 613 | 448 | 660 | 494 |
| Other | - | - | 9 | 1 | 9 | 1 |
| Number of fillings | 22 | 18 | 189 | 123 | 211 | 141 |
| Number of teeth extracted | 7 | - | 12 | 61 | 68 | 12 |
| Patients supplied with dentures - | | | | | | |
| Full | 1 | 2 | - | - | 1 | 2 |
| Partial | 2 | 4 | - | - | 2 | 4 |
| Number made dentally fit | 5 | 6 | 284 | 227 | 289 | 233 |

The total number of sessions held during the year was 99, compared with 58 in 1965.

Maternity Services.

Arrangements for the hospital booking of maternity cases have continued to be made at the welfare centres, where the women first attend, and no difficulty has been experienced in booking beds for priority cases where there are medical, obstetrical or social indications for institutional delivery. Furthermore, many women who do not fall into the priority groups, but who do not wish to have their babies at home for other reasons, are finding that the hospitals can accept them.

Some hospitals assume full responsibility for the care of their booked patients who then cease to attend the Council's ante-natal clinics, although they may continue to participate in health education sessions and relaxation classes.

Many hospital-booked women, however, receive the greater part of their routine ante-natal care at the Council's centres but are referred back to the hospitals at about the thirty-sixth week of pregnancy.

Good co-operation exists between the hospital maternity departments and the Council's staff and information about women who fail to attend clinics is fully exchanged. Every effort is made to ensure adequate supervision of all pregnant women.

Care of the Unmarried Mother and her Child.

During 1966, there were 682 illegitimate live births registered compared with 747 in the previous year. The Director of the Greater London Council Research and Intelligence Unit has analysed these illegitimate births and has supplied the following table showing the age groups of the mothers of these infants:-

| Age of mother - | |
|---|---|
| Under 15 | 2 |
| 15 - 19 | 121 |
| 20 - 24 | 293 |
| 25 - 29 | 147 |
| 30 - 34 | 72 |
| 35 and over | 48 |
| Not stated | 2 |
| Total | 685 |

(The foregoing statistics are registrations corrected for both area of usual residence of the mother and date of occurrence within the calendar year, whereas the Registrar-General corrects the figures for areas of residence only. This accounts for the difference of three illegitimate births under the two methods).

During the year, grant aid was made to the London Diocesan Council for Moral Welfare ("Wel-Care") and the Westminster Catholic Moral Welfare Association (Crusade of Rescue) in respect of their work for unmarried mothers in the borough.

Facilities were given for the "Wel-Care" worker to use one of the Council's welfare centres which is more conveniently placed than her own office one evening a week for the purpose of meeting her clients.

Details of the numbers of mothers referred during the year are as follows:-

| | |
|---|---|
| London Diocesan Council ... ... | 236 |
| Crusade of Rescue ... ... | 130 |
| Southwark Catholic Children's Society ... ... | 3 |
| Norwood Joint Committee ... ... | 1 |
| Total ... ... | 370 |

The number of mothers referred during the previous year was 269.

Health Visiting.

The second year following the reorganisation of London Government for the health visiting service was one of steady progress.

Despite difficulties in recruitment, it has been possible to increase the number of health visitors available from 31 at the beginning of the year to 33.4 at the end of the year (in each case the figure is the full-time equivalent).

The staffing position was maintained, though the changes during the year left periods of shortages when the remaining staff were extended to the limit. About half of the staff have had two years or less experience of health visiting work.

The following table records some of the visits made by health visitors. The number of unsuccessful visits remains high, but is of similar order to that for 1965 and does not indicate a deterioration in the position:-

| | 1966 | 1965 |
|---|---|---|
| First visits to - | | |
| Children born in 1966 | 3,283 | 3,439 |
| Children born in 1961/65 | 7,420 | 7,370 |
| Persons aged 65 or over | 152 | 68 |
| Mentally disordered persons | 67 | 39 |
| Persons discharged from hospital (other than mental hospitals) | 34 | 38 |
| Tuberculous households | 280 | 21 |
| Infectious households (other than tuberculous) | 13 | 4 |
| Unsuccessful visits | 11,102 | 10,553 |
| Total visits | 36,858 | 35,656 |

The fall in the number of first visits to children born during the year reflects the reduction in the number of births, as was to be expected, but the number is not unsatisfactory. The first visits are of the utmost importance and health visitors make every effort to ensure that they are carried out successfully. They provide the most favourable opportunity of meeting and assisting parents, and especially the mothers of first children, and of laying down the groundwork for future co-operation.

Visits to all other categories, particularly older children and elderly people, have increased. As from 1st January, 1966, the home visiting of tuberculous families was undertaken by district health visitors in the area of the former Kensington borough, but the visiting of tuberculous families in the former Chelsea area continues to be the responsibility of tuberculosis visitors from Brompton Hospital who, during the year, carried out visits to 18 households. Together with the 280 households visited by health visitors, this gives an aggregate of 298 as against 343 in 1965 for the borough as a whole. This reflects the reduction in the incidence of the disease.

Health Education.

Visits made by health visitors are still an essential part of their service to the community. The number of visits they make, however, is not the only, or indeed nowadays a good, indication of their value. In the steady progress of this service the development of health education is the main task of health visitors, and this is carried out not only in homes visited but over a very wide field and is singled out for mention accordingly

Ten health visitors are taking a direct part in health education programmes in a number of schools. A full account of other activities regarding health education is given later in this report.

World Children's Day.

On 15th June each year World Children's Day is commemorated by the staff of Lancaster Road Welfare Centre. The mothers attending the centre take an active part and this helps to engender a community spirit which makes them more willing to help each other.

Students and Visitors.

There were eight visitors from overseas - three from Australia, one each from Holland, Canada, Sudan, Egypt and Mauritius - who spent some time in the public health nursing section collecting information and made visits of observation to the welfare centres and day nurseries.

Ninety-four students from the nurse training schools of St. Stephen's Hospital, St. Charles's Hospital and St. Mary Abbots 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".

Fifty-nine students from the North Western Polytechnic, Queen Elizabeth College, the Froebel Institute, St. Anne's Training College, one Heinz scholarship student, twenty DPH students and twenty-eight student nurses from Hammersmith Hospital who are taking the integrated course of nurse training have visited public health establishments.

Visits of observation have been arranged for two Ward Sisters from King Edward's Hospital Fund, two Ward Sisters from Holland Park Staff

College, one student from the Kensington District Nursing Association, two from the Christian Education Movement, nine girls from Cardinal Manning School, and one social science student from the Citizens' Advice Bureau.

Ten student health visitors from the North Western Polytechnic, the Royal College of Nursing, and the University of Surrey have been given practical work experience under the supervision of fieldwork instructors.

In-Service Training.

A programme of talks at headquarters on health subjects was arranged as a measure of in-service training for staff of the department of all disciplines. These were well attended, found to be most helpful to the staff concerned, and appreciated by them.

Seven talks were given by senior officers of the department on the work with which they were concerned, and a number of outside speakers who are experts in their particular fields gave talks to the staff as follows:-

| | | |
|---|---|---|
| February | Venereal Disease | Dr. J.L. Fluker, Consultant Physician in Venereology, Charing Cross Hospital |
| September | Infant Nutrition | Dr. Eric Stroud, Consultant Paediatrician, King's College Hospital |
| October | Drug Addiction | Woman Police Inspector B. Tilley, "B" Division, Metropolitan Police |
| November | Pre-marital Education | Mrs. Rose Hacker, Counsellor, National and London Marriage Guidance Councils |
| " | The work of the home care unit, St. Mary's Hospital, Paddington | Dr. G. Bench, Paediatric Registrar, St. Mary's Hospital |
| December | Unsupported Mothers | Mrs. Margaret Bramhall, J.P., General Secretary, Council for the Unmarried Mother and her Child |

Films were shown to interested members of the staff as part of the programme:-

| | | |
|---|---|---|
| October | Planned Families | with a commentary by Dr. Elizabeth Deman of the Family Planning Association |
| December | Child birth, child care and home safety | |

In addition, the staff have benefited by courses arranged by the London Boroughs' Training Committee.

Nursery Nursing Staff.

Eleven students commenced nursery nurse training during the year. The period of training is two years and is in accordance with the syllabus regulations approved by the National Nursery Examination Board.

Five students were awarded the Certificate of the NNEB consequent upon success in the examination, and satisfactory completion of the course of training.

A nursery assistant at Cheyne Day Nursery undertook a Child Care Reserve Course at the North Western Polytechnic and was successful in being awarded the Nursery Warden's Certificate.

Home Nursing.

As agreed by the Council on 8th December, 1965, the two District Nursing Associations for Kensington and Chelsea continued to provide home nursing services in the borough area, the Associations being reimbursed by the Council to the extent of 93% of net approved expenditure incurred in providing the service. The two Associations have separate districts, each covering the areas of the former Metropolitan Boroughs, but towards the end of the year negotiations were opened with a view to amalgamation of the two associations into one administrative unit for providing the service for the whole borough.

The home nursing staff employed at 31st December, 1966, exclusive of supervisory staff was as follows:-

| | 1966 | 1965 |
|---|---|---|
| State registered nurses | 36 | 33 |
| State enrolled nurses | 1 | 1 |
| Total number employed | 37 | 34 |
| Full-time equivalent | 35.25 | 31.25 |
| Students | 8 | 10 |

During the period 1st January 1966 to 31st December 1966 the number of patients visited was 2,710 compared with 2,589* in 1965, and the total number of visits paid was 95,433 in 1966 and 77,175* in 1965. The average number of visits to each patient was 35.2 compared with 29.8 in 1965. The number of cases nursed for three months or more was 239 in 1966 and 257* in 1965, being 9.2% and 9.9% respectively of the total patients nursed.

NOTE - The figures marked * in the previous paragraph, and all aggregate totals for 1965 in the following table, relate to the period 1st April, 1965 to 31st December, 1965.

| Types of case | Number of new cases undertaken | | Percentage of Total | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| Medical | 1,721 | 1,395 | 79.6 | 78.3 |
| Surgical | 261 | 237 | 12.1 | 13.3 |
| Tuberculosis | 19 | 19 | 0.9 | 1.1 |
| Maternity - early discharge from hospital | 149 | 122 | 6.9 | 6.9 |
| Maternity - complications | 11 | 7 | 0.5 | 0.4 |
| Mental ill-health | 2 | 1 | Less 0.1 | Less 0.1 |
| TOTAL: | 2,163 | 1,781 | 100 | 100 |

| | At patients' homes | | Elsewhere | | Total | | Percentage of total | |
|---|---|---|---|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 |
| Visits for - | | | | | | | | |
| Injections only | 21,707 | 17,872 | 838 | 705 | 22,545 | 18,577 | 23.6 | 24 |
| Injections plus other treatment | 2,223 | 1,459 | 17 | 11 | 2,240 | 1,470 | 2.3 | 2 |
| Other treatment only | 70,629 | 57,124 | 19 | 4 | 70,648 | 57,128 | 74.1 | 74 |
| TOTAL: | 94,559 | 76,455 | 874 | 720 | 95,433 | 77,175 | 100 | 100 |

| Age distribution of patients (new cases undertaken) | Number of patients | | Percentage | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| 0 - 4 years | 78 | 62 | 2.9 | 3.5 |
| 5 - 64 years | 1,116 | 849 | 41.2 | 47.7 |
| 65 years and over | 1,516 | 870 | 55.9 | 48.8 |
| TOTAL: | 2,710 | 1,781 | 100 | 100 |

Nursing treatments:

| | 1966 | 1965 |
|---|---|---|
| Total number of completed treatments ... ... ... | 2,355 | 1,949 |
| Total number of patients being nursed at end of year ... ... | 656 | 644 |

Little Sisters of the Assumption.

An application was received from the Little Sisters of the Assumption for grant aid in respect of the domiciliary nursing service provided by the Order.

The service, payment for which by the patients is precluded by their rules, is as far as possible given to the community generally without limitation.

A grant of £100 was made.

Domiciliary Midwifery.

During 1966, the Council's six domiciliary midwives have continued to cover the whole borough with the exception of the W.10 district in North Kensington.

Queen Charlotte's Maternity Hospital's district midwives cover an area which coincides approximately with the W.10 postal district and hospital midwives and doctors hold a weekly ante-natal clinic at the Raymede Welfare Centre. During the early part of the year, an agreement

was concluded between this Council and the Board of Governors of the hospital to replace a similar agreement between the former authority (the London County Council) and the hospital. This provided for the continuance of the hospital's district midwifery service in the area already specified and the supply to the midwives of all the necessary medical equipment, in return for payment by the Council of an agreed amount for each domiciliary confinement attended on the district.

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

Domiciliary confinements and nursing of Early Discharges.

| | Cases booked with a doctor | | Cases not booked with a doctor | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| Council's midwives | 163 | 220 | 4 | 7 |
| Hospital midwives | 18 | 46 | 51 | 37 |
| TOTAL: | 181 | 266 | 55 | 44 |

The total number of deliveries attended during 1966 was 236, compared with 310 in 1965.

| | Planned early discharges | | Unplanned early discharges | |
|---|---|---|---|---|
| | 1966 | 1965 | 1966 | 1965 |
| Nursed by Council's midwives | 18 | 30 | 23 | 9 |
| Nursed by Kensington District Nursing Association | 104 | 97 | 44 | 44 |
| Nursed by hospital midwives | 9 | 35 | 3 | - |
| TOTAL: | 131 | 162 | 70 | 53 |

Fewer home confinements took place during the year compared with 1965. This is in accordance with the general trend throughout the country and is due partly to the falling birth rate and partly to the fact that, in this area, there is at present no shortage of maternity beds in hospitals and bookings are not being restricted to mothers in the priority groups. The Council's midwives have continued to ensure that all women whom they accept for domiciliary confinement are also booked with their doctors, usually general practitioner/obstetricians. In 1966, out of 167 cases attended by the Council's midwives, only four had no booked doctor and, of these four, two cases were hospital-booked patients whose babies were born at home prematurely, and the other two were not booked with any midwife and had had no ante-natal care.

Only four premature live births were attended by domiciliary midwives in the borough. All four infants weighed more than 4lbs.15ozs. at birth and survived.

The Council's midwives have continued to take pupil midwives for their Part II midwifery district training. One pupil is accepted from Paddington General Hospital and two from Fulham Maternity Hospital every three-monthly period throughout the year. Each pupil is allocated to one of the domiciliary midwives and attends all home confinements and early discharge cases in the midwife's area of practice. It was necessary to reduce the number of pupils received from Fulham Maternity Hospital to two during 1966 because the fall in the number of domiciliary confinements would otherwise have made it impossible for the pupils to attend the requisite ten confinements during their three months' district training. In some cases, it was necessary to arrange for the pupil midwife to attend confinements in neighbouring boroughs.

Obstetric Nurse training.

Facilities have been provided for nurses in general training to accompany the Council's midwives on the district and attend ante-natal clinics. Student district nurses have also visited the midwives to see the nature of their work.

Early Discharge Scheme.

Home assessment visits are made by midwives (including the midwives of the Kensington District Nursing Association and Queen Charlotte's Hospital) at the request of hospitals when women are being considered for admission on social grounds or for "early discharge".

There has been an increase in the number of unplanned early discharges. In many cases, family circumstances have necessitated the mother's returning home as soon as possible and, in some cases, the baby has been stillborn or died within the first few days and the mother has asked to go home at the earliest opportunity. In all cases, a midwife is asked to attend the mother and baby throughout the remainder of the puerperal period.

Midwives Act, 1951.

The Council are the local supervising authority for the purposes of the Midwives Act, 1951, and have a duty to inspect and supervise all midwives practising in the area.

| | 1966 | 1965 |
|---|---|---|
| Notifications received from midwives of intention to practice | 102 | 116 |
| Refresher courses attended by midwives in accordance with Section 9 of the rules of the Central Midwives Board | 7 | 14 |
| Fees paid to medical practitioners called in by midwives in emergency | 2 | 3 |

CARE OF CHILDREN.

Council Day Nurseries.

The demand in the borough for day care for young pre-school children continued with consequent pressure on the Council's day nurseries accommodation. Children even in the priority groups had to

be placed on the waiting list. This is no doubt due in part to the population structure of the borough which includes a relatively high population of unsupported mothers and immigrant families who are accustomed to expect that their children will be cared for by others, while the mother goes out to work.

The staffing position in the nurseries has improved and there has been a welcome tendency for nursery nurses to remain in post somewhat longer. This is certainly attributable in part to the decision of the Council to allow all nursery nursing staff to have meals on duty free of charge which became effective in January, 1966. Apart from the practical help which this has given to lowly paid members of their profession, this has operated as recognition of the difficulties that they are experiencing in meeting the cost of living in London and has effected a marked improvement in morale.

The general inadequacy of the salary scales for nursery nurses and nursery assistants was the subject of representations by the Council to the management side of the Whitley Nurses and Midwives Council who undertook to bear the Council's views in mind.

Accommodation at Council's day nurseries.

| | 1966 | 1965 |
|---|---|---|
| Number of places - | | |
| Under 1 year | 48 (+ 9 Sp.Unit) | 54 |
| 1 - 2 years | 76 | 79 |
| 2 - 5 years | 169 | 172 |
| TOTAL: | 302 | 305 |
| Average daily attendance | 239 | 224 |
| Total of daily attendances | 59,271 | 62,913 |

Blind and Partially Sighted Children in day nurseries.

The arrangements for deaf children and children with defective hearing to attend day nurseries to assist them to adapt to a normal environment with other children was extended to blind and partially sighted children. So far, three such children have been admitted. This facility is free of charge (except for payment for a mid-day meal) and is limited in each case to a period not exceeding an aggregate of fifteen hours weekly.

Occasional creches.

Occasional creches are provided for the children of mothers who are not at work, but who wish to have their children cared for for a short period (2 - 3 hours) during the day while they attend hospital or clinic or do their shopping. No meals are provided at a creche.

Occasional creches were held at three of the Council's centres and at the Violet Melchett Infant Welfare Centre. At the beginning of 1966, twenty-one sessions were held weekly, but it was found that, at one centre, attendance on certain days was poor and three sessions were discontinued.

In another centre, where there was a good demand for this service, a second creche session was opened.

| | 1966 | 1965 |
|---|---|---|
| Total number of sessions | 907 | 1,023 |
| Total attendances | 10,288 | 11,788 |

Private Day Nurseries and Child-Minders.

The proprietors of private day nurseries and nursery schools and classes and the registered child-minders all report that there is a great demand for their services and many have waiting lists of children seeking admission.

Supervision of day nurseries and child-minders registered with the Council has continued, the nurseries being visited every three months by a medical officer and the child-minders every month by a health visitor. Particular attention is paid to fire precautions and other safety measures, hygiene and diet of the children and the prevention of over-crowding of the premises.

Generally speaking, most registered premises and minders reach a consistently satisfactory standard and the health of children in private care is good. During 1966, no infections occurred which necessitated the closing of nursery premises or the exclusion of children from a minder's home, and no serious accidents to children were reported.

Registered Day Nurseries and Child-Minders.
(Nurseries and Child-Minders Regulation Act, 1948).

| | 1966 | 1965 |
|---|---|---|
| Number of registered day nurseries at 31st December | 21 | 20 |
| Number of places | 574 | 561 |
| Number of child-minders registered at 31st December | 23 | 19 |
| Number of children authorised | 133 | 111 |

Voluntary Registration of Child-Minders.

| | 1966 | 1965 |
|---|---|---|
| Number registered at 31st December | 19 | 40 |
| Number of children authorised | 33 | 65 |

Play Groups.

This particular form of provision for the pre-school child has been the subject of much attention recently and there is an increasing demand for it in this borough especially in the North Kensington area.

The term usually infers a group of children between the ages of three and five, meeting together under the supervision of at least one trained leader who is helped by the mothers themselves, working on a rota. The group is usually organised and managed by a voluntary body or a committee of mothers and other interested persons, but a few are run by private individuals. In several cases, the Council's health visitors are members of the responsible voluntary committee.

The children meet in a park or garden where a hut is available, or in a hall or basement of a house; play materials are provided and there is usually some organised play and games supervised by the leader.

Attendance at a play group provides a much needed outlet for children who live under cramped conditions or who have no other children to play with, and it is considered to be a valuable preparation for school life.

Most play groups meet for short periods and, therefore, are not required to be registered by the Council under the Nurseries and Child-Minders Regulation Act, 1948. Nevertheless, advice is frequently given at the request of the organisers on suitability of premises, fire precautions, etc., and, in many cases, informal supervision is exercised by the health visitor of the area.

At least fourteen play groups are known to be functioning in this borough, five are run by voluntary organisations, five by Committees of mothers, three by private individuals and one by the Greater London Council as a one-o'clock club.

Nine play groups meet in halls, one in a hostel and four in parks and gardens.

Domiciliary Day Care of Children.

Arrangements for the day care of children throughout the borough continued to be of great concern to my medical and nursing staff and to the Health Committee. Following reports on arrangements in the Council's own day nurseries and premises, resulting from the receipt of Ministry of Health circular No. 5/65, the Health Committee received in January a comprehensive report dealing with the general situation in the borough which indicated that certain elements of the population, and particularly the immigrant population, were still ignorant of the position notwithstanding the considerable efforts that had been made over many years by local health authority staff to spread information as to the legal position and the child care needs involved. Cases still occurred of mothers who were unaware that child minding is regulated in any way by law and have little or no appreciation of the standard of care required. Some are illiterate, or speak and understand English imperfectly, but this does not seem to be a major difficulty. It is more that they appear unable to realise, or to accept, that so personal and apparently simple a thing as the care (with or without payment) of the children of friends or neighbours can be a matter of official regulation or even concern. Some, of course, who find the activity profitable, are unwilling to acquaint themselves with requirements which, if they are observed, will limit the profit they derive from this practice. The attention of the Minister of Health was drawn to the need for national publicity about the requirements of the law on this subject.

A meeting was held in February to which were invited representatives of all the statutory and voluntary organisations active in the borough in any way, which would bring them in touch with day care. It was well attended and it is appropriate to record my gratitude to the many busy people who gave up their time for this purpose and enabled every aspect of the problem to be discussed in detail.

The Chair was taken by the Chairman of the Health Committee, who introduced a panel of speakers consisting of the principal medical officers in charge of the maternity and child welfare services, the Deputy Children's Officer, a Centre Superintendent from the welfare centre in the area where child-care difficulties are prevalent, Mrs. P. Jeffrey, the Community Worker of the London Council of Social Service, with special concern for immigrant families, and the Inspector of the NSPCC for the borough.

A great deal of effort had already been devoted to this matter and this was fully appreciated. A number of main recommendations were made for the local control and improvement of the day care of children. Inevitably, these to a great extent had been anticipated but it may be useful to set them down and comment on what it was found possible to do during the year:-

1) Increased publicity should be given by all concerned to the law relating to the day care of children.

Special posters were widely displayed throughout the borough, advertisements were placed in the local press, and leaflets were made available and distributed widely; in many cases, with the assistance of the departments of the Council and the voluntary and other associations concerned in the borough.

2) There should be a determined effort to ascertain cases of illegal child-minding which, when detected, should be followed by legal proceedings against the offender.

Few cases were found during the year notwithstanding the vigilance of health visitors, public health inspectors, and other staff carrying out domiciliary work in areas where this practice was likely, and in none of them was it possible to secure evidence on which a prosecution could be based. The local authority's officers do not have power to enter premises where children are minded, or are believed to be being minded, without a warrant and it is necessary to establish that the children are being minded for reward. It is extremely difficult to obtain this information not only because parents are disinclined to lose even a sub-standard service which may enable them to work and augment their income by day, but they are also reluctant to assist the authority in what they regard as a police activity. Representation on this point was included in the report to the Ministry of Health.

3) In cases where it is considered that existing child-minders are unsuitable or irresponsible, efforts should be made to educate and supervise them. In cases where improvement could not be expected, their registration should be cancelled.

Generally speaking, the existing child-minders and proprietors of day nurseries were neither unsuitable nor irresponsible. The Council's officers at their visits of inspection were able to offer advice and assistance and any work required in the interests of the children was carried out by the persons responsible.

4) Efforts should be made to recruit more child-minders.

Every effort has been made by the Council's health visitors but, nevertheless, the number of voluntary child-minders had dropped by twenty-one, and of registered child-minders by one, by 31st December, 1966. This is accounted for to a large extent by the unsatisfactory nature of their accommodation rather than the unsuitability of the individuals concerned.

5) The possibility of holding classes or instructional sessions for child-minders should be explored.

From the comment on (4) above, it will be seen that there has not

been a demand for this service. Arrangements have been made, however, for an intending child-minder to give voluntary help in one of the Council's day nurseries.

6) The formation of play groups should be encouraged.

The department is always prepared to give advice and help in the formation of play groups and, in a number of cases, health visitors are members of the voluntary committee running them. The Council have also assisted by the provision of a site or accommodation.

7) More day nurseries should be established.

This is envisaged as a long-term provision in the health and welfare development plan. In fact, during the year there was a loss of three day nursery places consequent on the opening of the Special Unit for sub-normal children at St. Quintin Day Nursery. However, the importance of making the provision for these severely handicapped children was such as to outweigh this reduction. At the end of the year, day nursery accommodation was under review with the object of making additional places available wherever possible.

8) More occasional creches should be provided, particularly in new housing developments.

Creche sessions were reduced overall during the year by discontinuing poorly attended sessions in an area where there was no likelihood that demand would increase in the near future. Shortage of suitable accommodation limited development in other areas where there is a known demand, but steps were being taken before the end of the year to remedy this situation. Long-term plans envisage the setting up of creches in new housing developments.

9) Business firms should provide more hostels for working mothers and day nursery accommodation for children.

There has been no indication that businesses within the borough are interested in providing either hostel or day nursery accommodation, and until their staffing needs become much more acute than they appear to be at present, there is not likely to be any. Details of the services provided in the borough for the day care of children have, however, been furnished to the Women's Employment Service of the Ministry of Labour.

10) More mothercraft training in schools and for young adults should be provided.

There has been considerable progress on this recommendation, which is dealt with in the section dealing with health education.

11) Family planning advice should be made more freely available.

This service, which is dealt with fully on page 44, has been extended during the year.

Considerable progress has been made in development of the services which give support to the satisfactory day care of children, but it is clear that this field of effort will continue to give cause for concern for the foreseeable future.

## ADOPTION AND BOARDING OUT OF CHILDREN.

### Adoption.

Persons proposing to adopt children are required to submit medical certificates as to their health before a child is placed with them.

These certificates are verified by the Council's medical officers before consent is given.

Similarly, the medical records of the children to be adopted are scrutinised carefully, and the Children's Officer advised on the child's suitability for adoption.

Should the reports reveal any medical defects, inheritable disease or handicap in the child, further enquiries are made and, in the case of inheritable disease in the natural parents, the prospective parents are interviewed by their own practitioner.

Boarding Out.

The medical examination is given in accordance with the Boarding Out of Children Regulations, 1955, and includes the Wasserman and/or Kahn tests except where the child is over school leaving age or is boarded out in an emergency or in accordance with Part III of the Regulations. Again, the results of these medical examinations are scrutinised and the Children's Officer informed accordingly.

The following is a summary of the cases dealt with in 1966:-

| | 1966 | 1965 |
|---|---|---|
| Adoption cases | | |
| Children suitable for adoption | 22 | 17 |
| Children suitable for adoption subject to certain conditions | 1 | 9 |
| Children unsuitable for adoption | - | 1 |
| Couples suitable to adopt children | 12 | 10 |
| Boarding Out cases | | |
| Children suitable for boarding out | 15 | 3 |

Handicapped Children and Children "At Risk".

Information from several sources contributes to the maintenance of the Council's Handicap and Observation Register of children with known handicaps or "at risk" of developing a handicapping condition. The total number of children under five years of age on the register at 31st December, 1966, was 957 compared with 945 in 1965, and this included 166 and 161 respectively handicapped children.

| | 1966 | 1965 |
|---|---|---|
| Summary of defects - | | |
| Defects of vision | 8 | 4 |
| Defects of hearing | 4 | 4 |
| Cerebral palsy and orthopaedic defects | 40 | 46 |
| Cardiac defects | 22 | 25 |
| Epilepsy | 9 | 11 |
| Mental retardation | 20 | 29 |
| Other handicaps | 11 | 15 |
| Multiple handicaps | 52 | 27 |

Notification of Congenital Malformations.

(1965 figures are shown in brackets).

During the year, 80(64) children were notified to the Registrar-General as having congenital defects apparent at birth according to information given by doctors and midwives on notifications of birth. These included 6(2) stillbirths, 14(3) children showing more than one defect and 4(2) with multiple abnormalities and gross defects.

Summary of Defects as classified by the Registrar-General:-

Central nervous system - Total defects 9(6)

| | |
|---|---|
| Anencephalus ... ... ... ... ... | 2 |
| Hydrocephalus ... ... ... ... ... | 3 |
| Spina Bifida ... ... ... ... ... | 4 |

Eye and Ear - Total defects 5(2)

| | |
|---|---|
| Accessory Auricle ... ... ... ... | 1 |
| Abnormalities of the External Ear ... ... | 3 |
| Abnormal Eyelid ... ... ... ... ... | 1 |

Alimentary system - Total defects 13(7)

| | |
|---|---|
| Cleft Lip ... ... ... ... ... | 6 |
| Cleft Palate ... ... ... ... ... | 5 |
| Intestinal Atresia ... ... ... ... | 1 |
| Other unspecified defect ... ... ... | 1 |

Heart and Great Vessels - Total defects 6(2)

| | |
|---|---|
| Intraventricular Septal defect ... ... | 1 |
| Other unspecified defects ... ... ... | 5 |

Respiratory system - Total defects 1(-)

| | |
|---|---|
| Defect of nose ... ... ... ... ... | 1 |

Urogenital system - Total defects 7(5)

| | |
|---|---|
| Hypospadias ... ... ... ... ... | 4 |
| Renal Agenesis ... ... ... ... ... | 1 |
| Defects of genitalia ... ... ... ... | 2 |

Limbs - Total defects 40(34)

| | |
|---|---|
| Talipes ... ... ... ... ... | 22 |
| Extra digits ... ... ... ... ... | 10 |
| Webbing of fingers and toes ... ... ... | 2 |
| Unspecified defects of pelvic girdle and lower limbs ... ... ... ... | 4 |
| Unspecified defects of hands and upper limbs ... ... ... ... ... | 2 |

Other skeletal defects - Total defects 6(1)

| | |
|---|---|
| Defects of ribs ... ... ... ... ... | 1 |
| Defects of skull and face ... ... ... | 3 |
| Unspecified skeletal defects ... ... ... | 2 |

Other systems and malformations - Total defects 14(11)

| | |
|---|---|
| Mongolism ... ... ... ... ... | 4 |
| Turner Syndrome ... ... ... ... ... | 1 |
| Other specific syndromes ... ... ... | 3 |
| Other chromosomal syndromes ... ... ... | 1 |
| Monster ... ... ... ... ... | 1 |
| Multiple malformations ... ... ... ... | 4 |

WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

There has been an increase in the number of applications for registration as blind or partially sighted under the provisions of the National Assistance Act, 1948, and it has been necessary to obtain the services of a second consultant ophthalmologist for additional medical examination sessions.

Details of examinations and findings are as follows:-

| | 1966 | 1965 |
|---|---|---|
| Number of examinations by Council's ophthalmologist | 126 | 74 |
| Number of hospital certificates accepted | 44 | 38 |
| Number of new cases registered blind | 66 | 40 |
| Number of new cases registered partially sighted | 39 | 20 |
| Re-examinations - | | |
| Number previously registered blind and now found to be partially sighted | 2 | - |
| Number previously registered partially sighted and now found to be blind | 14 | 13 |
| Number previously registered blind or partially sighted and now found to be not registerable | 1 | 2 |
| Number examined and no change found in category | 45 | 34 |

CERVICAL CYTOLOGY.

Following negotiations between this department and the Consultant Pathologist at St. Stephen's Hospital, clinics for the early diagnosis of cancer of the neck of the womb were opened early in February, 1966, at the Campden Hill and South Kensington centres, one session being held every two weeks at each centre.

In June, 1966, in co-operation with the Department of Pathology at Paddington General Hospital, cytology sessions commenced also at St. Quintin welfare centre. Clinics were held every four weeks at first, but later, when further laboratory facilities became available, every two weeks.

All women are seen by appointment and the service is restricted at present to women over the age of thirty years.

| | |
|---|---|
| Total number of sessions held ... ... | 54 |
| Total number of women examined ... ... | 433 |
| Total number of negative results ... ... | 375 |
| Total number of positive results ... ... | 6 |
| Results awaited at 31.12.1966 ... ... | 52 |

The finding of a positive result is reported immediately by the laboratory to the clinic medical officer who then takes steps to see that the general practitioner of the woman concerned is notified as quickly as possible.

All of the six cases reported as positive during 1966 were referred to hospitals for further investigation and treatment.

NURSING HOMES.

Registered nursing homes within the borough were inspected by a

principal medical officer and the principal public health inspector at intervals of about nine months, or more frequently where alterations were being carried out to registered accommodation.

All nursing homes in the borough are now considered to be generally satisfactory and in some the accommodation and care provided are of a high standard.

Three visits were also made to premises to give advice as to their suitability for conversion to nursing homes. In all three cases, the prospective nursing home keepers were advised that the premises were not considered suitable for the type of home proposed and no further action was taken by them.

In one case, it was suspected that a nursing home was being carried on but, on inspection, the premises proved to be a boarding house for elderly persons and no further action was taken.

| | 1966 | 1965 |
|---|---|---|
| Number of homes registered on 1st January | 10 | 10 |
| Number of registrations cancelled during the year | 1 | - |
| Number of homes remaining on the register at 31st December | 9 | 10 |
| Inspections by medical officer and/or public health inspector | 22 | 7 |

Accommodation provided in these homes.

| | 1966 | 1965 |
|---|---|---|
| Total number of beds | 221 | 222 |
| Registered for medical or surgical patients | 33 | 33 |
| Registered for medical or maternity patients | 7 | 7 |
| Registered for medical patients only | 181 | 181 |
| Registered for surgical or maternity patients | - | 1 |

FAMILY PLANNING.

Family planning services in this borough have continued to be provided by the West London branch of the Family Planning Association which came into being on 1st January, 1966, and replaced the two Family Planning Association branches which previously functioned in this area.

Demand for the services provided continued and increased. In November, 1966, an additional clinic was opened at the Violet Melchett Infant Welfare Centre in Chelsea.

In June, 1966, following the issue of the Ministry of Health circular No. 5/66, which urged local authorities to give further consideration to their family planning arrangements, the Council agreed to an intensification of activity throughout the borough.

Information about family planning clinics was more widely disseminated by the Council's staff and the Council's centres, increased financial support was given to the Family Planning Association, and financial responsibility was accepted for supply on medical grounds of certain types of appliances.

In addition, the help of voluntary and statutory organisations likely to be in touch with women who would benefit by this form of assistance was enlisted and full details of the service available were given to them. Notices giving the times and places of sessions were displayed throughout the borough.

Ferry Service Scheme.

This was started at the North Kensington marriage welfare centre in an attempt to provide advice on family planning for women who were in need of it, but who were disinclined or unable to attend a clinic because of the difficulty of leaving small children, or the problem of transport. The scheme is financed by voluntary funds and is for an initial period of three years. The North Kensington centre arrange to provide transport and an escort who takes the woman to the clinic and looks after her children. The Council agreed that the health visitors should co-operate in the scheme by making the service known to women who might benefit from it, arranging creche facilities where appropriate, and in making the necessary arrangements with the centre.

RECUPERATIVE HOLIDAYS.

The provision of recuperative holidays continued at about the same overall level as for 1965, but there was a considerable increase in those provided for persons classified as "other adults". This group consists mainly of elderly persons.

Admissions to holiday homes were as follows:-

| | 1966 | 1965 |
|---|---|---|
| Expectant and nursing mothers | 6 | 13 |
| Other adults | 75 | 53 |
| Children under five years of age | 11 | 22 |
| Schoolchildren | 44 | 55 |

HOME HELP SERVICE.

The demand for this service continued to be greater than the available staff or home helps could meet in full, and the heaviest demand was, as before, from old people. This category of households assisted comprised 77% of all households assisted compared with 71% in 1965.

Details of the home help work carried out are as follows:-

| | 1966 | 1965 |
|---|---|---|
| Number of households assisted | 1,701 | 1,823 |
| Number of new applications received | 803 | 853 |
| Details of households assisted - | | |
| Maternity | 72 | 92 |
| Tuberculosis | 17 | 17 |
| Old people | 1,305 | 1,409 |
| Chronic sick | 138 | 151 |
| Early morning and evening help | 16 | 25 |
| Special help (problem families) | 4 | - |
| Mental disorders | 6 | 1 |
| Miscellaneous | 143 | 128 |
| Staff details - | | |
| Number of home helps employed at end of year | 140 | 137 |
| Equivalent of whole-time staff | 119.26 | 118.25 |

CHIROPODY.

The Council's chiropody service was extended during the year by the provision of additional sessions at the Westbourne Grove foot clinic and at the new centre at Walmer Road. A senior chiropodist was appointed early in the year, but difficulties continued to be experienced in obtaining sufficient staff to conduct an adequate number of sessions to meet the demand for, and the clinic requirements of, treatment.

Details of attendances are as follows:-

| | | 1966 | 1965 |
|---|---|---|---|
| Total number of sessions held | | 1,983 | 2,170 |
| New cases | | 571 | 481 |
| Total attendances | | 13,836 | 16,080 |
| Analysis of age-groups of treatment given at clinics: | | | |
| Children | Under 4 years | 2 | 5 |
| | 5 - 14 years | 388 | 356 |
| Males | 15 - 64 years | 1,323 | 1,491 |
| | 65 years and over | 1,304 | 1,449 |
| Females | 15 - 59 years | 4,706 | 5,669 |
| | 60 years and over | 6,110 | 6,410 |
| | TOTAL | 13,836 | 16,080 |

Arrangements were made with a chiropodist in private practice in the Earls Court area to provide treatments in his surgery for patients referred by the Council. Unfortunately, he was unable to renew the lease of his surgery, which was due to expire in January, 1967, or to find other suitable premises and it was necessary to curtail this service towards the end of 1966 in preparation for complete cessation.

Details of the work carried out by the private chiropodist are as follows:-

| | |
|---|---|
| No. of patients referred ... ... | 34 |
| No. of treatments ... ... ... | 219 |

In order to provide a suitable service for this particular area, arrangements were being made at the end of the year for the use of accommodation by one of the Council's chiropodists in the welfare services establishment at 144 Earls Court Road, S.W.5.

Treatments at the additional sessions provided at the Council's new centre at Walmer Road, at the Westbourne Grove foot clinic, and by the private practice and at the foot clinic in Earls Court, were restricted to meeting the needs of old people, the physically handicapped, and expectant mothers, in accordance with Ministry of Health circular No. 11/59.

LOAN OF HOME NURSING EQUIPMENT.

The London County Council, as part of its administrative scheme under Section 28 of the National Health Service Act, 1946, undertook to supply on loan articles considered necessary to the efficient nursing of patients in their own homes. The scheme did not envisage the provision of equipment or appliances that would normally be provided by a hospital or by a general practitioner on prescription. The County Council's attitude was that no patient should be sent away without ensuring that the authority to whom they had been referred was able to supply the equipment needed and its administrative proposals therefore included provision for the continuance and expansion of the scheme within reasonable and practical bounds.

It provided large, expensive and unusual equipment, and equipment for tuberculous patients. The District Nursing Associations supplied their own patients within the limited resources of their loan cupboards and the British Red Cross Society provided other home nursing equipment. No period was set on the term of the loan which remained with the patient for as long as the medical need existed. Loans were made to anyone in need, whether nursed by relatives or friends or by a district nurse. As a basis for distinguishing between the loan of equipment under this scheme and under the National Assistance Act, 1948, responsibility was allocated on the following lines:-

> Home nursing equipment is lent under the National Health Service Act, 1946, where the patient is under active medical treatment for, or arising from, the handicap for which the apparatus or equipment is requested. This covers instances where the nurse is acting under the directions of a doctor or where nursing by relatives or friends is carried out under medical advice.
>
> Where the equipment or article cannot be provided under this scheme or by the hospital authorities it is provided under the National Assistance Act, 1948.

This scheme continued to be provided and the following issues on loan were made during the year:-

| | | | |
|---|---|---|---|
| Commodes | 38 | Bed rests | 2 |
| Stool commode | 1 | Bedpans | 3 |
| Wheelchairs | 21 | Bed cradles | 8 |
| Indoor wheelchairs | 4 | Glass urinal | 1 |
| Sanichair | 1 | Inflated toilet seat | 1 |
| Beds | 3 | Zimmer walking aids | 6 |
| Ripple bed | 1 | Tripot walking aids | 4 |
| Fracture boards | 2 | Walking stick | 1 |
| Mattresses | 9 | | |
| Penryn hoist | 6 | | |
| Easicarri hoist | 2 | | |

During the year Ministry of Health circular No. 14/66 commended the provision of incontinence pads (the provision of which was already commended to local health authorities under an earlier circular) to an extent which ensures that they are made available for all those to whom they can be of benefit and of waterproof pants or knickers with disposable linings. This authority was already supplying these articles widely and had not restricted provision to people receiving home nursing. The effect of the circular, however, was to increase demand during the year considerably, and the following articles were issued:-

| | | | |
|---|---|---|---|
| Incontinent pads | ... | ... | 126 dozen |
| Interliners | ... | ... | 210 dozen |
| Incontinent pants | ... | ... | 18 pairs |
| Paddi rolls | ... | ... | 112 |
| Paddi pants | ... | ... | 12 pairs |

FIREGUARDS.

Fireguards continued to be available on loan without charge to necessitous households where there are children under twelve years of age, or elderly, handicapped or blind people, and twenty-five were issued during the year, of which seven were of a type specially designed for use with oil heaters, and four were of nursery pattern as being best suited to meet the circumstances in particular homes.

INVALID MEALS.

This service continued to be provided for residents in the borough from a kitchen taken over by the London Borough of Hammersmith from the former London County Council from 1st April, 1965 until August, 1966, when the supply of the small number of meals involved was taken over by the Council's meals-on-wheels service.

MARRIAGE GUIDANCE.

Grants were made to the under-mentioned organisations grant-aided by the Greater London Council for an interim period from 1st April, 1965, in respect of their work with residents of the borough during the year:-

| | £ |
|---|---|
| London Marriage Guidance Council | 650 |
| Catholic Marriage Advisory Council | 375 |

The position with regard to the Family Discussion Bureau was still under consideration at the end of the year.

BOROUGH CO-ORDINATING COMMITTEE.

During the year, the Borough Co-ordinating Committee met four times to review work done through its Intermediate Case Conference machinery and consider general matters of concern to all the departments represented. A special meeting of those directly interested was also held to decide action in the case of a family with particularly intractable problems.

Twelve Intermediate Case Conferences have been held, at which, in addition to reconsideration of some families discussed previously,

sixty families were discussed for the first time. At the end of the year, Health Department family caseworkers were working with twenty-six families with multiple problems referred to them by Case Conferences.

The Borough Co-ordinating Committee also discussed recommendations of the London Boroughs Committee Working Party on the Provision for Seriously Disturbed Children and the recommendations of the Inner London Education Authority Working Party's report and recommendations on the Joint Circular No. 7/66 from the Department of Education and Science, and the Ministry of Health on the Co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People, and recommendations were submitted to the Health Committee accordingly.

As has been the practice for many years, close liaison was maintained with statutory as well as with voluntary organisations providing services similar to that of the caseworkers of my own department, and particularly with the West London Family Service Unit and the Family Welfare Association.

At 31st December, 1966, the Family Service Unit had caseworkers working with fifty-three such families, and at 1st September, 1966, the Family Welfare Association were working with ninety families.

The Council made grants to these bodies respectively of £2,375.0s.0d. and £1,443.0s.0d. during the year.

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FIREGUARD.

At 31st December, 1966, the Family Service Unit had caseworkers working with fifty-three such families, and at 1st September, 1966, the Family Welfare Association were working with nineteen families.

The Council made grants to these bodies respectively of £2,375 0s. 0d. and £1,800 0s. 0d. during the year.

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Section 3

# 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

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I have pleasure in submitted the following summary of the work of the School Health Services undertaken in the Royal Borough of Kensington and Chelsea during the year ended 31st December, 1966. Throughout the summary, the comparable figures relating to the previous year are shown in brackets.

Excluding children attending schools outside the ordinary jurisdiction of the authority, 10,134 (9,769) children were contained in thirty primary schools, and 7,239 (7,231) of senior school age attended eleven secondary schools. In addition, 172 (171) children of nursery school age attended appropriate schools, and spastics of infant age were cared for by the Cheyne Hospital School.

### Routine Medical Inspections.

Under normal conditions, 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 immediately before leaving the secondary school.

During the period under review, 751 (783) sessions were held, and 6,830 (7,014) children examined. Of this number, 42.6% (45.5%) were referred for treatment and 14.3% (16.3%) had defects which were reported.

The parents of 52.3% (48.6%) of the children exercised their right to be present at the examination of their children. While this percentage is still relatively low, there appears to be a growth in the number of parents who seriously consider the welfare of their children.

Care Committee representatives were present at 81.7% (84.5%) of the sessions held.

### Special Medical Inspections.

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

Of the 77 (132) children who were referred during the year for the statutory E.S.N. examination, 34 (59) were recommended for education at an E.S.N. school. The number of children referred for education at open-air schools was 18 (34), while 67 (133) were seen for miscellaneous reasons.

314 (284) secondary school pupils seeking employment were examined, as were 1,026 (678) who wished to go on school journeys.

Handicapped Pupils.

There are no special schools for the education of handicapped pupils in the area, but a total of 238 children requiring special educational treatment attend appropriate schools in other boroughs, and 86 are placed in boarding schools. Included in these numbers are 30 (27) physically handicapped children in attendance at day schools and 10 (9) in boarding schools.

Attending ordinary schools are 55 (37) epileptic children, 69 (45) with orthopaedic and postural defects, 23 (21) suffering from diabetes, 20 (17) from rheumatism, 99 (19) from asthma, 8 (6) cerebral and spastic cases, and 9 (7) with eye diseases other than refractions and squints.

The number of maladjusted children referred to the Problem Case Conference was 128 (165). Of this number, 65 (81) were referred to Child Guidance Clinics.

Two tutorial classes for maladjusted children are in being, and the number recommended for them from Case Conference was sixteen.

Clinics.

(i) Vision.

173 (199) sessions were held during the year. Total attendances numbered 2,636 (2,673). New cases attending during the year numbered 1,372 (1,538).

1 (2) totally blind child is being educated in a boarding establishment and 3 (1) children with partial sight in a special school.

(ii) Hearing.

Audiometry - during the year 4,975 (3,759) children in ordinary schools were given the "Sweep" test by the nursing sisters, and for the first time children in secondary schools were included.

Details of the results are shown in the following table:-

| | Boys | Girls | Total |
|---|---|---|---|
| Sweep Test | | | |
| Number tested | 2,649 | 2,326 | 4,975 |
| Number passed | 2,438 | 2,134 | 4,572 |
| Number failed | 211 | 192 | 403 |
| Puretone Test of Sweep Test failures | | | |
| Number tested | 170 | 118 | 288 |
| Number passed | 45 | 43 | 88 |
| Number failed and referred to Otologist | 125 | 75 | 200 |

At present 20 (24) children attend schools for the deaf, and 9 (8) attend Partially Hearing Units. Ten children, who wear hearing aids, are thus enabled to attend ordinary schools.

Audiology - the total attendances at the forty sessions held numbered 305. New cases attending during the year totalled 187.

(iii) Ear, Nose and Throat.

121 (110) sessions were held during the year. Total attendances numbered 960 (634). New cases attending during the year numbered 389 (256).

(iv) Special Investigation.

Many enuretics continued to attend this type of clinic. At the 113 (110) sessions held, 116 (118) new cases were seen, while the total attendances amounted to 770 (716).

(v) Minor Ailments.

144 (108) sessions were conducted by medical officers who examined 857 (753) new cases. Nursing sisters held 876 (870) sessions and saw 3,506 (5,280) new cases. All together, the total attendances at these clinics numbered 16,342 (23,007).

(vi) Speech.

There are 4 (3) clinics in the area staffed by 5 (4) speech therapists who, between them, conducted 14 (10) sessions per week.

Personal Hygiene.

15,498 (17,205) children were seen during comprehensive surveys and 110 (118) were found to be verminous. Inspections during selective surveys numbered 9,134 (11,692) and resulted in children being found to be verminous on 226 (233) occasions.

The number of individual children found to be verminous was 176 (226).

Bathing Centre.

Children attended the bathing centre on 214 (178) occasions, when 2 (nil) cases of impetigo, 47 (23) cases of scabies and 98 (117) verminous cases were treated.

Remedial Foot Classes.

With the continued co-operation of the head teachers, remedial foot classes were held in five primary schools. 150 (122) children were treated by teachers who have attended special classes at the College of Physical Education. Overall supervision was afforded by a medical officer who visited each class at regular intervals.

Special Height and Weight Survey.

This was carried out by four sisters in selected schools - six primary and six secondary.

Immunisation.

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

| | Quarter Ended | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 31st Mar. | | 30th June | | 30th Sept. | | 31st Dec. | | Total | |
| | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 |
| Complete Primary | | | | | | | | | | |
| Smallpox primary vaccination | 13 | 7 | 32 | 4 | 30 | 6 | 13 | 15 | 88 | 32 |
| Immunisation: | | | | | | | | | | |
| Triple | 9 | 4 | 1 | 4 | 6 | 5 | 6 | 4 | 22 | 17 |
| Diph. Tetanus | 93 | 38 | 131 | 79 | 43 | 28 | 49 | 74 | 316 | 219 |
| Diph. | 2 | 35 | 1 | 21 | 1 | 9 | 2 | 17 | 6 | 82 |
| Tetanus | 12 | 5 | 10 | 13 | 6 | 14 | - | 3 | 28 | 35 |
| Polio: | | | | | | | | | | |
| Salk | 8 | 20 | - | 10 | - | 1 | 4 | 3 | 12 | 34 |
| Sabin (oral) | 167 | 231 | 70 | 361 | 138 | 193 | 99 | 165 | 474 | 950 |
| Reinforcing | | | | | | | | | | |
| Smallpox revaccination | 10 | 1 | 19 | 12 | 57 | 10 | 3 | - | 89 | 23 |
| Immunisation: | | | | | | | | | | |
| Triple | 44 | 39 | 25 | 58 | 51 | 63 | 15 | 14 | 135 | 174 |
| Diph. Tetanus | 445 | 317 | 546 | 359 | 445 | 283 | 388 | 157 | 1,824 | 1,116 |
| Diph. | 87 | 254 | 131 | 324 | 52 | 83 | 24 | 135 | 294 | 796 |
| Tetanus | 8 | 1 | 5 | - | 12 | - | 9 | 5 | 34 | 6 |
| Polio: | | | | | | | | | | |
| Salk | 6 | 9 | 4 | 14 | - | 18 | - | 4 | 10 | 45 |
| Sabin (oral) | 367 | 537 | 315 | 592 | 352 | 190 | 346 | 325 | 1,380 | 1,644 |

BCG Vaccination of 13-year old Children.

A medical officer, together with a clerical assistant, visited 11 (11) schools throughout the year. 1,309 (1,073) children were found eligible for BCG vaccination.

The parents of 1,091 (744) children gave their consent and, of this number, 784 (591) were skin-tested and read.

717 (553) children were given BCG vaccination and 64 (38) positive reactors were found.

Infectious Illness.

The following table shows the number of cases of infectious illness reported from the schools by head teachers during 1966:-

| Disease | Total |
|---|---|
| Chicken pox | 355 |
| Dysentery ) Diarrhoea ) Enteritis ) | 57 |
| Food Poisoning | 1 |
| German measles | 103 |
| Influenza | 179 |
| Impetigo | 17 |
| Jaundice | 4 |
| Measles | 145 |
| Ophthalmia ) Conjunctivitis ) | 18 |
| Mumps | 243 |
| Pulmonary tuberculosis | 8 |
| Scabies | 4 |
| Scarlet fever | 24 |
| Sore throat | 16 |
| Tonsillitis | 113 |
| Whooping cough | 25 |
| Eye infection (not conjunctivitis) | 1 |
| Gastric influenza | 8 |
| Glandular fever | 2 |
| Pharyngitis | 1 |

Dental.

During the course of the year, there was a retirement of one full-time dental officer and, at the end of the year, the staff consisted of one full-time dental officer and three others employed on a part-time basis.

There were 8,147 (9,566) attendances at the four dental clinics, 13 (14) anaesthetic sessions were held in addition to the 1,228 (1,388) treatment sessions; 17 (5) dental inspection sessions were held in the schools.

In the last quarter of the year, the old Kenley Street clinic was closed, and the dental sessions, together with the other school health work, were transferred to the new building in Walmer Road.

**Infectious Illness.**

The following table shows the number of cases of infectious illness reported from the schools by head teachers during 1966:-

| | Total | Diseases | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 31st Mar. | | 30th June | | 30th Sept. | | 31st Dec. | | Total | |
| | 355 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 | 1966 | 1965 |
| Complete primary | 57 | | | | | | | | | | |
| | 1 | | | | | | | | | | |
| Smallpox primary vaccination | 103 | | | | | | | | | | |
| | 179 | | | | | | | | | | |
| | 17 | | | | | | | | | | |
| | 4 | 13 | 7 | 32 | 4 | 30 | 6 | 13 | 1 | | 32 |
| Immunisation: | 194 | | | | | | | | | | |
| Triple | 18 | | | | | | | | | | |
| Diph. | 249 | 9 | 4 | 1 | 4 | 6 | 5 | | | | 17 |
| Tetanus | 8 | 93 | 38 | 131 | 99 | 43 | | | | | 219 |
| Diph. | 4 | 2 | 35 | 1 | 21 | 1 | 9 | 2 | 17 | | 82 |
| Tetanus | 24 | 12 | 5 | 10 | 13 | 6 | 14 | | | | 35 |
| | 16 | | | | | | | | | | |
| Polio: | 113 | | | | | | | | | | |
| Salk | 25 | 8 | 20 | - | 10 | - | 1 | | | | 34 |
| Sabin (oral) | 1 | 167 | 131 | 70 | 361 | 135 | | | | | 950 |
| | 8 | | | | | | | | | | |
| | 2 | | | | | | | | | | |
| Reinforcing | 1 | | | | | | | | | | |
| Smallpox revaccination | 10 | 1 | 19 | 12 | 57 | 10 | 3 | - | 89 | | 23 |
| Immunisation: | | | | | | | | | | | |
| Diph. | 87 | 256 | 191 | 326 | 52 | 83 | | | | | 174 |
| Tetanus | 8 | 1 | 5 | - | 12 | - | 3 | 5 | 34 | | 6 |
| Polio: | | | | | | | | | | | |
| Sabin (oral) | 564 | 537 | 315 | 592 | 352 | 196 | 386 | 385 | 1,380 | | 1,644 |

**Immunisation.**

**Dental.**

During the course of the year, there was a retirement of one full-time dental officer and, at the end of the year, the staff consisted of one full-time dental officer and three others employed on a part-time basis.

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A medical officer, together with a clerical assistant, visited 11 (11) schools throughout the year. 1,309 (1,073) children were found eligible for BCG vaccination.

The parents of 1,091 (784) children gave their consent and, of this number, 784 (591) were skin-tested and read.

719 (553) children were given BCG vaccination and 64 (38) positive reactors were found.

# MENTAL HEALTH SERVICE

## MENTAL HEALTH SERVICE

Mr. D. T. Baldwin
Principal Mental Welfare Officer

The increased use of the mental health service, to which attention was drawn in my last report, continued during 1966, the first complete year of work in the new borough. A total of 1,195 referrals from all sources were made during the year, an increase of 25.4% over the figure for 1965.

Referrals from psychiatric hospitals more than doubled, whilst referrals from general practitioners decreased by 14%. This was undoubtedly due to the extended use of mental welfare officers at psychiatric out-patient clinics at hospitals in the borough, and to the increase in referrals for community care of patients discharged from hospital.

The department was fortunate in that the staff dealing with this aspect of the work remained unchanged during the year. One senior mental welfare officer returned to the department on the successful completion of a two-years course for the Certificate in Social Work, and another senior was seconded by the Council in September for a one-year course at the National Institute for Social Work.

### Emergency Call Arrangements.

The rota which the mental welfare officers work jointly with their Hammersmith colleagues, and the emergency call service organised jointly by this Council and the City of Westminster, continued to provide an efficient service at night, week-ends and public holidays.

### Psychiatric Day Centre.

The Ladbroke Day Centre was opened on 1st January, 1966, and, despite staffing and other problems initially, it is now running smoothly under the direction of the supervisor, Miss L.M. Staunton. By the end of the year, there were fourteen persons on the register, and the average daily attendance was between ten and twelve persons. In addition to the crafts hitherto practised, a certain amount of light industrial work is done at the centre, such as the making of soft toys.

### Admissions to Hospital.

Of the 1,195 persons referred during the year, 416 were admitted to psychiatric hospitals under arrangements made by the mental welfare officers. 122 were admitted informally to hospitals by mental welfare officers, in addition to those admitted informally by arrangement between the general practitioners and the hospital concerned, and in respect of whom no record is held by the department.

Community Care.

As the statistics show, mental welfare officers visited 407 persons during the year, consisting of 238 mentally ill and 169 mentally sub-normal patients, including those who attend the Social Club.

Social Club.

The psychiatric social club at St. Charles's Hospital continued to meet each Thursday throughout the year. An outing to Windsor was held during the summer, the cost being met by the Notting Hill Council of Social Service from the grant made by this Council.

The Mentally Sub-normal.

A further sixty-six cases were referred during the year, either by way of the Education Act, 1944, or by removal into the borough.

It was decided that the Special Clinic, which had previously been held solely at the Campden Hill welfare centre, should in future be held alternately at that centre and the St. Quintin welfare centre. This was done in order to make the clinic more accessible to children living in the northern part of the borough.

Twenty-five mentally sub-normal children were provided with short-term care in hospitals or private establishments, and three were admitted to hospital for permanent care.

It was found particularly difficult to obtain permanent hospital places for children under five years of age and, by the end of the year, there were sixteen such children on the waiting list.

Training Centres.

In April, 1966, seventeen trainees from the Borough of Camden were transferred from our junior training centre to a new centre opened by the Borough of Islington, and in September an exchange was made between Kensington and Chelsea children attending the Fulham centre and Hammersmith children attending our centre.

The Council approved the addition of a Special Care Unit of twelve places at the junior training centre and it is hoped that this Unit will be completed by the autumn of 1968. In the meantime, one boy is being accommodated in a similar Unit provided at St. John's Wood by the Westminster Society for Mentally Handicapped Children. From his progress, it is felt that he will soon be able to attend the training centre.

During the year, the annual organised holiday at Dymchurch, New Romney, was held for the trainees of the Inner London boroughs. The camp was under the supervision of Mr. R.F. Potter, of the North Kensington centre, and a contingent of trainees from both our centres attended. In addition, the men of the adult training centre had four park outings during the summer, culminating in a Sports Day at Richmond Park in September.

There was the usual number of visitors both from this country and from abroad, and at the junior centre facilities were provided for two students to obtain practical experience in the work of the centre in connection with their Diploma courses.

MENTAL HEALTH STATISTICS 1966

| | Quarter ended | | | | Total | Total 1965 |
|---|---|---|---|---|---|---|
| | 2.4.66 | 2.7.66 | 1.10.66 | 31.12.66 | | |
| 1. Numbers referred by | | | | | | |
| (i) Hospitals - psychiatric | 66 | 80 | 85 | 151 | 382 | 176 |
| (ii) Hospitals - non-psychiatric | 18 | 4 | 14 | 23 | 59 | 39 |
| (iii) General practitioners | 52 | 54 | 71 | 62 | 239 | 278 |
| (iv) Police or Courts | 12 | 12 | 11 | 10 | 45 | 61 |
| (v) Other non-medical | 118 | 151 | 101 | 100 | 470 | 407 |
| TOTALS | 266 | 301 | 282 | 346 | 1,195 | 961 |
| 2. Mental category of above | | | | | | |
| (i) Mentally ill | 255 | 272 | 266 | 336 | 1,129 | 877 |
| (ii) Sub-normal or severely sub-normal | 11 | 29 | 16 | 10 | 66 | 84 |
| 3. Initially admitted to hospital | | | | | | |
| (i) Informally | 38 | 23 | 26 | 35 | 122 | 92 |
| (ii) Compulsorily - Section 25 (Observation) | 25 | 33 | 21 | 31 | 110 | 127 |
| Section 26 (Treatment) | 10 | 6 | 2 | 11 | 29 | 9 |
| Section 29 (Emergency) | 39 | 27 | 48 | 25 | 139 | 130 |
| Other | 8 | 2 | 3 | 3 | 16 | 26 |
| TOTALS | 120 | 91 | 100 | 105 | 416 | 384 |
| 4. Final Disposal (including patients initially admitted to hospital) | | | | | | |
| (i) No further action | 101 | 117 | 116 | 142 | 476 | 302 |
| (ii) Hospital care | 120 | 100 | 100 | 105 | 425 | 463 |
| (iii) Community care | 45 | 84 | 66 | 99 | 294 | 196 |
| TOTALS | 266 | 301 | 282 | 346 | 1,195 | 961 |

| | Under care 31.12.65 | Referred during 1966 | Withdrawn from care 1966 | Under care 31.12.66 |
|---|---|---|---|---|
| 5. Community care | 348 | 294 | 255 | 407 |

Special Unit for Sub-normal Children.

When this borough became responsible for the personal health services in 1965, many field workers in the Health and Welfare Department were of the opinion that there was urgent need for day nursery accommodation for a number of mentally retarded children. This would have the two-fold object of freeing mothers to devote more time to other children in their families and of preparing the children for admission to a training centre at the age of five.

In September, 1966, a special unit for nine retarded children between the ages of three and five was opened in one of the Council's day nurseries. This unit is self-contained in that the children have their own play room and sanitary accommodation, but they are by no means completely segregated and share outdoor playing space with the normal children.

The matron of the nursery is experienced in the care of such children and the nurses in the unit all have a special interest in the work.

A higher staffing ratio allows for the greater demands made by the social training of the children and for the individual attention which must be given if theyare todevelop as fully as possible within their limitations.

Children who might benefit from attending this unit are recommended by doctors, health visitors and mental welfare officers, and are selected for admission after assessment by a medical officer. The same doctor continues to supervise their progress and she reports that almost all of the children at present in the unit show marked improvement in their physical condition and social adjustment. Attendances are good and parents are appreciative of the benefits their children are receiving.

Typical case histories of children in the unit are given below:-

'A' was born with Rubella syndrome, i.e., a congenital heart lesion and congenital cataract, was admitted to the unit in December, 1966, although she was only two years old. She was then unable to walk, was not toilet trained, made no attempt to talk and repeatedly refused food. Now, at the age of two years and nine months, she makes little attempt to talk, but is walking and co-operating with toilet training and she eats fairly well. A heart operation has been successful and, if this good progress is maintained, it is felt that she will be fit for entry to a school for the physically handicapped at five years of age.

'B' is a child suffering from mongolism, born to a family where there was already a handicapped child. Since admission to the unit in November, 1966, at the age of three, he has learnt to feed himself and co-operate over toilet training; his speech has improved, he plays normally with other children and it is expected that he will be eligible for training centre admission at five years of age.

'C' is a mentally retarded child, was admitted to the unit at the age of three years in October, 1966. He was then severely retarded and could stand only with support; he had no speech, could not feed himself and was not toilet trained. He has now been attending the unit regularly for ten months and has shown marked improvement. In April, 1967, he could crawl and pick up objects, was using a spoon and could drink from a cup with assistance. He can now feed himself

with solid food and is toilet trained, and it is hoped that, with further intensive care, he will be eligible for training centre admission at five years of age.

On the basis of these and other results so far observed, there is reason to believe that this nursery unit will be valuable in preparing for training centre admission many young mentally retarded children whose future placement might otherwise have been in doubt.

# ENVIRONMENTAL HEALTH SERVICES

## SANITARY ADMINISTRATION OF THE BOROUGH

Mr. H. Hoyland
Chief Public Health Inspector

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 staff shortages, some district inspectors have frequently had to control two or more districts resulting in unavoidable curtailment of routine inspections.

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 which are being dealt with street by street.

(2) One senior housing inspector dealing with slum clearance and underground rooms.

(3) One senior inspector dealing with improvement grants, mortgage applications and overcrowding.

(4) One senior inspector with one unqualified 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, research projects and exhibitions.

(6) One senior inspector dealing exclusively with the sampling of food and drugs, fertilisers, feeding stuffs and rag flock and other filling materials used in the upholstery trade, together with the investigation of all complaints in connection with these products.

The inspectors are supported in their work by two unqualified assistants, including the one referred to above, two drainage assistants, together with a rodent officer with six assistant rodent officers, and the chief disinfector with six assistants.

During the year, 2866 complaints were received involving 36,992 inspections and re-inspections.

In only 101 cases was it necessary to resort to legal proceedings, thirty-eight of these proceedings being concerned with offences under the Food and Drugs Act, 1955.

## Work of the Public Health Inspectors and their Assistants

### Inspections.

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 | 2,866 |
| Infectious disease | 735 |
| Smoke observations | 127 |
| Other inspections | 3,320 |
| Re-inspections | 6,647 |

**Housing Acts, 1957 to 1964**

| | |
|---|---|
| Houses in multiple occupation (house-to-house) | 238 |
| Slum clearance (house-to-house) | 155 |
| Underground living rooms | 426 |
| Overcrowding | 373 |
| Other inspections (loans, grants, etc.) | 544 |
| Re-inspections | 7,557 |

**Clean Air Act, 1956**

| | |
|---|---|
| Total inspections | 2,749 |

**Factories Act, 1961**

| | |
|---|---|
| Premises inspected | 181 |
| Outworkers' premises inspected | 156 |

**Offices, Shops and Railway Premises Act, 1963**

| | |
|---|---|
| Total inspections | 2,225 |

**Drainage**

| | |
|---|---|
| Applications | 415 |
| Plans submitted | 415 |
| House drains inspected | 7,676 |
| House drains tested | 1,017 |

### 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 | 894 |
| Statutory notices | 306 |
| Final notices | 121 |

**Housing Acts, 1957 to 1964**

| | |
|---|---|
| Section 9 (repair) | 174 |
| Section 14 (deficiencies of management) | 29 |
| Section 15 (additional amenities) | 180 |
| Section 16 (means of escape from fire) | 172 |

**Various**

| | |
|---|---|
| Factories Act, 1961 | 1 |
| Offices, Shops and Railway Premises Act, 1963 | 93 |
| Other notices | 144 |

Work 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 ... ... ... | 132 |
| House drains cleansed ... ... ... ... ... | 88 |
| Water closets, reconstructed or repaired ... ... ... | 106 |
| Water closets, new provided ... ... ... ... ... | 267 |
| Soil pipes, vent pipes, repaired, etc. ... ... ... | 41 |
| Soil pipes, vent pipes, new provided ... ... ... | 91 |
| Baths, new provided ... ... ... ... ... ... | 249 |
| Sinks, new provided ... ... ... ... ... ... | 208 |
| Lavatory basins, new provided ... ... ... ... | 251 |
| Bidets, new provided ... ... ... ... ... ... | 33 |
| Waste pipes, new provided ... ... ... ... ... | 220 |
| Cisterns cleansed ... ... ... ... ... ... | 14 |
| Dustbins provided ... ... ... ... ... ... | 73 |
| Accumulations of filth, etc. removed ... ... ... | 169 |
| Roofs, gutters and rainwater pipes repaired ... ... | 300 |
| Dampness in dwellings remedied ... ... ... ... | 254 |
| Artificial lighting to staircases provided ... ... | 30 |
| Houses disinfected after infectious disease (including beddings, etc.) ... ... ... ... | 116 |
| Rooms in such houses disinfected after infectious disease ... ... ... ... ... ... | 208 |
| Verminous houses cleansed (including bedding, clothing, etc.) ... ... ... | 445 |
| Verminous rooms in such houses cleansed ... ... ... | 875 |
| Other sanitary works executed ... ... ... ... | 158 |

HOUSING.

Individual Unfit Houses or Parts of Houses.

| | |
|---|---|
| Houses made fit after informal action under the Housing or Public Health Acts ... ... ... | 490 |
| Houses repaired after service of formal notices under the Public Health Acts ... ... ... | 304 |
| Houses made fit after service of formal notices under Section 9 of the Housing Act, 1957 | |
| (a) by owners ... ... ... ... ... ... | 87 |
| (b) by local authority in default ... ... ... | 1 |
| 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 ... ... ... ... | 2 (9 dwellings) |
| (d) undertakings accepted from owners to render houses 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 ... ... ... 43 (93 rooms)
(b) closing orders determined ... ... ... 19 (37 rooms)
(c) consent given to use of closed rooms for non-sleeping purposes ... 17 (30 rooms)
(d) undertakings accepted from owners to render part of building fit for habitation ... ... ... ... Nil
(e) part of building rendered fit and undertaking cancelled ... ... ... Nil

Overcrowding.

Number of new cases of overcrowding reported during the year ... ... ... ... 127 (503 units)

Number of cases of overcrowding relieved during the year ... ... ... ... 188 (783½ units)

Number of cases in which dwelling houses have again become overcrowded after the local authority have 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).

MEDICINAL BATHS - PERSONAL CLEANSING STATION.

The following table shows the work carried out during 1966:-

| Description | Scabies | | Vermin | |
|---|---|---|---|---|
| | Persons | Cleansings | Persons | Cleansings |
| Adults | | | | |
| Kensington and Chelsea | 102 | 196 | 138 | 146 |
| Other boroughs | - | - | - | - |
| Schoolchildren | | | | |
| Kensington and Chelsea | 42 | 85 | 63 | 63 |
| Other boroughs | 5 | 9 | 58 | 58 |
| Children under five | | | | |
| Kensington and Chelsea | 15 | 27 | 12 | 12 |
| Other boroughs | - | - | - | - |
| TOTALS | 164 | 317 | 271 | 279 |

In addition to the cleansing of persons referred to above, articles of personal clothing disinfested at the medicinal baths during the year numbered 388.

Disinfection and Disinfestation.

A summary of the routine work carried out in 1966 by the disinfecting staff is shown in the following table:-

| | | | | |
|---|---|---|---|---|
| Houses disinfected after infectious disease ... ... ... ... | | | 116 | (208 rooms) |
| Houses disinfested after vermin ... ... ... ... ... ... | | | 445 | (875 rooms) |
| | Tons | cwts. | qtrs. | lbs. |
| Total weight of bedding, etc. dealt with ... ... ... | 4 | 1 | 2 | 12 |

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 and, for this service, a standard charge is made of 10s.0d. per parcel. During the year, seventy parcels of clothing were disinfected and the income amounted to £35.0s.0d.

The following table indicates the destination of these parcels:-

| | No. of parcels |
|---|---|
| East Germany | 18 |
| New Zealand | 1 |
| Poland | 2 |
| Rumania | 3 |
| Spain | 46 |
| TOTAL | 70 |

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
(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, 1966, in the following form:-

Details of work carried out by the rodent staff during 1966

Treatment of premises (rats and mice)

| | |
|---|---|
| Number of properties in the borough ... ... ... ... | 74,309 |
| Total number of properties inspected following notification ... ... ... ... ... | 961 |
| Number infested by rats ... ... ... ... ... | 136 |
| Number infested by mice ... ... ... ... ... | 667 |
| Number of treatments carried out ... ... ... ... | 799 |
| Total number of properties inspected for rats and/or mice for reasons other than notification ... ... ... ... ... | 59 |
| Number infested by rats ... ... ... ... ... | Nil |
| Number infested by mice ... ... ... ... ... | Nil |

Destruction of Rats in Council's Sewers.

Destruction of rats in sewers has again been carried out with great success 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. As a result of the success of the Council's treatment of sewers, requests for demonstrations of the Council's method were received from the Ministry of Agriculture, Fisheries and Food, and a number of local authorities and practical demonstrations were accordingly arranged.

| | No. of poison baits laid | Poison used |
|---|---|---|
| No. 1 Treatment from 28th February to 12th May ... ... ... | 2,111 | Fluorakil 3 |
| No. 2 Treatment from 13th May to 17th August .. ... ... | 2,135 | Fluorakil 3 |
| No. 3 Treatment from 22nd August to 16th November ... ... | 2,163 | Fluorakil 3 |
| No. 4 Treatment - selected manholes | 352 | Fluorakil 3 |

| | No. of test baits laid |
|---|---|
| No. 5 Treatment - test baiting with sausage rusk from 24th October to 22nd December ... ... ... ... ... | 1,088 |
| Complete takes ... ... ... | 36 |
| Partial takes ... ... ... | 24 |
| No takes ... ... ... | 1,028 |

| | No. of poison baits laid | Poison used |
|---|---|---|
| No. 6 Treatment from 24th October to 22nd December ... ... ... | 1,073 | Fluorakil 3 |

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 ... ... | 961 |
| Premises where rats were found ... ... ... | 136 |
| Premises where mice were found ... ... ... | 667 |
| Premises where other vermin were found ... ... | 175 |
| Number of visits made ... ... ... ... ... | 4,400 |
| Number of successful treatments ... ... ... | 853 |
| Cases in which advice only was given ... ... ... | 103 |
| Borough Council properties dealt with (excluding dwelling houses) ... ... ... ... | 23 |

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 have also approved the appointment of the Chief Public Health Inspector (Mr. H. Hoyland) and a Senior Public Health Inspector (Mr. L.A. Palmer) as authorised inspectors and sampling officers under the Act.

During the year, twenty-four samples were submitted for analysis as follows:-

| | | | |
|---|---|---|---|
| Turf Dressing | 1 | All purpose Fertiliser | 2 |
| Cuthberts Bone Meal | 1 | Hoof & Horn Fertiliser | 3 |
| Bone Flour | 1 | Toprose Fertiliser | 1 |
| Sulphate of Ammonia | 2 | Flaked Maize | 1 |
| Phostrogen Plant Food | 1 | Powdered Growmore | 1 |
| Bone Meal | 7 | Sulphate of Potash | 1 |
| Fish, Blood & Bone Meal | 1 | Dried Blood | 1 |

In twenty-two cases the samples were satisfactory.

In the remaining two cases further investigations were necessary. One case concerned a sample of Fish, Blood and Bone Meal where the statutory statement should have declared nitrogen potash, phosphoric acid in water and phosphoric acid insoluble in water, but only declared the proportion of nitrogen and total phosphoric acid. In addition, the composition of this sample differed by more than the prescribed limits of variation from the Statement of Particulars by reason of an excess of 2.9 per cent. nitrogen, and also contained fertiliser ingredients other than fish manure, blood and bone meal, and should therefore have been designated "compound". These matters were investigated with the vendor and his supplier, when it was discovered that some confusion had arisen in the use and marking of bags by the supplier, who subsequently apologised and arranged for the statutory statement to be corrected.

The other case related to a sample of Hoof and Horn Fertiliser where no statutory statement of ingredients was given showing the proportion of nitrogen. The vendor agreed to correct this omission in respect of future sales of this fertiliser.

DISEASES OF ANIMALS ACT, 1950, AND OTHER ASSOCIATED ACTS.

As from 1st April, 1965, the Council assumed responsibility for administering the above Act and, in July, 1965, authorised and appointed the Veterinary Officer and Inspectors of the City of London to act on their behalf for the purposes of the Diseases of Animals Act, 1950, and 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

Under the terms and conditions of this agreement the City Corporation undertook to provide administrative, clerical, professional, scientific and technical services in connection with certain functions under these Acts, and it was further agreed that the Corporation should report offences occurring in the borough and thereafter their officers should take such action as may be necessary, subject to prior consultation with the appropriate officers of the Council. The charge for this service has been agreed on a lump sum basis, subject to review if and when necessary.

Riding Establishments Act. 1964.

This Act provides for the licensing and inspection of any establishment at which a business of keeping horses for hire, for riding or for providing riding instruction is carried on.

Two riding establishments in the borough are licensed, and in each case, satisfactory reports were received from the Veterinary Officer.

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 128. Of this number, six were new registrations 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 twenty-one 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 eight under-mentioned samples of rag flock and other fillings were taken for analysis. The results were all satisfactory.

| Description | No. of samples |
|---|---|
| Rag Flock | 1 |
| Coir Fibre | 1 |
| Unused Cotton Felt | 2 |
| Feathers and Down | 1 |
| Hair and Fibre Mixture | 1 |
| Algerian Fibre | 1 |
| Skin Wadding | 1 |

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 any conditions specified in the licence.

During the year, nine 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 provides that no person may keep a boarding establishment for animals (defined as any dog or cat) in the borough except under the authority of a licence granted by the Council.

At the present time 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 Heaters 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 heater or component part thereof not complying with the Regulations.

In view of the concern expressed at the increasing number of deaths which were caused by the use of unsatisfactory oil heaters, the former Kensington Council, in April, 1964, asked the Metropolitan Boroughs' Standing Joint Committee to make representations to the Secretary of State for Home Affairs, to secure the amendment of the Regulations so that they applied to all oil heaters irrespective of their date of manufacture. As a result of these representations and consultations with other interested bodies, the Secretary of State in pursuance of Sections 1 and 2 of the Consumer Protection Act,1961, made the Oil Heaters Regulations,1966, which became operative on 1st June, 1966. These Regulations make further requirements in respect of the construction, design and performance of oil heaters and these requirements apply in future to all oil heaters whether new or second-hand irrespective of their date of manufacture.

The new Regulations make more detailed provision for testing the performance of an oil heater when tilted out of level and impose a limit on the proportion of carbon monoxide which may be emitted by an oil heater. They also impose appropriate requirements on certain oil heaters, in particular wick-fed heaters, relating to the spilling of fuel when an oil heater is overturned, and to the corrosion-resistance of fuel containers.

A circular letter drawing attention to these important amendments in the law was sent to all known local traders (shopkeepers, stall-holders and auctioneers) who retail oil heaters, and to all oil distributors. In addition, in order to ensure that this matter was as widely publicised as possible, the Kensington and Chelsea Chamber of Commerce were approached and asked to co-operate with the Council by including a short summary of the letter addressed to local traders in the next issue of their newsletter, and they agreed to report the salient facts in their September issue. An approach was also made to the Hammersmith and Kensington Trades Council asking for this matter to be brought to the attention of their members. The local Press co-operated in drawing attention to the Regulations by publishing letters from the Chairman of the Health Committee in which she advised all owners of old oil heaters to have them checked and serviced before the winter, and suggested that any person buying a new oil heater should obtain from the vendor an assurance that it complied in every respect with both the old and new Regulations.

A short reference to the new Regulations appeared in the September issue of the Council's Civic Affairs Bulletin.

Power is given in the Regulations to enable local authorities to test oil heaters to see that they comply with the requirements which are laid down. The Secretary of State has authorised two bodies, namely the British Standards Institution and Messrs. Ellis Research and Testing Laboratories Limited, to carry out the necessary tests.

It is very much hoped that the publicity which has been given to the new Regulations will ensure that defective oil heaters will no longer be sold to the public in Kensington and Chelsea. The public health inspectors continue to make careful observations throughout the borough regarding the sale of oil heaters, particularly second-hand models. In the event of a heater being found which appears to be defective, it will be purchased and sent for examination, and if an adverse report is received, it will be recommended that proceedings be taken against the offender. Any person who sells a heater not complying with the Regulations is guilty of an offence and is liable on summary conviction to a fine not exceeding £100 or, in the case of a second or subsequent offence, to a fine not exceeding £250 or to imprisonment for a term not exceeding three months or to both.

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 fabric "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 contraventions of the Regulations were reported during the year.

ATMOSPHERIC POLLUTION.

Smoke Control Areas.

During the year, the Council decided to make a Smoke Control Order in respect of the Redcliffe/Brompton area.

This area is that part of Redcliffe and Brompton wards bounded on the north by the centre of Old Brompton Road, on the east by the centre of Onslow Gardens and Neville Terrace, on the south by the centre of Fulham Road, and on the west by the borough boundary. It has an area of approximately 187 acres.

The detailed survey showed that the total cost of adaptations will be approximately £27,232, of which, after deducting Exchequer Grant, and the cost for which private owners will be responsible, the Council will be liable for £10,247.

The Order was submitted to the Minister of Housing and Local Government for approval on 31st August, 1966.

The date of operation will be 1st October, 1967.

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 are used and kindling is by sticks and paper. Provision for this was also made in the Order.

The following table gives details of Smoke Control Areas which were in operation at the end of 1966:-

| Smoke Control Area | Boundaries | Order operative |
|---|---|---|
| Holland Ward (No. 1) | N. Holland Park Avenue<br>S. Kensington High Street<br>E. Campden Hill Road<br>W. Abbotsbury Road | 1st October, 1959 |
| Holland Ward (No. 2) | N. Holland Park Avenue<br>S. Kensington High Street<br>E. Abbotsbury Road<br>W. Borough boundary | 1st October, 1961 |
| Holland Ward (No. 3) | N. Notting Hill Gate<br>S. Kensington High Street<br>E. Borough boundary<br>W. Campden Hill Road | 1st October, 1960 |
| Pembridge Ward (No. 1) | N. Westbourne Grove<br>S. Notting Hill Gate<br>E. Borough boundary<br>W. Ladbroke Grove | 1st October, 1961 |
| Pembridge Ward (No. 2) | N. Lancaster Road<br>S. Westbourne Grove<br>E. Borough boundary<br>W. Ladbroke Grove | 1st October, 1962 |
| Norland Ward (No. 1) | N. Lancaster Road<br>S. Holland Park Avenue<br>E. Ladbroke Grove<br>W. Walmer Road and Princedale Road | 1st October, 1963 |
| Norland Ward (No. 2) | N. Lancaster Road<br>S. Holland Park Avenue<br>E. Walmer Road and Princedale Road<br>W. Borough boundary | 1st October, 1964 |
| Earls Court and Queen's Gate Wards | N. Kensington High Street<br>S. West Cromwell Road<br>E. Palace Gate and Gloucester Road<br>W. Borough boundary | 1st October, 1965 |
| Earls Court, Redcliffe and Brompton Wards | N. Cromwell Road and West Cromwell Road<br>S. Old Brompton Road<br>E. Queen's Gate<br>W. Borough boundary | 1st October, 1966 |
| 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 the year, nineteen notifications were received. These applications were approved.

Smoke Nuisances.

During the year, sixty-five complaints of smoke nuisance were received and thirty formal smoke observations were carried out. Remedial measures in all cases were secured without resorting to legal 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. The 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 Red House, 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.

Reduction in Pollution.

The thirty-second report of the Warren Spring Laboratory, "The Investigation of Atmospheric Pollution 1958 - 1966" shows that between 1955 and 1962 the amount of smoke in London's air fell by two-thirds, and more slowly since, and in the rest of Britain by about a quarter in the seven years from 1958-59 to 1964-65. In Britain as a whole, smoke emission is estimated to have fallen from 2.3 m tons in 1952 to 1.15 m tons in 1965, a steeper fall than in coal consumption, which was 203 m tons and 181 m tons respectively in these two years. Sulphur dioxide emission rose from 5.02 m tons in 1952 to 6.32 m tons in 1965; but pollution from this source declined by about one-fifth - "a tribute to wise replanning in so far as chimney heights and the location of industry are concerned."

The report points out that year-to-year changes in measured pollution are affected by the weather, but that trends over a period of years, observed at enough sites, can be considered meaningful.

Atmospheric Pollution - Measurement of Smoke and Sulphur Dioxide.

| Sites | Smoke (Microgrammes per Cubic Metre) | | | | | | | | Sulphur Dioxide (Microgrammes per Cubic Metre) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Monthly Average | | | | Highest Daily Reading | | | | Monthly Average | | Highest Daily Reading | |
| | A | B | C | D | A | B | C | D | A | B | A | B |
| January | 130 | 148 | 115 | 144 | 218 | 908 | 150 | 246 | 435 | 513 | 696 | 866 |
| February | 75 | 68 | 28 | 74 | 133 | 130 | 55 | 131 | 317 | 331 | 648 | 752 |
| March | 63 | 74 | 80 | 75 | 163 | 188 | 321 | 140 | 285 | 295 | 560 | 516 |
| April | * | 73 | * | * | 119 | 136 | 276 | 110 | * | 355 | 714 | 618 |
| May | 30 | 35 | 70 | 40 | 63 | 96 | 184 | 83 | 150 | 156 | 295 | 316 |
| June | 33 | 30 | 75 | 31 | 63 | 68 | 147 | 54 | 99 | 102 | 299 | 275 |
| July | 29 | 23 | 50 | 23 | 51 | 35 | 77 | 38 | 68 | 61 | 113 | 132 |
| August | 32 | 46 | 73 | 37 | 85 | 215 | 200 | 97 | 125 | 126 | 335 | 391 |
| September | 60 | 62 | * | 46 | 102 | 125 | 159 | 74 | 212 | 204 | 589 | 553 |
| October | 64 | 69 | 135 | 53 | 204 | 240 | 230 | 103 | 265 | 249 | 570 | 431 |
| November | 95 | 102 | 178 | 70 | 346 | 612 | 376 | 178 | 278 | 312 | 775 | 867 |
| December | 73 | 74 | 157 | 70 | 297 | 341 | 334 | 116 | 285 | 280 | 670 | 783 |

* Figures not available

Site address -

A - Chenil Galleries, King's Road, S.W.3.
B - The 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.

Although the public have become more noise conscious since this Act came into operation in November, 1960, the number of complaints concerning alleged noise nuisances received in the health department during the year was ninety-one. This was fifteen fewer than in the preceding year (when 106 complaints were received). In the majority of cases, the noise was caused by industrial works, building operations, excavation works and the use of compressors and pneumatic drills. Each complaint was thoroughly investigated and, in most cases, as a result of discussions between the public health inspectors and the persons responsible for the noise nuisance, the noise was either reduced in intensity or completely eliminated. Considerable co-operation and assistance have been received from contractors who introduced, where possible, suitable noise reducing methods. In a few cases, little, if any, improvement could be effected in view of the character of the

works involved, but in no case was it necessary for the Council to take legal proceedings.

With regard to industrial noise, it is a good defence in any proceedings to prove that the best practicable means have been used for preventing it or counteracting its effect. Apart from the Council having authority to take action, any three or more persons who are aggrieved by a noise nuisance may make complaint direct to a Magistrate. In cases where complainants were not satisfied with the power of action available to the Council's officers 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 (except for specified services) for any purpose between 9.00 p.m. and 8.00 a.m. and at any other time for advertising any trade, business or entertainment, provided that between noon and 7.00 p.m. a loudspeaker fixed to a vehicle used for the sale of perishable foodstuffs 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.

One successful prosecution was undertaken during the year concerning the chimes of an ice-cream vendor. The offender was fined a sum of £5.0s.0d. and £1.0s.0d. costs were awarded to the Council.

## 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 |
| Lancaster Road (West) (No. 2) Area | 1.11.1966 | 96 | 535 |

Kensal New Town Area.

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

The first portion of six-and-a-half acres has been dealt with by the Council and the second portion of 1.62 acres has been completed during the year by the erection of 47 flats, 47 tenants' stores and 35 hard-standings for cars. Tenders have been accepted for the rebuilding of Phase 3 and it is anticipated a start will be made in the coming year on the erection of 188 flats and 157 hard-standings for cars.

The remaining portion of 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 of the original 6½ acres. This area, including the 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. On the opposite side of Kensal Road, which is in the City of Westminster, a scheme is being considered to provide an open space of approximately 3½ acres.

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

Lancaster Road (West) Area.

This area, which consists of twenty-seven 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. During the year, the Council made a compulsory purchase order on stage one of the area, and a Public Inquiry was held by the Minister on 19th September, 1966. The Minister's decision is now awaited. Stage 2 has been represented and the Council have declared this area to be a clearance area.

Linked with the Lancaster Road (West) redevelopment area is the Blechynden Street area comprising twelve 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 legislative powers for dealing with bad living conditions in houses let in lodgings or occupied by members of more than one family were described in my annual report for 1965. The implementation of these powers, commenced in 1963, was continued in 1966 within the area bounded by Acklam Road, Portobello Road, Wornington Road and St. Ervans Road.

The original area contained 1,463 houses, but inspections have now extended south of the Metropolitan Railway and into the Pembridge ward, so that the total number of houses involved is now 1,900. The procedure and some of the difficulties and problems encountered were mentioned in last year's annual report.

Briefly, the Council's policy is to secure the repair and the provision of basic amenities - hot and cold water, gas and electricity supplies; washing, bathing and sanitary accommodation; facilities for the storage, preparation and cooking of food; the cleanliness and repair of parts used in common; fire precautions and avoidance of over-crowding and over-occupation.

The Council's minimum requirements in these matters were given in detail in my annual report for the Royal Borough of Kensington for 1962.

The following table summarises the action taken in 1966 and the total results since the operation commenced in 1963:-

| | 1966 | 1965 | 1964 | 1963 | Total |
|---|---|---|---|---|---|
| Houses inspected | 238 | 143 | 355 | 296 | 1,032 |
| Re-inspections | 5,608 | 5,451 | 4,540 | 2,086 | 17,726 |
| No action required | 38 | 27 | 15 | 27 | 107 |
| Management Orders made | 25 | 19 | 32 | 27 | 103 |
| Notices served - | | | | | |
| Section 9 - Housing Act 1957 | 174 | 82 | 346 | 105 | 707 |
| Section 14 - Housing Act 1961 | 29 | 12 | 30 | - | 71 |
| Section 15 - Housing Act 1961 | 180 | 75 | 355 | 117 | 727 |
| Section 16 - Housing Act 1961 | 172 | 61 | 3 | 2 | 238 |
| Negotiations in progress | 14 | 1 | 3 | 6 | 24 |
| Work completed | 117 | 165 | 183 | 27 | 492 |
| Work in default authorised | 66 | 64 | 73 | 4 | 207 |

To deal with this work on houses in multiple occupation, the Council have established a section consisting of a senior and five other public health inspectors. During the year under review, the section was one inspector under strength until June. However, since that time, when a new inspector was appointed, the section has remained at full strength and has not been affected by the frequent changes of personnel which had been experienced in the past. Although there is still a serious shortage of public health inspectors in the Greater London area, this section has been maintained at full strength to deal with this very important aspect of the Council's housing work.

Although this work is not without difficulties, many of the problems encountered in the earlier days of the project and which have been mentioned in earlier reports are now disappearing. The Council's policy of executing work in default is now more widely known among owners and has had a good effect in securing the execution of works by them.

Improvement or Conversion of Existing Houses.

The circumstances in which the Council may make discretionary or standard grants to owners for the improvement or conversion of private dwellings were given in detail in the Annual Report for 1965.

Applications for discretionary grants received and dealt with increased from thirty-six in 1965 to eighty-eight during 1966, and are summarised as follows:-

| | |
|---|---|
| Applications received ... ... ... ... | 88 |
| Applications granted ... ... ... ... | 88 |
| Applications refused ... ... ... ... | Nil |
| Total amount of grants approved ... ... ... | £37,881 |

During 1966, eleven applications for standard grants were received in respect of individual premises, compared with four in the previous year. All eleven applications were approved, and the details are as follows:-

| | |
|---|---|
| Applications for the provision of all the standard amenities ... ... ... | 5 |
| Applications for the provision of a bath or shower, and wash-hand basin, hot water supply to bath or shower, wash-hand basin and sink, also food storage facilities ... ... ... ... | 2 |
| Application for the provision of a shower, wash-hand basin and water closet, hot water supply to shower and wash-hand basin, also food storage facilities ... ... ... ... | 1 |
| Application for the provision of a bath and wash-hand basin, hot water supply to bath and wash-hand basin, also food storage facilities ... ... ... | 1 |
| Application for the provision of a water-closet, hot water supply to a sink, also food storage facilities ... ... ... ... | 1 |
| Application for the provision of a hot water supply to a sink, and food storage facilities ... ... ... | 1 |

House Purchase Loans.

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

Bye-Laws as to the 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;

(c) at other times as and when necessary if adequate means of natural lighting are not provided."

These bye-laws were made by the former Royal Borough of Kensington in 1958, but the former Chelsea Borough Council did not take similar action, and new bye-laws are being made for the whole area of the borough. The new bye-laws are in draft form and, apart from a few minor alterations, are similar to those agreed in 1958 by the Kensington Council.

During 1966, formal notices were served in ten 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".

The number of new cases of overcrowding reported to the Housing Committee during 1966 was 127 (59 penal and 68 non-penal), giving an equivalent number of persons of 503. The total number of overcrowding cases which were recorded during the year as having been abated was 188, comprising a total of 783½ units.

Since October, 1945, 2,575 cases have been reported, and the number of cases remaining on the register at the end of this year was 305 (61 penal and 244 non-penal).

Assessment of Housing Priorities on Medical Grounds.

During the year, 231 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 and 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 212 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. 1/67:-

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 | 137 | 56 | - | - |
| (ii) Factories not included in (i) in which Section 7 is enforced by the local authority | 840 | 66 | 1 | - |
| (iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) | 59 | 59 | - | - |
| TOTAL | 1,036 | 181 | 1 | - |

2. Cases in which DEFECTS were found. (If the 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 |
|---|---|---|---|---|---|
| | | | Referred | | |
| | Found | Remedied | To H.M. Inspector | By H.M. Inspector | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Want of cleanliness (S.1) | - | - | - | - | - |
| Overcrowding (S.2) | - | - | - | - | - |
| Unreasonable temperature (S.3) | - | - | - | - | - |
| Inadequate ventilation (S.4) | - | - | - | - | - |
| Ineffective drainage of floors (S.6) | - | - | - | - | - |
| Sanitary conveniences (S.7) | | | | | |
| (a) Insufficient | - | - | - | - | - |
| (b) Unsuitable or defective | 3 | 3 | - | - | - |
| (c) Not separate for sexes | - | - | - | - | - |
| Other offences against the Act (not including offences relating to outwork) | - | - | - | - | - |
| TOTAL | 3 | 3 | - | - | - |

## PART VIII OF THE ACT

### OUTWORK

(Sections 133 and 134)

| Nature of Work | Section 133 | | | Section 134 | | |
|---|---|---|---|---|---|---|
| | No. of Outworkers in August lists required by Section 133(1)(c) | No. of cases of default in sending lists to the Council | No. of prosecutions for failure to supply lists | No. of instances of work in unwholesome premises | Notices served | Prosecutions |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| Wearing apparel: Making, etc. | 127 | - | - | - | - | - |
| Household linen | 1 | - | - | - | - | - |
| Lace, lace curtains and nets | 1 | - | - | - | - | - |
| Furniture and upholstery | 5 | - | - | - | - | - |
| Tents | 1 | - | - | - | - | - |
| Boxmaking | 21 | - | - | - | - | - |
| Lampshades | 5 | - | - | - | - | - |
| Curtains and Furniture hangings | 23 | - | - | - | - | - |
| TOTAL | 184 | - | - | - | - | - |

During the year, 156 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 as follows:-

151 Earls Court Road
178 Fulham Road
323 Fulham Road
65 Golborne Road
79 Golborne Road
134 King's Road
517 King's Road
139 Portland Road
46 Walton Street

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 | - | - | - | 2 | - |
| Bakers and Confectioners | 6 | 1 | 10 | 2 | 12 | - |
| Belt and Button Manufacturers | 1 | - | - | 1 | - | - |
| Boat and Marine Repairs and Construction | - | - | - | - | 2 | - |
| Bottling Stores | - | - | - | - | 3 | - |
| Builders and Decorators | 2 | 4 | 5 | 10 | - | - |
| Building Construction | 9 | - | - | - | 2 | - |
| Carton Making and Salvage | 2 | - | - | - | - | - |
| Coffee Grinding and Roasting | 2 | - | 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 | 1 | 2 | - | - | - | - |
| Dressmaking | 10 | - | 24 | 8 | 29 | 8 |
| Drug Manufacturers | - | 1 | - | - | - | - |
| Dyers and Cleaners | 11 | 1 | 12 | - | 7 | 1 |
| Electro Platers | 2 | - | - | - | - | - |
| Engineering (Electro) | 10 | - | 6 | 3 | 13 | - |
| Engineering (Mech.) | 20 | - | 7 | - | 1 | - |
| Electrical Generating Stations | 2 | - | 1 | - | 1 | - |
| Film Editing and Slide Making | 1 | - | - | - | - | - |
| Furriers | 1 | 1 | 13 | 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 | 1 | - |
| Lampshade Manufacturers | 1 | 1 | 2 | 1 | - | 1 |
| Laundries | 8 | - | 6 | - | 7 | - |
| Leather Goods | 2 | - | 1 | 3 | 3 | - |
| Metal Merchants | 11 | - | 3 | 1 | 7 | - |
| Milliners | 1 | - | 1 | 4 | 4 | 3 |
| Motor Car Assessories | 4 | - | - | - | - | - |
| M.V.R. and Garages | 64 | 1 | 54 | 1 | 49 | 1 |
| Musical Instruments | - | - | 2 | - | 1 | - |
| Needle Grinding | 1 | - | - | - | - | - |
| Novelty Goods | 1 | - | - | - | - | - |
| Office Equipment | - | - | 1 | - | 2 | - |
| Oil Blenders and Packers | 1 | - | - | 1 | - | - |
| Paint Makers and Storers | 2 | - | 1 | - | 1 | - |
| Photographers | 5 | 1 | 15 | 3 | 8 | 5 |
| Picture Frame Makers | 2 | - | 4 | - | 9 | 2 |
| Plastics | 5 | 1 | - | - | - | - |
| Pottery | - | - | - | - | 2 | - |
| Printers and Bookbinders | 21 | - | 12 | - | 6 | - |
| Radio and Television | 11 | 1 | 6 | 2 | 4 | 3 |
| Rubber Goods Manufacturers | 1 | - | 2 | - | - | - |
| Rag Merchants | 1 | 1 | - | - | - | - |
| C/fwd. ... | 243 | 19 | 201 | 46 | 181 | 24 |

| Factory - Business | North Kensington | | South Kensington | | Chelsea | |
|---|---|---|---|---|---|---|
| | Mech. | N-M. | Mech. | N-M. | Mech. | N-M. |
| B/fwd. ... | 243 | 19 | 201 | 46 | 181 | 24 |
| Sausage Makers | 12 | - | 2 | - | - | - |
| Scientific and Hospital Instruments | 3 | - | 1 | - | - | - |
| Shoe Makers and Repairers | 6 | - | 12 | - | 7 | - |
| Silk Screen Printing and Spraying | 4 | - | 1 | - | - | - |
| Starch and Soda Manufacturers | 1 | - | - | - | - | - |
| Soft Furnishings and Upholstery | 19 | 4 | 11 | 6 | 29 | 8 |
| Stone Masons | 1 | - | 1 | - | - | - |
| Sweet Making and Packing | 8 | 2 | - | - | - | - |
| Tailoring | 15 | 1 | - | 8 | 6 | 1 |
| Timber Merchants | - | - | - | - | 1 | - |
| Tool Making | 5 | - | 2 | - | - | 1 |
| Undertakers | 1 | - | - | 1 | - | - |
| Wax Workers | 2 | - | - | - | - | - |
| Weaving | 1 | - | 1 | - | - | - |
| Woodworkers (Joiners, etc.) | 10 | 1 | 10 | 2 | 15 | 3 |
| Wheelwrights | 1 | - | - | - | - | - |
| Miscellaneous | 17 | 5 | 5 | 5 | 5 | - |
| TOTAL | 349 | 32 | 247 | 68 | 244 | 37 |

"DO IT YOURSELF" DRY CLEANING ESTABLISHMENTS.

In dry cleaning establishments throughout the borough, "Do It Yourself" dry cleaning machines have been installed. These machines use a chemical known as perchloroethylene. The normal industrial use of this fluid is free from health hazard, but if the cleaned articles are not thoroughly ventilated and are subsequently placed in a closed atmosphere such as a car, or if they are taken home in a polythene bag and removed in a small room, dizziness could develop in anyone in close proximity to the articles.

In view of these circumstances, and in the interests of health education and safety, the Health Committee were of the opinion that the attention of all users of these machines should be drawn to the necessity for thoroughly shaking and aerating the garments prior to their removal from the premises.

The Health Committee agreed that this warning could best be accomplished by the provision by the Council of official notices on durable material to be issued free of charge to each establishment. The wording for the notice was agreed as follows:-

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

IMPORTANT NOTICE

ON REMOVAL FROM THE MACHINE ALL DRY CLEANED GARMENTS MUST BE THOROUGHLY SHAKEN TO GET RID OF FUMES WHICH COULD BE DANGEROUS

J. H. WEIR,

MEDICAL OFFICER OF HEALTH.

The co-operation was sought of the management of all establishments using these dry cleaning machines to the display of these notices and the result was most encouraging, for, with the exception of one establishment, all agreed to display the notice in a prominent position.

Offices, Shops and Railway Premises Act, 1963.

The Offices, Shops and Railway Premises Act, 1963, makes provision for the safety, health and welfare of persone employed in such 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 in most premises the responsibility of the officers of the Health and Welfare Department, with H.M. Inspectors of Factories being responsible for the enforcement 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.

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 | 74 | 1,144 | 225 |
| Retail shops | 82 | 1,571 | 555 |
| Wholesale shops, warehouses | 1 | 82 | 18 |
| Catering establishments open to the public, canteens | 25 | 468 | 50 |
| Fuel storage depots | - | 1 | - |

Number of visits by Inspectors to registered premises ... ... 2,225

Analysis of Persons employed in registered premises by Workplace

| Class of Workplace | Number of persons employed |
|---|---|
| Offices | 17,276 |
| Retail Shops | 14,052 |
| Wholesale departments, warehouses | 1,242 |
| Catering establishments open to the public | 5,563 |
| Canteens | 393 |
| Fuel storage depots | 1 |
| TOTAL | 38,527 |
| TOTAL MALES | 18,389 |
| TOTAL FEMALES | 20,138 |

The total number of registered premises which have received general inspections since 1st August, 1964:-

| | | |
|---|---|---|
| Offices ... ... ... | 753 | (representing 60% of total registered) |
| Retail shops ... ... | 1,008 | ( " 64% " " " ) |
| Warehouses/Wholesale shops ... ... ... | 34 | ( " 42% " " " ) |
| Catering establishments .. ... | 165 | ( " 33% " " " ) |
| Fuel depots ... ... | 1 | ( " 100% " " " ) |

| Contraventions found during general inspections | Offices | Retail Shops | Wholesale Shops Warehouses | Catering Estabs. | Total |
|---|---|---|---|---|---|
| Section 4 (Cleanliness) | | | | | |
| Walls not maintained in a clean condition | 1 | 2 | - | - | 3 |
| Ceilings not maintained in a clean condition | - | 1 | - | - | 1 |
| Walls and ceilings not maintained in a clean condition | 3 | 22 | 1 | 6 | 32 |
| Stairs not maintained in a clean condition | - | 1 | - | - | 1 |
| Floors not maintained in a clean condition | - | 3 | - | - | 3 |
| Fittings not maintained in a clean condition | - | 2 | - | - | 2 |
| Absence of an adequate impervious surface to slicing machine table | - | 1 | - | - | 1 |
| | 4 | 32 | 1 | 6 | 43 |
| Section 5 (Overcrowding) | | | | | |
| Number of rooms overcrowded | 4 | - | - | - | 4 |
| Section 6 (Temperature) | | | | | |
| No effective provision for securing and maintaining a reasonable temperature | - | 8 | - | 3 | 11 |
| No thermometer to check room temperature | 49 | 142 | 3 | 13 | 207 |
| A thermometer not provided on each floor | 12 | - | - | - | 12 |
| | 61 | 150 | 3 | 16 | 230 |
| Section 7 (Ventilation) | | | | | |
| No effective or suitable provision for securing or maintaining a circulation of adequate supplies of fresh or artificially purified air | 1 | 6 | - | - | 7 |

| Contraventions found during general inspections | Offices | Retail Shops | Wholesale Shops Warehouses | Catering Estabs. | Total |
|---|---|---|---|---|---|
| Section 8 (Lighting) | | | | | |
| Insufficient lighting | - | 14 | - | - | 14 |
| Unsuitable lighting | 3 | 1 | - | - | 4 |
| Insufficient and unsuitable lighting | 2 | 1 | - | - | 3 |
| Dirty windows | - | 1 | - | - | 1 |
| | 5 | 17 | - | - | 22 |
| Section 9 (Sanitary Conveniences) | | | | | |
| Insufficient sanitary conveniences for males/females | 7 | 7 | - | - | 14 |
| Sanitary conveniences not properly maintained | 3 | 9 | - | - | 12 |
| Sanitary conveniences not kept clean | - | 6 | - | - | 6 |
| Sanitary conveniences not readily accessible | - | 1 | - | - | 1 |
| Inadequate ventilation to W.C's | 1 | 3 | 1 | - | 5 |
| | 11 | 26 | 1 | - | 38 |
| Section 10 (Washing Facilities) | | | | | |
| Absence of suitable or sufficient washing facilities | 4 | 5 | - | - | 9 |
| Absence of a supply of clean running hot water | 15 | 28 | - | - | 43 |
| Absence of a supply of soap and towels | - | 2 | - | - | 2 |
| Absence of a supply of soap | - | 1 | - | - | 1 |
| Absence of a supply of clean towels | - | 2 | - | - | 2 |
| Unsuitable washing facilities | - | 3 | - | - | 3 |
| The place in which washing facilities are provided is not properly maintained | - | 2 | - | - | 2 |
| | 19 | 43 | - | - | 62 |
| Section 11 (Supply of drinking water) | | | | | |
| An adequate supply of drinking water not provided in a conveniently accessible and suitable place | - | 1 | - | - | 1 |

| Contraventions found during general inspections | Offices | Retail Shops | Wholesale Shops Warehouses | Catering Estabs. | Total |
|---|---|---|---|---|---|
| Section 12 (Accommodation for clothing) | | | | | |
| Unsuitable/insufficient provision for the storage of clothing not used during working hours | 1 | 2 | - | - | 3 |
| Section 13 (Sitting Facilities) | | | | | |
| Insufficient number of seats for shop employees | - | 1 | - | - | 1 |
| Section 16 (Floors, Passages & Stairs) | | | | | |
| Defective floorboards | 1 | 6 | - | 1 | 8 |
| Defective floor covering | - | 2 | - | - | 2 |
| Defective stairs | 2 | 17 | 1 | 1 | 21 |
| Handrail to stairs not provided | - | 11 | - | - | 11 |
| Insecure handrail | - | 1 | - | - | 1 |
| Inadequately guarded hoist | - | - | 2 | - | 2 |
| Dangerous hydraulic lift | - | - | 1 | - | 1 |
| Open side of staircase not properly guarded | - | 4 | - | - | 4 |
| Unguarded trap door | - | 2 | - | - | 2 |
| Staircases and passages not properly maintained | 3 | 10 | - | 3 | 16 |
| | 6 | 53 | 4 | 5 | 68 |
| Section 17 (Fencing of exposed parts of machinery) | | | | | |
| Blade of slicing machine not adequately guarded | - | 1 | - | - | 1 |
| Section 24 (First-Aid) | | | | | |
| No first-aid box provided | 35 | 76 | 1 | 5 | 117 |
| Inadequately stocked first-aid box | 2 | 13 | - | 1 | 16 |
| | 37 | 89 | 1 | 6 | 133 |
| Section 50 (Information for employees) | | | | | |
| No Abstract displayed in the premises | 82 | 281 | 8 | 18 | 389 |

Number of requests by District Public Health Inspectors to Occupiers:-

| Nature of Requests | Offices | Retail Shops | Wholesale Shops Warehouses | Catering Estabs. | Staff Canteens | Total |
|---|---|---|---|---|---|---|
| To cleanse premises | 3 | 29 | 1 | 80 | 1 | 114 |
| To provide heating | 5 | 3 | - | 8 | - | 16 |
| To improve or provide extra ventilation | 16 | 62 | 1 | 94 | 1 | 174 |
| To improve or provide extra lighting (natural) | 4 | 5 | - | 8 | - | 17 |
| To improve or provide extra lighting (artificial) | 6 | 12 | - | 22 | - | 40 |
| To provide extra sanitary conveniences | 35 | 35 | 4 | 124 | 1 | 199 |
| To cleanse and repair sanitary conveniences | - | 13 | - | 17 | - | 30 |
| To provide extra washing facilities | 16 | 25 | 1 | 88 | 1 | 131 |
| To provide a supply of hot running water | 12 | 20 | - | 39 | - | 71 |
| To provide soap and clean towels | 10 | 15 | - | 48 | - | 73 |
| To keep washing facilities in a clean and orderly condition | 2 | 6 | - | 4 | - | 12 |
| To provide a supply of drinking water | 5 | 2 | - | 5 | - | 12 |
| To provide accommodation for outdoor clothing | 7 | 6 | - | 17 | - | 30 |
| To provide accommodation for working clothing | - | - | - | 4 | - | 4 |
| To provide sitting facilities | 2 | 4 | - | 4 | - | 10 |
| To provide handrail to staircase | - | 5 | - | 8 | - | 13 |
| To repair staircase | - | 2 | - | 6 | - | 8 |
| To provide fencing to openings in floors | - | - | - | 1 | - | 1 |
| To provide fences and guards to dangerous machinery | - | - | - | - | - | - |
| To provide first-aid box | 9 | 14 | - | 23 | - | 46 |
| To make up inadequately stocked first-aid box | - | 2 | - | 20 | - | 22 |
| To provide thermometer | 7 | 15 | - | 26 | - | 48 |
| To provide the Abstract of the Act | 7 | 14 | - | 13 | - | 34 |
| | 146 | 289 | 7 | 659 | 4 | 1,105 |

Notification of Accidents.

There were 131 accidents notified during the year, which are classified as under in accordance with the premises in which they occurred:-

| | |
|---|---|
| Departmental stores ... ... ... ... | 53 |
| Multiple Food Retailers ... ... ... | 26 |
| Multiple Catering Firms ... ... ... | 10 |
| Hotels ... ... ... ... ... ... | 7 |
| Airlines ... ... ... ... ... ... | 7 |
| Multiple Off-licence Firms ... ... ... | 4 |
| Food Manufacturers' Warehouses ... ... | 3 |
| Public Houses ... ... ... ... ... | 2 |
| Multiple Dairy Depots ... ... ... ... | 2 |
| Multiple Book Sellers ... ... ... ... | 2 |
| Banks ... ... ... ... ... ... | 2 |
| Multiple Chemists ... ... ... ... | 2 |
| Multiple General Retail shops ... ... | 1 |
| Multiple Hairdressers ... ... ... ... | 1 |
| Public Utility ... ... ... ... ... | 1 |
| International Hotel ... ... ... ... | 1 |
| Mail Order firm ... ... ... ... ... | 1 |
| Restaurant ... ... ... ... ... | 1 |
| Large office ... ... ... ... ... | 1 |
| Small Retail shop ... ... ... ... | 1 |
| Retail Greengrocer ... ... ... ... | 1 |
| Retail Dress Shop ... ... ... ... | 1 |
| Display firm ... ... ... ... ... | 1 |
| | 131 |

Main Causation of the Accidents.

| | |
|---|---|
| Power-driven machinery or relevant part in motion ... ... ... ... | 2 |
| Vehicle in motion not moved by power ... ... ... ... ... | 1 |
| Stationary vehicle ... ... ... ... | 1 |
| Hand tools ... ... ... ... ... | 10 |
| Falls on or from fixed stairs ... ... | 17 |
| Falls on or from ladders or step ladders ... ... ... ... ... | 2 |
| Other falls from one level to another ... ... ... ... ... | 6 |
| Falls on the same level ... ... ... | 18 |
| Stepping on or striking against object or person ... ... ... ... | 18 |
| Handling goods ... ... ... ... ... | 43 |
| Struck by falling object ... ... ... | 9 |
| Not otherwise specified ... ... ... | 4 |
| | 131 |

LAND CHARGES.

The number of enquiries dealt with during the year was 4,889. These concerned outstanding statutory or informal notices, closing orders, smoke control orders and certificates of disrepair, etc.

TOWN PLANNING APPLICATIONS.

During the year, 1,008 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 Engineer & 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 relating to health.

LICENSING ACT, 1964.

Fifty 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, 1960, 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.

The district public health inspectors are responsible for the supervision of food premises, including food shops, catering establishments and stalls, etc., within their districts, and 1,977 inspections were made during the year.

DETAILS OF LEGAL PROCEEDINGS TAKEN UNDER FOOD HYGIENE REGULATIONS IN 1966

As requested by Ministry of Health Circular 22/58

| Date of Hearing | Offence | Regulations | Result | |
|---|---|---|---|---|
| | | | Fine | Costs awarded to Council |
| | | | £ s d | £ s d |
| 4.3.66. | Dirty walls of ground floor back addition room (food room) | 23(1) | 15 0 0 | 5 0 0 |
| | Dirty ceiling of ground floor food room | 23(1) | Not separately dealt with | |
| | Dirty shelving of ground floor food room | 23(1) | Not separately dealt with | |
| | Floor of ground floor back addition kitchen not kept in good order, repair and condition | 23(1) | 15 0 0 | - - - |

| Date of Hearing | Offence | Regulations | Result: Fine £ | s | d | Costs awarded to Council £ | s | d |
|---|---|---|---|---|---|---|---|---|
| 4.3.66 | Dirty equipment | 6(1) | 15 | 0 | 0 | - | - | - |
| | Dirty sink | 19(1) | 15 | 0 | 0 | - | - | - |
| | Dirty walls of ground floor wash-up (food room) | 23(1) | 15 | 0 | 0 | - | - | - |
| | Dirty ceiling of wash-up (food room) | 23(1) | Not separately dealt with | | | | | |
| | Unsatisfactory floor of ground floor wash-up | 23(1) | 15 | 0 | 0 | - | - | - |
| | Dirty walls of ground floor front dining room | 23(1) | 15 | 0 | 0 | - | - | - |
| | Dirty ceiling of ground floor front dining room | 23(1) | Not separately dealt with | | | | | |
| | Unsatisfactory floor of ground floor front dining room | 23(1) | 15 | 0 | 0 | - | - | - |
| | Dirty walls of ground floor back dining room | 23(1) | 15 | 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) | 15 | 0 | 0 | - | - | - |
| | Unsatisfactory rear wall of lower back addition dining room | 23(1) | 15 | 0 | 0 | - | - | - |
| | Lobby communicating with sanitary convenience used for storing food | 14(4) | 15 | 0 | 0 | - | - | - |
| | Absence of notices re washing hands | 14(5) | 2 | 0 | 0 | - | - | - |
| | Absence of wash-hand basin | 16(1) | 10 | 0 | 0 | - | - | - |

An order was also made prohibiting the defendant from using the premises as catering premises for a period of two years.

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 the inspections made by the public health inspectors engaged on this work during the year:-

| Premises registered under | Number of Premises | Number of Inspections |
|---|---|---|
| 1. Section 16, Food and Drugs Act, 1955 | | |
| (a) for the sale, or the manufacture for the purpose of sale, of ice cream or the storage of ice cream intended for sale | 468 | 42 * |
| (b) for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale | 155 | 104 |
| 2. Milk and Dairies (General) Regulations, 1959 | | |
| as dairies or where the occupier is registered for the sale of milk in sealed containers only | 229 | 190 |

* 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 | Number of Premises | Number of Inspections | Number provided with wash-hand basins (Reg. 16) | Number with facilities for washing food and equipment (Reg. 19) |
|---|---|---|---|---|
| Bakehouses | 14 | 26 | 14 | 14 |
| Butchers | 87 | 110 | 84 | 87 |
| Bread and Cake shops | 51 | 62 | 50 | 44 |
| Food factories | 23 | 51 | 23 | 23 |
| Greengrocers | 101 | 104 | 89 | 97 |
| Confectioners | 179 | 208 | 179 | 144 |
| Cafes, restaurants, Public Houses and Off-licences | 802 | 841 | 770 | 748 |
| Fishmongers and fried fish shops | 36 | 53 | 36 | 36 |
| General provision shops | 323 | 421 | 312 | 318 |
| Street Markets - Stalls | 101 | ) 491 | * 11 | 10 |
| Storage premises | 44 | | + 13 | 30 |

* 90 use nearby Public Conveniences
\+ 31 have sharing arrangements

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

Milk Licences.

These Regulations, as amended by the Milk (Special Designation) (Amendment) Regulations, 1965, require that all milk sold by retail

in England and Wales shall be specially designated, and that retailers must be licensed by the local authority to sell such milk. Licences are issued by the Council for a five-year period and all current licences are valid until the end of 1970.

The number of licences granted by the Council during the year in respect of each designation, together with the total number in force at the end of the year, are shown in the following table:-

| Designation | Licences issued in 1966 | Total number in force at end of year |
|---|---|---|
| Untreated milk | 2 | 108 |
| Pasteurised milk | 6 | 230 |
| Sterilised milk | 5 | 190 |
| Ultra-heat Treated milk | 28 | 140 |

Milk Examinations.

The following table shows the number of samples of Untreated milk and processed milks taken during the year for examination in accordance with the Regulations, together with the results obtained:-

| Designation | No. of Samples | Methylene blue test | | Phosphatase test | | Colony Count test | |
|---|---|---|---|---|---|---|---|
| | | Passed | Failed | Passed | Failed | Passed | Failed |
| Untreated | 23 | 15 | 4 * | - | - | - | - |
| Pasteurised | 85 | 82 | 3 | 85 | - | - | - |
| Ultra-heat Treated | 3 | - | - | - | - | 3 | - |

* Four samples of Untreated 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.

Registrations.

The number of persons registered under these Regulations at the end of the year to sell milk from premises in the borough (including the sale of cream in sealed containers) was 229.

Unclean milk containers.

It is an offence under these 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.

Seven complaints of "dirty milk bottles" were investigated during the year and each case was referred to the local authority in whose area the bottling plant was located.

During the year, a visit was made by the Chairman and several Members of the Health Committee to a modernised bottling plant owned by a large milk producing firm in London.

Following this visit to the bottling plant, the Chairman of the Committee, with the help of the local Press, made an appeal to the residents of the borough to assist the milk producers by ensuring that empty milk bottles were washed thoroughly and returned to the milkman as soon as possible after use. The public were also reminded of the dangers of contaminating milk bottles by using them as containers for substances such as paint, cement, paraffin, petrol, turpentine, insecticides, ammonia, disinfectants, etc.

COMPOSITION OF MILK.

During the year, 118 samples of milk (all grades) were submitted to the Public Analyst for examination. One sample of Channel Islands milk was found to be below the legal standards laid down and details concerning the sample were sent to the Ministry of Agriculture, Fisheries and Food.

Channel Islands and South Devon milk.

The Milk and Dairies (Channel Islands and South Devon milk) Regulations, 1956, 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 | Number of samples taken | Average Percentages | |
|---|---|---|---|
| | | Milk Fats | Non-fat Solids |
| January | 5 | 4.48 | 8.92 |
| February | 3 | 4.47 | 8.93 |
| March | 5 | 4.28 | 8.88 |
| April | 2 | 4.40 | 8.87 |
| May | 2 | 4.22 | 9.17 |
| June | 6 | 4.36 | 9.06 |
| July | 14 | 4.33 | 9.00 |
| August | 4 | 4.21 | 9.06 |
| September | 6 | 4.38 | 9.01 |
| October | 12 | 4.51 | 9.13 |
| November | 9 | 4.47 | 9.04 |
| December | 6 | 4.71 | 9.14 |
| Average for the whole year | | 4.40 | 9.02 |
| Legal minimum standard | | 4.00 | 8.50 |

Other milk.

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 | Number of samples taken | Average Percentages | |
|---|---|---|---|
| | | Milk Fats | Non-fat Solids |
| January | 4 | 3.84 | 8.66 |
| February | 2 | 4.07 | 8.77 |
| March | 6 | 3.49 | 8.60 |
| April | 3 | 3.39 | 8.62 |
| May | 6 | 3.59 | 8.86 |
| June | 10 | 3.00 | 8.96 |
| July | 6 | 3.01 | 9.11 |
| August | Nil | Nil | Nil |
| September | 1 | 3.75 | 8.70 |
| October | 2 | 3.80 | 8.70 |
| November | 3 | 3.70 | 8.72 |
| December | Nil | Nil | Nil |
| Average for the whole year | | 3.56 | 8.77 |
| Legal minimum standard | | 3.00 | 8.50 |

UNSOUND FOOD.

Seizure.

Under Part I 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.

It was not found necessary to enforce this procedure during the year.

Surrender.

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

| Commodity | Weight (in lbs.) |
|---|---|
| Meat (raw) | 3,009 |
| Meat (other) | 384 |
| Ham and Pork | 1,811 |
| Sauerkraut | 659 |
| Cucumbers and Gherkins in brine | 4,146 |
| Butter and Cheese | 24 |
| Fish (wet and dry) | 571 |
| Sausage | 321 |
| TOTAL | 10,925 |

| Commodity | Items |
|---|---|
| Tins, jars, packets or cartons of fruit, vegetables and miscellaneous food stuffs | 11,694 |
| Frozen foods (packets) | 9,399 |
| TOTAL | 21,093 |

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, eighty-three 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 meat, fish, sausages, game, bacon, pies, butter, cheese, yoghurt, fruit, sweets, cakes, dried milk, marmalade and chocolate liqueurs.

Of these complaints, nine cases resulted in the Health Committee instructing the Town Clerk to institute legal proceedings and in three other cases the Committee decided to send warning letters to the vendors or manufacturers concerned.

The remaining seventy-one 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.

These 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 are no egg pasteurisation plants in Kensington and Chelsea and it was not found necessary during the year to take any samples of liquid egg in accordance with these Regulations.

Adulteration of Food.

During the year, 56 formal samples were submitted for analysis by the Public Analyst, of which 14 (25%) were either adulterated or otherwise unsatisfactory. 1,085 informal samples were also submitted for analysis, of which 85 (7.8%) were either adulterated or otherwise unsatisfactory.

In three of the formal cases legal proceedings were authorised. In two cases, warnings were given to the producers, manufacturers, or vendors, and in the remaining nine cases no further action was taken. The results of all unsatisfactory samples were brought to the notice of the producers, manufacturers or vendors as appropriate.

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 1966 for chemical analysis compared with those taken in the previous year:-

| | 1965 | 1966 |
|---|---|---|
| Number of samples | 23 | 20 |
| Variation of fat content per cent | 5.9 to 13.0 | 5.0 to 12.5 |
| Variation of non-fat content per cent | 15.1 to 29.7 | 20.8 to 29.4 |
| Average fat content per cent | 8.8 | 8.4 |
| Average non-fat content per cent | 25.0 | 26.0 |

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 decolourise 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, forty-eight samples of ice cream were taken and submitted to the methylene blue test. The results are as follows:-

| Grade | Number of samples |
|---|---|
| 1 | 16 |
| 2 | 9 |
| 3 | 10 |
| 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.

General.

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

There are no premises within the borough where poultry is processed.

Pesticides Residues in Foodstuffs.

In January, 1966, the Council approved a recommendation from the Health Committee supporting the proposal of the Association of Public Analysts that an enquiry be made into the contamination of food by toxic chemicals, and the Association of Municipal Corporations was informed of the Council's agreement to participate in this scheme.

This national scheme will operate for two years from 1st August, 1966, and, as one of the twenty-four participating authorities in Greater London, the Council are required to obtain and submit for analysis eighteen samples per year. These analyses require specialised equipment not possessed by the Council's Public Analyst, Dr. H. Amphlett Williams, but Dr. D.D. Moir, Public Analyst, of 16 Southwark Street, S.E.1., has the necessary equipment, and has agreed to carry out this service for the Council at the appropriate fee of £6.0s.0d. per sample. At the time of the Health Committee's recommendation, it was believed that the Council's Public Analyst could include these samples in his normal analyses, and it was not appreciated that specialised methods and equipment would be involved.

It is proposed to take the first samples for analysis under this scheme during the March quarter of 1967.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

These Regulations come into operation on 1st January, 1967, and lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles. Markets and stalls are so defined (Regulation 2(1)) that the Regulations apply to any handling of or trading in food which is undertaken either (i) in any market or market premises, or (ii) away from fixed premises. Delivery vehicles are defined as any vehicles used for the delivery of food; if they are used for the sale of food, they come within the definition of stall and become subject to the appropriate requirements for stalls.

The principal requirements of the Regulations relate to:-

(a) the cleanliness of stalls and delivery vehicles used in any food business and the equipment used therein;

(b) the hygienic handling of food and the separation of food offered for sale from any unfit for human consumption;

(c) the cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from or are the carriers of certain infections liable to cause food poisoning;

(d) the wearing of clean and washable overclothing while handling open food (waiters and certain others excepted);

(e) the temperatures at which certain foods particularly liable to transmit disease are to be kept at markets and stalls;

(f) the provision of water supply, washing facilities and first-aid materials;

(g) the provision of facilities for washing and sorting food and equipment;

(h) the proper disposal of waste material;

(i) the provision of suitable and sufficient means of lighting;

(j) the display of the owner's name and address on delivery vehicles as well as stalls, and both must identify the place where they are kept or garaged;

(k) the granting by local authorities of certificates of exemption from certain of the requirements, with a right of appeal to a magistrates' court against the refusal or withdrawal of a certificate; and

(l) the effective covering and screening of all stalls selling open food other than raw vegetables unless the stall is designed, constructed and operated so as to protect the food until it is sold.

These Regulations will require considerable amendment to both the stalls and the storage facilities of many of the street traders dealing with food, together with amendment to both premises and vehicles of food transport undertakers.

Some of the requirements are in many cases already satisfied, but others are at present under discussion and, before making particular requirements, the traders are being consulted concerning the practical aspect of our proposals for the protection of open foods which are displayed on stalls.

The question of exemption certificates in circumstances where facilities are provided at a central point, which is conveniently and readily available to several stall-holders, and the provision of receptacles for, and the collection of, waste material are also under discussion.

The requirements of the new Regulations were brought to the attention of all licensed street traders dealing in food in the borough, who were required by 31st January, 1967, to comply with the requirements relating to the naming and lighting of stalls and the provision of clean and washable overclothing.

In view of the new Regulations, it would appear necessary to tighten control over the granting of licences to street traders dealing in food and, in this connection, it is regrettable that Regulations have not been made under Section 21 of the Act of 1955 to provide for the compulsory licensing by the local authority of all food stalls, vehicles and all other places which are not premises.

## LEGAL PROCEEDINGS

### PUBLIC HEALTH ACTS, 1936/1961.

### Nuisances.

During the year, forty-nine summonses were issued for various

nuisances under the Public Health Acts, 1936/1961. In twenty-five cases, Abatement Orders were secured, fines amounting to £119.0s.0d., and costs amounting to £45.15s.0d. were awarded to the Council. In nineteen cases, the summonses were withdrawn, the nuisances having been abated prior to the Court hearings. In four cases, the summonses were not served and the remaining case was dismissed.

Two prosecutions were undertaken for failure to comply with Justices' Orders to abate statutory nuisances. Fines totalling £10.0s.0d. were imposed, and the Council were awarded costs amounting to £2.0s.0d.

Prevention of Nuisance from Demolition Bye-laws.

Ten summonses were issued against demolition contractors for failing to take steps as required by the Bye-laws to prevent nuisances arising from the demolition of properties.

The Magistrates imposed fines in eight cases totalling £36.0s.0d. and the Council were awarded £3.0s.0d. costs.

In the remaining two cases the summonses were withdrawn.

NOISE ABATEMENT ACT, 1960.

Nuisances.

Legal proceedings were taken in one case against a street vendor of ice-cream for operating a loudspeaker at 8.40 p.m. A conviction was obtained and a fine of £5.0s.0d. was imposed, the Council being awarded £1.0s.0d. costs.

HOUSING ACT, 1957.

Overcrowding.

One summons was issued for permitting a dwelling house to be overcrowded, but the summons was withdrawn because it was found to have been served on a person who was not the legal owner.

Illegal Occupation of Closed Unfit Rooms.

Two summonses were issued against a landlord in respect of the illegal occupation of closed rooms. At the Court hearing, the case was adjourned sine die.

FOOD AND DRUGS ACT, 1955.

The Preservatives in Food Regulations, 1962.

One summons was issued in respect of the sale of Caviar style lumpfish roe containing added preservatives (Benzoic Acid) not permitted by the Regulations. The vendor was found not guilty and no costs were awarded against the Council.

False Labelling of Food - Section 6.

Two summons were issued in respect of the false labelling of food and drugs.

Convictions were obtained in both cases and fines amounting to £7.0s.0d. were imposed and the Council were awarded £7.0s.0d. costs.

Colouring Matter in Food Regulations, 1957.

One summons was issued in respect of a contravention of these Regulations concerning the sale of containers not bearing labels including the prescribed declaration. A conviction was obtained and a fine of £2.0s.0d. was imposed and costs of £5.0s.0d. were awarded to the Council.

Offences under Section 2.

Ten summonses were issued in respect of the sale of food not of the nature, substance or quality demanded. In six cases, convictions were obtained and fines totalling £23.0s.0d. were imposed, and the Council were awarded £9.18s.0d. costs.

In two cases, the summonses were withdrawn and in the remaining two cases the vendors were found not guilty.

Unfit Food - Section 8.

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 | | |
|---|---|---|---|---|---|---|
| | £ | s | d | £ | s | d |
| Dried mixed vegetables (infested with larvae) | 20 | 0 | 0 | 5 | 0 | 0 |
| Unfit steak pie | Dismissed | | | | | |
| Unfit steak pie | Dismissed | | | | | |
| Unfit pork sausages | Dismissed | | | | | |
| Chocolate cake | 5 | 0 | 0 | 5 | 0 | 0 |

Food Hygiene (General) Regulations, 1960.

Nineteen summonses were taken out against one defendant for contraventions of these Regulations. The contraventions included the failure to keep food premises and equipment in a clean condition, failure to provide adequate wash basins, soap, nail brushes and towels, and absence of notices regarding washing hands.

In the case of fourteen summonses, convictions were obtained and fines totalling £192.0s.0d. were imposed, and the Council were awarded £5.0s.0d. costs. The remaining five summonses were not separately dealt with, but the Magistrates took the offences into account in dealing with other contraventions.

An Order was also made prohibiting the defendant from using the premises as catering premises for a period of two years.

# WELFARE SERVICES

## WELFARE SERVICES

Mr. S.A. Biddlecombe
Chief Welfare Officer

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The duties and powers of the local welfare authority are contained in the National Assistance Act, 1948, as amended; the main provisions of which are as follows:-

(a) Residential accommodation for persons in need of care and attention.

(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, holidays and other amenities, 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) Removal to suitable premises of persons in need of care and attention.

(h) Temporary protection of property of persons admitted to hospital, etc.

(i) Burial or cremation of persons found dead when no suitable arrangements have been, or can be, made.

Progress has been made in the acquisition and adaptation of replacement properties for the short-stay accommodation provided at Lorrimore Square, Southwark, also the additional properties required for this service.

Details of the six premises planned for use as homeless family accommodation are contained in the report.

The Ten-Year Plan submitted to the Ministry makes provision for the increasing need for residential accommodation and the replacement of King's Mead (which is expected to be vacated during 1970/71).

The proposed new homes are as follows:-

| | No. of places | Anticipated dates of occupation |
|---|---|---|
| Yeading Green | 92 | 1969 |
| Edenham Street, W.10. | 60 | 1970 |
| Allen Street, W.8. | 34 | 1971 |
| Springfields (two homes) | 120 | 1971 |
| Lancaster Road (West) | 40 | 1971/5 |

Reference to Table A (page 107) emphasises that the residential service is increasingly concerned with those in the higher age group. The present average age of residents is 81.7 years whereas last year it was 81 years. The highest age group is at Dale Mead, being 84.3 years. This fact, and the ninety-one deaths which occurred in the homes during the year, give an indication of the extent to which residents are cared for during terminal illness.

These statistics indicate a new approach in the planning of new homes, e.g., the provision of a room where a relative can stay during the terminal illness of their elderly parent and the need for a higher ratio of single to double rooms in order to minimise the disturbances associated with mental frailty.

A new feature of the work of the department was the provision of day care at King's Mead for a limited number of elderly people. The people concerned were considered to be too frail to be left alone for long periods, particularly if the only other person in the home was a son or daughter who had to go to work in order to support the home. The elderly person was required to be taken to the home by the relative on the way to business and collected on the return journey. During the day, the elderly person enjoyed the amenities of the home, including meals, for which a weekly charge was made and the relative was comforted in the knowledge that the elderly person was safe. Although the requests for this service were few, it fulfilled a need for which there had been no provision. Expansion to a large extent rests upon the provision of transport which, in central London, is becoming an increasing problem. Further studies are being pursued.

An innovation which has attracted the interest of other local authorities is the special appointment of an officer to develop the expansion, co-operation and co-ordination of all voluntary organisations serving the elderly and handicapped in the borough. It is encouraging to note that this facility is now sought after by voluntary associations and the help and encouragement offered through this appointment is readily received to the mutual benefit of the associations, the department and not least the elderly and handicapped themselves.

Residential Accommodation.

A total of 696 persons were in residential accommodation at 31st December, 1966, as follows:-

| | |
|---|---|
| Council accommodation ... ... ... | 478 |
| Other local authority homes ... ... | 31 |
| Voluntary homes ... ... ... ... | 187 |

The Council have the responsibility 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 allocated as follows:-

| | |
|---|---|
| Dale Mead ... ... ... ... | 56 men and women |
| Ellesmere ... ... ... ... | 122 " " " |
| King's Mead ... ... ... ... | 299 " " " |
| Holland Park ... ... ... ... | 31 women |
| Total ... ... ... | 508 |

The number of beds at Holland Park was reduced by two to provide essential facilities, e.g., doctor's and treatment room.

During the year, there were 249 new admissions and 195 persons were discharged from these homes. In the same period, 91 persons died in the homes. Vacancies are held for short-term admissions to hospitals for residents who are away on holiday, and for major re-decoration programmes. The total number of admissions and re-admissions was 350, and discharges amounted to 264.

Table A - Age Analysis at 31st December, 1966:-

| | Home | | | | Total |
|---|---|---|---|---|---|
| | King's Mead | Ellesmere | Dale Mead | No. 5 Holland Park | |
| Under 30 years | | | | | |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| 30 - 39 years | | | | | |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| 50 - 64 years | | | | | |
| Male | 6 | - | - | - | 6 |
| Female | 8 | 1 | - | 1 | 10 |
| 65 - 74 years | | | | | |
| Male | 28 | 3 | 3 | - | 34 |
| Female | 36 | 16 | 8 | 11 | 71 |
| 75 - 84 years | | | | | |
| Male | 19 | 16 | 8 | - | 43 |
| Female | 114 | 39 | 23 | 8 | 184 |
| 85 years and over | | | | | |
| Male | 3 | 7 | 3 | - | 13 |
| Female | 68 | 27 | 11 | 11 | 117 |
| TOTALS Male | 56 | 26 | 14 | - | 96 |
| TOTALS Female | 226 | 83 | 42 | 31 | 382 |
| Average Age | 81.2 | 80.7 | 84.3 | 80.6 | 81.7 |

Admissions and Discharges.

The following statistics show the position at residential homes for the period from 1st January to 31st December, 1966:-

Table B.

| | Home | | | | Total |
|---|---|---|---|---|---|
| | King's Mead | Ellesmere | Dale Mead | No. 5 Holland Park | |
| **Resident on 1.1.66.** | | | | | |
| Men | 57 | 31 | 13 | - | 101 |
| Women | 226 | 86 | 38 | 32 | 382 |
| Total | 283 | 117 | 51 | 32 | 483 |
| **Admissions** | | | | | |
| Men | 66 | 10 | 7 | - | 83 |
| Women | 185 | 43 | 10 | 29 | 267 |
| Total | 251 | 53 | 17 | 29 | 350 |
| **Discharges** | | | | | |
| Men | 63 | 12 | 5 | - | 80 |
| Women | 115 | 38 | 4 | 27 | 184 |
| Total | 178 | 50 | 9 | 27 | 264 |
| **Died** | | | | | |
| Men | 4 | 3 | 1 | - | 8 |
| Women | 70 | 8 | 2 | 3 | 83 |
| Total | 74 | 11 | 3 | 3 | 91 |
| **Remaining on 31.12.66.** | | | | | |
| Men | 56 | 26 | 14 | - | 96 |
| Women | 226 | 83 | 42 | 31 | 382 |
| Total | 282 | 109 | 56 | 31 | 478 |
| **Normal accommodation** | 299 | 122 | 56 | 31 | 508 |

Table C.

## 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 this way during the year was as follows:-

| Name of Home | Owning borough | Resident on 1.1.66 | | | Admitted | | | Discharged | | | Remaining on 31.12.66 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Women | Men | Total | Women | Men | Total | Women | Men | Total | Women | Men | Total |
| Fitzjohn Avenue | Camden | 1 | - | 1 | - | - | - | - | - | - | 1 | - | 1 |
| Somerville Hastings House | Camden | 1 | - | 1 | - | - | - | - | - | - | 1 | - | 1 |
| Hillside | Islington | 1 | 1 | 2 | - | 1 | 1 | - | 2 | 2 | 1 | - | 1 |
| Southern Grove | Tower Hamlets | - | 3 | 3 | - | 3 | 3 | - | 3 | 3 | - | 3 | 3 |
| Lansbury Lodge | Tower Hamlets | - | 1 | 1 | - | - | - | - | - | - | - | 1 | 1 |
| Ladywell Lodge | Lewisham | 1 | 19 | 20 | - | 18 | 18 | 1 | 19 | 20 | - | 18 | 18 |
| Newington Lodge | Southwark | 1 | - | 1 | 1 | - | 1 | 1 | - | 1 | 1 | - | 1 |
| Brockle Bank | Wandsworth | 2 | 1 | 3 | 1 | - | 1 | 3 | - | 3 | - | 1 | 1 |
| St. Ann's, Redhill | Sutton | - | 1 | 1 | - | - | - | - | 1 | 1 | - | - | - |
| Saxoncroft | Lambeth | - | - | - | 2 | 1 | 3 | - | - | - | 2 | 1 | 3 |
| Yew Tree Lodge | Wandsworth | - | - | - | 1 | - | 1 | - | - | - | 1 | - | 1 |
| TOTAL | | 7 | 26 | 33 | 5 | 23 | 28 | 5 | 25 | 30 | 7 | 24 | 31 |

The comparatively large numbers of men accommodated was owing to the lack of infirm beds for elderly males in the borough.

Accommodation provided by Voluntary Organisations.

There are 187 persons for whom the Council are responsible in accommodation provided by voluntary organisations and are classified as follows:-

Persons in residential accommodation provided by voluntary organisations on 31.12.66. by major disability

| | Under 65 | 65 and over |
|---|---|---|
| Blind ... ... ... ... | 3 | 12 |
| Deaf ... ... ... ... | 1 | 5 |
| Epileptic ... ... ... | 5 | 2 |
| Physically handicapped ... | 19 | - |
| Others ... ... ... ... | 4 | 136 |
| Total ... ... | 32 | 155 |

Persons in residential accommodation provided by voluntary organisations on 31.12.66. by age and sex

| | Male | Female |
|---|---|---|
| Under 30 years ... ... | 4 | 1 |
| 30 - 49 years ... ... | 3 | 2 |
| 50 - 64 years ... ... | 9 | 13 |
| 65 - 74 years ... ... | 14 | 26 |
| 75 - 84 years ... ... | 7 | 64 |
| 85 years and over ... ... | 5 | 39 |
| Total ... ... | 42 | 145 |

There are fifty-nine homes used for this purpose.

Waiting List for Admission to Homes for Aged Persons.

There were ninety-eight persons on the waiting list for admission to residential accommodation at 31st December, 1966, viz:-

| | Urgent Applications for Admission | Normal Applications for Admission | Total |
|---|---|---|---|
| Men | 14 | 11 | 25 |
| Women | 32 | 41 | 73 |
| TOTAL | 46 | 52 | 98 |

The total of ninety-eight shows a decrease of seventy-five from the figure for the previous year, due primarily to a complete revision of all persons on the list as provided by the former London County Council, many of whom for a variety of reasons were found to be no longer in need. The normal movement of admissions and discharges reduced the numbers on the urgent list.

The rate of admission to the waiting list was approximately

fourteen per month. In cases of genuine emergency, sixty-nine persons had to be admitted within two or three days. The greater number remained on the waiting list for a varying period from one month to fifteen months.

The transfer of welfare services to the Inner London boroughs has resulted in the emergence of an additional waiting list, which illustrates the need for flexibility in the allocation of accommodation, viz:-

| Home of Choice | Women | Men | Total |
|---|---|---|---|
| Other authority cases awaiting admissions to this Council's small homes | 12 | 5 | 17 |
| Cases awaiting admissions to other authorities' homes | 4 | 2 | 6 |
| Cases in large homes awaiting transfer to small homes | 1 | 5 | 6 |
| Cases in other authority small homes awaiting transfer to this Council's small homes | 1 | 1 | 2 |
| Cases in voluntary homes awaiting transfer to this Council's homes | 1 | 1 | 2 |
| TOTAL | 19 | 14 | 33 |

TEMPORARY ACCOMMODATION.

Homeless Families.

The Council have 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. The premises in use for homeless families are as follows:-

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

These premises were transferred to the Council by the former London County Council, but it has been necessary to vacate Lorrimore Square and return the premises (in October, 1966) to the Greater London Council for demolition and redevelopment.

Additional and replacement properties have been acquired and are in the process of being adapted for use as homeless family accommodation as follows:-

| | |
|---|---|
| 68 Oxford Gardens, W.10. | 3 family units |
| 228 Lancaster Road, W.11. | 5 family units |
| 84/90 Princedale Road, W.11. | 11 family units |
| 201 Ladbroke Grove, W.10. | 5 family units |
| 210 Ladbroke Grove, W.10. | 5 family units |
| 32 Dawson Place, W.2. | 7 family units |

The shortage of temporary accommodation continues to place greater emphasis on the need to develop and maintain casework at an intensive level in order to ensure either that families were not evicted, or, for those already occupying temporary accommodation, that they became more speedily eligible for permanent rehousing. This action helped to maintain a steady flow of vacancies for the newly-homeless.

The following statistics show the number of families received into, and discharged from, temporary accommodation during the year:-

| | |
|---|---|
| Number of families in temporary accommodation as at 1.1.66. ... ... ... | 56 |
| Number of families admitted (comprising 40 men, 80 women and 209 children) ... ... ... | 78 |
| Number of families discharged ... ... ... | 89 |
| Number of families remaining as at 31.12.66. ... ... ... | 45 |

The reasons for homelessness were as follows:-

| | |
|---|---|
| Rent arrears ... ... ... ... | 16 |
| Unauthorised occupants ... ... ... ... | 23 |
| Overcrowding and Public Health Acts ... ... | 7 |
| Fire victims ... ... ... ... | 8 |
| Family disputes ... ... ... ... | 11 |
| Condemned premises ... ... ... ... | 4 |
| Other reasons (including from hotel and hostel accommodation, new entrants to London and landlord wanted accommodation) ... ... | 9 |

Of the eighty-nine discharges, sixty-three were rehoused by nomination for housing allocated to this Council by the Greater London Council, four were rehoused by the Council, two by housing associations, four were assisted to find accommodation, and sixteen found their own accommodation.

The casework approach to these families is based principally on three main conditions:-

(a) Acceptance by the family of their financial responsibility, e.g., budgeting (in which advice is given as necessary), payment of arrears of rent, and other debts.

(b) Acceptance by the parents of good standards of child care, e.g., adequate warm clothing, good food regularly, kindly discipline, including that required in close living conditions, good school attendance, medical treatment as soon as needed, etc.

(c) Acceptance by the husband that he shall seek and retain employment within his ability. Every encouragement is afforded and assistance given in finding employment.

The reaction shown by families was encouraging and resulted in rehousing being effected within a period of twelve months in most cases.

Examples of two such families are as follows:-

(1) Family consisting of man, wife and three children; evicted from service tenancy after sale of property; unable to find other

accommodation. The husband was incapacitated by a brain tumour, and after the operation suffered loss of balance, deafness and epilepsy. The wife suffered from asthma. This was a responsible and closely knit family who were bravely striving to retain independence but began to show signs of strain after becoming homeless. With encouragement, the husband secured employment in one of the New Towns but he was not offered immediate housing. Continued support was given to the family and liaison with the authority concerned resulted in the family being happily rehoused.

(2) Family consisting of an Australian woman and four children; evicted for rent arrears; unable to find accommodation; admitted to temporary accommodation. The woman and children had been brought to the United Kingdom from Australia by a man who had deserted them six weeks after arrival, and she had always wanted to return there. The woman led a precarious, irresponsible, emotional existence; she was anxious and unsure of herself and the strain from her insecurity showed in irritability and depression. By concentrated casework, the woman greatly improved, keeping the home clean and the children better behaved, and it was considered that permanent rehabilitation could be effected if she were re-united with her relations. Steps were taken to endeavour to repatriate the family. They were eventually rehoused, and the negotiations to repatriate to Australia terminated successfully.

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 during the year:-

(a) Voluntary Homes.

| | Mothers | Children | Total |
|---|---|---|---|
| Number resident at 31st December, 1965 | 16 | 16 | 32 |
| Admitted | 90 | 90 | 180 |
| Discharged | 93 | 93 | 186 |
| Number remaining at 31st December, 1966 | 13 | 13 | 26 |

Country of origin of mothers admitted:

| | | | |
|---|---|---|---|
| United Kingdom ... | 54 | Spain ... | 3 |
| Eire ... | 15 | Ghana ... | 1 |
| Nigeria ... | 1 | India ... | 1 |
| Singapore ... | 1 | Italy ... | 1 |
| New Zealand ... | 4 | Phillipines ... | 1 |
| Cyprus ... | 1 | Portugal ... | 1 |
| Australia ... | 3 | East Africa ... | 1 |
| West Indies ... | 1 | Canada ... | 1 |
| Total ... ... | 90 | | |

72 domiciled in London. 18 domiciled outside London.

(b) King's Mead.

| | Mothers | Children | Total |
|---|---|---|---|
| Number resident at 31st December, 1965 | 5 | 5 | 10 |
| Admitted | 52 | 53 | 105 |
| Discharged | 56 | 57 | 113 |
| Number remaining at 31st December, 1966 | 1 | 1 | 2 |

Country of origin of mothers admitted:

| | |
|---|---|
| United Kingdom ... ... ... | 24 |
| Eire ... ... ... | 19 |
| Kenya ... ... ... | 1 |
| Costa Rica ... ... ... | 1 |
| Australia ... ... ... | 1 |
| Canary Islands ... ... ... | 1 |
| British Guiana ... ... ... | 1 |
| New Zealand ... ... ... | 1 |
| Holland ... ... ... | 1 |
| Switzerland ... ... ... | 1 |
| Italy ... ... ... | 1 |
| Total ... ... ... | 52 |

43 domiciled in London. 9 domiciled out of London.

Local Authority responsible:-

| | |
|---|---|
| Kensington and Chelsea ... ... | 19 |
| Camden ... ... ... | 13 |
| Islington ... ... ... | 3 |
| Hackney ... ... ... | 2 |
| Lambeth ... ... ... | 2 |
| Hammersmith ... ... ... | 6 |
| Westminster ... ... ... | 6 |
| Tower Hamlets ... ... ... | 1 |
| Total ... ... ... | 52 |

(c) Other Homes.

"Ballantyne", Lewisham.

| | Mothers | Children | Total |
|---|---|---|---|
| Number resident at 31st December, 1965 | - | - | - |
| Admitted | 11 | 11 | 22 |
| Discharged | 11 | 11 | 22 |
| Number remaining at 31st December, 1966 | - | - | - |

Country of origin of mothers admitted:

| | |
|---|---|
| United Kingdom ... ... ... | 5 |
| Spain ... ... ... | 1 |
| West Indies ... ... ... | 1 |
| Germany ... ... ... | 1 |
| Eire ... ... ... | 3 |
| Total ... ... ... | 11 |

5 domiciled in London. 6 domiciled out of London.

"Carisbrooke", Lambeth.

| | Mothers | Children | Total |
|---|---|---|---|
| Number resident at 31st December, 1965 | - | - | - |
| Admitted | 4 | 4 | 8 |
| Discharged | 4 | 4 | 8 |
| Number remaining at 31st December, 1966 | - | - | - |

Country of origin of mothers admitted:-

| | |
|---|---|
| United Kingdom ... ... ... | 2 |
| Canada ... ... ... | 1 |
| Spain ... ... ... | 1 |
| Total ... ... ... | 4 |

2 domiciled in London. 2 domiciled out of London.

## 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 organisations 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. 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.

In accordance with the requirements of the Minister of Health, the Council 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, a register is kept of those elderly persons who apply for, or on whose behalf application is made for, assistance.

The following table shows the number of persons on the registers at 31st December, 1966:-

| | |
|---|---|
| Blind ... ... ... ... ... | 443 |
| Partially sighted ... ... ... | 123 |
| Physically handicapped ... ... | 739 |
| Deaf/Hard of hearing ... ... ... | 26 |
| Elderly persons ... ... ... | 2,536 |

The services for all classes of handicapped and elderly persons are based upon home visiting by the social welfare officers, supplemented by "community care" in day time 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. In pursuance of this policy a wide variety of services is made available to assist handicapped and elderly persons to overcome their disabilities in order that they can lead a full and independent life in their own homes. The services include advice and guidance on personal problems; the

provision of aids and appliances and adaptations in the home; holidays; home chiropody treatment; meals-on-wheels; mobile library service; a laundry service in certain cases of chronic illness; handicraft instruction and special services to the blind, including the teaching of Braille and Moon type.

During the year, 12,756 initial and follow-up visits were made in connection with the above services and in respect of applications for admissions to homes, voluntary visitors, clubs and centre membership and other miscellaneous services. In addition, 1,373 persons were interviewed at head office.

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:-

| | | £ | s | d |
|---|---|---|---|---|
| (1) | British Epilepsy Association ... ... | 25 | 0 | 0 |
| (2) | Cecil Homes ... ... ... ... ... | 470 | 0 | 0 |
| (3) | Corby Development Corporation ... ... | 40 | 0 | 0 |
| (4) | London Free Church Council ... ... | 75 | 0 | 0 |
| (5) | Papworth Village Settlement ... ... | 55 | 0 | 0 |
| (6) | St. Joseph's Almshouses ... ... ... | 100 | 0 | 0 |
| (7) | Servite Houses ... ... ... ... | 100 | 0 | 0 |
| (8) | Task Force (1964) Limited ... ... ... | 2,150 | 0 | 0 |
| (9) | Voluntary Hostels Conference ... ... | 200 | 0 | 0 |
| (10) | National Library for the Blind ... ... | 120 | 0 | 0 |
| (11) | Royal National Institute for the Blind Talking Books ... ... | 10 | 0 | 0 |
| (12) | Southern Regional Association for the Blind ... ... ... ... | 75 | 0 | 0 |
| (13) | The Kensington and Chelsea Communal Services Committee ... ... | 6,880 | 0 | 0 |
| (14) | The Kensington Day Centre Limited ... | 5,310 | 0 | 0 |
| (15) | Kensington and Chelsea Old People's Welfare Committee ... ... ... | 3,230 | 0 | 0 |

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

| | | £ | s | d |
|---|---|---|---|---|
| (a) | Chelsea Women's Institute ... ... ... | 11 | 10 | 0 |
| (b) | Chelsea Housing Improvement Society ... | 15 | 0 | 0 |
| (c) | The National Old People's Welfare Council ... ... ... ... ... | 5 | 5 | 0 |
| (d) | West London Angling Competitors' Committee ... ... ... ... ... | 5 | 0 | 0 |

WELFARE OF THE BLIND.

Definition of Blindness.

The statutory definition for the purposes of registration as a

blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is essential". In considering this matter there are two important points to be noticed, viz:-

(i) the test is not whether the person is unable to pursue his ordinary occupation or any particular occupation, but whether he is too blind to perform any work for which eyesight is essential; and

(ii) only the visual conditions are taken into account and other bodily or mental infirmities are disregarded.

The number of persons newly registered as blind during 1966 was twenty-two men and fifty-three women, a total of seventy-five. Table I (page 118), showing the distribution of age groups, includes that figure and shows a total number of 443 registered blind persons ordinarily resident in the borough.

The greater number of new registrations are in the age groups of sixty-five and over, which is consistent with figures produced for national statistics.

The analysis of causes of blindness in newly registered persons shown in Table II (page 119) indicates no change in the general pattern.

An analysis of the register showing the education, training and employment position is given in Tables III and IV (pages 119 and 120).

It will be seen that a total of 314 persons are over sixty-five years of age, leaving a balance of 131 adults, of whom 50 are either not available for, or not capable of, work.

Each Tuesday afternoon, a social club for the blind is held at the Council's Rehabilitation Centre, Gertrude Street. A social welfare officer, who is also a qualified home teacher, organises the club which has twenty-four members. Games equipment is provided and other activities include a Christmas party and an outing.

Close liaison is maintained with voluntary organisations, viz., the Royal National Institute for the Blind; the London Association for the Blind; the Southern Regional Association for the Blind; St. Dunstan's and 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.

The number of home visits made to blind persons during the year was 1,641.

A brief summary of the special facilities available to 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 (i.e., talking books)
Free bus passes for escorts
Free railway fares for guide for special purposes
Braille literature

Library books in Braille or Moon type
Fireguards on loan
Specially designed aids and gadgets

Table I - Blind Persons (Registered) for the year ended 31st December, 1966, showing the distribution by age groups of the blind population:-

| | Male | Female | Total |
|---|---|---|---|
| Under 1 year | 1 | - | 1 |
| 1 year | - | - | - |
| 2 years | - | - | - |
| 3 years | - | - | - |
| 4 years | 1 | - | 1 |
| 5 - 10 years | 1 | - | 1 |
| 11 - 15 years | - | - | - |
| 16 - 20 years | 1 | 3 | 4 |
| 21 - 29 years | 15 | 7 | 22 |
| 30 - 39 years | 8 | 14 | 22 |
| 40 - 49 years | 15 | 15 | 30 |
| 50 - 59 years | 17 | 15 | 32 |
| 60 - 64 years | 9 | 7 | 16 |
| 65 - 69 years | 15 | 23 | 38 |
| 70 - 79 years | 21 | 77 | 98 |
| 80 - 84 years | 17 | 51 | 68 |
| 85 - 89 years | 13 | 61 | 74 |
| 90 years and over | 4 | 32 | 36 |
| Unknown | - | - | - |
| | 138 | 305 | 443 |

Blind Persons Registered as New Cases:-

| | Male | Female | Total |
|---|---|---|---|
| Under 1 year | 1 | - | 1 |
| 1 year | - | - | - |
| 2 years | - | - | - |
| 3 years | 1 | - | 1 |
| 4 years | - | - | - |
| 5 - 10 years | - | - | - |
| 11 - 15 years | - | - | - |
| 16 - 20 years | 1 | - | 1 |
| 21 - 29 years | - | - | - |
| 30 - 39 years | - | - | - |
| 40 - 49 years | - | 1 | 1 |
| 50 - 59 years | 1 | - | 1 |
| 60 - 64 years | 1 | - | 1 |
| 65 - 69 years | 4 | 1 | 5 |
| 70 - 79 years | 6 | 23 | 29 |
| 80 - 84 years | 3 | 12 | 15 |
| 85 - 89 years | 3 | 11 | 14 |
| 90 years and over | 1 | 5 | 6 |
| Unknown | - | - | - |
| | 22 | 53 | 75 |

Table II - Analysis of Cause of Blindness of Persons Newly Registered during 1966:-

| Cause | Male | Female | Total |
|---|---|---|---|
| Senile Macula Degeneration | 9 | 21 | 30 |
| Cataract | 3 | 15 | 18 |
| Disciform Degeneration of Macula | 1 | 1 | 2 |
| Glaucoma | 2 | 5 | 7 |
| Degeneration of Corneal Endothelium | - | 1 | 1 |
| Retinal Detachment | 1 | - | 1 |
| Myopia | 2 | 1 | 3 |
| Vitreous Opacities | - | 1 | 1 |
| Retrolental Fibrophasia | 1 | - | 1 |
| Central Artery Occlusion | - | 3 | 3 |
| Optic Atrophy | 1 | 1 | 2 |
| Arteriosclerotic Retinopathy | - | 1 | 1 |
| Diabetic Retinopathy | 1 | 1 | 2 |
| Fuch's Epi-endothelial Degeneration | 1 | - | 1 |
| Albinotic Fundi | - | 2 | 2 |
| TOTAL | 22 | 53 | 75 |

Table III - Summary of Occupations of Blind Persons at 31st December, 1966:-

| | Male | Female | Total |
|---|---|---|---|
| Children | | | |
| Aged under 2 years at home | 1 | - | 1 |
| Aged 2 - 4 years (ineducable) at home | 1 | - | 1 |
| Aged 5 - 15 years (educable) attending special schools | 1 | - | 1 |
| Adults aged 16 years and upwards | | | |
| At school | 1 | - | 1 |
| Employed in Sheltered Workshops | 3 | 1 | 4 |
| Employed as Home Workers | - | 1 | 1 |
| Employed in Open Employment | 38 | 28 | 66 |
| Trainee for Sheltered Employment | - | - | - |
| Trainee for Open Employment | 3 | 1 | 4 |
| Trainee for Profession | 1 | 1 | 2 |
| Unemployed but capable and available for work | - | - | - |
| Trained for Sheltered Employment | - | - | - |
| Trained for Open Employment | 1 | - | 1 |
| Subject to training in Sheltered Employment | - | - | - |
| Subject to training in Open Employment | - | - | - |
| Without training in Sheltered Employment | - | - | - |
| C/fwd. ... | 50 | 32 | 82 |

| | Male | Female | Total |
|---|---|---|---|
| B/fwd. ... | 50 | 32 | 82 |
| Without training in Open Employment | 1 | 1 | 2 |
| Not available for work - aged 16-64 | 18 | 21 | 39 |
| Not capable of work - aged 16-64 | 2 | 8 | 10 |
| Not employed - aged over 65 | 67 | 243 | 310 |
| TOTAL | 138 | 305 | 443 |

Table IV - Analysis of the Occupations of Employed Blind Persons shown in Table III:-

| | Sheltered Workshops | Home Workers Scheme | Open Industry | Total |
|---|---|---|---|---|
| Masseurs and physiotherapists | - | - | 2 | 2 |
| Lecturers, teachers | - | - | 3 | 3 |
| Barristers, solicitors | - | - | 3 | 3 |
| Musicians | - | - | 1 | 1 |
| Proprietors, managers | - | - | 2 | 2 |
| Typists, secretaries | - | - | 25 | 25 |
| Braille Copyists | - | - | 1 | 1 |
| Clerical workers | - | - | 3 | 3 |
| Telephone operators | - | - | 11 | 11 |
| Shop managers | - | - | 3 | 3 |
| Boxers, fillers, packers | - | - | 1 | 1 |
| Machine knitters | 1 | 1 | - | 2 |
| Basket makers | 2 | - | - | 2 |
| Brush makers | 1 | - | - | 1 |
| Piano tuners | - | - | 1 | 1 |
| Domestic workers | - | - | 6 | 6 |
| Other open employment | - | - | 4 | 4 |
| TOTAL | 4 | 1 | 66 | 71 |

PARTIALLY SIGHTED PERSONS.

Definition of Partial Sight.

There is no statutory definition in the National Assistance Act, 1948, of partial sight, but the Ministry of Health has advised that a person who is not blind within the meaning of the Act of 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character is within the scope of the welfare services which the local authority are empowered to provide for blind persons: but this does not apply to other benefits specially enjoyed by the blind.

The register of partially sighted persons (Table I, page 121), shows a total of 123. Of these, 36 were newly registered during the year (Table II, page 122).

An analysis of the causes of partial sight of the newly registered is shown in Table IV (page 122).

Training and Employment.

(a) Severely handicapped

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

| | Male | Female | Total |
|---|---|---|---|
| Employed ... ... ... ... ... | 3 | 3 | 6 |
| Awaiting suitable placement ... ... | 1 | - | 1 |
| Not available for employment or not capable of work ... ... | 1 | 2 | 3 |
| 65 years of age and over and not capable of employment ... ... | 7 | 33 | 40 |
| | 12 | 38 | 50 |

(b) Requiring observation only ... ... 2 18 20

(c) Industrially handicapped

The remaining persons registered are classified thus:-

| | | | |
|---|---|---|---|
| Children aged 16 years and over still at school ... ... ... | - | 1 | 1 |
| Employed ... ... ... ... | 9 | 2 | 11 |
| Undergoing training ... ... ... | - | 1 | 1 |
| Available for and capable of training or work ... ... | 2 | - | 2 |
| Not available for work ... ... | 6 | 29 | 35 |
| | 17 | 33 | 50 |

(d) Education

| | | | |
|---|---|---|---|
| Three children under 15 years are attending special day schools ... | 1 | 2 | 3 |
| TOTAL ... ... ... | 32 | 91 | 123 |

Table I - Partially Sighted Persons (Registered) for the year ended 31st December, 1966, showing the distribution by age groups of the partially sighted population:-

| | 0-1 | 2-4 | 5-15 | 16-20 | 21-49 | 50-64 | 65 and over | Total |
|---|---|---|---|---|---|---|---|---|
| Males | - | - | 1 | - | 14 | 1 | 16 | 32 |
| Females | - | - | 2 | 1 | 6 | 13 | 69 | 91 |
| TOTAL | - | - | 3 | 1 | 20 | 14 | 85 | 123 |

Table II - Partially Sighted Persons Registered as New Cases:-

| | 0-1 | 2-4 | 5-15 | 16-20 | 21-49 | 50-64 | 65 and over | Total |
|---|---|---|---|---|---|---|---|---|
| Males | - | - | 1 | - | 1 | 1 | 7 | 10 |
| Females | - | - | - | - | 1 | 5 | 20 | 26 |
| TOTAL | - | - | 1 | - | 2 | 6 | 27 | 36 |

Table III - Removals from Register during the year for reasons set out below:-

(i) On admission to Blind Register:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Males | - | - | - | - | 1 | - | 2 | 3 |
| Females | - | - | - | 1 | 1 | - | 12 | 14 |
| TOTAL | - | - | - | 1 | 2 | - | 14 | 17 |

(ii) On decertification due to improved visual acuity:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Males | - | - | - | - | - | - | - | - |
| Females | - | - | - | - | - | - | - | - |
| TOTAL | - | - | - | - | - | - | - | - |

Table IV - Analysis of Causes of Partial Sight of Persons Newly Registered during 1966:-

| Cause | Male | Female | Total |
|---|---|---|---|
| Cataract | - | 17 | 17 |
| Macula Degeneration | 2 | 4 | 6 |
| Intra-ocular optic neuritis | 1 | - | 1 |
| Myopia | 1 | 1 | 2 |
| Retrobulbar neuritis | - | 1 | 1 |
| Glaucoma | 2 | 2 | 4 |
| Ptosis | 1 | - | 1 |
| Optic Atrophy | 1 | 1 | 2 |
| Central Artery Occlusion | 2 | - | 2 |
| TOTAL | 10 | 26 | 36 |

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 disability and to obtain any available general, preventive or remedial treatment which they appear to require.

(b) To give advice and guidance on personal problems and in connection with any service, whether provided under any enactment or rendered by any voluntary organisation, which appears 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 at 31st December, 1966, showed a total of 739. During the year, 347 persons were added to the register. The grouping of disabilities is in accordance with the Medical Research Council code of diseases and disabilities as used by the Ministry of Labour. Relevant statistics are produced in Table I (page 124). An analysis of the disabilities of the newly registered cases is shown in Table II (page 125).

Notifications concerning handicapped persons are received from many sources and the circumstances of each case are investigated at the earliest opportunity. 2,715 home visits have been carried out by the social welfare officers. Arising from these visits, many needs have been brought to notice resulting in 108 items being supplied such as stocking aids, bath safety rails, bath boards, bath mats, bath seats, bread cutting machines, commodes, long handled dust-pans and brushes, lazy tongs, pick-up sticks, raised toilet seats, long handled shoe horns, bedside tables, writing frames and folding white sticks for the

blind and a Hoyer Lifter, the cost of these totalling £176.14s.0d. 161 articles of medical loan equipment were issued. A total of £391.6s.5d. has been spent on special grants for handicapped persons on the following items:-

Grab-rails in toilets and bathrooms in five cases
Handrails by steps
Handrails in kitchen and bathrooms and passage
Erection of pavement crossover
Erection of concrete ramp
Installing special bath, grab-rails, widening doors and providing ramp
Installing special bath and grab-rails
Alteration to coal store and installing grab-rails to flat

Table I - Analysis of Persons on the General Classes Register according to Age and Handicap

| Code | Major Handicaps | Age | | | | | |
|---|---|---|---|---|---|---|---|
| | | Under 16 | 16-29 | 30-49 | 50-64 | 65 and over | Total |
| A/E | Amputation | - | 2 | 5 | 5 | 17 | 29 |
| F | Arthritis or Rheumatism | - | 1 | 2 | 46 | 133 | 182 |
| GG | Congenital malformations or deformities | - | - | 2 | 4 | 8 | 14 |
| H/L | Diseases of the digestive and genito-urinary, heart, circulatory and respiratory systems | - | 2 | 9 | 43 | 111 | 165 |
| O/T | Injuries of head, face, neck, thorax, abdomen, pelvis, trunk, limbs and spine | 2 | 5 | 9 | 20 | 68 | 104 |
| V | Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis, etc. | 3 | 18 | 39 | 67 | 64 | 191 |
| U/W | Neuroses, psychoses other than in 'V' above | - | - | 1 | 1 | 6 | 8 |
| XNY | Tuberculosis, respiratory and non-respiratory | - | - | 2 | 1 | 2 | 5 |
| Z | Diseases and injuries not specified | 2 | - | 4 | 9 | 26 | 41 |
| | TOTAL | 7 | 28 | 73 | 196 | 435 | 739 |

Table II - New Registrations during 1966. Analysis of Disabilities.

| Disability | No. of Persons |
|---|---|
| Arthritis | 89 |
| Disseminated Sclerosis | 4 |
| Stroke | 15 |
| Acute Bronchitis | 2 |
| Respiratory Tuberculosis | 1 |
| Osteo-arthritis | 9 |
| Amputation of Leg | 7 |
| Double Amputee | 1 |
| Bilateral Anthroplasty of Hips | 1 |
| Arthrodesis of Right Hip | 1 |
| Cardiac and Vascular Disease | 54 |
| Rheumatism | 10 |
| Ulcerated Legs | 2 |
| Parkinson's Disease | 7 |
| Hemiplegia | 26 |
| Stomach Growth | 1 |
| Fractured Femur | 9 |
| Curvature of Spine | 1 |
| Epilepsy | 4 |
| High Blood Pressure | 7 |
| Rheumatoid Arthritis | 15 |
| Cancer | 14 |
| Cirrhosis of Liver | 1 |
| Encephalitis | 1 |
| Muscular Dystrophy | 3 |
| Bronchitis | 19 |
| Asthma | 5 |
| Huntington's Chorea | 2 |
| Angina | 3 |
| Diabetes | 3 |
| Spastic | 1 |
| Myxoedema | 1 |
| Congenital Hydrocephalus | 1 |
| Congenital Deformity | 1 |
| Malformation of Right Leg | 1 |
| Severe Bronchiectasis | 1 |
| Arterio Sclerosis | 2 |
| Cerebral Palsy | 1 |
| Old Fracture to Ankle | 1 |
| Fractured Spine | 2 |
| Congenital Speech Defect | 1 |
| Paget's Disease | 1 |
| Poliomyelitis | 2 |
| Multiple Sclerosis | 3 |
| Emphysema | 2 |
| Paraplegia | 2 |
| General Paralysis of the Insane | 1 |
| Spina Bifida | 1 |
| Deformity | 1 |
| Laminectomy | 1 |
| Brain Tumour | 1 |
| Virus Infection of the Brain | 1 |
| Osteomyelitis | 1 |
| TOTAL | 347 |

TRANSPORT.

The Council's complement of three vehicles, one coach with a hydraulic tail-lift and two utilabuses, was increased by the addition of a further coach with tail-lift in June, 1966. All these vehicles have been used every week-day to transport handicapped persons between their homes and social centres. In addition, since October, a regular weekly coach outing, either to the shops or the country, has been arranged for the residents of each of the residential homes. In the evenings and at week-ends, voluntary organisations are given the use of the transport for approved purposes, a service of which they have availed themselves on nearly four hundred occasions. The total mileage travelled in covering all these commitments amounted to over 40,000 miles. For operational purposes, the Council's schedule of transport needs is grouped with that of Westminster and Camden Councils in order to meet each borough's commitments.

OLD PEOPLE'S WELFARE.

The review of the register of elderly persons was completed during the year and, at 31st December, 1966, the number remaining was 2,536. Many of these persons receive assistance from statutory and voluntary sources to ensure their continued welfare.

Co-operation with voluntary organisations interested in the welfare of elderly people is maintained by an officer specially appointed for this purpose. In consequence, much benefit has been derived by the elderly.

Close liaison was maintained with the Old People's Welfare Committee, of which the Chief Welfare Officer is the Honorary Secretary. This Committee is a voluntary organisation representative of all those organisations both voluntary and statutory whose interests are concerned with the services to the elderly.

Meals Service.

The arrangements for meals, either delivered to old people in their own homes or luncheon clubs, were continued successfully by the Women's Royal Voluntary Service in conjunction with the Kensington and Chelsea Communal Services Committee. The total number of meals supplied was 79,568; of these, 47,322 were delivered by the meals-on-wheels service to elderly people in their own homes. A fleet of seven vehicles is used by this service.

Chiropody.

In conjunction with the Old People's Welfare Committee and the British Red Cross Society, a domiciliary chiropody service was provided for home-bound elderly persons. Three chiropodists were employed and they carried out 1,354 visits; 459 persons benefited from the service. A clinic operates 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 in Chelsea. Approximately 1,000 treatments were given and some 300 people benefited.

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 fifty-three 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, 2,330 separate collections of laundry were made and the number of articles cleansed totalled 30,414.

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 Royal Voluntary Service in the Kensington area and by the British Red Cross Society in the Chelsea area. The number of persons benefiting from the service was 148.

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. Approximately 4,000 were distributed. In addition, they carried out an arrangement with the Ministry of Social Security to send to every person reaching retirement pension age a card giving general information on how to obtain services.

Social Activities.

There are twenty-seven social clubs for elderly people organised by various associations, etc., among them being the Old Time Dancing and Arts and Craft classes. The clubs also arrange concerts and outings.

Christmas concerts were arranged by the Old People's Welfare Committee at Kensington and Chelsea Town Halls. These were attended by 510 persons. In addition, 2,300 Christmas parcels were distributed to needy old persons by the Old People's Welfare Committee, various organisations and schools in the borough. Arrangements were made with the management of a local store for late Christmas shopping facilities. The store remained open until 9.00 p.m. and over two hundred people from the borough and adjoining boroughs took advantage of this facility which was greatly appreciated.

Task Force (1964) Limited.

Task Force has been operating in the borough since September, 1965, and during the period to 31st December, 1966, some 931 volunteers, 711 attached to school and youth groups and 220 unattached, were involved in visiting 848 elderly people. In addition, Task Force volunteers undertook on behalf of the welfare section to investigate 106 cases which had not received any welfare services during the previous two years. Of this number, thirty-six persons did not need any services, eleven died or moved away, four needed decorating or other jobs and sixteen regular visiting. The remaining thirty-nine cases are pending.

Much of the work performed by Task Force is carried out during

week-ends when the recognised statutory and voluntary services are not available. Besides visiting, such tasks as gardening, window cleaning, hairdressing, shopping, decorating and spring-cleaning were undertaken. Twenty-two young volunteers prepared and cooked meals for nineteen elderly persons on Saturdays during the year.

Both the numbers of volunteers and the number and variety of tasks undertaken are increasing and consequently more old people are benefiting from this service.

Many letters of appreciation have been received from the elderly recipients and also from other voluntary organisations who referred jobs and who are working in close co-operation.

Voluntary Visiting.

Some forty to forty-five unattached voluntary visitors have been engaged during the year in visiting regularly one elderly person each; also a very active Good Neighbours scheme is functioning in the Chelsea area. Approximately one hundred voluntary visitors from churches in the borough of all denominations are providing a valuable contribution to this work. An essential feature of a voluntary visiting service, particularly where more than one scheme is functioning is good co-ordination. This has been materially assisted by the special appointment agreed by the Council of a liaison officer whose help and advice is already being warmly received by many voluntary organisations.

SOCIAL ACTIVITIES.

Social and Rehabilitation Centre.

The Centre, situated in Gertrude Street, S.W.10., which was opened in November, 1965, continued to provide a daily service for the blind, physically handicapped and elderly. At the end of the year, the membership had increased to ninety-five persons.

The Centre is staffed by a Supervisor and Assistant Supervisor, kitchen and cleaning staff and a porter. Transport is provided for handicapped persons to and from their own homes. A mid-day meal is provided and morning and afternoon tea.

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. A summer outing to Worthing took place in August and the members spent an enjoyable day. Parties were arranged at Christmas for the members and those who attend the Blind Club. An Open Day and Sale of Work was held in October, which made it possible to display the high standard of work carried out. The total sum of £79.1s.6d. was raised from the sale of articles.

Holidays.

A comprehensive holiday scheme for blind, handicapped and elderly people, including residents of the borough's homes was arranged. Two hundred bookings were made at California Lakeside Holiday Camp in Berkshire, and ninety-seven bookings were made at guest houses at Ramsgate and Herne Bay. Other special holidays were arranged at establishments catering for the very severely disabled.

The camp had been specially adapted for handicapped persons by

the management and included the widening of chalet doors to give wheel-chairs easy access, the provision of grab-rails and ramps, and the asphalting of paths.

The staff on duty throughout the camp holiday included members of the department from head office, residential homes, coach drivers and attendants and a volunteer from the British Red Cross Society. Valuable assistance was also given by the camp staff and local branch of the Women's Institute.

The total number of people for whom two weeks' holiday was arranged was 307, of whom the greater majority were elderly, but included some who were blind and physically handicapped.

The net cost to the Council for all holidays was £1,958.15s.0d.

THE KENSINGTON DAY CENTRE LIMITED.

Close liaison was maintained with the Centre, which has a membership of 350 elderly and handicapped persons. It is open each week-day and provides for its members recreational facilities and occupational therapy, a chiropody service, hairdressing and bathing facilities, a library service and mid-day meals.

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

Attendance is approximately sixty per day serving some three hundred persons each week.

The work of the Kensington Day Centre makes a significant contribution to the services provided by the Council and is greatly appreciated.

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. In the main, the inspection requirements are that the home shall be satisfactory in regard to situation, construction, state of repair and cleanliness, staffing and equipment; that there is an adequate number of rooms, toilet and bathroom facilities for the numbers accommodated, and that the home is conducted to provide such services and facilities as may be considered reasonable for the persons using the home.

At the beginning of the year, the Council had the responsibility

for the registration and inspection of sixteen voluntary homes, accounting for a total of 731 beds. During the year, one home extended its number of beds by twenty-two. Three privately run homes were operating within the borough, one of which closed during the year and the Certificate was withdrawn. The two homes remaining provide accommodation for thirty-five people.

Additionally, one home in the borough is registered as a nursing home, and as there was an agreement between this home and the former London County Council, that a maximum of eight beds would be held for Part III cases, the Council are currently using two of these beds.

At 31st December,1966, there were sixteen voluntary homes providing 753 beds and two privately run homes providing 35 beds.

Care and Protection of Property.

Section 48 of the National Assistance Act, 1948, requires the Council to undertake 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 it appears that there is a danger of loss or damage and where no other suitable arrangements are being or can be made. It is often necessary to place movable property in store and, at the beginning of the year under review, the property of forty persons was in store in disused bathing accommodation at the Public Baths in Silchester Road.

During the year, 104 cases were dealt with, of which it was possible to trace the relatives of thirteen and arrange for them to accept responsibility. Of the balance of ninety-one, it was necessary to take into store the property of thirty-three cases. In the remaining fifty-eight instances, the premises were secured. Altogether ninety-nine cases were satisfactorily resolved, and at 31st December, 1966, the department had thirty-two cases under surveillance, of which the property of twenty was held in store.

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

| | |
|---|---|
| Cases where funeral expenses have been fully recovered ... ... ... | 20 |
| Cases where part only of the expenses have been recovered ... ... | 8 |
| Cases where full cost has been borne by the Council ... ... ... | 12 |
| Cost of burials ... ... ... ... | £885.0s.6d. |
| Amount recovered ... ... ... ... | £602.0s.6d. |
| Net cost to the Council ... ... ... | £283.0s.0d. |

In addition, twenty-nine burials were arranged for persons resident in the Council's homes at the time of death, which are summarised as follows:-

| | |
|---|---|
| Cases where funeral expenses have been fully recovered ... ... ... | 16 |
| Cases where part only of the expenses have been recovered ... ... | 8 |
| Cases where full cost has been borne by the Council ... ... ... ... | 5 |
| Cost of burials ... ... ... ... | £738.5s.6d. |
| Amount recovered ... ... ... ... | £494.9s.6d. |
| Net cost to the Council ... ... ... | £243.16s.0d. |

Settlement of Estates.

In cases of persons dying intestate, the local authority deal with the settlement of estates 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.

On 1st January, 1966, there were seventy-five estates outstanding. During the year, 119 estates were referred for settlement where there was no next-of-kin. 118 estates were wound up involving some £2,030, and at 31st December, 1966, a total of seventy-six estates was being dealt with.

Receiverships.

The Chief Welfare Officer is the designated person to act as Receiver, by Order of the Court of Protection on behalf of 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 patient's 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 the patients' means which are likely to ameliorate their condition or add to their comfort.

At 1st January, 1966, there were nine persons for whom the Chief Welfare Officer was appointed Receiver. During the year, one person died, leaving a total of eight Receivership cases with a gross estimated value of £11,245.16s.11d., and for whom a total sum of £2,800 was disbursed.

Removal to Suitable Premises of Persons in need of care and attention.

Under Section 47 of the National Assistance Act, 1948, and the National Assistance (Amendment) Act, 1951, powers are given to the local authority for the compulsory removal of persons suffering from grave chronic disease, or who are aged, infirm or physically handicapped and who are living in insanitary conditions and unable to devote to themselves, and not receiving from other persons, proper care and attention.

Although several cases were visited and investigated during the year, it was only necessary to take action in three cases; a woman

aged seventy-eight years was removed to hospital suffering from a grave chronic disease and two women aged eighty years and ninety years respectively were removed to King's Mead as being in need of care and attention.

TRAINING AND ACTIVITIES.

Departmental Staff.

The in-service training arranged for the three trainee social welfare officers includes seminars on social work practice and placements of varying periods in other departments of the Council.

Social welfare officers are encouraged to keep abreast of changes in the field of welfare. Arrangements have been made for several of them to take part in courses and seminars arranged by the London Boroughs' Training Committee, the British Epilepsy Association and other bodies. Seminars have also been arranged within the department.

The payment of fees was agreed by the Council for a social welfare officer to take the training for the Home Teachers for the Blind qualifying certificate, and approval has been given for the secondment of two officers to the two-years course for the Certificate of the Council for Training in Social Work next year.

Visiting Students from other Organisations.

Facilities were provided for a student from the University of Edinburgh and for one from the University of London to spend one month each in the department to gain experience of practical work under supervision.

Similar facilities were extended to social work students from Bedford College, London, who, over a period of five months, spent one day a week in the welfare section.

Section 7

# MISCELLANEOUS SERVICES

EMERGENCY CALL SERVICE.

This service, covering general public health emergencies, mental health, domiciliary midwifery and welfare and children's services, has continued to provide the necessary twenty-four-hour, seven days a week, cover for the borough.

The scheme is shared between the City of Westminster and this Council, and the cost of running the service is divided equally between the two Councils. It is staffed by four night-duty officers based at the Westminster City Hall, who deal with all calls received, and call into action the appropriate emergency service during periods when the offices are closed, i.e., at night, during week-ends and public holidays.

During 1966, there were 1,549 calls for this Council's services, necessitating the initiation of emergency action by the night-duty officer, of which the highest number was received in February and the lowest in December.

In addition, 932 calls were received which only required subsequent routine attention.

HEALTH EDUCATION.

During 1966, the Council maintained links 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 Maternal and Child Welfare. Considerable use is made of publicity and information material produced by these organisations.

The panel of senior officers, under the Chairmanship of the Deputy Medical Officer of Health, continued to be responsible for devising methods of carrying out the Council's health education policy. The co-operation of other bodies outside the Council's service - for example, the Inner London Education Authority and the London Fire Brigade - has been readily available.

The working team of health visitors has continued to undertake detailed planning and preparation of current projects in which assistance from other staff, notably the public health inspectors, has been readily available.

It is appropriate at this point to express my appreciation of the help so generously given by the local newspapers. They have invariably been ready to co-operate by providing space for information and advice as will be seen from references in the following pages.

Health education activities fall into two main categories. Firstly, those carried out from day-to-day, principally by health visitors, involving personal contact in the main with expectant mothers, mothers of young children and elderly persons, both at clinic sessions, by home visiting and by talks, demonstrations at mothers' clubs, etc. Secondly, special projects involving a considerable amount of organisation and planning are also arranged on a more detailed basis dealing with particular themes. These activities, of course, are not mutually exclusive and when appropriate the help and, as indicated above, the co-operation of a very wide cross-section of staff is enlisted.

In January, an appropriately phased programme was prepared for the whole year. The intention was to limit this programme to a relatively small number of major subjects and thus give additional impetus to day-to-day efforts and to focus public attention on important

topical health matters.

The programme was:-

| | |
|---|---|
| Early months of the year | Prevention of coughs and colds |
| Early summer months before main school holidays | Holiday dangers |
| September | Immunisation |
| October to end of the year | Prevention of fire in the home |

Prevention of coughs and colds.

Posters and pamphlets publicising means of prevention and cure of the common cold were displayed and distributed to the public in welfare centres and other establishments, and also on nine display units situated in prominent places throughout the borough.

Holiday dangers.

The intention in this campaign was to provide advice to people of all ages, but particularly to parents, on how to make the most of their holiday and preserve their general health in surroundings often very different from those in which they spend most of their lives. The local newspapers published a letter from the Chairman of the Health Committee passing on hints about this subject, including such matters as sunbathing, possible dangers on the beach, swimming, unfamiliar food, drinking water, availability of health services abroad, the importance of adequate sleep, travel sickness, etc. Posters and pamphlets were also displayed and distributed throughout the borough, and book-marks provided in the Council's libraries for distribution to the public.

Immunisation.

Health education in this subject formed part of the Home Counties Immunisation Campaign sponsored by the Ministry of Health, which reached its peak in the fortnight 19th - 30th September, 1966. A letter from the Chairman of the Health Committee was published by the local newspapers in which parents were urged to safeguard their children by having them fully immunised. Readers were reminded of the dramatic reduction in the incidence of such diseases as smallpox, poliomyelitis, diphtheria, whooping cough and tetanus since immunisation against them has been generally accepted and practised. However, outbreaks of these diseases still occur from time to time and are likely to do so in the foreseeable future. Parents should co-operate with their family doctors and the local health authority to ensure that their children are immunised at the right time. Details were given of the days and times of immunisation sessions at the welfare centres.

London boroughs were asked by the Ministry of Health to keep a record of immunisations and vaccinations carried out during the last three months of the year, so that the effect of the campaign may be evaluated centrally.

Prevention of Fire in the Home.

In my annual report last year, I drew attention to the campaign held in November, 1965, on the theme of "Safety in the Home" which had special reference to dangers from fire, in particular from the mis-use of oil heaters.

Because of the large amount of old property, mainly in the northern part of the borough, much of it in multiple occupation by an immigrant or transitory population, it was decided to promote another campaign on the same lines in 1966. Indeed, it seems inevitable that this will be necessary for some years to come. The Chairman of the Health Committee wrote to the local newspapers warning residents about the dangers which may arise from the use of unguarded oil heaters, and urging them to check carefully any heater they intended to use before the advent of cold winter weather. The new Regulations recently issued - mainly in response to representations made by local authorities, (the Oil Heaters Regulations, 1966) - were also mentioned. These Regulations, which became operative in June, 1966, prescribe requirements regarding construction, design and performance of heaters and emphasis was laid upon the fact that they apply to all heaters offered for sale, irrespective of their date of manufacture.

I also wrote to all persons and businesses in the borough concerned with the sale of oil heaters, drawing their attention to the new Regulations. These comprised five department stores, thirty-seven retail shops (sixteen in north Kensington), six retailers of second-hand articles (five in north Kensington) and fifty-five stall-holders. This letter stressed the grave risk of fatal accidents caused by the careless use of oil heaters, particularly those in a condition which does not comply with the Regulations, and sought co-operation in ensuring that such heaters are not offered for sale. I also expressed my opinion that the sale of second-hand heaters should be restricted to those which have been returned to the manufacturers for modification and carry a guarantee of compliance. No doubt was left that the Council will take stringent action to ensure adherence to the Regulations. Comprehensive observation was subsequently made by public health inspectors throughout the borough, particularly in the Portobello Market, and it is of interest that not a single second-hand oil heater was found exposed for sale.

The campaign was carried into practical effect with an exhibition held for two days at the Raymede Welfare Centre, 240 Ladbroke Grove, W.10. This exhibition was similar to that last year at the Lancaster Road Welfare Centre and, once again, an area of high fire risk was chosen. The Chamber of Commerce assisted by publicising the campaign, and retailers kindly lent equipment for use at the exhibition. Exhibits and photographs were made available through the co-operation of the London Fire Brigade and the Oil Appliance Manufacturers' Association. The pupils of the Cardinal Manning Girls' School painted murals and posters commemorating the tercentenary of the Great Fire of London and depicting ways in which fire may cause danger to life and property. The exhibition was attended by parties from schools and by the general public.

Health Education in Schools.

Reference has been made earlier in this report to a meeting held on 28th February, 1966, on the day care of children. At the meeting the view was strongly expressed that parentcraft teaching to school-children and young adults - as the parents of the future generation - provided the only really satisfactory, if long-term, solution and it was left that I would pursue this with the Inner London Education Authority with the object of contacting heads of schools and youth leaders to find means to give this effect.

As a result, on 17th November, 1966, another meeting was held, under the Chairmanship of the Headmistress of the Cardinal Manning Girls' School, of head teachers of primary and secondary schools in the borough, attended also by officers of my department to discuss

possible means of developing and extending health education activities in schools. It was generally agreed that health visitors should take a more active part in school life and should assist, with other officers of the department, in promoting a comprehensive health education programme to help children to start life better equipped to face both social and health problems of adolescence. The programme should be as broadly-based as possible and the health visitor's part in it integrated with the school curriculum. This would do much to ensure a responsible attitude towards day care as well as dealing with many other problems.

Experienced schools would pool their knowledge with other schools in gauging their needs and head teachers would, in c-operation with the Principal Nursing Officer, arrange preliminary talks with a view to inaugurating health education lectures in their schools by professional staff of my department. Every effort is being made to expand the departmental activities in this field but frequent changes of health visiting staff make a marked increase difficult at the present time.

Talks for Expectant and Nursing Mothers.

In August, 1966, I wrote to all the maternity hospitals with catchment areas in the borough reminding them of the programme of talks given at welfare centres for expectant and nursing mothers. Particular attention was drawn to the facilities provided at these centres for relaxation and mothercraft classes, ante-natal clinics, creches, facilities for expectant and nursing mothers to receive dental treatment, and to the availability of welfare foods and nutrients at cost plus prices. Mention was also made of the opportunity to meet the health visitor who will be in close contact with the mother after the birth of her child. Expressions of appreciation for this reminder, coupled with undertakings to make the services more widely known to patients, were received from several consultant obstetricians.

Home Accidents.

Figures supplied by the Greater London Council show that, during the year, 720 persons were admitted to hospital by the London Ambulance Service following accidents in the home. This suggests an increase over the 1965 figure of 443 quoted in my annual report last year, which, however, represented removals only for the nine months 1st April to 31st December, 1965. Rather surprisingly, the increase appears to have taken place in the months April to July rather than in the winter.

Again, there was an excess of females over males. The proportion of accidents in children (0 - 14 years) decreased and that among elderly persons (65 years and over) increased more than forty per cent of the total. It is not possible to classify these accidents according to cause but experience indicates that the numbers removed to hospital by ambulance fall far short of the total admissions, even of those who have suffered serious accidents. It is, therefore, apparent that much more teaching and advice are necessary to prevent these often tragic accidents. The most practical course is the inculcation by parents of sound principles of home safety in their children at an early age.

Inner London Education Authority - Standing Advisory Committee on Health Education.

Dr. W.T. Densham Ray, the principal medical officer with responsibility for the school health service, continued to be a member of the above Advisory Committee. At its meeting held in September,

1966, health education topics, relevant to the school health service, were discussed, including the use of books and films in sex education in schools and for other purposes.

"Local Affairs".

The borough's official journal, produced by the Publicity and Information Committee, included during the course of the year items on the services provided by the welfare section for elderly, deaf, blind and physically handicapped persons, and, as already mentioned, on the Oil Heaters Regulations, 1966.

Health and Welfare Services Handbook.

A guide to the health and welfare services was prepared and issued to interested authorities, organisations and persons during the year.

Health Education Talks and Lectures.

The variety and volume of talks given to the public in specialised audience groups is shown in the following tables. Over and above daily contacts, regular talks and discussions have continued at welfare centres supplementing opportunities arising in the course of field work. The "Mothers' Clubs", organised by the health visitors at Lancaster Road, Walmer Road and St. Quintin welfare centres for those mothers who wish to extend their knowledge of home-making and child care, also filled a marked need in their respective areas.

Table I - Speakers

| | |
|---|---|
| Health Visitors ... ... ... ... ... | 921 |
| Teachers/Instructors (ILEA) ... ... ... | 34 |
| Domiciliary Midwives ... ... ... ... | 2 |
| Medical Officer ... ... ... ... ... | 1 |
| Other Council Officers ... ... ... ... | 2 |
| British Red Cross Society ... ... ... | 4 |
| Other ... ... ... ... ... ... | 96 |
| | 1,060 |

Table II - Subjects

| | Talks | Attendances |
|---|---|---|
| Care of Mothers and Young Children ... ... | 684 | 5,532 |
| Prevention of Accidents ... ... | 19 | 214 |
| General Family Health ... ... | 118 | 1,890 |
| Infectious Diseases ... ... | 7 | 56 |
| First-aid ... ... ... ... | 31 | 260 |
| Care of Older Children ... ... | 14 | 132 |
| Other ... ... ... ... | 187 | 1,534 |
| | 1,060 | 9,618 |

Table III - Audiences

| | Attendances | Groups |
|---|---|---|
| Expectant mothers ... ... ... | 3,866 | 556 |
| Mothers' Clubs ... ... ... | 2,206 | 260 |
| Schools ... ... ... | 3,314 | 226 |
| Parents ... ... ... | 122 | 6 |
| Student Nurses ... ... ... | 102 | 11 |
| Teachers ... ... ... | 8 | 1 |
| | 9,618 | 1,060 |

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.

Fluoridation of water supplies to a level of 1.0 part per million has been shown to be both harmless to health and most suited for the purpose of dental protection. This concentration of fluoride occurs naturally in many parts of the country, and artificial fluoridation in London is intended to make generally available the protection which is enjoyed by these other areas.

The Council have agreed to support the policy regarding the fluoridation of water supplies in the London area.

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 in 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' Association 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' Association 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.

In previous years, all bacteriological investigations were carried out at County Hall Laboratory, but during the year 1966, the Group Pathological Laboratories at St. Stephen's Hospital became responsible for bacteriological investigations in this area.

However, after discussions with the two laboratories concerned, it was agreed that, in order to assist the working of the laboratories, all samples of milk, water and ice-cream would continue to go to County Hall for investigation whilst all other bacteriological specimens would go to St. Stephen's Hospital.

Specimens can be taken direct to St. Stephen's Hospital or can be left at Princess Louise Hospital, the Health and Welfare Department, or Chelsea Old Town Hall, from which a collection is made daily and taken direct to St. Stephen's Hospital.

County Hall Laboratory undertook to investigate any specimens that were delivered to County Hall in error.

The following is a summary of the work performed by the two laboratories as it affects this borough:-

| Nature of sample | Number examined |
|---|---|
| Nose and throat swabs | 113 |
| Faeces and rectal swabs | 1,715 |
| Urine | 24 |
| Milk (bacteriological) | 111 |
| Water (drinking) | 16 |
| Water (swimming) | 65 |
| Ice cream | 49 |
| Miscellaneous | 25 |

SWIMMING BATHS.

There are four swimming pools provided in the borough, two at the Public Baths situated in North Kensington at the junction of Lancaster Road and Silchester Road, and two situated in Chelsea at the Public Baths in Chelsea Manor Street.

The water used in the North Kensington pools is taken from the main supply 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 from their sources of supply for bacteriological examination, and all were satisfactory. Regular examinations of the bath waters were carried out by the department, and full chemical analyses were carried out periodically by the Public Analyst.

PUBLIC MORTUARY FACILITIES AND CORONER'S COURT.

Since 1st April, 1965, the Council have had an arrangement with the City of Westminster whereby all Kensington and Chelsea cases are accommodated in the Westminster Mortuary at Horseferry Road, S.W.1., which has been enlarged in order to deal with the extra requirements.

The total number of Kensington and Chelsea cases admitted during the year was 610, which includes 135 cases in which there were inquests.

MEDICAL EXAMINATIONS.

During the year, the Council's recent policy was continued, namely of no longer requiring prospective employees to undergo a full medical examination before being admitted to the superannuation funds, but to ask each one to complete a comprehensive questionnaire.

Only in those cases where there was still an element of doubt was the person actually asked to attend. This occurred in twenty-three cases and for multifarious reasons.

| | |
|---|---|
| Number of forms received ... ... ... | 563 |
| Number referred for medical examination ... ... ... | 23 |
| Number failing to pass ... ... ... | 10 |
| Number referred for further opinions ... ... ... | 10 |
| Number required to be re-examined within twelve months ... ... ... | 15 |

In addition, nine members of the staff who had been on prolonged sick leave were medically examined, and two special medical examinations were carried out in connection with fitness for a further year's service beyond the normal date of retirement.

Eighteen medical examinations were also carried out at the request of other local authorities.

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