

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

Contributors

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LONDON BOROUGH OF HAMMERSMITH



ANNUAL REPORT OF THE

MEDICAL OFFICER OF HEALTH

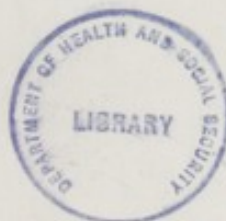
AND DIRECTOR OF SOCIAL SERVICES

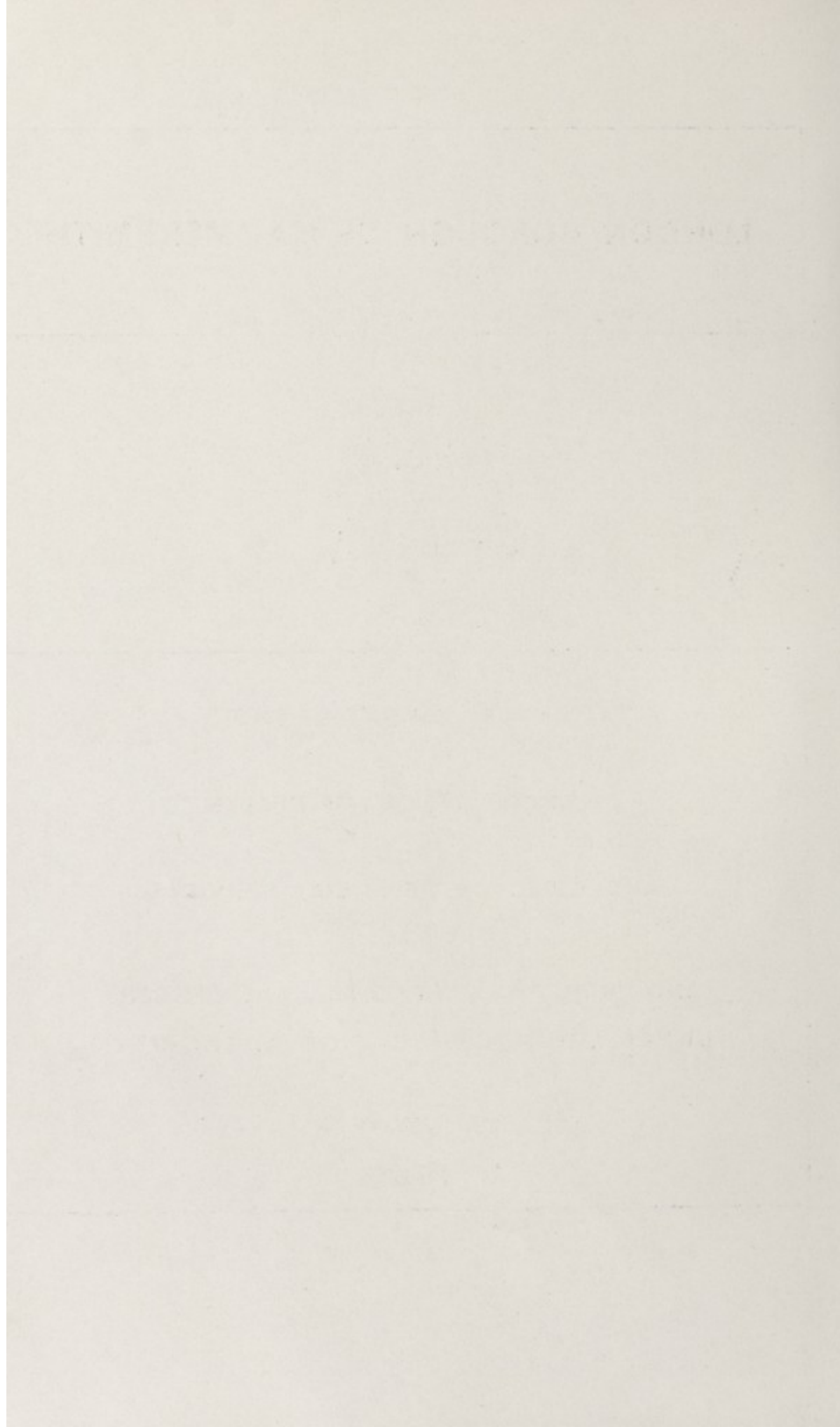
AND PRINCIPAL SCHOOL MEDICAL OFFICER

(INNER LONDON EDUCATION AUTHORITY)

FOR THE YEAR

1967





MOH. Hammersmith Local Boro '87.
Annual Rpt- 1967. IV

27 OCT 1971 Wbatts D415.

28 OCT 1971

LONDON BOROUGH OF HAMMERSMITH



ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
AND DIRECTOR OF SOCIAL SERVICES
AND PRINCIPAL SCHOOL MEDICAL OFFICER
(INNER LONDON EDUCATION AUTHORITY)
FOR THE YEAR
1967

LONDON BOROUGH OF HAMMERSMITH



One of the Council's modern day nurseries at Latimer Road



The Chief Dental Officer & Principal School Dental Officer handing round apples to some of the young and very enthusiastic members of the "Apple Club"

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LONDON BOROUGH OF HAMMERSMITH
Health Committee, December, 1967

Ex-Officio: The Worshipful The Mayor
Councillor Mrs. C.J. Liardet, J.P.

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

VICE-CHAIRMAN:
Councillor S.A. Matthews

Alderman J.F. Heaks

Councillors:

Miss B.Boothroyd
J.M.Browning
J.Bull
Miss P.M.Cooper
Mrs. E.D.Freeman
L.W.Freeman
L.M.Heading

Mrs. D.M.Heaks
Mrs. M.J.Noyes
H.H.Perlin
Mrs. E.Sears
G.E.C.Simpson
J.A.Tagg
S.E.Ward

Co-opted Member:
Dr.O.Moses
(Representing Inner London Local Medical Committee)

**LONDON BOROUGH OF HAMMERSMITH
Welfare Committee, December, 1967**

**Ex-Officio: The Worshipful The Mayor
Councillor Mrs. C.J. Liardet, J.P.**

CHAIRMAN:
Councillor Mrs. G. Dimmick, J.P., B.Sc., A.R.I.C.

VICE-CHAIRMAN:
Councillor L.W. Freeman

Councillors:

J.C. Beckett
A. Belsham, F.Inst.D.
R. Beresford
J.H. Clark
H.D. Duff
Mrs. E. Freeman
Mrs. M. Havelka

Mrs. D.M. Heaks
A. Ingram
I.M. Jordan
S.H. Knott
Mrs. B. Little
S.A. Matthews
Mrs. E. Sears

L.W. Stanley

LONDON BOROUGH OF HAMMERSMITH
Children's Committee, December, 1967

Ex-Officio: The Worshipful The Mayor
Councillor Mrs. C.J. Liardet, J.P.

CHAIRMAN:
Councillor T.M. Cox

VICE-CHAIRMAN:
Councillor Mrs. E. Freeman

Alderman J.F. Heaks

Councillors:

J.C. Beckett
A. Belsham, F.Inst.D.
J.H. Clark
Miss P.M. Cooper
L.W. Freeman
Mrs. R.J. Hounscome
M. House

L.S. Jones, A.R.Ae.S., F.B.I.S.
I.M. Jordan
D.T. King, B.Sc.(Econ.)
D.R.P. Murray, M.A., Ph.D.
J.A. Tagg
C. Van Gelderen
S.E. Ward

Old Town Hall,
Fulham Broadway,
S.W.6.

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

Tel.No. 01-385-1212

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health and Director of Social Services of the London Borough of Hammersmith for the year 1967.

Introduction

With the agreement of the Inner London Education Authority a report on the School Health Service in the Borough during 1967, 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 Director of Social Services has responsibilities in regard to the Welfare and Children's Services, reports on these services are also set out.

Reports on the Public Cleansing Service, Housing Service, Library Service, Baths and Laundry Service, and Parks and Cemeteries Service, are also included insofar as they have particular significance to the Health and Social Services.

The report itself contains detailed information of the work in each section of the various services. In this prefatory letter therefore attention is only drawn to one or two matters which it seems appropriate to highlight at the present time.

Vital Statistics and Infectious Disease

The indices of the health of the community as shown by the vital statistics and incidence of infectious disease which are presented in the report were generally satisfactory. The infant mortality rate which is the number of deaths of infants under one year per thousand total live births was 16.3. The infant mortality rate continues to be of some significance in assessing the health and well-being of the residents in a particular area. A figure at this level serves as an encouragement to the work which is being done in the Borough in the maternity and child welfare field.

Environmental Health

On the Environmental Health side it is most gratifying that the work in connection with the last Smoke Order was completed on the 1st June, 1967 so that the London Borough of Hammersmith became the first London Borough to be an entirely Smoke Control area. In addition, a great deal of attention was given to industrial smoke emissions. The benefits to health which are derived from clean air are well known. An even more significant health dividend would be obtained if the amount of smoke inhaled by many people in Hammersmith was restricted by a substantial reduction in cigarette consumption.

The chemical analysis of the water which is consumed daily in Hammersmith indicates that the water contains naturally 0.3 parts per million of fluoride. To adjust this concentration of fluoride to 1 part per million would, over the years, bring great benefit to the dental state and therefore to the general health of Hammersmith children. A long-term cost benefit analysis setting the cost of fluoridation on the one hand against the reduction in the overall cost of the dental services which would result would amply justify such a comparatively minor modification of the concentration of this natural constituent of the water supply.

The up-to-date position insofar as the Metropolitan Water Board is concerned is that the Board is being recommended by its Water Examination Committee not to treat supplies with fluoride until all the 35 local health authorities in its area are in favour of such a step. The Board supplies 6,100,000 people with water; the 11 authorities which are against fluoridation have a population of only 1,500,000.

Health Education.

Health education continued to be an important aspect of the work of the Health Service and was an important element in the work of many of the staff, including the Health Visitors and Public Health Inspectors. The Health Education service continued to be active.

Dr. J.L. Fluker, Consultant Venereologist at the West London Hospital, points out that in common with the national trend, attendances at his clinic increased during the year, and makes a plea for even more health education in the field of sexually-transmitted infections. Since many people, particularly women, can suffer from these conditions without recognisable symptoms, it is important that everyone should be aware that, if they have placed themselves at risk, they are very welcome to present themselves at the clinic for examination in the certain knowledge that they will be investigated and if necessary treated, in absolute confidence.

Conclusion

I should like to thank the Chairman and Members of the appropriate Committees for their continued interest in the Health, Welfare, and Children's Services.

I should like to thank also the Town Clerk and the other Chief Officers and their staffs for their help throughout the year.

It was again a pleasure to be associated in the administration of the School Health Service with Dr. A.B. Stewart, Medical Adviser to the Greater London Council and the Inner London Education Authority, and his staff, for whose help I am most grateful.

Thanks are also due to the Public Analyst, the Consultant Chest Physicians, and the Consultant Venereologist, for their contributions to this report.

My very sincere thanks are due to the staff of the Health, Welfare, and Children's Services for their enthusiastic work throughout the year. I should like to pay particular tribute to the Welfare Officer and the Children's Officer for their co-operation, as well as to all the senior officers in the Health and Social 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 Director of Social Services,

LONDON BOROUGH OF HAMMERSMITH
Staff of Health Services at
31st December, 1967.

Medical Officer of Health, Director of
Social Services, Principal School Medical
Officer:

Dr. A.D.C.S. Cameron, M.B. Ch.B., D.P.H.

Deputy Medical Officer of Health:
Dr. Margaret Cran, M.A., M.B. Ch.B., D.P.H.

Senior Medical Officer:
Dr. Isabella Hood, M.B.Ch.B., D.C.H.

Senior Medical Officer:
Dr. J.J. Troy, M.B.B.Ch., B.A.O., D.R.C.O.G.,
D.P.H.

Assistant Medical Officers:
Dr. F. Austin, M.R.C.S. L.R.C.P.
Dr. Margaret Capra, M.R.C.S. L.R.C.P., D.P.H.
Dr. Mona Gwynne-Jones, M.B. Ch.B.

Dr. Anne MacDonald, M.B. Ch.B., D.C.H.
Dr. Joan McMichael, M.B. Ch.B.
Dr. Ann Neil, M.B. Ch.B.

Sessional Assistant Medical Officers equivalent
to 6 full-time.

Administrative Officer:
S.G. Bennett

Assistant Administrative Officer:
J.E. Burton, D.F.M.

Chief Administrative
Assistant:
Vacancy

Chief Administrative
Assistant:
G.W. Nickolls

Chief Administrative
Assistant:
G.C. Smith

Senior Administrative
Assistants:
R. Davis,
Miss M. Steerwood, S.R.N.

Principal Administrative
Assistant:
J. Chance, A.I. Hous.,
Dip. R.I.H.H.

Principal Administrative
Assistant:
R. Bolton

Administrative & Clerical Staff: Full-time 84 and Part-time 5

Chief Public Health Inspector:
G.W. Herrick, M.B.E., D.P.A.,
Stat.Cert., M.F.Cert.

Deputy Chief Public Health Inspector
J.G. Tompkins, D.M.A., Stat. Cert.,
M.F. Cert., S.I. Cert.

Senior Public Health Inspectors:
J. Beagle, Stat. Cert., M.F. Cert., S.I. Cert.
F. Brackfield, Stat. Cert., M.F. Cert.
D. Brisk, Stat. Cert., M.F. Cert.
A. Clegg, Stat. Cert., M.F. Cert.

J. Collier, Stat. Cert., M.F. Cert., S.I. Cert.
B. Denyer, Stat. Cert., M.F. Cert.
A. Newport, Stat. Cert., M.F. Cert., S.I. Cert.
S. Thelner, Stat. Cert., M.F. Cert.

F. Walsh, Stat. Cert., M.F. Cert.

Public Health & Student Inspectors: Full-time 22

Staff of Health Services - continued

Chief Dental Officer:
C. Howard, B.D.S., L.D.S.

Dental Officers:
Y. Pradhan, L.D.S.
Miss M. Stone, L.D.S., B.D.S.

Sessional Dental Officers equivalent to 2 full-time.

Principal Nursing Officer:
Miss J. Surr, S.R.N., S.C.M., H.V.

Deputy Principal Nursing Officer:
Miss O. Morgan, S.R.N., S.C.M., H.V.

Assistant Principal Nursing
Officer:
Mrs. J. Cooper, S.R.N., S.C.M.,
N.N.E.B.

Assistant Principal Nursing
Officer:
Miss B. Fitzmaurice, S.R.N.,
S.C.M., H.V.

Assistant Principal
Nursing Officer:
Miss A. Kennedy, S.R.N.,
S.C.M., Q.I.D.N.

Centre Superintendents,
Midwifery, Health & Student
Health Visitor, Home Nursing &
other staff: Full-time 88 Part-time 3

Clinic, Day Nursery, School Nursing,
Creche, Home Help, & other staff:
Full-time 123 Part-time 4

Principal Mental Health Social Worker:
Miss M. P. Docherty, Dip.Soc.Studies.

Deputy Principal Mental Health Social
Worker: C.W. Swanson, S.R.N., R.M.N.,
Cert.Soc.Work.

Mental Health, Social Work, Training & Day Centre Staff:
Full-time 24 Part-time 1

Senior Social Worker (Health):
Miss F.B. Greig, Cert.Soc. Science.

Deputy Senior Social Worker (Health):
Mrs. S. Hutchings, Dip. Social Studies.

Family Case & Social Workers:
Full-time 5 Part-time 1

Chief Chiropodist:
M.W. Long, M.Ch.S., S.S.R.Ch.

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

Health Education & Home Safety Officer:
V.T. Searle-Jordan.

Other Officers:
Chiropodists, Cleansing Station Staff, Dental Auxiliary & Surgery, Dieticians, Escort, Home
Bathing, Mortuary, Technical, Administrative, Clerical and Typing Staff:
Full-time 30 Part-time 13

Consultant Staff:
The following are consulted in their professional capacities and their Reports appear later in this
Report:

T. McLachlan, D.C.M., A.C.G.F.C.,
F.R.I.C., F.I.F.S.T., M.I.Biol., (Public Analyst)

Dr. J.L. Fluker, M.D., F.R.C.P.,
Director, Special Clinic, West London
Hospital.

Dr. H. Price, M.R.C.S. L.R.C.P., D.P.H.
Consultant Physician, Fulham Chest Clinic

Dr. P. Stradling, M.D., F.R.C.P.
Consultant Physician, Hammersmith Chest
Clinic

LONDON BOROUGH OF HAMMERSMITH

Staff of Welfare Services

at 31st December, 1967.

Medical Officer of Health, Director of Social Services

& Principal School Medical Officer:

Dr. A.D.C.S. Cameron, M.B.Ch.B., D.P.H.

Welfare Officer:

J. Davidge, F.I.S.W.

Administrative Officer:

S.G. Bennett

Deputy Welfare Officer:

Miss I. Robertson, A.I.S.W., Dip.Soc., M.R.S.H.

Chief Administrative Assistant:

A. Richmond

Principal Social Worker:

H. Skewes, Cert.Soc.Science, C.T.C.

Letter of Recognition

Principal Administrative

Assistants:

R. Paton,

Miss M. Ziman, H.T.Cert.

Senior Social Workers:

Miss N. McWalters

Miss A. Sammon, Dip.Soc.

Other Officers:

**Day Centre, Holiday Centre, Homeless Family, Luncheon Club, Meals on Wheels,
Physically-Handicapped (incl. Blind or Partially-Sighted), Protection of
Property, Receivership, Residential & Supervisory, Social Work, Transport
& Supervisory, Voluntary Help Service, Administrative, Clerical and Typing Staff:**

Full-time 90, Part-time 3

LONDON BOROUGH OF HAMMERSMITH

Staff of Childrens' Services
at 31st December, 1967

Medical Officer of Health, Director of Social Services
& Principal School Medical Officer:
Dr. A.D.C.S. Cameron, M.B. Ch.B., D.P.H.

Childrens' Officer:
Mrs. M.J. Willans,
C.T.C. Letter of Recognition.

Administrative Officer:
S.G. Bennett.

Deputy Childrens' Officer:
M.B. Carey, Cert.Appl.Social
Studies, C.T.C. Letter of
Recognition.

Chief Administrative Assistant:
F. Hildreth

Assistant Childrens' Officers:
Miss A.V.Rojas,
S.R.N., S.C.M., H.V., Dip.Soc.Studies.

Principal Administrative Assistants:
D.C. Child,
E.C. Wyatt.

Miss B. Gibson,
B.A.(Soc.Admin.), C.T.C. Letter of
Recognition.

Homes Supervisor:
Miss R.A.Davis,
C.T.C. Letter of Recognition.

Senior Child Care Officers:
R.A.Jeffries, M.A., Cert.Soc.Sc.& Adm.,
C.T.C. Letter of Recognition.
Miss I.M.Mitchell, S.R.N., S.C.M., H.V.
Miss J.Rousse-Short, Soc.Sc.Cert.

Child-Care & Assistant Child-Care Officers:
Full-time: 29

Other Officers:
Adoption, Homeless Family, Residential & Supervisory,
Social Work, Administrative, Clerical and Typing Staff:
Full-time: 123 Part-time: 11

SUMMARY OF STATISTICS

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 births 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)	3,995
Population:-	
Census 1961	222,124
Registrar-General's estimate mid-1964	216,940
Registrar-General's estimate mid-1965	215,240
Registrar-General's estimate mid-1966	213,770
Registrar-General's estimate mid-1967	211,720
Rating:-	
Number of inhabited houses	55,874
Rateable Value	£13,982,046
Product of a penny rate	£55,350
Mortality:-	
Number of deaths	2,376
Death Rate per 1,000 population:-	
Crude	11.2
Adjusted (Comparability Factor 1.06)	11.9
England and Wales	11.2
Deaths from Cancer (all ages)	575
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	1
Deaths from Diarrhoea (under 2 years of age)	2
Deaths from Circulatory Diseases	1,079
Live Births:-	
Legitimate	3,327
Illegitimate	665
Total	3,992
Rate per 1,000 population:-	
Crude	18.9
Adjusted (Comparability Factor 0.88)	16.6
England and Wales	17.2
Illegitimate Live Births per cent of total live births	16.6
Stillbirths:-	
Legitimate	33
Illegitimate	9
Total	42
Rate per 1,000 total live and stillbirths	10.4
Rate per 1,000 total live and stillbirths England and Wales	14.8
Total Live and Stillbirths:	4,034

Infant Deaths (deaths under 1 year):-

Legitimate	54
Illegitimate	11
Total	65

(deaths under 4 weeks)	50
(deaths under 1 week)	42

Infant Mortality Rates:-

Total infant deaths per 1,000 total live births	16.3
Total infant deaths per 1,000 live births England and Wales	18.3
Legitimate infant deaths per 1,000 legitimate live births	16.2
Illegitimate infant deaths per 1,000 illegitimate live births	16.5
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	12.5

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) England and Wales	12.5
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Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10.5
--	------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) England and Wales.	10.8
---	------

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	20.8
--	------

Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) England and Wales	25.4
--	------

Maternal Mortality (including abortion):-	
Number of deaths	4
Rate per 1,000 total live and stillbirths	1

A summary of the vital statistics of the district for 1967 and previous years is given in the following table:-

VITAL STATISTICS OF WHOLE DISTRICT 1966 - 1967

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 registered outside 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	20.16	2,251	10.5	788	995	86	19.4	2,458	11.4
1966	213,770	4,155	19.4	2,316	10.8	774	973	82	19.7	2,515	11.8
1967	211,720	3,992	18.9	2,244	10.6	783	915	65	16.3	2,376	11.2

(a) Population:

Once again the Registrar-General's estimated population figure shows a decrease, the figure for 1967 of 211,720 being 2,050 less than that for the previous year.

The estimates for child population are as follows:-

Under 1 year	4,030
1 - 4 years	12,970
5 - 14 years	20,900

The estimated figure for persons aged 65 years and over is given as 29,490.

NATURAL INCREASE OR DECREASE OF THE
POPULATION DURING THE PAST 12 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
1966	213,770	1,640
1967	211,720	1,616

(b) Births:

The corrected number of births was 2,060 males and 1,932 females, giving a total of 3,992 compared with 4,155 in 1966. This gives an annual rate of 18.9 per thousand of the population. The actual decrease in numbers of 163 comprised 181 legitimate births, there being an increase of 18 illegitimate births.

(c) Deaths:

Deaths registered during the year numbered 2,244. From this figure must be deducted 783 in respect of non-residents transferred to their home towns. To counter-balance this must be added a total of 915 residents of the Borough who died in other parts of England. This gives the corrected figure of deaths as 2,376 comprising 1,234 males and 1,142 females.

Of the outward transferable deaths, 775 occurred in hospitals within the Borough.

DEATHS FROM CANCER DURING THE PAST TWELVE YEARS

Year	Population	Deaths	Rate per 1,000 pop.
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
1966	213,770	610	2.8
1967	211,720	575	2.7

(d) Infant Mortality

The number of deaths of infants under one year of age during the year was 65, giving a mortality rate per 1,000 live births of 16.3.

INFANT MORTALITY - 1967 and previous twelve years

Year	Live Births	Deaths of Infants	Deaths of Infants per 1,000 live 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
1962	4,280	101	23.6
1963	4,564	97	21.2
1964	4,467	102	22.8
1965	4,433	86	19.4
1966	4,155	82	19.7
1967	3,992	65	16.3

**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	1965	1966
England and Wales	25	24	23	23	22	22	22	22	21	20	19	19
Scotland	30	29	29	28	28	27	26	27	26	24	23	23
Northern Ireland	32	29	29	28	28	27	27	27	27	26	25	26
Australia	22	22	21	20	22	20	19	20	20	19	19	18
Canada	31	32	31	30	28	27	27	27	26	25	24	23
Chile	121	113	117	127	120	127	116	121	111	114	107	-
Denmark	25	25	23	22	22	22	22	20	19	19	19	17
France	39	36	34	32	30	27	26	26	26	23	23	22
Irish republic	37	36	33	35	32	30	30	29	27	27	25	25
Italy	49	48	50	48	45	44	40	41	40	36	36	34
Netherlands	20	19	17	17	17	17	16	15	14	15	14	14
New Zealand	22	19	20	19	20	20	19	20	20	19	20	18
Sweden	17	17	17	16	16	16	16	15	15	14	13	12
United States of America	27	26	26	26	26	26	25	26	25	24	25	23

(e) Maternal Mortality

There were 4 maternal deaths during the year.

MATERNAL MORTALITY - 1967 and Previous Years

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
1966	1	4,155	0.24
1967	4	3,992	1

PHYSICAL AND SOCIAL CONDITIONS

The London Borough of Hammersmith covers an area of 3,995 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.

Year	Population	Area (sq. miles)	Density (per sq. mile)
1801	10,000	1.5	6,667
1811	12,000	1.5	8,000
1821	15,000	1.5	10,000
1831	20,000	1.5	13,333
1841	25,000	1.5	16,667
1851	30,000	1.5	20,000
1861	35,000	1.5	23,333
1871	40,000	1.5	26,667
1881	45,000	1.5	30,000
1891	50,000	1.5	33,333
1901	55,000	1.5	36,667
1911	60,000	1.5	40,000
1921	65,000	1.5	43,333
1931	70,000	1.5	46,667
1941	75,000	1.5	50,000
1951	80,000	1.5	53,333
1961	85,000	1.5	56,667
1971	90,000	1.5	60,000
1981	95,000	1.5	63,333
1991	100,000	1.5	66,667
2001	105,000	1.5	70,000
2011	110,000	1.5	73,333
2021	115,000	1.5	76,667

PART 1.

HEALTH SERVICES

EPIDEMIOLOGY

Notification of Infectious Diseases

1,504 cases of infectious diseases were notified during the year including 170 cases removed to hospital.

These figures show a decrease on the previous year of 351 cases, attributable to a large drop in the number of dysentery cases and puerperal pyrexia notifications, with a lesser incidence of measles. There was a slight increase in the number of scarlet fever cases, whilst whooping cough continued at virtually the same level.

Of interest was the incidence of malaria - 4 cases being notified.

Incidence of Infectious Diseases

Dysentery

The majority of the 56 cases notified in respect of persons resident within the Borough were of a sporadic nature, although there were five small family outbreaks involving sixteen persons.

Food Poisoning

There were no general or family outbreaks during the year, the 18 notified cases relating to persons resident within the Borough being of a sporadic nature.

The following causative agents were identified:-

Salmonella Typhi-murium	7
Salmonella Stanley	2

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

Smallpox

There were no confirmed cases of smallpox in the Borough.

During the year notifications were received from London Airport and Port Health Authorities in respect of 36 persons arriving in this country from abroad, who were not in possession of valid certificates of vaccination. Of this total, 28 persons were from areas where smallpox is endemic, whilst the remaining 8 were from locally infected areas. With the exception of 3 persons who could not be traced, all were placed under surveillance for 14 days from the date of departure and all remained free from infection.

International Certificates of Vaccination and Inoculation

Arrangements continued for the authentication by the Medical Officer of Health of the signatures of doctors on certificates of vaccination and inoculation for travellers from this country going abroad, as required by the International Sanitary Regulations.

PART I

HEALTH SERVICES

ENVIRONMENTAL HEALTH

Staff - Inspectorate

The establishment of Public Health Inspectors consists of a Chief Public Health Inspector, Deputy Chief Public Health Inspector, nine Senior Inspectors, sixteen District Public Health Inspectors and eight Student Inspectors. In addition four Technical Assistants are employed on work of a routine nature. For the greater part of the year the establishment was up to the required strength.

New Legislation

The Greater London Council (General Powers) Act, 1967, came into operation during the year under review. In its application to public health this Act dealt with several points. Provision was made for the registration of Hairdressers and Barbers. The Public Health Act, 1961, already gives the Council power to make bylaws in respect of Hairdressers and Barbers, the new provision of registration being considered an essential part of the control of this type of premises. The Council is allowed to fix the appointed day from which registration is necessary and for this purpose have named the 1st April, 1968, as being the appointed day.

The Council is also given powers to take emergency action to obtain the reinstatement of a supply of water to premises where the supply has been cut off by the Metropolitan Water Board because of a defect in the supply pipe or any water fitting. Another emergency power which has been given to the Council by the Act is the shortened procedure for dealing with defective premises found to be prejudicial to health, or a nuisance; and unreasonable delay in remedying the defective state would be occasioned by following the procedure laid down by the Public Health Act, 1936, for the abatement of a nuisance. These powers were already contained in the Public Health Act, 1961, but did not apply to Inner London Boroughs. The new Act extends the powers to Inner London Boroughs.

The Public Health Act, 1961, also allowed local authorities to clear a choked drain, private sewer, water closet or soil pipe after the service of a 48-hour notice. The Council was empowered to remit the payment of expenses where the costs did not exceed £2. The new Act increased the amount which may be remitted to £5. Similarly the Public Health Act, 1961, allowed the Council to require the repair of a drain following the service of a 7-day notice if the cost of the work did not exceed £50. The new Act enables the Council to use these powers where the cost does not exceed £100.

Housing

Preferential Rehousing on Medical Grounds

All applications for rehousing with a medical recommendation are considered by the Medical Officer of Health who refers them to the Senior Medical Officer (Environmental) who grades them in the following categories:-

- (A+) That priority be given.
- (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 year ended 31st December, 1967, 831 cases were assessed as follows:-

Category A +	15
" A	264
" B	410
" C	109
No specific assessment	24
Pending	9

Since the scheme's inception 593 cases have been categorised A and A+ and 295 have been rehoused.

House-to-House Inspections

During 1967 the work of discovering and dealing with houses in multi-occupation has continued. The Council authorised a programme of house-to-house inspections in certain selected streets spread throughout the Borough. Specialist teams of public health inspectors have carried out these inspections dealing with nuisances, other housing matters, and at the same time enforcing the multi-occupation requirements of the Housing Acts, 1961 and 1964. District Public Health Inspectors have continued to deal with these matters as they arose in parts of the Borough not covered by the house-to-house inspections.

Houses in Multiple Occupation

	1962	1963	1964	1965	1966	1967
Number of new premises inspected	20 (143 lettings)	129 (464 lettings)	46 (277 lettings)	36 (224 lettings)	253 (412 lettings)	309 (804 lettings)
Of these, informal action was taken in respect of	18 premises	36 premises	46 premises	10 premises	253 premises	215 premises
Number of premises where no further action taken	2 premises	93 premises	Nil	5 premises	Nil	94 premises
Number of premises where formal action commenced	2 premises	18 premises	19 premises	13 premises	17 premises	85 premises
Total number of inspections made	132	577	929	314	991	1815

Slum Clearance Programme

During 1967, 149 houses were surveyed or examined in detail and 10 houses in 2 Clearance Areas were represented as being unfit for human habitation. Four Compulsory Purchase orders were made by the Council during the year involving 91 unfit properties.

Partly as a result of clearance area legislation and partly due to acquisition by agreement, during the year 70 dwellings which had formed part of current or previous slum clearance programmes were demolished.

Housing Act, 1957 - Closing Orders

During the year 5 Closing Orders were made and Closing Orders on 9 properties were determined.

Offices, Shops & Railway Premises Act, 1963

(1) Registration and Inspections

A programme of street-by-street inspections of all premises has continued during the year to ascertain any existing or new premises covered by the Act which have not returned registration forms. The occupiers have been notified of the necessity for doing this, and only in a few instances has any difficulty occurred in obtaining the necessary form O.S.R.I.

A total of 2347 inspections of all kinds were made of registered premises, of which 896 were general inspections; the majority of the remaining inspections were in the form of revisits to ascertain if the necessary works had been carried out.

Initial inspections to food premises and hairdressers have continued to be carried out by the District Public Health Inspectors in the normal course of their duties.

(2) Operation of the General Provisions of the Act

Cleanliness

It was necessary to draw the occupiers' attention to the lack of cleanliness in 49 cases during the year. Most of these were relating to storerooms, staffrooms, passages and staircases.

Overcrowding

The Section relating to this became fully operative on 1st August last, and reinspections were carried out of all premises where contraventions would occur after this date. In all except two cases, the overcrowding had been remedied prior to the coming into operation of the Section, and in the other two instances work was in progress to provide suitable offices.

Temperature

It has been found again that most employers provide adequate heating or heating points for staff, the most usual contravention being the absence of a thermometer.

Ventilation

In most premises this was found satisfactory, but in a number of shops small cash desks were provided without adequate ventilation either into the shop itself or direct to the outside air. Another problem is one of security of the premises, and a number of employers are reluctant to provide permanent ventilation openings as these appear to provide means of access to intruders.

Lighting

This was usually found to be adequate and the main contravention was the failure to maintain the fittings provided, particularly on staircases and in passages.

Sanitary Conveniences

The most usual contraventions of the Act and Regulations were the lack of marking, lack of cleanliness, and the failure to maintain adequate lighting. In a number of cases additional facilities have been provided, necessitating alterations to the buildings.

Washing Facilities

Again, the lack of a supply of hot water has been found to be the most frequent contravention; together with the failure to maintain the rooms, in which the facilities were provided, in a clean condition.

Floors, Passages and Stairs

These in most cases have again been found satisfactory, except for the absence of proper handrails.

First Aid

It was necessary to notify 95 employers that the existing first aid outfits were inadequate or that none was provided at the time of inspection.

(3) Accidents

During the year no fatal accidents were reported. The number of accidents notified was 49, a reduction of 9 on the previous year. The table below sets out the primary cause and in which type of premises they occurred:-

Primary cause	CLASS OF WORKPLACE					Investigated
	Offices	Shops	Wholesale depts., ware houses	Catering establishments, canteens	Total	
Machinery	-	1	-	-	1	1
Transport	-	-	-	-	Nil	Nil
Falls	3	8	-	7	18	8
Stepping on or striking against object or person	1	4	-	2	7	1
Handling goods	-	4	3	1	8	2
Struck by falling object	2	5	-	1	8	1
Fires and explosions	-	-	-	-	Nil	Nil
Due to electricity	-	-	-	-	Nil	Nil
Use of hand tools	-	6	-	1	7	Nil
Not otherwise specified	-	-	-	-	Nil	Nil
Total					49	13

Summary of Accidents Investigated

Falls of all kinds, including from steps or staircases

These formed the greatest proportion of accidents notified, being 18. In all but one of those occurring on staircases, it was found that they were in a satisfactory condition and a substantial handrail was provided, but in the other case there was no handrail. This was later provided.

In one instance a barman partially fell down an opening in the floor behind a bar counter, grazing his leg. A letter was sent to the proprietors requesting them to provide a suitable guard. This was immediately done.

Machinery

This accident involved a gravity feed slicer. A female assistant was using this without the pusher in position. The machine was examined and all the guards were satisfactory. The assistant had been instructed in the use of the slicer, but a letter was sent to the firm concerned drawing their attention to the necessity for instructing their staff in the dangers of using these machines without due care.

All other accidents investigated

No contraventions of the Act were found, but informal advice on the prevention of further accidents was given where applicable.

(4) Prosecutions

No prosecutions were instituted during the year

Drainage

During the year 281 plans were submitted to the Health Department and a total of 5272 inspections were made in connection with supervision of drainage works.

Factories

The following is a table in the form prescribed by the Minister of Labour on the administration of the Factories Act, 1937, dealing with factories, both mechanical and non-mechanical, and outwork:-

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	207	75	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	837	783	7	-
(iii) Other premises in which Section 7 is enforced by the Local Authority, (excluding outworkers' premises)	-	-	-	-
Total	1044	858	7	-

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.)	1	1	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)	-	-	-	-	-
(a) Insufficient	-	3	-	-	-
(b) Unsuitable or defective	5	2	-	-	-
(c) Not separate for sexes	1	-	-	1	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	7	6	-	1	-

3. 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.	108	-	-	-	-	-
Curtains & Furniture Hangings	11	-	-	-	-	-
Furniture & upholstery	9	-	-	-	-	-
Artificial flowers	17	-	-	-	-	-
Paper Bags	9	-	-	-	-	-
Making of boxes etc.	6	-	-	-	-	-
Carding etc. of buttons etc.	4	-	-	-	-	-
Stuffed toys	41	-	-	-	-	-
Lampshades	8	-	-	-	-	-
Costume Jewellery	43	-	-	-	-	-
Total	256	-	-	-	-	-

Rodent Control

Treatment of sewers with sodium fluoracetamide has continued. This method of treatment has proved most successful in controlling the rat population. A proportion of surface infestations is 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 defects in house drains and sewers.

Income from treatment at business premises amounted this year to £171. 17. 6d.

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

PROPERTIES	TYPE OF PROPERTY	
	NON-AGRICULTURAL	AGRICULTURAL
1. Number of properties in district	497	-
2. a. Total number of properties (including nearby premises) inspected following notification	1458	-
b. Number infested by (i) Rats	690	-
(ii) Mice	768	-
3. a. Total number of properties inspected for rats and/or mice for reasons other than notification	342	-
b. Number infested by (i) Rats	23	-
(ii) Mice	25	-

Pigeons

A contractor is employed by the Council to clear infestations wherever justified complaint is made. This, however, is not a real solution to the problem which can only be successfully tackled in London by the concerted effort of all Boroughs and the Greater London Council.

Diseases of Animals Act, 1950

Inspection of premises under the provisions of this Act are undertaken for the Council by the Veterinary Officer of the City of London.

The following are details of such visits made within the Borough during the year:-

Shepherds Bush Market	8 visits
North End Road Street Market	11 visits
Bertram Mills' Circus	1 visit

LICENCES AND REGISTRATIONS

Pharmacy and Poisons Act, 1933

Pharmacy and Medicines Act, 1941

The names and addresses of 155 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 sold under proprietary names containing other poisons mentioned on the list.

No action was necessary in respect of any offences under the Acts.

Ret Animals Act, 1951

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

Animal Boarding Establishments Act, 1963

2 applications for licences were received and granted during the year. Both the premises kept under observation.

London County Council (General Powers) Act, 1959

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 with respect 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 in respect of which licences are issued to private individuals house 6 caravans.

The Children's Nightdresses Regulations, 1964

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

Periodic checks are made by the Public Health Inspectors on shops selling such articles and 2 nightdresses were purchased during the year and submitted for testing. They were found satisfactory in all respects.

Rag, Flock and Other Filling Materials Act, 1951

Rag, Flock and Other Filling Materials Regulations, 1961 and 1965

The above Act and Regulations deal with the licensing and registration of premises where filling materials for use in upholstered articles are made or used, with a view to securing the use of clean fillings. No materials were sampled during the year from the 9 registered premises in the Borough, nor was it necessary to question any matter in connection with the businesses concerned.

Licensing Act, 1964

Part II of this Act deals with the sale of intoxicating liquor in club premises which must be registered with the Clerk to the Justices for the Sessions Area in which the clubs are situated. The local authority or police may object to the registration or renewal of registration of any premises considered to be not suitable or convenient, and the Department is able to comment on the Public Health and Food Hygiene aspects of such club premises. In particular, where new applications are being made for registration it is usually possible to have incorporated in the provisions suggestions made by the Department, thereby making any objections to registration unnecessary.

This arrangement again worked satisfactorily during the year and in no case was any objection recommended.

Fertilisers & Feeding Stuffs Act, 1926

Fertilisers & Feeding Stuffs Regulations, 1960 to 1964

Under the above, the seller of soil fertilisers, or cattle or poultry feeding stuffs, is required to furnish a statutory statement as to the name and content of the materials as listed in Schedule I of the Regulations, and a local authority in enforcing the legislation may take samples for analysis. During the year, 9 such samples were taken and all were satisfactory. They were as follows:-

Layers Mash	3
Fertiliser	6

Greater London Council Condition of Dwelling Survey, 1967

This survey, conducted jointly by the Greater London Council and London Boroughs, was concerned with the physical attributes and condition of dwellings.

A 4% sample of all rateable dwellings, comprising 2652 individual premises, were visited by public health department staff who made an assessment of the dwellings with regard to existing conditions and the scope for improvement or conversion. Survey questionnaires were completed on each property for collation and analysis by the Greater London Council.

Results of the analysis for Hammersmith indicate that in their present condition some 43% of the dwellings in the borough have a life of less than 25 years. This confirms the results of other local studies and brings the inevitable conclusion that considerable programmes of rehabilitation, including improvement and conversion of dwellings, will have to be undertaken in the near future.

Rent Act, 1957

Applications under the above Act during the past 3 years have been received as follows:-

	1965	1966	1967
For Certificate of Disrepair			
Number received	12	7	1
Number granted	7	4	1
For revocation of Certificates			
Number received	9	-	4
Number granted	6	-	2
Undertakings given by Landlord			
Number accepted	2	3	1

Sanitary Inspections

The sanitary conditions of the Borough were subject to routine inspection and investigations were made into all 2972 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 overleaf.

SANITARY INSPECTIONS, 1967

Cause of Inspection	No. of Inspections	No. of Re-visits	No. of notices served	No. of notices complied with
HOUSING				
Housing Act 1957	1495	20	3	4
House to House	240	1	52	4
Housing Defects	3097	6556	1440	1629
H.M.O.	1088	727	79	40
Overcrowding	52	35	-	-
Re-Housing Applications	60	-	-	-
Rent Act	45	-	-	-
Moveable dwellings	38	-	-	-
Drainage	4763	509	13	30
Refuse Accommodation	32	19	1	3
Greater London Council Survey	2432	-	-	-
FOOD PREMISES				
Bakers	73	2	-	-
Bakehouses	32	-	-	-
Butchers	229	14	1	-
Chemists	41	7	-	2
Confectioners	88	5	-	1
F.Fish	55	-	-	1
Wet Fish	52	1	1	1
Grocers	742	16	12	8
Greengrocers	127	1	-	-
Ice-cream	136	1	-	-
Milk Vendors	119	2	-	-
Provisions	147	1	-	-
Caterers	705	63	19	10
Markets	222	-	-	-
Licensed Premises	163	31	11	5
Sampling	771	-	-	-
Milk Processing Depots	184	-	-	-
Factories	221	-	-	-
LICENCES				
Hairdressers & Barbers	56	-	-	-
Club Licensing	3	-	-	-
Pharmacy & Poisons	45	-	-	-
Pet Animals	17	-	-	-
Animal Boarding	2	-	-	-
Rag & Flock	9	-	-	-
VARIOUS				
Factory (M)	562	4	7	6
Factory (Non M)	75	-	-	-
Outworkers	50	-	-	-

/cont'd

Cause of Inspection	No. of Inspections	No. of Re-visits	No. of notices served	No. of notices complied with
Offices)	1575	1032	224	296
Shops)				
Noise	435	35	-	-
Public Urinals	32	-	-	-
Fireguard Regulations	74	-	-	-
Fertilisers and Feedingstuffs	3	-	-	-
Infectious Disease	184	1	-	-
Rats & Mice	266	-	-	-
Pigeons	484	-	-	-
Clean Air	4796	64	-	1
Miscellaneous	3940	199	64	47
No access	9437	10	-	-
TOTALS	39,494	9,356	1,927	2,088

905 Statutory Notices were served and 894 were complied with during the year.

Summonses -	Proceedings instituted during the year:	
	Public Health Acts	39
	Food & Drugs Act, 1955, and Regulations made thereunder	44
	Housing Act	2

Sewerage

The main sewers and the sewage 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 inasmuch as some basements in the Borough are liable to flooding from time to time when heavy storms cause the sewers to be surcharged. However, work now being undertaken by the Greater London Council to obviate the trouble caused by storm water is nearing completion.

Metropolitan Water Board Report

I am indebted to Dr. E. Windle Taylor, M.A., M.D., D.P.H., M.R.C.S., L.R.C.P., for the following Report:

Water Supply

The water supplied to the Borough by the Metropolitan Water Board during 1967, has been satisfactory both in quantity and quality. It is derived from the River Thames, stored in the Thames Valley reservoirs and filtered and chlorinated at the Board's Surbiton, Hampton and Ashford Common Works. The average result of chemical and bacteriological analyses of water supplied are set out below:-

No. of Samples	All Thames Derived
Ammoniacal Nitrogen	0.024
Albuminoid Nitrogen	0.089
Nitrate Nitrogen	4.1
Chlorides as Chlorine	30
Oxygen abs. from Permanganate 4 hrs. at 27 C.	1.12
Turbidity (Units)	0.1
Colour (Burgess Units)	12
Hardness (Total)	282
Hardness (non-carbonate)	73
pH Value	7.9
Phosphate as PO ₄	1.9
Silicate as SiO ₂	10
Sulphate as SO ₄	64
Magnesium as Mg	5
Natural Fluoride as F	0.30
Surface Active Material as Manoxol O.T.	0.01
Electrical Conductivity (Micromhos)	590
Sodium Potassium as Na.	22.5
Sodium Potassium as K	5.1

Bacteriological Examinations:

No. of samples	3578
Agar plate count per ml: 20-24 hrs. at 37 C	12.2
Coliform count: Per cent. samples negative in 100 ml.	99.75
E. coli-count: Per cent. samples negative in 100 ml.	99.97

No new sources of supply were instituted and there were no changes to the general scheme of supply in the area.

All new and repaired mains are disinfected with chlorine. After a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

No houses were permanently supplied by standpipe.

No fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead.

Tests for lead have been carried out in connection with chemical analysis of samples of running water collected from premises in the distribution system and I set out below the information obtained over the period 1st January to 31st December, 1967:-

Lead content (mg./l Pb.) water from main taps in consumers' premises

	Number of Samples	Per cent
Less than 0.01	64	66.7
0.01	22	22.9
0.02	3	3.1
0.03	4	4.2
0.04	2	2.1
0.05	0	-
0.06	1	1.0
	96	100.0

The above figures apply to the whole of the Board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual Boroughs.

The regular system of examination for lead in water in domestic premises will continue during 1968.

Smoke Control

Hammersmith - The Smoke Control Programme in retrospect

The original smoke control policy was based mainly on the replacement of coal-burning fires by specially-designed open fires burning gas coke; gas, electricity and oil being considered alternative forms of smokeless heating.

Since those early days certain factors have arisen which have radically changed the emphasis, and these are:

- (i) The rapid technological changes in the gas industry with the replacement of coal by oil as the main source of town gas;
- (ii) the discovery of natural gas in the North Sea;
- (iii) the improved techniques for carbonising coal to produce reactive smokeless fuels suitable for open fires and for room heaters;
- (iv) the desire of the public for clean and convenient forms of space heating with the minimum of labour by the consumer;
- (v) the evolutions in design of all heating appliances making them more efficient, attractive, functional; and yet become integrated parts of the furniture and fittings of their rooms. The net result has been a gradual replacement of the stool-bottom grate and kitchen range by gas room heaters, open fires, openable stoves, electric fires and oil heaters.

During the past three years direct-acting electric space heaters have not been eligible for grant expenditure owing to the inadequate electrical supply, but this state of affairs should not continue much longer as it shows signs of improving. The use of off-peak electricity-consuming appliances such as thermal storage heaters was encouraged however, but they do not appear to have captured the imagination of the public to any large extent. Gas room heaters have proved to be the most popular form of space heating because of their convenience in use, labour saving, and extremely attractive finishes and designs.

Coke-burning open fires provide excellent means of assisting natural ventilation for rooms, but their heating is low; much of their heat is carried up the flue by the excess air necessary to achieve complete combustion. Throat restrictors are very helpful in cutting down this excessive air intake. Where a coke-burning closeable stove is installed, it is of great importance to ensure that the fitting is correct and that the pull on the flue is adequate; otherwise there is a danger of carbon monoxide gas creeping back into the room in periods of incomplete combustion e.g. over-night banking, or letting the fire die down with the dampers almost closed to conserve the room heat. Good, natural ventilation of a room in which a closeable stove is fixed is therefore essential to avoid danger of a serious or even fatal accident. Our experience has shown that, where coke-fired boilers are installed in older properties, the condition of the flues must be thoroughly examined to ensure that the flue-ways are structurally sound and free from any obstructions in order to give adequate draught.

Pilot surveys have recently been carried out in the earlier Smoke Control areas. They reveal that many householders have subsequently changed over, at their own expense, from the coke burning open grates provided under grant expenditure, to gas, electric or oil fires.

The main reasons advanced for this action have been:

- (i) The rise in price of solid smokeless fuel;
- (ii) the lack of reactivity of gas coke;

- (iii) the unavailability of certain of the more reactive premium smokeless fuels and the higher price of such fuel;
- (iv) the problem of fuel storage, labour in cleaning fires and ash removal;
- (v) the wearing out of the appliance and the difficulty in obtaining replacement parts;
- (vi) the sheer convenience of instant heat from gas, electric, and oil appliances when so many women are out at work and return to cold homes.

This experience raises the question, academic so far as Hammersmith is concerned, whether open fires should be eligible for grants in the future. Great trouble and expensive research have now produced reactive solid smokeless fuels designed for open fires, but when used in such appliances thermal efficiency is still comparatively low. The problems of labour and storage space still remain. It is agreed that the free-standing, or inset openable stove, are of higher efficiency if solid smokeless fuel is preferred.

These observations are, of course, based on our experience in Hammersmith, and there is no attempt here to generalise for the country as a whole. It is appreciated that localities have heating preferences, and in applying the smoke control provisions the role of consumer choice has been emphasised throughout.

The passing of the Clean Air Act coincided with a rise in the standard of living in the country which brought a desire for alternative forms of heating, more efficient appliances, and better designs with greater aesthetic appeal. The traditional Sunday parlour has been transformed into a centre of everyday family activity. The Clean Air Act provisions have improved the air we breathe; they have also given an impetus to the forces of progress towards a higher standard of living in the home, and a better living environment, to the great advantage of our mental and physical well-being.

CLEAN AIR ACT 1956

Smoke Control Areas

On the 1st June 1967, the last Smoke Control Order came into operation, Hammersmith having achieved the distinction of being the first London Borough to complete the phased Smoke Control Programme inaugurated in 1958. This represents 3995 acres, involving some 72,559 premises.

As the Borough comprises the former Metropolitan Boroughs of Hammersmith and Fulham, details of the respective progress are set out below:

PHASED SMOKE CONTROL PROGRAMME

Position at 31st December, 1967

FULHAM

(Please see next page)

HAMMERSMITH

(Please see next page)

Proposed Suspension of Hammersmith Smoke Control Order No.8.

In October, 1967, a request was made by the Greater London Council for the Council to waive the No.8 Smoke Control Order in respect of Nos. 1 - 72 Creighton Close, a block of flats due for modernisation. It was agreed to ask the Ministry of Housing and Local Government to make a Suspension Order under Section 11 (7) of the Clean Air Act, 1956, for a period terminating in January, 1970. The Minister's decision is expected early in 1968. This Order will not apply to any other premises in the No.8 Smoke Control Area.

Supplies of Smokeless Fuels

Supplies of all smokeless fuels including gas, electricity, and oil have been adequate and no serious shortages have occurred, but sometimes the choice of solid smokeless fuels has been limited. No power failures in the electricity supply were experienced.

PHASED SMOKE CONTROL PROGRAMME

POSITION AT 31st DECEMBER, 1967

FULHAM

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

POSITION AT 31st DECEMBER, 1967

HAMMERSMITH

Smoke Control Order No.	Acreage	Date Made	Date Confirmed	Operative Date	No. of Premises	Estimated No. of Adaptations
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	605	5. 1.66	29. 7.66	1. 6.67	4,424	4,300
TOTAL:	2,282				28,651	24,893

V = Variation Order.

Emissions of Smoke from Domestic Chimneys

The sale of bituminous coal by "Pirate" vendors prompted by economic considerations still occurs on a small scale but as long as the law permits such a practice the situation will continue whilst the demand exists. Where smoke emissions do arise the reason in each case is fully analysed and the appropriate action taken but in no case has it been necessary to prosecute offending householders.

Atmospheric Pollution

Seven stations for recording the measurements of smoke and sulphur dioxide emissions are maintained throughout the Borough.

The amount of smoke in the atmosphere continues to decrease and is now well under 50% of the level before the Smoke Control Programme commenced in 1958.

The ground level concentration of sulphur dioxide shows no increase in spite of the increased use of oil in industrial and commercial premises.

Clean Air Act 1956 Sec. 3 (2)

Application for prior approval to the installation of furnaces

Applications received	5	
Applications approved	3	
Applications refused	Nil	Two applications still outstanding.

Clean Air Act 1956 Sec. 3 (3)

Notification of intention to install new furnaces - 33

Oil Fired	18
Gas Fired	14
Coal Fired	1

Inspections & Supervision of Food

Premises

During the year 3702 inspections were made at food premises, stalls and markets and at 144 of these conditions contravening the Food Hygiene (General) Regulations were found.

No exemption certificates were granted by the Council in connection with the Regulations during the year.

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

	No. of premises fitted to comply with Reg.16	No. of premises fitted to comply with Reg.19
Bakehouses (level)	25	25
Bakehouses (basement)	1	1
Bakers' retail shops	62	62
Biscuit manufacturers	2	2
Butchers	124	124
Cafes and restaurants	261	261
Canteens and clubs	223	223
Chemists	74	74
Confectioners (sweetshops)	343	343
Fishmongers (wet and fried)	66	66
Fruiterers and greengrocers	145	145
Fruit drinks (bottling)	2	2
Grocers and provisions	392	392
Honey refiner	1	1
Ice Cream manufacturers	3	3
Jellied eels and pies (manufacture and sale)	5	5

/cont'd)

	No. of premises fitted to comply with Reg.16	No. of premises fitted to comply with Reg.16
Milk processing depots	2	2
Off licences	107	6
Public houses	167	167
Sweet manufacturer	1	1
Wine bottling	2	2
Wholesale food stores	49	49
	2057	1956

Food and Drugs Act, 1955

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 amounts involved are shown below:

Unsound Food Condemned - 1967

	Tons	Cwts.	Lbs.
Bacon		1	40
Beans, baked (tins)			69
Biscuits			18
Cereals			57
Cheese	1	0	57
Chicken			83
Coffee			12
Condiments			25
Fish (wet)	7	0	12
Fish (tins)		3	36
Flour			80
Fruit (fresh)	6	4	73
Fruit (tins)	5	3	102
Fruit juice		3	41
Hams (tins)		2	38
Meat (fresh)		15	41
Meat (tins)		7	33
Milk (tins)			26
Milk powder		3	0
Offal	1	0	87
Peas (tins)		2	74
Preserves			98
Sausages			14
Soft drink (tins)			16
Soup (tins)		2	7
Soup stock		38	60
Spaghetti (Tins)			13
Tomatoes (tins)		2	1
Vegetables (fresh)	4	17	27
Vegetables (tins)		1	17
Vegetable juice (tins)		2	1

Frozen Foods

Beefburgers	1	49
Chicken pies		62
Chips	2	87
Cream Cakes		24
Fish	8	15
Fish cakes		96
Fish fingers	6	41
Fruit		40
Fruit-flavoured drink		12
Fruit juice	2	1
Hamburgers		28
Ice Cream	1	99
Meat	2	96
Meat pies	2	64
Mousse		89

	Tons	Cwt.s.	Lbs.
Offal			28
Pastry			92
Peas		8	2
Poultry		2	.8
Rissoles		1	5
Sausage rolls			47
Sausages			62
Steakburgers		1	74
Vegetables		5	49

Sampling

During the year 94 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
1/67	Chicken soup tasted sour	Analyst reported soup satisfactory
2/67	Baby food discoloured and lumpy	Food normal. Probably supplied with food for older age group.
3/67	Milk had unusual taste and consistency.	Freezing point satisfactory. No action.
4/67	Unsound fish	Warning letter to retailer.
5/67	Can of meat contained beetle	Warning letter to canners.
6/67	Peaches contained chalk	Meal prepared in L.A. kitchen. Referred to Dept.concerned.
7/67	Bacon contained muslin)	Retailer cautioned.
8/67	Bacon contained muslin)	
9/67	Custard contained bristle	Meal prepared in L.A.kitchen. Referred to Dept. concerned
10/67	Loaf of bread contained dark smear	Producer prosecuted -
11/67	Loaf of bread contained paper Label	Producer prosecuted.
12/67	Corned beef (canned) discoloured	Warning letter to vendor.
13/67	1/3rd pint bottle of milk contained milk bottle cap	Producer cautioned.
14/67	Cheddar cheese contained piece of enamel	Warning letter to producers.
15/67	Wine not that purported	Samples taken proved satisfactory
16/67	Milk seemed watery	Suggested storage temperature too low for homogenised milk.
17/67	Sausage rolls were mouldy	Retailer prosecuted. Fined £10. + £5 costs
18/67	Luncheon meat discoloured	Reported satisfactory by Public Analyst.
19/67	Veal suspected of causing illness	Reported satisfactory by Public Analyst.

/continued..

	Nature of Complaint	Action taken
20/67	Milk bottle in dirty condition	Bottlers informed. Complainant unwilling to give evidence.
21/67	Mouldy condition of sausage	Legal proceedings.
22/67	Can of carrots punctured, contents unfit	No action
23/67	Mouldy condition of sausage	Warning letter to retailer
24/67	Loaf contained piece of metal	Legal proceedings. Producers fined £15 + £5 costs.
25/67	Packet of oats infested with weevil	Legal proceedings. Retailers fined
26/67	Loaf contained piece of wire	Referred to district in which loaf purchased.
27/67	Loaf of bread seemed gritty	Black spots were of charred dough. Producer informed.
28/67	Sausage contained piece of animal hide	Producers informed
29/67	Sausage in mouldy condition	Wet condition of sausage probably a predisposing factor. Time lag on complaint prevented legal proceedings.
30/67	Purity of instant coffee suspect	Public Analyst reported coffee satisfactory
31/67	Loaf of bread contained foreign matter	Baker notified. Complainant not willing to proceed further
32/67	1/3rd pint bottle of milk contained pieces of glass	Warning letter to suppliers.
33/67	1/3rd pint bottle of milk contained milk bottle cap	Legal proceedings. Fined £5 + £5 costs.
34/67	1/3rd pint bottle of milk contained milk bottle cap.	No action.
35/67	Sale of allegedly unfit butter	Circumstances of complaint not satisfactory.
36/67	Luncheon contained foreign matter	Produced in Local Authority kitchens. Referred to Department concerned.
37/67	Chicken allegedly unfit	No evidence of state of bird when sold. Retailers informed of complaint.
38/67	Pint bottle of milk in dirty condition	Producers prosecuted. Fine £10 + £4 costs.
39/67	Foreign matter in sugar	Packers warned.
40/67	Breast of lamb in unfit condition	Complaint not justified
41/67	Baby food in mouldy condition	Warning letter to producer and retailer.
42/67	Sausage in mouldy condition	Referred for legal proceedings
43/67	Meat pie in mouldy condition	Referred for legal proceedings
44/67	Rolled oats contained dark substance	No action necessary.

/continued...

	Nature of Complaint	Action taken
45/67	Foreign matter in loaf of bread	Referred for legal proceedings
46/67	Dirty milk bottle	Referred for legal proceedings
47/67	Foreign matter in bread roll	Referred for legal proceedings
48/67	Discoloured matter in water	Advice to complainants
49/67	Alleged sale of unsound red-currants	Retailer visited and stock sorted
50/67	Wheatmeal loaf in mould condition	Referred for legal proceedings.
51/67	Suspected rat dropping on crust of loaf	Material suspected was in fact discoloured dough
52/67	Maggots in "Nuts & raisins"	Packers prosecuted.
53/67	Mouldy loaf of bread	Retailers prosecuted. Fined £10 + £15 costs.
54/67	Mouldy loaf of bread	No action possible
55/67	Mouldy Cornish pasty	Retailer prosecuted
56/67	Mouldy pork pie	Referred for prosecution but complainant withdrew
57/67	Mouldy steak and kidney pies	Referred for prosecution but complainant withdrew
58/67	Piece of metal in sausage	Warning letter to manufacturer
59/67	Alleged unfit meat pie	No action
60/67	Complaint re interference with food in family dispute	No action
61/67	Mouldy farmhouse loaf	Retailer prosecuted. Fined £25 with £5 costs.
62/67	Cigarette card in loaf of bread	Baker prosecuted. Fined £10 + £3 costs.
63/67	Mouldy toast slice loaf	Referred for legal proceedings
64/67	Mouldy skinless sausage	Retailer prosecuted. Fined £50 + £5 costs.
65/67	Altered condition of condensed milk	Stock withdrawn
66/67	Alka Seltzer tablets - jar broken, tablet deteriorated.	Referred for legal proceedings
67/67	Foreign matter in bottle of milk	No action
68/67	Sugar lolly - dirty wrapper	No action
69/67	Fried fish smelled strongly of ammonia	No action necessary
70/67	Individual fruit pie contained ants	No formal action possible
71/67	1/3rd pint bottle of milk uncapped	No formal action

/continued..

	Nature of Complaint	Action taken
72/67	Loaf of bread contained dark substance	Letter to bakers
73/67	Malt loaf contained foreign matter (wood and metal)	Producer prosecuted. Fined £15 + £5 costs.
74/67	Canned ham and pork contained dark foreign matter	No action on imported meat
75/67	Tea had strange smell and taste	Complainant advised on storage methods.
76/67	Sausages alleged to be unfit	Sausages not unfit
77/67	Butter contained foreign matter (wire)	Producer prosecuted. Fined £10 + £5 costs
78/67	Jar of jam contained foreign matter (glass)	Producers (foreign)
79/67	Bread loaf contained dark substance	Producer/retailer prosecuted. Fined £15 + £5 costs.
80/67	Crumpets in mouldy condition	Warning letters to retailer and producer.
81/67	Metal in loaf of bread	Warning letter to producer/retailer.
82/67	Foreign matter in shepherds pie	Produced in Local Authority kitchens. Referred to Department concerned.
83/67	Foreign matter in milk	Bottlers prosecuted. Fined £15 + £5 costs
84/67	Piece of cane in chips	Referred for legal proceedings.
85/67	Needle alleged to have been in ice lolly	Insufficient evidence for further action.
86/67	Dripping with foreign matter	Vendors informed.
87/67	Condition of can which contained soup.	Can satisfactory
88/67	Maggots in meat	Complaint referred to condition of meat which was satisfactory.
89/67	Foreign matter (fly) in raisins	Packers informed of presence of wasp.
90/67	Lobster paste does not smell like lobster.	Complaint not justified.
91/67	Alleged sale of sour sausage	No formal action.
92/67	Can of corned beef with hole	Importer prosecuted.
93/67	Stale cakes	No formal action.
94/67	Sour sausage	Referred for legal proceedings.

Bacteriological Examination of Food

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

Ice Cream	30
Milk	54

Ice Cream

Ice Cream is manufactured at two premises in the Borough, one of which is a large whole-sale manufacturing and distributing company.

During the year 30 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 Methylene Blue
1	4½ hours or more
2	2½ hours or more
3	½ to 2 hours
4	Less than ½ hour

The 30 samples were placed in the following grades:-

10	were within Grade 1
9	were within Grade 2
1	was within Grade 3
4	were within Grade 4

No results were received in respect of 6 samples owing to an accident in the laboratories.

Premises registered under Section 16, Food and Drugs Act.

Ice Cream manufacturers	2
Ice cream sales only	2
Confectioners (sweetshops) selling ice cream	211
Restaurants (selling ice cream for consumption off the premises)	20
Grocers selling ice cream	126
Fruiterers and greengrocers selling ice cream	13
Off licence premises selling ice cream	11
Bakers selling ice cream	2
Hairdressers selling ice cream	2
Butchers preserving meat and/or manufacturing sausages	68
Grocers and provision dealers preserving meat	29
Caterers preserving meat	4
Fishmongers curing fish	21
Food factories manufacturing sausages and preserved food	5

Total

516

Milk Supplies

There are two large processing depots situated 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 rail tanks of 3,000 gallons capacity and also in road tankers, each holding the same amount. Milk is collected from the farms and bulked at creamery centres in the dairying areas and, after preliminary tests, is despatched to the processing and distributing depots. A large quantity of milk is also received at these depots in churns direct from the farms. The two depots handle altogether 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°F for 15 seconds, and is then cooled to below 50°F in accordance with the requirements of the Milk (Special Designation) Regulations, 1960-1963. There are also a number of ovens for the production of sterilised milk.

Some of the milk is distributed in churns after pasteurising, 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 types of carton are filled for supply by 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, 1960-63. All samples taken from these milk plants were reported to be satisfactory. 184 inspections were made in connection with the processing of milk and, generally, the premises were found to be satisfactory.

231 persons were on the register of milk distributors at the end of the year.

The following number of licences under the Milk (Special Designation) Regulations, 1960-1965, were in force at the end of the year.

Pasteurised	230
Sterilised	203
Untreated	58
Ultra Heat Treated	31

54 samples of designated milk were taken from milk processing plants, under the Regulations, and from distributors and automatic vending machines. These samples 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	49	49	-	49	-	-	-
Sterilised	5	-	-	-	-	5	-

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. The site in North End Road is the largest of these and, because of the intensity of traffic along the road, the problems connected with the carrying on of trading are more than one would normally meet in such circumstances. The adequate collection of waste, the maintenance of personal cleanliness and of clean and tidy condition around the stalls, the restocking of stalls during trading; all are problems which tend to make trading conditions of a lower standard than one would hope to achieve. During the year, in the light of new legislation,

consideration of the whole question of street trading was continued with the other interested Departments of the Council.

Frequent inspections of the food stalls were made in all these markets, and particular attention given to storage accommodation.

Pesticides & Other Toxic Chemicals - Residues in Foodstuffs

In order to provide evidence for the Advisory Committee on Pesticides and Other Toxic Chemicals, the Council takes part in a scheme proposed by the Association of Public Analysts, and supported by the County Councils Association and the Association of Municipal Corporations, for the analysis of an agreed range of foodstuffs with a view to ascertaining the presence of certain toxic substances.

The scheme in London started in the latter part of 1966 and by the end of 1967 a total of 18 samples had been submitted by this Authority. The scheme continues and, in due course, the evidence adduced will be submitted to the Advisory Committee.

Public Analyst's Report on Food & Drug Samples

I am indebted to the Public Analyst, Mr. Thomas McLachlan, for his Report on Food and Drug Samples:-

"During the year 1967, 1251 items of food and drugs were examined. Of these 43 samples were taken formally and 1165 informally, the remaining 43 articles were submitted as the result of complaints.

The number adulterated or about which some comment was made was 114 or 9.1 per cent. The incidence of these criticisms may be classified as follows:-

	Number of samples examined	Number of samples adulterated
Milk	98	2
Milk Bottles	9	8
Other food	1104	96
Drugs	40	8

Complaints were made about 8 milk bottles of which 2 contained vegetable tissue indicating that the milk had not been properly filtered before pasteurisation, 3 contained general dirt, 1 a milk bottle cap, 1 some dried wallpaper adhesive, and 1 a triangular piece of glass and numerous splinters. A bottle of milk was submitted and it was evident that some of the detergent had been left in the bottle after washing. Analysis showed fat 3.65 per cent and solids-not-fat 8.25 per cent, indicating not less than 3 per cent of added water. A follow-up sample was satisfactory. Another milk contained only 2.79 per cent of fat and was, therefore, 7 per cent deficient in fat, but it was farm cartoned, not a blended milk, and was probably an afternoon milk which might account for the fat deficiency. A follow-up sample contained 3.40 per cent of fat but only 8.57 per cent of solids-not-fat and was, therefore, rather poor quality milk probably derived from a Friesian herd.

Some butter contained 16.25 per cent of water i.e. 1.5 per cent excess, since butter must not contain more than 16 per cent water.

A soft cheese was labelled "50%" on the wrapper but only in small print "Matière grasse". Another described as "Double Cream Cheese" contained 77 per cent of fat on the dry matter, but the Cheese Regulations require double cream cheese to contain not less than 65 per cent of milk fat on the cheese, as sold and so, far from being a double cream cheese, it was 43 per cent deficient in milk fat. Two other soft cheeses were mouldy one of them being deficient in milk fat of which only 36.3 per cent was present. A complaint was received regarding foreign matter in yet another cheese and examination showed this to be a piece of enamel approximately 3/32nd of an inch square, which had broken away from an enamelled metal pan.

A yoghurt appeared to contain more yeasts than bacteria whereas yoghurt should be soured by bacteria and not by yeast. Two other samples of yoghurt were too acid and separating on receipt; one of these contained only 1.42 per cent of fat, whereas it must contain at least 3 per cent unless it is sold as a fat-reduced product.

During the year many complaints were received about loaves of bread. Five of these were contaminated with oil from shafting indicating that much more care is required in the layout of equipment in bakeries. Two loaves were suspected of being contaminated with rodent droppings, but in each case the offending matter was found to consist of pieces of charred dough. Another loaf contained a piece of coloured paper tissue which had been baked in the loaf, and another, a piece of metal, although it was impossible to say whether this had been in the loaf before it had been baked. Two slices of bread were submitted with a cigarette filter tip adherent to the crust and there was no doubt that it had been baked in the loaf. It was the same type of filter tip as smoked by an assistant in the bakery concerned. A malt loaf contained splinters of wood and a piece of metal which had obviously been baked in the bread.

A doughnut contained some charred dough and small black specks showing that greater cleanliness was required in the bakery concerned.

The description of some cream biscuits was considered to be misleading as they were made with vegetable fat and in accordance with the Report on Advertising, Labelling and Composition of Food 1949, they should be described as "Milk" biscuits. The name "Cream biscuits" implies a sandwich biscuit with a filling of fat, sugar, and flavouring. An ingredient of another sample of biscuits was described as "Celugar", which was stated to be a trade name for "Cyamopsis tetragonolobus", a name your analyst found impossible to trace in the literature, whereas the common or usual name for this plant must be on the label. Other biscuits were stated to contain "Shortening" which at present must be described as "Edible fat", if declared, although biscuits for the time being do not have to have their ingredients declared.

Some ready-cooked groats were badly infested with bread beetles there being nearly 200 present in the carton on receipt. There were numerous holes in the box, and it was difficult to believe that the packet could have been in this state when purchased without the customer noticing it.

A sample described as treacle (Molasses) contained 93 per cent of total solids including 90 per cent of sugar and should have been sold as Barbados Sugar.

A Rumanian honey was thin in texture and fermenting slightly on receipt. The total solid matter was 75.4 per cent and it contained pollen grains of Brassica and Clover. It was impossible to say that it was not a genuine honey, but it was probable that it had been diluted with a little water during straining.

Some sweets described as "Honey B" were stated to contain honey, but a list of ingredients of the wrappers did not include honey. A sample of liqueur chocolates contained only 2.4 per cent of proof spirit, whereas your analyst considers that they must contain not less than 8 per cent.

Three cans of Irish stewed steak, were received as the result of a complaint and were found to contain 97, 97.5, and 98 per cent of meat respectively. The contents of two of the cans, however, were not jellied, and it was thought that there had been some fault in the processing thus causing the complaint.

The meat content of a chopped chicken in jelly was only 75.5 per cent, whereas it must be not less than 80 per cent.

A turkey and veal loaf was satisfactory, but listed "Caseinate" as an ingredient. This must be described as "Sodium caseinate" or by the correct name of the form of casein compound employed.

Some beef and veal luncheon meat was submitted together with a small beetle and examination proved this was a plaster beetle, which had been cooked, so that it had probably been in the can of luncheon meat before it had been opened. A can of corned beef was old stock and the tin plate had been badly attacked. A slice of the meat in contact with the can contained 460 parts per million of tin, which is twice the limit suggested by the Ministry.

The foreign matter in a canned chopped ham and pork received as a complaint consisted of cotton waste, which had probably been employed for wiping the machinery.

Adverse reports were made on several samples of sausages. Five contained 180, 220, 230, 240, and 250 parts per million of sulphur dioxide without the statutory declaration required by the Preservatives Regulations, 1962. Two samples were deficient in meat, one of pork sausages containing only 61 per cent of meat instead of 65 per cent, and another of beef sausages containing only 47 per cent of meat instead of 50 per cent. Two complaints regarding sausages were received, in one case because they were mouldy and in the other a piece of wire was present.

A meat pie contained black material which was found to be charred meat with a considerable amount of fat and was doubtless due to some fault in the production line.

A beef risotto required 1 ounce of butter or margarine for cooking, but no mention of this was made on the main label.

A complaint was received regarding a cream of chicken soup which was submitted with two other cans of the same product. The complaint soup appeared curdled, but mixed satisfactorily on heating, but the contents of the two control cans possessed a definite flavour of curry rather than the bland flavour expected of a cream of chicken soup, and this may have been the reason for the complaint.

Some mushroom cubes contained 50 per cent of starch, 14 per cent of salt, and 5 per cent of fat, together with garlic and onions, all foreign to mushrooms. A mushroom cube must consist essentially of dried mushroom and this product was in fact a mushroom soup cube. The product was incorrectly labelled as the list of ingredients on the carton and on the wrappers of the cubes did not agree with each other.

An illustration of cocks crowing on the label of a gravy additive was considered misleading. The product, moreover, was described as "Chicken flavoured" when in fact, no chicken was present. Some pickled pigs' snouts were coloured violet. The brine in which they had been pickled was examined, but no artificial colour could be detected. Traces of iron and copper, however, were present and it was thought that the pickling might have taken place in a wooden vat from which tannin colours had been extracted and that these colours had combined with the traces of iron and copper.

An insect found inside a packet of dripping was identified as a millipede, *Nopoiulus minutus*, generally associated with the North-West of England, and it had probably fallen on to the surface of the dripping after the fat had been cooled.

Some fillets of anchovies contained 8.8 parts per million of lead, whereas the maximum permitted quantity is 5 parts per million. Six further samples were examined and the lead contents ranged from 2 to 5.6 parts per million, indicating that more care was required in packing these anchovies.

The label of a carton of glazing powder required amendment, both the relative sizes of print and the illustration being incorrect.

The illustrations on two cartons of table jellies indicated the presence of fruit although the flavour was essentially artificial. Some jelly crystals were not labelled with their ingredients as required by the Food Standards Table Jelly (Amendment and Revocation) Regulations, 1962.

Some mixed dried fruit was unpleasant and gritty. The acid-insoluble ash was 0.21 per cent, whereas normally it is below 0.06 per cent. A further sample submitted was clean and the acid-insoluble ash was only 0.06 per cent.

Two cans of prunes were received owing to a suspicion that babies were being upset by them. Their tin contents were 138 and 78.5 parts per million respectively and, in spite of the Ministry's recommendation that 250 parts per million of tin be permitted, your Analyst considered these prunes inferior and that they might have been the cause of the trouble.

Three fruit juices and a tomato juice were all old stock, but the Council was informed that these lines had been discontinued. Three samples of lemon juice contained 465, 420 and 365 parts per million of sulphur dioxide, as compared with the maximum of 350 parts per million permitted by the Preservatives in Food Order. A sparkling banana-ade had a sediment at the bottom of the bottle due to fermentation and was found to contain 16,000 yeasts per ml., whereas a product of this type must be sterile.

A product sold as Mango juice contained not more than 33 per cent of fruit juice and three cans of carrot juice contained respectively only 30, 40 and 55 per cent of carrot juice. Some canned carrots were mouldy and decomposed on receipt. There was a hole at the base of the can which had probably been made some time before the can was opened, and the label had obviously been contaminated by some solution other than water, but it was difficult to understand how the retailer or the customer failed to notice this at the time of purchase.

A can of mixed vegetable salad was incorrectly labelled as it contained 50 per cent of gherkins, listed as sixth in magnitude, and other ingredients were listed as green and white roots without giving their names

Some canned yellow beans contained 7 parts instead of a maximum of 2 parts per million of lead. The label of a pepper puree was incorrect as the product contained 4.65 per cent of acetic acid, which was not declared, and some canned green peppers contained 3.5 per cent of salt, which was not declared, while the label also carried an illustration of a variety of mixed vegetables not included in the pack.

The label of an orange concentrate was incorrect, the minimum contents and the words "Product of Denmark" being almost illegible.

Adverse reports were made on several blackcurrant drinks. Two purporting to be equal to the best blackcurrant health drinks contained not more than 20 per cent, and 10 per cent, of blackcurrant juice respectively. A product labelled "Blackcurrant juice" contained only 44 per cent of fruit juice and the importers agreed that this had been improperly labelled. A label "Triple Vitamin C enriched blackcurrant health drink" was probably a true statement of fact, but was completely misleading because it also claimed that the product was "Made from real blackcurrants with extra glucose and Vitamin C enriched". The words "Permitted artificial sweeteners added" were almost illegible. The best blackcurrant syrups contain 45 per cent not 10 to 20 per cent of juice. The blackcurrant juice in three samples of blackcurrant flavoured sugarless pastilles was negligible, and the illustration of blackcurrants on the label was particularly misleading, because blackcurrant pastilles are employed on account of the supposed emollient effect of the juice.

The ash of some fenugreek was 8.15 per cent and the acid-insoluble ash 3.38 per cent showing that the sample contained an excessive quantity of mineral matter. The ash should not be more than 6 per cent nor the acid insoluble ash more than 2 per cent.

A sweet pickle was stated to contain "Solution of acetic acid" as an ingredient, but solution of acetic acid is not a definite product.

A piece of cane stated to have been found in a bag of potato chips was saturated in oil, but it was impossible to say whether it had actually been cooked with the chips or not, as it may have gained access to the chips whilst they were still hot.

A raspberry vinegar contained added carmoisine colouring matter not declared and the product possessed the flavour of badly overcooked raspberries; and jars of infant food and apricot jam were found to be mouldy when opened and the lid on the latter appeared to have become loose and was badly dented by blows it had received.

Beverages taken from a machine were the cause of complaints, but analysis showed that the tea, coffee and cocoa powder used possessed very little aroma and it was not surprising that complaints had arisen regarding beverages taken from a machine using them.

A complaint was received about the perfume odour of some tea, which had no doubt been placed near a perfumed product such as soap, but it was impossible to say whether the contamination had taken place before or after purchase.

A liquid cochineal was coloured with carmoisine and amaranth and although these are permitted colours, they are not natural to cochineal.

The tube containing some effervescent aperient was broken and as a result the tablets were deficient in carbon dioxide. If, as the purchaser maintained, these tablets had only been bought two days previously the tube must have been broken for some time before being sold as the effervescent properties had been largely destroyed.

An ingredient of a cherry cough linctus was incorrectly declared as "Liquor Rubra", but as the manufacturers stated they had withdrawn the product from sale, no further action was necessary. The labelling of a nerve tonic showed various abbreviations which were incorrect and the manufacturers agreed to amend their label.

An Indian Brandee was also considered to be incorrectly labelled, but as the manufacturers stated that they no longer manufactured this product the matter was left. The label of a Vitamin preparation described as "Vitorage" showed illustrations of oranges, but the product was made with tartaric and not citric acid. The words "Registered trade mark" was also illegible.

A "Rock salt" foot cream contained 51.4 per cent of oil of turpentine and only 0.03 per cent of salt. Turpentine was essentially the active ingredient and the name was completely unwarranted. The label bore no list of ingredients as required by the Pharmacy and Medicines Act, 1941, and yet claims were made for its use for the treatment of various complaints.

A greenish colour formed on the chalk fur in some water was the subject of complaint, and probably resulted from copper pipes or an Ascot-type water heater.

Food Legislation in 1967

The year 1967 has been a busy one for food legislation and it is probable that some of the regulations issued will cause trouble in their exact interpretation. Fortunately the most controversial regulations do not come into force until mid-1969 or 1971, so that there is time for second thoughts before they are put into operation.

The Labelling of Food Regulations, 1967, largely cover the same ground as the Labelling of Food Order, 1953, as amended; but the general exemption from a declaration of ingredients for which there is a statutory standard, is withdrawn and the Schedule listing foods, which are partly exempt from labelling requirements has been drawn up in a clearer fashion than previously. Many minor food ingredients may henceforth be declared under general descriptions with the word "Permitted" preceding them. The size of print to be employed on labels is still slightly confusing and it will remain to be seen how this is applied in practice. It will be necessary to describe the commoner types of fish correctly in future and many housewives will be surprised at the names given to various kinds of fish, which they have previously bought under more respectable names. These regulations do not deal with misleading claims and descriptions, which are to be the subject of another order, a draft of which was circulated during the year. Unfortunately there is a slight overlap in the two sets of regulations, but as regulations can be amended more easily than can Acts of Parliament, there is little doubt that this overlap will be cleared up in a few years.

The Coffee and Coffee Products Regulations, 1967, supersede the previous regulations controlling coffee mixtures and coffee essences, and lay down standards for dry and liquid extracts of coffee, for coffee and chicory, and for Viennese coffee or coffee with fig and extracts prepared therefrom, as well as for decaffeinated coffee. The descriptions by which these various foods are to be known are also prescribed.

The Ice-Cream Regulations, 1967, largely re-enact the Food Standards (Ice-Cream) Regulations, 1959. The new regulations contain a definition of ice-cream and make it necessary to label the ice-cream with the words "Contains non-milk fat" or "Contains vegetable fat" if fat other than milk fat is present.

The Food (Control of Irradiation) Regulations, 1967, prohibit the use of ionising radiation to food intended for human consumption as a general principle, but low strength radiation may be employed under certain circumstances.

The Margarine Regulations, 1967, largely re-enact the Food Standards (Margarine) Order, 1954, and the Food Standards (Butter and Margarine) Order, 1955, but tighten the labelling requirements. The Canned Meat Product Regulations, 1967, the Sausage and Other Meat Product Regulations, 1967, and the Meat Pie and Sausage Roll Regulations, 1967 were necessary regulations to be issued, but the difficulties involved are such that these regulations have provoked intense controversy. Fortunately the canned meat and the sausage regulations do not come into operation until 1971, but your Analyst has given considerable thought to these regulations and believes that the only satisfactory method of dealing with certain meat products would be to believe that the only satisfactory method of dealing with certain meat products would be to have an omnibus regulation permitting products to contract out of the regulations so long as they stated in large lettering what percentage of meat is contained in the pack, this information being adjacent to the main name of the article on the label and also being mentioned in any advertisements. Several products for which standards are now provided have only recently been introduced and it would be absurd to crush manufacturing initiative, though care must be taken to inform the public what they are buying.

The Merchandise Marks (Imported Goods) No.7 Order, 1934 Amendment Order, 1967, makes provision for the sale of meat in small pre-packed containers and requires each of them to be marked with the country of origin of the meat. This order has disturbed packers of such pre-packed articles, but as they are often pre-packed before distributing to the retail shops it is a necessary regulation.

The Solvents in Food Regulations, 1967, provide a list of permitted solvents primarily for flavourings added to foods, and prescribe standards for these. It was found impossible to lay down a list of ingredients for the flavourings themselves, but the provision of a permitted list of solvents takes care of those substances present in the largest quantities in flavourings.

The Artificial Sweeteners in Food Regulations, 1967, became necessary in order to allow for the use of cyclamates as artificial sweeteners. Whilst cyclamates may become popular for tablets for beverages it is still doubtful whether they will be useful in foods such as diabetic jams, as they possess no preservative action.

The Food Standards Committee has issued a report on the present standards for cream with recommendations for their extension; and the Food Additives and Contaminants Committee another on aldrin and dieldrin suggesting limits for the quantities which should be permitted as residues in foods."

Medicinal Baths & Treatment Centre

General

Work in most sections has remained reasonably static when compared with 1966 as shown in the Statistical Summary on Page . In mid-1966 the departmental laundry undertook laundering for Southway Close and Hurlingham Lodge. The marked increase in the section is the result of a full year's work. Treatment for scabies shows an increase of 31%. The increase in the number of articles sterilised is the result of the first full year's work from Hurlingham Lodge. All articles received for laundering from this tuberculosis hostel are first sterilised.

Work on behalf of neighbouring local authorities shows a marked increase in most sections.

Cleansing and Treatment of Persons

In all 788 individuals received 1387 treatments for a variety of causes. The four main conditions treated were:-

Scabies	463	patients	907	treatments
Head lice	79	"	121	"
Body lice	139	"	169	"
Pubic lice	87	"	149	"

Of the treatments for body lice 56% were in respect of men from a large hostel in the Borough.

Work carried out on behalf of other London Boroughs involved 394 persons who received 584 treatments.

Steam Sterilisation

272 collections involving 7929 articles were dealt with during the year. Use is made of this service by neighbouring authorities also, some 1389 articles being sterilised for 3 such bodies:

	Collections	Articles
Hammersmith:		
West London Hospital	147	981
Fulham Hospital	26	926
Stamford House	39	427
Parsons Green Clinic	1	64
Hurlingham Lodge	51	5196
Olympia	1	399
Private dwellings	7	36
	<u>272</u>	<u>8029</u>
Other local authorities:		
L.B. Ealing	14	354
L.B. Hounslow	4	388
L.B. Richmond	8	608
	<u>26</u>	<u>1350</u>

Disinfestation

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

	Premises	Rooms		Premises	Rooms
Beetles	38	60	Ants	28	42
Bed bugs	147	289	Flies	18	26
Fleas	92	230	Silverfish	5	14
Cockroaches	20	44	Mites	1	1
Dirty premises	8	12	Moths	2	5
Not defined	9	14			
Totals: Premises - 368 Rooms - 737			Wasps - 100 nests		

Disinfection

Premises are not normally sprayed following cases of the more common infectious diseases, unless a definite application is made. During the year 18 requests for formaldehyde disinfection were received following death and illness. In most cases, the illness was not of an infectious nature and spraying was carried out as a palliative measure only.

Assisted Bathing

During the year the Medicinal Baths Superintendent who is a State Registered Nurse, supervised the bathing of 18 aged or infirm persons, who received 291 baths. Transport is provided in practically all these cases.

Health Laundry

For the first year since the inception of this service, demand has not increased. It could be that all in need of this most helpful service are not being assisted.

Departmental Laundry

There has been considerable expansion in this particular section, mainly due to work undertaken for the Welfare Services at Southway Close. This is an old people's home where a total of 32,244 articles were laundered. Work is also undertaken for the tuberculosis hostel, Hurlingham Lodge, 5,916 articles being dealt with; here special precautions are taken in view of the infective nature of the laundry

Statistical Summary

	1967	1966
FOR HAMMERSMITH		
LAUNDRY:		
Health laundry	133,857	134,564
Departmental	56,512	34,041
Total of all articles laundered	190,369	168,605
BATHING OF AGED AND INFIRM:		
Number of persons assisted	18	17
Number of cleansings	291	264
PERSONAL CLEANSING AND TREATMENT:		
Pediculosis		
Individuals	305	357
Treatments	439	464
Scabies		
Individuals	463	354
Treatments	907	664
Other dermatological conditions		
Individuals	20	41
Treatments	41	70
SPRAYING OF PROPERTY:		
Number of premises	386	398
Number of rooms	763	817
STEAM & CHEMICAL STERILISATION OF BEDDING, CLOTHING ETC.		
Number of collections	272	283
Number of articles	8,029	4,931
FOR OTHER LOCAL AUTHORITIES		
PERSONAL CLEANSING:		
Individuals	394	273
Treatments	584	453
STEAM STERILISATION:		
Number of requests	27	22
Articles stoved	1,389	361

Coroner's Court & 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.

The Mortuary was used by the neighbouring Boroughs of Ealing, Hillingdon, and Hounslow whilst their own mortuaries were closed during the annual leave period. Inquests were held in the Court in respect of Ealing, Hillingdon, and Hounslow cases throughout the year, in addition to Hammersmith.

The number of bodies admitted to the Mortuary during the year was 757, an increase of 82 over 1966. There were 753 post-mortem examinations, an increase of 83 over the previous year.

In all 307 inquests were held at the Coroner's Court compared with 279 the previous year. Details are set out below:

Bodies admitted from the Borough:-

By order of the Coroner	614	
On application of Undertakers	<u>4</u>	618

Bodies admitted from other Boroughs:-

Ealing (by order of Coroner)	77	
Hounslow (by order of Coroner)	34	
Hillingdon (by order of Coroner)	<u>28</u>	139
		<u>757</u>

No. of post-mortem examinations conducted:-

Hammersmith cases	614	
Ealing cases	77	
Hounslow cases	34	
Hillingdon cases	<u>28</u>	
Total Post-mortems		<u>753</u>

No. of inquests held:-

Hammersmith cases	104	
Ealing cases	57	
Hounslow cases	82	
Hillingdon cases	<u>64</u>	
Total Inquests held		<u>307</u>

Laboratory Facilities

The Public Analyst for the Borough is Mr. Thomas McLachlan of Messrs. Thomas McLachlan & Partners, 4 Hanway Place, London, W.1.

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

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 found necessary to take action under these Acts in respect of any person in the Borough during the year. In all cases it was possible to find a solution in other ways, usually by co-operation with the family doctor and by providing ancillary services.

National Assistance Act, 1948 - Section 50.

Burial or Cremation of the Dead

During the year 34 burials were carried out by the Council.

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 are made by the staff at the baths, particularly during heavy bathing loads.

The Public Baths and Wash-houses in Lime Grove, Shepherds 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. There are also hand irons.

There are two swimming baths at Lime Grove and three at North End Road - only the smaller ones being open all the year round. The larger ones are available during the Summer months only, as during the Winter season they are converted into public halls which may be hired for meetings, concerts, wrestling, or dances; and 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.

During the Summer checks are also made in the various paddling pools provided in the parks.

Staff Medical Examinations

The number of medical examinations carried out by the Senior and Assistant Medical Officers to ascertain the suitability of applicants for employment in the Council's service was 932. In addition, 19 examinations of staff were undertaken in our three children's homes, and 10 by other Boroughs.

36 applicants for extended sick pay, and 70 for extended service were also examined.

A total of 142 specialists' reports were called for and received.

In all 11 candidates were found to be unsuitable for their proposed employment.

Tribute must be paid to the excellent co-operation of medical practitioners and hospital specialists without whose willing assistance our task would be much more difficult, if not impossible.

Evidence of recent satisfactory chest X-ray examinations is required from all applicants. When this is not available this service is undertaken by the chest clinics under the special general practitioners' service; or use is made of the mass radiography service at the Western Hospital, 542 such examinations being performed at the chest clinics, 308 at mass radiography units, and 81 at various hospitals, and clinics.

In 79 cases it was found necessary to re-call applicants for further investigation.

PART I

HEALTH SERVICES

PERSONAL HEALTH

Personal Health Service

In England and Wales the personal health services of the local health authorities i.e. the Councils of Counties and County Boroughs, are provided under Sections 21 to 29 of the National Health Service Act, 1946. A similar position obtains in the case of the London Borough Councils with the exception that Section 27, which deals with the provision of an ambulance service, is administered as one service throughout Greater London by the Greater London Council.

Co-ordination and Co-operation of Services

Co-ordination and co-operation of the local health authority's services with the hospital and family doctor services were furthered in several ways. There was consultation between the three services at Maternity Liaison and General Practitioner Liaison Committees. During the year general practitioners were invited to meetings on paediatrics and geriatrics at which consultants in the particular subjects were present; while through the courtesy of hospital consultants, lectures and discussions were arranged for full-time and sessional local authority medical officers. Medical students from one teaching hospital were received for instruction by clinic medical officers in the school health and personal health services. Over 900 visits to Borough establishments were also arranged for student nurses and students from other disciplines as part of their training; and the Principal Nursing Officer and her Deputy continued to give lectures at all nurse training schools in the area. The ways in which domiciliary staff co-operate with the other two branches of the health service are described in the following paragraphs on particular services.

Health Centres (National Health Service Act, 1946 - Section 21).

The National Health Service Act, 1946, made it a duty which for various reasons has not been insisted upon, for every local health authority to provide, equip, and maintain to the satisfaction of the Minister premises which shall be called "Health Centres" at which facilities shall be available for all or any of the following purposes:-

general medical, dental or pharmaceutical services, services of the local health authority, services of specialists and health education, and "A Local Health Authority shall to the satisfaction of the Minister provide staff for any Health Centre provided by them".

In July, 1965, the Ministry of Health asked for information on the Council's long-term plans for the development of the Health and Welfare Services. The period for which information was required was the 10 years from 1st April, 1966, to 31st March, 1976; and in addition information in the year (1965/66) was requested. It was therefore essential to forecast the demands and needs of the various services to decide how they could best be met in the future.

It was felt that the needs of the Borough would best be served by creating Health Centres for the practice of preventive medicine and for the promotion of the mental and physical health of the family. These Centres would provide all or most of the following:-

Accommodation for General Practitioners

Maternity and Child Welfare facilities

School Treatment Centre

Information/Advice Centre

Additional special clinics as necessary, e.g. Geriatric/Chiropody

There are obvious advantages to both public and staff in having these services in one building; and it is interesting to note that having reached this decision independently at an early stage the London Borough of Wandsworth has, through the London Boroughs Committee, urged other Boroughs to create Health Centres.

The London Borough of Hammersmith was fortunate in inheriting from the Metropolitan Borough of Hammersmith a scheme for the provision of group practice premises in association with housing redevelopment. Advantage was taken of the Council's new powers as a local health authority to adapt the scheme in consultation with the Ministry of Health, the Inner London Executive Council, the Local Medical Committee and local general practitioners, as a Health Centre in keeping with the modern trend for the joint use of smaller-type premises. General practitioners have now been appointed to the Health Centre and final approval from the Ministry has been received. In view of the small site the local authority services to be provided will be restricted to those essential to the area. The scheme will be of the utmost value as a pilot project carried out in association with a teaching practice.

Nine Health Centres are included in the 10-Year Programme and they will be spread throughout the Borough as evenly as possible to serve an average estimated population of 20,000, the one exception being the Wood Lane Centre, (estimated population 9,000).

Maternity & Child Welfare, (National Health Service Act, 1946 - Section 22).

Family Planning

During the year five sessions a week were held at the following Borough clinics:

Glenthorne Road (evenings)
Greyhound Road
Parsons Green (2)
Westway

where advice was given and substances and/or appliances provided on medical grounds. The total attendances at these clinics were 2,557 (1964). In addition, some Borough residents used the following clinics of the Family Planning Association:

West London Hospital
St. Stephen's Hospital
North Kensington Marriage Welfare) Royal Borough of
Centre (Telford Road, W.10)) Kensington &
Camden Hill Welfare Centre, W.8.) Chelsea.

where a full range of services was provided, including the fitting of the intra-uterine device.

The National Health Service, (Family Planning) Act, 1967, received the Royal Assent on 28 June, 1967, and extends the powers of local health authorities to permit them to provide, (or arrange for other bodies to provide), advice on contraception and supplies for any person who needs them on social and not, (as previously), only on medical grounds, i.e. for women likely to suffer detriment to their health as a result of pregnancy.

The Health Committee considered what should be done to implement the provisions of the Family Planning Act and, in the interests of providing a uniform standard of service to the public throughout West London, it was decided to ask the Family Planning Association to undertake all family planning work in the Borough on terms to be agreed.

Child Health Centres

There are 8 Child Health Centres in the Borough as shown below providing between them the following services:-

Child Health Centres		Services
Becklow Gardens	)	Ante-Natal
Becklow Gardens, W.12.	)	Creches
Burne Jones,	)	Cytology
North End Road, W.14.	)	Dental
Glenthorne Road,	)	Family Planning
48 Glenthorne Road, W.6.	)	Infant Welfare
	)	Mothers' Club
Greyhound Road,	)	Mothercraft
90/92 Greyhound Road, W.6.	)	Parentcraft
	)	Relaxation
Milson Road,	)	Toddlers
1/3 Milson Road, W.14.	)	Vaccination and
	)	Immunisation.
Parsons Green,)	
5/7 Parsons Green, S.W.6.)	
Wandsworth Bridge Road,)	
170 Wandsworth Bridge Road, S.W.6.)	
Westway, The Curve W.12.)	

Attendances at the Child Health Centres of children up to 5 years of age totalled 42,932 (47,039).

Day Nurseries

The pressure on day nursery places continued to increase and despite shortage of nursery nurses 83,683 attendances were made during the year, (77,650 in 1966), although due to staff shortage it was necessary to restrict admissions.

To increase the number of trained nursery nurses the number of training places was raised from 16 to 24.

This Council has continued the practice of admitting into day nurseries, on a part-time basis, deaf and partially-hearing young children, and children of deaf or partially-hearing parents.

A unit for 9 mentally handicapped children has been full throughout the year, and transport was provided where there were any travelling difficulties. 1993 attendances were made during the year, (1126 in 1966). The unit has attracted a large number of visitors from this country and from overseas.

Child Minders - The Nurseries and Child-Minder's Regulation Act, 1948

The following table shows the number of premises and persons registered under the Act, and the number of places shown in brackets:-

No. of registered premises		No. of registered persons	
No. of places shown in brackets		No. of children provided for shown in brackets	
5	(82)	20	(98)

Borough Child Minder's Scheme

The Borough's Scheme provides for the approval of minders giving daily care in their own homes to not more than two children from different households. Minders so approved may claim a fee of 6s.0d. a week. At 31st December, 1967, 41 minders were receiving this fee; they were then minding 62 children.

Occasional Creches

The occasional creche has proved invaluable to many parents in the Borough and 402 (293) sessions were held at 3 centres. The total attendances were 4481(4711).

Playgroups

Playgroups continued to provide supervised and constructive corporate activities for children in the 3 - 5 years age group. There were eight groups by the end of the year. The persons responsible for the five newly-opened groups were visited and advised about the conduct of the Groups and Health Visitors continued to keep in close touch with them.

Observation and Handicap Register

Babies are considered to be at risk of developing handicaps if they are adversely affected during pregnancy, labour, or the lying-in period, and the names of such children are entered in the observation register. This register is scrutinised at regular periods by a senior medical officer so that the child's progress and development may be kept under review. Should a handicap become evident, the child's name is transferred to the handicap register.

Observation Register

882 cases born in 1967 were notified, of whom 6 had been transferred to the handicap register at 31st December, 1967.

Handicap Register

The table below is an analysis of notifications in 1967 and relates to children born in that year. 49 cases were placed on the register in 1967 of whom 6 had been transferred from the observation register. 20 had been notified through the scheme for reporting malformations at birth. 17 were subsequently removed from the register due to change of address, or death.

Mongol	1
Hydrocephalus	1
Mental retardation (physically normal)	2
Spina Bifida	11
Congenital disease of the heart	2
Sickle Cell Anaemia	1
Hirschsprung's Disease	1
Cleft Palate and Hare Lip	3
Talipes	10
Congenital Dislocation of Hips	3
Imperforate and Ectopic Anus	2
Ectopic bladder	1
Hypospadias	4
Deaf	1
Multiple Defects	1
Dual Defects	5

In addition to the aforementioned 49 children, the names of 24 children born in 1966 whose handicaps were not apparent in that year were added to the register in 1967. The total number on the handicap register at the end of 1967 was 214.

Scheme for Reporting Congenital Malformations.

The Scheme rests on information being sent to the Medical Officer of Health by the doctor or midwife notifying a birth, as required by Section 203, Public Health Act, 1936, of any malformation of the child observable at birth. The Medical Officer of Health is required to return to the General Register Office a standard form for every child living in his area of whom he has received information of a malformation observed at birth.

In 1967, 62 cases were notified; of this number 30 were mild and remediable, e.g. vestigial digits, or mild talipes. Five died soon after birth. Details of the remaining cases are as follows:

<u>Still Births</u>	
Anencephaly	2
Hydrocephalus	1
Myelomeningocole	1
Multiple defects	1
Premature Infant macerated	1
Rhesus isoimmunisation)	
Bone deformity)	1
Talipes)	

Live Births

Hydrocephalus	1
Spina Bifida	1
Congenital disease of the Heart	1
Cleft Palate and Hare Lip	3
Talipes	9
Congenital dislocation of hips	1
Imperforate and Ectopic Anus	2
Ectopic Bladder	1
Hypospadias	1

These 20 children are all under the care of hospitals and their names are on the Borough's register of handicapped children.

Dental Service

Section 22 of the National Health Service Act, 1946, imposes a duty on local health authorities to make arrangements for the care, in particular dental care, of the priority classes, i.e. expectant and nursing mothers and children under school age.

Treatment of these classes of patients has in the past been carried out at Parsons Green and Shepherds Bush Road only, special sessions being devoted solely to this purpose, and this has limited the development of the overall service. Severe staff shortages regrettably made it necessary to curtail for a period expectant mothers being referred for treatment from the Hammersmith Hospital.

The service has now been put on a new footing, with all treatment centres seeing both the pre-school child and the expectant and nursing mother, and their attendance for treatment being integrated into the normal treatment session. This should lead to a steady expansion of the service, which will not reach fruition until the service is rehoused in the forthcoming new health centres and can play its full part in the care of the community. At the present time only one surgery is in any way related to a maternity and child welfare centre.

The appended statistics reflect the staff shortages referred to above.

MATERNITY AND CHILD WELFARE DENTAL STATISTICS

	<u>Children aged</u> <u>0 - 4 years</u>		<u>Expectant and</u> <u>Nursing Mothers</u>	
	<u>1967</u>	<u>1966</u>	<u>1967</u>	<u>1966</u>
<u>Inspections</u>				
First inspections	213	217	97	150
No. requiring treatment	140	138	94	142
Percentage requiring treatment	65.7	63.6	96.9	94.7
<u>Visits</u>				
First visits	131	108	93	124
Subsequent visits	222	353	250	353
Total visits	353	461	343	477
<u>Treatment</u>				
Fillings	383	476	184	179
Teeth filled	340	392	174	155
Extractions	9	6	19	27
Patients X-rayed	3	-	18	18
Prophylaxis	2	3	91	121
Teeth otherwise conserved	89	94	-	-
Teeth root filled	-	-	1	1
Inlays	-	-	1	-
Crowns	-	-	1	1
Courses of treatment completed	99	140	56	88
<u>Prosthetics</u>				
Patients supplied with F.U. or F.L.(first time)	-	-	3	5
Patients supplied with other dentures	-	-	10	10
No. of dentures supplied	-	-	20	24
<u>No. Sessions devoted to M. & C.W.</u>				
Treatment		<u>1967</u>		<u>1966</u>
		134.6		170
Health Education		-		-

Domiciliary Midwifery Service - National Health Service Act, 1946, Section 23.

On 1st April, 1965, the Council's duty to provide a domiciliary midwifery service was discharged through the Council's own midwives and those employed by a local hospital. The increase in the number of hospital beds available for maternity cases resulted in a decrease in domiciliary confinements, making it possible for Council midwives to undertake all domiciliary confinements without increasing the establishment. To improve continuity of care, mothers were seen by the general practitioner-obstetricians with the domiciliary midwives, either in the Council's clinics or in the surgeries of the general practitioner-obstetricians.

The scheme for planned 48-hour discharges for mothers from maternity hospitals to their own homes was also extended. 119 mothers were nursed at home under these arrangements. More than 100 mothers who took their own discharge were also nursed at home.

Pupil midwives from Fulham Maternity Hospital and Queen Charlotte's Hospital gained practical experience with the Council's domiciliary midwives. The liaison between maternity hospitals, general practitioner-obstetricians, and domiciliary midwives was extended further by the opening of St. Mary Abbots general practitioner unit. This comprises a five-bedded lying-in ward and a labour room.

Patients who are booked for the unit are cared for by the general practitioner-obstetricians and domiciliary midwives during the ante-natal period, with two visits to the hospital in early pregnancy to confirm normality. During labour the midwife accompanies the patient from her home to the unit, delivers her, and settles her in the lying-in ward.

A hotel service is provided by the hospital, medical and nursing attention being provided by the general practitioner-obstetrician and domiciliary midwife in the unit until the patient is discharged home. She is then cared for in the same way as a home confinement until the 10th day.

Health Visiting - National Health Service Act, 1946, Section 24.

Home visiting by health visitors continues to be the main channel for the family to obtain the social advice and health education geared to its own particular need.

Visits to immigrant families have not only been instrumental in providing a source of information on services available, but have provided the much needed reassurance required by young mothers far from familiar surroundings and family support. Health teaching through formal and informal methods has continued and there has been expansion in some schools. The equivalent of one whole-time health visitor is engaged on this work in schools within the Borough.

Health Visitor liaison with general practitioners and local hospitals continues to progress, and the exchange of information enables a better service to be given to the families.

The total number of visits paid to families by health visitors during the year was 69,001 (61,343).

Surveys.

In addition to their normal visiting, health visitors assisted in the following surveys in which the Council is co-operating with other organisations:-

<u>Name of Survey</u>	<u>In co-operation with</u>
Mother and Baby Unit Follow-up	Downview and Banstead Hospitals.
Investigation into fatal diseases of childhood	Department of Social Medicine of Oxford University.
Follow-up of children vaccinated against measles in the autumn of 1964.	Medical Research Council.
Survey of children suffering from Spina Bifida	Greater London Council Research and Intelligence Department.

Immunisation and Vaccination - National Health Service Act 1946, Section 26.

The following tables show details of the number of persons protected against diphtheria, tetanus, whooping cough, smallpox, and poliomyelitis during 1967:-

TABLE 1

Diphtheria Immunisation Primary Course

born in 1967	1634	Given by:-	
born in 1966/64	1589		
born in 1963/60	507		
born in 1959/52	238		
		Borough Medical Officers	3197
		General practitioners	771
Total:	<u>3968</u>		

Reinforcing doses

	Year of Birth				
	1967	1966/64	1963/60	1959/52	Total
Diphtheria	13	2499	2229	1380	6121
Tetanus	13	2494	2142	1227	5876
Pertussis	8	2204	172	27	2411

TABLE 2.

The number of children referred to in Table 1 who received multiple antigens is as follows:-

Primary

	Year of Birth				
	1967	1966/64	1963/60	1959/52	Total
Diphtheria/Pertussis	1	-	-	-	1
Diphtheria/Pertussis Tetanus	1576	1459	27	13	3075
Diphtheria/Tetanus	51	107	471	219	848

GRAND TOTAL - 3924

Given by:-

Borough Medical Officers	3161
General Practitioners	762

TABLE 3.

SmallpoxPrimary Vaccinations

Under 1 year	56
1 year	1431
2 - 4 years	669
5 - 15 years	103
Total:	<u>2259</u>

Given by:

Borough Medical Officers	1675
General Practitioners	584

Re-Vaccinations

2 - 4 years	10
5 - 15 years	40
Total:	<u>50</u>

Given by:

Borough Medical Officers	25
General Practitioners	25

TABLE 4.

PoliomyelitisYear of BirthPrimary Vaccinations

1967	1966-64	1963-60	1959-52	Total
898	2209	558	323	3988

Given by:-

Borough Medical Officers	3195
General Practitioners	793

Re-inforcing dosesYear of Birth

1967	1966-64	1963-60	1959-52	Total
13	268	1968	716	2965

Given by:-

Borough Medical Officers	2688
General Practitioners	277

An evening immunisation clinic was 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 could complete immunisation courses against tetanus. Adults and children also received protection against poliomyelitis.

In 1967, 276 persons completed immunisation against tetanus and 85 against poliomyelitis.

Home Nursing Service - National Health Service Act, 1946, Section 25.

A total of 2,899 persons were nursed at home during the year, and the following table shows the number of visits made:-

	First Visits	Re-visits	Total
Age 5	81 (109)	498 (695)	579
5 - 64	997 (1,113)	22,374 (22,788)	23,371 (23,901)
65 years and over	1,821 (1,919)	82,165 (80,043)	83,986 (81,962)
All age	2,899 (3,141)	105,037 (103,526)	107,936 (106,667)

An evening clinic is held for patients at work who require injections, at which a total of 2,308 attendances were made.

Home Bathing Service

For those persons not requiring full nursing care, this services has enabled the staff of the Home Nursing Service to give additional assistance to elderly persons returning to their homes from hospital who require trained supervision and encouragement to maintain the level of rehabilitation achieved.

Loan of equipment - National Health Service Act, 1946. Section 28.

The nursing of persons in their own homes is assisted by the provision of equipment. The increasing supply of incontinence pads and protective pants and interliners continues to provide patients with a service greatly appreciated by the households in which they live.

The following articles were issued on loan during 1967:-

214	(163)	Commodes
117	(88)	Wheelchairs
22	(9)	Walking Aids
5	(16)	Tripod Stick
9	(14)	Fracture Boards
5	(5)	Easi-Carri Hoists
16	(22)	Hoists
860	(168)	Incontinence Pad Deliveries

Home Help Service - National Health Service Act, 1946, Section 29.

This service is under constant pressure and, together with the Home Nursing Service, is instrumental in providing the necessary support by which maternity cases, the frail elderly, and acute sick can be cared for in their own homes.

The demands made upon this service are great, and there is difficulty in recruiting applicants, especially those whose own home commitments make it possible for their services to be available during early morning and evening. The availability of more staff willing to undertake these morning and evening shifts would greatly assist those families where the mother is absent from the home, and the children are cared for during the day at school or in the Council's Day Nurseries. The total of cases in which service was given was 2,748 (2,711).

Immunisation and Vaccination - National Health Service Act, 1946, Section 26.

The following tables show details of the number of persons protected against diphtheria, tetanus, whooping cough, smallpox, and poliomyelitis during 1967:

Screening for Cervical Cancer

The Council co-operated with hospitals and general practitioners in the development of this service. During the year 93 (36) sessions were held at which 561 (365) attendances were made. Health visitors continued to advise women on this aspect of health preventive measures.

Tuberculosis

I am indebted to Dr. H.C. Price and Dr. P. Stradling for the following Reports:-

Fulham Chest Clinic

The general pattern of work has not changed appreciably during the year. A slight fall in the total attendances was caused partly by the continued reduction in notified cases being admitted to the inpatient unit, and the serious interruption in routine work caused by the closure of the inpatient unit and its transfer on two occasions to alternative locations, finally settling down late in 1967 in the reconstructed and air-conditioned ward unit. Shortage of most grades of staff throughout the year due to various reasons, including sickness, also had their effect.

It is of interest to note that the total notifications of tuberculosis numbering 39 is exactly one third of the figure ten years ago. During this period the deaths have only fallen from 38 to 26 which, in spite of the small numbers involved, is a sobering thought. Only 27 notified cases were transferred into the clinic compared with 52 in 1957. Ten years ago 54 patients came off the register as cured; in 1967, 71 were so removed.

The numbers of bronchitic patients referred is less than the previous year, due to the inpatient problems already mentioned, the effects of three mild winters and the corresponding absence of RED warnings and the increasing use of broad spectrum antibiotics by the local general practitioners early in the patients developing signs and symptoms of acute bronchitis.

NEW NOTIFICATIONS IN AGE GROUPS

	<u>M</u>	<u>F</u>
16 - 25	2	2
26 - 35	6	3
36 - 45	1	1
46 - 55	6	1
56 - 65	7	2
Over 65	4	4
	<u>26</u>	<u>13</u>

SUMMARY OF STATISTICS

No. of NEW PATIENTS attending -

Non-Tuberculous Chest Cases	118
New Contacts of Notified	64
New Notifications transferred in	27

No. of CLINIC ATTENDANCES -

Notified cases of tuberculosis	560
Contacts of " "	700
Other Chest Diseases	626

No. of NEW NOTIFICATIONS OF TUBERCULOSIS in
Fulham Chest Clinic area -

Pulmonary	34
Non-Pulmonary	5

No. of DEATHS in Fulham -

Pulmonary Tuberculosis	23
Non-Pulmonary	3

No. Taken off Tuberculosis Register as CURED -

Pulmonary	65
Non-Pulmonary	6

No. of Visits by the Chest Physician	20
" " " " " Health Visitors	756
" " Patients x-rayed	1273
" " B.C.G. Vaccinations	143

No. of NOTIFIED CASES OF TUBERCULOSIS ON REGISTER

at 31.12.67 545

DEATHS IN AGE GROUPS

	M	F
46 - 55	4	-
56 - 65	5	1
Over 65	11	5
	20	6

Hammersmith Chest Clinic

The service activities of the Chest Clinic remain unchanged from previous years: our main aim is to provide a rapid, efficient, courteous service for patients, their relatives and their doctors. All forms of respiratory disease are dealt with, but the bulk of the routine work relates to the "Cigarette" diseases - bronchitis and cancer of the lung - together with tuberculosis which remains a persistent problem. New cases of both lung cancer and tuberculosis are regularly seen at the rate of more than one per week.

The load of routine work continues at a similar high level (22,727 total attendances and 1,052 new attendances during the year) but research and teaching activities are not neglected: work on bronchoscopic photography, chemotherapy of tuberculosis, cytological diagnostic techniques and carcinoma of the bronchus is proceeding. All this work has a practical aspect aimed at improving either patient services or teaching of students.

Hopes were raised during the year by promises of slightly improved accommodation, but again such provisions have been postponed. The premises for this very busy unit remain hopelessly inadequate; patients and staff must wait or work in cramped, awkward and quite unsuitable surroundings.

Sincere thanks go to all members of the clinic staff who work so conscientiously, cheerfully and loyally in these difficult conditions.

Summary of Notifications during the period from 1st January, 1967
to the 31st December, 1967

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	-	-	-	-	1	2	10	14	7	9	7	5	3	58
Respiratory, Females	-	-	-	-	-	4	4	12	3	5	2	1	2	33
Non-Respiratory, Males	1	-	-	-	-	-	1	1	1	1	-	-	-	5
Non-Respiratory, Females	-	-	-	-	-	-	2	3	1	-	1	-	-	7

FULHAM AND HAMMERSMITH CHEST CLINICS

Cases Notified and Deaths - Past Ten Years

	No. of cases notified			No. of Deaths	No. of Cases on Register of Notifications
	Pulmonary	Non-Pulmonary	Total		
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
1966	89	19	108	15	2,007
1967	91	12	103	15	1,833

Average number of cases notified for the 10 years 1957/1966 (inclusive) - 179.0

Average number of deaths for the 10 years 1957/1966 (inclusive) - 17.2

No. of Cases on Register as at 31.12.67

FULHAM CHEST CLINIC					HAMMERSMITH CHEST CLINIC		
M	F	Children		Total			Total
		M	F				
Pulmonary	237	206	4	-	447	Pulmonary	1069
Non-Pulmonary	48	34	8	8	98	Non-Pulmonary	219
					<u>545</u>		<u>1288</u>

Grand Total - 1833

I am indebted to Dr. J.L. Fluker for the following Report:-

The total number of attendances at the clinic have again increased from 6,900 in 1966 to 7,621 in 1967.

What is slightly disturbing is that the major part of the increase occurred towards the end of the year, that in the Autumn quarter being no less than 617% and although outside the scope of report, the increase in the first quarter of 1968 has been 20%. This is considerably in excess of the National figures. There was a slight decline in the incidence of infectious syphilis, from 115 to 107 cases, though in women it rose from 16 to 20. This tendency to decrease was reversed at the end of the year, and suggests that there are a number of lost cases going around, particularly amongst male homosexuals and we are in consultation with the Albany Trust as to the best methods of disseminating suitable educational material for these people.

The total number of cases of syphilis at all stages was unchanged at 162. The incidence of gonorrhoea rose from 1626 to 2041. Respective figures for males and females being 1,444 and 597. 135 girls were under 20 and 109 boys. There were 8 under 16. There were 5 cases of vulva vaginitis in young girls and one of ophthalmia neonatorum. That the number of the last-mentioned was not considerably higher is probably due to my weekly sessions at the ante-natal clinic at Hammer-smith where 25 cases of unsuspected gonorrhoea, which was mostly symptomless, were discovered by me and treated. The fact that half the women infected with gonorrhoea are symptomless cannot be over emphasised. There is no doubt that it is a major public health problem at the present time.

The number of patients with other conditions rose from 5,005 to 5,387. Non-gonococcal urethritis in the male increasing from 1244 to 1347. 2399 miscellaneous conditions, most but not all sexually transmitted, required treatment within the centre and there were 1530 who did not require any treatment, 1015 males and 515 females. In the previous year this figure was 1397. In 1965 this figure was 1284, so it is difficult to say if the educational campaign in the Borough has had any direct effect on what is almost a continuous increase over the years. At the same time, it must be remembered that it was aimed at, primarily, children. It was, undoubtedly, very successful at that time, but this success must be judged as to whether adequate instruction is now given in the schools in the Borough as these diseases, as a group, are becoming almost as common as measles and exceed in incidence any other infectious disease. It is clear that people should know more about them, particularly as improved contraceptive methods, while reducing incidence of illegitimate births are likely indirectly to favour a further increase in the infection rate. It is also of interest to note that more professional people from social group 1 in males attend than from groups 4 & 5. The overwhelming preponderance is from persons of social groups 3 & 2. They are therefore, very widely disseminated throughout society and we still face the constant barrage of complaints from patients that so little is done educationally in their school days.

J.L. FLUKER,
Director
Special Clinic.

Hurlingham Lodge Hostel.

In common with two other hostels in Inner London, Hurlingham Lodge provides accommodation for homeless infective ambulant tuberculous men 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 from segregating, as far as practicable, these infective tuberculous persons from the danger of 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 and is available in the ordinary way. He is also expected to maintain health surveillance of the staff.

Recommendations for admission are received from Chest Physicians of Chest Clinics in the London Boroughs and from hospitals in and outside London. The Medical Officer of Health of 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. Admission is arranged as and when vacancies occur.

The condition of residents is reviewed periodically to establish the need for continued residence.

There is accommodation for 28 residents at the Hostel, but at the end of the year there was no waiting list; at the end of 1966 there was one man awaiting admission.

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 are normally made by the Medical Adviser to the Inner London Education Authority, usually at one of the Authority's holiday homes. The holidays are provided on medical recommendations which are subject to approval by the Medical Officer of Health. The following table summarises the arrangements made during the year (figures for 1966 are given in brackets).

<u>Type of case</u>	<u>Admitted to Homes during 1967</u>		<u>Being dealt with at end of 1967</u>	
Expectant and Nursing Mothers	6	(5)	1	(2)
Other adults including tuberculous persons.	73	(64)	4	(3)
Psychiatric cases	11	(9)	-	(1)
Accompanied children	29	(25)	1	(4)
Unaccompanied children (placed by I.L.E.A.)	141	(144)	15	(5)
Totals for the year:	260	(247)	21	(15)

Examination of Blind and Partially-Sighted Persons

Arrangements are made for the domiciliary examination and re-examination of persons with a view to their inclusion on the Registers 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 Ministry of Social Security and to the full range of special services provided by the Welfare Services. During 1967 the examinations were carried out by the Consultant Ophthalmologist, Miss J.M. Dollar, F.R.C.S.

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, and figures for 1966 are given in brackets:-

No. of domiciliary examinations during the year	37	(58)
No. of domiciliary re-examinations during the year	78	(65)
No. of certificates accepted from other local authorities, hospitals, and private ophthalmologists	69	(48)

Medical Arrangements for Long-Stay Immigrants

Advice on arrival of long-stay immigrants is received from ports and airports. Health Visitors then contact the immigrants, give general information about the Health Service, and persuade them to register themselves and their dependants with general medical practitioners and have chest X-rays where these are appropriate. The following figures relate to the year 1967 and figures for 1966 are given in brackets :-

Country where passport was issued	Immigrants notified	VISITS		Total
		Successful	Unsuccessful	
Commonwealth Countries	643 (575)	379 (308)	427 (419)	806 (727)
Non-Commonwealth countries	45 (37)	30 (27)	15 (5)	45 (32)
Totals	688 (612)	409 (335)	442 (424)	851* (759)

* more than one visit is necessary in some cases.

Chiropody

The demands on this service continued to increase. Most of the clinics are restricted to 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

14 Chiropodists were employed, 8 full-time and 6 sessional, (including 2 Domiciliary Chiropodists), under the direction of the Chief Chiropodist.

Clinics

	No. of sessions per week	
18 Bagleys Lane, S.W.6. *	11	(11)
Bishop Creighton House, Lillie Road, S.W.6.	3	(3)
52, New Kings Road, S.W.6. (B.R.C.S.)	4	(4)
2/6 Fulham Broadway, S.W.6.	10	(10)
706 Fulham Road, S.W.6.*	12	(14)
48 Glenthorne Road, W.6.*	7	(8)
219 Hammersmith Road, W.6.	9	(9)
St. Dunstan's S.T.C. Captain Marryat School, W.6.	10	(10)
207 Westway, W.12.	5	(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 23,708 (23,098), and at Welfare Homes 1,254 (864).

Domiciliary Chiropody

This service is for housebound persons, usually elderly, and was greatly appreciated.

Two full-time chiropodists are employed on domiciliary work as part of their normal duties and, in addition to this, full-time members of staff are permitted to do a small amount of domiciliary chiropody as overtime, (normally 4 patients a week).

Report on Family Case-work for the year 1967

Families already receiving casework help on 31.12.66	40)	
" taken on during year 1967	14)	54
" still receiving casework help on 31.12.67	47	

Cases closed during 1967

Satisfactory - no further need for casework help	3
Left district	2
Children received into care - transferred to Children's Service	2
	<hr/>
	7

Casework help available during year

2 full-time caseworkers + 4 part-time caseworkers, one giving approximately $\frac{1}{2}$ and three giving approximately $\frac{1}{4}$ each of a working week.

- equivalent of $3\frac{1}{4}$ full-time caseworkers

Approved caseload 10-15 families. Average caseload = 16.

Families referred by:

Education Department - Divisional School Care Organiser	2
Greater London Council - Housing Department	3
Probation Officer	1
Deaf School	1
Self referred	1

Other officers of the Borough

Principal Nursing Officer	4
Childrens' Service	1
Mental Health Service	1
	<hr/>
	14

Among the problems of these families were: debt, (particularly rent arrears), marital difficulties, difficulties between parents and children, poor school attendance, poor health of one or both parents, inability to budget, low earning capacity, low mentality and mental disturbance. 9 of the families were Indian or Pakistani with difficulties in adjusting to different cultural patterns.

Co-ordinating Committee

Six meetings of this Committee, (on which the Inner London Education Authority, the Greater London Council, and the Ministry of Social Security are represented, in addition to the Health, Housing and Social Services of the Borough), were held in 1967, at which the subjects considered included:-

- Collection of rent in particular areas.
- Rehousing on social grounds.
- Early notification of rent arrears.

Arrangements with Voluntary Housing Associations
Family Advice Centre.
The Volunteer Help Service
The Inner London Education Authority Schools Sub-Committee Report on Poverty.
The Joint Circular (20/66) from the Ministry of Health, the Home Office,
and the Ministry of Housing and Local Government on Homeless
Families and Temporary Accommodation.

The Rent Officer attended one meeting and gave an account of his work, which was of great interest to all. This was later stencilled and circulated to field staff.

The Children's Officer reported on 29 cases of children referred to her as being neglected, beyond control, in moral danger, or in need of care and protection; and the principal Social Worker (Health Services) on 135 Case Conferences held during the year.

Co-operation with General Practitioners

The figures for 1967 are: 496 school children recommended for specialist opinion, 463 of these were referred through the School Health Service for opinion and/or treatment to the appropriate hospital or clinic. The General Practitioners preferred to make their own arrangements for the remaining 33 children.

Report on the Mental Health Service

Referrals and Community Care

During the year ended 31 December, 1967, the department was handicapped by staff shortages but in spite of this was able to extend the services in several fields. Community care, which is the more positive aspect of the work, although showing a slight decrease was more effective owing to the return of one member of the staff from a 2-year professional training course and by the addition later in the year of 2 new members experienced in intensive casework of the mentally disordered.

The number of patients admitted to hospital from this Borough is likely to remain high because of the large number of bed-sitters and a Rowton House and a Church Army Hostel situated in the area, which make for a shifting population inevitably with a high incidence of mental illness.

Liaison with Hospitals

We have increased our contacts with the catchment area psychiatric hospitals, 2 members of staff spending $\frac{1}{2}$ a day per week at Banstead and Springfield Hospitals, and 1 attending the weekly case conference at St. Mary Abbot's Hospital. This has helped in the selection of patients for community care and has given additional support to the department in the form of consultations with psychiatrists.

Training

The department has been accepted by the Universities and Colleges of Technology as suitable for student placements. Students from the Universities of London and Liverpool were accepted for monthly and 2 monthly placements, and from Croydon Technical College for long-term placements. University College Hospital continued to send 2 medical students for 1 day per month.

One member of staff was seconded on a 2-year Certificate in Social Work Course.

Mental Health Week

The second of the 3 National Mental Health Weeks inaugurated by the National Society for the Mentally Handicapped, which was held in June, was opened by the Chairman of the Health Committee, with Lady Norman, C.B.E., J.P., Vice-Chairman of the National Association for Mental Health Management Council, as speaker. The programme was fully supported by the Mental Health team and was well attended by students from Chiswick Polytechnic and local schools.

Fulham Training Centre has places for 60 boys and girls aged between 5 and 16 years and the average daily attendance for the year was 48.

The syllabus included social training, music and movement, and simple instruction using the Montessori method of teaching. One member of staff qualified for a Diploma in the Montessori Method of Education during the year.

Several outings were arranged for the children in the Summer, including trips to Chessington Zoo, Wimbledon Park, Hurlingham Park, and to places of interest in London. Two open days were arranged during the year, the first in July and the second shortly before Christmas when the children performed the Christmas Story in mime for parents and friends. Two Christmas parties were given for the children one generously provided by a Youth Group. A gift of money was received from the Hammersmith Branch of the National Society for Mentally Handicapped Children and a local publican presented sweets and cordials.

Visits were made to the Centre by groups of students from the Froebel Institute, the Maria Assumpta College, Avery College, and St. Nicholas's College, by a Ministry of Health official, and various other London Borough officers.

College Park Training Centre has places for 35 older girls and women 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 be useful and accepted members of their

families. One member of staff qualified during the year for a Diploma in the Montessori Method of Education.

The trainees continued to do a certain amount of industrial work for local firms, including sewing gas mantles and stuffing soft toys, and for a few months made up cardboard boxes for cheeses. The girls undertook the hand laundry for their own and two other training centres.

An outing by coach to Worthing was arranged in the Summer and 6 of the more handicapped girls, who did not qualify for the training centres' holiday, were taken on a weekend caravan holiday by the Supervisor and her Assistant. The caravan and transport were kindly made available by the Camden Parents' Association. A Christmas party was held to which parents and friends were invited, and gifts of money were made by the Hammersmith and North London Branches of the National Society for Mentally Handicapped Children.

Visits were made to the Centre by groups of student nurses and trainee health visitors.

Training Centres' Organised Holiday

Officers of the Council's Personal Health Service arranged the annual holiday for trainees from the Inner London area at St. Mary's Bay Holiday Camp, Dymchurch, from 28 April to 12 May, 1967.

189 trainees, including 24 Hammersmith residents, were in the party led by Mr. Potter, Supervisor of North Kensington Training Centre, assisted by Mrs. Lee, Supervisor of College Park Training Centre. 24 members of staff went from various training centres throughout London. This year we were without the services of students taking the Diploma Course for Teachers of Backward Children at Chiswick Polytechnic and had to enlist the help of a retired member of staff to reach the required ratio of staff to trainees.

The weather was rather mixed, starting off with cool showery weather, but improved considerably during the second week so that the trainees were able to spend a lot of time on the beach. Several outings were arranged during the fortnight, including trips to Hythe, New Romney, and Dungeness on the miniature railway, and to Rye and Dover by coach.

Day Centre

During the year, admission to the Council's 25-place day centre for the rehabilitation of the mentally ill built up gradually and by 31 December, 1967, there were 27 patients on the register. The average daily attendance was 13.

Each day commenced with a group discussion followed by handcrafts, play reading, and other social activities. We were fortunate in obtaining the services of an art therapist for 2 sessions a week.

A Mental Health Social Worker attended the centre for 1½ days a week for consultations with patients and staff.

Social Clubs

A weekly social club was held for patients attending Emlyn Gardens Day Centre and was well supported by the patients and residents from the adjacent housing estate. Outings were arranged to hear Billy Graham at Wembley Stadium, and to the pantomime on ice at Wembley Pool.

A social club for former psychiatric patients was held weekly at Bishop Creighton House and the average attendance was 25. A coach outing to Brighton was a great success with the patients and their families.

At both clubs, set activities were usually arranged each week in addition to the normal pastimes, and patients were encouraged to suggest and arrange their own activities. A Mental Health Social Worker attended and supervised the proceedings at each club.

Expansion of the Mental Health Service

Training Centres

It is anticipated that some 80 older boys and girls will need accommodation at adult training centres within the period of the present Ten-Year Programme (1966/76) for the Development of Health and Welfare Services. College Park Training Centre is housed in converted premises which are inadequate and 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. Ministry approval for loan sanction for this project has been granted provisionally and negotiations are in hand for the acquisition of a site.

Fulham Training Centre for junior boys and girls is housed in a prefabricated building which, it is anticipated, will eventually be replaced on the present site by a purpose-built Centre.

Hostel for the Mentally Disordered

There is a great need for a hostel for the mentally disordered within the Borough and it was hoped to provide a 30-place purpose built hostel with an associated day centre in 1968/69. However, the Ministry of Health have said that it is doubtful if loan sanction will be forthcoming for this purpose until after 1970, and consideration is therefore being given to the acquisition and conversion of suitable existing premises to accommodate 8 - 10 patients.

Mental Health Statistics

Number of referrals

(a)	Mentally ill	960	
(b)	Subnormal/Severely subnormal	116	1,076

Number initially admitted to hospital

(a)	Informally	159	
(b)	Compulsorily	297	456

Final arrangements made

(a)	No further action	197	
(b)	Hospital care	456	
(c)	Community Care	423	1,076

LONDON BOROUGH OF HAMMERSMITH

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER, INNER LONDON EDUCATION AUTHORITY (HAMMERSMITH), ON THE SCHOOL HEALTH SERVICES FOR THE YEAR 1967

This report shows the extent of the work during 1967. The School Health Service in the London Borough of Hammersmith is conducted in accordance with the scheme for the joint use of staff provided for under Section 32 of the London Government Act, 1963; and the smooth running of the Service has continued during 1967.

Summary Showing School Health Statistics Pupils on Day School Rolls:

In December, 1967, there was a total of 26,011 on the day school roll. The distribution of children in the various types of schools was approximately as follows - 14,598 in 45 primary schools including 279 attending full-time and 397 attending part-time at nursery classes; 10,123 in 15 secondary schools; 124 full-time and 268 part-time in 3 nursery schools, and 898 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 1967 are summarised and throughout the report the figures in brackets show the work carried out during 1966.

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) - 1967

School roll May 1967	26,394	(26,194)
Routine Inspections	10,196	(10,246)
Percentage of Numbers inspected where -		
Parent Present	60.2	(58.6)
Care Committee present	83.3	(81.4)
Physical conditions unsatisfactory	1.0	(0.9)
Referred for treatment of defects	16.0	(13.6)
Referred for treatment of defects other than vision	9.7	(8.2)
Non-Routine Inspections		
1) Specials	4,307	(4,041)
2) Re-Inspections	7,814	(6,863)
TOTAL - 1) & 2)	12,121	(10,904)
Number of routine inspections as percentage of school roll	38.6	(39.1)
Number of non-routine inspections as percentage of school roll	45.9	(41.6)

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

Non-Routine Medical Inspections - 1967

Re-Inspections	7,814	(6,863)
Bathing Centre inspections - scabies	7	(19)
" " " - other	25	(8)
Employment certificates	363	(282)
Theatre children	122	(58)
School Journeys	1,484	(1,615)
Recuperative holidays - pre-departure	128	(165)
Recuperative holidays - on return	1	(-)
Secondary School Annual surveys	-	(9)
T.B.contacts	-	(-)
Candidates for higher awards	6	(2)
Boarding schools for the delicate - pre-departure	11	(4)
Boarding schools for the delicate - on return	-	(2)
Outward Bound courses	19	(7)
Handicapped pupils - statutory examination	131	(77)
Handicapped pupils - periodic special defect examination	523	(551)
Research investigations and enquiries	1	(-)
Sub-Total	2,821	(2,799)
Specials - at request of -		
Head teacher - child's name entered in special book	126	(120)
Head teacher - others	493	(393)
School nurse - following health survey	89	(69)
School nurse - others	287	(251)
Divisional (Education) Officer	100	(114)
District Care Organiser or Care Committee	59	(32)
Parent	152	(112)
School Medical Officer	167	(137)
Sub-Total	1,473	(1,228)

Others -		
Accident on school premises	-	(1)
Miscellaneous	13	(13)
	<hr/>	<hr/>
Sub.Total	13	(14)
	<hr/>	<hr/>
TOTAL of all Non-Routine Medical Inspections	12,121	(10,904)

The following table shows the rate per 1,000 of children of all ages noted for treatment or observation of a defect in 1967 (1966)

Routine Medical Inspections 1967 Defects			
(Number of children noted for treatment or observation expressed as a rate per 1000 inspected)			
Number inspected		10,196	(10,246)
Defects - Skin	T	10.98	(7.42)
	O	14.22	(15.52)
Eyes (a) Vision	T	72.28	(59.44)
	O	75.91	(53.48)
(b) Squint	T	9.12	(8.39)
	O	8.73	(10.93)
(c) Other	T	2.55	(1.95)
	O	3.24	(1.66)
Ears (a) Hearing	T	5.59	(6.83)
	O	10.69	(7.12)
(b) Otitis Media	T	1.67	(1.76)
	O	8.34	(10.25)
(c) Other	T	1.28	(0.98)
	O	2.26	(1.37)
Nose and Throat	T	12.65	(12.00)
	O	64.63	(60.41)
Speech	T	5.20	(5.66)
	O	10.69	(9.37)
Lymphatic Glands	T	1.57	(1.56)
	O	24.23	(25.38)
Heart	T	2.55	(2.64)
	O	12.75	(14.44)
Lungs	T	5.79	(4.39)
	O	18.14	(19.72)
Developmental (a) Hernia	T	1.18	(1.17)
	O	2.94	(3.81)
(b) Other	T	1.18	(1.17)
	O	6.87	(5.37)
Orthopaedic (a) Posture	T	1.57	(1.85)
	O	7.94	(8.20)
(b) Feet	T	5.39	(5.95)
	O	20.20	(22.74)

Orthopaedic - continued			
(c) Other	T	2.06	(2.34)
	O	10.69	(9.96)
Nervous System			
(a) Epilepsy	T	2.06	(1.66)
	O	2.16	(1.95)
(b) Other	T	1.18	(1.07)
	O	2.35	(0.44)
Psychological			
(a) Development	T	2.65	(1.27)
	O	5.88	(6.54)
(b) Stability	T	4.71	(3.22)
	O	16.48	(15.32)
Abdomen	T	0.39	(0.29)
	O	1.96	(1.17)
Other	T	29.52	(19.62)
	O	66.4	(55.24)

T - Treatment O - Observation

(N.B. 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 1967 - 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	78.7 (78.5)	75.1 (75.5)	8.5 (7.9)	9.5 (8.9)	6.6 (7.3)	6.5 (7.4)	6.1 (6.4)	6.7 (6.4)
B. Wearing Glasses	2.4 (2.6)	3.6 (4.2)	1.3 (1.5)	2.6(2.2)	2.5(2.2)	2.7 (2.8)	2.6 (2.4)	3.7 (2.7)

Number Tested Boys 3,703 (3,225)

Girls 4,019 (3,603)

C. Boys & Girls	Percentage of number tested with and without glasses -		
	Noted for treatment	Noted for observation	Total noted for treatment or observation
	9.5 (8.9)	10.0 (8.0)	19.6 (16.9)

Personal Hygiene

The hygiene inspection of each child once a term was replaced by the London County Council, in January, 1959, by an annual comprehensive survey of each pupil; plus such additional health surveys as were thought necessary or desirable at selected individual schools or departments and this practice has been continued. 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, prior to the commencement of school term, to visit families with a record of infestation to ensure that the children are clean and fit to return to school. This practice has continued to be of considerable value.

Findings at Health Surveys - 1967

School Roll - May 1967	26,394	(26,194)
1. Comprehensive Surveys		
(a) Number examined	26,067	(25,259)
(b) Number (occasions) found verminous	268	(231)
(c) Percentage found verminous	1.03	(0.91)
2. Selective Surveys		
(a) Number examined	14,308	(14,522)
(b) Number (occasions) found verminous	343	(466)
(c) Percentage found verminous	2.4	(3.07)
3. (a) Total times vermin found (1(b)+2(b))	611	(697)
(b) Total % found verminous		
(3(a) as % of 1(a) + 2(a))	1.51	(1.70)
(c) Number of individual pupils found verminous	330	(332)
(d) % of individual pupils found verminous (of school roll)	1.25	(1.27)
4. Action taken with verminous cases -		
(a) Advice and/or Lorexane	475	(537)
(b) Further action	136	(140)
(c) 4(b) expressed as a % of 4(a)	28.63	(26.07)

Analysis of 4(b) cases - referrals of hardcore cases to bathing centres

Voluntary attendance at bathing centres -

Number of pupils	136	(140)
Number of statutory notices issued	-	(-)

Number cleansed at centres following statutory notices

Voluntarily	-	(-)
Compulsorily	-	(-)

5. Communicable Disease Surveys

Number examined for - Athlete's Foot	259	(638)
- Plantar Warts	262	(776)
Dysentery	-	(809)
Other communicable diseases	2,844	(3,923)
Total of (5)	<u>3,365</u>	<u>(6,146)</u>

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 trends of the infectious diseases in the school community; they are the only figures available for diseases which are not statutorily notifiable. The following is a table of the infectious diseases notified by Heads of schools in 1967.

Disease		Disease	
Cerebro-Spinal Meningitis	- ()	Pulmonary Tuberculosis (Primary)	- (1)
Chicken Pox	612 (325)	Ringworm (Scalp)	2 (3)
Diphtheria	- (-)	Ringworm (body)	7 (12)
Dysentery, Diarrhoea or Enteritis	50 (280)	Scabies	72 (12)
Food Poisoning	1 (-)	Scarlet Fever	39 (26)
Erysipelas	1 (-)	Smallpox	- (-)
German Measles	195 (122)	Sore Throat	2 (45)
Influenza	19 (476)	Tonsillitis	74 (106)
Impetigo	21 (7)	Typhoid Fever and Paratyphoid Fever	- (-)
Jaundice	14 (6)	Whooping Cough	68 (40)
Measles	396 (568)	Ophthalmia & Conjunctivitis	12 (8)
Mumps	336 (547)	Other Diseases: Sickness	- (2)
Poliomyelitis	- (-)	Virus Meningitis	2 (1)
Pneumonia	- (3)		

Prophylaxis

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

(a) Smallpox	69.6%	(70.6%)
(b) Diphtheria	85.5%	(84.8%)
(c) Whooping Cough	70.4%	(67.1%)
(d) Poliomyelitis	83.3%	(81.0%)

The B.C.G. Scheme

In accordance with the B.C.G. scheme, vaccination was offered to children in the 13 years + age group, as a protection against tuberculosis. The following table is an analysis of this procedure:

1. No. of children tuberculin-tested	2551	(1,614)
2. No. of children found positive to test	470	(569)
3. No. of children positive to test who were x-rayed	327	(346)
4. No. of children found negative to test	2047	(1045)
5. No. of children vaccinated	2047	(1042)

The figures for 1967 are enhanced by the residue of cases carried forward from 1966 mentioned in last year's report.

Handicapped Pupils

During 1967 special educational treatment was provided for 898 children.

The following table shows the categories of handicaps and number of pupils receiving

special education in day schools in the London Borough of Hammersmith. These schools serve much of the West of London and accordingly many of the pupils are not residents of Hammersmith.

Type of Handicap	School	No. of Pupils
Delicate	Wood Lane School	153
Partially-sighted	John Aird School	118
Deaf	Ackmar Road School	54
Partially-hearing	Units in - 1) Holman Hunt School	27
	2) Hammersmith County School and Christopher Wren	6
Physically handicapped	Queensmill School	31
Educationally subnormal	Elizabeth Burgwin School	188
" "	Wedgwood School	80
" "	St. Huberts School	178
Maladjusted (including unit for 5 autistic children)	Northcroft School	63

(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 169(143) pupils were examined on account of a disability of mind or any other condition which might necessitate special educational treatment. 157(130) children were examined for suspected disability of the mind and of these 52(40) were recommended as fit to continue to attend ordinary school and 105(90) were recommended for placement in a school for educationally subnormal pupils. The remaining 12(13) were examined because of their physical handicaps. 5(8) were recommended for day school for the physically handicapped, 4(2) for boarding school for the physically handicapped and 3(3) for home tuition.

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 education authority of children considered unsuitable for education at school.

Under this Section 14(31) children were examined. Of these 12(17) children were recommended to attend a Mental Health training centre and 2(2) were recommended for community care only.

Recuperative Holidays

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

The total number of recommendations was 186(165). Of this number 139(145) children went on holiday; there were 47(20) cancellations by parents.

School medical officers made 91% of these recommendations; the remainder came from general practitioners and other sources.

Special Investigation Clinics:

During 1967, 218(183) new patients attended the four special investigation clinics and 1,392(1,174) total attendances have been made. 52(96) children have been discharged.

Another special investigation clinic will be included in the new Grove Health Centre due to open early in 1968.

Audiology

142 new patients attended the Audiology Clinics and 232 total attendances were made during 1967. A peripatetic teacher of the deaf was appointed during the year, but unfortunately only remained for 6 months and no replacement has yet been obtained.

The Consultant Otologist continued to visit the Day Special School for the deaf and the 2 units for the partially-hearing, so that each child was seen by a specialist at least once in the year. Many of the children at these schools live in other Boroughs, and some live in Greater London, so there is considerable liaison with other authorities.

Hospital Appointments

During 1967, 259(293) children were referred from school medical examinations for specialist opinion at hospital. The general practitioners were consulted on all these and, with their approval 226(264) were referred through the School Health Service to the appropriate hospital departments, and reports were subsequently sent to the School Medical Officer. The general practitioners preferred to make their own arrangements for the remaining 33(29) children.

Co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People

Circular 9/66 Department of Education and Science
Circular 7/66 Ministry of Health

The Principal School Medical Officer in his capacity as Medical Officer of Health and Director of Social Services is, in Hammersmith, the Chief Officer responsible for the co-ordination of the Health, Welfare, and Children's Services in the Borough. The joint Circular was considered by all the Principal and Senior Social Workers of these Services who are in close touch with other statutory and voluntary organisations providing services in the area; the liaison with which was strengthened by the establishment in the Borough of a Guild for Community Care.

There were consultations with the local General Practitioners' Liaison Committee, the Paediatricians in the local teaching hospitals, Hospital Medical Social Workers and local voluntary bodies, the Divisional Education Officer and School Care Organiser.

The Principal School Medical Officer (Hammersmith) was also a member of a working party of officers set up by the Inner London Education Authority to consider the co-ordination of the Inner London Borough's Health and Welfare Services and the Inner London Education Authority's Services, including the School Health Services for handicapped children and young persons.

As a result of all these consultations the Hammersmith Council adopted the following recommendations which were in the course of implementation by the end of the year:-

- (i) The Ministry of Health to be recommended to introduce a standard form of "At risk" notification for use by Hospitals, Midwives, and General Practitioners.
- (ii) Closer liaison between the Borough medical and social services staff and hospitals.
- (iii) Closer co-operation between General Practitioners and Borough Health Visitors and Social Workers.
- (iv) Publication of a pamphlet publicising services available for handicapped children.
- (v) Increased publicity of services in the "Design for Living" exhibition, and the Welfare Service Shop.

- (vi) Constant review of arrangements for special education of handicapped children.
- (vii) Attachment of a Social Worker to each of the 8 special day schools in Hammersmith.
- (viii) Regular reports from the I.L.E.A. to the P.S.M.O. Hammersmith on the progress of handicapped children at Boarding Special Schools.
- (ix) Earlier notification to the Welfare Officer regarding handicapped children and young persons.
- (x) Closer contact between Welfare Service Social Workers and Head Teachers and Teacher-Parent Associations.
- (xi) Earliest possible notification to Principal Mental Health Social Worker of maladjusted and educationally sub-normal children.
- (xii) Inclusion in central register of information regarding "At risk" and handicapped children.
- (xiii) Medical Officer of Health and Director of Social Services to be responsible for nominating officers responsible for the welfare of children on the "At risk" and handicap register and for passing appropriate information to all concerned.
- (xiv) Collation of information from all available sources to ensure proper completion of handicap register.
- (xv) Medical Officer of Health and Director of Social Services to be responsible for seeing that the register is regularly reviewed and kept up to date.
- (xvi) Nominated officer to attend Education Officer's Sub-Committee Case Conference.
- (xvii) Frequent case conferences to be held at field level.
- (xviii) Statistics to be extracted from the central register for guidance of the Education Officer in the matter of placing for special education, and the Welfare Officer for provisions of full range of welfare services.
- (xix) The Director of Intelligence, Greater London Council, to be invited through the Inner London Education Authority to make a survey of each category of handicapped school leaver.

Conclusion

I should like to take this opportunity of expressing my sincere thanks to Dr. E.M.Cran, Deputy 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.

SCHOOL DENTAL SERVICE

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1967

The Draft Model Scheme for the School Dental Service as published in Appendix C of the Health of the School Child 1962/63 states that:

"The duty of the School Dental Service is to make available dental treatment for all children attending maintained schools or otherwise the responsibility of the local education authority. The aim of the Service is to ensure that as far as possible, through dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them.

The Service should be designed for routine inspections in schools, routine and emergency treatment in clinics and dental health education in both."

The very difficult problem facing the Service in the London Borough of Hammersmith, the responsibility for which rests with the Inner London Education Authority, is obvious when one considers that in 1966 only 23% of children on the school roll were inspected. Of these only 6.7% were inspected in school; and 68.9% of all children inspected were found to be in need of treatment.

School Dental Inspections

Mention was made in the Annual Report on the Dental Services, 1966, that routine annual school dental inspections were experimentally abolished in Divisions 1 and 9 of the former London County Council in the early Summer of 1962. A revised scheme based on this experiment but preserving one inspection on entry to school was introduced throughout the Inner London Area in the Spring of 1965, so that no routine annual dental inspections, other than of new entrants during 1965/66, were conducted in Hammersmith after 1962.

The Inner London Education Authority reinstituted routine school dental inspections in the Autumn term of 1966 and it was my initial duty on taking up my appointment on 1st May, 1967, to re-establish this practice in Hammersmith, together with a service capable of providing for the greatly increased demand for treatment that would undoubtedly befall it.

It was decided to concentrate the efforts of the service on the infant and junior school populations. Without exception the Dental staff have enjoyed the fullest co-operation of Head teachers, all of whom had a very real concern for the total well-being of the children under their care, and recognised the need to re-introduce annual inspections at school.

It will be seen that some 6,168 children were actually inspected. This represents 23.3% of the school roll and a further 3,469 (13.1%) received a first inspection at a clinic. 62% of all children inspected were found to be in need of treatment, though there was a great variation from school to school, and area to area within the Borough, reflecting both varying socio-economic conditions and the level of dental care that has been available to these children. Of the 38% passed dentally fit, especially among the older children in the infant schools, a large proportion were without any teeth capable of benefiting from further treatment. Many had had most of their deciduous molars extracted; these children will, to a great extent, be the orthodontic problems of tomorrow. A very low percentage only were seen with perfectly sound teeth, and indeed three pupils in infant schools were in possession of full dentures.

Another interesting but disturbing fact that has emerged from these inspections, and one that requires further research, is that by the age of 11 years, between 20% and 25% of children have had an accident to their permanent incisor teeth resulting in a fracture of some portion of the crown; this does not take into account the countless other children who have sustained accidents, not resulting in visible damage to the hard tissues, but from which ultimate death of the pulp may follow.

Treatment

School dental inspections were programmed to the ability of being able to provide any necessary treatment without undue delay. The response by parents was very gratifying, and an overall acceptance rate of 45.2% leaves room for improvement but at the same time is very encouraging. In

this connection it is worth noting the 72.4% acceptance rate of Kenmont School. Parents were notified that treatment would be provided in a mobile surgery at school. Whilst it is true to say the school is poorly served due to its geographic position, it does show the increased response obtained by taking a service to the public. Not only is the acceptance rate for treatment increased but the actual volume of treatment given per session, due to a lack of failed appointments, the latter being a very serious and chronic problem in its own right.

The established practice of a basically conservative service has continued at all treatment centres, though the method of making appointments was altered to allow centres to have much more flexible control of valuable professional time.

Full statistics of treatment will be found in Appendix A, though one or two points deserve emphasis. For every permanent tooth extracted 13.8 were filled (national average 1 : 5.3), and this takes no account of teeth extracted as a part of planned orthodontic therapy. For every deciduous tooth extracted 2.0 were filled (national average 1 : 0.6).

The average output of work per treatment session was slightly below the national average, but this is accounted for largely due to the now discontinued practice of booking new patients at the beginning of each session, and inadequate outdated equipment at some centres. Every effort is being made to raise output, but not at the expense of quality.

Specialist Services

The major part of the orthodontic treatment within the Borough has continued to be done at Parsons Green by Miss M.E.Stone, though other more routine orthodontics is undertaken by most dental officers.

The number of cases completed during the year has remained constant, though the number of new cases undertaken for treatment has fallen. This is due in part to the deliberate policy of concentrating on the younger child at this stage and to the fact that cases are no longer referred for treatment by Kensington & Chelsea and Wandsworth. It is encouraging that fewer cases were discontinued during 1967, and that children and parents were co-operating in what is often a very protracted form of treatment.

The Dental Treatment of mentally and physically handicapped children represents a very pressing need and a particular challenge that still has to be met. The pressures of establishing a flourishing service generally have precluded any expansion into this field, but with so many special schools within the Borough, the provision of suitable facilities will need full and proper consideration in the near future.

Staff

Consideration was given during 1967 to a realistic establishment for the dental service, bearing in mind the availability of surgeries. The post of Senior Dental Officer was added, so providing a graded structure. However, no suitable applicant has yet been appointed. A Dental Auxiliary, Miss B.J.Brace, was appointed in October and has been making a valuable contribution to the service. Agreement was also reached on the employment of a sessional orthodontist.

Staff on 31st December 1967 was:-

		1966 in brackets
Chief Dental Officer	1	(-)
Senior Dental Officer	Vacancy	(-)
Full-time Dental Officers	2	(2)
Part-time Dental Officers	3	(6)
(Whole Time equivalent)	1.5	(2)
Orthodontist (sessional)	Vacancy	(-)
Dental Auxiliary	1	(-)
Dental Surgery Assistants	6	(6)

Three Part-Time Dental Officers, (Miss Moran, Mr. Doyle, and Mr. Parkin), resigned during 1967, but were not replaced as it was hoped the appointment of a Senior Dental Officer was imminent.

Miss Level, Dental Surgery Assistant at St. Dunstan's, retired in May, and Miss Knowles joined the staff in her place.

Premises and Equipment

The five dental centres in the Borough, i.e. Bagley's Lane, Parsons Green, St. Dunstan's, Shepherds Bush Road and Westway, have continued in operation during the year, towards the latter end of which the dormant second surgery at Shepherds Bush Road was brought back into use for the Dental Auxiliary. These centres were supplemented by the use of one of the Inner London Education Authority mobile surgeries at Kenmont School, as mentioned previously. The value of such mobile surgeries is undoubtedly proven, and it is to be hoped that the Inner London Education Authority will be in a position to provide others in the near future; especially as there is an acute shortage of surgery space in the Borough which will rapidly become more apparent when the annual school inspection of all pupils is achieved; and will not be relieved until those surgeries provided for in the Ten-Year Plan are operational.

The existing centres are all other than purpose-built and have limitations and shortcomings. However, the equipment of all these surgeries has now been replaced or supplemented to bring it up to acceptable modern standards, the most notable improvements being achieved at Shepherds Bush Road.

All surgeries now have high speed air turbines, compressors, units and operating lights; most have aspirators and those centres selected for the continuation of general anaesthetic sessions have new anaesthetic machines.

Postgraduate Studies

The Principal School Dental Officer attended the Annual Conference of the British Dental Association at Birmingham, and also the Study Course in Administration organised by the Public Dental Officers' Group of the British Dental Association.

Miss M.E.Stone attended courses in Orthodontics at the Royal Dental Hospital and University College Hospital, the latter course also being attended by Mr. Y.S.Pradhan.

Dental Health Education

A Dental Health Exhibition was staged at 2-6 Fulham Broadway during April and May with a topical window display featuring Sandie Shaw and "Puppet on a String".

A display was also incorporated in the Hammersmith Show which, as well as featuring one of the Inner London Education Authority mobile surgeries, carried advance publicity of the impending visit of Pierre the Clown. The Fruit Producers' Council kindly donated 1,000 apples to support the venture.

Pierre visited selected Infant and Primary Schools in November and talked to over 5,000 children, each of whom received a free apple, apple club badge, and membership certificate of the apple club. The Principal School Dental Officer made an 8 mm. film loop of Pierre's visit.

Conclusion

It is truly amazing that in this day and age, and with the frontiers of preventive medicine ever widening, that so much time, money, and effort are still devoted to the organisation of a reparative service when for many years the Public Health image has been prevention first and foremost. The amount of sugar consumed in this country rises annually without fail, and remains the highest of the civilised world. New and highly refined carbohydrate foods appear on the market daily. John J. Hanlon in "Design for Health", 1963, states "That two-thirds of all the food products available to the American housewife did not exist 10 years ago". One cannot help but reflect that we are not far behind.

Dental disease is largely preventable by the simple Public Health measure of the adjustment of the fluoride level in the water supply to its optimum of 1 p.p.m. The safety and efficacy of this measure is no longer a question for debate, as legion studies have been conducted all

over the world. Difficult though this task seems, in the long run it will be easier to establish fluoridation of the water supplies, than to change the dietary habits of the Nation.

It is to be hoped that the fluoridation of the Metropolitan Water Board's supply will not now be long delayed. However, it would be many years before any real benefit were felt, and until such time as it is, it is comforting to note that the sound basis of good paedodontic service has been laid.

1967 has seen big changes in the organisation and method of the Dental Service. It has not been easy for the Dental Staff, and I should like to thank them all for their forbearance and co-operation during this period of change and innovation. An indication of their co-operation is that we have established what would appear to be the most efficient system of school inspections in Inner London, almost 30 more children being seen per inspection session than the average for Inner London as a whole.

A special word of thanks is due to Mr. R.H.Davis, Senior Administrative Assistant, School Health, for the holding operation he undertook in the absence of professional opinion. This has meant that the service has been able to move forward and expand without undue delay.

Finally I should like to thank Dr. A.D.C.S. Cameron, Dr. E.M.Cran, and the administrative staff for their co-operation and understanding which had made my task not only a little easier but most enjoyable.

APPENDIX A

SCHOOL DENTAL SERVICE

<u>Sessions</u>	1967	1966
Sessions devoted to treatment	1621.6	1700.5
Sessions devoted to inspection	54.0	38.5
Sessions devoted to Dental Health Education	22.0	-
Total	1697.6	1739.0
<u>Inspections</u>		
Pupils inspected at School	6168	1761
Pupils inspected at Clinic	3469	4339
Percentage requiring treatment	62.0	68.9
Pupils re-inspected	707	1018
Percentage requiring treatment	57.6	69.4
Percentage accepting treatment	45.2	not available 29.6 - 1965
<u>Visits for treatment</u>		
First visits	3253	3366
Subsequent visits	5942	6498
<u>Treatment</u>		
Fillings in Permanent Teeth	4144	5010
Fillings in Deciduous Teeth	2429	2754
Permanent Teeth Extracted	276	308
Deciduous Teeth Extracted	1133	905
General Anaesthetics administered	561	506
Pupils X-rayed	223	126
Prophylaxis	512	528
Teeth otherwise conserved	1334	1568
Teeth Root filled	14	10
Inlays	-	-
Crowns	2	6
Courses of treatment completed	2615	2738
<u>Orthodontics</u>		
Cases remaining from previous year	135	125
New cases commenced during year	66	90
Cases completed	57	57
Cases discontinued	6	23
No. of appliances fitted	102	128

STUDENT HEALTH SERVICE

A Student Health Service was begun in October, 1966, for students of the West London College. The number of eligible students on the roll is 180, (100 girls and 80 boys) and a room for the purpose is available at South Park Branch, (Hugon Road annexe at Hurlingham School).

Dr. Margaret Capra, a full-time Medical Officer on the staff, continues to conduct the Service. Great co-operation and help was given throughout the year by Dr. Bonney Rust, the Principal of the West London College, and his staff.

The possibilities of a similar service being inaugurated at Hammersmith College were being explored at the end of 1967.

SUMMARY OF ARRANGEMENTS:

1. On Acceptance by the College

- a) Each student is given an explanatory letter about the Student Health Service and also a summary of general medical services available under the National Health Service. The latter is considered very important in view of the large number of overseas students. It is made clear in the explanatory letter that the Student Health Service is intended to be additional to the National Health Service and not in place of it, and the student is advised to register with a general practitioner.
- b) The student is asked to complete a questionnaire about the state of his health and the extent to which he has been protected against infectious illness.
- c) Arrangements are made by the College to obtain school medical records when thought advisable.
- d) The student is informed that the Medical Officer would be glad to advise him at any time, and that he might be asked to attend a medical examination.
- e) He is told the scheme is voluntary.

2. The Doctor and her function.

Arrangements are made for the doctor to attend weekly, and to attend staff meetings at the beginning of term, or as necessary. The doctor and staff are able to meet freely and to discuss any particular problem of student health.

Early in the term the doctor studies the completed questionnaires and medical records and makes out the list of medical examinations in order of apparent urgency.

Arrangements are made for students to have mass X-ray examinations, tuberculosis tests with B.C.G. if negative, and to have immunisation against poliomyelitis.

Students are seen as necessary if repeated observation seems advisable. The doctor is available at her sessions to see students and relatives, or staff, attending at their own desire, and students referred by any member of the staff.

If necessary the doctor writes to general practitioners, hospital consultants, or other persons about individual student's needs.

In general, students are seen by appointment and ample time given for full discussion between doctor and student. The consultation is private.

The commonest difficulties, so far, have been in arranging interviews for students at times convenient for them which did not conflict with lectures. This has been overcome by arranging occasional evening sessions, or changing days, or times of day-time sessions, as necessary. The high proportion of overseas students - Greek, Italian, Arabian, French, and others - has been noticeable and has presented problems at times.

THE COMMONEST COMPLAINTS:

1. Anxieties.

- a) Associated with parents or boys friends.

- b) Travelling - many students travel long distances and are tired.
- c) Living accommodation - many students live in "Digs", and do their own cooking, which is very often very inadequate.

2. Indigestion

3. Dysmenorrhoea and other gynaecological problems

4. Insomnia.

The sessions have continued to prove to be interesting both for doctor and for students, who were found to be relaxed and ready to discuss their problems. It was clear that some students require help both from physical and psychiatric aspects.

The following is a statistical summary of the work carried out during 1967. The figures in brackets relate to the work carried out during 1966, (from 21 October only).

West London College		
Total No. of sessions		26 (12)
Clerical sessions	7 (14)	
Consultation sessions	19 (8)	
No. of students medically examined		4 (7)
No. of students advised		68 (35)
Referred to Chest X-Ray	3 (4)	
" to Hospital	4 (-)	
" to General Practitioners	22 (14)	
" Dentist	- (2)	
" Optician	1 (8)	

Health Education Service

As the Cohen Report points out "The content of health education comprises both giving information and persuading those concerned to take appropriate action on it." The Borough Health Education Service ensures this continuous process by the inception of major Campaigns and by the appropriate use of "Reminders."

The "Design for Living" permanent Health Education Exhibition has again proved a focal point, with regular group attendances averaging 500 a week visiting the extensive displays at 2-6 Fulham Broadway, S.W.6. An exciting new development has been that of "Projects" undertaken by students in health, home, and water safety topics, including examinations in the Duke of Edinburgh Award Scheme. Several local organisations have taken advantage of facilities available for group visits during evenings, when both lecture and film contributions on selected subjects have been appreciated.

Six major Campaigns catered for Dental Care, Foot Health, Mental Health, Water Safety, Buy for Safety, and Drug Recognition. For Mental Health Week in June emphasis was on the psychiatric careers and a noteworthy display was opened at the "Design for Living" Exhibition by the Lady Norman, C.B.E., J.P., Vice-Chairman, Management Council, National Association for Mental Health.

The Water Safety Campaign provided a very topical theme - that of the epic voyage around the world of Sir Francis Chichester in Gipsy Moth IV. Over 8,000 persons attended in the first month! Some 40 organisations contributed and, by courtesy of the International Wool Secretariat, it was possible to display items of clothing actually worn by Sir Francis Chichester; bales of wool carried aboard Gipsy Moth IV; and there was also a complete pictorial record of the voyage. Large photographs included the interior of the vessel, clearly indicating the many essential safety factors incorporated in modern craft. A "Build-it-yourself" dinghy kit also aroused considerable interest.

In connection with the RoSPA Golden Jubilee Year "Stop Accidents" Campaign, the Borough provided a three-month effort which dealt with home safety factors - oil heaters (with special demonstrations at a Fulham Old Town Hall Exhibition); gas and electrical appliances; non-flam clothing; and a unique Toy Fair staged in co-operation with the British Toy Manufacturers' Association members. The Borough designed "Buy Safe - Buy Here" display card was prominently featured in many local shops, and the RoSPA Safety Slogan Competition received full support.

Without doubt, however, the outstanding Campaign was that concerned with combatting the abuse of drugs, particularly among young persons. On November 2 a Symposium was provided by several of Britain's acknowledged experts in this difficult subject; and over 200 delegates from the London Boroughs and from national and local associations attended. In December "Educating the Educators" was furthered by a special seminar devoted to health education media and the Campaign development was assured with a programme extending well into 1968.

For the first time in Britain a special Drug Recognition Display Unit was evolved by the Health Education Officer; and this described the uses and abuses of drugs, provided Home Office statistics, lists of available services of the Ministry of Health and of the local authority, as well as advising on drug literature. Following favourable reception at the Symposium the display was installed at the "Design for Living" Exhibition to be viewed by several thousand teachers, students, professional workers, and the public.

A Borough-designed poster entitled "Get Addicted to Living...the Healthy Don't Need Drugs" attracted national attention, as also a "Chain of Treatment" presentation.

All Campaigns again included the massive circularisation of schools, youth clubs, welfare centres, and information offices, as well as Borough window exhibits.

With introduction of British Standard 3300, forbidding the sale or re-sale of oil heaters or parts not complying with the Standard, a letter from the Medical Officer of Health and Director of Social Services was sent to all local organisations likely to run fetes or jumble sales; and this personal communication of helpful advice resulted in a co-operative and immediate compliance with the requirements in the interest of home safety. Leaflets in five languages again proved helpful to the immigrant population.

At the Annual Hammersmith Show the work of the Borough's Health, Welfare, and Children's Services proved a "Draw". The following features ensured the interest of all visitors ; a purpose-built flat, fully furnished, in which home safety factors were in positive context; the Sir Francis Chichester display; and the latest Mobile Dental Unit, (since operative at Borough Schools), plus distribution of free apples to encourage the young in dental care.

Supplementary Campaigns include a follow-up of the Borough 1966 efforts to combat Venereal Diseases and Sexual Infections. The Borough-designed poster "V.D. Don't Take The Risk" in fact established an international demand, as also did the locally-produced leaflet "You and Sex", written especially for young people. Other topics of note were Oil Heater Servicing, Anti-Smoking, Food Hygiene, Home Helps, Child Minding, Health and Leisure, the new Pramway Code, Aids for the Handicapped, Fireworks Safety, Immunisation and Winter Health.

The Health Education Service continues to provide lectures, films, film strips, demonstrations, display media, posters and leaflets to local organisations; and maintains a close liaison with the Inner London Education Authority in order to ensure maximum health education contributions upon request in the Borough's educational establishments.

Introduction

The year 1967 was one of growth and the wide range of services continued to expand with corresponding demands for these services in the district, both by age, sex, and disability. However, in social conditions, needed more.

Four elements of the growth which are the forerunners of welfare services provided by local authorities today. It is only when these four elements are met that they become means of the help that can be obtained, though it must be recognized that, such services may be in limited supply.

PART II

The welfare services in the district are provided by the following organizations:

1. District Council

(a) Welfare for the aged (Social Services)

The old people's services are provided by the district and by voluntary organizations. The services are provided by the district and by voluntary organizations. The services are provided by the district and by voluntary organizations.

WELFARE SERVICES

Throughout the year 1967 the district has been a centre for attention and careful selection of its people. The district has been a centre for attention and careful selection of its people. The district has been a centre for attention and careful selection of its people.

This knowledge of the district is a very real and useful service, especially when living alone or with a small family. The district has been a centre for attention and careful selection of its people. The district has been a centre for attention and careful selection of its people.

It is not an easy matter to be a member of a district and to be a member of a district. It is not an easy matter to be a member of a district and to be a member of a district. It is not an easy matter to be a member of a district and to be a member of a district.

There is a lot to be done in the district. There is a lot to be done in the district. There is a lot to be done in the district. There is a lot to be done in the district.

(b) Welfare for the aged and disabled (Voluntary organizations)

The district has a number of voluntary organizations. The district has a number of voluntary organizations. The district has a number of voluntary organizations. The district has a number of voluntary organizations.

(c) Welfare for the aged and disabled (Voluntary organizations)

The district has a number of voluntary organizations. The district has a number of voluntary organizations. The district has a number of voluntary organizations. The district has a number of voluntary organizations.

Introduction

The year 1967 was one of progress and the wide range of services continued to cope with ever-growing demands from those residents of the Borough who by age, infirmity, disablement, illness, or social misfortune, needed help.

Few members of the general public realise the range of welfare services provided by local authorities today. It is only when they need such services that they become aware of the help that can be afforded, though at times because of demand, such services may be in limited supply.

The services can be divided broadly into two groups - Residential and Domiciliary.

A: Residential Services

(i) Homes for the Aged (Local Authority)

The six Homes accommodate approximately 320 residents and in addition 240 beds are available in "Kingsmead" and "Brockle Bank" run by the adjoining Boroughs of Kensington & Chelsea, and Wandsworth respectively.

Throughout the year there has been a very heavy demand for vacancies and careful selection on priority needs has been the rule. One hopes the day will come eventually when applicants can be admitted within a comparatively short time of applying. Too often, at present, this has to be delayed until a crisis arises.

This limitation of admission to the very frail and infirm, persons usually either living alone or with hard pressed relatives, has tended to throw considerable burdens on the staffs of the of the Homes; particularly at the three purpose-built Homes, Westway Park, Southway Close and Stewarts Lodge, which are all, in effect, ground floor accommodation. Shortages of staff have also occurred at the three Wimbledon Homes where the transport difficulties add to the problem of recruitment.

It is not so much a question of obtaining numbers of staff but of getting the right persons with the right attitude to their charges. It is work calling for kindness and respect for old age, together with a knowledge of the way in which care and attention can best be given. More and more part-time staff are being employed, but it is essential to have a number of full-time resident staff, in particular the Matron and her Deputy. National consideration was recently given to the problem of staffing Homes, consequent upon which the "Williams" Committee issued its report. Arising from this, it seems certain that the conditions of service and salaries of Homes staff will have to be made more attractive if this very important residential service is to be maintained at the desired level in the future.

Tribute is paid to the Matrons, their Assistants, and to all the staffs in the Council's Homes for the way in which they have carried out their work in the past year, often under trying and difficult circumstances, but always trying to remember that their first duty is to the residents and to ensure they have adequate care.

(ii) Homes for the Aged and Disabled (Voluntary Associations)

The Council maintains approximately 130 persons in Homes run by Voluntary Associations. These range from Homes with religious, professional, or special disability backgrounds - e.g. Methodist Homes, Homes for Aged Jews, Homes for Aged Seamen, Homes for Spastics, for Arthritics, for the Deaf and Dumb, or for the Blind. Distinct from those in the local authority homes who are almost all in the over-75 age group, those in voluntary homes include many young disabled from 16 years and upwards. Long-term plans include a Home for the Young Disabled so that it is hoped one day to provide for these young people, fortunately very few in number, a Home within the Borough.

(iii) Temporary Accommodation

The Temporary Accommodation units have been full for the larger part of the year under review. Indeed, the pressure shortly before Christmas and since has made it necessary to use accommodation in premises run by other local authorities and we have been grateful for this

help. It was found possible, through the co-operation of the Housing Committee and the Greater London Council Housing Department, to rehouse a small number of families who, with social work support, had managed to clear their former rent arrears. As a result the position has eased a little but could well become acute again if there is a spate of applications. At the present time plans for the new Reception Unit at No. 280 Goldhawk Road are with the Ministry of Health. The present Reception Unit in Uxbridge Road is on land required by the General Post Office for development, and must be given up during the coming months.

Other premises at No. 289 Goldhawk Road, for a Unit for Unsupported Mothers, are also under discussion with the Ministry. When this is available it will enable some of these mothers and their children to be transferred from Battersea Bridge Buildings.

Unfortunately the type of premises suitable for adaptation into Training Units are in very short supply and added to this is the rather long time it takes to clear all the necessary preliminaries so that additional accommodation becomes available. Unless strenuous efforts are made during the coming year, serious accommodation problems could arise, particularly towards the Autumn and Winter.

A great deal of social work has been done in an effort to help the families, and there is no doubt that this is by far the most difficult type of work undertaken by the Welfare Services staff. There is a very close link with all other social work agencies concerned with the families, including Children's, Health, Housing, Probation, School Care, Inner London Education Authority, Family Welfare Association, the National Society for the Prevention of Cruelty to Children, and many other voluntary bodies interested in this work.

At the present time approximately 70 families are in the various units, and thanks are recorded to the resident staffs who have a particularly difficult task and whose tolerance and understanding go a long way to bringing about the satisfactory results which are achieved in some of the cases.

(iv) Mother and Baby Units

By arrangement with other local authorities, temporary accommodation has been provided for a number of unmarried mothers or mothers-to-be, and social work support is given with the many problems which often arise. Approximately 20 mothers are being assisted at the present time.

B. Domiciliary Services

It is estimated that there are approximately 29,000 persons of pensionable age or over residing in the Borough and at any one time about 10% of these will be receiving domiciliary services from the local authority. A number may well receive several of the services at the same time.

The main services provided during the year were:-

(i) Meals

These continued to be provided through the main kitchens at Milson Road, run under the control of the Catering Committee.

The number of meals provided continued to rise throughout the year and approximately 1,300 meals a day were produced. Of these about 850 went to elderly people in their own homes and 450 to those attending the 12 luncheon clubs situated in various parts of the Borough, where the attendance varies from 15 to 70 persons. About 100 meals were provided for the City of Westminster under an agency arrangement for persons residing in the Western end of that Borough.

Approximately 100 invalid meals were delivered on behalf of the Health Committee.

This large daily operation involved no fewer than 19 vehicles and 36 staff, mainly drivers

and servers, and much depended on the speed and efficiency with which they carried out their duties in all weathers. Delay at any stage of the preparation of the meal, or its delivery to the old people, can affect them considerably as they have come to rely on it. There is no doubt that this is a very valuable service and ensures that a large number of elderly people, the majority of whom have only basic state pensions and allowances, receive a good hot meal each day.

In addition, those who attend the luncheon clubs find companionship which would otherwise often be lacking.

It is hoped, when financial considerations permit, that there will be further expansion of both the domiciliary meals and luncheon club facilities.

(ii) Weekend Meals Service

For some time now concern has been felt about a small number of persons who live alone and have no one at the weekends to prepare meals for them. This problem was highlighted during the four day break last Christmas, when arrangements were made at short notice to deliver meals to about 15 very elderly persons on Christmas Day and Boxing Day. Arising from this experience, arrangements have now been made for the commencement, on a limited scale, of meals to about 30-35 elderly people on Saturdays and Sundays. It seems very probable this demand will increase in the coming years, but it will be a very worthwhile service.

(iii) Social Clubs

The social club at Fulham Road continued to provide pleasure and interest for a number of elderly residents. It was open five days each week from 10.00 a.m. to 4.00 p.m. In addition the 28 clubs run by voluntary organisations - which open on one or more afternoons - continued to do good work.

There is, however, clearly room for expansion in this field and it would be a happy state if there was a full-time club for the elderly in each part of the Borough. Loneliness can be one of the real tragedies of old age but much can be done to try and reduce its effects.

(iv) Visiting and Advice

Social workers have continued to pay periodic visits to the elderly people to try and help with any problems. Housing and Rent Act problems often trouble the elderly tenant who is likely to be bewildered by the complexity of recent legislation and with the problems of daily living in a fast-changing world.

In addition there are a large number of daily problems and crises which call for immediate attention and in which the social workers endeavour to give practical help or advice. Such requests cover a surprisingly wide range and often tax the capabilities of the most experienced of officers.

(v) Volunteer Help Service

This service continued to expand and during the year was able to help a considerable number of residents. Assistance was given to the housebound elderly and the disabled in particular, with shopping, window cleaning, wood chopping, gardening, friendly visiting, and home decorating. Volunteers from the schools, youth clubs, and members of the general public all gave of their leisure time to assist in this very worthwhile service, and thanks are recorded to them all. It is hoped that the service will be able to be expanded in the coming years as it is an extremely valuable addition to the main domiciliary services and often means so much to the recipient and can be very satisfying to the donor. It is an excellent example of the statutory authority using voluntary help for the benefit of the community.

(vi) Holidays, Outings and Entertainments for the Elderly

Over 450 elderly persons enjoyed a holiday during 1967 under arrangements made by the welfare services and, in addition, a number of outings and theatre trips were organised. A large number of parties took place just before Christmas in Fulham Old Town Hall and Hammersmith

Town Hall when about 1,600 elderly people enjoyed themselves and greatly appreciated the concerts provided by the Entertainments Committee.

(vii) Services for the Blind and the Physically Disabled

The register continued to increase and now numbers nearly 2,000 - of these 960 are registered blind or partially-sighted. The services are largely integrated, although specialist services are provided for certain aspects of blind welfare, e.g. the teaching of Braille and Moon.

The blind continued to benefit from the Talking Book Service, and it was pleasing to learn that a talking book system was being introduced for the house-bound disabled. The "Books" should be available for issue in the early Summer and provision has been made in the estimates so that a number of severely disabled housebound persons can get more enjoyment out of life.

"Jlverscroft" Large Print Books have been made available to the blind and partially-sighted in residential homes and others can borrow them through the Library Service.

Aids, Gadgets and Adaptations

Like the blind, the disabled have been loaned a large number of aids and gadgets and a number of structural alterations and adaptations have been carried out to the homes of disabled persons to help them overcome their disabilities. These included the provision of ramps, sliding doors, fitting special grab rails in baths and toilets, extra hand rails on stairs and in corridors, improvements in kitchens, the issue of safety devices, overhead hoists, and many other useful items to enable the disabled persons to be as independent as possible. Many seriously disabled and frail elderly persons today are able to move about without help simply through the use of a light weight walking frame.

(viii) Social Clubs have been run daily at Blythe Hall and twice weekly at Bishop Creighton House and St. Simon's Church Hall. Meals are served at Blythe Hall and handicrafts provided for those who wish, and are able, to take part.

A small number of blind persons continued to be employed in the Sheltered Workshops. Some have gone on Training or Rehabilitation Courses run by the Royal National Institute for the Blind.

(ix) Holidays for the Blind and Disabled

Holidays were arranged for a large number of blind and disabled persons and these provided a great deal of pleasure and interest for those who went.

(x) Social Work support helped many of those with domestic or financial problems and advice is freely sought. Periodic visits are made to all on our registers.

(xi) Exhibition of Aids

A permanent exhibition of aids and gadgets continued to be maintained at the shop, No.551 Fulham Road, adjoining the Town Hall where products of the disabled are also on sale to the general public.

(xii) Transport

This is absolutely vital to the services for the disabled and blind. Without it many of the activities would have to cease. Much depends on the kindness and understanding of the drivers who get to know their "Charges" well, and often give that little extra attention which makes so much difference.

The special transport includes vehicles with hydraulic tail lifts which enable wheelchairs and the severely disabled to be handled with greater ease, to the comfort of the person concerned.

The vehicles are also used to provide transport for a number of voluntary bodies in the Borough and thanks have been received from these organisations.

The main Centre at Blythe Hall is very fully committed and at present it is necessary to ration attendance severely, often to only one day a week. An additional Centre is urgently needed and it is hoped that the time is not too far distant when another can be provided, possibly in the South of the Borough.

(xiii) The Deaf

There are about 150 deaf persons in the Borough and these have received services through the Royal Association for the Deaf and Dumb, who act as agents for local authorities in the London area. There is an excellent Social Centre and Church in Old Oak Road and many of our deaf attend the various activities.

(xiv) The Deaf-Blind

The deaf-blind are probably the most disabled group. Just try and picture for one moment what it means to live in a world of darkness and silence. It is a terrifying thought and yet the deaf-blind often succeed in getting quite a lot of pleasure out of life. The Welfare Officer was pleased to be able to start the Club for the Deaf-Blind in January. It has been held in one of the lounges at "Westway Park" on Wednesday afternoons and a small group of 6 or 7 deaf-blind men and women have met and, with the aid of "Guides" who communicate by means of finger spelling, have enjoyed some very pleasant social afternoons.

It is hoped to expand the service into a full "Guide help" service during 1968. Volunteer guides will be trained to communicate and will then be able to act as companions to the deaf-blind. Their help will include letter writing, conversation, shopping, outings, recreation, taking to church and similar things which are taken for granted by those of us who are fortunate enough to have all our faculties.

Although the number of deaf-blind is fortunately very small, only about 10 persons, it is a very worthwhile service and enables them to lead a fuller life.

C. Miscellaneous Services

(i) Protection of Property

Responsibility was accepted for protecting the moveable property of a number of persons admitted to hospital or Residential Homes and who were unable to act for themselves and had no responsible relative willing to undertake the duty. This duty involves the taking of inventories, arranging for the care of pets, notifying gas and electricity companies, the police and other interested persons, that the department is acting for the person concerned. Attention is given to correspondence and periodic visits made to the residence to ensure safe custody. In certain cases storage of furniture was arranged and sometimes with the consent of the owner, the sale or disposal of effects. Over 200 cases have been assisted since 1965.

(ii) Receiverships

At the request of the Court of Protection, the Welfare Officer acts as Receiver in cases where persons are in a Psychiatric Hospital, or Home, and are incapable of managing their affairs. At the present time there are 12 such cases.

Assistance has also been given in dealing with the estates of deceased persons where there is no other person to act.

(iii) Supportive Service

Although it is provided by the Health Committee, the Welfare Service continued to be a very large user of the Home Help Service which was of tremendous value to a large number of elderly persons in the Borough.

The Chiropody Service has been extensively used by elderly people. Treatment is given both in their own homes, at the various Clinics, and in Residential Homes which the chiropodist visits at regular intervals.

(iv) Liaison with Voluntary Bodies

In accordance with Council policy, a close liaison has been kept with the many voluntary bodies in the Borough which have a particular interest in those persons who are also the main

concern of the welfare services. There has been a tremendous fund of goodwill and willing help and as a result much has been achieved.

The Guild of Community Care, which the Council was instrumental in forming in 1966, has continued to work in close co-operation. It is not possible to mention all those bodies which have assisted, but thanks are due to Rotary for their help with the Christmas Shopping Evening for the Disabled which was a very successful event, over 300 seriously disabled persons from seven London Boroughs enjoyed the facilities. Rotary also gave a great deal of help with the Mayor's Christmas Parcels, being responsible for the delivery to approximately 1,350 elderly people.

Thanks are also due to the British Red Cross Society, the Women's Royal Voluntary Service, Bishop Creighton House, Family Welfare Association, and many others interested in the needs of the aged, blind, disabled, and deaf.

(v) Liaison with Government Departments

Close liaison has been maintained with certain government departments whose work affects the social services. Particular thanks must be afforded to the local managers of the Ministry of Social Security who have been specially helpful throughout the year.

(vi) Members' Enquiries

Members continued to show a great interest in the services provided in particular drawing attention to the needs of certain residents with special problems. It is interesting to note that since 1st April, 1965, no fewer than 396 Members' enquiries have been dealt with. Included in this figure are a number from the three Members of Parliament.

D. Future Projects

During the year a great deal of work has been done on projects which will come to fruition in the next year or so. These included:-

(i) "St. Vincent's", Queen Caroline Street which is a very interesting project and is due to open in the Spring. It consists of a 34-bed Home, a Day Care Centre for the Infirm Elderly, a Luncheon Club and a Social Club for the Elderly.

(ii) The building of the new 60-bed Home in the grounds of "White Chester" is proceeding and should be completed and occupied early in 1969. This is the first stage of closure of "Brockle Bank", the former Public Assistance Institution at Wandsworth.

(iii) Plans were finalised for a new 60-bedded Home at Farm Lane, due to commence building in 1968. Hopes are also entertained for a similar Home at Goldhawk Road. These are to assist in the closure of "Kingsmead", also a former Public Assistance Institution.

(iv) Plans have been submitted to the Ministry of Health for a new Reception Centre, and an additional Training Unit for families with problems. It is hoped these will be completed during 1968.

(v) In conjunction with the Housing Committee, plans have been agreed for providing a number of flats for the Severely Disabled, a Residential Home for the Younger Disabled, and some units of Sheltered Housing for the Elderly.

All these are very important services and will, in time, prove of great benefit to the residents of the Borough.

E. Staffing is still the cause of some concern in all branches of the service. There is still a great deal of movement of staff between the London Boroughs, and although in times of acute shortage of experienced and qualified staff this is understandable, nevertheless it does not make the task of providing good services any easier. The majority of local authorities are expanding their social services and this is creating greater opportunities for the staffs concerned, as well as for the recipients of the service.

F. New Legislation and Government Circulars

There was no major legislation during the year, but a small number of Government Circulars and Letters were issued. The main ones were:-

Homeless Families - Temporary Accommodation

Joint Ministry Circular (Health, Home Office and Housing & Local Government) dealing with the Reports submitted by local authorities as the result of a Joint Circular in 1966. The Circular laid down broad guide lines on the prevention of homelessness, rehabilitation of families, and their eventual resettlement in the community.

The Circulars and Reports from the officers were considered by the Joint Committee representing the Welfare, Health, Children's and Housing Committees. The services being provided in the Borough were considered to conform to the recommended procedures.

Residential Accommodation for the Elderly Blind

Circular letter indicating that recent research had shown that as a general rule elderly blind would prefer to be in a Home also catering for sighted residents. It was recognised that persons who had been blind from birth and who had always lived in rather close communities might prefer to live amongst blind people in their old age. This could be met by the provision of small units within existing Homes.

WELFARE SERVICES - STATISTICS

LARGE HOMES (SECTION 21(a) NATIONAL ASSISTANCE ACT 1948)

YEAR ENDING 31.12.67.

HOME	Resident on 31.12.66			Admitted or Transferred in			Died			Discharged or Transferred out			Remaining on 31.12.67.			Total Accn.
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Brookle Bank	17	72	89	26	28	54	9	12	21	19	30	49	15	58	73	120
Kingsmead	20	72	92	12	38	50	2	31	33	12	19	31	18	60	78	120
Hillside	-	2	2	-	-	-	-	-	-	-	1	1	-	1	1	-
Ladywell Lodge	10	-	10	-	2	2	2	-	2	5	-	5	3	2	5	-
Newington Lodge	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1	-
Southern Grove Lodge	1	-	1	2	-	2	-	-	-	3	-	3	-	-	-	-
Totals	48	147	195	40	68	108	13	43	56	39	50	89	36	122	158	

* Shared establishments. 120 Beds in each allocated to the London Borough of Hammersmith.

SMALL HOMES (SECTION 21 (a) NATIONAL ASSISTANCE ACT 1948)

(8)

YEAR ENDING 31.12.67.

HOME	Resident on 31.12.66			Admitted or Transferred in			Died			Discharged or Transferred out			Remaining on 31.12.67			Total Accn.
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Fairlawn	12	26	38	9	6	15	2	3	5	8	2	10	11	27	38	40
Guns Green	7	26	33	1	9	10	-	2	2	1	5	6	7	28	35	36
Stewart's Lodge	11	45	56	4	10	14	2	2	4	6	11	17	7	42	49	52
Westway Park	23	57	80	11	14	25	3	2	5	7	11	18	24	58	82	83
White Chester	5	22	27	4	7	11	3	1	4	4	7	11	5	21	26	27
Southway Close	20	54	74	11	24	35	1	3	4	10	18	28	20	57	77	78
Totals	78	230	308	40	70	110	8	13	21	36	54	90	74	233	307	316

SHELTERED WORKSHOPS

YEAR ENDING 31.12.67

(a) Other Local Authorities

WORKSHOP	WORKERS	TRAINEES	TOTAL
Greenwich Workshop for the Blind	-	-	-
St. Pancras Workshop for the Sighted Handicapped	-	-	-
TOTAL	-	-	-
(b) Voluntary	-	-	-

	WORKERS			TRAINEES			TOTAL		TOTAL
	Men	Women	Total	Men	Women	Total	Men	Women	
Yately (sighted)	-	1	1	-	-	-	-	1	1
Papworth (sighted)	-	-	-	-	-	-	-	-	-
Royal London Society for the Blind (Salisbury Road)	4	2	6	-	-	-	4	2	6
London Association for the Blind	-	-	-	-	-	-	-	-	-
General Welfare of the Blind (Luton)	1	1	2	-	-	-	1	1	2
General Welfare of the Blind (Tottenham Court Road)	3	-	3	-	-	-	3	-	3
Royal School for the Blind (Waterloo Road)	5	-	5	-	-	-	5	-	5
TOTALS	13	4	17	-	-	-	13	4	17

VOLUNTARY ESTABLISHMENTS - SECTION 26, NATIONAL ASSISTANCE ACT 1948.

YEAR ENDING: 31.12.67

Category	Resident on						Remaining	
	31.12.66		Admission		Discharged		31.12.67	
	Men	Women	Men	Women	Men	Women	Men	Women
Aged	40	109	23	25	16	27	47	107
Blind	2	8	3	1	1	3	4	6
Handicapped	14	11	8	1	8	2	14	10
Deaf & Dumb	-	-	-	1	-	-	-	1
Epileptics	-	4	1	-	-	1	1	3
Others	-	-	-	-	-	-	-	-
TOTALS	56	132	35	28	25	33	66	127

WAITING LIST FOR ADMISSIONS TO PART III ACCOMMODATION

YEAR ENDING: 31.12.67

	MEN	WOMEN	TOTAL
To Welfare Homes	22	59	81
To Voluntary Establishments	8	16	24
Transfers from large Homes	36	122	158
TOTALS:	66	197	263

HOMES ADMINISTERED BY OTHER WELFARE AUTHORITIES

YEAR ENDING 31.12.67.

	Resident on 31.12.66			Admitted			Discharged			Remaining on		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Various	5	16	21	-	6	6	1	8	9	4	14	18

MOTHER AND BABY UNITS (Section 21 (1)(b) and 24 NATIONAL ASSISTANCE ACT 1948)

YEAR ENDING 31.12.67

Homes Administered by Welfare Authorities

	Resident on 31.12.66			Admitted or Transferred in			Discharged or Transferred out			Remaining on 31.12.67		
	Women	Children	Total	Women	Children	Total	Women	Children	Total	Women	Children	
Ballantyne Lewisham	-	-	-	10	9	19	8	7	15	2	2	4
Carisbrooke Lambeth	3	-	3	7	2	9	8	2	11	1	-	1
Kingsmead	2	2	4	3	2	5	5	4	9	-	-	-
TOTALS	5	2	7	20	13	33	22	13	35	3	2	5

MOTHER AND BABY UNITS (Section 21 (1) (b) and 26, NATIONAL ASSISTANCE ACT 1948)

YEAR ENDING 31.12.67

Voluntary Establishments

	Resident on 31.12.66			Admitted or Transferred in			Discharged or Transferred out			Remaining on 31.12.67		
	Women	Children	Total	Women	Children	Total	Women	Children	Total	Women	Children	
Unmarried Mothers												
TOTALS	4	1	5	72	39	111	67	36	103	9	4	13

PART III

CHILDRENS' SERVICE

General

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 the care of children deprived of a normal home life, for short or long periods, provide a substitute home life for them, and in general act as a good parent to them whilst they are in care.

705 children were in the care of the London Borough of Hammersmith on the 31st December, 1967, although about 2,000 applications were made to the Children's Officer for children to be received into care; and the fact that the number actually received into care was only about one-third of this total is a tribute to the quality and quantity of the casework undertaken by the Children's Officer and 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 automatically go out of care at 18 years of age, 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. 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. Additional functions 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 of the 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.

Ill-treatment or Neglect, of Children

It is the statutory duty of the Children's Officer under Section 62 of the 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 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., a child who is not receiving proper care, protection, or guidance and is falling into bad associations; or is exposed to moral danger; or is likely as a result to suffer; or whose health or proper development are likely to be seriously affected; or a child who is beyond the control of his parents). Suitable arrangements are then made between the Departments for the child's welfare to be safeguarded, bearing in mind the new duty to offer advice, guidance and assistance if it would diminish the need to bring the child 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 the control of their parents, arranges for voluntary advice, guidance, and supervision in suitable instances and, if necessary, arranges for the children to be brought before the Juvenile Court.

Medical Arrangements

(a) Before a child is boarded-out a full medical examination is undertaken, and the report is submitted to the Medical Officer of Health for approval that the child is fit to be boarded-out under the Regulations.

(b) Medical Examinations during the boarding-out - A child boarded-out must be examined by a duly qualified medical practitioner

- (i) within one month after being boarded-out, unless the child has attained the age of 2 years, and has been medically examined within three months before being boarded-out, and
- (ii) at least once in every six months if he has not attained the age of two years, or at least once a year if he has attained that age.

The reports of subsequent medical examinations are not seen by a Medical Officer in the normal course of events, and would only be referred to the Medical Officer of Health if the Senior Child Care Officer and Child Care Officer who receive the report were concerned about any matters affecting the child.

(c) Apart from these statutory requirements for medical examination and report, it is the duty of the local authority to ensure that adequate arrangements are made for a child boarded-out to receive medical and dental attention as required. This is dealt with by the Child Care Officer who, on her visit, would comment on the child's health, and be assured that in fact adequate arrangements had been made. This generally means that the child is registered with the same doctor as the foster parents, and there is usually no difficulty.

Child Protection - Children Act, 1958

There is no statutory requirement that a child should be medically examined on being placed with a private foster parent, but again it would be the responsibility of the visiting Child Care Officer to be assured, so far as was reasonable, that the child was being well-treated, and to advise if any medical attention appeared to be necessary.

There is the additional medical supervision given to all children under five by the Health Visitor under the Public Health Act, and this is followed by medical surveillance provided by the School Health Service.

Hammersmith Homes

The Administration of Children's Homes Regulations, 1951, provide that the Medical Officer appointed shall supervise the compilation of a medical record for each child accommodated in a Home and that this shall contain particulars of the medical history of the child before admission, so far as it is known; his physical and mental condition on admission; his medical history while accommodated in the home; and his condition on discharge from the home. A card is used for this information and is normally kept up to date by the Houseparent-in-Charge.

The Home Office, in July 1951, recommended

"42.....that the frequency of medical examinations, of dental inspections, and of other routine arrangements should be as follows:

- (a) Medical examination -
 - On Admission.
 - At least monthly for children aged 0 - 1 year
 - At least quarterly for children aged 1 - 5 years
 - At least yearly for children over the age of 5
 - On discharge
- (b) Weight (in a single garment) -
 - On admission.
 - Weekly - for children aged 0- 6 months.

Monthly - for children aged 6 months to 2 years

Quarterly - for children aged 2 years and over

On discharge.

(c) Height (for children aged 2 years and over) -

On admission

Quarterly

(d) Dental Inspection -

This is very desirable for children over the age of 2 and, if possible, should be arranged shortly after admission and at intervals of not more than six months.

(e) Medical records -

Individual records should be kept showing condition on admission, and progress, and should include a record of sickness. Dates of immunisations should be noted. Condition on discharge should be recorded.

43. Children attending local education authority schools will be examined by the school health service at intervals. A member of the staff of the home should endeavour to be present, and should tell the doctor anything of note about the child just as a parent would."

Other Local Authority Homes

Arrangements should be as for "Hammersmith Homes".

Voluntary & Private Establishments

Arrangements should be as for "Hammersmith Homes". The Assistant Children's Officer when visiting keeps a check on the arrangements, and the Child Care Officer ensures that medicals are completed when the review takes place.

Special Schools

Handicapped children are medically examined annually. The forms are completed and returned to the Inner London Education Authority (EO.WS 2/3) which, where appropriate, forwards them to the Children's Officer concerned.

Conclusion

There are no further steps taken in the Children's Service other than to remind all Child Care Officers to be on the alert at all times for symptoms of ill-treatment or ill-health, and to arrange for urgent medical examinations in all cases where they have doubts. This is the subject of frequent reminders at staff meetings and, having regard to the medical arrangements, the reporting done on children boarded-out, and the examination of such reports by Senior Child Care Officers, it is hoped there will be little risk of situations arising which would cause concern.

Adoption

Procedure and Practice in the London Borough of Hammersmith

1. Introduction

An Adoptions Officer was appointed on 1st January, 1966, and the Adoption Agency began to function on 1st March of that year.

At that time there were in the care of this Authority over twenty children under the age of two available for adoption. Many of them were "Hard to place"; some of them were from backgrounds with very poor medical, mental, or social histories or legal complications; others were of mixed racial origin or of a religious persuasion which restricted placing; and some with one or more of these disadvantages.

At that time there were no suitable adopters available.

The first priority, therefore, was to investigate applications and find suitable adopters. Wherever possible, expectant mothers wanting adoption of their babies were referred to existing Agencies with waiting lists of adopters. However, not all cases could be referred as private Adoption Agencies are free to choose the kind of child they will accept for placement and who, for the most part, will only consider white English babies with unproblematical backgrounds.

In the recent past there has been a shift in the ratio of available babies to adopters particularly in the London area, from a surplus of adopters to a surplus of babies. This situation is brought about by a slight increase in the illegitimacy rate and also by changing attitudes to adoption. Many Adoption Workers no longer think in terms of "Unadoptable" babies but are trying to find suitable adopters who are fully aware of the possible difficulties involved in taking into their families children with social, physical or mental handicaps.

A large proportion of such children are received into care by Local Authorities as part of their statutory duties.

The attitude to adopters too has changed. In former years, most Agencies would only consider applications from childless couples and the upper age limit was usually under 35 for both applicants. Most private Agencies exercised a bias in favour of middle-class couples with high material standards. Each application dealt with in the Children's Service however, was considered on its own merit without stringent qualifications as to age, number of existing children, religion or background. Apart from the legal requirements the criteria are emotional stability, a good marriage relationship, an awareness of the complex problems of adoption, the ability to support a child and above all the deeply felt wish to have and love a child for its own sake.

2. The Panel

The Adoption Agencies Regulations, 1959, are permissive with regard to a Case Committee in a Local Authority acting as an Adoption Society and individual Local Authorities vary in their practices.

In Hammersmith an Adoption Panel has been formed consisting of three nominated Councillors, who are members of the Children's Committee, (one of them a man), the Children's Officer and her Deputy attending alternate meetings, and a Senior Child Care Officer. The Adoptions Officer is in attendance.

The Panel meets at the request of the Adoptions Officer at intervals of three to six weeks, depending on the number of cases ready for discussion. The function of the Panel is to discuss the detailed reports about applicants as prepared by the Adoptions Officer, and to decide whether or not they can be approved.

The Panel also decide whether or not to help an expectant mother with adoption placement. Details of her medical and social history are reported by the Adoptions Officer. Members are also consulted about placements of children not in care. If a placement has taken place between meetings with the approval of the Children's Officer the Committee is informed.

The aim of the Children's Service Adoption Agency is to build up a waiting list of adopters so that wherever possible appropriate children can be placed direct without prior reception into care.

3. The Children's Sub-Committee:

At the present time when children "In care" are placed with approved adopters they are initially boarded out as foster-children "With a view to adoption". The length of boarding-out period varies according to the special circumstances of the placement. When the Child Care Officer concerned is satisfied with the progress of the child in his new home, a full report and recommendation for adoption is submitted to the Children's Sub-Committee. Following approval, the applicants are informed that they can proceed with their application to adopt. From this date all boarding out payments cease and the child becomes a "Protected" child.

4. The Mother:

i) Referrals:

Expectant mothers are usually referred by Medical Social Workers and Moral Welfare Workers. Pregnant schoolgirls are referred by the Children's Worker of the Care Committee. There are also a number of girls who come to the Child Care Officer of their own volition.

There is a continuous flow of referrals to this Service as the Borough is blessed with a large number of maternity beds. Many women come from all parts of the British Isles to have their babies in London. It is estimated that in Queen Charlotte's Hospital alone 600 illegitimate babies are born every year. Women living outside the Borough are not normally eligible for help with adoption.

A proportion of the mothers referred are married women who have conceived the babies outside the marriage.

ii) Procedure:

Wherever possible expectant mothers are seen by the Adoptions Officer who either refers them elsewhere or recommends to the Panel that their cases be taken on. Detailed health and social history is taken and case work with her continues until the baby is born when the mother may decide to keep the child.

Where expectant mothers wanting adoption for their babies are girls in care or women already known to the Service, the Child Care Officer concerned continues casework with them. In all cases the Adoptions Officer sees the mother at least once prior to her child's placement to tell her at first hand about the adopters.

Some expectant mothers under 17 will be received into care during the period of their pregnancy and the majority of these young girls go to a Mother and Baby Home for the last months or weeks of their pregnancy and remain for six weeks after their confinements. Others under 17 continue to live with their families and receive intensive casework support during this time.

Most of the older women are able to stay on at their homes or lodgings during pregnancy.

When the baby is born the mother is seen as soon as possible after the confinement and if she wishes to proceed with adoption, plans are discussed. Some mothers are prepared to take the baby home for the first six weeks and when suitable adopters are available the baby is then placed. Before placement it may be necessary to give help with clothing and in exceptional cases payment in cash under Section 1 of the Children & Young Persons Act, 1963, to prevent reception into care.

In the majority of cases, however, the mother parts from her baby on her discharge from hospital.

During the pre-adoptive period mothers are encouraged to visit their children.

Wherever possible the Adoptions Officer accompanies the mother when she signs her consent and remains in close contact pending legal adoption. The natural mother is informed when the Order is made and at that time she is usually given a photograph of the baby.

5. The Putative Father:

The putative father, if known, is interviewed by the Adoptions Officer to discuss with him the adoption. He is also asked to furnish details about his health, social and educational background.

6. The Babies

i) Eligibility:

Babies placed for adoption must be born in the Borough or be the child of a mother who is in the care of the Authority at the time of her confinement. All babies accepted for direct placement since 1st March, 1966, would have been received into care or supported under Section 1, Children & Young Persons Act, 1963, had we not functioned as an Adoption Agency.

ii) Procedure:

If the mother is unable to make her own arrangements on her discharge from hospital and is not in a Mother & Baby Home the child is either received into care or placed by the mother in a short-term foster home found for her by the Children's Service. Some mothers are able to pay their own fostering fees, but others are helped partially or entirely with these under Section 1 of the Children & Young Persons Act, 1963. Efforts are made to place all healthy babies in foster-homes rather than nurseries.

The task of approving would-be adopters requires high professional skill and is a lengthy process. There has not been adequate staff to build up a waiting list of adopters and consequently some of the available babies have had to be received into care.

In the year ended March, 1968, we placed for adoption 12 children in care and 10 direct.

iii) Health:

At six weeks of age the baby is examined by a medical practitioner and given serological tests for V.D. We have been fortunate in enlisting the interest and co-operation of Professor Tizard, the Head of Department of Child Health at Hammersmith Hospital, who will examine any child with medical problems we refer to him and, if necessary treat him. If suitable adopters are found for a baby with a medical history Professor Tizard will personally see adopters and explain to them the nature of the problem. Paediatric consultants at other hospitals where the babies have been treated will also see adopters. Full medical reports are always sent to the Department and seen by the Deputy Medical Officer of Health. All medical reports on babies are seen and vetted by her and no baby is placed without her favourable endorsement on the medical certificate.

7. The Adopters:

i) Applications:

Couples are referred to us by Doctors, Medical Social Workers, Health Visitors, other Children's Departments or Adoption Societies or other adopters, some answer advertisements for a particular child and we are now beginning to receive applications for second children.

During the year ended 31st December 1967, we received 127 applications; 15 came from the London Borough of Hammersmith, 59 from the Greater London Council area and 53 from outside the London area. It was found possible to approve 35 of these applicants.

During the first year all applications were considered without geographical restrictions. This proved to be unmanageable and it is the current practice to refuse applications from outside the Greater London area unless they are for "Hard to place" children.

ii) Procedure:

Couples are interviewed jointly by the Adoptions Officer in the office for a preliminary and general discussion about adoption and if they wish to proceed they are given application and medical forms.

On receipt of the completed application form, enquiries are made about the applicants of the Local Authority where they live; two personal referees; and the applicants' General Practitioner.

If all is well further interviews are then arranged with each applicant individually and at least one interview must take place in the couple's home, when the premises are inspected. If the applicants have a child or children, there is at least one lengthy home visit when the children are there and awake.

All efforts are made to meet members of the extended family if there is close contact.

Referees who should be personal friends who have known the applicants for at least two years, are also interviewed.

When the Adoptions Officer is indecisive whether or not to recommend a couple as suitable, her Senior Child Care Officer visits the home to give a "Second opinion". If it is considered necessary and helpful to have a man's "Second opinion", the Deputy Children's Officer is asked to interview the applicants.

iii) Health:

Completed medical forms are usually returned direct by the examining doctor. If there are medical queries further enquiries are made with the applicant's permission and all reports and forms are submitted to the Deputy Medical Officer of Health for her signed approval. In some cases, the latter contacts other doctors to obtain further information. No application is submitted to the Panel without the signed approval on the medical form by the Deputy Medical Officer of Health.

iv) Rejections:

As can be seen from the figures given in 7(i) a large proportion of applicants are turned down. While it is desirable and good adoption practice to give a couple the opportunity to withdraw their application of their own accord this is not always achieved.

All applicants are told at the initial interview that the Authority can refuse an application without giving a reason. Nevertheless, if at all possible couples are told why their application has been refused. However, in some cases where adverse factors have become known to the Department in the course of their enquiries but not through the adopters themselves, no reason can be given and a formal letter of rejection is then sent to the applicants in which they are invited to discuss the refusal in the office if they so wish.

8. Pre-adoptive Foster Homes:

The Department has a small number of foster mothers who are prepared to undertake

this exacting task. They usually receive the baby at ten days of age after his discharge from hospital. They have frequent sleepless nights and when the baby is beginning to settle, he goes to his new home. These foster mothers must be prepared to deal with the natural mother who may be under severe emotional strain. They must also receive adopters in their homes and be prepared to teach them how to handle a young baby. They must be able to give the baby good physical care and the love and patience he needs without getting too attached to him, and they must be discreet.

The babies we have placed in our foster homes have all thrived and developed well, and there is an urgent need to find more homes of this kind.

9. The Placement:

i) General:

Views about "Matching" babies and adopters vary among individual adoption workers and the old argument about nature and nurture continues. While intelligent parents are more likely to have intelligent children, this is by no means certain, and little is still known about hereditary factors in mental illness. It is the task of the adoption worker to ascertain the applicants' expectation of an adopted child and also their degree of acceptance and tolerance about his background. In the course of interviews with applicants, some couples tend to accept too readily a difficult background in their anxiety to have a child at all cost. Other applicants have given deep thought to the kind of child they want.

The majority of adopters want a healthy baby and have special wishes as to his age, sex and background. While this Service makes no special claim to "Match" adopters and babies, applicants are given the kind of child they ask for. This is another reason why it is important to have a long waiting list of adopters to choose from when a baby becomes available for adoption.

ii) Procedure:

When the Panel or a member of the senior staff in the Department has approved a proposed placement and the child has had a medical examination, the Adoptions Officer writes to the adopters informing them that a baby has become available giving some details about the child and his mother.

Since the Department began to function as an Adoption Agency no baby has been placed before the age of six weeks. This period gives the mother a breathing space to come to her difficult decision and makes it possible to observe the physical development of the child.

The adopters are told to contact the foster mother or Nursery where the baby is, to arrange a visit.

When the child is in a Mother and Baby Home adopters visit him there, the staff ensuring that mothers and adopters do not meet.

Where the mother has looked after her baby in her own home adopters are introduced to the child in the office again. Elaborate arrangements are necessary to avoid a meeting between the mother and applicants.

Adopters are always assured that if they cannot "Take" to a child this will not prejudice their future chances of having another baby offered to them.

All adopters must give themselves two or three days before informing the Department whether they wish to have the baby or not. When the baby is placed all Local Authorities involved are informed and the adopters are given practical help with milk tokens, medical cards, and such like. They are also given written instructions regarding all further action required. The mother is also informed of the placement.

10. Supervision Application and the Hearing:

Unless adopters live outside a 70 mile radius of the Borough, the Adoptions Officer continues to visit the family at regular intervals, while the child is a "Protected" child. The adopters are helped to complete application forms and a report is prepared for the Guardian ad Litem, on the circumstances of the placement.

The Adoptions Officer does not attend the Hearing unless compelled to do so by the Court to give evidence, or at the expressed wish of the adopters.

When the Order is made, all official contact with all couples concerned ceases. But applicants often wish to remain in touch with the Department and this is encouraged. It is hoped, when staffing is more adequate, to establish a follow-up service.

11. Guardian ad Litem Duties:

During the year ended March, 1968, the Children's Officer was appointed Guardian ad Litem in 56 cases. These are undertaken in the Borough by the Special Court Officers who also advise members of the public on legal matters involved in private adoption arrangements.

When the Children's Officer is asked to act as an Agent for Guardians ad Litem outside the Borough, this task is usually undertaken by Senior Child Care Officers or Child Care Officers.

12. Welfare Supervision:

In the Borough this is allocated to Child Care Officers. There were 31 such cases during the year ended March, 1968.

13. Liaison with London Boroughs:

Children's Officers of the London Boroughs have felt it advantageous to hold meetings to discuss adoption matters generally. The meetings will be arranged by the Children's Officer for Hounslow. One meeting has already taken place and another is proposed for the near future.

FIGURES RELATING TO 1967

Reasons why children came into care

Death of mother)	
Deserted by mother	)	94
Father not living with family)	
and unable to cope)	
No parent or guardian		1
Abandoned, deserted or lost		25
Long-term illness of parent or guardian		49
Temporary illness of parent or guardian		67
Separation of married parents		22
Separation of unmarried parents		8
Homeless (not evicted)		14
Homeless (evicted from ordinary accommodation)		14
Homeless (evicted from Part III accommodation)		22
Child illegitimate, mother unable to provide		79
Unsatisfactory home conditions not included under other headings		50
Other reasons under Children's Act (1948)		90
Fit persons orders (Offenders)		36
Fit person orders (Non-offenders)		129
Section 6(4) Children's Act (1948)		1
Committed Matrimonial Causes Act (1965)		4

Total at 31st December, 1967

705

Type of Placement

At 31st December, 1967.	In Borough Owned Estabs.	In Other Inner London Author. Estabs.	In Inner London Educ. Author. Estabs.	In Other Local Author. Estabs.	Private	Volunt.	Total
Reception Homes	4	10					14
Residential Nurseries	17	17		-	51	8	93
Small Family Homes	27	14			1	1	43
Other Children's Homes	29	62			32	108	231
Boarding Special Schools			24	1	2	7	34
Boarding Schools					11	8	19
Hostels		6			5	12	23
Home or Hostel for Handicapped children					3	2	5
Mother and Baby Homes					2	1	3
Partial total	77	109	24	1	107	147	465
Boarded out in Hammersmith							51
Boarded out outside Hammersmith							114
Residential Employment							1
Lodgings							11
C.Y.P.A. at Home							55
Others							8
Total at 31.12.67							705

PART IV

RELATED SERVICES

RELATED SERVICES

CLEANSING SERVICE

Responsibility for day-to-day organisation and control of the Cleansing Services is delegated by the Borough Engineer and Surveyor to the Cleansing Officer, who is assisted by a Deputy and 17 junior officers.

The Services cover three main divisions of work:

Collection of household and trade refuse;

Street sweeping and removal of abandoned vehicles;

Public conveniences.

Guiding Principles.

In 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. The object of the Council is to build an overall service which can be relied upon at all times, which is rendered satisfactorily to individual householders and traders, and the scope of which covers all the needs of the citizens of the Borough. Some of these services, e.g., the removal of unwanted motor vehicles, are relatively recent in origin. From the viewpoint of ratepayers, and consistent with the foregoing, services must be designed to be as economical as possible.

Respect for Employees.

All forms of public cleansing work are basically unattractive, essential though they are. Every effort has been made, therefore, as a matter of policy, to make the work as acceptable as possible to the individual employee and to recognise and acknowledge the importance of his work and, where practicable, to lighten his task by selection of right tools and equipment, reduction in weight of bins, and mechanisation. Wherever possible, services are based on work-studied methods and bonus incentive schemes applied.

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 sources 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 64,320 tons of refuse of all kinds was collected and dealt with in the Borough during 1967/8, the service currently employing some 165 men and 46 vehicles at a net cost estimated at £389,095 for the present financial year, this figure including £12,470 for the provision of refuse bins and other improvements. As previously indicated, Work Study principles have been applied and a bonus incentive scheme devised which, on completion of the set daily task over each of the five days in the normal working week, yields an addition of 41% of the basic wage, (at present £14.17.4. per week for a refuse collector). 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 often accumulated by householders 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 a type of bin which should 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 3¼ 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. This first type of plastic bin with metal lid has since been greatly improved so that it is now all plastic including hinged lid, and again much lighter (12½ lbs.) than the earlier version. 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. The bins are provided by Dennis Brothers Limited but are manufactured by Thermoplastics Limited, using a high-density polythene on the injection-moulding principle. They cost £3.11.10 each.

Although empowered to make an annual charge not exceeding 7/6d. the Council decided to issue the new bins without charge in a phased programme, which should be completed by 1972. By October, 1966, the Southern part of the Borough was made completely dustless and some 36,000 bins had been issued. Further extensions to the scheme in the Northern part of the Borough have brought the total bins in use to approximately 45,000, and it is estimated that some 30,000 will be needed for completion. 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 is at present using the Dennis "Paxit Major" Mark IIIA vehicle, which incorporates a compression device for securing as substantial a load of refuse as possible. Some 35 to 50 cubic yards of loose refuse is accommodated and a load of upwards of 5 tons obtained.

The basic vehicle is converted to dustless loading by the addition of two dustless loading shutters to the back of the vehicle. These work on the Oschner principle, the bin being lifted and discharged mechanically in such a way that it is emptied inside the vehicle without emission of dust. Fourteen such vehicles now operate in the Borough and the current cost of the basic vehicle equipped with the double shutter is £5,984. 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.

The work is organised on the basis of 21 beats, though ultimately this number may be slightly reduced. The collection teams consist of a ganger, driver, and four loaders; and each beat has been designed to equal the others in work load as far as possible, each having its share of the relatively heavier once-weekly collection.

Bulk Refuse Collection from Flats. Refuse Bins.

These are mainly 30 cu.ft. bins, 3 ft. in diameter, and 4 ft. 3 ins. high. The earlier bins were moved into and out of their housings on trolleys supplied with the vehicle, but the majority of the bins are now mounted on casters and cost £24.2.6. each, plus £3.2.6. for lid where required. They are either housed in the block of flats they service - 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. The standard hire charge for these bins complete with lid is £5 per annum, but this is being removed progressively as the area in which the property stands is brought within a dustless loading zone. The number of containers now in use is 1,915.

Refuse Vehicles.

Dennis and Shelvoke & Drewry vehicles have been used, but the Council is now standardising the Dennis "Paxit" vehicle, which is similar to that used for dustless loading but is specially equipped to lift and empty the largest containers. There is provision for the compression of the refuse in the vehicle and 90 to 100 bins are normally emptied daily on each bulk refuse collection beat. The current cost of the Dennis vehicle is £5,593.

Method and Frequency of Collection

A twice-weekly collection is given to all blocks of flats. Where at odd times an additional collection is necessary for any reason, this is given without question. At the present time the work is based on eight collection beats, each crew consisting of one driver and a mate.

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 highways. 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 some 2,150 tons of unwanted furniture was removed in this way and present experience suggests that this figure may be exceeded 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 drivers and mates 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 over 11,000 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. Where this is not possible, collection is made by a special vehicle with a crew of driver and mate. In the dustless loading area "Trade" collections are being separated from "Domestic", a Dennis "Paxit" fitted with one shutter only being used. Standard bins can then be emptied, and boxes and such like passed, under the fibreglass flap. The collection of trade refuse is subject to the payment of the Council's reasonable costs by the firms seeking the service, and the frequency of collection is based on the requirements of the trader.

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. A feeling of social stigma appears still to be attached to street sweeping more than any other work and younger men refuse to be associated with it.

The section employs upwards of 90 men, the basic wage of a sweeper being £14.2.4d. per week, in addition to which an incentive bonus of £2.2.0 per week is normally earned. Some overtime is worked at weekends in particular; but it is becoming increasingly difficult to get men to work on Sundays, despite the enhanced overtime rates. The current annual estimated cost of street cleansing is £171,700. The service has recently been completely reorganised following a work study examination and now operates as follows:

Manual Sweeping.

The Borough is divided into 42 beats; of which exactly half are three-men teams and the remainder are worked by one man only in each case. The three-men teams are equipped with electrically-powdered pedestrian operated trucks of sufficient capacity for a normal day's work (2 cubic yards), and costing approximately £580. The one-man units have simple hand trucks. 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.

It was decided that the frequency of sweeping should be related to need, so that shopping areas and main roads get more attention than purely residential roads, though the aim is to provide attention in all roads daily, except at weekends. Heavily-used areas receive attention every day including Sundays; though, as indicated previously, labour difficulties are increasing. Some lengths of road are swept continuously, while others are swept twice daily.

Mechanical Sweeping.

Unfortunately, mechanical sweeping does not provide the whole answer to labour prob-

lems 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. Notwithstanding this however, the Cleansing Service operates two mechanical sweepers - one a Verro City Sweeper, the current price of which is £3,550, which is suction-assisted and very manoeuvrable; the other a Johnson Section Sweeper which costs approximately £4,000 and is powerful and efficient on through routes where there is little standing traffic. Both machines are at present being used only at night when the traffic problem is smaller. Drivers are not easy to obtain, but it is hoped to expand mechanical sweeping of carriageways in the future.

Attention has also been given to the possible use of mechanical sweeping of 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 them easily usable 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 catering mainly 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 such great cleansing problems. Large trailers are provided for the reception of refuse from the market, three being located in the 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 often proving 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.

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, gave Local Authorities power to remove from the highway to safe storage any vehicles which appeared to be abandoned, and to dispose of these when all efforts to establish ownership had failed.

The Civic Amenities Act, 1967, provides, inter-alia, that it shall be the duty of a Local Authority to remove vehicles which appear to have been abandoned, without lawful authority, on any land in the open air or on any other land forming part of a highway. Vehicles dealt with under this Act after 27th July, 1968, will have to be delivered to the Greater London Council who will arrange for their storage and ultimate destruction.

Although the Act does not fully become operative until 27th July, 1968, it makes provision for vehicles to be dealt with, under Section 20, during the six months prior to that date.

Section 20(3) refers to vehicles which are considered to be in such a condition that they should be destroyed, and vehicles of this class in the Borough are now being removed in accordance with this Section. These vehicles, together with others which are to be removed on authority from the Police, are collected and disposed of by a reliable, properly equipped contractor on payment by the Council. A local resident who gives written authority for the removal of his vehicle which is no longer roadworthy can, at present, 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 many cases, is complete.

The size of the problem is indicated by the fact that 4,136 vehicles were collected and destroyed during the 3 years ended 31st March, 1968.

Refuse Disposal.

Under the London Government Act, 1963, the final disposal of refuse became a function of the Greater London Council. The work is handled in co-operation with the London Borough of Hammersmith, partly through Chancellor's Wharf which is basically a transfer station to which the local collection vehicles bring refuse for discharge on to a raised concrete platform from which it is fed into larger vehicles for conveyance to controlled tips in the outer London area; and partly through the Refuse Destructor which serves the Southern part of the Borough, and has recently been reconstructed at a cost approaching £250,000.

Matthew Hall Garchey System

In some of the most recent of the Council's Housing Estates to be opened, the Matthew Hall Garchey system of refuse disposal has been incorporated. In each flat the sink has been adapted to serve an appropriate container immediately below this. Any form of refuse up to certain size limits can be discharged into this container which is also filled with water from the normal use of the sink.

When full, it can be discharged to a collection sump which serves a number of flats and this in turn is connected to a main draw-off pit at a suitable point to which the equipment of the special vehicle employed, (at present on hire), can be attached. The vehicle is equipped to exhaust all the pits along particular connection lines on the estate. The material in the vehicle is then squeezed until almost dry and the water discharged into the sewer. The pits are so arranged that surplus water overflows into the drainage system but this is safeguarded against the ingress of solid materials. The compressed materials in the vehicle can then be discharged to a disposal point in the normal way. There are some items which cannot be dealt with as described and these are concentrated at one or two points on each estate and removed by the normal refuse collection service as necessary.

Public Conveniences

The Council provide and maintain 19 public conveniences and 5 urinals, the latter 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, (Hammersmith Broadway and 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 on request and at small cost, in certain conveniences. All conveniences are subject to daily inspection at least, 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 £121,735.

THE HOUSING SERVICE

One feature of the Housing Service which normally receives little attention is the facilities offered for mutual exchanges between tenants. It is not always realised that tenants wishing to move, whether within the Borough, to another part of the Greater London area, or further afield, are given every encouragement to find a suitable family to exchange with, and that a considerable number of housing and employment problems are solved in this way.

The majority of such exchanges known to the Council are between tenants of the various Councils involved, but sometimes a Council tenant effects an exchange to privately-owned property. There are doubtless also exchanges between two private tenants, but information on this rarely reaches the Council.

During 1967 there were 57 such mutual exchanges involving at least one tenant of the London Borough of Hammersmith. Eighteen of these were within the Borough, and a further twenty-two were with tenants in other parts of Greater London; amongst the places involved were St. Paul's Cray, Boreham Wood, Letchworth, New Malden, Barnet, Carshalton, Brixton and Surbiton.

Eight exchanges also took place with tenants living in New or Expanding Towns, and the list includes Bury St. Edmunds, Stevenage, Kings Lynn, Sudbury, Thetford and Harlow. The remaining nine were with tenants in Canterbury, Luton, Southend-on-Sea, Farnborough (Hants), Woking, Wincanton, Swansea, Hailsham and Gillingham (Kent). A number of exchanges have also taken place, at other times, with tenants living in various parts of Scotland.

A record is maintained in the Housing Department of tenants, both in the Borough and outside, who wish to exchange, and suitable people are put in touch with each other whenever possible. As well as this, the Greater London Council maintain a central exchange bureau, which operates under Section 22 (5) of the London Government Act, 1963. Many people, however, find their own exchanges by advertisement in a local paper, or in a paper with wider circulation. Another method used is to place a card in a shop window in the area to which a tenant wishes to move.

It should perhaps be mentioned that not all the exchanges suggested are in fact effected. Sometimes the size of the family is not right for the accommodation which it is proposed shall be

occupied, and sometimes the tenancy reports given are not satisfactory. For example, no Council - or private landlord - is likely to agree to a mutual exchange where there is a record of rent arrears or even, in some cases, irregular payments.

From the above it will be seen that Council tenants who need, or wish, to move can quite often solve their problem by means of a mutual exchange. Nearly all Councils encourage such exchanges, and have the support of the Government in so doing. It is, however, advisable for tenants to check the position with each Council (or landlord) concerned before proceeding too far, and they certainly must not physically move before obtaining written consent; if they do they might be regarded as trespassers and find themselves homeless. Such a result would be rare, but is by no means impossible to envisage.

There is frequently much work involved in arranging successful exchanges, but bearing in mind that two families' problems are thereby solved, the effort incurred is very much worth-while.

LIBRARY SERVICE

The Borough Library Service is responsible for the following facilities, which are greatly appreciated:-

- (1) A personal delivery service of books is made to approximately 160 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 four homes for old people; namely Westway Park Old People's Home, St. Vincents, 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 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, and by post direct to blind readers resident in the Borough.

BATHS AND LAUNDRIES SERVICE

Baths and Laundries Department

The Council through its Baths and Laundries Department provides at four separate establishments, swimming pools, warm baths and showers and self-service laundry facilities, each of which is closely associated with the health and welfare of the community.

In a Borough such as Hammersmith with its lengthy river frontage, the ability to swim is in particular for its children a necessity rather than a desirability and in this the Baths and Laundry Services provide a valuable contribution.

During 1967, as part of the normal school programme 126,000 school-children attended the Baths for swimming and life-saving instruction.

The Sunday morning family swimming sessions which commenced in 1966 have proved to be extremely popular with very little fall in attendances even during the coldest winter months.

Between the hours of 8 p.m. - 10 p.m., the swimming pools can be hired for club sessions, these are invariably booked some time in advance and the club attendance figures of some 46,000 bathers during 1967 show ample evidence of the popularity of club swimming.

Public swimming sessions are also well attended and the attendance figures of 317,124 during the year are an indication of the popularity of swimming as a recreational activity.

1967 again shows a slight reduction in the number of users of the warm bath facilities, but a total attendance of 315,833 bathers proves that a considerable demand for this type of service is

still there. Three types of bath are available i.e. ordinary private baths, private baths with the addition of a shower unit, and simple shower baths. It is particularly gratifying to note that 16,813 free baths were taken as a result of the Council's policy of allowing free access to this service by Old Age Pensioners.

Laundry facilities are provided at the North End Road, Sands End and Lime Grove Baths, where full advantage is taken of the opportunity to wash, dry and iron some 20 lbs. of washing in under one hour at a charge of 2/6d. The provision from February, 1967 of a coin-operated laundry service at the Hartismere Road Laundry attached to the North End Road Baths has resulted in an increase in the number of laundry users of 19,032 to a departmental total of 156,355 for the year.

As in previous years one pool at each of the main establishments was floored for the winter months providing facilities for bowls, table tennis, badminton, dances, boxing and other functions, all of which are well attended.

PARKS AND CEMETERIES DEPARTMENT

The responsibilities of the Parks and Cemeteries Service extend well beyond the limitations of the Parks, Open Spaces and Cemeteries that must be well known to the public. Generally speaking anything of a horticultural nature relating to property owned or used by the Council is by and large, the responsibility of the Parks and Cemeteries Service. Similarly, the landscape around all new buildings, and this applies particularly to housing accommodation environs is undertaken by the Parks Service.

In an area such as Hammersmith, heavily built up, with fewer and generally smaller rear gardens than more fortunate Boroughs, the Parks system is important in providing facilities for healthy outdoor exercise; and for the less athletic members of the public, areas of breathing space for quiet relaxation. The Parks system becomes increasingly important in modern life with the extended hours for leisure given to the community; and only constant thought can ensure that the necessary facilities and opportunities for play and relaxation are offered to the public, catering as the Service does for those of every age.

The use of a building in South Park has been approved for the use of the Pre-School Play Group, which is under the guidance of the National Pre-School Play Groups. The scheme helps young children of 3-5 years to adjust themselves to separation from their mothers in preparation for the longer separation which school-age will bring. It also assists the mother by removing her family ties for a period each day. The supervision of the children is carried out by a group of voluntary workers made up of mothers from the area.

Bishops Park and South Park provide "Toddlers Greens", where smaller play apparatus is installed for the use of children up to the age of 5 years. Parents or responsible adults are allowed to enter these areas with the children, but a female attendant is there to see to the needs of the young ones and keep a watchful eye on them. This gives the mothers an all-too-infrequent chance to relax, happy in the knowledge that their charges are in safe keeping.

For the older children there are areas with the usual playground equipment, close to which are paddling pools, sand play-pits and hard-surface areas where ball games and other activities may be indulged. Three of the hard-surface playgrounds are floodlit and provide further organised play supervised by play-leaders, especially during the Winter months. An extended period of play until 9 p.m. each day helps to keep the children off the streets and directs their energies into healthy play and exercise. All attendants have a knowledge of elementary first-aid and are schooled in the procedure to adopt should a serious accident occur.

For the older or less active members of the public the Parks Service provides and maintains pleasant tree-lined walks and flower beds, and offers rest by the provision of park seats and deck chairs. Should they require more exercise than walking but less strenuous games than the young people play, then the bowling greens can usually cater for their needs.

In a built-up area such as the Borough of Hammersmith where there are few gardens of noteworthy size, the allotments in Bishops Park provide the means for the adult to cultivate his plot of land. These fill a great need in this area as shown by the considerable numbers on the waiting list.

The availability of land for parks development is obviously limited in this Borough and is well below that recommended. However, the Parks Service endeavours where possible with

other Departments of the Council, to increase the provision of open space and trees. More housing estates have been landscaped this year, new trees planted in streets, and a programme planned for similar future expansion. In other ways too, it is hoped to provide for added leisure and activity in the open air, surrounded by greenery.

The London Borough of Hammersmith provides, in its Parks and Open Spaces, the following facilities for games and recreation:

Furnival Gardens.	1. Refreshments
Bishops Park.	2. Bowling Greens
	15. Tennis Courts
	1. Putting Green - 18 holes
	1. Cricket Pitch
	2. Football Pitches
	1. Paddling Pool
	1. Sandpit
	1. Toddlers Green
	1. Open Air Theatre
	2. Refreshments
	384. Allotments
South Park	6. Tennis Courts
	2. Cricket Pitches
	4. Football Pitches
	1. Paddling Pool
	1. Sandpit
	1. Toddlers Green
	1. Refreshments
	1. Playground - Floodlit (hard area)
	1. Playground - Children's
Lillie Road Recreation Ground	2. Cricket Nets
	1. Football Pitch
	1. Playground - Children's
Margravine Playground	1. Playground - Floodlit (hard area)
	1. Playground - Children's
Langford Gardens	1. Playground - Floodlit (hard area)
	1. Playground - Children's
Wendell Park	1. Playground - Children's
Wormholt Park	1. Bowling Green
	4. Tennis Courts
	1. Playground - Children's

The disposal of the dead is another responsibility of the Parks and Cemeteries Service and for this purpose four cemeteries are provided and maintained:-

Mortlake Cemetery	Clifford Avenue, S.W.14
North Sheen Cemetery	Lower Richmond Road, Richmond
Fulham Palace Road Cemetery	Fulham Palace Road, S.W.6.
Margravine Road Cemetery	Margravine Road, W.6.

The two older cemeteries at Margravine Road and Fulham Palace Road have no further burial spaces, except that in the latter a limited number of non-private graves are still available but only for residents of the Borough.

Margravine Road Cemetery, of approximately 16½ acres, is gradually being converted to a garden of rest for the benefit of mourners and visitors alike. The transformation, approximately two-thirds complete will when finished, present a tidier, more attractive appearance with close-mown areas and flower beds than the previous hotch-potch of neglected grave spaces and memorials.

At present the four Cemeteries receive some 1,500 interments per annum and provide contract maintenance for the planting and tidying of approximately 3,500 graves.

At the present rate of progress it is estimated that new burial land will be required in some 15 - 20 years. Perhaps by that time the public will be even less opposed to cremation than they are today. The local figures for cremation in comparison with earth burials show a percentage more or less the same as the national average. The London Borough of Hammersmith, in association with some other West London Boroughs, provide a Crematorium adjacent to Hammersmith Cemetery, Mortlake.

STATISTICAL TABLES

PART V

STATISTICAL TABLES

TABLE 1 - S.D.25

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1967 IN THE LONDON BOROUGH OF HAMMERSMITH

General Register Office, Somerset House, Strand, W.C.2.

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	9	-	-	-	-	-	-	-	2	2	3	2	
	F	3	-	-	-	-	-	-	-	-	1	1	1	
2. TUBERCULOSIS, OTHER	M	3	-	-	-	-	-	-	1	1	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
3. SYPHILITIC DISEASE	M	2	-	-	-	-	-	1	-	-	-	-	1	
	F	3	-	-	-	-	-	-	2	-	-	-	1	
4. WHOOPING COUGH	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	1	-	-	-	-	-	-	-	-	-	
5. MEASLES	M	1	-	-	1	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
9. OTHER INFECTIVE AND PARASITIC DISEASES	M	2	-	-	-	-	-	-	1	-	-	1	-	
	F	3	-	-	-	1	-	-	1	1	-	-	-	
10. MALIGNANT NEOPLASM, STOMACH	M	27	-	-	-	-	-	-	-	3	12	7	8	
	F	19	-	-	-	-	-	-	-	1	4	6	6	
11. MALIGNANT NEOPLASM, LUNG, BRONCHUS	M	146	-	-	-	-	-	-	-	15	52	55	26	
	F	41	-	-	-	-	-	-	1	5	18	7	10	
12. MALIGNANT NEOPLASM, BREAST	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	43	-	-	-	-	-	1	1	6	13	11	11	
13. MALIGNANT NEOPLASM, UTERUS	F	15	-	-	-	-	-	1	1	1	7	4	1	
14. OTHER MALIGNANT AND LYMPHATIC NEOPLASMS	M	134	-	-	-	-	2	1	2	13	40	39	37	
	F	133	-	-	-	-	3	2	3	7	30	41	47	
15. LEUKAEMIA, ALEUKAEMIA	M	6	-	-	-	-	-	-	-	-	2	-	2	
	F	5	-	-	-	-	-	-	-	1	1	2	1	
16. DIABETES	M	3	-	-	-	-	-	-	-	1	1	1	-	
	F	5	-	-	-	-	-	-	-	-	1	2	2	
17. VASCULAR LESIONS OF NERVOUS SYSTEM	M	71	-	-	-	-	1	-	1	5	16	19	29	
	F	163	-	-	-	-	-	-	2	3	15	46	97	
18. CORONARY DISEASE, ANGINA	M	327	-	-	-	-	-	1	7	31	90	107	91	
	F	203	-	-	-	-	-	-	1	4	28	46	124	
19. HYPERTENSION WITH HEART DISEASE	M	5	-	-	-	-	-	-	-	-	-	3	2	
	F	20	-	-	-	-	-	-	-	-	1	6	13	
20. OTHER HEART DISEASE	M	61	-	-	-	1	-	1	-	7	10	18	27	
	F	109	-	1	-	-	-	-	-	6	6	17	79	
21. OTHER CIRCULATORY DISEASE	M	56	-	-	-	-	-	-	2	3	17	14	20	
	F	64	-	-	-	-	-	-	1	1	2	14	46	
22. INFLUENZA	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	1	-	2	
23. PNEUMONIA	M	84	4	6	1	-	-	1	-	3	9	16	44	
	F	97	-	2	1	-	-	-	2	1	10	6	75	
24. BRONCHITIS	M	107	-	-	-	-	-	-	1	5	18	36	47	
	F	37	-	-	1	-	-	-	-	-	7	13	16	
25. OTHER DISEASES OF RESPIRATORY SYSTEM	M	13	-	1	-	-	1	-	-	2	3	4	2	
	F	7	-	-	-	-	-	1	-	-	2	-	4	
26. ULCER OF STOMACH AND DUODENUM	M	13	-	-	-	-	-	-	-	-	4	3	6	
	F	10	-	-	-	-	-	-	-	1	1	3	5	
27. GASTRITIS, ENTERITIS AND DIARRHOEA	M	3	-	-	-	-	-	-	-	1	-	1	1	
	F	9	-	2	-	-	-	-	-	1	1	3	2	
28. NEPHRITIS AND NEPHROSIS	M	8	-	-	-	-	1	1	1	2	1	-	2	
	F	7	-	-	-	1	-	1	-	1	-	2	2	
29. HYPERTROPHIA OF PROSTATE	M	4	-	-	-	-	-	-	-	-	-	1	3	
30. PREGNANCY: CHILDBIRTH, ABORTION	F	4	-	-	-	-	-	2	2	-	-	-	-	
31. CONGENITAL MALFORMATIONS	M	6	2	-	1	-	-	1	-	-	1	1	-	
	F	12	6	1	2	1	-	-	-	-	-	2	-	
32. OTHER DEFINED AND ILL DEFINED DISEASES	M	79	21	-	2	1	3	2	3	9	11	11	16	
	F	93	16	-	2	-	-	3	1	6	8	20	37	
33. MOTOR VEHICLE ACCIDENTS	M	13	-	-	1	1	1	2	2	-	2	2	2	
	F	7	-	-	1	-	1	-	1	-	1	1	2	
34. ALL OTHER ACCIDENTS	M	29	-	1	-	-	3	9	4	5	1	4	2	
	F	12	1	-	-	-	-	-	2	1	3	2	3	
35. SUICIDE	M	20	-	-	-	-	5	7	4	3	1	-	-	
	F	13	-	-	-	-	2	4	-	2	2	3	-	
36. HOMICIDE AND OPERATIONS OF WAR	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	1	-	-	-	-	-	-	
	M	1,234	27	8	6	4	18	27	29	111	293	343	368	
	F	1,142	23	7	7	3	7	15	21	49	163	260	587	
TOTAL ALL CAUSES		2,376	50	15	13	7	25	42	50	160	456	603	955	

NOTIFICATIONS OF INFECTIOUS DISEASES IN 1967

Disease	NOTIFICATIONS								Total cases notified	Cases removed to hospital	Deaths	Corrected figures	Non-resident cases
	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	-	-	12	26	-	-	-	-	38	4	-	38	-
Whooping Cough	20	23	43	33	4	3	-	-	126	9	-	126	-
Acute Poliomyelitis (Par.)	-	-	-	-	-	-	-	-	-	-	-	-	-
" " (Non.Par.)	-	-	-	1	-	-	-	-	1	-	-	1	1
Measles	74	183	465	337	13	3	-	-	1075	25	-	1075	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	-	-	-	4	1	-	1	1	7	5	-	7	-
Dysentery	4	4	18	16	8	16	4	5	75	27	-	75	19
Acute Encephalitis (Inf.)	-	-	-	-	-	-	-	-	-	-	-	-	-
" " (Post Inf.)	-	-	-	-	-	1	-	-	1	1	-	1	-
Typhoid Fever	-	-	1	-	1	1	-	-	3	3	-	3	3
Paratyphoid Fever	-	-	-	-	1	-	-	-	1	1	-	1	1
Erysipelas	-	-	-	1	-	2	6	-	9	3	-	9	1
Meningococcal Infection	1	1	-	1	-	-	-	-	3	3	-	3	1
Food Poisoning	4	2	3	2	10	7	3	3	34	17	-	34	16
Puerperal Pyrexia	-	-	-	-	17	7	-	-	24	-	-	24	14
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	1	1	1	1	-	-	4	3	-	4	1
Tuberculosis (Pulmonary)	-	-	-	1	20	36	23	11	91	51	-	91	-
" (Non-Pulmonary)	1	-	-	-	3	6	2	-	12	11	-	12	-
Totals	104	213	543	423	79	83	39	20	1504	170	-	1504	57

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