

## **[Report of the Medical Officer of Health for Hammersmith Borough].**

### **Contributors**

Hammersmith (London, England). Metropolitan Borough.  
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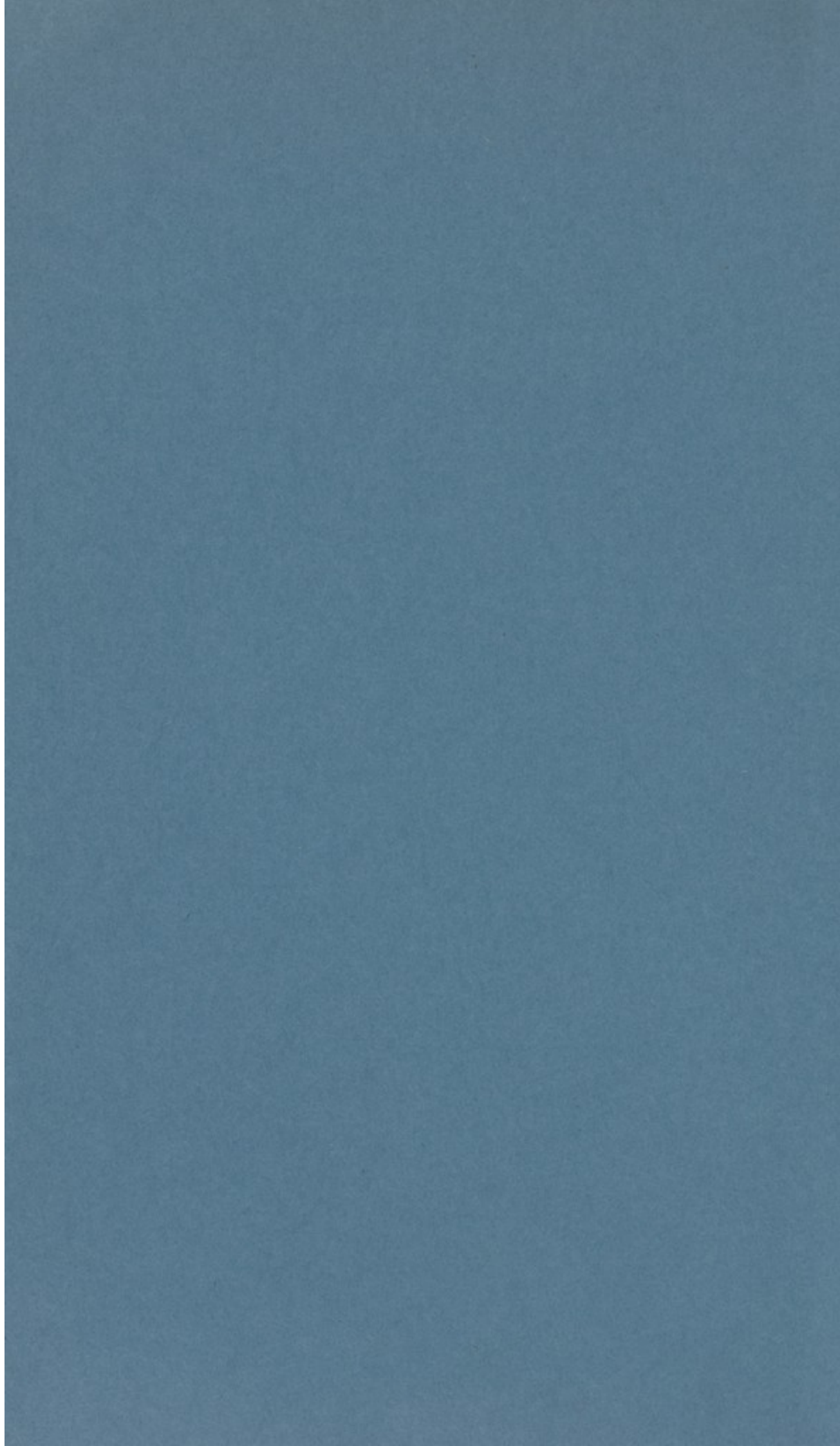
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# **LONDON BOROUGH OF HAMMERSMITH**

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**ANNUAL REPORT**  
**OF THE**  
**MEDICAL OFFICER OF HEALTH AND WELFARE**  
**AND PRINCIPAL SCHOOL MEDICAL OFFICER**  
**(INNER LONDON EDUCATION AUTHORITY)**  
**FOR THE YEAR**  
**1965**



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**FOR THE YEAR**

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# LONDON BOROUGH OF HAMMERSMITH



A display at the Hammersmith Show, 1965, of some of the Personal Health Services for which the London Borough of Hammersmith is now responsible.

(Photo. by courtesy of J. Tyson)



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London Borough of Hammersmith Health  
Committee, December 1965.

Ex-Officio: The Worshipful the Mayor,  
Alderman J.J. Ireland, J.P.

**CHAIRMAN:**

Alderman Mrs. E. Finn, M.B.E.

**VICE-CHAIRMAN:**

Councillor S.E. Ward.

Alderman A.H. Little,

**COUNCILLORS:**

J.C. Beckett  
Miss B. Boothroyd  
J.M. Browning  
Miss P.M. Cooper  
Mrs. E.D. Freeman  
Mrs. V.N. Freeman  
L.M. Heading

Mrs. D.M. Heaks  
Miss J.M. Henry  
S.A. Matthews  
Mrs. E. Sears  
G.E.C. Simpson  
J.A. Tagg  
C. Van Gelderen

London Borough of Hammersmith Welfare  
Committee, December 1965

Ex-Officio: The Worshipful The Mayor,  
Alderman J.J. Ireland, J.P.

CHAIRMAN:

Councillor Mrs. C.J. Liardet.

VICE-CHAIRMAN:

Councillor J.H. Clark

COUNCILLORS:

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R. Beresford  
Mrs. G.I. Dimmick, J.P., B.Sc., A.R.I.C.  
H.D. Duff  
E.R. Gosling  
Mrs. M. Havelka

Mrs. D.M. Heaks  
D.A.S. Noel  
F. Sawbridge  
Mrs. E. Sears  
G.E.C. Simpson  
L.W. Stanley  
C. Van Gelderen

London Borough of Hammersmith Children's  
Committee, December 1965.

Ex-Officio: The Worshipful The Mayor  
Alderman J.J. Ireland, J.P

CHAIRMAN:

Councillor D.R.P. Murray, M.A., Ph.D.

VICE-CHAIRMAN:

Councillor D.T. King, B.Sc., (Econ.)

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L.W. Freeman  
Mrs. V.N. Freeman  
Mrs. M. Havelka

M. House  
L.S.A. Jones, A.R.Ae.S.  
L.B. Jones  
C. Parsons  
Mrs. E. Sears  
J.A. Tagg

S.E. Ward



30th March, 1967.

The Mayor, Aldermen and Councillors of the  
London Borough of Hammersmith.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the first Annual Report of the Medical Officer of Health of the London Borough of Hammersmith

#### Introduction.

This report has been compiled in accordance with the requirements of Ministry of Health Circular 1/66, and refers to the year 1965. The delay in its publication, due to the pressures arising from the reorganisation of London Government, and from the administration of the services to which the report refers, is regretted but it is hoped, will be understood. With the agreement of the Inner London Education Authority a report on the School Health Service in the Borough during 1965, which has been submitted to the Education Authority by your Medical Officer of Health in his capacity of Principal School Medical Officer, is included in this Annual Report. Similarly since your Medical Officer of Health, in his capacity as Medical Officer of Health and Welfare, has responsibilities in regard to the Welfare and Children's Services, reports on these services are also set out. Certain of the Council's services have particular implications for Health and Welfare and reports on the Public Cleansing Service, the Housing Service, the Baths and Laundries Service and the Parks and Cemeteries Department are therefore also included.

#### Vital Statistics.

The health of the residents of the Borough as shown by the appropriate vital statistics presented no special feature during the year. Maternal deaths include deaths in any way attributable to pregnancy, childbirth and abortion and two such deaths were reported.

Whereas fourteen persons died of pulmonary tuberculosis some one hundred and seventy-seven deaths were attributable to cancer of the lung and bronchus. Quite apart from mortality of this order the "Tobacco diseases", as Dr. Stradling calls them, undoubtedly give rise to a great deal of morbidity.

#### Infectious Disease.

Measles was epidemic during 1965 and 1,907 cases occurred. There was a complete absence of diphtheria or poliomyelitis. Meningococcal infection regrettably caused three deaths among the seven cases notified.

#### Environmental Health.

Substantial progress was made in the environmental health field. In addition to the routine work which was actively pursued, particularly in regard to food hygiene and food and drugs administration, attention was given to the inspection of houses in multi-occupation and to inspections under the Offices, Shops and Railway Premises Act, 1963. The survey of one Smoke Control area was under way.

## **Health and Welfare Services.**

### **Ten Year Plan.**

In accordance with Circulars 10/65 and 14/65 each local health and welfare authority was required to prepare a ten year plan for the development of the Authority's health and welfare services. More detailed reference is later made to the plan which was submitted by this Authority. The various schemes which were included represent essential requirements if the health and welfare services are to serve the residents of the Borough in the manner which the Council desires. Important features of the proposals are those for nine health centres, for a mental health hostel, and for additional old peoples' homes. Whether or not the plans for health centres materialise, or whether the development takes the form of clinic premises is of course dependent on the wishes of the general practitioners in the particular parts of the Borough concerned.

### **Research.**

With the encouragement of the Authority the Medical Officers, and in particular the health visitors, played and continue to play their full part in various research projects which are detailed in the report. The surveys involved are all of the greatest value and it is gratifying to record the enthusiasm of all the officers concerned.

### **Health Education.**

Health Education in its widest sense is perhaps the most important duty of all the officers of any health and welfare service be they health visitors, other nursing officers, public health inspectors or social workers. In addition the Council agreed to the appointment of a Health Education Officer who has been most active in publicising the social services provided by the Council and in using all the modern techniques available for altering attitudes to such matters as home accidents, mental health, and a whole range of other health problems.

### **Mental Health.**

During the year the number of referrals to the mental health social workers steadily increased so that, in addition to the statutory duties which made heavy demands on the staff, a substantial amount of community care was undertaken.

### **Co-ordinating Committee.**

The practice of the London County Council of having a Co-ordinating Committee of Officers chaired by the Medical Officer of Health, with the Children's Officer and Senior Social Worker as Vice-Chairman and Secretary respectively, was continued and it is gratifying to pay tribute to the work done, not only by the members of the Co-ordinating Committee, but also by the Social Workers and other Officers who worked so closely together in case conferences for the benefit of the families concerned.

### **Co-Ordination.**

The Council has decided that the services for which it is responsible shall be grouped for administrative purposes under five Chief Officers. The Health, Welfare and Children's Services form one such group and this arrangement has facilitated a co-ordinated approach to so many tasks which are common to the three services.

## Conclusion.

The interest shown in the Social Services by the Chairman and Members of all the Committees concerned has been much appreciated by the Officers and has been a great encouragement to them, and I should like to express my thanks for this.

It has been a pleasure to work since the appointed day with the Town Clerk and other Chief Officers who have always been most helpful.

My very sincere thanks are due to all the staff in the Health, Welfare and Children's Services for their enthusiasm and hard work during a particularly difficult period of re-organisation. May I pay particular tribute to the Welfare Officer and the Children's Officer for their co-operation, and for their contributions to this report, as well as to all the Senior Officers in the Social Services.

It is a pleasure to acknowledge my debt to the Public Analyst for his report and for his help throughout the year. I am also most grateful to the Officers who so kindly supplied reports on the other Services.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A.D.C.S. Cameron,  
Medical Officer of Health  
and Welfare.



Medical Officer of Health and Welfare and  
Principal School Medical Officer:

Dr. A.D.C.S. Cameron.

Deputy Medical Officer  
of Health and Welfare:

Dr. Margaret Cran.

Senior Medical Officer :

Dr. Isabella Hood.

Senior Medical Officer:

Dr. D.M.O. Lowry.

Assistant Medical Officers:

Full-time 6. Sessional, equivalent to  
6 full-time.

Administrative Officer:

S.G. Bennett.

Assistant Administrative Officer:

R.E. White.

Chief Administrative Assistant:

J. Burton

Chief Administrative Assistant:

G.W. Nickolls.

Chief Administrative Assistant:

G.C. Smith

Administrative and Clerical Staff:

Full-time 82, Part-time 4

Chief Public Health Inspector:

G.W. Herrick.

Deputy Chief Public Health Inspector:

J.G. Tompkins.

Public Health and Student Inspectors:

Full-time 29

Chief Dental Officer:

C.J. O'Neill.

Dental Officers:

Full-time 1. Sessional, equivalent to  
3 full-time

Principal Nursing Officer:

Miss J. Surr.

Deputy Principal Nursing Officer:

Miss O. Morgan.

Assistant Principal Nursing Officers:

Full-time 3.



STAFF OF HEALTH SERVICES, DECEMBER, 1965 (contd.)

Health and Student Health Visitors:  
Full-time 33. Part-time 2.

Clinic, School and Other Staff:  
Full-time 152. Part-time 10.

Principal Mental Health Social Worker:

Miss P. Docherty,

Deputy Principal Mental Health  
Social Worker:

C. Swanson.

Mental Health Social Work, Training  
and Day Centre Staff:  
Full-time 22. Part-time 2.

Health Education Officer:  
V.T. Searle-Jordan.

Senior Social Worker:  
Miss F. Greig.

Deputy Senior Social Worker:  
Miss C. Payne.

Family Case Workers:  
Full-time 1 and 1 vacancy.

Social Workers:  
Full-time 4.

Chief Chiropodist:  
M.W. Long.

Home Help Organisers:  
Miss M. Edwards.  
Mrs. N. Kelly

Mortuary Superintendent:  
W. Gauntlett.

Cleansing Station Superintendent.  
F.G. Baldwin.

Other Staff:  
Full-time 14. Part-time 8.

STAFF OF WELFARE SERVICES, DECEMBER, 1965.

Medical Officer of Health and Welfare and  
Principal School Medical Officer:  
Dr. A.D.C.S. Cameron.

Welfare Officer:  
T.A. Stone.

Deputy Welfare Officer:  
Miss I. Robertson.

Administrative Officer:  
S.G. Bennett.

Chief Administrative Assistant:  
A.H. Richmond.

Principal Administrative Assistants:  
A. E. Blake  
R. Paton

Administrative Assistants:  
Full-time 9

Principal Social Worker:  
Vacant

Senior Social Workers:  
Miss N. McWalters.  
C.M. Merrett.

Social Workers:  
Full-time 19

Transport Supervisor:  
Full-time 1

Other Staff:  
Full-time 15

Staff at Homes:  
Full-time 14. Part-time 2.

STAFF OF CHILDREN'S SERVICES, DECEMBER, 1965.

Medical Officer of Health and Welfare and  
Principal School Medical Officer:

Dr. A.D.C.S. Cameron.

Children's Officer:

Mrs. M. Willans.

Deputy Children's Officer:  
M.B. Carey.

Assistant Children's Officer:  
Miss V. Rojas

Administrative Officer:  
S.G. Bennett.

Chief Administrative Assistant:  
F.M. Hildreth

Principal Administrative Assistant:  
D.C. Child.

Senior Administrative Assistant:  
Vacancy.

Homes Supervisor:  
Miss R. Davis.

Administrative Assistants:  
Full-time 10

Senior Child Care Officers:  
Full-time 4

Child Care Officers:  
Full-time 20

Assistant Child Care Officers:  
Full-time 5

Other Staff:  
Full-time 14.

Staff at Homes:  
Full-time 80. Part-time 4.

# SUMMARY OF STATISTICS, 1965.

The following statistical information relating to the Borough has been compiled from the Local and National Statistics issued by the Registrar-General in connection with population, live births, stillbirths and deaths.

The "area comparability" factors for use with crude birth and death rates contain adjustments for boundary changes and make allowances for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. In addition, the death rate "area comparability" factors have been adjusted specifically to take account of the presence of any residential institutions in each area. When local crude birth and death rates are multiplied by the appropriate "area comparability" factor, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

Area (acres) ... ..	3988.5
Population:-	
Census, 1961 (former Boroughs of Fulham & Hammersmith) ... ..	222, 124
Registrar-General's estimate mid-1964 (former Boroughs of Fulham & Hammersmith) ...	216, 940
Registrar-General's estimate mid-1965... ..	215, 240
Rating:-	
Number of inhabited houses ... ..	55,415
Rateable Value ... ..	£ 14, 030,000
Product of a penny rate ... ..	£55,250
Mortality:-	
Number of deaths ... ..	2,458
Death Rate per 1,000 population:	
Crude ... ..	11.4
Adjusted (Comparability Factor 1.06) ... ..	12.1
England & Wales ... ..	11.5
Deaths from Cancer (all ages) ... ..	572
Deaths from Measles (all ages) ... ..	-
Deaths from Whooping Cough (all ages) ... ..	-
Deaths from Diarrhoea (under 2 years of age) ... ..	-
Deaths from Circulatory Diseases ... ..	1,106
Live Births:-	
Legitimate ... ..	3,768
Illegitimate ... ..	665
Total	4,433
Rate per 1,000 population:-	
Crude ... ..	20.6
Adjusted (Comparability Factor 0.88) ... ..	18.1
England and Wales ... ..	18.1
Illegitimate Live Births per cent of total live births ... ..	15.0
Stillbirths:-	
Legitimate... ..	48
Illegitimate ... ..	14
Total	62
Rate per 1,000 total live and stillbirths	
Rate per 1,000 total live and stillbirths England and Wales ... ..	13.8
Total live and stillbirths ... ..	15.8
Infant Deaths (deaths under 1 year) ... ..	4,495
Legitimate ... ..	65
Illegitimate ... ..	21
Total	86



(deaths under 4 weeks) ... ..	63
(deaths under 1 week) ... ..	56
Infant Mortality Rates:-	
Total infant deaths per 1,000 total live births ... ..	19.4
Total infant deaths per 1,000 live births England and Wales ... ..	19.0
Legitimate infant deaths per 1,000 legitimate live births... ..	17.2
Illegitimate infant deaths per 1,000 illegitimate live births ... ..	21.05
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)... ..	14.2
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 live births)... ..	12.6
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ... ..	26.2
Maternal Mortality (including abortion):-	
Number of deaths ... ..	2
Rate per 1,000 total live and stillbirths ... ..	0.44

A summary of the vital statistics of the Borough for 1965 is given in the following table:-

### VITAL STATISTICS OF WHOLE DISTRICT

1965

Year	Population estimated to middle of each year.	Live Births		Total Deaths Registered in The District		Transferable Deaths		Net Deaths belonging to the District			
		Number	Rate per 1,000 Pop.	Number	Rate per 1,000 Pop.	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
								Number	Rate per 1,000 Live Births	Number	Rate per 1,000 Pop.
1	2	3	4	5	6	7	8	9	10	11	12
1965	215,240	4,433	20.6	2,251	10.5	788	995	86	19.4	2,458	11.4

## PHYSICAL AND SOCIAL CONDITIONS

The London Borough of Hammersmith covers an area of 3,988.5 acres, bounded on the South by the Thames, on the North by Brent, to the East by Kensington and Chelsea, and to the West by Ealing and Hounslow.

The subsoil in the Northern section of the Borough is mainly clay, whilst in the South there is a layer of some twenty feet of gravel over blue clay. There is a variation of approximately 120 feet in elevation from the river to the Northern boundary whilst the lowest point is 13 feet above sea level.

There are more than 900 factories of varied nature within the Borough and most trades are represented. This development is undoubtedly due to the excellent water, road, and rail transport facilities available. Of equal importance to the industrialist and the resident alike are the comprehensive passenger transport services of the area which, for eighteen hours a day, provide train and 'bus schedules to most parts of London and to surrounding districts. The Borough is easily accessible to London Airport.

Hammersmith has all the usual amenities for recreation and relaxation. There are swimming baths at Lime Grove and North End Road; whilst Bloemfontein Road has an open-air swimming pool measuring 150 feet by 75 feet.

For the onlooker there is a very wide choice indeed as, at most weekends, the river is a spectacle with racing eights, sailing boats and skiffs from the various rowing and sailing clubs. The highlights of such activities are undoubtedly the Oxford and Cambridge Boat Race and the Head of the River Race, both held in the Spring.

The White City Stadium stages national and international athletics, and greyhound racing, whilst the Royal International Horse Show, (Patron - H.M. The Queen), organised by the British Horse Society, is also held there. Olympia attracts thousands to its well-known exhibitions and shows; whilst the B.B.C. Television Centre in Wood Lane and Lime Grove Studios, which provide entertainment for millions, are household names.

The Borough enjoys many sporting facilities, and includes the Association Football grounds of Chelsea, Fulham, and Queen's Park Rangers in its area.



# PART I

## HEALTH SERVICES

### EPIDEMIOLOGY

Diagnosis of infectious diseases	1
Diagnosis of non-infectious diseases	1
" " " " " "	1
" " " " " "	1
" " " " " "	1
" " " " " "	1
" " " " " "	1
" " " " " "	1
" " " " " "	1
" " " " " "	1



Part I Health Services

Epidemiology

Notification of Infectious Diseases

Incidence of Infectious Diseases

Dysentery

Food Poisoning

Malaria

Typhoid

Paratyphoid

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#### Notification of Infectious Diseases.

The number of cases of infectious disease notified during the year totalled 2,381 which included 164 cases removed to hospital. These figures show an increase of 1,399 on the previous year, due largely to many more cases of Measles.

There was a slight increase in the incidence of Scarlet Fever and Food Poisoning, whilst decreases were shown in the numbers of cases of Dysentery, Puerperal Pyrexia, and Whooping Cough which were notified.

#### Incidence of Infectious Diseases.

##### Dysentery.

Of the 94 cases notified, 5 proved negative upon initial bacteriological examination, giving a corrected figure of 89.

There were no institutional outbreaks during the year, all the cases being of a sporadic nature and occurring at widely separated addresses within the Borough.

##### Food Poisoning.

The 25 cases notified included 2 family outbreaks involving 7 persons, the remainder being sporadic cases. The following causative agents were identified:-

Staphylococcus aureus	...	...	3
Salmonella typhi-murium	...	...	5
“ montevideo...	...	...	1
“ panama	...	...	1
“ reading	...	...	1
“ heidelberg	...	...	1
“ newport	...	...	1
“ gloucester	...	...	1
“ brandenburg	...	...	1
“ enteritidis	...	...	1

In the other 9 cases, no specific organism was isolated.

##### Malaria.

The one case of Malaria notified occurred in a person who had contracted the disease abroad.

### **Typhoid.**

Although no cases of typhoid fever were officially notified during the year information was received from the Medical Officer of Health of the City of Westminster that a Hammersmith resident had been admitted to a Westminster hospital and, upon investigation, found to be suffering from typhoid fever, organisms of the Salmonella Typhi group having been isolated. The usual enquiries were instituted. The family concerned had recently spent six weeks in Greece. Specimens were taken from the remaining members of the family but all proved negative upon examination. The only close contacts of the family were a brother and his wife, the Medical Officer of Health of their area was informed and the necessary precautions taken. There was no further spread of the disease.

### **Paratyphoid.**

No cases of paratyphoid fever occurred in the district, although several notifications of close contacts of this disease were received from various local authorities. The usual precautions were taken but fortunately all specimens proved negative.

### **Smallpox.**

There were no confirmed cases of smallpox in the Borough during the year nor indeed in England. One suspected case was found on examination to be suffering from septicaemia, probably meningococcal in origin.

During the year 35 possible contacts were placed under surveillance including 4 cases in category (b) i.e. cases which came from any small-pox-infected local area wherever it might be. All cases remained free from infection during the ensuing critical fourteen days.

### **Immunisation and Vaccination.**

A special immunisation clinic is held on the second and fourth Tuesdays of each month at St. Dunstan's School Treatment Centre, St. Dunstan's Road, W.6, at which adults referred from hospitals may complete anti-tetanus immunisation courses. In 1965, 343 adults were immunised at this clinic.

### **International Certificates of Vaccination and Inoculation.**

Arrangements continued for the Medical Officer of Health to authenticate doctors' signatures on certificates of vaccination and inoculation, as required by International Sanitary Regulations, for those who wished to travel abroad.

# PART I

## HEALTH SERVICES

## ENVIRONMENTAL HEALTH



## Part 1. Health Services

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#### Staff - Inspectorate.

The establishment of Public Health Inspectors consists of a Chief Public Health Inspector, Deputy Chief Public Health Inspector, eight Senior Inspectors, sixteen District Public Health Inspectors and seven Student Inspectors. There were however vacancies for six District Public Health Inspectors for most of the year, with the inevitable result that certain aspects of this work were seriously curtailed.

#### Sanitary Circumstances.

##### Housing - Preferential Rehousing on Medical Grounds.

All applications with medical recommendations for rehousing are referred to the Medical Officer of Health, who grades them in the following categories:

- (a) That preferential consideration should be given on urgent medical grounds.
- (b) That allocation of 'Points', provided for in the Council's scheme, should be made.
- (c) That no special action is warranted.

For the nine months ending 31st December 1965 the 812 cases were assessed as follows:-

Category 'A'	146
Category 'B'	408
Category 'C'	234

whilst the remaining 24 were referred back to the Housing Manager for further information. Only 14 of those recommended on urgent medical grounds were rehoused.

The rehousing of families displaced by slum clearance continues to receive priority. This means that the hard core of those living in overcrowded dwellings, or suffering from medical conditions which require better housing, is not decreasing, as it should. A solution to this problem is not easy to envisage, particularly in Hammersmith, where building sites are at a premium.

Another of Hammersmith's problems is the occupation of the older, larger-type residence by several families in place of the single family for which it was designed. This frequently gives rise to unsatisfactory housing conditions, as the change often takes place without provision of adequate amenities e.g. water supply, baths, w.c. accommodation. Squalid conditions result from subsequent loss of privacy and sharing of sanitary arrangements. Overcrowding is due either to family growth in limited space, or to families being forced to accept inadequate housing because of shortage of housing accommodation with subsequent high rental charges.

During the year houses in multiple occupation have continued to receive attention. The Housing Act, 1964, has augmented the provisions of the Housing Act, 1961, for houses in multiple occupation. The Act enables local authorities to prosecute in cases of non-compliance with notices served under Sections 14, 15, or 16 of the 1961 Act. Under the 1961 Act the local authority had to carry out work in default where there had been non-compliance with notices. The New Act gives local authorities the option of carrying out work in default, or of prosecuting.

Another important amendment of the 1961 Act enables local authorities to combine the improvement of amenities in a multiple-occupation house with a Direction Order limiting the number of persons who may live in it. Number of cases in which the Council authorised legal proceedings:-

1962 - Nil
1963 - 3 cases, (all successful).
1964 - 1 case, (not yet heard).
1965 - 3 cases, (all successful).

Overcrowding in the Borough remains a very serious problem for although there is ample legislative power, its general enforcement would result only in placing an additional burden on the Welfare and Children's Services, or in compelling families to leave this Borough and embarrass other authorities. The Council acts as landlord for 8,346 principal tenants. The properties managed include houses, flats, pre-fabs, acquired, and converted accommodation.

The following table illustrates the progress made in meeting housing needs:



1.	New dwellings erected by Council during 1965	103
2.	New dwellings erected since the war	3,371
3.	Properties rebuilt since the war	28
4.	Still living in pre-fabricated dwellings at the end of the year	94
5.	Number of families on the Waiting List at the end of the year	5,514

#### Slum Clearance Programme.

During the initial five-year stage 118 houses were demolished or closed, whilst a further 524 properties were dealt with in the second stage 1961 - 65. The third stage 1966 - 70 comprises 709 properties and, of these, it is anticipated that 284 will be dealt with by the Greater London Council and the remaining 425 by Hammersmith Council.

#### Housing Act, 1957 - Closing Orders.

During the year 3 Closing Orders were made, and Closing Orders on 4 properties were determined.

#### Rent Act 1957.

Applications under the above Act have been received as follows:

	1957	1958	1959	1960	1961	1962	1963	1964	1965
For Certificates of Disrepair									
Number received	164	167	48	12	12	3	2	3	12
Number granted	56	78	22	4	2	-	2	-	7
For Revocation of Certificates									
Number received	13	36	33	7	2	5	4	2	9
Number granted	11	35	33	5	1	4	3	2	6
Undertakings given by Landlord									
Number accepted	61	117	25	8	10	3	-	2	2

#### Sanitary Inspections.

The sanitary conditions of the Borough were subject to routine inspection, and investigations were made into all 3112 complaints received.

Particulars of the visits made by the Public Health Inspectors, together with the number of preliminary and statutory notices and the number of proceedings instituted are set out in an Appendix - see Table 20, p.101.

#### Summonses - proceedings instituted during the year under the:

Public Health Acts .....	48
Food & Drugs Act, 1955, and Regulations made thereunder .....	38
London County Council Bye Laws .....	8
Hammersmith Borough Council Bye Laws .....	2
Housing Acts .....	16
Total	112

#### Sewerage.

The main sewers and sewerage disposal system in London are the responsibility of the Greater London Council. Rainwater and soil sewage are carried in the same sewers, but the arrangements for Hammersmith are not yet adequate as some basements in the Borough are liable to flooding when heavy storms cause the sewers to be surcharged. The Greater London Council is now undertaking work to obviate the trouble caused by storm water.

### Water Supply.

The water supplied by the Metropolitan Water Board during 1965 has been satisfactory both in quantity and quality. It is derived from the Thames, stored in the Thames Valley Reservoirs, and filtered and chlorinated at the Board's Surbiton, Hampton, and Ashford Common Works. The average results of chemical and bacteriological analyses are set out below:

Chemical Examinations, all Thames derived,  
(Milligrams per litre unless otherwise stated).

No. of samples	363
Ammoniacal Nitrogen	0.049
Albuminoid Nitrogen	0.091
Nitrate Nitrogen	4.3
Chlorides as Chlorine	41
Oxygen abs. from Permanganate 4 hrs. at 27°C.	1.20
Turbidity (Units)	0.1
Colour (Burgess Units)	15
Hardness (Total)	264
Hardness (non-carbonate)	68
pH Value	7.6
Phosphate as $PO_4$	1.9
Silicate as $SiO_2$	10
Sulphate as $SO_4$	64
Magnesium as Mg	4
Natural Fluoride as F	0.25
Surface Active Material as Manoxol O.T.	0.10
Electrical Conductivity (Micromhos)	560

Bacteriological Examinations, all Thames derived,

No. of samples	3888
Agar plate count per ml.: 20 - 24 hours at 37°C	7.3
Coliform count: Per cent. samples negative in 100 ml.	99.92
E. coli-count: Per cent. samples negative in 100 ml.	100.0

No new sources of supply have been laid on during 1965, nor have there been any changes in the general scheme of supply, nor any important extensions of trunk mains. Some 359 yards of new domestic water main were, however, laid in the London Borough of Hammersmith during 1965.

The water is not plumbo-solvent, and its general quality on leaving the Board's works and in the distribution system is constantly being examined for any traces of contamination. If such are detected remedial procedures are carried out. In the case of new or repaired mains, these are disinfected with chlorine, flushed out, and refilled; samples of water collected from these treated mains are then tested, and the mains returned to service only after results are found to be satisfactory.

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

For the first two months of the year, two inspectors were engaged full-time in administering the Act. For the last two months of the year, one inspector was engaged full-time administering the Act. For the rest of the year, due to staff difficulties within the department, one inspector was engaged working part-time on the Act. In addition, inspections of food shops and hairdressers were carried out by the District Public Health Inspectors in the normal course of their duties.

Prior to 1st August, 1965, only premises for which a Form OSR1 had been received were inspected. From August 1st, inspection was attempted of all premises whether a Form OSR.1. had been received or not. It was not found possible to obtain 100% registration prior to 1st August, and no prosecutions were taken for failure to register. Nevertheless, it is estimated that about 85% of premises in the borough where the Act applies have now been registered. Voluntary registration of newly occupied premises falls short of a desirable standard. Something less than 10 % are registered voluntarily, and it is apparent that a systematic inspection of the district will be necessary from time to time to ensure that new premises and premises where there is a change of occupier, are registered. The systematic inspection of the district began in 1965, during which a number of factories were discovered and details were forwarded to the appropriate H.M. Factory Inspector.



1965 has been devoted to initial inspections, but towards the end of the year street-by-street revisits were started. First impressions suggest that responses to informal letters sent after initial inspections will be very good, although responses from many smaller firms have been slow.

There have been few complaints from employees, only three being registered in the department since 1st April, 1965.

The most common type of accident reported was a fall, but no fatal accidents were reported during the year. One accident involved a prescribed dangerous machine, and happened during the course of cleaning it. A number of premises were inspected where conditions might give rise to accidents, but where no offence was committed under the Act - e.g., low headroom to staircases.

A general conclusion to the year's work would be that, on the whole, offices are fairly satisfactory; but the need to bring shops, (other than food shops) within the requirements of the Act is long overdue.

#### Report on Lighting - Section 8 - for year ended 31st. December, 1965.

General impression of standards of lighting, both natural and artificial, in offices and shops, including staircases, corridors, washplaces :

Generally the standards of lighting were found to be satisfactory, with the exception of those on staircases and in corridors.

Examples of unsatisfactory lighting and whether these were associated with any particular class of premises:

A good many cases were found of very unsatisfactory lighting to staircases, or steps leading to basement store rooms which may be little used. No particular type of premises was involved.

Whether any specific standards of lighting, in terms of lumens, have been recommended in advice to occupiers:

No specific standards were recommended to occupiers.

Whether any instances of excessive glare have been noticed and what standards have been used in assessing them:

No excessive glare was found.

#### November, 1965, only - Office premises.

Number of rooms where number of lumens per sq.ft. measured was:

(a) less than 5	= 2
(b) more than 5, but less than 10	= 8
(c) " " 10, " " " 15	= 15
(d) " " 15, " " " 25	= 16
(e) " " 25,	= 38

#### Shop premises

Number of shop selling areas where number of lumens per sq.ft. measured was:

(a) less than 5	= Nil
(b) more than 5, but less than 10	= 1
(c) " " 10, " " " 15	= 5
(d) " " 15, " " " 25	= 5
(e) " " 25.	= 11

## Stockrooms

Number of stockrooms etc. pertaining to shops where number of lumens per sq.ft. measured was:

(a) less than 5	= 5
(b) more than 5, but less than 10	= 9
(c) " " 10, " " " 15	= 6
(d) " " 15, " " " 25	= 5
(e) " " 25,	= 3

The standard of lighting in shops away from the selling area is therefore much lower than that in the selling area.

## Public Cleansing.

The Borough Engineer and Surveyor, who is responsible for the collection, removal and disposal of refuse, has kindly furnished the following information for this service:

Amount of domestic and trade refuse collected during the year	62,181 tons
Method of disposal	(a) Controlled tipping (b) Separation and incineration
Frequency of collection	(a) House refuse - weekly. (b) Trade refuse - as required.

## Drainage.

During the year 222 plans were submitted to the Health Department, and a total of 4,045 inspections were made in connection with supervision of drainage works.

## Rodent Control.

Treatment of sewers with sodium fluoracetamide has continued. This modern method of treatment has proved most successful in controlling the rat population. A very high proportion of surface infestations are directly due to rats coming from defective and disused drain connections to the sewers. Concurrently with normal surface treatment action is always taken to remedy any such defects.

Income from treatment at business premises amounted this year to £209.

## Licences and Registrations.

### Hairdressers and Barbers.

Prior to 1st April, 1965, a total of 241 hairdressers and barbers were registered in Fulham and Hammersmith under the old London County Council (General Powers) Act, 1954. Premises are well conducted, but it is considered advisable to have some method of control similar to that exercised before the amalgamation.

### Pharmacy and Poisons Act, 1933.

### Pharmacy and Medicines Act, 1941.

The names and addresses of 181 retailers were entered on the Council's list of persons entitled to sell poisons under Part II of the above Acts. Many of these persons are food retailers and, in some instances, the poisons sold are only household disinfectants; but a careful watch is kept on commodities containing other poisons mentioned on the list sold under proprietary names. No action was necessary for any offences under the Acts.



#### **Pet Animals Act, 1951.**

Eighteen applications for licences were received and granted during the year. All the premises were kept under observation.

#### **London County Council (General Powers) Act, 1959.**

##### **Caravans.**

Section 22 of the above Act forbids the use of land within the Borough as sites for moveable dwellings unless licensed by the Council.

The Council may also attach to any licence granted under this Section such conditions as they think fit relating to the number and class of caravans kept on the site, the space between such dwellings, fire protection, prevention of nuisance from noise, and for securing adequate water supplies and sanitary conditions.

Two sites for which licences are issued to private individuals house 6 caravans. Three sites owned by the Greater London Council house 3 caravans and 8 moveable dwellings.

#### **The Children's Nightdresses Regulations, 1964.**

These Regulations were made under the provisions of Section 1 of the Consumer Protection Act, 1961, which came into force on 1st October 1964. From that date no person may sell, or have in his possession for sale, a child's nightdress not complying with the Regulations, (subject to certain exceptions).

These Regulations also require nightdresses made from chemically-treated flame-resistant fabrics to have labels which warn against their being washed with soap. Two nightdresses purchased and tested were found to be satisfactory.

#### **Rag Flock & Other Filling Material Act, 1951.**

The above Act remained in force during the year, the number of premises on the register being 9. The following samples were taken:-

Coir fibre	2
Hair	1
Rag Flock	1
White Cotton Felt	2

#### **Licensing Act, 1964.**

This Act places on local authorities responsibilities for premises used as clubs and licensed restaurants. Part II deals with the sale of intoxicating liquor in clubs, which must be registered with the Clerk to the Justices for the Sessions Area in which the clubs are situated. Objections to registration may be made by the police or the local authority. Inspections are concerned mainly with three things - from the local authority's point of view - namely;

Compliance with Food Hygiene Regulations in that part of the premises used for storage and sale of food; adequacy of sanitary accommodation; and adequacy and efficiency of ventilation. During the period under review inspections were made of premises for which both renewals and new applications for registration were made. It was not necessary to recommend objection in a single case.

#### **Fertilizer and Feeding Stuffs Act, 1926.**

As from April this authority was responsible for the enforcement of the above Act and during the year a number of fertilizer and feeding stuff samples were taken:-

Compound Fertilizer	2
Dried Blood	1
Bone Meal	1

All were reported satisfactory.

### Clean Air Act, 1956.

#### Smoke Control Areas, Section 11.

The 1st April, 1965, saw the amalgamation of the Metropolitan Boroughs of Hammersmith and Fulham into the new London Borough of Hammersmith. Plans for the implementation of their respective smoke control programmes had been well and truly laid beforehand, and the early months of 1965 saw much progress in that direction.

#### Fulham.

Fulham were well advanced with the smoke control programme and on the 1st January, 1965, the Ministry of Housing and Local Government confirmed the last Smoke Control Order-No.9 - which came into force on the 1st October, 1965.

By the 31st December, 1965, the whole former Borough covering 1,706 acres and with 43,908 premises involved, was subject to nine Smoke Control Orders.

#### Position on 31st. December, 1965.

Area	Acreage	No. of Premises	Operative Date.	No. of Applications	Estimated No. of Conversions
1	100	3,927	1.10.58	1,329	1,872
2	160	5,827	1.10.59	1,197	1,596
3	85	2,423	1.10.60	603	804
4	174	5,801	1.10.61	2,093	3,112
5	147	5,466	1.10.62	1,459	2,184
6	47	16	1.10.62	1	12
7	290	6,783	1.10.63	2,267	3,401
8	335	6,416	1.10.64	1,761	2,348
9	368	7,249	1.10.65	2,212	2,949
Total	1,706	43,908		12,922	18,278

On Thursday, 18th February, His Worship the Mayor, Councillor R.G. Morgan, F.B.O.A. F.R.S.H., J.P., opened a Clean Air Exhibition at the Concert Hall, Fulham Town Hall, which continued until Saturday 20th February.

This was the last exhibition to mark the completion of the Smoke Control Programme and was a great success. Total attendances over the three days were 1,200.

#### Clean Air Act, 1956, Section 3 (2).

Applications for approval prior to the installation of furnaces:-

Applications received	-	2
Applications approved	-	2

#### Clean Air Act, 1956, Section 3 (3).

Notification of intention to install new furnaces - 10

Oil fired - 7

Gas fired - 3

#### Hammersmith.

Good progress was maintained as in previous years and in March, 1965, the Ministry of Housing and Local Government confirmed the Hammersmith (No.7) Smoke Control Order which came into force on the 1st November, 1965. The Solid Smokeless Fuels Federation's Mobile Exhibition Van toured No.7 Area in October demonstrating the various heating appliances and range of approved fuels.

The survey of No.8 Smoke Control Area was completed and in May, 1965, the Council made the Hammersmith No.8 Smoke Control Order, which was confirmed in September to become operative on the 1st July, 1966.



Eight Smoke Control Orders have so far been made covering 73% of the former Metropolitan Borough of Hammersmith, of which seven are in operation.

The survey of the final Smoke Control Area, No.9 has begun and it is proposed to make the No.9 Smoke Control Order early in 1966 with a view to completing the Smoke Control Programme by 1967.

#### Position on 31st December, 1965.

Smoke Control Order No.	Acreage	Date Made	Date Confirmed	Operative Date	No. of Premises	Estimated No. of Conversions
1	169	28. 1.59	29. 4.59	1.11.59	2,359	1,157
2	170	26. 2.60	26. 5.60	1. 7.61	3,787	2,080
2 V		24. 5.61	4. 8.61	1. 3.62		
3	128	22.12.60	14.11.61	1.11.62	3,759	1,205
3 V		25. 7.63	7.10.63	1. 5.64		
4	165	18. 4.62	7. 9.62	1. 7.63	2,852	2,985
5	173	30. 1.63	7. 8.63	1. 7.64	985	1,005
6	121	25. 3.64	28. 5.64	1.12.64	2,167	1,861
6 V		21.10.64	11. 1.65	1. 8.65		
7	183	30.12.64	12. 3.65	1.11.65	2,925	3,800
8	568	12. 5.65	8. 9.65	1. 7.66	5,393	6,500
9 P	605				4,424	4,300

V - Variation Order

P - Proposed and final order.

#### Clean Air Act, 1956, Section 3 (2).

Applications for approval prior to the installation of furnaces.

Applications received - 4  
Applications approved - 4

#### Clean Air Act, 1956, Section 3 (3).

Notification of intention to install new furnaces - 22  
Oil fired - 11  
Coke fired - 7  
Gas fired - 4

#### Atmospheric Pollution.

Owing to the amalgamation seven stations are now maintained throughout the new Borough of which four are in South, and three in North Hammersmith.

The benefits of the Clean Air Act are now beginning to be realised by the reduction of smoke in the atmosphere by about 50%, whilst the ground level concentration of sulphur dioxide has not increased in spite of the greater use of fuel oil for domestic, commercial and industrial purposes.

#### Hammersmith Generating Station.

In December, the Central Electricity Generating Board announced that the Hammersmith Generating Station, which had been generating electricity since 1897, was to close down in the Autumn, 1966, as it was obsolete and uneconomic to run.

The Station had given yeoman service but was frequently a source of dark smoke which gave rise to several complaints during recent years, especially when the Smoke Control programme got under way.

### Supplies of Solid Smokeless Fuels.

Notwithstanding the Ministry of Housing and Local Government Circular 69/63, which forecast a shortage of open fire gas coke owing to technological changes in the gas industry, supplies were adequate; but some of the premium solid smokeless fuels were not always available although it was possible to maintain the Smoke Control programme without undue difficulty.

The use of gas and oil for domestic space heating has lessened the demand for open fire gas coke, whilst plans for increased production of premium smokeless fuels and fuels for room heaters have been announced by the National Coal Board and private producers. Supplies of solid smokeless fuel seem satisfactory, provided consumers are allowed freedom of choice to burn other fuels such as gas, off-peak electricity, and oil.

### Grant Arrangements.

For the first time the Ministry have published a price list setting out cost limits for the various types of appliances - see Ministry of Housing and Local Government Circular 51/65, 28th June, 1965. This will facilitate the grant arrangements for the No.9 Smoke Control Order.

Circular 77/65, of 31st December, 1965, simplified the procedure for the submission of information about the cost of fireplace adaptation, especially in local authority dwellings.

### The Inter-Borough Smoke Control Liaison Committee.

The last meeting of the Committee was held at Hammersmith Town Hall on the 25th February, 1965, before its dissolution on the 31st March, 1965, owing to the amalgamation of Hammersmith and Fulham, constituent members.

The Committee had met continuously since its inauguration in February, 1958, and had performed sterling service in dealing with problems of common interest concerning the constituent members, which were the Boroughs of Acton, Barnes, Brentford and Chiswick, Fulham, Hammersmith, Richmond and Willesden.

It was reported to the meeting that the new London Borough of Hammersmith would welcome the formation of a new Liaison Committee, and would await further developments after the amalgamation.

### Inspections and Supervision of Food. Premises.

During the year 5,758 inspections were made at food premises, stalls and markets; and at 30 of these conditions were found contravening the Food Hygiene (General) Regulations. Legal proceedings were taken in one case in which fines totalling £25 with £2 costs were imposed. No exemption certificates, in connection with the Regulations, were granted by the Council during the year.

A list showing the number and types of premises in the Borough where food is sold, stored and prepared, is given below:-

Bakehouses (level)	23
Bakehouses (basement)	2
Bakers' Retail Shops	55
Biscuit Manufacturers	2
Butchers	120
Cafes and Restaurants	228
Canteens and Clubs	191
Chemists	69
Confectioners (Sweet Shops)	296
Fishmongers (wet and fried)	83
Fruit and Greengrocers	126
Fruit Drinks (bottlers)	2
Grocers and Provisions	401
Honey (packing)	1
Ice Cream Manufacturers	1
Jellied Eels and Pies (manufacture and sale)	6
Milk Processing Depots	2
Milk Distributors	245
Off Licences	103
Public Houses	177
Sweet & Chocolate Manufacturers	2
Wine (bottling)	1
Wholesale food stores	28



**Food & Drugs Act, 1955.**

Legal proceedings were taken in one case under Section 8 of the Food & Drugs Act, 1955, resulting in a penalty of £25 and costs of £2. A large quantity of food which, although unsound, did not call for action under Section 9, was voluntarily surrendered. A list of the commodities and the amount involved are shown in an Appendix – see Table 27, p.104.

During the year 58 complaints were received from members of the general public in connection with food purchased in the Borough. The following summary shows the action taken after full investigation in each case:-

Nature of Complaint	Action taken
Unfit corned beef	Letter to Ministry of Agriculture, Fisheries & Food
Fruit bun with rubber band	Legal proceedings. Penalty £5. Costs £2.
Unfit baby food	Warning letter.
Snail in frozen peas	Legal proceedings. Penalty £2: Costs £2.
Black specks in canned pudding	No action (insufficient evidence).
Unfit (mouldy) Easter Eggs	Complainant unwilling to give evidence.
Jam alleged to contain glass	Warning letter
Nail in wrapped white loaf	Legal proceedings. Penalty £15. Costs £2.
Flour has salt/soda flavour	Letter to manufacturers.
Loaf of bread has spots of mould	Insufficient evidence.
Mouldy bread	Letter to baker
Mouldy bread	Letter to baker
Mouldy fruit loaf	Letter to baker
Dirty milk bottle	Legal proceedings. Penalty £20: Costs £2
Lizard in tin of pineapple	Letter to South African Embassy
Dirty milk bottle	Warning letter.
Beetle in baby food	Legal proceedings. Penalty £5: Costs £2.
Foreign matter in loaf of bread (paper)	Legal proceedings. Penalty £10: Costs £2.
Dark spots in white loaf	Warning letter.
Unfit hamburgers	Food seized resulting in legal proceedings. Penalty £25: Costs £2.
Alleged unpleasant flavour of bread	No action.
Dirty milk bottle	Complainant not willing to give evidence. Letter to bottlers.
Maggots in cooked ham	Insufficient evidence.
Discoloured corned beef.	Proceedings.
Dark substance in pork pie	Piece of skin.
Cement in milk bottle	Legal proceedings. Penalty £5: Costs £3.3.0.

Nature of Complaint	Action taken
Tinned peas alleged to have caused illness	No foundation for complaint.
Foreign matter in wholemeal loaf.	Piece of hard dough.
Dirty milk bottle	Warning letter to bottlers.
Sour milk in vending machine	Legal proceedings following sample.
Mouldy brown loaf	Letters to baker
Soft drink alleged diluted	No action following satisfactory sample
Ham sandwich smelt bad.	Letter to vendor.
Apples caused illness	No foundation for complaint.
Unfit milk in vending machine	No action following sample.
Waterproof dressing in rock bun	Reported to Town Clerk
Black puddings discoloured	Letter to manufacturer
Corned beef unpleasant smell	Report to Ministry of Agriculture, Fisheries & Food.
Bad eggs	No action.
Roast pork had maggots	Warning letter.
Metal in bun	Conviction but defendant acquitted.
Foreign matter in bottle of milk	Complainant not willing to give evidence.
Sour milk in vending machine	Insufficient evidence.
Nail in doughnut	Complainant not willing to give evidence.
Foreign matter in soft drink	Warning letter.
Condensed milk can alleged to be rusty	Not rust but milk caramel.
Foreign matter in can of prunes	Legal proceedings. Penalty £5: Costs £2.
Metal cap in 1/3 pint bottle	Legal proceedings. Penalty £10: Costs £2.
Metal cap in 1/3 pint bottle	Legal proceedings. Penalty £10: Costs £2.
Steak alleged to have caused sickness	Complaint unfounded.
Mouldy potato crisps	Warning letter.
Foreign matter in bottle of milk	Warning letter.
Cloth in collar bacon	Letter to vendor.
Fly in can of tomatoes	Letter to importers.
Sand in rye bread	Legal Proceedings.
Sand in rye bread	Legal Proceedings.
Maggots in chocolate cream	Legal Proceedings.
Brown rice bought in mistake for white	No action.



### Bacteriological Examination of Food.

The following samples were submitted for bacteriological examination by the Public Health Laboratory Service:-

Ice Cream	37
Milk	82

### Ice Cream.

Ice cream is manufactured at two premises in the Borough, one of which is a large wholesale manufacturing and distributing company.

During the year 37 samples of ice cream were taken for bacteriological examination and the Methylene Blue test by the Public Health Laboratory Service. The Methylene Blue test is recommended by the Ministry of Health as a guide for ascertaining the bacteriological cleanliness of ice cream. The time taken to decolourise Methylene Blue being recorded and the samples graded as follows:-

Provisional Grade	Time taken to decolourise
1	4½ hours or more
2	2½ hours or more
3	½ to 2 hours
4	Less than ½ hour

The 37 samples were placed in the following grades:-

23 were within Grade 1
6 were within Grade 2
2 were within Grade 3
6 were within Grade 4

### Ice Cream and Preserved Food Premises.

A further 6 premises were registered under Section 16 of the Food and Drugs Act 1955, during the year, giving a total of 639.

### Milk Supplies.

There are two large milk processing depots in the Borough, each with its own private siding enabling it to receive milk by rail and from the country.

Raw milk is brought to these depots daily in road tankers and in rail tanks, each of 3,000 gallons capacity. Milk is collected from farms, bulked at creamery centres and, after preliminary tests, is despatched to the processing and distributing depots. A large quantity of milk in chums direct from farms, is also received. The two depots together handle about 180,000 gallons of milk per day. There are nine "high temperature - short time" pasteurising plants in which the milk is heated to, and retained at, a temperature of 161°Fahrenheit for 15 seconds; and is then cooled to below 50°Fahrenheit in accordance with the requirements of the Milk (Special Designation) Regulations 1960-1963. There are also ovens for the production of sterilised milk.

Some of the milk is distributed in churns after pasteurisation, about 12,000 gallons is sterilised in bottles, and the remainder is bottled or filled into cartons after pasteurisation. At one of these depots extensive cartoning of milk is now carried out, and a variety of cartons filled for retail sale, especially in milk vending machines.

At regular intervals the Food & Drugs Inspector checks the efficiency and working temperature of the processing plants and takes samples to ensure that they comply with the requirements of the Milk (Special Designation) Regulations 1960-1963.

All samples taken from these plants were satisfactory, 274 inspections were made in connection with the processing of milk, and the premises were found to be generally satisfactory.

155 persons and firms were registered as distributors of milk, and two premises were registered as dairies.

December, 1965 marked the end of the first quinquennial period for the issue of licences under the Milk (Special Designation) Regulations, 1960/65, and the following existing licences were renewed:-

Pasteurised	186
Sterilised	178
Untreated	60

All these licences will be renewable in 1970.

Under the Regulations 82 samples of designated milk were taken from milk processing plants, from distributors, and from automatic vending machines. These were submitted for the Phosphatase, Methylene Blue, and Turbidity tests, the results of which are set out below:-

Class of Milk	No. tested	Phosphatase Tests		Methylene Blue Tests		Turbidity Tests	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	74	74	-	53	21	-	-
Untreated	4	-	-	4	-	-	-
Sterilised	4	-	-	-	-	4	-

The 21 samples of pasteurised milk which failed to pass the Methylene Blue test were almost all from vending machines, and each case was a first offence. Statutory notices were served in accordance with the provisions of Sections 43/44 of the Food & Drugs Act, 1955, and as a result the companies concerned overhauled their management and further samples were found to be satisfactory. No samples were submitted for Brucella Abortus check.

#### Markets.

There are seven market sites in the Borough, three of which are street sites where traders operate from approved pitches licensed by the Borough Council under Section 21 of the London County Council (General Powers) Act, 1947, which is still in force. The site in North End Road is by far the largest of these and, since it occupies one of the main thoroughfares in the Borough, presents problems of increasing complexity. Traffic is always heavy down this road and there is considerable danger to pedestrians and vehicles in its permanently congested state. It is extremely difficult, if not impossible, to maintain control of waste material, especially paper, whilst the stalls are operating; and although staff are constantly employed on this task they fight a losing battle, and the only solution is to clear up the road after the stalls have closed. One wonders how much longer, with worsening road traffic, street markets throughout the Metropolis can be allowed to continue.

The Munster Road market is much smaller and has similar but less difficult problems.

Bradmore Lane market is fortunately confined to a small side road closed to traffic and does not create nearly so many difficulties; whilst Norland Road market has now almost ceased to exist as a result of re-development in the Latimer Road area, and preparation for the new Westway extension road.

The markets in Cinema Extension, Uxbridge Road, and in Railway Approach are privately owned.

Frequent inspection of the food stalls were made in all these markets, with particular attention to the storage accommodation.



#### Laboratory Facilities.

The Public Analyst for the Borough is Mr. Thomas McLachlan of Messrs. Thomas McLachlan & Partners, 4, Hanway Place, London, W.1. His Report on Food and Drug Samples appears below:-

During the last 9 months of 1965, 900 samples of food and drugs were examined. Of these 275 were taken formally, 600 informally, and 25 complaints.

The number adulterated or about which some comment was made was 68. These criticisms may be classified as follows:-

	Number of samples examined	Number of samples adulterated, etc.
Milk	74	-
Other Foods	826	68

Complaints were received about two unrinsed milk bottles, each of which contained an aluminium foil cap. Microscopic examination of these showed the outer surfaces to be badly pitted, consistent with their having been attacked by alkali. The caps were no doubt in the bottles when they went through the bottle washing plant before being filled with milk. Another milk bottle contained lumps of flour paste which, although mouldy on receipt, were probably not so mouldy when the bottle was filled. The bottle had probably been used in a kitchen for adding milk and water during cooking and the washing plant and soda lye had failed to remove all the mouldy dried paste.

Two out of three cans of a brand of Jersey Cream examined were not sterile. Although they contained fat 23.4% and 23.7% the solids not fat were only 5.9% and 7.9% respectively, indicating that considerable decomposition had taken place. Some Dairy Ice Cream contained total fat 4.80% and solids not fat 26.62%, and the fat itself contained not more than 40% butter fat. Dairy Ice Cream must contain not less than 5% of fat and the fat must be entirely milk fat unless introduced by the use of egg, flavouring, or emulsifying agent.

The analysis of two samples of cream cheese showed milk fat 33% and 37.5% respectively. The report of the Food Standards Committee on Hard, Soft and Cream Cheeses issued in 1962, proposed that only cheese containing not less than 45% of milk fat should be described as "Cream cheese". These cheeses were therefore 26% and 16% respectively deficient in milk fat. A cheese spread stated to be "70%" contained only 35.75% of fat. Although the fat on the dry matter was 70% this was not stated on the label and the label was therefore considered to be misleading.

A fruit topping showed an illustration of fruit which was not in the can and the words "Serving Suggestion" should have been included on the label. A canned rice pudding received as a complaint was found to contain general dirt, but it was difficult to believe that this was present before the can was opened as dirt of this type in a product such as canned rice would break up during the sterilising process and subsequent handling. A sample submitted as Yoghourt consisted of a form of creme caramel. It was a skimmed milk product and must not therefore be described as flavoured milk, nor were the ingredients present stated on the label.

Two rye loaves both contained sand, the rye not having been properly screened before use. A piece of metal stated to have been found in a fruit bun consisted of a piece of zinc sheeting with cooked starch attached to it. Part of a brown loaf contained pieces of hard brown material consisting of wholemeal dough which had not risen due to incomplete mixing of the yeast in the dough. This was probably due to a little moisture being present in the dough mixer when the flour was put into it so that some of the flour became wet before the yeast was added. Two cut loaves showed blackish marks in various slices consisting of particles of iron with oil from the shafting. Some pieces of toast submitted as a complaint showed dark markings due to a nail. A portion of a nail was submitted at the same time and another small piece of bright metal on one of the slices was consistent with it having been removed by the cutter. The nail had therefore probably been cooked in the loaf. The analysis of a starch reduced flour indicated that it contained 70% of carbohydrate on the dry flour. Although the Bread and Flour Regulations, 1963, make



no specific mention about restrictions on the quantity of carbohydrate in starch reduced flour, it may be assumed that the same restrictions apply as for starch reduced bread. Starch reduced bread may contain not more than 50% of carbohydrate calculated on the dry matter. A self-raising flour contained 5.3% of sodium bicarbonate in excess of the quantity required to neutralise the acid constituents of the baking powder, and pastry made from it would have a brownish colour and an objectionable flavour.

Some fruit salad contained various minor errors on the label. The label described the product as "In heavy syrup" but the syrup contained only 11% of sugar whereas it should have been at least 19-21%. It also contained an added colour, which although permitted, was not disclosed on the label. Two pieces of wood were stated to have been found in a can of prunes. A water extract from the wood was a light brown colour, had the odour of prunes, and contained sugar, proving that the claim that it had been in the can of prunes was probably correct. The wood had very likely been derived from a case in which the original prunes had been packed. A complaint was received that a piece of glass found in a jar of jam had caused a cut mouth. The top of the jar was chipped but no further glass was found in the jar and the plastic insert of the lid showed no signs of uneven pressure during storage owing to the piece of missing glass at the area of contact. It was thought the top of the glass jar may have been cracked, and the piece knocked out of the jar on the complainant's premises.

Some chopped pork contained only 80% of total meat whereas it must contain not less than 90% of meat. The product should have been described as "Luncheon Meat". Three samples of Irish stew contained respectively 21%, 26% and 33% of total meat, whereas the Ministry of Agriculture, Fisheries and Food suggest that canned meat and vegetables should contain not less than 35% of meat. Two tins of devilled ham consisted of meat paste or pate, whereas in the opinion of your analyst devilled meat must consist of pieces or slices of meat in a hot sauce or gravy, but the product should not be a finely mashed product. Some corned beef possessed an unpleasant odour of crude mineral oil. Although there was insufficient to taste or determine, it was thought that the tinplate had been improperly cleaned before the cans were made. Another can of corned beef also submitted as a complaint because of the dark colour of the meat, was found to have several small pieces of metal on the exterior surface. The can itself was in good condition and the pieces of metal were due to the tinplate having been slightly oily when the cans were made, resulting in minute fragments of metal from the machinery adhering to the surface. A black pudding had been filled into a synthetic casing dyed with green S and Hexacol violet ENP both artificial but permitted food colours, but the green colour had been absorbed into the black pudding, giving it an unpleasant appearance.

A complaint was received regarding dark material in a portion of pork pie. It was found to consist of a piece of hide with adherent bristles. Four samples of pork sausages contained sulphur dioxide but they must be labelled in accordance with the requirements of the Preservatives in Food Regulations 1962. Several samples of shredded beef suet were examined and three were deficient in fat, containing respectively 81%, 80.3% and 80%. The Food Standards (Suet) Order 1952, requires not less than 83% of fat in shredded suet, but the manufacturers always claim that it is difficult to obtain a satisfactory distribution of starch on the suet shreds.

Examination of some dry matter stated to have come from a coca-cola bottle was found to be dried mould mycelium. A complaint was made regarding a bottle of a ready to drink drink, which was flat on receipt. Comparison with an unopened bottle showed them to be quite different and it was thought the complaint product had probably been tampered with after purchase by the removal of approximately half the contents of the bottle and its replacement by tap water.

A vegetarian jelly was stated to contain vegetable gum as an ingredient. At present the name of the vegetable gum must be stated, but the recommendation of the Food Standards Committee is that further legislation should enable these gums to be described in



generic terms as "Edible gums". A canned cherry conserve was stated to contain cherries and also "Cherros" which latter is not a recognised name for any food. The cherries themselves were artificially coloured and the presence of the dye must be declared. An apple pie filling and a blackcurrant pie filling were both thickened with starch, and should therefore have been labelled as "Prepared" or "Processed".

Some herrings in aspic were satisfactory but the label in German did not comply with our Labelling of Food Regulations as there was no information about the weight of contents, nor were the ingredients themselves disclosed.

Some pistachio nuts were contaminated with the webbing and larvae of the *Tinea Granella* moth. Of three cans of Congo or Pigeon peas examined the contents of two consisted of processed peas and should have been labelled accordingly. A complaint was received regarding a fly found in a can of tomatoes. As the fly was sterile it was evident that it had been in the tomatoes when they were canned.

Some cooked groats were found to be infested with the golden spider beetle. There was a small hole in the bottom of the carton through which a beetle had entered, and there were six holes in the bag containing the groats. Judging by the code number the carton was not of the newest stock and it was difficult to state where the infestation had occurred.

Two samples of brown gravy sauce were labelled as containing Soya Sauce, but this is not a sufficient description for an extract obtained from the soya bean. Two Polish products were labelled as "Sauce" when they were in fact sauce mixes. There were also various other minor errors on the labels.

Some ground coriander contained an excessive quantity of acid-insoluble ash, namely 2.14%. The British Pharmacopoeia allows a maximum of 1.5%, and most samples of ground coriander have an acid-soluble ash of about 0.7%. Two samples of nutmeg flavour were incorrectly described as they consisted of an alcoholic solution of the essential oil of nutmeg, and must be labelled as "Essence of Nutmeg". There was a further error as the name and address of the manufacturer or packer were not included on the label.

Some Tamarinds were found to be extremely dirty and it was considered that the owner of the shop required some instruction in the hygienic handling of food. A product submitted as Jeera Powder consisted of ground cumin seed containing 12% of ash and 3% of acid-insoluble ash. There is no standard for cumin seed in this country but in the United States the total ash must not be more than 9.5% and the acid-insoluble ash 1.5%. Another product submitted as gram masala resembled a curry powder rather than a mixed spice. It contained 33 parts per million of copper which is 65% in excess of the quantity suggested by the Ministry of Agriculture, Fisheries and Food in 1958.

Two cans of cooked mussels were also incorrectly labelled as the ingredients listed "Solution of acetic acid". There is no recognised "Solution of acetic acid" though it would be permissible to state "Solution of acetic acid (15%) so much per cent". Both products contained more acetic acid than salt and the ingredients must be disclosed in the correct order.

Samples of celery salt contained respectively salt 50.8% and 55.4% and celery seed 49.2% and 44.6%. If the manufacturers wish to label this product as celery salt they should put in about 60% of celery seed and 40% of salt.

A sample of Plant Milk was satisfactory as a substitute for milk, but there were several minor errors on the label, which required amendment.

During the year an agreement was reached between the packers of "Beans in Tomato Sauce" and representatives of local authorities. Several samples were examined and, in the opinion of your analyst the representatives of local authorities have been badly misled in agreeing the standards, since no member of the public would be satisfied with products, which would comply with the lowest agreed standards.

### Medicinal Baths and Treatment Centre

Work progressed normally for all sections, and only in the Health Laundry Service was there a noticeably increased demand. As the machines were working to capacity the only way to cope with the extra work was by the introduction of an evening shift. This meant that the laundry operated from 7 a.m. until 7.30 p.m. Should the demand go on increasing the only solution would be larger premises, more machinery and more staff.

Assistance continued to neighbouring Authorities and a total of 247 treatments were given in the Cleansing and Sterilisation Sections, the largest user being the London Borough of Ealing.

### Cleansing and Treatment of Persons.

Even today there is still considerable demand for this service. In all 427 individuals received 607 treatments for a variety of causes, the main four were:-

Scabies	198 patients	328 treatments
Head Lice	85 "	99 "
Body Lice	74 "	81 "
Pubic Lice	45 "	65 "

Approximately two-thirds of the treatments for body lice were for men from a large hostel in the Borough.

### Steam Sterilisation.

189 requests involving 5220 articles were dealt with during the year. Good use is made of this service as the table in the Appendix shows — see Table 32, P.108.

### Disinfection.

Premises are not normally sprayed following cases of the more common infectious diseases unless a definite request is made. During the year 24 requests for formaldehyde disinfection were received following illness and death. In most cases the illness was not of an infectious nature, and spraying was carried out as a palliative treatment only.

### Coroner's Court and Public Mortuary.

The accommodation provided comprises court, jury room and suite of offices for the Coroner and his officers, a modern post-mortem room with four tables, refrigerated accommodation for eighteen bodies, and office accommodation for the Pathologist and Mortuary Superintendent. A large waiting room comfortably furnished, and a viewing room, are also available for the public.

These facilities were utilised by the neighbouring Boroughs of Fulham, Kensington and Chelsea prior to the amalgamation. The Mortuary is now used only by the London Borough of Hammersmith. Inquests, however, are held in the Court for Ealing, Hillingdon, and Hounslow, in addition to Hammersmith.

The number of bodies admitted to the Mortuary during the year was 680, a decrease of 469 over 1964. There were 670 post-mortem examinations, a decrease of 464 over the previous year.

In all, 344 inquests were held compared with 228 in the previous year.



Details are set out below:

**Bodies admitted from the Borough -**

By order of Coroner	543	
On application of Undertakers	10	553

**Bodies admitted from other Boroughs -**

Chelsea (by order of Coroner)	57	
Kensington (by order of Coroner)	70	127
Total bodies admitted		680

**No. of post-mortem examinations conducted -**

Hammersmith cases	543	
Chelsea cases	57	
Kensington cases	70	
Total post-mortems		670

**No. of inquests held:**

Hammersmith cases	110	
Kensington & Chelsea cases	32	
Ealing cases	58	
Hillingdon cases	101	
Hounslow cases	43	
Total inquests held		344

**General Services.**

**Laboratory Facilities.**

**Bacteriological Examination.**

Bacteriological examination of food is carried out by the Public Health Laboratory Service, County Hall, S.E.1., and by the Royal Institute of Public Health. The Public Health Laboratory Service is also available to doctors for bacteriological examinations, throat swabs, intestinal and other specimens. The necessary swabs and outfits for laboratory use can be obtained from the Environmental Health Service.

**Public Baths and Wash-Houses.**

The Metropolitan Water Board supply is utilised for both baths and pool. The water is subjected to chlorination, alkali treatment and filtration with continuous circulation. Samples of water were taken for analysis and all were reported satisfactory. In addition, frequent checks were made by the staff at the baths, particularly during busy bathing times.

The public baths and wash-houses in Lime Grove, Shepherd's Bush and North End Road, Fulham, provide facilities for bathing, swimming and laundry work. For bathing there are private hot baths or shower cubicles, and towels, soap, bath cubes and shampoos are supplied at a small cost. There are concession rates for children; and for old age pensioners free baths on certain days. In the public wash-houses fully automatic machinery is provided for washing and spin drying laundry. There are also hand irons.

There are two swimming baths at Lime Grove and three at North End Road, but only the smaller ones are open all the year round. The larger ones are available during summer months only as, during the winter season, they are converted into public halls which may be hired for meetings, concerts, wrestling, dances, whilst certain periods are set aside for badminton and indoor bowls. There is an open-air pool at Bloemfontein Road, Shepherds Bush which, during the summer months, provides facilities for swimming and sun-bathing.

#### HEALTH SERVICES

**National Assistance Act, 1948 & National Assistance, (Amendment) Act, 1951.**

**Removal to Hospital of Persons in Need of Care and Attention.**

Under the provisions of the above Acts, application may be made to a Court of Summary Jurisdiction for an Order for the compulsory removal to hospital of persons in need of proper care and attention.

It was not necessary to take action under these Acts for any person in the Borough during the year as, in all cases, it was possible to find solutions in other ways, usually by co-operation with family doctors, and by providing ancillary services.

**National Assistance Act, 1948, Section 50.**

**Burial or Cremation of the Dead.**

During the year 38 burials were carried out by the Council.

**Staff Medical Examinations.**

The total number of medical examinations carried out by the Senior and Assistant Medical Officers, to investigate cases of prolonged sickness, and to ascertain the suitability of applicants for employment in the Council's service, was 708.

Evidence of recent satisfactory chest X-ray examination is required from all applicants. When this is not available Hammersmith Hospital Chest Clinic examines applicants under the special general practitioner arrangements, or use is made of the mass radiography service at the Western Hospital. 506 such examinations were performed at the Chest Clinic, 197 at the mass radiography unit, and 5 at hospitals outside London.





## HEALTH SERVICES

## PERSONAL HEALTH

Part I Health Services

Personal Health

Personal Health Services

Domiciliary Midwifery

Planned Early Discharge Scheme

Health Visiting

National Child Development Study

The National Survey of Health and Development

Downview and Banstead Hospitals - Mother and Baby Unit Follow-up

Survey of Childhood Cancers

Measles Vaccination

Medical Arrangements for Long-Stay Immigrants

Arrangement of Visits to Establishments

Home Nursing

Loan of Home Nursing Equipment

Maternity and Child Welfare

Family Planning Sessions

Creches

Day Nurseries

Borough Child Minders Scheme

Scheme for Reporting Congenital Malformations

Observation and Handicap Register

Home Help Service

Chiropody

Domiciliary Chiropody

Recuperative Holidays

Tuberculosis

Hammersmith Chest Clinic Report

Fulham Chest Clinic Report

Hurlingham Lodge Hostel

Venereal Disease - West London Hospital Venereal Diseases Clinic Report

Examination of Blind & Partially-Sighted Persons

Mental Health Services

Training Centres for the Mentally Sub-Normal

Training Centres Organised Holiday

Social Club

Expansion of the Mental Health Service

Training Centres, Day Centres and Hostel for the Mentally Ill

Development of Local Authority Health and Welfare Services

Family Casework

Co-ordinating Committee and Case Conference

Health Education and Home Safety

School Health Services - Annual Report of the Principal School Medical Officer.



### **Personal Health Services.**

The transfer of the above from the London County Council to the new London Boroughs has entailed a good deal of work. New procedures had to be evolved so that the Services could be integrated and function efficiently with a minimum of inconvenience to the public. It has been a period of change and consolidation but, bearing in mind the enormous pressures on all concerned, the progress made in extending the Services and planning for the future has been very gratifying.

The pattern for the future appears to lie in the creation of Health Centres as envisaged in the National Health Service Act, 1946, (Section 21); and reference is made to these, in connection with the Ten Year Health and Welfare Plan, in the introduction to this Report.

### **Domiciliary Midwifery.**

The Midwifery Service has worked smoothly throughout the year. There has been excellent co-operation from the duty officers at Hammersmith Town Hall who assist with the night call rota. A pilot scheme began in August, 1965, to encourage closer liaison between midwives and family doctors. One of the Council's midwives now attends two ante-natal clinics held in the surgeries of general practitioner-obstetricians. This scheme has proved so successful that it is to be extended.

The midwifery staff have taken part in courses held for expectant mothers at Maternity and Child Welfare Centres, and have undertaken the district training of pupil midwives.

### **Planned Early Discharge Scheme.**

At 1st April, 1965, up to 12 cases a month from Hammersmith Hospital could be received into W.6. and W.12 postal districts, and up to 4 cases a month from St. Mary Abbots Hospital were received into the S.W.6 area.

In September, 1965, the scheme was extended to provide for the discharge of up to 2 patients a month from Princess Beatrice Hospital, up to 2 patients a month from St. Stephen's Hospital, and up to 6 patients a month from Queen Charlotte's Hospital.

Patients were accepted for discharge on any day of the week instead of from Mondays to Fridays only, thus improving the facilities offered to patients and their families.

### **Health Visiting.**

In addition to their normal duties and despite shortage of staff, health visitors undertook extra work in connection with the following studies in which the Borough was asked to take part:

#### **National Child Development Study.**

The purpose of this was to determine the present physical, sociological, and educational status of the 16,000 children who were the survivors of the 1958 Perinatal Mortality Survey, and to relate the findings to the existing birth data.

Health Visitors visited the parents of about 50 of these children now living in the Borough, and from the information obtained completed questionnaires on the development of the children. The children were then examined by medical officers who completed further questionnaires.

### The National Survey of Health and Development.

This has been a continuous study of 5,000 young people, born in March, 1946, to obtain information on their health, employment, and further education. The organisers of this survey hope to keep in touch with these young people, at least until they are 21 and possibly until they are 25 years of age. About 20 young people in the Borough are members of the survey, and they were interviewed by health visitors to obtain the information required at this stage of the survey.

### Downview and Banstead Hospitals - Mother and Baby Unit Follow-Up.

In 1963, the consultant psychiatrist at these hospitals asked for the help of local health authorities in conducting a survey, over at least 10 years, of the long-term results of the work of the hospital's Mother and Baby Unit, which provided treatment for mothers who had had schizophrenic illnesses after childbirth.

The Borough continued the co-operation given by the former London County Council, and health visitors completed questionnaires for seven mothers and for each member of their families.

In addition, health visitors were asked to select a control family for each case, living in similar accommodation in the same area with the same number of children and of the same social status as the patient's family; and questionnaires were completed for the members of each control family.

### Survey of Childhood Cancers.

The Borough continued to co-operate with the Department of Social Medicine of Oxford University in its investigation into fatal diseases of childhood in an attempt to discover their causes. Health Visitors called on mothers whose children had died, and on mothers of healthy "control" children of the same age and sex, to obtain their consent to interviews by a medical officer.

### Measles Vaccination.

Children vaccinated against measles in the Autumn, 1964, and children in the Control Group, were followed-up in May and August, 1965, at the request of the Medical Research Council to obtain periodic information of the state of their health. About 1,100 children were followed-up for this purpose by health visitors, either by interviews with the mothers at the Child Welfare Centres, or by home visits if necessary.

### Medical Arrangements for Long-Stay Immigrants.

Advice of arrival of long-stay immigrants is received from ports and airports. Health visitors then visit, give general information about the Health Services, and persuade them to register themselves and their dependants with general medical practitioners; and have a chest x-ray where this is appropriate. The following figures relate to the year 1965:-

Country where passport was issued :	Immigrants Notified :	VISITS		Total
		Successful	Unsuccessful	
Commonwealth Countries	715	429	471	900
Non-Commonwealth Countries	82	62	26	88
Totals	797	491	497	988

In the Maternity and Child Welfare Centres health education activities have been developed by the health visitors, mainly through group discussion. The evening sessions, which fathers attend, continue to be popular, but the direct approach by doctors, health visitors, midwives, and home nurses remains the most important single method of changing health attitudes. In schools, at the request of head teachers, health visitors have continued to give talks and to conduct discussion



groups on a variety of subjects. Red Cross Parentcraft Courses have been popular as after-school activities, and all pupils taking the courses were successful.

Five student health visitors have received practical instruction from field work instructors.

#### **Arrangements of Visits to Establishments.**

The Borough Health Visiting and Nursing Section arranged programmes of visits for 889 visitors during the year. Nursing and medical students, social workers, teachers in training, and Senior Public Health Nursing Officers from China, Denmark, Hong Kong and the United States of America were given an insight into the Personal Health Services of the Borough.

#### **Home Nursing.**

The work of the Home Nurses during the year has proceeded without any serious increase of patients due to epidemic illnesses, and 110, 615 visits have been made. As in previous years, much time is spent among the aged, many of whom are entirely bedridden and need prolonged care.

Present-day rehabilitation teaching has helped many patients to become a little more independent, and encouraged their limited ability to help themselves.

Additional items of disposable equipment have been made available to the nursing staff, thus making it possible to give a more efficient service.

Eight student district nurses have received district training and have successfully passed the examination. These nurses have all remained in the service.

#### **Loan of Home Nursing Equipment.**

There has been a steady increase in the demand for equipment on loan to people nursed at home. Requests are received from hospitals, general practitioners, district nurses, and from the Council's social workers. A notable exception is that no requests were received for the issue of bedding to tuberculous patients nursed at home. The items for which there is the greatest demand are commodes, wheelchairs, walking aids, and lifting devices.

The Council has continued the arrangements for the provision of incontinence pads commended to local authorities by the Minister of Health in Circular 14/63. Protective garments with disposable linings have also been made available for incontinent persons not confined to bed.

Issues made in the year 1965 were:-

Commodes	99
Wheelchairs	52
Tripod walking sticks	22
Walking aids	15
Penryn Hoists	14
Fracture Boards	11
Easi-carri Hoists	6

#### **Maternity and Child Welfare.**

Attendances at the Maternity and Child Welfare Clinics have been well maintained. 48,906 children aged between 1-5 years were seen during the year. The register, instituted in 1959, of children regarded especially at risk because of circumstances at birth or later, has been continued and provides a valuable indication of the need for supervision or treatment.



### **Family Planning Sessions.**

Advice on Family Planning, for married women for whom further pregnancy would be detrimental to health, is provided at Parsons Green, Glenthorne Road, and Greyhound Road Maternity and Child Welfare Centres. 1,454 attendances have been made during the year.

### **Creches.**

The occasional care of children outside their own homes was provided by two creches, in Borough premises, for a total of five sessions per week. An additional session is planned at Greyhound Road Maternity and Child Welfare Centre.

### **Day Nurseries.**

The demand for day nursery accommodation remained constant, and the total attendances in Borough Day Nurseries in 1965 was 79,972. The service was marked by the high occupation of the places available; the average daily attendance in the 7 Borough nurseries being 82%.

The acquisition of the freehold of Grove House Day Nursery made it possible to carry out urgently needed structural alterations and improvements, which necessitated limited admissions. Restricted admissions were unavoidably necessary at other nurseries, due to shortage of nursery nurses. Training places for student nursery nurses have been increased to 24. A survey of available mechanical aids to reduce the work load of domestic staff in nurseries, was carried out in October 1965, and the necessary equipment has been supplied.

### **Borough Child Minders' Scheme.**

At 31 December, 1965, there were 22 child minders registered under the Nurseries and Child Minders Registration Act, 1948, to mind 100 children, excluding their own; and three premises accommodating a total of 54 children were also registered under the Act.

In addition, 44 other child minders were approved, each to mind not more than two children, for whom they were receiving a registration fee of 6/- per week at 31 December, 1965. At that date they were minding a total of 63 children.

### **Scheme for reporting Congenital Malformations.**

The scheme depends on the notification to the Medical Officer of Health and Welfare of any malformation observed at birth by the doctor or midwife notifying the birth, and is required by Section 203, Public Health Act, 1936. The Medical Officer of Health is also required to send to the General Register Office a return for every child in his area of whom he has received information of malformation observed at birth.

During 1965 notifications of 62 such cases were received and, of this number, 50 were mild and remediable e.g. vestigial digits, mild talipes responding to physiotherapy, umbilical hernia, and similar conditions.

Details of the remaining malformations are:

#### **Still births**

- 3 cases of anencephalus.
- 1 case of corneal opacity.

#### **Live births**

- 1 case of spina bifida.
- 1 case of severe talipes
- 3 cases of cleft palate, (one died)
- 1 case of absent left forearm.
- 1 case of anal atresia, (colostomy).
- 1 case of a Mongol.

The above eight children are all in the care of hospitals, and their names added to the Borough's Register of Handicapped Children.

#### Observation and Handicap Register.

Babies are considered to be at risk of developing handicaps if they were adversely affected during pregnancy, labour, or the lying-in period, (puerperium). The names of such children are entered in the Observation Register, which is scrutinised at regular intervals by a medical officer so that their progress and development can be kept under review. Should any child develop an obvious handicap then that child's name is transferred to the Handicap Register. The purpose of these Registers is to ensure that a handicapped child receives appropriate care, treatment, training, and education.

#### Observation Register.

939 cases were notified, of whom 3 had been transferred to the Handicap Register at 31st December. 11 cases notified in 1964 were transferred to the Handicap Register in 1965.

#### Handicap Register.

The table below is an analysis of notifications in 1965, and relates to children born in that year. 48 cases were placed on the Register, of whom 3 had been transferred from the Observation Register, and 8 had been notified through the scheme for reporting congenital malformations:

Mongol.....	3
Microcephaly .....	1
Mental Retardation (physically normal).....	2
Brain damage .....	3
Hydrocephalus .....	1
Spina Bifida .....	1
 Congenital Disease of the Heart .....	16
 Talipes.....	2
Congenital Dislocation of Hip .....	2
Left Forearm Absent .....	1
Fingers Absent .....	1
 Cleft Palate .....	4
Congenital Biliary Stenosis .....	1 (died)
Hirschsprungs Disease (Colostomy).....	1
Anal Atresia (Colostomy) .....	2
Fibrocystic Disease of Pancreas .....	1
 Recurring Bronchitis (Lobectomy for Congenital Emphysema).....	1
 Sickle Cell Anaemia .....	2
Deaf (both supplied with hearing aids) .....	2
Retinoblastoma .....	1
 Total .....	48



In addition to the 48 children above, 33 born in 1964 whose handicaps were not apparent in that year were added to the Handicap Register in 1965. The total number on the Handicap Register at the end of 1965 was 229. All children whose names appear in the Handicap Register are in the care of hospitals, and there is close liaison between these hospitals and the Local Health Authority.

#### Home Help Service.

This Service is run from two offices in the Borough, each of which has an Organiser with appropriate supporting staff. The Southern area is served from 2/6 Fulham Broadway, S.W.6., and the Northern from 48 Glenthorne Road, W.6.

The Ministry of Health Circular (25/65) of 10th December, reviewed arrangements for the Service and said that the Minister, "Regards the provision of home helps as a service which is an important element of community care, and one on which the domiciliary health and welfare services as a whole increasingly depend for their proper functioning." This is undoubtedly true as the demands on the Service continue to grow, and the principal difficulty is the shortage of suitable Home Helps. This shortage is particularly acute in London, because wage rates for Home Helps are lower than those in comparable employment. On the other hand, the Home Helps feel they have a responsibility towards the persons they visit, and there is a sense of belonging to a Service and helping the community.

A six-week Autumn recruiting drive resulted in sixty-eight applications for employment, and twenty-four of the applicants were engaged.

A possible development, indicated in the Circular, was "Good Neighbour" or "Neighbourly Help" schemes, in which it was envisaged that women, unable to undertake the full range of duties normally associated with the Service, should help neighbours in more limited ways, e.g. in settling down for the night.

#### Chiropody.

The demands on this service are constantly increasing and the Council decided that it should be integrated and run as a direct service. This meant taking over the service previously organised through the British Red Cross Society and the Fulham Old People's Welfare Association, and this took effect from 1.10.65.

The work of the British Red Cross Society and the voluntary bodies associated with the Fulham Old People's Welfare Association, notably Bishop Creighton House, in helping provide the Chiropody service was greatly appreciated and 3 clinics are still being held with their assistance and co-operation.

Most of the clinics are restricted for the use of priority classes, which are (1) Elderly persons, (2) Physically handicapped, and (3) Expectant mothers. Only those clinics which were in operation before 5.7.48 can accept non-priority persons for treatment.

#### Staff.

17 Chiropodists are employed, 7 full-time and 10 sessional, (including 2 Domiciliary Chiropodists), under the direction of the Chief Chiropodist.

#### Clinics.

- |   |                     |
|---|---------------------|
| 1. Bishop Creighton House,<br>Lillie Road, S.W.6.             | 3 sessions per week |
| 2. British Red Cross Society,<br>52, New King's Road, S.W.6.  | 4 " " "             |
| 3. West London Foot Clinic,<br>162, Shepherds Bush Road, W.6. | 7 " " "             |



4. North Hammersmith Treatment Centre, 207, Westway, W.12.	5 sessions per week
5. 48, Glenthorne Road, W.6. *	8 " " "
6. 2/6 Fulham Broadway, S.W.6.	10 " " "
7. 18, Bagleys Lane, S.W.6. *	11 " " "
8. St. Dunstan's S.T.C., Captain Marryat School, W.6. *	10 " " "
9. 706, Fulham Road (2 chairs) *	24 " " "
10. Scotts Road, W.12.	5 " " "

\* Clinics which were in operation before 5.7.48 at which non-priority persons can be accepted for treatment.

The total number of treatments carried out at Clinics during the year was 22,917, which includes 4,519 given before the integration of the service on 1.10.65.

#### Domiciliary Chiropody.

This service is for house-bound persons, usually elderly, and is greatly appreciated. One Domiciliary Chiropodist works in the Northern and the other in the Southern part of the Borough, and between them they gave 1,828 domiciliary treatments in the year.

The total number of treatments given was 24,745.

Domiciliary	1,828
Clinics	22,917
Total	24,745

#### Recuperative Holidays.

Recuperative holidays where the emphasis is on rest, good food, and fresh air, are provided for adults, including expectant and nursing mothers, and children. Arrangements for such holidays for school children, at one of the Authority's Holiday Homes, are normally made by the Medical Adviser to the Inner London Education Authority. The holidays are provided on medical recommendations subject to approval by the Medical Officer of Health. The following table summarises the arrangements made during the year:

Type of Case.	Admitted to Homes during 1965	Being dealt with at end of 1965
Expectant and Nursing Mothers	3	8
Other adults including tuberculous persons	93	51
Psychiatric cases	10	4
Accompanied children	33	20
Unaccompanied children (placed by I.L.E.A.)	129	87
Totals for the year:	268	170

## Tuberculosis.

I am indebted to Dr. Stradling and Dr. Price, the two Consultant Chest Physicians in the Borough, for the following reports, from which will be seen the changing emphasis of the important work of the Chest clinics:

### Hammersmith Chest Clinic Report.

The Chest Clinic continues to provide a complete diagnostic, treatment, and medico-social service for patients suffering from pulmonary diseases, which is fully used by the practitioners. Greater details of the services available have been given in previous reports. The tobacco diseases, Lung Cancer and Bronchitis, remain a major part of the Clinic's work and no diminution in the flood of these is in sight - nor, indeed, is likely to be for many years. Considerable responsibilities remain in relation to tuberculosis, and the presumption by many that this disease has been beaten is very premature. In particular, immigration to this country has had a marked effect on the tuberculosis situation in some urban areas: in 1955, 2% of new cases of tuberculosis in Hammersmith occurred in immigrants, whereas in 1965 the figure was 20%.

The staff of 26, including 5 doctors, almoner, 4 nurses, 3 health visitors, 2 radiographers, and full supporting senior and junior clerical staff, are kept very fully occupied and are often under considerable pressure. There were 26,067 patient attendances in 1965 in the same cramped dingy accommodation, (2 converted wards), provided 16 years ago when 14,686 patients attended. The provision, during the year, of new benches for the waiting patients hardly compensates for the steady deterioration of the premises. Emergency attention to the floor and to X-ray plant has necessitated closing the unit thrice during 1965/6 for a total of 4 weeks. This sort of situation is intolerable in a hospital service. The graph, included as an Appendix on Page 92 of the Report, shows patient attendances during the last 15 years, since entering the present premises, together with the establishment over the same period. Apart from the emergency attention mentioned above, the premises have been decorated once only.

Looking on the bright side, however, it is a great pleasure to report the steady, ungrudging service of all the Clinic staff: we are very jealous of our reputation of being one of the happiest units on the hospital site in spite of the difficult circumstances. We are grateful to all those units within the hospital which co-operate so closely with the Chest Clinic to enable the provision of a complete, high quality service to the patients. There is no doubt that such a service needs to be conducted from a hospital and that the higher the quality of that hospital the better the integrated service will be. It is hoped that in the future development planning of the Hammersmith Hospital site, better housing of the Chest Clinic and closer integration with other outpatient departments will provide an even more efficient service for the patients and their doctors. Meanwhile, our thanks are also due to all outside services co-operating with us in our work under present conditions. Here should be mentioned particularly those doctors referring patients, and the District Nursing Association helping with their treatment.

A noteworthy addition, during the year, to the facilities for managing in-patients under the care of the Chest Clinic has been the provision of two extra cubicles in the associated Chest Ward. This has made for a much more flexible arrangement, particularly when so many very sick patients of both sexes are treated.

In addition to their clinical duties, the medical staff have been involved in various investigatory projects during the year: of particular interest are the continued simplification of long-term treatment of tuberculosis, and the development of routine bronchoscopic photography for teaching and research purposes. Teaching postgraduate students the principles of modern chemotherapeutic management of tuberculosis is considered of highest priority in the unit, for many of these students come from parts of the world where tuberculosis remains the Number One health problem.

Peter Stradling, M.D.(Lond), F.R.C.P.,

Director.



### Fulham Chest Clinic Report.

There has been very little change in the overall pattern of tuberculosis in the Borough since my last report.

During the year there has been a reorganisation of Clinic work. A total recheck of the Tuberculosis Register is currently taking place, and there has been a reduction of medical staff which is reflected in the total attendance figures as shown in the statistics, see Appendix, p.93.

The number of new notifications has shown a very slight rise from 50 - 53. However, a breakdown in age and sex shows this to be mainly in the older age groups amongst the males, with a continued fall in the numbers notified under 16 years of age. This is clearly seen in the Appendix. Males, as usual, predominate, there being a relative increase in the males and a corresponding decrease in the females in most of the older age groups.

There were no deaths under 36, but the older men are tending to die more rapidly than the older women, but even here the numbers are very small.

### After Care.

Illness in a family always causes worry and anxiety, and there is much that can be done to help the patient through the financial or domestic crisis it entails.

The Samaritan Fund of the Fulham Chest Clinic is able to help patients and their relatives with the payments of rent, with loans, with fares and with holidays. Extra comforts are provided for the elderly, and this year 46 ten-shilling notes with Christmas cards were sent to the old and sick.

Recuperative holidays are arranged through the Health Department for patients who could not otherwise afford them and who would benefit from rest and change. Extra nourishment in the form of milk, butter and eggs is provided for tuberculous patients on a low income. This can be a great help to them.

The Pottery Unit in the New Kings Road still continues to produce some very good work. An exhibition of the patients' work was held in November and was very successful. The Diversional Therapist visits patients in their own homes and helps them to make a variety of articles, including rugs, basket work, trays, embroidery and toys. Each week a class is held for the residents at Hurlingham Lodge.

Although patients are occasionally rehoused, housing still remains a great socio-medical problem, for damp and cold conditions can be causes of chest complaints. Old people also constitute social problems of our time, and there is still a great deal to be done for them.

Hugh C. Price, M.R.C.S., L.R.C.P., D.P.H.,

Consultant Chest Physician.



#### **Hurlingham Lodge Hostel.**

On 1st April, 1965, the administration of Hurlingham Lodge Hostel became the responsibility of the Borough. Hurlingham Lodge is a hostel for ambulant homeless infective tuberculous men, one of three similar establishments in the former County of London, the others being in the London Boroughs of Islington and Lambeth.

In common with the other two hostels, Hurlingham Lodge provides accommodation for tuberculous patients not requiring nursing. The intention is to provide the resident with a sense of security in having a home with regular good meals, laundry, and sympathetic companionship. The community derives advantages by segregating, as far as practicable, these infective tuberculous persons from close and frequent contact with susceptible individuals.

Residents who are fit to work are encouraged to find employment through the Disablement Resettlement Officer of the local office of the Ministry of Labour. Residents are also encouraged to be on the list of a local general practitioner who visits the hostel regularly, is available in the ordinary way, and who is also expected to maintain health surveillance of the staff.

Recommendations for admission are received from Chest Clinics in the London Boroughs, and from hospitals in and outside London. The Borough in which the patient was formerly resident is asked to accept financial responsibility, and residents are asked to contribute towards their maintenance according to their means. Admissions are arranged as and when vacancies occur.

The condition of patients is reviewed periodically to establish their need for continued residence.

There is accommodation for 28 at the Hostel, the demand for places is constant, and at the end of the year there were three men awaiting admission.

#### **Venereal Diseases.**

##### **West London Hospital Venereal Diseases Clinic Report.**

This Clinic is one of the largest in the country and drains a very wide area around it including the whole of that served by the London Borough of Hammersmith. It is usually referred to as Luke Clinic for males and Martha Clinic for females. It is open for daily consultation from 9.30 a.m. to 6.30 p.m. Mondays to Fridays inclusive, and from 9.30 a.m. to 12.00 noon on Saturdays only. Many patients come of their own accord, but if it is desired to refer anybody no appointment is required. On the other hand, where difficult or delicate circumstances arise, for example in cases of marital difficulty or if the patients are well known, special appointments may be made by telephoning Riverside 3441, Ext. 40 for males, or 2 for females; and the Consultant-in-Charge is always prepared to give advice to any doctor who requires it.

There is a Welfare Officer attached to the Clinic who is available to give advice to patients who have various social problems arising either from their general circumstances, or from the particular trouble for which they are attending for advice. Many patients attend the Department, particularly married women infected by their husbands, who never know that it caters for venereal diseases though, of course, not exclusively.

A Consultative Clinic in the ordinary Out-patient Department, which will be by direct appointment only, is contemplated for October 1st 1966. This will be for wives of patients with non-venereal conditions, such as urethritis; for those for whom a family doctor may wish an opinion because the patient has a discharge but does not wish to go to the ordinary clinic; and for relatives of older patients found to be suffering from latent or late syphilis.

Particulars of this Clinic and appointments may be obtained by phoning Riverside 3441 on or after October 1st.

J.L. Fluker, M.A., M.D., M.R.C.P., D.P.H.,  
Consultant-in-Charge

## **Examination of Blind and Partially-Sighted Persons.**

### **Blind.**

Arrangements are made for the domiciliary examination and re-examination of persons with a view to their inclusion on the Register of Blind and Partially-Sighted Persons kept by the Council's Welfare Services. Inclusion of a person on the Register entitles him to extra benefits from the National Assistance Board, and to the full range of special facilities provided by the Welfare Services. During 1965 the examinations were carried out at various sessions arranged for the purpose.

In addition, certificates are accepted from other local authorities, hospitals, and private ophthalmologists, and fees paid where appropriate.

The following are details of work carried out during the year:

No. of domiciliary examinations during the year	27
No. of domiciliary re-examinations during the year	21
No. of certificates accepted from other local authorities, hospitals, and private ophthalmologists	2

## **Report on the Mental Health Services for the year ended 31st December, 1965.**

### **Referrals and Community Care.**

During the year ended 31st December, 1965, there was a substantial increase in the work of the Mental Health Service, the number of cases referred having risen from 36 to 74 a month. However, the number requiring admission to psychiatric hospitals increased by only about one-third, whilst in comparison those needing community care increased fourfold.

### **Training Centres for the Mentally Subnormal.**

Fulham Training Centre has places for 60 boys and girls aged between 5 and 16 years, and the average daily attendance was 44.

The syllabus included social training and simple instruction. The Montessori method of teaching was introduced into the Centre two years ago with such success that, in 1965, three 16-year old trainees were able to go straight from the Centre into ordinary employment, a notable achievement which encouraged two other members of staff to take the Montessori Method of Education Diploma.

Two outings were arranged for the children, one to the London Zoo by public transport, and another to places of interest in London by coach. An Open Day was held shortly before Christmas to which parents and friends were invited, and a Nativity Play was presented by the children. Two Christmas parties were held, one generously given by a local publican; and gifts of money and sweets were received from the Hammersmith Branch of the National Society for Mentally Handicapped Children, and from a local public house.

Visits were made to the Centre by groups of students from Chiswick Polytechnic, the Froebel Institute, St. George's Hospital School of Nursing, and by post-graduate medical students from the School of Hygiene and Tropical Medicine.

College Park Training Centre has places for 35 older girls and women between 16 and 45 years of age, and the average daily attendance was 28.

The syllabus included social training and domestic subjects, e.g. simple cookery, embroidery, and other household duties, to enable the girls to become useful and accepted members of their families. During the year a qualified art teacher joined the staff and has greatly widened



the range of activities. It is hoped that at least one member of staff will qualify for the Montessori Diploma so that children transferring from the Junior Centre at 16 years of age can continue with the method to which they are accustomed.

The trainees also undertook a certain amount of industrial work for local firms, including sewing gas mantles and stuffing soft toys. In addition, they did the laundry for two other training centres, for which the top rate was 3/- a day.

During the year outings were arranged to Westcliff-on-Sea and to Bertram Mills Circus, and a Christmas party was held to which parents were invited. Gifts of money were made to the Hammersmith and Kensington Branches of the National Society for Mentally Handicapped Children, and a record player was presented by the Camden Branch of the Society.

#### **Training Centres Organised Holiday.**

Officers of the Council's Health Service arranged the annual holiday for trainees from the Inner London area, who went to St. Mary's Bay Holiday Camp, Dymchurch, from 7 - 21 May, 1965.

191 trainees, including 11 Hammersmith residents, were in the party led by Mr. Potter, Supervisor, North Kensington Training Centre, assisted by Mrs. Lee, Supervisor, College Park Training Centre. 16 members of staff also went from various training centres throughout London. In addition, two groups of students taking the Diploma Course for Backward Children at Chiswick Polytechnic spent a week each at the camp.

The weather was excellent, very hot the first week, and mainly sunny with showers the second week. Several outings were arranged, including miniature train trips to New Romney, Dungeness Lighthouse, and Hythe; and coach outings to Lympne Airport and Rye Harbour. All had a thoroughly enjoyable time and returned home without any serious mishap.

#### **Social Club.**

A Social Club for former psychiatric patients was held weekly at Bishop Creighton House, at which the average attendance was 25. A Mental Health Social Worker supervised the proceedings and usually arranged a set activity each week in addition to the normal pastimes such as cards, table tennis, and draughts. Patients were encouraged to suggest and arrange their own activities, and visits were made to similar clubs in other Boroughs.

#### **Expansion of the Mental Health Services.**

The steady increase in the number of referrals during 1965 shows no sign of diminishing, particularly for those requiring community care. The growth in this direction is most encouraging. It means that an increasing number of Hammersmith residents are benefitting from the Council's Mental Health Service facilities.

#### **Training Centres.**

It is anticipated that, in due course, some 80 older boys and girls will need accommodation at Adult Training Centres. College Park Training Centre for Older Girls is housed in converted premises which are inadequate; but there is no provision at all for older boys within the Borough. Immediate plans therefore envisage an 80 - place, purpose-built, mixed Adult Training Centre to replace College Park Training Centre and to accommodate Hammersmith residents now attending Centres outside the Borough. Negotiations are in progress for a site at Latimer Road South and, if they succeed, it is hoped that the Centre will be completed in the near future. If this site or an alternative is not available the scheme will have to be deferred and included in the long-term development plans for the Wood Lane area.



Fulham Training Centre is housed in a prefabricated building which, it is hoped, will eventually be rebuilt on its present site.

### Day Centres and Hostel for the Mentally Ill.

There is a great need in the Borough for Day Centres and a Hostel for the Mentally Ill. To deal with the immediate problem a Day Centre for 25 patients is shortly to be opened in the building previously used as a Community Centre at the Emlyn Gardens Estate in Shepherd's Bush. It is hoped to incorporate a 30 - place Hostel, and another Day Centre, in the Star Road Development Area.

### Development of Local Authority Health and Welfare Services.

Circular 14/65 from the Ministry of Health referred to the plans prepared by local authorities in 1962 and 1963 for the long-term development of their health and welfare services, and to Circular 10/65 which gave advance warning of a request for a further revision of plans. The Ministry requested that summaries of the revised plans should be submitted not later than 30th November, 1965. The decade to be covered in the revision was to run from 1st April, 1966, to 31st March, 1977.

In accordance with the Ministry's request the 10 - year development plan for the health and welfare services was formulated and forwarded to the Ministry, making provision for the following proposals:-

#### Health

- 9 Health Centres
- 2 Day Centres for the Mentally Ill
- 1 Hostel for the Mentally Ill
- 2 Training Centres for the Mentally Subnormal (adult) \*
- 1 Training Centre for the Mentally Subnormal (junior) \*
- 1 Hostel for Tuberculous Men \*

(\* Replacements included)

#### Welfare

- 3 Homes for the Aged
- 2 Holiday Homes
- 6 Luncheon Clubs/Day Centres
- 9 Temporary Accommodation
- 1 Home for the Disabled
- 1 Home for the Elderly Mentally Infirm
- 1 Mother and Baby Home
- 2 Centres for Blind and Other Handicapped persons

The principal feature of the proposals for the health service is the creation of nine health centres. These will be spread throughout the Borough, each to serve an average population of 25,000; with one exception they will be all-purpose units providing the following functions,-

- (a) Maternity and Child Welfare Clinic.
- (b) General Practitioners.
- (c) School Health
- (d) Day Nursery.
- (e) Family Planning and Geriatric Clinics.
- (f) Facilities for Social Workers.
- (g) Residential Accommodation for Caretaker.
- (h) Car Parking.

Apart from financial considerations, the principal problem in implementing these proposals in a London Borough, where land is so scarce and valuable, is in obtaining suitable sites; and although the proposals have been spread over the 10-year period according to their priority, as required by the Ministry, the timing of the projects is governed by the availability of sites.

## **Report on Family Casework for 1965.**

The principal problem for 28 of the 35 families was debt. They all had problems which included: -

- Marital difficulties.
- Delinquency.
- Difficulties between parents and children.
- School attendance.
- Poor health of one or both parents.
- Inability to co-operate with authority.
- Alcoholism (One case).

In only three families did inadequate housing appear to be a major factor in their inability to cope with their difficulties and, in these cases, the families had their attention so concentrated on their housing needs that they were unable to view their other problems realistically. Five were cases of deserted, divorced, or separated wives.

Twenty-five of the families had five or more children. There were nine with three children or less, (one with three, seven with two, and one with one) but five of these can be regarded as incomplete families since the parents were either separated or were very young. Seven families had eight children or more, the largest having twelve.

### **Co-ordinating Committee and Case Conferences.**

In accordance with the advice given in the Joint Circular issued to Local Authorities in 1950 by the Home Office, Ministry of Health, and Ministry of Education, on children neglected or ill treated in their own homes, the London Borough of Hammersmith has set up a Co-ordinating Committee to co-ordinate the efforts of statutory and voluntary agencies undertaking work with families.

The Co-ordinating Committee consists of representatives of the Personal Health, Environmental Health, Mental Health, Children's, Welfare and Housing Departments of the Borough, the Education Department of the Inner London Education Authority, the Housing Department of the Greater London Council, the Ministry of Social Security and representatives of Voluntary Organisations and other statutory bodies as necessary and appropriate. The Medical Officer of Health is Chairman of the Committee, the Children's Officer Vice-Chairman, and the Secretary is the Senior Social Worker in the Health Department. Anyone, whether working in a statutory or voluntary capacity, may ask the Medical Officer of Health or the Secretary of the Committee (at the Old Town Hall, Fulham Broadway, S.W.6) to arrange for a particular family's needs to be considered at a Case conference, or for a matter of general social policy to be considered by the Co-ordinating Committee.

### **Health Education.**

The Introduction to this Report has already referred to health education, and to the Cohen Report on it; and although it may strike a new note for many people, yet there is nothing new about health education. What is new is its increasingly widening scope, its many different techniques and media, the growing numbers of staff qualified to give instruction and advice, and the many more subjects on which they need to be given.

That health education, in itself, is not new is proved by the fact that in 1936 both the Public Health and Public Health (London) Acts authorised publication of information on health and disease; made provision for lectures and films; and encouraged displays of publicity material for preventive and curative purposes.

The National Health Service Act, 1948, not only confirmed such educational and publicity measures as had been in force up to that date, but gave health education a great fillip by enlarging the scope of preventive medicine and its attendant publicity. It went even further, by giving the Local Health Authority greater responsibility for mother and child care, for widening the duties of health visitors, and for making known all such facilities and services.



In December, 1959, a further milestone was reached by the setting-up of a Committee, under Lord Cohen of Birkenhead, to assess the results of health education in the past; outline its most effective methods; and recommend future developments. The Committee published its Report in December, 1963, dealt very fully with health education, and made no less than 43 recommendations for its future. One of these urged the employment of Health Education Officers; and Hammersmith was fortunate in securing the services of one who was appointed in August, 1965. From that time the programme of health education has steadily expanded; and films, film strips, posters, advertising, press copy, exhibitions, seminars, school talks, visits, national and local campaigns, and other educational facilities have all been used to reach, educate, inform, instruct, and guide an ever-larger public.

At the Annual Hammersmith Show in September the opportunity was taken to publicise the Environmental, Personal Health, Welfare, Children's, and General Social Services. This was followed by the setting-up of a permanent Health Education Exhibition at 2 - 6 Fulham Broadway, entitled "Design for Living", which was opened by the Minister of Health, Mr. Kenneth Robinson, M.P., and which caters for the general public, schools, and other organisations. It has attracted large numbers of visitors by the very wide range of educational and instructional material on show, whilst similar publicity material has also been displayed in windows throughout the Borough on poster sites, at local cinemas and during Borough and National Campaigns. In these many activities Clinics, Welfare Centres, Youth Clubs, and other local Associations were included.

Deaths and accidents in the home, (which account for twice the number of deaths and accidents on the road), were also given their fair share of the limelight; and, by keeping in close touch with manufacturers of domestic appliances, and with such bodies as the Gas and Electricity Boards, it has been possible to incorporate in the Borough's educational and publicity campaign up-to-date information on household ring-circuits, plugs, fuses, cooker and fire guards, and numerous other safety devices. Other subjects which received maximum publicity during the year, and became the themes of local campaigns were oil heater servicing, fireworks, non-flam materials, winter safety, immunisation, foster-parents, and home-helps; whilst frequent references have been made to the harmful effects of cigarette smoking. Venereal diseases have also come in for their share of publicity and a report on them is featured elsewhere in this Report.



# ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER, HAMMERSMITH, ON THE SCHOOL HEALTH SERVICE FOR THE YEAR 1965

## Introduction.

On the 1st April 1965 responsibility for the administration of the School Health Service passed from the London County Council to the Inner London Education Authority. Although the scheme for the joint use of staff under Section 32 of the London Government Act, 1963, had not then been formally approved, in the London Borough of Hammersmith there was during the transitional period no interruption in the smooth running of the services. This was due to the devotion of those members of the staff of the former London County Council, mainly drawn from Division 1, who entered the service of the London Borough Council, and I should like to express my gratitude to them.

## Summary Showing School Health Statistics.

### Pupils on Day School Rolls.

In December 1965 there was a total of 25,667 pupils on the day school roll, in January 1966 there will be 26,067. In December 1965 the distribution of children in the various types of schools was approximately as follows - 14,113 in 45 primary, 10,305 in 15 secondary schools, 385 in 3 nursery schools and 864 in 8 special schools. In addition to the 8 special schools there are two units for partially-hearing children, one in a primary and one in a secondary school.

Details of medical inspections during 1965 are summarised but no comparison with those for earlier years can be made due to the re-organisation under the London Government Act 1963 becoming effective in April 1965.

## Periodic General Medical Inspections.

The table below is an analysis of routine and non-routine medical inspections: -

### School Medical Inspections (excluding Dental and Health Surveys) - 1965

School Roll	25,667
Routine Inspections	10,365
Percentage of Numbers inspected where -	
Parent present	55.9
Care Committee present	77.8
Physical condition unsatisfactory	0.9
Referred for treatment of defects	13.7
Referred for treatment of defects other than vision	7.9
Non-Routine Inspections	
1 Specials	3,547
2 Re-inspections	6,850
Total - 1 & 2	10,397
Number of routine inspections as percentage of school roll	39.7
Number of non-routine inspections as percentage of school roll	40.5

The following table shows an analysis of non-routine medical inspections: -

# Non-Routine Medical Inspections - 1965

Re-inspections	6,850
Bathing Centre inspections - scabies	4
"    "    "    - other	4
Employment certificates	219
Theatrical children	42
School Journeys	1,326
Recuperative holidays- pre-departure	138
Recuperative holidays - on return	2
T.B. contacts	1
Boarding schools for the delicate - pre-departure	7
Boarding schools for the delicate - on return	3
Handicapped pupils - statutory examination	40
Handicapped pupils - periodic special defect examination	518
Research investigations and enquiries	16
Sub-Total	2,320

## Specials - at request of

Head teacher - child's name entered in special book	106
Head teacher - others	477
School nurse - following health survey	56
School nurse - others	271
Divisional (Education) Officer	75
District Care Organiser or Care Committee	54
Parent	133
Sub-Total	1,172

## Others -

Accident on school premises	3
Referred by School Medical Officer	32
Miscellaneous	20
Sub-Total	55

TOTAL of all Non-Routine Medical Inspections 10,397

The London Borough of Hammersmith in common with other local authorities co-operated with the National Child Development Survey of school-children born in 1958. 45 medical examinations and reports were made.

The following table shows the rate per 1,000 of children of all ages noted for treatment or observations of a defect in 1965:—

## Routine Medical Inspections 1965 Defects

(Number of children noted for treatment or observation expressed as a rate per 1,000 inspected)

Number inspected	10,365
Defects - Skin	
T	7.43
O	8.68

Defects	-	Eyes	(a)	Vision	T	62.81
					O	51.23
			(b)	Squint	T	8.20
					O	7.33
			(c)	Other	T	2.03
					O	1.45
		Ears	(a)	Hearing	T	6.46
					O	5.21
			(b)	Otitis Media	T	1.25
					O	6.17
			(c)	Other	T	1.54
					O	1.64
		Nose and Throat			T	14.57
					O	49.11
		Speech			T	5.60
					O	11.00
		Lymphatic Glands			T	1.35
					O	16.11
		Heart			T	3.38
					O	12.16
		Lungs			T	5.60
					O	14.57
		Developmental	(a)	Hernia	T	0.96
					O	3.09
			(b)	Other	T	0.77
					O	3.96
		Orthopædic	(a)	Posture	T	0.87
					O	10.32
			(b)	Feet	T	3.28
					O	16.69
			(c)	Other	T	2.12
					O	7.91
		Nervous System	(a)	Epilepsy	T	2.32
					O	2.32
			(b)	Other	T	0.96
					O	1.74
		Psychological	(a)	Develop- ment	T	1.35
					O	6.37
				Stability	T	1.64
					O	8.39



Abdomen	T	0.19
	O	0.48
Other	T	19.10
	O	43.61

T - Treatment                      O - Observation .  
(A child can be noted for more than one defect)

#### Vision.

The following table is a statement of the visual acuity of pupils whose vision was tested at routine medical inspections divided into those not wearing and wearing glasses, together with the proportion noted for treatment or observation.

#### Routine Medical Inspections 1965 - Vision

	Percentage of number tested							
	6/6		6/9		6/12 or worse		Noted for Treatment.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A. Not wearing glasses	79.5	74.6	6.9	8.0	6.5	6.8	6.2	6.4
B. Wearing glasses	3.0	4.8	1.6	2.3	2.5	3.5	1.8	3.8
Number Tested:—			Boys	-	3,313			
			Girls	-	3,751			
C. Boys and Girls	Percentage of number tested with & without glasses -							
	Noted for treatment		Noted for observation		Total noted for treatment or observation			
	9.2		7.5		16.7			

#### Personal Hygiene.

The hygiene inspection of each child once a term was replaced in January 1959 by an annual comprehensive health survey of each pupil, plus such additional health surveys as may be thought necessary or desirable at selected individual schools or departments. Details of the work done under the cleansing scheme are shown below. The emphasis of the cleansing scheme as now carried out is on the children being cleansed by the parent at home where other verminous members of the family may, in the privacy that the home affords, also use the Lorexane No.3 shampoo distributed by the school nursing department, hence eradicating a possible source to the child of recurring infestation.

It is the practice for the school nurse to visit families with a record of infestation prior to the commencement of school term to ensure that the children are clean and fit to return to school. This practice has proved to be of considerable value.

#### Findings at Health Surveys - 1965

School Roll - 20.1.66		26,067
1. Comprehensive Surveys	(a) Number examined	24,492
	(b) Number (occasions) found verminous	161
	(c) Percentage found verminous	0.66

2. Selective Surveys	(a) Number examined	15,398
	(b) No. (occasions) found verminous	376
	(c) Percentage found verminous	2.44
3. (a) Total times vermin found (1 (b) + 2 (b))		537
	(b) Total % found verminous (3 (a) as % of 1 (a) + 2 (a))	1.35
	(c) Number of individual pupils found verminous	199
	(d) % of individual pupils found verminous (of school roll)	0.76
4. Action taken with verminous cases -		
	(a) Advice and/or Lorexane	463
	(b) Further action	74
	(c) 4 (b) expressed as a % of 4 (a)	16.0
Analysis of 4 (b) cases - referrals of hardcore cases to bathing centres		
Voluntary attendance at bathing centres -		
	Number of pupils	74
	Number of statutory notices issued	-
Number cleansed at centres following statutory notices		
	Voluntarily	-
	Compulsorily	-
5. Communicable Disease Surveys		
	Number examined for - Athlete's Foot	469
	Plantar Warts	383
	Dysentery	34
	Other communicable diseases	4,019
	Total of (5)	4,905

#### Employment of School Children.

Medical examinations were carried out on 219 children with a view to the issue of employment certificates.

#### Infectious Diseases in Schools.

When a pupil is absent from school and the cause is either known or suspected to be due to infectious disease, the head of the school notifies the Principal School Medical Officer. These notifications are uncorrected for diagnosis but form the best available index of the trend of the infectious disease in the school community; they are the only figures available in respect of diseases which are not statutorily notifiable. The following table appertains to the infectious diseases notified by heads of schools in 1965 -

Disease	Total	Disease	Total
Cerebro-Spinal Meningitis	-	Pulmonary Tuberculosis(Primary)	1
Chicken Pox	365	Ringworm (Scalp)	3
Diphtheria	-	Ringworm (Body)	2
Dysentery, Diarrhoea or Enteritis	90	Scabies	9
Food Poisoning	-	Scarlet Fever	45
Erysipelas	-	Smallpox	-
German Measles	117	Sore Throat	42
Influenza	37	Tonsillitis	83
Impetigo	10	Typhoid Fever and Paratyphoid Fever	-
Measles	721	Whooping Cough	17
Mumps	71	Other Diseases: Sickness	42
Ophthalmia and Conjunctivitis	11	Meningitis	3
Poliomyelitis	-	Glandular Fever	1
Pneumonia	4	Jaundice	36

#### Infective Hepatitis.

Sporadic cases occurred (but were mainly confined to three schools) in the Borough during the year but in the latter months it became evident that a very localised outbreak had arisen in a school in the north of the Borough. In collaboration with the general practitioners in the locality gamma globulin was offered to contacts in the school as a protection against this infection. No further cases occurred. The Public Health Inspectorate of the Medical Adviser's Department were assiduous in giving advice regarding sanitary arrangements and in arranging improved installations in the schools.

#### Prophylaxis.

The following table shows the percentage of children of all ages inspected who were reported to have been immunised against -

(a)	Smallpox	70.5%
(b)	Diphtheria	85.8%
(c)	Whooping Cough	65.2%
(d)	Poliomyelitis	81%

It is the practice to offer immunisation against tetanus. B.C.G. vaccination was offered to children in the 13 years + age group as a protection against tuberculosis. On analysis of the readings of the tuberculin tests it was found that -

- (a) an increase in the percentage of positive reactors to 22.8% had become apparent (compared to the figure of 10.3% for the former London County Council Division 1). Both these figures include positive reactions of children previously given B.C.G. vaccination. When the figures for those children previously vaccinated were excluded the positive reaction rate for the London Borough of Hammersmith was 17.2%.

- (b) Of 135 children who had had previous B.C.G. vaccination 31 were negative reactors, i.e. 22.9%.

Skin testing of the children was carried out by the Multipuncture technique, using P.P.D. Tuberculin.



### Handicapped Pupils.

During 1965 special educational treatment was being provided for 864 children.

The following table shows the categories of handicap and number of pupils receiving special education in day schools in the London Borough of Hammersmith:—

Type of Handicap	School	No. of pupils
Delicate	Wood Lane School	150
Partially-sighted	John Aird School	107
Deaf	Ackmar Road School	35
Partially-hearing	Units in - 1) Holman Hunt School - 2) Hammersmith County School & Christopher Wren School	27 7
Physically handicapped	Queensmill School	40
Educationally subnormal	1) Elizabeth Burgwin School 2) Wedgwood School 3) St. Hubert's School	190 81 180
Maladjusted (including unit for 5 autistic children)	Northcroft School	47

42 pupils are accommodated at Palingswick Hostel for Diabetic children and attend day schools in the neighbourhood.

### Educationally Subnormal Children.

Under Section 34 of the Education Act 1944 it is the duty of a local education authority to discover which children over the age of two years require special educational treatment as handicapped pupils. Of the various categories of handicapped pupils, the educationally subnormal is the largest.

Under this section 117 pupils were examined on account of a disability of mind or any other condition which might necessitate special educational treatment as an educationally subnormal pupil. Of these, forty-three children were recommended as fit to continue to attend ordinary school and seventy-four were recommended for placement in a school for educationally subnormal pupils. Two children from overseas who were not in school were recommended to attend a school for educationally subnormal children.

### Children Unsuitable For Education At School.

Section 57 of the Education Act 1944 (as amended by the Mental Health Act 1959) deals with the examination and reporting to the local health authority of children considered unsuitable for education at school.

Under this section nine children were examined; of these five were attending ordinary schools. Upon examination one child was recommended to attend a school for educationally subnormal pupils and four children were recommended to attend a training centre. The remaining four children were not in school, being either 'rising fives' (2) or in institutional care (1) or from overseas (1). One child was recommended to attend a school for educationally subnormal pupils and three children were recommended to attend a training centre.

### **Special Investigation Clinics.**

The four clinics held in different parts of the Borough still appear to be meeting a real need. They are all well-attended and Westway and St. Dunstan's show a continuing increase in the number of new patients. Children with nocturnal enuresis comprise the majority of the cases and a great many of these are very successfully treated with alarm bell machines.

There are many cases of obesity among secondary school girls. This trend has been observed for some years. Both they and their parents are given helpful dietetic advice. Boys of similar age groups appear to be less inclined to obesity.

An important aspect of these clinics is that there is time for both parents and children to develop a relationship of confidence with the same team of doctor, social worker and nurse, so that active co-operation of the patient and the parents can be secured.

### **Audiology Clinics.**

The audiology clinic continues weekly at the Hammersmith School Treatment Centre. During the past three months the Royal Borough of Kensington and Chelsea have started audiology clinics so we are no longer dealing with children who neither live nor attend schools in Hammersmith, but an increasing number of children are being referred for suspected deafness by the doctors in schools and Infant Welfare Clinics within the Borough.

Unfortunately, the staff of Peripatetic Teachers (employed by the Inner London Education Authority) has dwindled considerably during the last year and there is now no teacher in attendance at the clinic. This is particularly regrettable in the case of the very young children for whom the otologist would like to recommend a period of 'conditioning' in order to make a more accurate assessment of their hearing. Also, older children with hearing aids are now able only to have 'follow-up' visits in school by the peripatetic teacher as no regular Auditory Training sessions are possible.

Close contact is kept with the children in the Deaf and Partially Hearing Units of the schools and a social worker attends the otologist's sessions there.

Contact with hospitals is also maintained in cases where children have been referred from the clinic for the supply of hearing aids and for operative treatment.

### **Recuperative Holidays.**

Under statutory authority provision was made for recuperative holidays for children in need of rest, fresh air and good food.

The total number of recommendations was 166. Of this number 138 children actually went on holiday; there were 28 cancellations by parents.

School medical officers made 85% of these recommendations; the remainder came from general practitioners and other sources.

### **SCHOOL DENTAL SERVICE.**

I am indebted to Mr.C.J. O'Neill, Principal School Dental Officer, for the following report:--

#### **Introduction:--**

A generation or two ago most children attended the dentist for one of two reasons; a toothache, or an injury to the teeth. If a temporary tooth was decayed and had to be extracted or was lost by accident or injury what difference did it make, there was always another where that one came from!



Such thinking fortunately is now more or less out of date with today's awareness that in medical care, protection is just as important as diagnosis and treatment. An increasing number of parents are learning that the time to prevent dental disease is childhood and even infancy. Pedodontics, therefore, occupy a very important part in modern dental treatment because so much can be done in the early years to assure strong teeth and healthy gums; thus in later life resulting in a high standard of oral hygiene which influences to a great extent the health, happiness and well-being of the individual. At the same time Dental Health Education has a long way to travel.

#### General Comments:

At the beginning of this year, i.e. during the first quarter the former London County Council was the responsible authority, then on the 1st April, the Greater London Council came into being. As from this date the London Borough of Hammersmith became responsible for the Maternity and Child Welfare Dental Service and jointly with the Inner London Education Authority responsible for the School Treatment Dental Service.

The Chief Dental Officer/Principal School Dental Officer was appointed in July and took up office on the 23rd August, 1965.

#### Premises and School Treatment Centres:

There are five Dental Clinics:-

Fulham	18 Bagleys Lane, S.W.6.	1 Surgery
Parsons Green	Maternity Hospital, 5/7 Parsons Green, S.W.6.	1 Surgery
St. Dunstons	St. Dunstons Road, W.6.	1 Surgery
Hammersmith	101/103, Shepherds Bush Road, W.12.	2 Surgeries
North Hammersmith	207, Westway, W.12.	1 Surgery

The geographical situation of the above Clinics, in relation to the boundaries of the new Borough and the areas they serve are more or less satisfactory.

The premises at 101/103 Shepherds Bush Road, 18 Bagleys Lane, and St. Dunstons Road leave much to be desired. 207 Westway is an improvement on the above three. The Surgeries at Fulham, Hammersmith and North Hammersmith are situated on the first floor, an arrangement which is not ideal for a Dental Clinic.

Parsons Green is the only treatment centre in the Borough which in my opinion conforms to the average accepted modern standards.

#### Equipment.

The equipment already installed in the Surgeries is generally speaking satisfactory, apart from Hammersmith but at the same time requires to be supplemented.

Operating Lights, high speed drills, compressors, modern methods of sterilization, resuscitation apparatus and electric amalgamators are essential, with a number one priority for Operating Lights.



## **Treatment:**

### **(a) School Inspections.**

School Inspections for all entrants were reintroduced on the 1st April, 1965 and nine school inspections were carried out up to the 31st December 1965.

A list of Primary Schools with entrants are shown in Appendix I of this Report.

### **(b) Maternity and Child Welfare Sessions.**

There are four Maternity and Child Welfare Sessions per week - Two evening sessions at Hammersmith School Treatment Centre, Tuesday and Wednesday and two at Parsons Green, Wednesday a.m. and Thursday p.m.

### **(c) School Treatment Sessions.**

Up to the 31st March, 1965 40 School Treatment Sessions per week were held. On 1st April due to transfers, retirements, maternity leave, etc., a loss of 17 sessions per week resulted. In addition Mrs. Montgomery retired at the end of July from Hammersmith Dental Centre creating an additional loss of six sessions per week and Mr. A. Davis-Evans retired on the 31st October, 1965 from Bagleys Lane Treatment Centre, making a further loss of six sessions per week. An advertisement was inserted in the British Dental Journal for full-time and part-time Dental Officers in October; Miss Stone was appointed on the 8th December, 1965 as a full-time Dental Officer to take up duties on the 3rd January, 1966. Mr. Hutchinson was appointed as a part-time Dental Officer to undertake six sessions per week at St. Dunstons Treatment Centre from 26th October, 1965. Miss Moran was appointed as a part-time Dental Officer to take up duty on the 1st February, 1966 to undertake four sessions per week at Fulham Treatment Centre.

## **Staff (on 31.12.65)**

### **(a) Dental Officers**

- 1 Chief Dental Officer
- 1 Full-Time Dental Officer
- 4 Part-Time Dental Officers

The sessions worked by these Officers are approximately equivalent to three full-time Officers.

### **(b) Dental Surgery Assistants.**

We have an establishment of six Dental Surgery Assistants. Fulham - Mrs. Bowden, Parsons Green - Miss N. Highley, St. Dunstons - Miss C. Lavel, Hammersmith - Mrs. Robertson, North Hammersmith - Miss Morgan and Mrs. O.J. Junor - on maternity leave.

### **(c) Ancillaries**

Auxiliary:- Establishment for one, not yet appointed owing to the difficulty of providing a twin surgery clinic suitably equipped. The usefulness of Auxiliaries would naturally be much greater if they could be allowed to carry out prescribed treatment without direct and immediate supervision.

## Statistics.

The attached Appendices I, II, III and IV are intended to show the following:

List I - list of schools and number of entrants to be inspected in the current academic year.

List II - Acceptance of treatment at Council Clinics by parents of school children in Hammersmith.

List III - School Treatment Returns.

List IV - Maternity and Child Welfare Returns.

## Conclusion.

I should like to take this opportunity of expressing my sincere thanks to Dr. E.M. Cran, Deputy Principal School Medical Officer, who has been immediately responsible throughout the year for the work set out in this report. I should also like to thank the Principal School Dental Officer and all the staff of the School Health Services in their various capacities for their hard work and support throughout the year.

A.D.C.S. CAMERON

Principal School Medical Officer,  
Hammersmith.

## APPENDIX I

## INNER LONDON EDUCATION AUTHORITY

(London Borough of Hammersmith)

## List of Primary Schools

(For Dental Inspection of Entrants - Autumn, 1965)

Centre	School	Address	No. of Entrants (approx.)
Fulham	Harwood	Britannia Road, S.W.6.	30
	Holy Cross, R.C.	Ashington Road, S.W.6	40
	Langford	Marinefield Road, S.W.6.	40
	Peterborough	Clancarty Road, S.W.6.	40
	St. John's C/E	Dawes Road, S.W.6	30
Hammersmith	Addison	Addison Gardens	
		Blythe Road, W.14.	40
	Brackenbury	Brackenbury Road, W.6	40
	Flora Gardens	Ravenscourt Road, W.6.	30
	John Betts	Paddenswick Road, W.6.	30
	Kenmont	Valliere Road, N.W.10	30
	Larrmenier	Great Church Lane, W.6.	30
	Lena Gardens	Lena Gardens, W.6	35
	Miles Coverdale	Coverdale Road, W.12	40
North Hammersmith	St. John's C/E	Macbeth Street, W.6	35
	St. Stephen's Parochial	Uxbridge Road, W.12	30
	Bentworth	Bentworth Road, W.12	30
	Canberra	Australia Road, W.12	40
	Ellerslie	Ellerslie Road, W.12	40
	Old Oak	Mellitus Street, W.12	40
	St. Stephen's R/C	Rylett Road, W.12	30
	Wendell Park	Cobbold Road, W.12	35
	Westville	Westville Road, W.12	40
Parsons Green	Wormholt Park	Bryony Road, W.12	20
	Pope John	(New R.C. School) White City Estate)	20
	All Saints' C/E	47A High Street, Fulham, S.W.6.	30
	Holman Hunt	New King's Road, S.W.6.	30
	Munster	Filmer Road, S.W.6	40
	St. Augustine's R/C	Disbrowe Road, W.6.	30
St. Dunstons	Sir John Lillie	Lillie Road, S.W.6.	30
	Sullivan	Peterborough Road, S.W.6.	40
	Avonmore	Avonmore Road, W.14	30
	Beaufort House	Lillie Road, S.W.6.	20
	Captain Marryatt	St. Dunstan's Road, W.6.	30
	Halford	Halford Road, S.W.6.	40
	Melcombe	Fulham Palace Road, W.6.	40
	Normand Park	Lillie Road, W.6.	20
	Queen's Manor	Lysia Street, S.W.6.	40
	St. Paul's C/E	Worlidge Street, W.6.	30
	St. Peter's C/E	St. Peter's Grove, King Street, W.6.	15
	St. Thomas R/C	Dawes Road, S.W.6.	30
	Sherbrooke	Rosaline Road, S.W.6	35



# APPENDIX II

## Acceptance of treatment at Clinics by parents of School children

Centre	School Rolls	Number accepting P.H. Treatment	Percentage accepting P.H. Treatment %
Fulham	3,007	900	36
Parsons Green	5,269	949	20
St. Dunstons	5,998	1,648	30
Hammersmith	5,421	1,405	29
North Hammersmith	5,972	1,916	35
Totals	25,667	6,818	29.6

# APPENDIX III

## School Treatment Returns

Type of Session	
Ordinary Treatment	1748
General Anaesthetics	34
School Dental Inspections	9

## Attendances

New Cases attended by appointment	5455
On-Treatment Cases attended by appointment	9362

## No. of teeth filled

No. of permanent teeth filled	4182
No. of deciduous teeth filled	2427

## APPENDIX IV

## MATERNITY AND CHILD WELFARE - YEAR ENDING DECEMBER 1965

Quarterly figures

Expectant/ Nursing Mothers	No. examined	No. commenced treatment	No. of courses completed
March	30	30	13
June	43	36	26
September	42	45	10
December	34	31	17
Totals	149	142	66

Children  
under 5  
years

March	40	38	41
June	62	50	68
September	33	25	25
December	50	37	34
Totals	185	150	168





## PART II

### WELFARE

#### WELFARE SERVICES

It was necessary, on 1st April, 1965, that all these services should continue without interruption, and so far as possible, without loss of continuity. The services were continued in administration at County Hall, although small, consisting of ten retired and specialised officers of whom there were not enough to ensure that each household could have its own of those with comprehensive knowledge of welfare; only a few were therefore available for officers who remained in service from their employment with the former Metropolitan Boroughs, to show that services which would have been so desirable in a new London Borough of Havering. Those who remained in service with the new Borough were not very few in number - most were familiar only with some of the subsidiary services for the elderly.

The various findings had to be organized to meet new objectives and requirements and my policies had to be based on establishing and developing a sound, unified service. I wish to put on record my appreciation of the co-operation given by the staffs of the Welfare and other officers who have, I trust, lost such firm foundations that steady expansion and improvement can be expected so that increasing comfort and happiness may be brought to an ever-larger number of people.

It is estimated that there are now 34,500 people over pensionable age in the Borough and that this will increase to over 36,000 during the next decade. In addition 513 blind and 18 totally sighted people are on the registers, but these numbers are expected to decline gradually and are also 745 other persons registered as permanently and essentially handicapped, and it is hoped to bring to fruition as the services available for them are developed.

The following sections of the Report give some indication of the varied aspects of the Welfare Services and of the progress made during the first nine months during which they were a responsibility of the Borough.

#### Residential Accommodation for the Elderly

On 1st April, 1965, five small houses for the elderly, formerly administered by the London County Council, were transferred to the Borough.

Establishment	Accommodation	Description
Fairview, 29 Elmwood Park Road, E 9 1P	41 places	Adapted houses
Waggon, 8 The Drive, E 9 7D	36 places	Adapted houses
Grange Lodge, 704 Brondes Wood, E 9 2L	56 places	Purpose-built
Wesley Park, Westbury, E 9 1L	23 places	Purpose-built
124 Chester, 31 Camp Road, E 9 1P	30 places	Purpose-built

\* This House was originally provided exclusively for blind residents but as vacancies arise elderly sighted people are being accommodated. This is in line with the successful policy of admitting blind and sighted people to the purpose-built houses where lifts, handrails and other facilities are available.

Welfare Services

Residential Accommodation for the Elderly  
Homeless Families  
Services for the Blind, Partially-Sighted and other Handicapped Persons  
Domiciliary Services for the Elderly  
Meals Service  
Luncheon Clubs  
Assessment Scheme  
Protection of Property  
Receiverships  
Co-operation with Voluntary and other Statutory Bodies  
The Ten-Year Plan  
Other activities.

## Welfare Services.

As a consequence of the passing of the London Government Act, 1963, the Council became responsible on 1st April, 1965, for many Welfare Services previously administered by the London County Council. These included services for blind, partially-sighted and other handicapped people; provision of residential accommodation for the elderly and for homeless families; registration and inspection of homes for the elderly; under housing powers provision of flatlets for old people; care of the unmarried mother before and after confinement and the invalid meals service. The "Meals on Wheels" for home-bound people which the former Metropolitan Boroughs of Hammersmith and Fulham had provided, and the arranging of holidays and outings for the elderly, were also incorporated in the newly-formed Welfare Services.

It was necessary, on 1st April, 1965, that all these services should continue without a break and, as far as possible, without any noticeable change so far as the public were concerned. The administration at County Hall, although small, consisted of experienced and specialised officers of whom there were not enough to ensure that each new London Borough could have its share of those with comprehensive knowledge of welfare; only a few were therefore available, (plus officers who remained in service from their employment with the former Metropolitan Boroughs), to form that nucleus which would have been so desirable in a new London Borough like Hammersmith. Those who remained in service with the new Borough were not only few in number - most were familiar only with some of the domiciliary services for the elderly.

The various functions had to be organised to meet new situations and requirements and many problems had to be faced in establishing and developing a sound, unified service. I wish to put on record my appreciation of the co-operation given by the staffs of the Welfare and other Services who have, I trust, laid such firm foundations that steady expansion and improvements can be expected so that increasing comfort and happiness may be brought to an ever-larger number of people.

It is estimated that there are some 34,500 people over pensionable age in the Borough and that this will increase to over 38,000 during the next decade. In addition 588 blind and 184 partially-sighted people are on the registers, but these numbers are expected to decline gradually. There are also 740 other persons registered as permanently and substantially handicapped, and this number is likely to increase as the services available for them are developed.

The following sections of the Report give some indication of the varied aspects of the Welfare Services and of the progress made during the first nine months during which they were the responsibility of the Borough:

### Residential Accommodation for the Elderly.

On 1st April, 1965, five small homes for the elderly, formerly administered by the London County Council, were transferred to the Borough:

Establishment	Accommodation	Description
*Fairlawn, 89 Wimbledon Park Side, S.W.19.	40 places	Adapted house
Gunsgreen, 8 The Drive, S.W.20	36 places	Adapted house
Stewarts Lodge, 201 Stewarts Road, S.W.8.	56 places	Purpose-built
Westway Park, Westway, W.12.	83 places	Purpose-built
White Chester, 33 Camp Road, S.W.19	30 places	Purpose-built

\* This home was originally provided exclusively for blind residents but as vacancies occur elderly sighted people are being accommodated. This is in line with the successful policy of admitting blind and sighted people to the purpose-built homes where lifts, handrails and other facilities are available.



In addition the Borough was allocated beds at the under-mentioned two large welfare homes owned by other authorities. This accommodation is used for elderly people who, because of infirmity, are not suitable for small homes.

Establishment,	Places allocated	Owning Authority
King's Mead, 2 Dovehouse St., S.W.3.	122	Royal Borough of Kensington & Chelsea
Brockle Bank, 77 Swaffield Rd., S.W.18.	120	London Borough of Wandsworth.

Westway Park, which was opened by the L.C.C. in March 1965, was the only home within the Borough. It is equipped with a lift and is suitable for handicapped and more infirm people. Not only does it provide a high standard of accommodation and comfort, but it has the added advantage that the residents remain in or near the environment where they have previously lived and can easily be visited by relatives and friends. Thirty-two flats owned by the G.L.C. are associated with, and linked to, the Home. Tenants of these flats can share the facilities of the Home, and an emergency call system allows the staff of the Home to give them help in case of need.

Southway Close, within the Borough, was under construction in 1965 for opening in the Spring, 1966. Future building will depend on the availability of sites or premises for conversion.

The London County Council had planned another home for 60 old people in the grounds of White Chester. The Council decided to proceed with this project which is needed to replace some of the beds in Brockle Bank so that this former Public Assistance Institution can be closed. The problem of finding suitable sites for other homes, to replace the remaining beds in Brockle Bank and King's Mead, was given much thought but still remains unsolved.

Plans were drawn up for adapting premises, formerly a convent, as a home for about 30 old people with a day centre for the elderly. This will be in the centre of the Borough and will provide valuable facilities for some who would otherwise be housebound, and for others who can no longer manage in their own homes, even with the full support of the domiciliary services.

A weekly charge of £9.3.2d. was made for accommodation, but this was reduced for residents with small incomes and little capital. The minimum charge was £3.4.0d a week, allowing residents whose only income was the retirement pension or National Assistance Benefit to retain 16/- a week for pocket money. In addition sweets, and either one ounce of tobacco or 20 cigarettes, were issued weekly; and small sums were paid as rewards to residents who carried out tasks to assist the running of the homes. Arrangements were made for residents to go away for holidays if they were fit to do so, and for elderly people living with relatives to be received temporarily at the homes to allow their relatives to go on holiday. Outings, film shows and other entertainments were organised for the residents.

The Borough Council inherited from the former London County Council a waiting list for residential homes of 119 (30 men and 89 women). This list was reviewed, and at 31st December, the number awaiting admission was 136 (35 men and 101 women). This will be reduced by the opening of Southway Close; but with the increasing proportion of elderly people in the community and despite the extension of domiciliary services, the demand for accommodation is likely to increase. In addition to the establishments administered by the Borough, arrangements were made with a number of voluntary organisations and statutory authorities to receive into their homes elderly people for whom the Borough were responsible, and at 31st December, 1965, some 200 people were so maintained.

#### Homeless Families.

On 1st April, 1965, two large blocks of sub-standard buildings with accommodation for 144 families and one training unit for four families, were allocated to the Borough for the accommo-



dation of homeless families. The Borough also shared with other London Boroughs two establishments administered by the London Borough of Hackney i.e. a reception centre for homeless families at Morning Lane, Hackney, and accommodation for overnight and weekend emergency admissions at Lambert Road, West Ham. A scheme for re-organising the reception, accommodation, supervision and training of homeless families was approved by the Borough Council's Welfare Committee. The training unit was therefore closed temporarily and completely re-organised; and was later re-opened with a newly-appointed resident Supervisor and Assistant Supervisor to give continuous supervision, guidance and training to five or six families. The acquisition of additional premises within the Borough for another "Second stage" training unit for six families was approved by the Welfare Committee. This re-organisation, including an increase in the number of social workers allocated to homeless families, has brought about a reduction in the number of families remaining in temporary accommodation.

#### **Services for the Blind, Partially-Sighted & Other Handicapped Persons.**

Services for the blind, partially-sighted and other handicapped people were provided by the Council under Sections 29 and 30 of the National Assistance Act, 1948, in conformity with schemes approved by the Ministry of Health. Domiciliary visits are undertaken by qualified home teachers for the blind and by other social workers. Two clubs held weekly meetings in the Borough, and about 57 people were also conveyed weekly to the purpose-built centre at Warwick Row, Westminster, and the centre at Brockle Bank, Wandsworth. The majority of these attended the centres two or three days weekly and had mid-day meals there. A small number make their way to the centres by public transport and the Council pays their travelling expenses. The Council's Housing Committee made Blythe Hall, W.14 available for use as a day centre, and at 31st December, 1965, adaptations were in hand with a view to opening the centre in the Spring, 1966. Outings and holidays were arranged and transport was provided by one utilibus and two coaches, transferred from the London County Council, which had hydraulic lifts for wheelchairs. In order to maintain existing services three more utilibuses were ordered and, whilst awaiting delivery, transport pooling was arranged with the London Boroughs of Wandsworth and Lambeth. Approval was given by the Welfare Committee for a shop adjacent to the Old Town Hall, Fulham, to be adapted and equipped as a centre for the display and sale of handicapped persons' appliances and gadgets. It also sells various materials to them and takes back and retails to the public the finished articles they have made.

#### **Domiciliary Services for the Elderly.**

The former Metropolitan Borough Councils provided home visiting services for the elderly which have been continued in this Borough. With a limited staff available only those people in urgent need could be visited, but with the increase expected in the number of social workers this part of the service should be greatly improved during the coming year. Assistance from other services such as home helps, chiropody, laundry and home bathing were provided by the Borough's Health Service. The Mobile Meals Service, referred to later in this report, was of inestimable value.

During 1965 holidays at seaside resorts were arranged for people of pensionable age. These followed the pattern of those previously undertaken by the Fulham Old People's Welfare Committee and the former Hammersmith Borough Council. Some 385 people had holidays of one or two weeks duration at Broadstairs, Margate or Littlehampton, at a cost of £5 a week inclusive of transport. Many outings were arranged, including river trips and day visits to the seaside.

#### **Meals Service.**

At 1st April, 1965 "Meals on Wheels" and bulk meals for Luncheon Clubs were being provided either by Hammersmith Town Hall kitchen or by a contractor on behalf of the Fulham Old People's Welfare Committee. Special diets and meals for invalids were provided by the Invalid Kitchens at Acton and Fulham. The establishment of a new central kitchen had meanwhile been approved and on opening early in the new year, took over the supply of all mobile and luncheon club meals, with the exception of invalid meals cooked at the Fulham kitchen.



All meals are now delivered in tinfoil trays conveyed in electrically-heated ovens and are provided on five days a week at 10d a meal. 17 vans were used for the deliveries, and it is hoped to increase this number in 1966.

#### **Luncheon Clubs.**

Nine Luncheon Clubs are run on behalf of the Borough by voluntary associations or Church authorities with an additional helper usually paid by the Council. At the close of the year under review plans were well advanced for the opening of two new clubs, one to be opened in the Spring, 1966, and the other a little later.

#### **Assessment Scheme.**

The Welfare Committee of the Council approved a comprehensive assessment scheme embracing charges for residential accommodation, meals, craft work and holidays. In future years this will enable the holiday charge to be reduced for people on small incomes so that no one in need of a holiday should be debarred by inability to pay.

#### **Protection of Property.**

Section 48 of the National Assistance Act, 1948 makes the Council responsible for the protection of the moveable property of any person admitted to hospital or to residential accommodation if there is no relative to accept this responsibility. Where necessary, officers of the Council visit the home of the person concerned to make an inventory of such property. Steps are then taken to secure the premises and, if the stay in hospital is likely to be prolonged, the property may be removed and stored, or if unsuitable for storage it may be sold. In many cases this is a difficult, dirty and unpleasant task.

#### **Receiverships.**

Section 105 of the Mental Health Act, 1959, empowers the Court of Protection to appoint a Receiver to administer the affairs of any person who, by reason of mental disorder, is not able to manage his own affairs. If the incapacitated person has no relative able and willing to accept this responsibility, the Court appoints an officer of the appropriate Local Authority to do so. The Welfare Officer was nominated for this purpose and has been responsible for fifteen cases during 1965.

#### **Co-operation with Voluntary and other Statutory Bodies.**

There is considerable scope for development in this direction. Contact has been established or maintained with many voluntary organisations in the Borough and in particular with Old Age Pensioners' Clubs and Associations; Bishop Creighton House; The Women's Royal Voluntary Services; the British Red Cross Society; Organisations specialising in the welfare of the blind, deaf and other handicapped people; the National Assistance Board; and the Ministry of Labour Disablement Resettlement Officers.

#### **The Ten-Year Plan.**

In accordance with the requirements of the Ministry of Health, the Council has prepared a plan setting out proposals for the expansion, during the next decade, of the Welfare Services. It provides for the complete withdrawal from the large Welfare Homes, referred to earlier in this report, of the elderly people for whom the Council is responsible; and envisages very impressive developments of the service, including the adaptation of St. Vincent's House to provide additional residential accommodation, and a day centre, for the elderly. Other projects are to be four new homes, units for the accommodation and training of homeless families, additional day centres, and more facilities for the elderly, blind and other handicapped.



It is most important to have residential homes and day centres for the elderly in their own neighbourhoods. By using these facilities in the Borough they can both retain their interest in local affairs and keep in touch with relatives and friends.

The Council has approved a scheme for the development of the White City area which includes the establishment of a home for the younger disabled, and of a sheltered workshop for blind and other handicapped people. Other plans include a home for unmarried mothers and their babies, and another for the mentally confused who have hitherto been accommodated in the larger homes.

#### COUNCIL'S SERVICES

##### **Other Activities.**

This report deals only briefly with much of the work of the Welfare Services which are responsible for many activities. On behalf of the Mayor nearly 1,650 parcels were delivered at Christmas to old and handicapped people in the Borough. 548 elderly, blind and other handicapped persons were taken on holiday, and arrangements were made for another 2,440 to have outings or go to entertainments, including river and coach trips, and visits to theatres.

Much of the work in 1965 was devoted to the establishment of new co-ordinated services and in planning future developments, the benefits of which will be seen in subsequent years.



## CHILDREN'S

## CHILDREN'S SERVICES



Children's Services

Introduction

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### Introduction

The Children's Service of the local authority is regarded as one of the Council's most important functions. Heavy responsibilities fall on all its officers as their day-to-day decisions may have a lasting effect on the well-being of the child with whom they are dealing. The conduct of a Children's Service presents special difficulties in Inner London. For example, it is difficult to obtain foster parents for children in or near the Borough, voluntary homes are very often in the Home Counties, and the supervision of children in care involves child care staff in an undue amount of travelling.

The Children Act, 1948, makes it the duty of a local authority such as the London Borough of Hammersmith "To receive into its care any child in its area under the age of 17 years whose parents or guardian are temporarily or permanently prevented from providing for him properly" and, having received a child into its care, "To exercise their powers with respect to him so as to further his best interests and to afford him opportunity for the proper development of his character". In other words, the Council must take over for short or long periods the care of children deprived of a normal home life, provide a substitute home life for them, and in general act as a good parent to them whilst they are in care.

Some 646 children are in the care of the London Borough of Hammersmith at present. During the period 1st April - 31st December, 1965, 1167 applications were made to the Council's Children's Officer for children to be received into care for a large variety of reasons. That the number actually received into care was only 646 is an index of the intensive casework by the Children's Officer and by her child care staff. It also highlights one aspect of the important preventive powers contained in Section 1 of the Children and Young Persons Act, 1963.

Although a number of children are in care for quite short periods 90% are long stay cases. Children go out of care automatically at 18 years, though in certain circumstances help may be given beyond that age. Intensive casework is, of course, also required to ensure that a child goes out of care as soon as circumstances permit.

### General

The Children's Service provides for the care and upbringing of children who have no parents, or whose parents cannot look after them properly, or who are committed by the Juvenile Courts to the care of the Council as "Fit person", or by other Courts in cases of matrimonial dispute. Further functions of the Service are the finding and supervision of foster homes for children in care; a wide range of adoption duties; the protection of children placed for reward apart from their parents; and certain duties concerning children committed to approved schools.

A preventive service is provided under Section 1, Children and Young Persons Act, 1963, which makes it a duty to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need for them to come into care or remain in care, or appear before the Juvenile Court. The advice, guidance and assistance may include assistance in kind or, in exceptional circumstances, in cash.

### III-treatment or Neglect of Children

It is the statutory duty of the Children's Officer under Section 62, Children and Young Persons Act, 1933 (as amended), on receipt of information suggesting that any child may be in need of care, protection or control (a) to cause enquiries to be made into the case, unless satisfied that such enquiries are unnecessary, and (b) to bring before the Juvenile Court any child who appears to be in need of care, protection or control unless satisfied that the taking of proceedings is undesirable in his interests, or that proceedings are about to be taken by some other person. The Health, Welfare, Housing and Education Departments notify the Children's Officer promptly of instances where children are, or are likely to become, in need of care, protection or control (i.e. children who are not receiving proper care, protection and guidance and are falling into bad associations or who are exposed to moral danger; or are likely as a result to suffer, or whose health or proper development are likely to be seriously affected; or children who are be-



yond the control of their parents). Suitable arrangements are then made between the Departments for their welfare to be safeguarded, bearing in mind the new duty to offer advice, guidance and assistance if it would diminish the need to bring them before the Court. Any worker in a voluntary organisation, or member of the public, who has reason to believe that a child is in need of care, protection or control should get in touch with the Children's Officer without delay.

### **Children beyond Control**

The Children's Officer is responsible for investigating the circumstances of all children alleged to be beyond control of their parents, arranges for voluntary advice, guidance, assistance and supervision in suitable instances and, if necessary, for the children to be brought before the Juvenile Court.

### **Senior Child Care Officer**

This Officer has responsibility for a group of Child Care Officers, acts as casework consultant to them, and also undertakes certain organising and day-to-day administrative duties.

### **Child Care Officer**

This Officer is a case worker with a wide range of duties to promote the welfare of the children who are on his or her personal case load, and deals with applications for children to be received into care.

If children are received into care, or committed to the Council's care by a Court, he deals with their treatment, placing and supervision wherever they may be, and takes personal responsibility for their welfare and happiness; maintains regular contact with the children's own families while the children are in care; finds suitable foster parents for the children; makes boarding-out placings and carries out supervision. Duties also include the finding of lodgings and hostels for older children in the Council's care and their supervision there and at work; and also the befriending of children over compulsory school age who have been, but are no longer, in the care of a local authority or a voluntary organisation. He also befriends children in approved schools who were formerly in care, supervises the welfare of all children placed for adoption, and foster children placed for reward in private homes. He makes statutory enquiries about the welfare of children thought to be neglected or ill-treated, advises parents who allege that their children are beyond control, and undertakes voluntary supervision if appropriate. When necessary he arranges for children to be brought before the Juvenile Court, and also supervises some approved school children who have been, or are to be, released on supervision.

An important feature of the work of the Child Care Officer is case work under Section I, Children and Young Persons Act, 1963, aimed at diminishing, by the provision of advice, guidance and assistance, the need for children to come into care or to appear before the Juvenile Court, including children alleged to be beyond parental control. The Child Care Officer is able, in suitable cases, to recommend the giving assistance in kind, or exceptionally, in cash. If there is no alternative to the child's coming into care then work is done with his family with the object of restoring him to his home as soon as this is in his best interests.

### **Placing of Children**

In general the needs of children in care are met by placing them with specially selected foster parents, some of whom are in the Borough, but many are scattered in adjoining Boroughs. There is a continuing need for foster parents as this method of placement, in most cases, provides the best substitute for home life. Other children are placed either in Residential Homes some of which are owned by the Borough, or in others where there are arrangements for sharing residential accommodation, whilst a final group are fostered in private and voluntary homes. The establishments owned by the Council include 6 small family homes in Buckinghamshire, a nursery for 24 children in Portsmouth, two homes in Wandsworth, and one for adolescent boys in Isleworth. In addition, the Council is responsible for the administration of Stamford House, the largest Boys' Remand Home and Classifying Centre in the country.



New homes are being obtained at Kew and Teddington which the Council hopes to open during 1966.

### **Juvenile Delinquency – Role of Special Officers.**

The local authority (specified as the local children's authority in the Children Act, 1948, Section 38), is required by Section 3 (2) of the Children and Young Persons Act, 1933, to make available to Courts information of "Home surroundings", school record, health and character of children (up to the fourteenth birthday), or young persons (fourteenth to seventeenth birthdays), appearing before the Courts. It is the general duty of special officers (child care officers (special duties)), to provide all the information required by the Courts on behalf of the Council, including details of "Home surroundings" where required.

In addition to providing this information, special officers are also required to carry out duties which include the following:—

- (a) Receiving police notifications of children to be brought before the Courts and keeping records of them; advising the Court of children's previous Court records;
- (b) Preparing the case, obtaining summonses and other duties involved in the bringing before the Juvenile Court of a case initiated by the local authority. Examples of such cases would be those brought under Section 62, Children and Young Persons Act 1933, where it had come to the local authority's attention that a child was in need of care or protection; or bringing to Court, as refractory, children already in care; or under the Education Acts, whether following a direction from a Petty Sessional Court which had dealt with a summons served on the parents of a child who had failed to attend school (in which case the special officer acts on behalf of the Education Officer); or in the case of a child brought direct before the Juvenile Court for non-attendance at school. These duties include the presentation of the Council's case in Court and the examination of witnesses.
- (c) Advising the Court as required of the availability of places, services and facilities (e.g. remand homes or places of safety, special schools, welfare or health facilities).
- (d) Making representations on behalf of the Council regarding proposed action by the Court e.g. where a Fit Person Order is proposed to be made whilst a Probation or Supervision Order is outstanding.
- (c) Supplying information about Hammersmith children appearing before Courts outside Hammersmith, and
- (f) Occasionally taking responsibility for the care and custody of a child for whom a residential place is being sought following a Court appearance.

Special officers also carry out certain well-defined duties in connection with adoption cases before the Juvenile or County Courts e.g. if the Children's Officer has been asked to act as guardian ad litem this duty is normally deputed to special officers. The work involves investigation of all aspects of the adoption application, interviews with all interested parties, visits to the home, and reporting fully to the Court on the results and findings. In adoption cases the guardian ad litem is more an officer of the Court than of the local authority. Other work in connection with adoptions arises from enquiries by local authorities outside Hammersmith and by various other bodies and may involve a considerable amount of detailed enquiry work, and interviews with interested parties. The work is separate from welfare supervision work and should normally be done by different officers. Special officers generally do the guardian ad litem work, and the Adoptions or Child Care Officers the welfare supervision work.

The special officer is, for all practical purposes, the representative of the Council in the Juvenile Courts and is so regarded by the Justices who expect him to answer questions and make arrangements on this basis and not only on Children's Department matters. To perform this specialised duty satisfactorily calls for a high degree of devotion to duty – long hours in Court are often involved – and much experience of the work. The latter often enables a special officer

to anticipate the requirements of the Court and to make advance arrangements perhaps for a placing which might be difficult to obtain at short notice. The special officers, by their qualities, have mostly secured the confidence of the Justices in the Courts they attend with consequent advantage to both sides.

#### **The Adoption Work of Local Authorities.**

This work is governed by the Adoption Act, 1958, and the Adoption Agencies Regulations, 1959. Adoptions can be arranged by the local authority for children in care, and also for children not in care who are offered for placing. Many people offer adoptive homes and careful selection is necessary. Most children in care who are adopted were originally placed with the foster parents who later decide to adopt them.

The local authority's adoption work also includes (a) the duty to supervise the welfare of all children placed for adoption in its area (Section 38); and (b) the duty, through the Children's Officer's staff, to act on behalf of the Courts as "Guardian ad litem" in nearly all cases dealt with by Juvenile or County Courts in the area, and to investigate and report to the Court on all aspects of the adoption application (Section 9 (7)).

#### **Adoption of Children not in Care – Background.**

The Adoption Act, 1958, gave children's authorities a new power to arrange adoption for children not in their care. Before this, adoption placings were made by three kinds of "Agency" (i) registered voluntary adoption societies; (ii) local authorities, but only for children in their care; and (iii) parents dealing direct with adopters (known as "Direct placings"), or private persons acting as intermediaries (known as "Third-party placings"). For many years concern had been expressed about placings under heading (iii), especially the third-party cases. One aim of the new power was that children's authorities might supplant the less desirable activities of third-parties so that most placings would be undertaken only by recognised bodies. The power to arrange adoption for children not in care is permissive and individual authorities are free to use it or not, as they wish.

The Borough Council is an Adoption Agency and a Child Care Officer has been especially appointed for adoption purposes as Adoptions Officer.

#### **Adopters.**

All adoption societies and authorities agree that, apart from special problems, there are many more people wanting to adopt children than there are children suitable and available for adoption. There has, therefore, been no need for publicity to attract adopters to this scheme.

Section 1, Children and Young Persons Act, 1963, also has an important potential bearing on this service. It has become apparent that an important feature of the experimental scheme has been the value of supportive case work as an alternative to adoption in suitable cases. This, coupled with the development of general preventive work under Section I, could lead to the use of an adoption service for children not in care, only if there were no clear alternative preferable in the interests of the child.



## RELATED SERVICES



## Part IV Related Services

Public Cleansing Services  
Guiding Principles  
Maximum Services to the Public  
Dustless Collection  
Refuse Collection  
Domestic Refuse from Smaller Properties  
Refuse Vehicles  
Method and Frequency of Collection  
Bulk Refuse Collection from Flats  
Unwanted Household Effects  
Trade Refuse  
Removal of Derelict and Abandoned Vehicles  
Street Sweeping  
Street Markets  
Refuse Disposal  
Public Conveniences  
Sewer and Street Gulley Cleansing

## Housing Services

## Library Services

## Baths and Laundries Services

## Parks and Cemeteries Department

## **Public Cleansing Services.**

One of the most important of the Borough's duties is that of Public Cleansing. For this, the Borough Engineer and Surveyor is responsible; and as there are extremely close ties between this Service and the Health and Welfare Services, a Report on the various activities of this related Department is felt to be very appropriate.

### **Guiding Principles**

In all its work dealing with Public Cleansing the Council has adopted certain objectives which are:—

#### **Maximum Service to the Public**

Public cleansing in general affects everyone and failure to achieve and maintain satisfactory services can result in serious public health and amenity problems for the community.

#### **Dustless Collection**

From public health and amenity points of view, it is regarded as essential that the transfer of refuse from its source to point of disposal should be as dustless as possible. Such a policy is clearly complementary to that of establishing smokeless, clean air zones, but it is admitted that early methods of collection were often the source of offence and complaint to residents and passers-by. The introduction of dustless collection has been retarded by difficulties which have now been largely overcome as described later.

#### **Refuse Collection**

A total of 70,850 tons of refuse of all kinds was collected and dealt with in the Borough during 1965-6, the service currently employing some 158 men and 37 vehicles at a net cost estimated at £266,193 for the present financial year, this figure including £16,750 for the provision of refuse bins and other improvements.

The men are allowed to go home on completion of the day's task. Protective clothing, including boots, is provided and facilities for changing and showers are available at the two main depots where the men report for work and join the vehicles to which they are allocated. It has not yet been possible, since the formation of the new London Borough in April, 1965, to provide the centralised facilities which are needed to enable maximum efficiency to be achieved, but much has already been done to provide a uniform service throughout the Borough.

#### **Domestic Refuse from Smaller Properties.**

##### **Refuse Bins**

Refuse is accumulated by households in a variety of containers ranging, despite the provisions of the Public Health Act, from normal dustbins to cardboard boxes. In adopting the principle of dustless loading of refuse, the Council quickly realised that it was advantageous to standardise on a type of bin which could be handled by a vehicle capable of emptying this without dissemination of dust and without the previous removal of the lid. After much research the Council decided on a plastic bin of 3½ cu.ft. capacity with hinged metal lid, which had the advantage of lightness of weight (21 lbs) as compared with the British Standard metal bin (28 lbs) of similar capacity. It was estimated that the plastic bin was at least equal in life to the metal bin and that the risk of damage by fire was relatively small. This in fact has proved to be the case as the amount of damage through hot ash has been negligible.

This first type of plastic bin with metal lid has since been greatly improved so that it is all plastic including hinged lid, and again much lighter (12½ lbs) than the earlier version. The bins are provided by Dennis Brothers Ltd., but are manufactured by Thermoplastics Limited, using a high density polythene on the injection moulding principle. They cost £3.9.9d. each.

Although empowered to make an annual charge not exceeding 7s.6d. the Council decided to issue the new bins without charge in a phased programme which should be completed in eight to nine years. By October, 1966, the southern part of the Borough will be completely dustless and some 36,000 bins will have been issued. It is estimated that about 40,000 will be needed for the northern part of the Borough. The introduction of the bins is being financed partly out of revenue



and partly on a capital basis by internal borrowing.

### **Refuse Vehicles**

Where dustless loading operates, the Council has standardised on the Dennis "Paxit Major" Mark 3A vehicle which incorporates a compression device for securing as substantial a load of refuse as possible. The refuse is moved into the vehicle from the loading box by means of a draw-plate which acts in conjunction with a compression plate forcing the refuse into the vehicle so that some 35 to 50 cubic yards of loose refuse is accommodated and a load of upwards of 5 tons obtained.

Where dustless loading does not apply yet, the main vehicle in use is the Shelvoke and Drewry fore-and-aft tipper, which has proved itself in service a sound and reliable vehicle.

### **Method and Frequency of Collection**

Mainly as a result of work study, about 60% of the Borough is now given a twice weekly collection of household refuse (Mondays and Thursdays; Tuesdays and Fridays) and the remainder a once weekly collection (Wednesdays), selection being made to give the greater frequency of collection — as far as possible — to those areas having greatest need, i.e. those where property is in substantial multiple occupation.

### **Bulk Refuse Collection from Flats.**

#### **Refuse Bins**

These are mainly 30 cu.ft. steel bins, 3 ft. in diameter and approximately 3'9" high. The earlier bins were moved into and out of their housings on a trolley supplied with the vehicle, but the majority of the bins are now mounted on casters and cost £24.2s.6d. per bin plus £3.2s.6d. for lid where required. They are either housed in the block of flats they serve — in which case they are fed by chutes — or are free standing with varying degrees of cover. In such cases they are fitted with lids in which are smaller apertures (of the diameter of a normal dustbin) through which refuse is fed into the bin.

### **Unwanted Household Effects.**

Since the war there has been a remarkable turnover in the purchase and disposal of household furniture and fittings and the domestic refuse collection service became embarrassed by the bulkiness of articles put out for disposal or, alternatively, abandoned on war damaged sites and even on the highway. After a time the Council started to organise a service for the removal of unwanted furniture — on payment of modest scheduled charges — but more recently, because of the clear need for removal as a social service, this has been given free of charge. Last year nearly 1,000 tons of unwanted furniture was removed in this way and present experience suggests that this figure will be substantially passed during the current year. Almost anything is accepted and the service is given on request by individual householders and now normally keeps five vehicles and their crews of driver and mate fully employed. Older type refuse vehicles or open lorries are used at present for this work.

### **Trade Refuse**

The Council is required on request to remove trade refuse and well over 10,000 tons was removed during last year. Some of this is collected on the normal household collection beats where the material produced is capable of being put in ordinary household bins or alternatively in bulk containers.

The collection of trade refuse is subject to the payment of the Council's reasonable costs by the firm seeking the service, and the frequency of collection is based on the requirement of the trader.

### **Removal of Derelict and Abandoned Vehicles.**

This is a fairly recent addition to the problems of the Cleansing Service but is one that is becoming more extensive, particularly in the London area where the abandonment of vehicles on the highway gives rise to much risk of accident and serious offence to amenity. The Removal of Vehicles (England and Wales) Regulations, 1961, gives the Local Authority power to remove



from the highway to safe storage any vehicles which appear to be abandoned and to dispose of these when all efforts to establish ownership have failed. The removal of these vehicles, the majority of which are derelict and have been dumped by persons unknown, is now carried out by contract with a reliable car breaking firm and they are stored on a site loaned to the Contractor by the Council until disposal authority is received from the Police. The vehicles are then broken up and disposed of by the same Contractor on payment by the Council of £2.10.0d. per vehicle. A local resident who gives written authority for the removal of his vehicle which is no longer roadworthy can have this taken away and disposed of free of charge to himself and to the Council, the Contractor covering his expenses by the scrap value of the vehicle which in such cases is normally complete.

### **Street Sweeping**

It should first be stated that it is becoming increasingly difficult to deal with the public cleansing of highways satisfactorily for three main reasons – firstly, the astonishing increase in light litter and the dropping of this in the street despite the provisions of the Litter Act, 1958; secondly, because of difficulties caused by the growth of motor parking on the highway; and thirdly, because of the reluctance of younger active men to enter this type of employment despite the offer of bonus incentives and attempts to introduce mechanical appliances to make the work more attractive.

The service has recently been completely reorganised following a work study examination and now operates on the following basis:—

### **Manual Sweeping**

The Borough is divided into 42 beats of which exactly half are three-men team beats and the remainder are worked by one man only in each case. The three-men teams are equipped with an electrically powered pedestrian operated truck of sufficient capacity for a normal day's work (2 cubic yards) and costing approximately £580. The one-man units have a simple hand truck. The teams are based on sub-depots in the Borough and their predetermined sweeping beats are related to these so that the greatest number of sweeping miles are obtained. There are approximately 130 miles of road in the Borough.

### **Mechanical Sweeping.**

Unfortunately, mechanical sweeping does not provide the whole answer to labour problems because the parked vehicle very materially lowers the efficiency of mechanical sweepers. There are objections to their use at night on noise grounds and night routes have to be carefully selected and are necessarily confined to main roads.

Attention has also been given to the possible use of mechanical sweeping on footways and a number of machines tried out. The greatest need for them is in shopping areas where the denser pedestrian usage does not make their use easy without some risk. Progress is being made in the development of footpath sweepers and the Council will avail itself of any machine which can achieve a satisfactory result in the conditions under which it must work.

### **Street Markets.**

There are in the Borough a number of street markets mainly catering for the sale of vegetables, fruit and flowers, but also other items from stalls. The largest of these markets is in North End Road which contains some 91 stalls but the others are materially smaller and do not present so great a cleansing problem. Large trailers are provided for the reception of refuse from the market, three being located in side roads off North End Road. These are progressively filled during the day and removed at night for emptying except on Fridays and Saturdays, an intermediate emptying during these days being often necessary because of heavier trading.

At the end of the day there is always a quantity of litter left in the market area and special arrangements are made to remove this with a small gang and a Dennis "Paxit" vehicle.

### **Refuse Disposal**

Under the London Government Act, 1963, the final disposal of refuse became a function of the Greater London Council, but this Council has undertaken to continue to carry out this work

under a delegation agreement until the 1st October, 1966. The present annual cost of refuse disposal is running at about £180,000.

### **Public Conveniences.**

The Council provide and maintain 19 public conveniences and 7 urinals, the latter being usually in proximity to licensed premises. Both sexes are catered for in all but two of the main conveniences and washing facilities are also available. Where facilities are provided for both sexes, male and female staff are employed on a shift system to cover the hours of opening, normally from 7.30 a.m. until 11.30 p.m. In two instances (in Hammersmith Broadway and at Shepherds Bush) extended hours are worked to meet exceptional needs.

No charge is made for the use of normal facilities, but wrapped towels are available at small cost in certain conveniences on request.

All conveniences are subject to at least daily inspection by male and female staff to ensure the maintenance of high standards of cleanliness at all times. The annual cost to the Council of staffing and maintaining public conveniences is currently £110,897.

### **Sewer and Street Gulley Cleansing.**

The Council is responsible for the drainage of streets by way of gullies and for the cleansing as well as the construction and maintenance of sewers so that no public nuisance is occasioned. This section of the work is carried out under the supervision of the Works Superintendent but is mentioned as a facet of public cleansing because of the common public health aspect.

### **Housing Services**

At the beginning of 1965 plans were being developed in the Hammersmith Housing Service as in all London Boroughs, for the amalgamation of Boroughs which was to come in April. The new staff structure – to take account of the revised responsibilities – had been formulated, but staffing problems were to continue for most of the year. Nevertheless, a solid foundation was laid on which future work could be developed.

One of the major tasks which faced the new Housing Service was to set up a new waiting list. As the Greater London Council was no longer going to maintain such a list, all families registered on the old London County Council list were told of this fact, and each was advised to register with its new London Borough; at the same time, all their papers were transferred to their new authority. Early in the year all such families, including those registered on the lists of the then Metropolitan Boroughs of Fulham and Hammersmith, were sent new application forms and invited to re-register. By this time a new "Points Scheme", by which relative priorities were to be assessed, had been adopted by the Council for those on the waiting list. This took account of such matters as overcrowding, shared facilities, ill-health as affected by housing conditions, and similar factors. All forms which were returned were "Pointed" under this scheme, and it soon became possible to tell applicants what their position on the list was as compared with others.

As indicated above, one of the items taken into account under the Points Scheme is ill-health. Medical evidence of this received in the Housing Office is sent to the Medical Officer of Health and Welfare for his consideration, and he usually arranges for an inspection of the premises before making his views known to the Housing Manager. At this inspection any defects there may be in the premises are noted so that appropriate action may be taken by the Environmental Health Service.

By the end of the year there were some 5,500 names registered on the waiting list, all with housing problems of some kind. Many of these problems also involved the social services under the control of the Medical Officer of Health and Welfare, and close co-operation was established with the staff concerned. This was essential to ensure that all known details were taken fully into account by the Housing Manager in assessing the family's position on the list. The Housing Manager had to make certain that any lettings available for those on the waiting list and under the control of the Housing Committee were offered to families who, taking all parts of the Points Scheme into account, had the greatest claim on the Council for help in their housing problems.

As well as the families on the waiting list, there were also the problems of those already living in Council dwellings. By the end of the year under review there were between eight



and nine thousand of these families, some housed before the Boroughs amalgamated and some during the lifetime of the new London Borough. The mere fact of housing a family does not mean that all their problems are automatically solved, but that they have surroundings in which a solution, or solutions, should be possible. Old people, for example, whom the Council tries to help as much as it can, may need the services of a Home Help, or grab-rails fitted at various places; children may have certain problems which are only partly solved by housing in suitable premises. All these difficulties, and many more, involve close liaison between the staffs of the Housing Service and those under the control of the Medical Officer of Health and Welfare.

One particular problem which is the responsibility of the Housing Manager and is always of great concern to him is that of tenants in arrears with their rent. Sometimes these result from a temporary set-back and there is a need for help in facing the difficulty and finding ways to meet it. In most cases there is no reasonable excuse, but on some occasions arrears of rent may be only part of a much larger problem; and it is in these instances that consultation takes place between the Housing Manager and the Medical Officer of Health and Welfare, or between members of their respective staffs. In rare cases eviction takes place, and then all the Council's services are brought into use to ensure that as little suffering as possible is caused to children.

A task on which the former Metropolitan Borough Councils had made considerable headway was continued during the year under the auspices of the new Borough Council. This was work under the Clean Air Act, by which many fireplaces were adapted to burn smokeless fuel, or gas or electric fires fitted in their place. The progress made owes much to the close co-operation between the officers of the Environmental Health Service and the technical officers of the Housing Service.

One of the ways in which close liaison has been built up, especially in the personal aspect of the services, is through the work of the Joint Co-ordinating Committee. The Housing Manager normally attends its meetings, where problems of mutual concern and interest are discussed. Apart from the obvious practical results of such meetings, they are a way in which greater understanding of each other's problems can be achieved. In addition to attending meetings of the full Committee, the Housing Manager is usually represented at, or sends a report to, Intermediate Case Conferences, at which cases with which he is concerned are discussed in detail.

As indicated at the beginning of this report, by the end of 1965 much remained to be done, and many problems were still unsolved. Nevertheless a beginning had been made and, with the settling-down of the new Borough, it was felt that much would be accomplished in the following year. Additional staff were to be appointed and, of particular interest in the context of this report, plans were in hand for the expansion of the Housing Welfare service. The work of the officers of this Section would not duplicate or overlap that of the specialist social workers, but would be complementary to it, and it was envisaged that these twin functions would be closely interwoven. This however is but one example of the general spirit of co-operation and close liaison which exists between staffs in the various Council Departments; and there is no doubt that the feeling of goodwill and the spirit of working together which have grown up, will be of benefit to the residents of Hammersmith during 1966.

### **Library Services.**

In addition to its many other commitments the Library has links with the Health and Welfare Services as follows:

- 1) A personal delivery service of books is made to approximately 130 permanently house-bound people. A library van visits these people fortnightly, taking a Library Assistant, and leaves as many books as are required to last for the next two weeks. Any particular title in which the reader is interested will be brought at a later visit.
- 2) Collections of books are maintained at three homes for old people, namely Westway Park Old People's Home, Southway Close Home, and the Centre at 726/728 Fulham Road. These collections are looked after by the Libraries' staff and changed from time to time as required.
- 3) The Libraries have good collections of large-print books produced specially for the needs of people with poor sight. This Ulverscroft series, as it is known, can be borrowed from any of the libraries and is also supplied both to the permanently house-bound people and the old people's homes.



- 4) The Libraries Committee makes a contribution to the National Library for the Blind which supplies Braille books to the home for the blind maintained by Hammersmith Borough Council at Wimbledon.

### **Baths and Laundries Services**

The services provided by Baths and Laundries i.e. swimming baths, private warm baths and public laundries, are closely associated with those of Health and Welfare.

There is little need to elaborate on the health-giving and recreational advantages of swimming, facilities for which are provided at the Council's three bathing establishments at North End Road and Lime Grove both summer and winter and at Bloemfontein Road open-air pool during the summer months.

Every week-day from 9 a.m. till 4.30 p.m. as part of the school curriculum, children from all the schools in the Borough attend the Baths in classes of approximately thirty for half-hourly swimming lessons. They are taught by qualified instructors first to swim and then progress to advanced swimming, diving and life-saving. 108,368 children from London County Council and private schools attended the Baths for lessons in swimming during 1965.

Following the school periods the pools are available to the public and every evening large numbers of adults, teenagers and children take advantage of the facilities. On any hot evening during the summer the capacity is taxed to the utmost and queues wait to get into the Baths for a swim.

An innovation which may be of interest is family swimming on Sunday morning when one pool is allocated for family swimming only. It is surprising to see the large number of parents who come with their children, from one year upwards, to teach them to swim and to enjoy this health-giving recreation.

From 9 - 10 p.m. each evening the pools are allocated to various youth clubs, institutes or local firms and associations for club swimming. These club hours are in great demand and are fully booked months in advance.

Although the demand for private washing baths has slightly decreased during the past few years due to many new and properly equipped housing developments, there is still a great call for this service particularly on Thursdays, Fridays and Saturdays. Ordinary private baths and showers are provided whilst towels and soap are also available. The shower baths are particularly popular with the coloured residents in the Borough who attend regularly two or three times a week, which has helped to keep the attendances high.

Approximately 160 baths or showers are provided at North End Road, Lime Grove and Sands End and the average number using these on a Saturday is 2,000. The number of warm baths given during 1965 was 327,715.

Laundry facilities are also provided at the North End Road, Sands End and Lime Grove establishments, by which a full family wash as heavy as 20 lbs. can be washed, dried and ironed at the very moderate cost of 2/6d. Full advantage is taken of these amenities, as proved by the number of attendances which, during the year under review, was 137,343.

During the winter months the demand for swimming decreases and for many years it has been the Council's policy at the week-ends to floor over one of the pools at each of the two main establishments, thus providing suitable halls for indoor sports such as bowls, table-tennis and badminton. Dances, boxing and other functions are held all of which are well attended.

### **Parks and Cemeteries Department.**

The general health of the inhabitants of all urban areas can be greatly affected by the services offered by the Public Parks Department, and the extent to which they are used. In a heavily built-up environment the beauty, peace and relaxation to be found in parks are real necessities to city dwellers. These open spaces offer a welcome relief from the hustle and bustle of modern living and those who frequent them can enjoy their tranquility. They are an economical way of providing relaxation in those areas where buildings and roads predominate, and their contribution to "Breathing space" is considerable indeed.

The Local Authority is very conscious of the benefits which accrue from a well-appointed

ed Parks Department and does all that is possible to provide the populace with facilities for relaxation, recreation, sports and games in an endeavour to promote the health of all age groups within the Borough.

Recreation generally has become very important in the minds of the public who, more than ever, enjoy extended hours of leisure. The Institute of Park and Recreation Administration is very much aware of their varying demands, and advises its members to give serious consideration to, and approve of, those items in their recreational programmes that meet the needs of the public, and suggests that future items for such programmes must be included or not according to their popularity and the general demand for them. The scarcity of land for such purposes, in most urban areas, is so acute that we cannot afford to provide facilities that are not being used to the maximum. Steps must be taken to ensure that the public obtain all the benefits from their public parks services.

Bishops Park and South Park provide "Toddlers' Greens" where various items of play equipment are installed for the use of children up to the age of 5 who can play there under the care of parent or responsible adult. No other children are allowed into these areas, which have proved a great boon to the parents of very young children. If they are too young to play on the equipment they can romp about on the grass whilst their mothers, having confidence in the lady attendants who keep a watchful eye on their charges, can relax.

For the older children there are several reservations where they are provided with the usual type of playground equipment, in addition to which they have paddling pools, sand play-pits and hard surface play areas where ball and other games are popular. The park attendant is always ready to check the too rampageous youngster, maintaining that "Fair play" should be the maxim for such playgrounds.

Three of these hard surface playgrounds are floodlit and are thus available for further organised play, under the supervision of play-leaders. During the winter months this means a period of play extended until 9.0 p.m. each evening.

The park attendants, with reasonable knowledge of first aid and access to necessary medical kit, can deal with the usual minor accident. They are also instructed in the procedure to follow should a serious accident happen.

Recreation for adults is wide and varied. Here again the parks services cater in no small way in providing sports and games facilities in an endeavour to satisfy the demands of the various age groups.

The bowling greens always appeal strongly to the older members of both sexes. They play the game with real enthusiasm which must give a great boost to their morale. Greenkeepers, on occasions, complain they are too fastidious.





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Table 1

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1965 IN THE LONDON BOROUGH OF HAMMERSMITH

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over	
1. TUBERCULOSIS, RESPIRATORY	M	12	-	-	-	-	-	-	1	1	6	1	3	
	F	2	-	-	-	1	-	-	-	1	-	-	-	
3. SYPHILITIC DISEASE	M	5	-	-	-	-	-	-	-	1	2	1	1	
	F	2	-	-	-	-	-	-	1	-	-	-	1	
6. MENINGOCOCCAL INFECTIONS	M	3	-	1	-	2	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
9. OTHER INFECTIVE AND PARASITIC DISEASES	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	1	1	-	1	-	-	-	
10. MALIGNANT NEOPLASM, STOMACH	M	32	-	-	-	-	-	-	1	3	12	11	5	
	F	28	-	-	-	-	-	-	-	3	4	10	11	
11. MALIGNANT NEOPLASM, LUNG, BRONCHUS	M	144	-	-	-	-	-	-	2	20	44	61	17	
	F	33	-	-	-	-	-	-	1	5	11	10	6	
12. MALIGNANT NEOPLASM, BREAST	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	45	-	-	-	-	-	-	2	12	10	9	12	
13. MALIGNANT NEOPLASM, UTERUS	F	22	-	-	-	-	2	1	1	4	6	6	2	
14. OTHER MALIGNANT AND LYMPHATIC NEOPLASMS	M	132	-	-	-	-	1	3	5	9	24	48	42	
	F	120	-	-	-	-	1	1	4	16	20	39	39	
15. LEUKAEMIA, ALEUKAEMIA	M	10	-	-	-	-	1	2	1	1	1	2	2	
	F	6	-	-	-	-	-	-	-	-	2	1	3	
16. DIABETES	M	5	-	-	-	-	-	-	-	-	-	2	3	
	F	16	-	-	-	-	-	-	1	1	2	6	6	
17. VASCULAR LESIONS OF NERVOUS SYSTEM	M	89	-	-	-	-	-	2	1	4	15	25	42	
	F	153	-	-	-	-	-	1	2	1	12	27	110	
18. CORONARY DISEASE, ANGINA	M	322	-	-	-	-	-	-	8	47	84	105	78	
	F	191	-	-	-	-	-	-	1	7	25	55	103	
19. HYPERTENSION WITH HEART DISEASE	M	11	-	-	-	-	-	-	-	-	3	4	4	
	F	15	-	-	-	-	-	-	-	-	1	3	11	
20. OTHER HEART DISEASE	M	70	-	-	-	-	1	2	-	10	8	15	34	
	F	109	-	-	-	-	-	1	1	8	11	19	69	
21. OTHER CIRCULATORY DISEASE	M	67	-	-	-	-	-	1	-	4	15	23	24	
	F	79	-	-	-	-	-	1	-	3	6	20	49	
22. INFLUENZA	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	3	-	-	-	-	-	-	-	-	-	1	2	
23. PNEUMONIA	M	68	-	4	2	-	1	-	2	3	4	14	38	
	F	72	1	10	-	-	-	-	1	1	1	8	50	
24. BRONCHITIS	M	127	-	-	-	1	-	-	1	9	26	42	48	
	F	40	-	-	1	-	-	-	-	-	3	9	27	
25. OTHER DISEASES OF RESPIRATORY SYSTEM	M	15	-	-	-	-	-	-	-	-	3	8	4	
	F	8	-	-	-	-	-	-	1	1	1	3	2	
26. ULCER OF STOMACH AND DUODENUM	M	16	-	-	-	-	-	-	1	1	5	4	5	
	F	8	-	-	-	-	-	-	-	1	2	-	5	
27. GASTRITIS, ENTERITIS AND DIARRHOEA	M	11	1	-	-	-	-	-	-	2	3	4	1	
	F	2	-	-	-	-	-	-	-	-	-	1	1	
28. NEPHRITIS AND NEPHROSIS	M	8	-	-	-	-	-	-	-	3	2	1	2	
	F	6	-	-	-	-	-	-	-	-	2	1	3	
29. HYPERTROPHIA OF PROSTATE	M	8	-	-	-	-	-	-	-	-	1	2	5	
30. PREGNANCY, CHILDBIRTH, ABORTION	F	2	-	-	-	-	1	1	-	-	-	-	-	
31. CONGENITAL MALFORMATIONS	M	15	5	3	1	3	1	1	-	-	1	-	-	
	F	7	4	-	1	-	-	-	-	-	-	1	1	
32. OTHER DEFINED AND ILL-DEFINED DISEASES	M	86	31	2	1	2	-	3	1	3	11	11	21	
	F	106	21	1	-	-	1	1	1	5	16	18	42	
33. MOTOR VEHICLE ACCIDENTS	M	23	-	-	1	4	5	7	-	2	-	-	4	
	F	13	-	-	3	1	3	-	-	-	-	1	5	
34. ALL OTHER ACCIDENTS	M	27	-	2	1	-	4	2	3	1	7	4	3	
	F	18	-	-	-	-	2	-	-	2	2	2	10	
35. SUICIDE	M	20	-	-	-	-	1	-	2	8	2	4	3	
	F	17	-	-	-	-	1	1	2	3	5	3	2	
36. HOMICIDE AND OPERATIONS OF WAR	M	2	-	-	-	-	2	-	-	-	-	-	-	
	F	3	-	-	-	-	1	2	-	-	-	-	-	
TOTAL ALL CAUSES	M	1,329	37	12	6	12	17	23	29	132	279	392	390	
	F	1,129	26	11	5	2	13	11	19	75	142	253	572	
GRAND TOTAL		2,458	63	23	11	14	30	34	48	207	421	645	962	

Table 2

## Population:

Once again the Registrar-General's estimated population figure shows a decrease, the figure for 1965 of 215,240 being 1,700 less than the previous year.

The estimates for child population are as follows:-

Under 1 year	4,350
1-4 years	12,750
5-14 years	22,200

NATURAL INCREASE OR DECREASE OF THE  
POPULATION DURING THE PAST 10 YEARS

Year	Population	Excess of Births over Deaths
1955	233,300	852
1956	230,400	940
1957	227,900	1,162
1958	224,900	1,219
1959	222,200	1,200
1960	221,250	1,615
1961	219,510	1,611
1962	218,690	1,618
1963	217,360	1,887
1964	216,940	2,100
1965	215,240	1,975

## Births:

The corrected number of births was 2,258 males and 2,175 females giving a total of 4,433 compared with 4,467 in 1964. This gives an annual rate of 20.6 per thousand of the population. The actual decrease in number of 34 was composed of 3 legitimate and 31 illegitimate births.

## Deaths:

Deaths registered during the year numbered 2,251. From this figure must be deducted 788 for non-residents transferred to their home towns. To counter-balance this must be added a total of 995 residents of the Borough who died in other parts of England. This gives the corrected figure of deaths as 2,458 comprising 1,329 males and 1,129 females.

It should be mentioned that of the outward transferable deaths, 770 occurred in hospitals within the Borough.



## DEATHS FROM CANCER DURING THE PAST TEN YEARS

Year	Population	Deaths	Rate per 1,000
1955	233,300	544	2.3
1956	230,400	498	2.2
1957	227,900	520	2.3
1958	224,900	528	2.3
1959	222,200	552	2.5
1960	221,250	562	2.5
1961	219,510	576	2.6
1962	218,690	569	2.6
1963	217,360	562	2.6
1964	216,940	602	2.8
1965	215,240	572	2.6

## Infant Mortality

The number of deaths of infants under one year of age during the year was 86, giving a mortality rate per 1,000 live births of 19.

## INFANT MORTALITY - 1965 and previous ten years

Year	Births	Deaths of Infants	Deaths of Infants per 1,000 births
1955	3,408	97	28.4
1956	3,545	84	23.7
1957	3,674	95	25.8
1958	3,792	81	21.4
1959	3,821	94	24.6
1960	4,075	91	22.3
1961	4,119	74	18.0
1962	4,280	101	23.6
1963	4,564	97	21.2
1964	4,467	102	22.8
1965	4,433	86	19.4

Table 5

CHART SHOWING THE NUMBER OF DEATHS OF INFANTS  
UNDER 1 YEAR OF AGE DURING THE PAST 10 YEARS

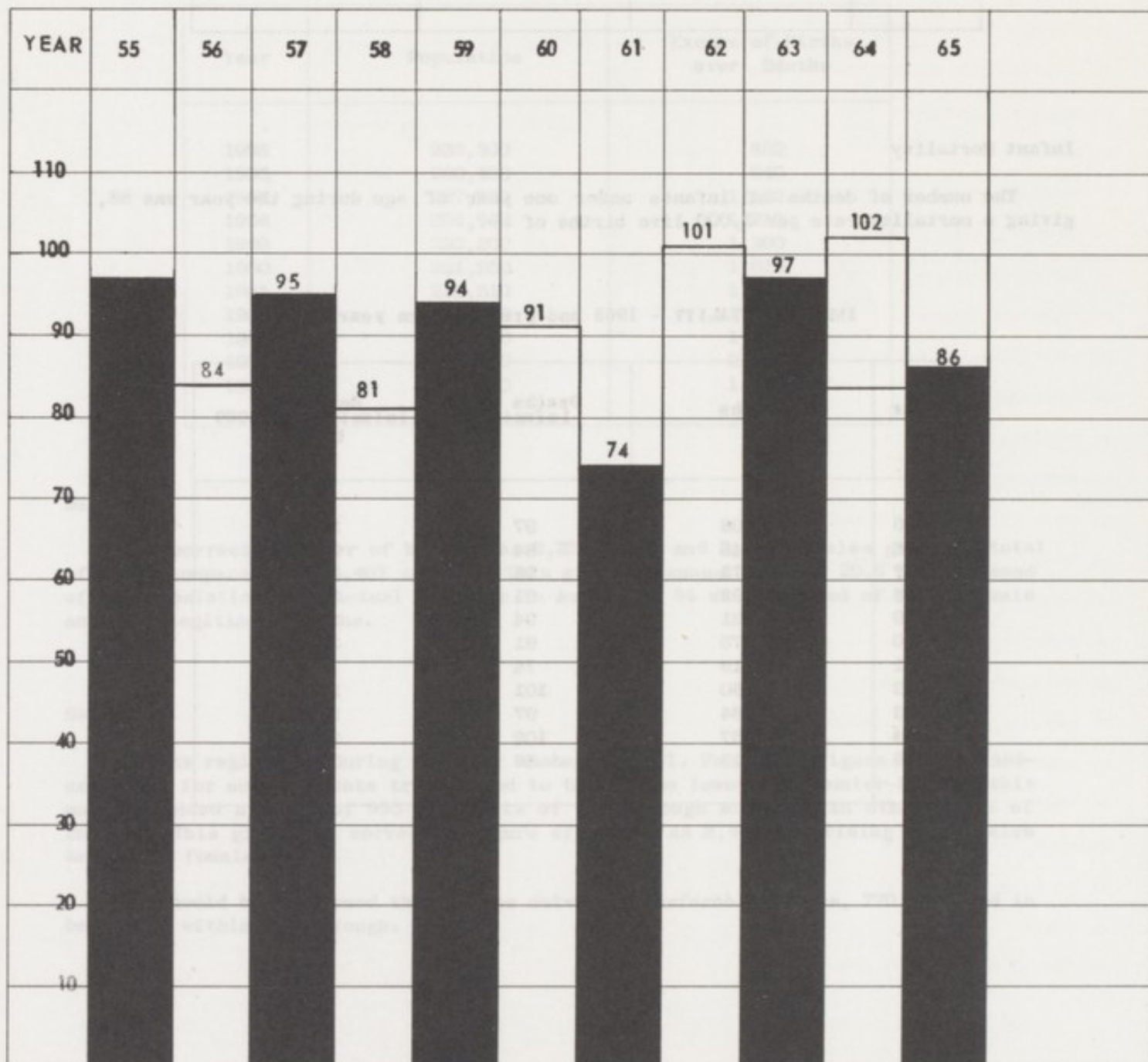


Table 6

INFANT MORTALITY RATES - ENGLAND AND  
WALES AND VARIOUS OTHER COUNTRIES

Deaths under 1 year per 1,000 live births

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
England and Wales	25	24	23	23	22	22	22	22	21	20
Scotland	30	29	29	28	28	27	26	27	26	24
Northern Ireland	32	29	29	28	28	27	27	27	27	26
Australia	22	22	21	20	22	20	19	20	20	19
Canada	31	32	31	30	28	27	27	28	26	25
Chile	121	113	117	127	120	127	116	121	111	- *
Denmark	25	25	23	22	22	22	22	20	19	19
France	39	36	34	32	30	27	26	26	26	23
Irish Republic	37	36	33	35	32	30	30	29	27	27
Italy	49	48	50	48	45	44	40	41	40	36
Netherlands	20	19	17	17	17	17	16	15	14	15
New Zealand	22	19	20	19	20	20	19	20	20	19
Sweden	17	17	17	16	16	16	16	15	15	14
United States of America	27	26	26	26	26	26	25	26	25	24

\* not available



Table 7

## MATERNAL MORTALITY - from 1955 to 1965

Year	Number of Deaths	Number of live births	Maternal Death Rate
	Pregnancy, child-birth, abortion		
1955	4	3,408	1.17
1956	-	3,545	-
1957	3	3,674	0.82
1958	3	3,792	0.79
1959	2	3,821	0.52
1960	1	4,075	0.25
1961	1	4,119	0.24
1962	3	4,280	0.7
1963	-	4,564	-
1964	-	4,467	-
1965	2	4,433	0.45

Table 8

## Marriages

The total number of marriages solemnized in the Borough during 1965 was 2,278. They were made up as follows:-

Register Offices	1177
Churches and Chapels attended by Registrars	509
Church of England	516
Nonconformist Chapels at which Registrars do not attend	64
Synagogues	12
<b>GRAND TOTAL</b>	<b>2,278</b>

Table 9

## NOTIFICATIONS OF INFECTIOUS DISEASES

Diseases	NOTIFICATIONS								Total cases notified	Cases Removed to Hospital	Deaths	Corrected Figures 1
	0-1 year	1-2 years	2-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65+ years				
Scarlet Fever	-	1	12	27	3	-	-	-	43	7	-	43
Whooping Cough	7	4	21	17	-	-	-	-	49	2	-	49
Acute Poliomyelitis (Par.)	-	-	-	-	-	-	-	-	-	-	-	-
" " (Non-Par.)	-	-	-	-	-	-	-	-	-	-	-	-
Measles	86	239	908	638	26	10	-	-	1907	35	-	1907
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	-	-	8	2	7	-	2	5	24	13	-	23
Dysentery	8	13	32	18	3	20	-	-	94	22	-	89
Encephalitis (Ac.Inf.)	-	-	1	-	-	-	-	-	1	1	-	1
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	1	2	3	-	6	2	-	6
Meningococcal Infection	1	2	2	2	-	-	-	-	7	7	3	7
Food Poisoning	-	-	5	5	5	2	4	4	25	10	-	25
Puerperal Pyrexia	-	-	-	-	35	30	-	-	65	1	-	65#
Ophthalmia Neonatorum	2	-	-	-	-	-	-	-	2	-	-	2
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	1	-	-	1	1	-	1
Scabies	-	-	-	2	4	2	-	-	8	-	-	8*
Tuberculosis (Pulmonary)	-	-	4	2	20	42	37	11	116	44	1	116
" (Non-Pulmonary)	-	-	1	3	4	13	6	6	33	19	-	33
TOTALS	104	259	994	716	108	122	52	26	2381	164	-	2375

# Of this total only 24 related to patients residing in the Borough.

\* To 31st March, 1965 only. Scabies ceased to be notifiable after this date.



Table 10

## HAMMERSMITH CHEST CLINIC

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM 1st JANUARY, 1965  
TO THE 31st DECEMBER, 1965

AGE PERIODS	FORMAL NOTIFICATIONS													
	Number of Primary Notifications of new cases of tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75+	Total (all ages)
Respiratory, Males	-	-	2	-	1	5	7	7	18	12	18	5	-	75
Respiratory, Females	-	-	2	1	-	3	5	6	11	5	2	4	2	41
Non-Respiratory, Males	-	-	-	-	-	2	3	8	3	1	1	4	-	22
Non-respiratory, Females	-	-	1	1	-	-	1	2	-	2	2	-	2	11

Table 11

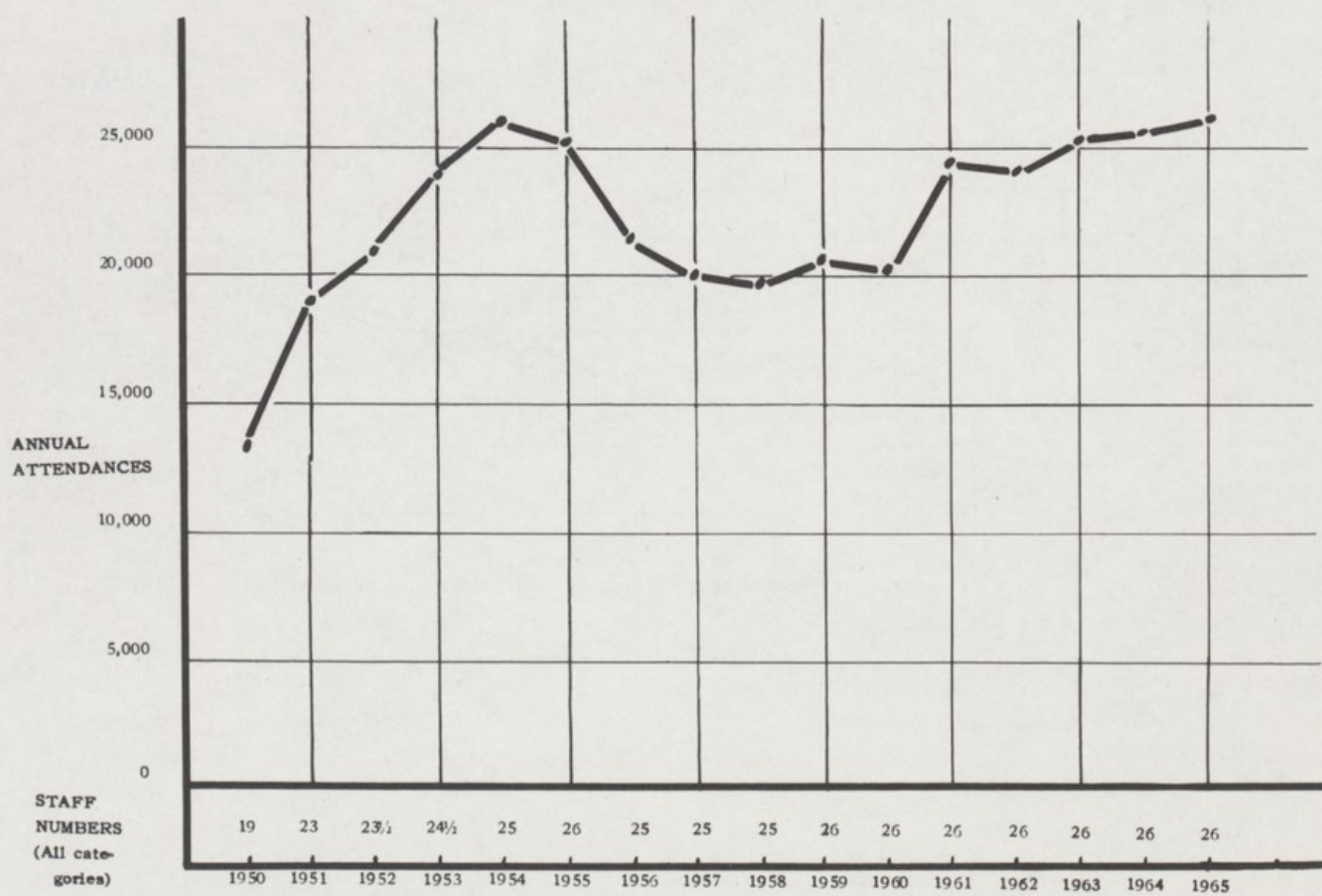
HAMMERSMITH CHEST CLINIC  
PATIENT ATTENDANCES, AND STAFF NUMBERS, 1950-65

Table 12

FULHAM CHEST CLINICSTATISTICS FOR 1965No. of NEW PATIENTS attending -

Non-Tuberculous Chest Cases	...	...	...	...	...	158
New Contacts of Notified Cases	...	...	...	...	...	122
New Notifications Transferred In	...	...	...	...	...	34

No. of CLINIC ATTENDANCES -

Notified Cases of Tuberculosis	...	...	...	...	...	1194
Contacts of " " "	...	...	...	...	...	1776
Other Chest Diseases	...	...	...	...	...	1739

No. of NEW NOTIFICATIONS OF TUBERCULOSIS in Fulham -

Pulmonary	...	...	...	...	...	...	41
Non-Pulmonary	..	...	...	...	...	...	12

No. of DEATHS in Fulham -

Pulmonary Tuberculosis	...	...	...	...	...	...	23
Non-Pulmonary	...	...	...	...	...	...	2

No. Taken off Tuberculosis Register as CURED -

Pulmonary	...	...	...	...	...	...	210
Non-Pulmonary	...	...	...	...	...	...	14

Number of Visits by the Chest Physician	...	...	...	...	...	25
" " " " " Health Visitors	...	...	...	...	...	1270
" " Patients x-rayed	...	...	...	...	...	2974
" " B.C.G. Vaccinations	...	...	...	...	...	253

No. of NOTIFIED CASES OF TUBERCULOSIS ON REGISTER AT 31.12.65 ... 935  
(1197-1964)



Table 13

FULHAM CHEST CLINICNew Notifications in Age Groups in 1965

	<u>Males</u>	<u>Females</u>
Under 1 year	- (1)	- (-)
1 - 5 years	- (-)	1 (1)
6 - 15 "	- (2)	- (1)
16 - 25 "	8 (2)	2 (5)
26 - 35 "	3 (4)	4 (4)
36 - 45 "	7 (3)	2 (3)
46 - 55 "	5 (7)	2 (4)
56 - 65 "	10 (7)	3 (-)
Over 65 "	4 (3)	2 (3)
	<hr/> 37 (29)	<hr/> 16 (21)

Table 14

FULHAM CHEST CLINICDeaths in Age Groups in 1965

	<u>Males</u>	<u>Females</u>
Under 1 year	- (-)	- (-)
1 - 5 years	- (-)	- (-)
6 - 15 "	- (-)	- (-)
16 - 25 "	- (-)	- (-)
26 - 35 "	- (-)	- (-)
36 - 45 "	1 (-)	1 (1)
46 - 55 "	4 (2)	1 (-)
56 - 65 "	7 (8)	1 (2)
66 - 75 "	3 (5)	1 (-)
Over 75 "	4 (2)	2 (3)
	<hr/> 19 (17)	<hr/> 6 (6)

Table 15

## HAMMERSMITH CHEST CLINIC

## Cases Notified and Deaths since 1955

Year	No. of cases notified			No. of Deaths	No. of Cases on Register of Notifications
	Pulmonary	Non-Pulmonary	Total		
1955	231	28	259	43	2,867
1956	287	20	307	31	2,939
1957	242	24	266	32	2,881
1958	215	16	231	32	2,849
1959	218	14	232	22	2,843
1960	169	25	194	11	2,757
1961	149	21	170	9	2,662
1962	142	19	161	15	2,664
1963	117	27	144	22	2,582
1964	121	14	135	11	2,570
1965	116	33	149	3	2,282

Average number of cases notified for the 10 years 1955/1964 (inclusive) - 209.9

Average number of deaths for the 10 years 1955/1964(inclusive) - 22.8.

Table 16

## IMMUNISATION AND VACCINATION

The following tables show details of the numbers of persons protected against diphtheria, tetanus, whooping cough, smallpox and poliomyelitis during 1965.

Diphtheria ImmunisationPrimary Course

born in 1965	1751	<b>Given by: -</b>	
born in 1964-61	1656	Borough Medical Officers	3001
born in 1960-58	224	General Practitioners	719
born in 1957-50	89		
<hr/> Total:		3720	

Reinforcing doses

	1965	1964-61	1960-58	1957-50	Total
Diphtheria		2593	1536	1013	5142
Tetanus		2582	1343	499	4424
Pertussis		2114	134	13	2261

The number of children referred to above who received multiple antigens is as follows:-

Primary

	1965	1964-61	1960-58	1957-50	Total
Diphtheria/Pertussis	1	4	4	-	9
Diphtheria/Pertussis/ Tetanus	1583	1368	13	-	2964
Diphtheria/Tetanus	164	246	203	81	694

GRAND TOTAL - 3667

Given by:-

Borough Medical Officers	2990
General Practitioners	677



Table 16 (cont'd.)

SmallpoxPrimary Vaccinations

Under 1 year	101		
1 year	1276		
2 - 4 years	532	Given by:-	
5 - 15 years	29	Borough Medical Officers	1435
16 + years	9 *	General Practitioners	512
Total	<u>1947</u>		

Re-Vaccinations

2 - 4 years	19	Given by:-	
5 - 14 years	28	Borough Medical Officers	46
15 + years	28	General Practitioners	29
Total	<u>75</u>		

\* This figure is for vaccination by Borough Medical Officers only. As payment may be made to general practitioners for completed records of persons up to 16 years of age only, no figures are available for adult vaccinations.

PoliomyelitisPrimary Vaccinations

<u>1965</u>	<u>1964-61</u>	<u>1960-58</u>	<u>1957-50</u>	<u>1949*</u>	<u>Total</u>
1023	2284	543	285	262	4397

Given by:-

Borough Medical Officers	3626
General Practitioners	<u>771</u>
	<u>4397</u>

Reinforcing doses

<u>1964-61</u>	<u>1960-58</u>	<u>1957-50</u>	<u>1949*</u>	<u>Total</u>
67	1204	303	31	1605

Given by:-

Borough Medical Officers	1435
General Practitioners	<u>170</u>
	<u>1605</u>

\* This figure is for vaccination by Borough Medical Officers only. As payment may be made to general practitioners for completed records of persons up to 16 years of age only, no figures are available for adult vaccinations.

Table 17

## Houses in multiple occupation:

	1962	1963	1964	1965
Number of new premises inspected ... ..	20 (143 lettings)	129 (464 lettings)	46 (277 lettings)	36 (224 lettings)
Of these, informal action was taken in respect of	18 premises	36 premises	46 premises	10 premises
Number of premises where no further action taken	2 "	93 "	Nil "	5 "
Number of premises where formal action commenced	2 "	18 "	19 "	13 "
Total number of inspections made	132	577	929	314

Table 18

Analysis of informal action taken under the Housing Acts, 1961 and 1964

	1962			1963			1964			1965		
	Served	Number complied irrespect- ive of year complied	Percent- age complied of those served	Served	Number complied irrespect- ive of year complied	Percent- age complied of those served	Served	Number complied irrespect- ive of year complied	Percent- age complied of those served	Served	Number complied irrespect- ive of year complied	Percent- age complied of those served
Re. S. 12 (Management)	11	6	54.5%	20	11	55%	18	13	72.2%	-	-	-
Re. S. 15 (Standards)	18	10	55.5%	35	19	54.3%	30	8	26.6%	9	4	44.5%
Re. S. 16 (Fire)	-	-	-	4	3	75%	28	4	14.2%	6	4	66.6%
Re. S. 19 (Overcrowding)	6	4	66.6%	9	5	55.5%	5	1	20%	1	1	100%



Table 19

Analysis of formal action taken under the Housing Acts, 1961 and 1964

	1962		1963		1964		1965	
	Formal action commenced	Complied irrespective of year complied	Formal action commenced	Complied irrespective of year complied	Formal action commenced	Complied irrespective of year complied	Formal action commenced	Complied irrespective of year complied
Management Orders	Nil	-	13 Orders made	7 revoked	4	-	-	-
Section 15 (Standards)	2	2	6	6	8	Nil	12	3
Section 16 (Fire)	Nil	Nil	5	5	27	Nil	6	3
Section 19 (Overcrowding)	-	-	1	-	-	-	1	1

Table 20

## Sanitary Inspection

Cause of Inspection	No. of Inspections	No. of Re-visits	No. of Notices Served	No. of Notices Complied with
HOUSING				
Housing Act 1957	615	49	2	9
House to House	35	2	-	2
Housing Defects	3810	5083	1385	1120
H.M.O.	224	90	8	4
Overcrowding	27	-	-	-
Rehousing applications	145	3	5	2
Rent Act	42	-	1	1
Moveable Dwellings	8	-	-	-
Drainage	4045	1222	68	70
Refuse Accommodation	313	64	116	110
FOOD PREMISES				
Bakers	106	3	1	-
Bakehouses	331	2	-	-
Butchers	351	6	2	1
Chemist	11	-	-	1
Confectioners	131	3	-	1
F. Fish	73	1	1	1
Wet Fish	65	-	-	-
Grocers	705	15	6	7
Greengrocers	190	7	4	5
Ice-cream	246	-	-	-
Milk Vendor	429	-	-	-
Provisions	372	1	1	-
Caterers	947	30	11	10
Markets	356	1	-	-
Licensed Premises	255	3	4	2
Sampling	1190	11	-	-
LICENCES				
Hairdressers and Barbers	78	-	-	-
Club Licensing	4	1	-	-
Pharmacy and Poisons	76	-	-	-
Pet Animals	22	-	-	-
Animal Boarding	1	-	-	-
Rag and Flock	53	-	-	-
Factory (M)	305	57	30	32
Factory (Non M)	65	9	7	9
Outworkers	7	-	-	-
Offices and Shops	1431	11	465	85
Noise	298	38	-	-
Public Urinals	68	-	-	-
Fireguard Regulations	22	-	-	-
Nightdress Regulations	-	-	-	-
Infectious Disease	333	7	-	-
Rats and Mice	9820	25	4	4
Pigeons	79	5	-	-
Clean Air	5457	26	5	5
Miscellaneous	2506	243	52	41
No Access	3287	686	-	-
TOTALS	38934	7704	2178	1522

670 Statutory Notices were served and 619 were complied with during the year.

Table 21.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

## Registrations &amp; General Inspections:

Class of premises	No. of premises registered during year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during year
Offices	121	616	200
Retail shops	196	1,421	303
Wholesale shops, warehouses	8	43	25
Catering establishments open to the public, canteens	53	249	11
Fuel storage depots	0	0	0
<b>Totals</b>	<b>378</b>	<b>2,329</b>	<b>539</b>

Table 22.

## Analysis of persons employed in registered premises by workplace:

Class of workplace	Number of persons employed
Offices	9,585
Retail shops	6,478
Wholesale departments, warehouses	1,002
Catering establishments open to the public	3,373
Canteens	174
Fuel storage depots	0
<b>Total</b>	<b>20,612</b>
<b>Total males</b>	<b>10,294</b>
<b>Total females</b>	<b>10,318</b>

Number of visits of all kinds by inspectors to registered premises 728

Table 23.

## Factories Act, 1961

## 1. Inspections:

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	244	65	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	887	305	30	—
(iii) Other premises in which Section 7 is enforced by the Local Authority, (excluding outworkers' premises)	—	—	—	—
<b>Total</b>	<b>1131</b>	<b>370</b>	<b>37</b>	<b>—</b>



Table 24.

## 2. Cases in which defects were found:

Particulars	Number of cases in which Defects were found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	5	5	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	2	2	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	4	—	—	—
(b) Unsuitable or defective	26	25	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	37	36	—	1	—

Table 25.

## Outwork:

	Section 110			Section 111		
	No. of Outworkers in August list required by Section 110 (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
Wearing apparel:						
Making, etc.	159	—	—	—	—	—
Jewellery	27	—	—	—	—	—
Plastic Bags	18	—	—	—	—	—
Carding, etc. of Buttons, etc.	92	—	—	—	—	—
Stuffed Toys	14	—	—	—	—	—
Cosques, Christmas Stockings, etc.	11	—	—	—	—	—
Chocolates & Sweetmeats	29	—	—	—	—	—
Household Linen	1	—	—	—	—	—
<b>Total</b>	<b>351</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>

Table 26.

## RODENT CONTROL —

The following is a summary of the work for the year:

	TYPE OF PROPERTY			
	Local Authority	Dwelling Houses	Business etc.	Totals
Number of properties	219	55415	8441	64075
Number of complaints	—	1036	119	1155
Number of properties inspected	—	1244	225	1469
Found to be infested by rats,				
major	—	—	—	—
minor	—	—	—	—
Found to be infested by mice,				
major	—	—	—	—
minor	—	486	58	544
No. of properties treated	—	1060	136	1196

Table 27.

## Unsound Food Condemned 1965

Bacon	25 lbs.	Milk (fresh)	6 pints
Baked beans	19 tins	Milk	13 tins
Biscuits	185 pkts.	Milk Pudding	1 tin
Bread	2 loaves	Mincemeat	5 tins
Butter	14 lbs.	Pastry & pudding mixes	56 pkts.
Cakes	36	Peas	63 tins
Cereals	88 pkts.	Pigs' heads	30
Cheese	15 lbs.	Potato salad	3 tins
Chicken (fresh)	314 lbs.	Potatoes (crystals)	80 lbs.
Chicken	11 tins	Preserves	11 tins
Chocolate	140 bars	Ravioli	2 tins
Chocolate drink	1 tin	Rice	30 tins
Coffee	47 tins	Rusks	4 lbs.
Cream	219 tins	Sago	5 tins
Fish (wet)	749 lbs.	Salt	10 pkts.
Fish	47 tins	Sausages	11 lbs.
Flour	6 lbs.	Soft drink	2 tins
Fruit (fresh)	3,299 lbs.	Soft drink	1 bottle
Fruit	883 tins	Soup	92 tins
Fruit juice	83 tins	Tapioca	3 pkts.
Fruit pies	14 tins	Tea	35 pkts.
Ham	91 tins	Tomatoes	284 tins
Herbs	8 pkts.	Turkey (fresh)	400 lbs.
Macaroni	15 pkts.	Turkey	1 tin
Mangoes	215 pkts.	Vegetable salad	3 tins
Mangoes	115 tins	Vegetables (fresh)	176 lbs.
Meat (fresh)	5,631 lbs.	Vegetables	168 tins
Meat	433 tins	Vermicelli	1 pkt.
Meat cubes	288 pkts.	Vinegar	2 bottles
Meat pies (fresh)	3	Yams (fresh)	101 crates
Meat pies	13 tins	Yams	10 tins
<b>FROZEN FOODS</b>			
Beefburgers	424 pkts.	Meat	223 pkts.
Cheeseburgers	2 pkts.	Meat pies	116 pkts.
Chicken	38 qtrs.	Mousse	126 pkts.
Chickens (whole)	56	Pastries	34
Chicken pies	42 pkts.	Pastry	144 pkts.
Chips	128 pkts.	Peas	1,172 pkts.
Cream cakes	7 pkts.	Sausages	15 pkts.
Fish	799 pkts.	Sausage rolls	52 pkts.
Fishcakes	531 pkts.	Sponges	54 pkts.
Fruit	29 pkts.	Vegetables	797 pkts.
Hamburgers	87 pkts.		

Table 28.

## Analysis of Food and Drug Samples, 1965

Article	Formal	Informal	Complaint	Total	Formal	Informal	Complaint	Total
Baking Powder	1			1				
Beverage, Cocoa	2	3		5				
Biscuits		6		6				
Bread		1	5	6			5	5
Bread Rolls and Butter	2			2				
Cakes	5	7	1	13		1	1	2
Cereals	4	23	2	29		2	1	3
Cheese	1	15		16				
Cream Cheese	1	1		2	1	1		2
Coffee	12	6	1	19				
Colouring		3		3				
Confectionery	3	16		19				
Cream	13	15		28		2		2
Cream of Tartar		1		1				
Dessert Topping		6		6		1		1
Dietetic Food		1		1				
<i>Edible Fats and Oils</i>								
Butter	5	26		31				
Cooking Fat		1		1				
Dripping		2		2				
Lard		6		6				
Margarine		11		11				
Oil	1	4		5				
Suet	5	3		8	2	1		3
<i>Essences and Flavours</i>		3		3				
Fish Cakes		4		4				
Fish, canned	1	9		10	1	1		2
Fish, dried		3		3		1		1
Fish Paste		2		2				
<i>Fruit</i>								
Canned		10	1	11		1	1	2
Candied		1		1				
Cocktail cherries	2	1		3				
Dried	6	9		15		1		1
Fresh		13	1	14				
Juice		12		12				
Glaze		3		3				
Tomatoes, canned		2	1	3			1	1
Tomato Juice		1		1				
Tomato Paste		1		1				
Gravy Mixes	1	3		4	1			1
Herbs and Spices	10	43		53	2	5		7
Honey	2			2				
Ice Cream	17			17	1			1
Infant Food		4		4				
Jams and Preserves	14	13	1	28			1	1
Jelly		7		7		1		1
Macaroni Product		1		1				
Marzipan	5	1		6				
<i>Meat and Meat Products</i>								
Meat	1	13	1	15				
Meat, canned	2	33	1	36	3	4	1	8
Meat Paste		2		2				
Meat Pie		2	1	3			1	1
Meat Pudding		4		4				
Meat Products	2	8		10				
Sausages	7	10		17	3	2		5
Sausage Roll		1		1				
Carried forward	125	376	16	517	14	24	12	50



Table 28 (contd.)

Article	Formal	Informal	Complaint	Total	Formal	Informal	Complaint	Total
Milk	31	43		74				
Buttermilk		1		1				
Milk Bottles			3	3			3	3
Milk, condensed		2		2				
Milk, evaporated		3		3				
Milk, Plant		1		1		1		1
Milk Powder		1		1				
Nuts and seeds	5	14		19		1		1
Pastry Mix		1		1				
Pickles and Sauces	3	18		21		4		4
Pie Fillings		7		7		2		2
Puddings, flour		3		3				
Puddings, milk, canned		4	1	5			1	1
Rennet		1		1				
Rice, flavoured		1		1				
Salad Cream	3	3		6				
Soft Drinks	10	34	2	46			2	2
Soup, canned		6		6				
Soup mixes		4		4				
<i>Spirits</i>								
Brandy	1			1				
Gin	11			11				
Rum	1			1				
Vodka	4			4				
Whisky	39			39				
Spreads, savoury	1	10	2	13		1		1
Stuffing	2			2				
Sugar, brown		3		3				
Sweetener, artificial		1		1				
Tea	14	9		23				
Vegetables, canned	1	26	1	28		2		2
Vegetables, dried		8		8				
Vegetable Juice		1		1				
Vegetable Salad		1		1				
Vinegar		5		5				
Non-Brewed Condiment		1		1				
Wine	21	3		24				
Yeast Tablets		1		1				
Yoghurt		2		2		1		1
<i>Drugs</i>								
Aspirin Tablets		1		1				
Borax Powder		1		1				
Cascara Tablets	1			1				
Cough Sweets	1			1				
Glycerine		2		2				
Lung Mixture		1		1				
Pain Relief Tablets		1		1				
Throat Sweets	1			1				
Brought forward	125	376	16	517	14	24	12	50
<b>Totals</b>	<b>275</b>	<b>600</b>	<b>25</b>	<b>900</b>	<b>14</b>	<b>36</b>	<b>18</b>	<b>68</b>

Table 29.

## Service Laundry — Items dealt with in 1965

	Cleansing Centre Scotts Road	Disinfecting Station Townmead Road	Luncheon Clubs	Chiropody Clinics	Medical Room	Information Officer Town Hall	Mortuary	Civil Defence	Dust Destructor Townmead Road	Other laundry	Totals
Towels, Roller							93	6	77		176
Bath	982	478							522		1982
Hand	2031	927	89	245	173		166				3631
Tea	93		2063		69			4			2229
Coats, Coloured			62				81	15			158
White	391	119	4	149	41			2			706
Sheets					75	234	27				336
Blankets					33	4		10			47
Pillow slips					84	101					185
Quilts										5	5
Gowns, Pathologist							73				73
Dressing					31						31
Aprons			32								32
Boiler suits	75	147							24		246
Other clothing								38		337	375
Dusters	82				28						110
Bandages								57			57
Sundries										450	450
TOTALS	3654	1671	2250	394	534	339	440	132	623	792	10829

Table 30.

## Health Laundry

The striking manner in which the demand for this service has increased is illustrated in the monthly table for the new Borough for the period 1st April, 1965, to 31st December, 1965. The increased demand between the first and final month was nearly 50%.

The combined figures for the whole of the year show that 117,455 articles were collected and delivered:—

Figures for the Metropolitan Boroughs from 1st January to 31st March, 1965

	HAMMERSMITH	FULHAM
Fouled laundry service:		
Number of persons served	118	75
Collections	1721	796
Articles laundered	18033	10950
Spraying of premises:		
For disinfection		
Premises	2	16
Rooms	6	18
Disinfestation		
Premises	23	24
Rooms	57	40
Personal cleansings:		
Number of individuals	121	23
Treatments	189	32
Steam sterilisation:		
From private property		
Requests	13	24
Number of articles	303	749
West London Hospital		
Requests	36	
Articles	246	
Assisted bathing of infirm persons:	11 persons 82 bathings	No service operating

Table 31.

## Service for Fouled Laundry

Summary for the 9 months April to December, 1965. These figures are the combined totals from the laundries both at Fulham and Shepherds Bush.	Number of cases on the list on 1st April Cases continuing on the list 31st December Persons served during this period Total number of collections in the 9 months Total number of articles laundered Average number of articles per collection						145 180 313 7478 88472 11.8		
MONTHLY SUMMARIES:	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Cases on the list on first day of month	145	149	152	153	165	169	177	180	184
New cases started during the month	26	20	19	26	11	16	17	19	14
Requests to restart discontinued cases		2	3	5	13	5	6	7	4
Total number of persons served each month	171	171	174	184	189	190	200	206	202
Requests received but no action taken		3						1	2
Laundry service discontinued	22	19	21	19	20	13	20	22	22
Cases on the list on last day of month	149	152	153	165	169	177	180	184	180
Total number of collections	636	697	696	733	744	959	888	1084	1011
Number of articles laundered	8247	8313	8227	8337	8539	11741	10202	12744	12122

Table 32.

## Steam Sterilisation — Requests made and articles sterilised, 1965:

Requests		Mattresses	Pillows	Quilts	Blankets	Sheets	Pillow Slips	Towels	Dressing Gowns	Other Clothing	Sundries	Totals
71	West London Hospital	86	337								84	507
7	Fulham Hospital	31	112	8	5	29		10		120	74	389
20	Hurlingham Lodge			49	43	547	539	515		608		2301
39	Parsons Green Clinic								232			232
12	Stamford House		27	2	31	18		10		157	23	268
1	Olympia	325										325
39	Other requests	34	69	15	81	22		1		349	627	1198
189	Totals.	476	545	74	160	616	539	536	232	1234	808	5220

Table 33.

## Disinfestation

The following table indicates the variety of work under this section, 1965:

	Premises	Rooms		Premises	Rooms
Bed bugs	125	231	Ants	10	14
Fleas	15	32	Flies	2	3
? insects	13	26	Silverfish	1	3
Cockroaches	12	22	Clover mite	1	1
Dirty premises	11	19	Pigeon mite	1	1
Lice	10	37	Weevils	1	1
Maggots	4	5			

Totals: Premises—206; Rooms—395; Wasps—49 nests.



Table 34.

**Domiciliary Midwifery:**

Number of confinements:	
a) Borough Midwives .....	397
b) Hospital districts .....	108
Ante-natal and post-natal sessions	
First attendances this year (1965)	
a) Ante-natal cases .....	1,248
b) Post-natal cases .....	9
Total attendances .....	4,742
Number of premature infants born during 1965 .....	350
Number of premature infant deaths under one month .....	48

Table 35.

**Health Visiting:**

First visits to:	
a) Children born in 1965 .....	4,498
b) Children born in 1964 .....	5,513
c) Children born in 1960-63 .....	10,066
d) Persons aged 65 and over .....	255
e) Mentally disordered persons .....	125
f) Persons discharged from hospital (other than Mental Hospitals) .....	341
g) Infectious households (other than TB) .....	119
Total visits (including 13,838 unsuccessful) .....	70,340

Table 36.

**Family Planning Sessions:**

First attendances .....	465
Total attendances .....	1,445
Mothercraft and Relaxation Sessions:	
Total attendances .....	1,454

Table 37.

**Child Welfare and Toddlers Sessions:**

First attendances this year of children	
a) Born in 1965 .....	3,436
b) Born in 1964 .....	2,507
Total attendances at	
a) Child Welfare Sessions .....	44,042
b) Toddlers Sessions .....	4,864

Table 38.

**Vaccination and Immunisation:**

Smallpox	- Vaccinations .....	1,948
	- Re-vaccinations .....	75
Diphtheria	- Primary Course .....	3,723
	- Reinforcing injections .....	5,143
Whooping Cough	- Primary Course .....	3,022
	- Reinforcing injections .....	2,262
Tetanus	- Primary Course .....	3,851
	- Reinforcing injections .....	4,425
Polio-myelitis	- Primary Course .....	4,394
	- Reinforcing doses .....	1,627

Table 39.

**Home Nursing:**

New patients visited-	
a) Medical .....	2,801
b) Surgical .....	529
c) Tuberculosis .....	108
d) Maternity .....	84
e) Mental ill-health .....	6
Total visits .....	110,615

Table 40.

## Day Nurseries:

Borough Day Nurseries .....	7
No. of approved places .....	373
Average daily attendance .....	306
% of occupation .....	82%
Total attendances .....	79,972

## Creches:

No. of creches .....	2
Number of sessions held .....	256
Total attendances .....	4,071

Table 41.

## Child Minders—voluntarily registered:

Number minding children at end of year .....	44
Number of children minded at end of year .....	63

## Child Minders—Statutorily registered:

Number minding children at end of year .....	22
Number of children minded at end of year .....	100

## Statutorily Registered Private Day Nurseries:

No. of premises registered .....	3
No. of places authorised .....	54

Table 42.

## Home Help Service:

## Number of cases receiving service at end of year:

Maternity .....	2
Tuberculosis .....	35
Chronic Sick .....	149
65 years and over .....	1,610
Others .....	44

Table 43.

## Tuberculosis:

## Number of cases at end of year receiving:

Home Help .....	35
Home Nursing .....	42
Extra nourishment .....	46

Number of Home Visits by Health Visitors attached to Chest Clinics ..... 4,276

Table 44.

## Foot Clinics:

Total attendances .....	18,338
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Table 45.

## Recuperative Holidays:

Type of Case	Admitted to Homes during 1965	Being dealt with at end of 1965
Expectant and nursing mothers	3	8
Other adults including tuberculous persons	93	51
Psychiatric cases	10	4
Accompanied children	33	20
Unaccompanied children (normally placed by L.L.E.A.)	129	87
Totals for year 1965	268	170

Table 46.

## Examination of Blind and Partially-Sighted persons:

No. of domiciliary examinations during year .....	27
No. of domiciliary re-examinations during year .....	21
No. of certificates accepted from other local authorities, hospitals, and private ophthalmologists .....	2



Table 47.

**Mental Health:**

No. of referrals—		
a)	Mentally ill .....	597
b)	Sub-normal (severely sub-normal) .....	56
Total	.....	653
No. initially admitted to hospital:		
a)	Informally .....	81
b)	Compulsorily .....	220
Total	.....	301
Final arrangements made:		
a)	No further action .....	87
b)	Hospital care .....	301
c)	Community care .....	157
Total	.....	545

Table 48.

**Dental Treatment for expectant Mothers and Children under 5 years of age:**

	No. of persons examined	No. of persons who commenced treatment	No. of courses of treatment completed
Expectant Mothers	149	142	66
Children under 5 years	185	150	168

Table 49.

**Facilities provided for General Practitioners:**

Sessions held by G.P.'s in Council Clinics ante and post-natal .....	208
Infant Welfare Sessions at G.P.'s surgeries attended by Borough Staff .....	95

Table 50.

**Medical arrangements for long-stay immigrants:**

Country where passport was issued	Immigrants Notified	Visits		Total
		Successful	Unsuccessful	
Commonwealth countries	715	429	471	900
Non-Commonwealth countries	82	62	26	88
Totals	797	491	497	988

Table 51.

**Tracing of V.D. Contacts June/Dec. 1965:**

Patients referred		240	
Total visits		470	
Brought in	— 24	False address	— 33
Attended	— 107	Moved	— 27
Treated elsewhere	— 9	Failed to see	— 3
Successful	— 140	Seen—refused to attend	— 7
	Successful	— 140	
	Failed	— 70	
	Still outstanding—	30	
Total Patients referred:		240	

Table 52.

**Home Help Service:**

Staff at 31st December, 1965:		
Organising and Clerical .....		9
Home Helps, Full-time .....		50
Part-time .....		223
		<u>282</u>
Numbers receiving service at December 31st., 1965:		
Maternity .....		2
Tuberculosis .....		35
Chronic Sick .....		149
65 years and over .....		1610
Others .....		44
		<u>1840</u>



Table 53.

## WEEKLY PROGRAMME OF MATERNITY AND CHILD WELFARE SESSIONS, CRECHES AND FOOT CLINICS, 1965

CLINIC		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	EVENING SESSIONS
BECKLOW GARDENS WELFARE CENTRE	A.M.	W.F.	Ante-Natal (W.F. for A/N patients only)	Toddlers	Vaccination/ Immunisation	Infant Welfare W.F.	
	P.M.	Parentcraft Relaxation	Infant Welfare W.F.	Infant Welfare W.F.	Ante-Natal (W.F. for A/N patients only)	Infant Welfare W.F.	
BURNE JONES WELFARE CENTRE North End Road, W.14. (EMP 0233)	A.M.		Toddlers				
	P.M.	Infant Welfare W.F.	Vaccination/ Immunisation W.F.	Ante-Natal W.F.	Infant Welfare W.F.	Special Clinic for backward children 1st Friday in month, and additional sessions as necessary	
GLENTHORNE ROAD WELFARE CENTRE 48 Glenthorne Road W.6. (RIV 5459)	A.M.		Toddlers Creche W.F.	Vaccination/ Immunisation Creche W.F.	W.F.	Relaxation Mothercraft Creche W.F.	
	P.M.	Infant Welfare W.F.	Ante-Natal Midwives G.P.O. Session W.F.	W.F.	Infant Welfare W.F.	Ante-Natal Creche W.F.	Ante-Natal—Monday (W.F. for A.N. patients only) Family Planning Thursday
GREYHOUND ROAD WELFARE CENTRE 90/92 Greyhound Rd. W.6. (FUL 0703)	A.M.		Vaccination/ Immunisation W.F.	Infant Welfare W.F.	Toddlers W.F.	Ante-Natal W.F.	
	P.M.	Infant Welfare W.F.	Family Planning	Relaxation Mothercraft	Ante-Natal Midwives GPO Session	Infant Welfare	

Table 53 (contd.)

CLINIC		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	EVENING SESSIONS
MILSON ROAD WELFARE CENTRE 1/3 Milson Road W.14. (603 5292)	A.M.		W.F.	Toddlers W.F.	Infant Welfare W.F.	Ante-Natal W.F.	
	P.M.	Ante-Natal W.F.	Infant Welfare W.F.	Relaxation Vaccination/ Immunisation W.F.	Infant Welfare W.F.	W.F.	
PARSONS GREEN WELFARE CENTRE 5/7 Parsons Green, S.W.6. (REN 1515)	A.M.	Infant Welfare Family Planning W.F.	Relaxation Mothercraft W.F.	Ante-Natal Toddlers W.F.	Family Planning Dental W.F.	Infant Welfare W.F.	
	P.M.	Infant Welfare Vaccination/ Immunisation W.F.	Infant Welfare W.F.	Infant Welfare Vaccination/ Immunisation Dental W.F.	Ante-Natal Midwives GPO Session W.F.		
QUEEN CHARLOTTE'S HOSPITAL Goldhawk Road W.6 (RIV 4666)	A.M.						
	P.M.		Infant Welfare W.F.				
WANDSWORTH BRIDGE ROAD WELFARE CENTRE 170 Wandsworth Bridge Road, S.W.6. (REN 1494 & 2490)	A.M.		Infant Welfare W.F.		Toddlers (fortnightly)	Infant Welfare W.F.	
	P.M.		Infant Welfare W.F.	Mothers Club	Vaccination/ Immunisation		
WESTWAY WELFARE CENTRE THE CURVE, W.12. (SHE 1738)	A.M.	Special investiga- tion clinic (School children)	Immunisation/ Vaccination W.F.	Ante-Natal W.F.	Infant Welfare W.F.	Ante-Natal W.F.	
	P.M.	Infant Welfare W.F.	Ante-Natal and Midwives GPO Session W.F.		Infant Welfare W.F.	Toddlers (1st 3 Fridays in month) W.F.	

Table 53 (contd.)

CLINIC		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	EVENING SESSIONS
706 FULHAM ROAD S.W.6 (REN 6070)	A.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Monday—Foot Clinic Tuesday—Foot Clinic Wednesday—Foot Clinic Thursday—Foot Clinic
	P.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	
48 Glenthorne Road W.6 (RIV 5459)	A.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic		
	P.M.	Foot Clinic	Foot Clinic		Foot Clinic	Foot Clinic	
ST. DUNSTAN'S S.T.C. Captain Marryat School W.6 (RIV 0152)	A.M.	Foot Clinic	Foot Clinic	Foot Clinic		Foot Clinic	Wednesday—Foot Clinic Friday—Foot Clinic Immunisation 2nd/4th Tuesday in Month
	P.M.	Foot Clinic	Foot Clinic	Foot Clinic		Foot Clinic	
207 Westway W.12 (SHE 6469)	A.M.						
	P.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	
18 Bagley's Lane S.W.6 (REN 2856)	A.M.	Foot Clinic		Foot Clinic	Foot Clinic	Foot Clinic	Monday—Foot Clinic
	P.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Thursday—Foot Clinic
HAMMERSMITH BATHING CENTRE, Scotts Road, W.12. (SHE 2438)	A.M.	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	
	P.M.						
2/6 Fulham Broadway S.W.6 (FUL 1212)	A.M.		Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	
	P.M.		Foot Clinic	Foot Clinic	Foot Clinic	Foot Clinic	
BISHOP CREIGHTON HOUSE, Lillie Road, S.W.6 (FUL 4225)	A.M.		Foot Clinic				Monday—Foot Clinic
	P.M.						
BRITISH RED CROSS SOCIETY, 52 New Kings Road, SW6 (REN 3234)	A.M.					Foot Clinic	
	P.M.		Foot Clinic		Foot Clinic		



Table 54.

## Family Casework for 1965

Families receiving casework help on 1.1.65 .....	18
Families accepting casework help during 1965 .....	17
<b>Total</b> .....	<b>35</b>
 Families still receiving casework help on 31.12.65 .....	 24
Families which ceased to have casework help during 1965 for these reasons:	
A. Satisfactory — no further need .....	3
B. Unable to benefit .....	5
C. Break-up of family .....	2
D. Eviction of family .....	1
<b>Total</b> .....	<b>11</b>
Casework help available during 1965 was equivalent of 1½ caseworkers i.e. one full-time caseworker and two part-time caseworkers giving approximately a quarter of a working week each.	
Approved case-load is 10–15 families.	
Families referred by:	
Education Department (Divisional School Care Organiser) .....	10
G.L.C. Housing Department .....	6
Metropolitan Borough Housing Dept. before 1.4.65 .....	6
Ministry of Pensions .....	1
General Practitioner .....	1
Psychiatric Social Worker .....	1
Principal Nursing Officer .....	6
Principal Mental Health Social Worker .....	1
Chief Public Health Inspector .....	1
Medical Officer .....	1
Administrative Officer .....	1
<b>Total</b> .....	<b>35</b>

Table 55.

## Welfare Services—National Assistance Act, 1948.

Persons in residential accommodation on 31st December 1965:

		Persons (exclusive of staff) residing in:				
		Council residential homes in which the number of beds is			Accommodation provided on behalf of the Council by Voluntary organisations	Total
		less than 35	35–70	over 70		
		a	b	c	d	e
Not materially handicapped	Elderly	20	71	—	103	194
	Others	1	2	—	—	3
Handicapped, including blind, deaf, epileptic and others.	Elderly	4	49	66	48	167
	Others	—	—	3	38	41
Mentally handicapped	Elderly	—	5	14	5	24
	Others	—	—	—	2	2
Grand Total		25	127	83	196	431

Number of homes in which these persons resided	1	3	1
--	---	---	---

Persons accommodated on behalf of other Councils & included above	Elderly	Others
	9	—
Persons accommodated by other Councils for London Borough of Hammersmith	242	1

Table 56.

## Persons in temporary accommodation on 31st December, 1965:

	Persons (exclusive of staff) residing in Council premises used only for temporary accommodation		Total
Over age 16	Because of eviction	29	29
	For other reasons	132	132
Children accompanied by persons over age 16.	Because of eviction	59	59
	For other reasons	234	234
Grand Total		454	454

Table 57.

## Registration of Old Persons' &amp; Disabled Persons' Homes:

Types of Home	Homes on the Register on 31.12.1965	
	Number of Homes	Number of residents for whom provision made.
For old persons	1	96
For disabled persons	1	3
Total	2	99

Table 58.

## Registration of Handicapped Persons on 31st December, 1965:

	Aged under 16	Aged 16 – 64	Aged 65 plus
Deaf with speech	—	4	6
Deaf without speech	2	9	1
Hard of Hearing	—	2	7
Generally Handicapped	4	353	326
Total	6	368	340

Table 59.

## Children in Care of the London Borough of Hammersmith at 31st December 1965.

	Boys	Girls	Total
Manner of accommodation of children in care:			
Boarded Out .....	56	62	118
In Lodgings .....	6	4	10
In residential employment .....	1	3	4
Local Authority Children's Homes:			
Reception Homes with special facilities .....	10	5	15
Reception Homes without special facilities .....	—	—	—
Residential Nurseries .....	16	12	28
Homes for not more than 10 children .....	16	18	34
Other Children's Homes .....	68	44	112
Total	173	148	321
Voluntary Homes:			
Boarding Homes or Boarding Special Schools for children	74	54	128
ascertained as handicapped .....	31	15	46
Hostels .....	1	6	7
Committed to the care of a Local Authority as fit person and			
allowed to be under the charge and control of a parent,			
guardian, relative or friend. ....	33	18	51
Other Accommodation .....	54	39	93
Total number of children in care	366	280	646
Percentage Boarded Out:	15%	22%	18%
Age Groups of Children in Care:			
Under two years .....	51	28	79
Two years but not of compulsory school age .....	51	49	100
Of compulsory school age .....	204	148	352
Over compulsory school age .....	60	55	115
Total	366	280	646

Table 60.

## Reasons why children came into care:

No parent or guardian .....	1
Abandoned or lost .....	7
Death of mother, father unable to care .....	3
Deserted by mother, father unable to care .....	31
Confinement of mother .....	51
Short-term illness of parent or guardian .....	96
Long-term illness of parent or guardian .....	33
Tuberculosis contact .....	—
Child illegitimate and mother unable to provide a home .....	28
Parent or guardian in prison or remanded in custody .....	3
Family homeless because of eviction .....	3
Family homeless through a cause other than eviction .....	2
Unsatisfactory home conditions .....	30
Fit Person Orders — offenders .....	4
Fit Person Orders — non-offenders .....	18
Under Section 5(1) of the Matrimonial Proceedings (Children) Act, 1958 .....	—
Under Section 2(1) of the Matrimonial Proceedings (Magistrates' Court) Act, 1960 .....	—
Other reasons .....	54
Total	364



Table 61.

## Age grouping on coming into care:

Aged under two years .....	130
Aged two years but not of compulsory school age .....	117
Of compulsory school age .....	108
Over compulsory school age .....	9
<b>Total</b> .....	<b>364</b>

Table 62.

## Reasons why children went out of care:

Care taken over by parent, guardian, relative or friend .....	267
Adopted .....	10
Emigrated .....	1
Attained the age of eighteen .....	21
Died .....	1
By revocation of an Order under Section 5(8) of the Matrimonial Proceedings (Magistrates' Courts) Act, 1960 .....	—
Other reasons .....	12
<b>Total</b> .....	<b>312</b>

## Notes:

1. Included in the total in care: children who were the subject of a Fit Person Order .....	162
2. Included in the total boarded out:	
(a) boarded out with a relative .....	21
(b) boarded out with a relative with whom they were already living .....	10
3. Supervised by Local Authorities:	
(a) under the child protection provisions of the Children Act, 1958 .....	61
(b) under Part IV of the Adoption Act, 1958. With the exception of some children supervised under Part IV of the Adoption Act 1958, these children were not in care ....	38
<b>Total</b> .....	<b>99</b>

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