

[Report of the Medical Officer of Health for Westminster, City of].

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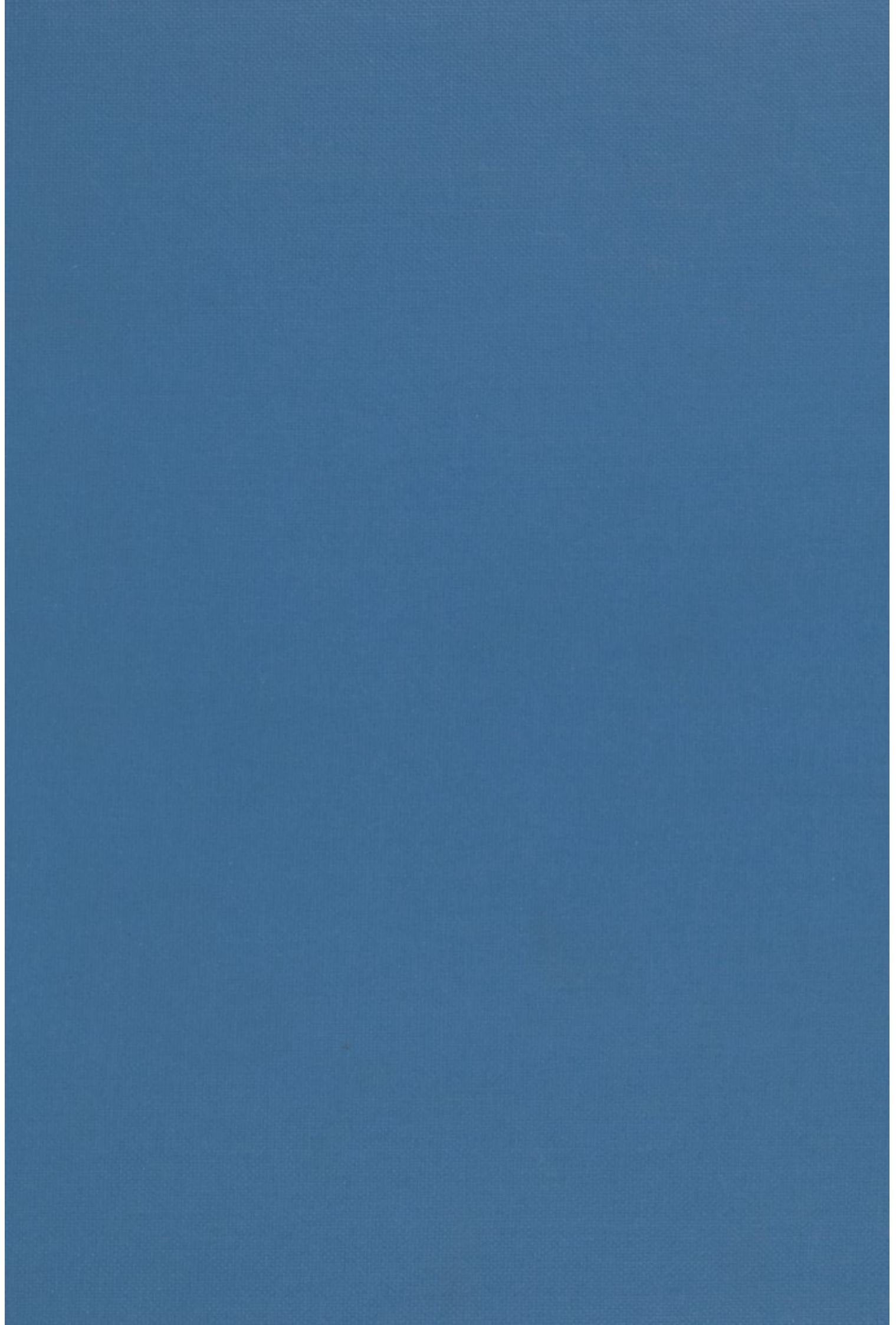
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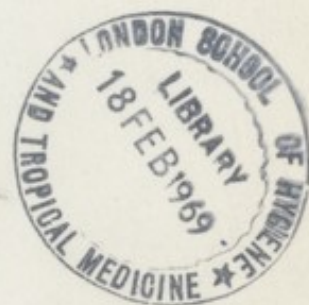
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City of Westminster

THE HEALTH OF WESTMINSTER



1965

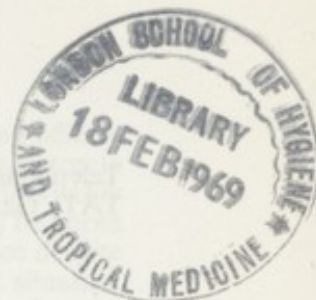
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City of Westminster

Report of the Medical Officer of Health



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J. H. Briscoe-Smith, M.B., Ch.B., D.P.H.,
Medical Officer of Health and
Principal School Medical Officer

1965

CITY OF WESTMINSTER

Telephone:
TATe Gallery 8070

HEALTH DEPARTMENT,
CITY HALL,
VICTORIA STREET,
LONDON, S.W.1.

To The Right Worshipful The Lord Mayor, Aldermen and Councillors of the City of Westminster.

My Lord Mayor, Aldermen and Councillors,

I have the honour to present for your information a report on matters affecting the health of the City of Westminster which I am required to submit annually to the Minister of Health.

This report deals in detail with the work carried out by the Health Department during the calendar year, 1965, although it was not until April, 1965, that the "new" City of Westminster came into existence.

In 1900 the "old" City of Westminster was formed by the amalgamation of five parishes: and the then Medical Officer of Health wrote in his Annual Report for 1901 of the amount of time spent in reorganising the work of his Department. In 1965 the new City of Westminster was formed by the amalgamation of three Metropolitan Boroughs, and the transfer of some of the functions previously carried on by the London County Council, and a similar large amount of time has been spent in duties connected with reorganisation.

So far as the new Health Department is concerned, work has proceeded smoothly, and this is good testimony to the careful planning undertaken during the previous two years. The continued use in the Paddington and St. Marylebone area of locally familiar buildings as administrative offices and advice centres enabled much of the Department's service to the public to be continued on a local basis, and obviated any possible criticism of a remote impersonal service administered from a distant headquarters. The reorganisation was effected without any disruption of service; indeed, it is doubtful whether the majority of the citizens of the new City are conscious of the great changes which have taken place.

I do not propose in this Introduction to deal in detail with the work carried out by the Department during the past year, since this is amply covered in the sections which follow. The services now provided by the Health Department are wide and varied; they affect every facet of daily life not only from the cradle to the grave, but in the periods prior to birth and after death, when the Department has to clear up the estates of persons for whom no arrangements for burial have been made.

On this occasion, details of the Department's functions have been set out at some length in order that those interested may be aware of the scope of the work now undertaken. No comparative statistics have been included this year, since on this occasion they would not be strictly comparable due to variations in systems in the merging authorities.

The vital statistics for 1965 are set out on page 6, and it is unfortunate in this first report to record three maternal deaths. The maternal death rate is, however, comparable with previous years; and it must be borne in mind that with the considerably larger population some itemised figures will appear unusually high although they are, in fact, on a par with previous years.

One item among the statistics must give rise to continuing concern. The fact that more than eighteen in every hundred children born alive in the City are illegitimate is alarming in itself. Even more alarming is the fact that pregnancies of unmarried mothers accounted for just over a quarter of all the stillbirths and early neonatal deaths recorded in Westminster during the year. It has been said, and is probably true, that many unmarried pregnant girls come to central London to seek not only anonymity but also the excellent maternity services which are available. That maternity services are good in Westminster is reflected in the fact that the perinatal mortality rate in the City is below the average for England and Wales and even for the area of the old County of London, in spite of the high proportion of perinatal deaths of illegitimate children. Nevertheless, the fact remains that one and a half times as many illegitimate pregnancies result in stillbirth or early neonatal death as do the comparable legitimate pregnancies, a very high figure, even when one allows for the fact that many illegitimate births result from first pregnancies. Even this figure does not in all probability represent the true facts so far as the lone mother is concerned because we know, although accurate statistics are not available, that many of the registered illegitimate births are in fact births in homes where, although the mother and father are not legally married, there is stable cohabitation comparable with that of the normal married couple. On statistical evidence alone there is the strongest possible case for further detailed study to discover what may be done to prevent lone motherhood or failing this to provide for the lone mother the means by which she may have the best chance of giving birth to a live child and bringing it to a healthy and useful maturity.

To turn to staff matters, on the whole the City has been fortunate in recruiting and retaining officers of a high quality. Unfortunately, however, in certain sections, notably the public health inspectorate and the day nurseries, constant changes in personnel and continued shortages of staff, inevitably affected the work undertaken. In circumstances such as these the burden must unfortunately be borne by the older, but more experienced, members of the staff who remain in the Council's service despite the temptations of other authorities or employers. By the autumn of 1966 the recruitment situation has begun to improve and it is hoped that a more stable position has now been reached after the maelstrom of the past few years.

I cannot close this introduction without recording my very real appreciation of the support and encouragement I have received from you, my Lord Mayor, and from the Chairman and all Members of the Health Committee, and indeed of other Committees concerned with the work of the Health Department. During the first eighteen months of the life of the new Council there were countless occasions on which it was necessary for me to seek the consent of the Committees to changes or innovations which I felt would be of benefit to the services provided. I am grateful to the Chairman and Members for their forbearance, their willing assistance, and constructive criticisms.

I am grateful, too, to the Chief Officers and staffs of other Departments for the help I received during the period both prior to and since amalgamation. They, too, have had their difficulties, but they have always been ready to help when this was needed.

Finally, I would pay special tribute to the staff of the Health Department for the excellent way in which they performed their duties during a most difficult period. Without their willing and unstinting support the City Council's Health Services could not have been carried on. We face the coming years as a united team intent on providing an efficient local Health Service in Westminster.

J. H. BRISCOE-SMITH,

Medical Officer of Health.

October, 1966.

HEALTH COMMITTEE

THE MAYOR (*ex-officio*):

Alderman Sir CHARLES NORTON, M.B.E., M.C.

THE DEPUTY MAYOR (*ex-officio*):

Councillor DENIS McNAIR

CHAIRMAN:

Councillor C. A. PRENDERGAST

VICE-CHAIRMAN:

Councillor Colonel W. PARKES, D.S.O., O.B.E., M.C., J.P., B.Com.

MEMBERS:

Councillor Mrs. I. L. BOLTON	Councillor Mrs. E. G. LANE
Councillor HUGH G. GARSIDE, M.A.	Councillor Miss P. C. PATON WALSH
Councillor Dr. L. JACOBS	Councillor Miss ALISON TENNANT
Councillor M. V. KENYON, M.A.	Councillor Mrs. BRIAN WARREN

CO-OPTED MEMBERS:

W. B. CLOWES	Sir FREDERICK LAWRENCE
JAMES DICKENS	L. F. SQUIRES
Mrs. R. T. GLENNY	B. K. VINCENT

Members of the Health Committee were appointed to:

Citizens' Advice Bureaux Advisory Committee.. ..	Mrs. R. T. GLENNY
City of Westminster District Nursing Association	Councillor HUGH G. GARSIDE Councillor Miss P. C. PATON WALSH
County Primary Schools—Manager (Old Westminster Group—Churchill Gardens School and Millbank School)	Councillor Miss ALISON TENNANT
General Council of the South East Regional Association for the Deaf ..	Councillor Miss ALISON TENNANT
Inner London Executive Council	Councillor Miss ALISON TENNANT
London Boroughs Training Committee	Councillor C. A. PRENDERGAST
London and Home Counties Clean Air Advisory Council	Councillor Mrs. E. G. LANE
London (Metropolis) Licensing Planning Committee (also N.W. Sub-Committee)	Councillor M. V. KENYON
National Association for Maternal and Child Welfare	Mrs. R. T. GLENNY
National Society for Clean Air	Councillor Mrs. E. G. LANE Mr. JAMES DICKENS
North Thames Gas Consultative Council, Central and North London District Committee	Councillor Mrs. E. G. LANE
Paddington Houses Association Ltd., Committee of Management	Councillor Mrs. E. G. LANE
Primary School Managers—	
St. Peter's, Eaton Square, C.E.	Councillor Miss ALISON TENNANT
St. Vincent's, R.C.	Councillor Miss P. C. PATON WALSH
St. Gabriel's, C.E.	Mr. L. F. SQUIRES
St. Marylebone T.B. Care Committee	Mrs. R. T. GLENNY
South West Metropolitan Regional Hospital Board Liaison Committee ..	Councillor C. A. PRENDERGAST
United Westminster Almshouses	Councillor Miss P. C. PATON WALSH
Westminster Amalgamated Charity, Nominative Trustee	Councillor Miss P. C. PATON WALSH
Westminster Civil Defence Benevolent Fund Management Committee ..	Councillor C. A. PRENDERGAST
Westminster Council of Social Service	Councillor Miss ALISON TENNANT Councillor HUGH G. GARSIDE
Westminster Housing Trust Ltd., Committee of Management	Councillor Miss P. C. PATON WALSH
Westminster Old People's Welfare Association	Councillor Miss P. C. PATON WALSH Mrs. R. T. GLENNY

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1965)

Medical Officer of Health and Principal School Medical Officer:

J. H. BRISCOE-SMITH, M.B., Ch.B., D.P.H.

Deputy Medical Officers of Health:

HASTINGS E. A. CARSON, M.D., D.P.H., S.M.(Harv.)

MARY T. PATERSON, M.B., B.S., D.P.H.

Senior Medical Officers:

MARJORY A. DAWSON, M.B., Ch.B., D.P.H.

MIGNON B. ALEXANDER, M.R.C.S., L.R.C.P., D.P.H.

Medical Officers:

Full-time—8

Sessional medical officers—37 sessions per week

(Full-time equivalent—4)

Chief Administrative Officer:

JOHN H. GILLET

Principal Administrative Assistant (Management Services):

H. J. PARKER

Senior Administrative Assistants:

H. G. E. BROWN (Environmental Health Services)

A. J. ANSCOMB (Personal Health Services)

Administrative and Clerical Staff—113

Chief Public Health Inspector:

E. W. PIKE, M.A.P.H.I.

Deputy Chief Public Health Inspector:

W. G. J. SUTTON, F.A.P.H.I.

Principal Public Health Inspector:

V. A. BIGNELL, F.A.P.H.I.

Senior Public Health Inspectors—18

Area or District Public Health Inspectors—38 (17 vacancies)

Student Public Health Inspectors—11

Technical Assistants—18

Principal Dental Officer:

ROBERT E. KEAN, L.D.S., R.C.S.(I)

Dental Officers: Full-time—1; Part-time—5 (full-time equivalent 4.7)

Dental Surgery Assistants—5

Chief Nursing Officer:

MISS ESTHER A. EVANS, H.V., S.R.N., S.C.M.

Assistant Nursing Officers—3

Health Visitors—45

Clinic and School Nurses—21

Student Health Visitors—7

Clinic Auxiliaries—8

Day Nursery Staff—121

Superintendent of Home Nurses and Non-Medical Supervisor of Midwives:

MISS PATRICIA M. ADAMS, S.R.N., S.C.M., M.T.D., Queen's Nurse

District Nurses—45

District Midwives—13

Student District Nurses—10

Home Bathing Attendants—3

Principal Social Worker (Health Services):

MISS I. J. MCFARLANE, M.A.

Social Workers—19

Principal Mental Health Social Worker:

MRS. R. S. G. PATERSON

Mental Health Social Workers—13

Coroner's Court and Mortuary:

Superintendent: A. W. NICHOLLS

First Mortician—1

Mortuary Assistants—4

Ancillary Staff:

Chiropodists—7 (full-time equivalent 2.3)

Physiotherapist—1 (full-time equivalent 0.3)

Inspector of Massage Establishments—1 (full-time equivalent 0.3)

Home Help Service:

Home Help Organisers—2

Assistant Home Help Organisers—3

Home Helps—230 (full-time equivalent 156)

Rodent Control Service:

Rodent Officer—1

Foreman—1

Assistant Rodent Officer—1

Rodent Operatives—10

Disinfection and Disinfestation Service:

Supervisor, Disinfecting and Cleansing Station—1

Disinfection and Disinfestation Staff—13

Domestic Staff:

75 domestic staff of various categories are employed at Maternal and Child Welfare Centres, Day Nurseries and the Nurses' Headquarters and Home.

STATISTICS AND SOCIAL CONDITIONS

Area (acres)	5,334
Population (Registrar General's Estimate, mid-year, 1965)	266,770
Population, Census, 1961	271,703
Domestic rateable hereditaments	85,633
Rateable Value (at 1st April, 1965)	£104,051,023

BIRTHS

Live Births (*registered*)—

	<i>Total</i>	<i>Males</i>	<i>Females</i>
Legitimate	3,217	1,684	1,533
Illegitimate	735	386	349
	3,952	2,070	1,882
Birth rate per 1,000 of the estimated population			14.81
Area Comparability Factor—Births: 0.77			
Birth rate (adjusted) (Rate for England and Wales, 18.1)			11.4
Stillbirths (legitimate—males, 13; females 19; illegitimate—males, 7; females, 5)			44
Rate of stillbirths per 1,000 (live and still) births			11.01
Total live and stillbirths			3,996
Illegitimate live births per cent. of total live births			18.59

DEATHS

Net deaths (males 1,429; females 1,370)	2,799
Death rate per 1,000 of the estimated resident population	10.49
Area Comparability Factor—Deaths: 1.04	
Death rate (adjusted) (Rate for England and Wales, 11.5)	10.9
Deaths arising from pregnancy, childbirth, and abortion	3
Rate per 1,000 total (live and still) births	0.75
Deaths of infants under one year (legitimate—males 31; females 27; illegitimate—males, 13; females, 3)	74
Death rate of infants under one year—	
All infants per 1,000 live births	18.72
Legitimate infants per 1,000 legitimate live births	18.03
Illegitimate infants per 1,000 illegitimate live births	21.77
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	14.68
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	14.17
Perinatal mortality rate (stillbirths plus deaths under one week per 1,000 total live and stillbirths)	25.03

Marriages

The number of marriages in Westminster during 1965 was 4,336.

Deaths

The total number of deaths shown in Table 1, page 53, includes persons who, though normally resident in Westminster, died elsewhere in England and Wales but excludes persons who, though they died in the City, were ordinarily resident in other parts of England and Wales. Deaths of persons ordinarily resident outside the borders of England and Wales are included in the figures if they occurred in the City, as also are those of members of H.M. Forces who were stationed in the area.

Deaths registered in 1965 numbered 2,799 (10.49 per 1,000). The rate of 10.49 when standardized by the comparability factor gives a figure of 10.90; the rates for the County of London and for England and Wales were 11.01 and 11.5 respectively.

Accidental Deaths

During the year, 103 residents died from accidents of all kinds, including 26 motor vehicle accidents.

Births

The total of live births registered during the year was 3,952 (2,070 males; 1,882 females), giving a live birth rate of 14.81 per 1,000 of population, equivalent to a standardized rate of 11.40, the comparable figure for the County of London being 18.02 and for England and Wales 18.1.

Illegitimate live births numbered 735 (386 males; 349 females), representing 18.59 per cent. of the total live births, compared with 10.79 per cent. for the County of London.

Stillbirths totalled 44, representing a rate of 11.01 per 1,000 total births, compared with 14.7 for the County of London and 15.79 for England and Wales.

Infant Mortality

Deaths of infants under one year totalled 74 (58 legitimate; 16 illegitimate), giving a rate of 18.72 per 1,000 live births, the rate for England and Wales being 19.0 per 1,000 and for the County of London 18.31.

Details showing causes of death according to age group and sex are given in Table 2, page 54.

Of the 74 infant deaths, 60 were under four weeks old, giving a neo-natal mortality rate of 14.68 per 1,000 live births. The neo-natal mortality rate for England and Wales was 12.98, and for the County of London 12.75. The early neo-natal mortality rate (deaths under one week per 1,000 total live births) was 14.17 (England and Wales 11.28; County of London 11.22) and the peri-natal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births) was 25.03 (England and Wales 26.89; County of London 25.76).

Maternal Mortality

Three maternal deaths were reported during the year giving a death rate of 0.75 per 1,000 total live and still births (England and Wales 0.25; County of London 0.38). The causes of death are shown in Table 3, page 54.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

The incidence of infectious disease in the City has in general been low—a total of 1,186 notifications (excluding tuberculosis) being received during the year. Of this number, measles accounted for 865 and puerperal pyrexia 131. Tables 4 and 5, pages 55 and 56, give details of notifications received and the age groups concerned.

Measles

Measles continued to follow the well established pattern, 1965 being a non-epidemic year.

Puerperal Pyrexia

One hundred and thirty-one notifications of puerperal pyrexia were received during 1965. All except one of the cases occurred in hospitals; 64 were in respect of persons normally resident in Westminster.

Puerperal pyrexia is defined as any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within fourteen days after childbirth or miscarriage. Table 6, page 56, shows an analysis of the causes of pyrexia in the cases notified in 1965.

Dysentery

Forty-four notifications of dysentery were received during the year, the majority being single unconnected cases.

Four of the notifications related to a minor outbreak at a school in Westminster, and a further four at a school in Islington.

Typhoid and Paratyphoid Fever

The eight cases of these diseases notified during the year were all instances of isolated infection occurring in persons from abroad, two of whom were food handlers.

At the beginning of the year a member of the crew of the P. & O. liner *Himalaya* was found to be suffering from typhoid fever. As a result it was necessary for the Public Health Inspectors to visit some 150 persons who had been in contact with the case aboard ship and who were visiting or staying in Westminster. Fortunately no secondary cases of the disease occurred in the City.

One case of typhoid fever occurred in a woman who had stayed for a week at a holiday camp in England. This necessitated visiting and keeping under surveillance some 37 persons living in the City who had been in contact with this woman whilst they were on holiday. No secondary cases occurred.

Acute Poliomyelitis, Diphtheria and Smallpox

No cases of these diseases occurred in Westminster during 1965.

INTERNATIONAL CERTIFICATES OF VACCINATION AND INOCULATION

Arrangements continued during the year for the authentication by the Medical Officer of Health of International Certificates of Vaccination and Inoculation completed by medical practitioners in Westminster. These certificates are required by persons proceeding abroad from this country and the purpose of the authentication is to provide proof to those health authorities abroad who desire it that the signature of the person issuing the certificate is that of a registered medical practitioner. After normal office hours, at week-ends and on public holidays, certificates can be authenticated upon application to the Duty Officer at City Hall.

During the year under review 12,740 such certificates were authenticated, the demand being due to the large number of people going abroad for holidays.

The Medical Officer of Health also issues, on request and in appropriate circumstances, certificates to the effect that no cases of smallpox have occurred in the district during the preceding two weeks. These certificates, some 40 of which were issued during 1965, are sought mainly by persons proceeding to the United States of America who do not wish to submit to vaccination. It is understood that the United States immigration authorities reserve the right to place such persons under surveillance notwithstanding the production of a certificate of this kind.

AFTER HOURS EMERGENCY TELEPHONE SERVICE

This service came into operation on the night of 31st March, 1965, upon the amalgamation of the three Boroughs and provides comprehensive coverage of all health, welfare, medical, and similar emergencies arising at night, at weekends, over Bank Holidays and at all times outside normal office hours. It is organized and administered by the City of Westminster Health Department and financed jointly with the Royal Borough of Kensington and Chelsea, to deal with problems or emergencies arising in the areas of both Authorities.

The telephone control centre at City Hall, Westminster, is manned by four Duty Officers operating a rota system. Each Duty Officer has a working knowledge of the services with which he may have to deal, and has at hand completely up-to-date lists of the telephone numbers of all statutory and other senior officers of the respective Health, Children's and Welfare Departments who will be on standby duty or may be required in an emergency, together with detailed files and general information concerning services available. He is thus able to place a caller in contact with the appropriate officer or service, or, when the enquiry does not require specific action, to supply information and to some limited extent to act as a public relations officer. Messages not requiring immediate attention are referred to the day staff for prompt attention in the usual way.

Officers who are always available on call for each Borough include the Medical Officers of Health and their Deputies, Senior Medical Officers, Mental Welfare Officers, Children's Officers, Welfare Officers, Midwives and Public Health Inspectors. In the event of their being called out to deal with an emergency, these officers, and others, are able to report back periodically to the control centre, and so receive additional messages, summon other services, or obtain emergency transport, etc.

This "after hours" emergency service works in co-operation with general medical practitioners, hospital and ambulance services, the police and a wide range of official and unofficial organizations. Close liaison is also maintained with parallel emergency services operating in other London Boroughs, thus making it possible to summon assistance to deal with almost any problem in the field of health and welfare which might arise outside normal office hours. In addition the Duty Officers are available to deal with the authentication of International Certificates of Vaccination at night, weekends and on public holidays.

During the period 1st April to 31st December, 1965, 5,249 calls were dealt with through this system. Of these, 3,290 related to the City of Westminster, and 1,959 to the Royal Borough of Kensington and Chelsea. The majority were in connection with mental health and child welfare matters. An analysis of the calls is given in Table 8, page 57. Miscellaneous calls included such varied matters as cremation bookings and an enquiry from one gentleman who wished to know how to enter the London to Brighton walking race.

ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH—WORK OF THE PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector: E. W. PIKE, M.A.P.H.I.

Deputy Chief Public Health Inspector: W. G. J. SUTTON, F.A.P.H.I.

							<i>At 31st December, 1965</i>	
							<i>Establishment</i>	<i>In post</i>
Public Health Inspectors	..	..	..	..	..	..	59	42
Student Public Health Inspectors	..	..	..	..	..	..	11	10
Technical Assistants	..	..	..	..	..	..	18	17

The Environmental Health Services previously provided by the three authorities immediately prior to amalgamation on 1st April, 1965, have been continued practically unchanged; indeed, certain improvements or innovations which would otherwise have been introduced have largely been precluded by the continued shortage of public health inspectors. To alleviate difficulties caused by this shortage over a long period, the City Council decided to increase the establishment by six additional posts of Technical Assistant to aid the inspectors in the performance of routine duties and so enable them to concentrate on those matters which require their professional knowledge and experience. The City Council also agreed to the recruitment of further student public health inspectors up to the ratio of one student for every three inspectors available to assist in their training. This, however, is a long term approach to the problem presented by the lack of adequate qualified staff, and the benefits of the training programme will not become apparent for some years.

The use, after amalgamation, of locally familiar buildings in the Paddington and St. Marylebone areas as District Offices has proved to have been justified, both from the point of view of the general public and the staff. Coincidental with the amalgamation, new legislation, in the form of the Rent Act, 1965, which superseded the Protection from Eviction Act, 1964, made close liaison between City Hall and the District Offices especially important, as in alleged cases of "harassment" it is essential that the District Public Health Inspector should interview the parties concerned without delay, and that the information so obtained should be transmitted to the Town Clerk and City Solicitor immediately.

The main Environmental Health problems inherited by the new City were in the fields of housing and the control of food and food premises, whilst the supervision of drainage works, particularly in relation to new developments, also presents special problems in a highly urbanized area such as Westminster. Accordingly, three teams of Specialist Public Health Inspectors have been set up, each to deal with these three important functions. A Specialist Inspector deals exclusively with Offices and Shops Act matters, including the supervision of four technical assistants carrying out initial survey work. Smoke control is supervised by a Specialist Inspector, while another deals with the control of water supplies from private wells; the last mentioned officer is also responsible for arrangements for the training of student public health inspectors and for the preparation of rotas of duty, referred to elsewhere in this report, designed to effect maximum coverage of Environmental Health matters outside normal office hours.

Student Public Health Inspectors—Practical Training

At the amalgamation of the three former Boroughs there were nine student public health inspectors in the Health Department, attending Technical Colleges under a system of day-release training and receiving practical training in the Department. Two were completing courses for the qualifying certificate of the Royal Society of Health and Public Health Inspectors Education Board—the last of these examinations was held in December, 1965—and the remaining seven were undergoing training for the Diploma Examination of the Public Health Inspectors Education Board.

During the year one student qualified by passing the certificate examination of the old Education Board, and two qualified by passing the Diploma examination. All three were subsequently appointed as Public Health Inspectors by the Council. One student resigned from the City Council's service and two abandoned their studentships.

Seven new students took up appointments during the year, so that at December, 1965, there were ten student public health inspectors under training in the Health Department.

Public Health Inspectors—Night and Weekend, etc. Duties

In the section of this Report regarding the "Emergency Telephone Service" reference is made to public health inspectors being on-call outside normal hours of duty. Prior to amalgamation each of the three Boroughs had its own scheme for dealing with essential Environmental Health work after

normal office hours. These schemes have now been co-ordinated and extended to give as complete coverage as possible with the staff available, and rotas have been organized to provide:—

- (a) Every week night One Public Health Inspector on telephone stand-by duty throughout the night;
- (b) Every weekend One Public Health Inspector on telephone stand-by duty;
- (c) Every Saturday morning One Public Health Inspector with a Student Public Health Inspector on duty at City Hall;
- (d) During each two-weekly period Six Public Health Inspectors and four Technical Assistants are each on duty for one night.

The last mentioned provision for night duty is intended primarily for the inspection of catering premises in the late evening. Routine visits to many cafes and restaurants can only be usefully and practically carried out during such hours and that arrangements should be made for this to be done on a properly organized basis is of more significance in Westminster than probably to any other authority. It is intended that as more staff are recruited the number and frequency of this type of inspection will be increased.

District Inspection

For this purpose the City is divided into four areas and sub-divided into thirty-two districts. These represent the same number as were operated by the three amalgamating authorities (Westminster and Paddington twelve each and St. Marylebone eight), but adjustments have been made to some of the former boundaries. Two areas, each consisting of seven districts, operate from the Harrow Road office; the other two, each having nine districts, are centred at City Hall and St. Marylebone Town Hall respectively.

Each area is supervised by a Senior Inspector who, if the staffing position would permit, should be responsible for only a small district himself in order to allow him sufficient opportunity to supervise the whole of his area and advise and assist, where necessary, his less experienced colleagues and at the same time be in a position to keep the Chief Public Health Inspector always fully informed of any particular problems arising in his area. Owing to staff shortages, however, this ideal situation has not been fully achieved, and it has been necessary for each District Inspector and the Area Inspector to be responsible for two or more districts, so that overall supervision by the Area Inspectors has, in the first year of amalgamation, been somewhat limited.

Summaries of the work carried out are included in Tables 9, 10, 11, 12, pages 57 and 58.

Dwelling Houses

General inspection of dwelling houses arising from complaints and for routine purposes, as distinct from duties under the Housing Acts and other specialized functions dealt with later in this Report, are undertaken by the District Inspectors. An analysis of reasons for initial inspections of dwelling houses is given in Table 9, page 57; and an analysis of 3,272 nuisances and unsatisfactory conditions found and remedied appears in Table 10, page 57.

Notices

Eight hundred and ten informal notices were served and of these 386 were followed by the service of statutory notices to secure the abatement of nuisances. In addition 298 statutory notices were served under the Clean Air Act, 1956. An analysis of statutory notices served is given in Table 12, page 58.

Legal Proceedings

A summary of legal proceedings is given in Table 27, page 64.

Noise

Three hundred and ninety-three complaints of noise were received and these necessitated 690 visits by the Public Health Inspectors. A substantial proportion of the complaints were of noise coming from building sites, demolition and engineering works and operations, involving particularly pneumatic and other drills, compressors and pumps.

Frequently the complaints were of noise from these sources occurring late at night and during week-ends but it was found that, on having their attention drawn to the matter, the various contractors concerned generally appreciated the situation and offered willing co-operation in seeking and applying noise-reducing methods even where to some extent these resulted in a loss of efficiency or restricted hours of working.

Other complaints were related to machinery in workshops and factories, garages, a laundrette, social functions, clubs, parties and noisy neighbours, record players, loading and unloading of vans, a diesel vehicle depot, air conditioning plant, animals, night baking and a rifle range.

The complaints made were not always well-founded but, where justified, they were followed up and the offending noise abated or reduced to a reasonable level. In some cases where the Council had no legal powers informal action taken by the Public Health Inspectors resulted in improved conditions.

Water

The chief source of a constant water supply throughout the City is from the mains of the Metropolitan Water Board whose Director of Water Examination has kindly provided the following information:—

"The water supply to the City of Westminster by the Board has been satisfactory both in hygienic quality and quantity during 1965. The supply to the whole area is now River Thames-derived water, from the Thames Valley filtration works together with some New River-derived water from the Stoke Newington filtration works. There were no new sources of supply instituted by the Board in the area during the year but there were two extensions of trunk mains: 129 yds. of 18" main and 509 yds. of 21" main. The general scheme of supply was the same as in the previous year but 1,709 yds. of service mains were laid in the City of Westminster during 1965."

The analytical results of the chemical and bacteriological examinations of the water are set out in Tables 14 and 15, page 59.

In the event of a complaint of contaminated public mains water the Metropolitan Water Board is informed and investigations are made; if necessary samples are taken for examination. Complaints are few and normally refer to unusual taste—which is often due to temporary super-chlorination following works on the mains.

In common with many of the London Borough Councils, the City Council is in favour of the Metropolitan Water Board being asked to adjust the fluoride content of the public water supplies to the optimum amount necessary to prevent dental caries.

Private Water Supplies—Deep Wells

At 31st December, 1965, fifty-nine premises in the City were drawing water from some 75 deep wells. The water from 68 boreholes is used for drinking and domestic purposes in 54 premises, from 6 boreholes for emergency or stand-by purposes in 4 premises, and from one bore as feed-water for heating purposes in one building. In addition there is one building within the City which is supplied with water for drinking and domestic purposes from a deep well situated in an adjacent Borough.

Of the 68 boreholes supplying water for drinking and domestic purposes, 19 bores supply water to 18 premises occupied by Government Departments or Crown Agents, and in these circumstances arrangements for maintenance are in the hands of the Ministry of Works and Public Buildings and regular water examination is carried out by the Government Chemist.

During the year, from the remaining 49 boreholes in private ownership and control, 71 samples of water were submitted for bacteriological examination and 19 for chemical analyses. All were reported to be satisfactory.

Swimming Bath Water Examination

There are eleven municipal swimming baths in the City, two each at Marshall Street, W.1, Buckingham Palace Road, S.W.1, Porchester Hall, W.2, Seymour Hall, W.1, and Kensal Road, W.10, and one at Great Smith Street, S.W.1.

Monthly examinations are carried out at each swimming bath, comprising the taking of samples from the shallow (inlet) and deep (outlet) ends of each bath for the purposes of bacteriological examination and for ascertaining the residual chlorine content and the pH value (alkalinity reaction) of the water.

During the year, 154 samples were submitted to the Public Health Laboratory Service for bacteriological examination and an equal number were subjected to each of the other two tests mentioned.

In two instances the results indicated unsatisfactory bacterial conditions but both were of a relatively minor character and likely to obtain from time to time. In one case, where an unusually heavy "bathing load" had been experienced, the presence of coliform bacteria in minimal numbers in a water showing a distinct, but low chlorine reaction to the orthotolidine test, was probably due to an inverse chlorine to ammonia ratio and, ultimately, to inadequate residual chlorine. In the other case it was found that the circulation pumps had been stopped during a swimming gala, held on the night previous to sampling,

to conform to Amateur Swimming Association competition rules. This meant that for the duration of the gala no treated water was admitted to the bath used for the competitions or to the adjacent smaller bath, the supply to which is controlled by the same plant. Unfortunately continuous flow and the effect of a freshly chlorinated supply had not been fully restored at the time of sampling the next morning.

In both these cases immediate steps were taken to prevent the possibility of a recurrence of similar conditions.

Drainage

Drainage works within the City, other than sewerage, relating both to new and existing buildings, are under the control and supervision of the Health Department. A specialist team of public health inspectors deals with all new developments, and with adaptations and alterations relating groups of buildings forming one unit of construction. Alterations to drainage systems in existing single premises are supervised by district public health inspectors.

Close liaison is maintained with the City Engineer, who is responsible for sewerage in relation to all new sewer connections, levels of outfalls and openings into the Council's sewers.

Liaison is also maintained in all major works with the Director of Cleansing in regard to refuse storage facilities and means of access for removal of house and trade refuse.

At the time of consideration of plans deposited for the examination of drainage proposals, all aspects of Health and Housing legislation are taken into account, together with requirements of the Offices, Shops and Railway Premises Act, in order to ensure that an approved plan agreed by the Department will meet, as far as can be foreseen, legislation other than that affecting drainage only.

Of 1,023 drainage plans approved during the year, 48 related to new buildings started between 1st April and 31st December, 1965. A total of 10,738 visits were made in connection with drainage matters and new developments but no circumstances were found which necessitated legal proceedings.

Sewerage

The City Council's sewers, which discharge into the trunk sewers of the Greater London Council, are controlled and maintained by the City Engineer. All premises in Westminster are connected to the main drainage system, the sewage passing to disposal works maintained by the Greater London Council outside the area of the City. Although on occasions of exceptionally long and heavy rainfall the trunk sewers at some points have been unable to accept the discharge of the City Council's sewers, in general, the arrangements for Westminster appear to be adequate. Flood levels reached at times of peak discharge are notified to the City Council, and are taken into account when development plans, etc. are received from Architects or others.

Rodent Control

A staff of eight operatives, who work under an incentive bonus scheme and deal with both rodent and pigeon control, are based on two centres, 313/319 Harrow Road for the northern half of the City, and Brydges Place, Covent Garden, for the southern half.

Primary and follow-up visits are made in respect of complaints of rat and mouse infestation in domestic and business premises. Service is provided free in domestic premises. For work carried out in business premises a charge is made. Normally only short term treatment is undertaken in these latter premises and firms are advised to arrange for regular treatment on a long term basis by a commercial pest control organization.

Recently the overall situation regarding rats has improved slightly but infestations of mice have increased, particularly in houses in multiple occupation in the northern area of Paddington. In such cases, to ensure complete clearance may require visits to all the lettings in the house, with all the attendant difficulties of access.

Statistics regarding rodent control are given in Table 13, page 58.

Pigeons

Section 74 of the Public Health Act, 1961, empowers the City Council to take any steps necessary for the purpose of mitigating any nuisance, annoyance or damage caused by the congregation of pigeons in a built up area.

It is known that pigeons can be vectors of diseases affecting mankind, although there is no evidence that any outbreak of disease in the City has been due to this cause. There is however, ample evidence of the nuisance they cause through fouling, defacement and damage. Where they congregate in flocks, their droppings, apart from being unsightly, produce stench and fly nuisance, and walls and roofs

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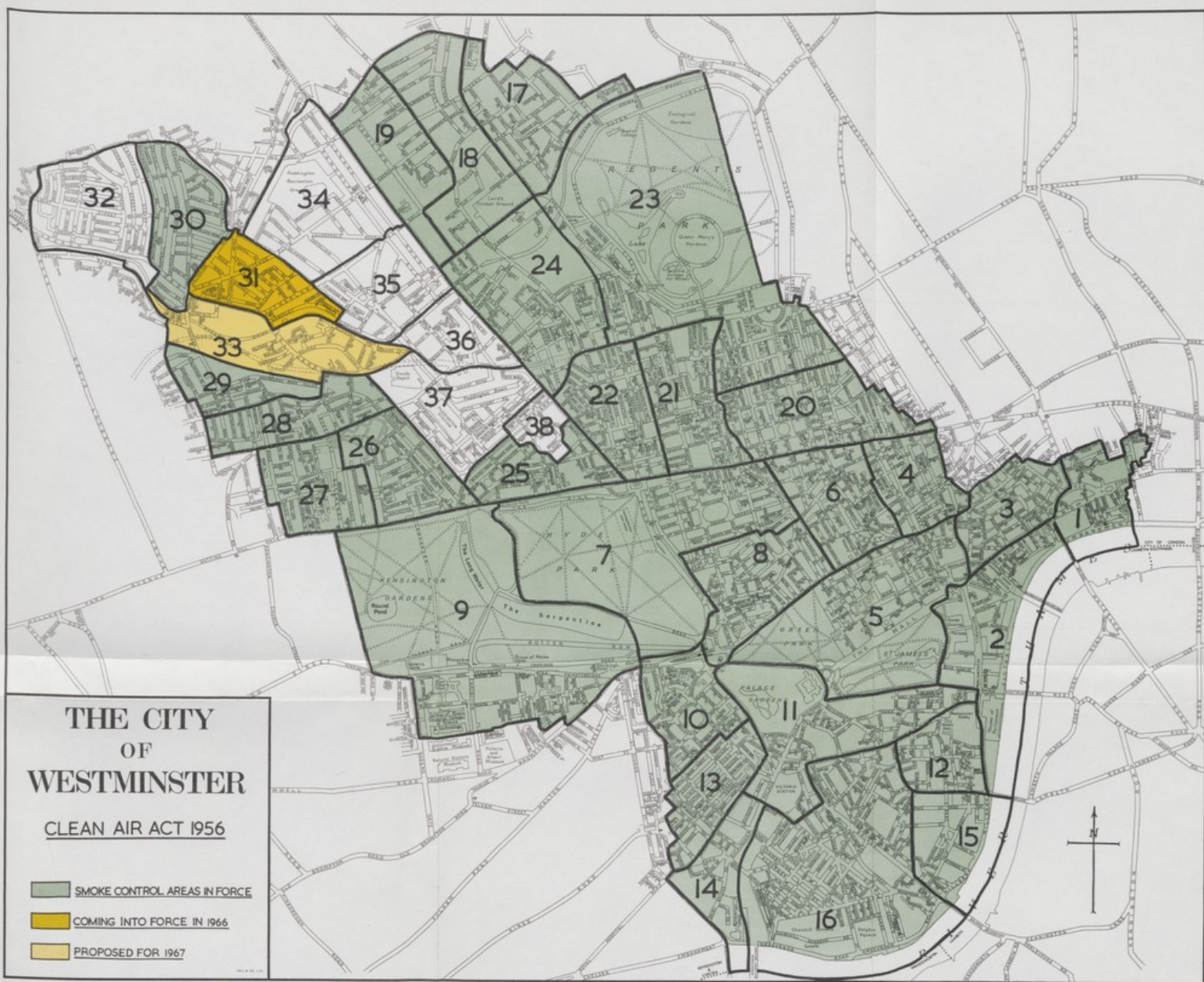
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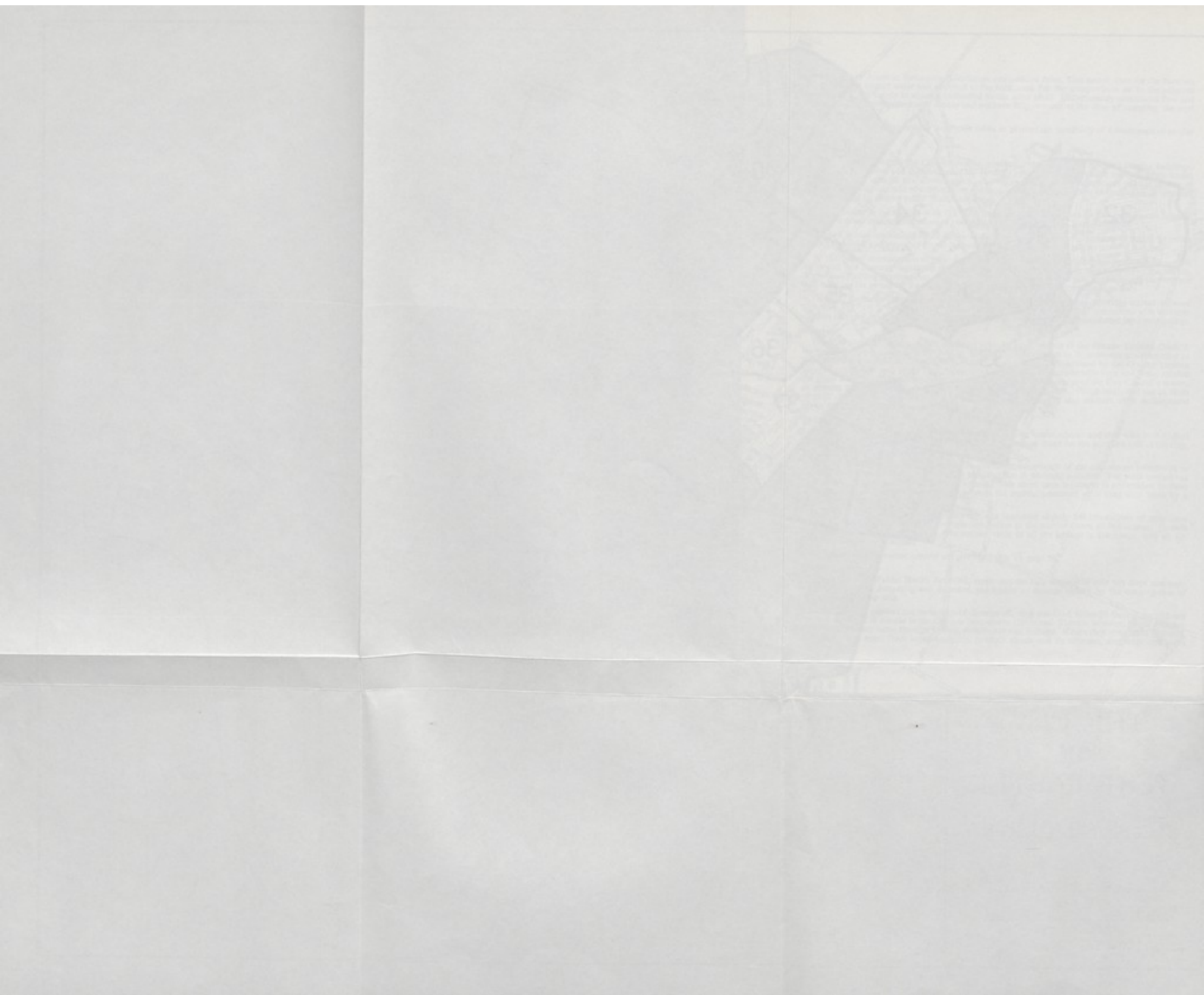
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of houses where these birds nest are similarly fouled. During nesting their incessant cooing gives rise to noise nuisance. Almost invariably feeding by members of the public is the cause of pigeons congregating, whilst the remains of food fed to them attract rats, mice and flies.

During the year, 64 complaints were dealt with by the Public Health Inspectors and the Rodent Officer who gives advice where the use of repellants is proposed.

Radioactive Substances Act, 1960

This Act came into operation on 1st December, 1963; persons who keep or use radioactive materials are, unless exempted, required to register with the Minister of Housing and Local Government and to obtain his authorization for the accumulation or disposal of radioactive waste.

Certificates of registration issued under Section 1 of the Act and authorization under Sections 6 and 7 (in regard to accumulation or disposal) have been issued by the Minister in respect of 29 premises in the City.

Town Planning

Observations were made by the Department on 83 plans submitted to the Council under the Town and Country Planning Act, 1947.

Clean Air

As regular routine samples of food, drugs and water are taken, so also is the City's air monitored. Daily measurements of smoke and sulphur dioxide are taken at seven stations throughout the City, and the deposition of the larger dust and grit particles is measured monthly by means of deposit gauges at another four stations. In addition to providing useful local information on the level of atmospheric pollution, returns from all these stations are forwarded each month to the Warren Spring Laboratory of the Ministry of Technology as the Council's contribution to the National Survey of Atmospheric Pollution.

The City Council's smoke control areas programme is proceeding according to schedule and it is gratifying to record that the amount of smoke in the City's atmosphere is less than half what it was when this programme was embarked upon. Three smoke control orders came into operation during the year:— Paddington (Harrow Road North), St. Marylebone No. 8 and Westminster (South); and the Council made a further order, the Westminster (Harrow Road South) Smoke Control Order which was submitted for confirmation to the Minister of Housing and Local Government. The map on the opposite page shows the position regarding smoke control areas in the City.

All undue emissions of smoke observed, or reported to the Department, are investigated and appropriate action taken. New boiler installations notified to the Council under Section 3 of the Clean Air Act, 1956 are investigated to ensure that (a) they are capable of operating smokelessly and (b) the flue gases are discharged so as not to inconvenience persons working and living nearby. During 1965 a total of 75 such notifications were received.

Housing Acts 1957-1964

Details are set out in the following pages, under appropriate headings, relating to certain aspects of the Health Department's work in connection with the Housing Acts. It might not be inappropriate, however, to make two general points.

The scope of Housing Act legislation has widened greatly over the years, not only in the powers embraced but, far more so, in the extent of its application. Thirty years ago it was possible to point to large areas on a map where little or no action need be expected under Housing Act legislation. Today it might be said without too much exaggeration that some action could be taken on almost any house in the City. An interesting anomaly which has resulted from recent legislation is that in certain respects a higher standard of amenities can be enforced in houses in multiple occupation than can be achieved by statutory action in houses occupied by one family.

It is unfortunate that the large volume of work carried out as a result of informal action cannot be adequately demonstrated to show the full extent of the Health Department's work. There is still a majority of property owners who take their responsibilities seriously and respond to an informal approach by the Public Health Inspector. There is, however, always a hard core who will only respond to legislative action. If an owner is able by delaying action to evade his legal responsibilities, not only does the reputation of the Council suffer but the morale of the officers concerned also suffers. Legal prosecution in the relatively few cases where this is necessary must therefore be undertaken promptly if such a course is to be effective. (See Table 16, page 59.)

Housing Act Inspectorate

Four Senior Public Health Inspectors were appointed by the former Paddington Borough Council to implement Part II of the Housing Act, 1961 and subsequently Parts II & IV of the Housing Act,

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1964, i.e. work relating to houses in multiple occupation and the compulsory improvement of dwellings. On amalgamation these Inspectors continued this work, gradually extending their activities to cover the whole of the new City.

A senior public health inspector who had been responsible for slum clearance in the former City of Westminster continued after amalgamation with the work required by the combined programmes of slum clearance under Part III of the Housing Act, 1957. He also remained responsible for inspections in connection with loans for house purchase made by the Council.

These Inspectors are each assisted by a Technical Assistant and the housing work generally is co-ordinated and directly supervised by the Chief Public Health Inspector.

Houses in Multiple Occupation

A. Management Orders, Additional Amenities and Directions

The Housing Act, 1961 (Part II) provides a local authority with power to:—

- (a) Apply a code of management to a house. This code, broadly speaking, is aimed at ensuring the repair, cleanliness and good order of the parts of a house in common use; the proper maintenance of the basic services, e.g. water supply and drainage; and the keeping in good working order of installations in rooms let to tenants. Premises must be clean and in a reasonable state of internal repair, when let.
- (b) Require additional facilities and amenities, and adequate means of escape from fire. The essential facilities to which the Act relates are lighting, ventilation, water supply, washing facilities, sanitary conveniences and space heating. A code of practice has been adopted by the City Council to provide a minimum standard of requirements for these facilities.
- (c) Give a direction to limit the number of persons who may live in a house or part of a house in its existing condition. A direction makes it an offence for the occupier of the house to allow anyone to take up residence so as to exceed the specified limit. Some difficulty was experienced owing to the use of the word "occupier" in the 1961 Act but the 1964 Act enlarged the definition to include any person authorized to permit occupation. The limit is based on the facilities available. As these limits apply only when premises are re-let, excessive occupation brought about by natural increases in a family or which existed at the time the direction was given cannot be immediately remedied by a direction.

Attention is drawn to the following points concerning these directions:—

- (i) When this action is taken it is effective only as and when the occupation changes and therefore does not necessarily mean an immediate reduction of numbers in the house in question. It does not call for the displacement of families with a consequent rehousing problem.
- (ii) As an alternative to the use of statutory action requiring the provision of additional facilities for existing tenancies when these are based on an unsatisfactory sub-division of the house, a direction is to be preferred as tending to bring about an eventual reduction in the overall occupation.
- (iii) The extensive use of the power to apply limits restricting the future occupation does not produce necessarily an immediate improvement on the situation. On the other hand, as such action is taken in lieu of requiring the provision of further amenities, the initiative is then with the owner, to instal additional facilities and apply to the Local Authority for a revised direction if he so desires.
- (iv) The 1964 Act provided the Local Authority with an alternative. It became possible to require the provision of additional amenities in accordance with Section 15 of the 1961 Act for a *lesser number* of persons than the number in residence at the time and apply a limit to the future occupation based on these requirements.

This, in some cases, has proved to be the most appropriate action and is the only power that is available to enable the Local Authority to influence the future pattern of lettings in a house in multiple occupation. The owner can still exceed the numbers suggested by the Authority if he provides amenities for the greater number.

- (v) Following legal proceedings taken for contravention of directions, it became clear that factual evidence would have to be produced as to the actual date the offence was committed—the date, in fact, on which "residence was taken up". It will be appreciated that the production of this evidence must present difficulties as the offence usually becomes known to the Department some weeks or perhaps months after it has been committed. These facts have been made known to Ministry of Housing and Local Government officers with the suggestion that consideration should be given to an amendment making the offence one of a continuing nature.

It will be appreciated that when a management order is made or a direction given, constant follow-up visits are necessary to ensure that prompt action is taken for any non-compliance found.

When a direction is applied to a house, a check of the occupation is made every three months by the Technical Assistants in the Housing Section.

B. Control Orders

The Housing Act, 1964 introduced a new power by which local authorities could make a control order and take possession of a house. The requirements before such action is taken are that the house must be subject to or susceptible to action under Part II of the 1961 Act *and* that the safety, welfare or health of the residents is affected by the conditions therein.

The maximum period for which control of the house can be retained is five years. Compensation, at a designedly low rate, is payable to the dispossessed owner, but the income from lettings is payable to the local authority. The running expenses of the house can only be recovered from this income. Capital expenditure on specified improvements which the authority would have required the owner to carry out and which must be done by the authority on making the control order, however, becomes a charge on the premises if not fully met by the income from lettings.

It was made clear when the Act came into force that control order procedure was not intended to replace powers which the local authority already possessed to require owners to carry out work, or to make compulsory purchase orders. The Minister advised that the new powers should be used only when conditions are so bad as to necessitate summary intervention in the residents' interests.

In the experience of the Department during the last year, the making of a control order has not always been found an easy or satisfactory solution to problem houses. At present its advantage is that of speed in dealing with a situation calling for drastic action. After the Order is made and control over the house established, and after the main reasons for taking the action have been attended to, the permanent acquisition of such property by compulsory purchase, if necessary, would generally appear more advantageous financially so far as the Council is concerned.

Local Land Charges

The number of enquiries dealt with and reported upon during 1965 was 5,934.

The enquiries concerned outstanding statutory or informal notices, combined drainage orders, smoke control orders, and certificates of disrepair.

Additional questions appeared on many forms of search, mainly in regard to proposals for dealing with properties under clearance or redevelopment schemes, restrictions on the use of underground rooms, and the suitability of premises for specific purposes, such as catering establishments.

Questions on redevelopment are often cast very widely, referring not only to a specific property and firm proposals but to "any scheme in the neighbourhood" and any probable future scheme.

Housing Priority on Medical Grounds

The Council's points scheme for deciding the order of priority for rehousing permits points to be awarded on medical grounds where they exist in addition to other grounds.

Although a medical certificate is required to be submitted in support of each case, personal investigation by a Senior Medical Officer or communication with the family doctor or hospital is frequently necessary to ascertain the precise medical condition or disability. The current housing conditions of the applicant are also investigated by the Public Health Inspector where indicated and his report is taken into account.

During the year under review, 1,860 medical certificates were considered in relation to housing applications.

Unlawful eviction, harassment and provision of rent books

The provisions of Part III of the Rent Act, 1965 aim at preventing by heavy penalties the unlawful eviction of tenants, or "the interference with the peace or comfort of tenants" with a view to making them give up their tenancies. Acts of harassment must be proved to be deliberate if legal action is to be successful. Many of the allegations investigated have been proved to be due to the landlord's thoughtlessness or his different cultural background and consequent mode of living.

Administratively this legislation is dealt with and action taken by the Town Clerk's Department. The staff of the Health Department are involved, however, as reports are made by the Public Health Inspectors who are called upon to investigate complaints of eviction and harassment.

Allegations of harassment fall, by and large, into one of three categories—malicious or trumped-up allegations by disgruntled tenants or ex-tenants; cases where the landlord and tenant are shown to be equally blameworthy; or where the landlord is deliberately attempting to make life impossible for an inoffensive tenant. The cause of harassment also usually falls into one of three classes—a controlled tenant paying a rent which the landlord considers too low (this is particularly so when heavy mortgage repayments have to be met by the owner); the landlord's wish to accommodate his family or relatives; or personal antagonism between the parties.

In addition to investigating some fifty allegations of harassment or eviction the Public Health Inspectors were called upon to make enquiries into twenty-three cases where rent books had not been provided. Few of the investigations brought to light any circumstances requiring action specifically by the Health Department. It can be said, however, that diplomatic and timely intervention by the Inspectors has in many cases averted what would have otherwise become an inflammatory situation.

Slum Clearance

Upon amalgamation it became necessary for a reappraisal to be made of the division of responsibility for slum clearance between the City Council and the Greater London Council. Negotiations on this matter were continuing at the end of the year.

The statutory quinquennial programme of slum clearance for the years 1966–1970 was prepared individually by the three amalgamating Councils, agreed with the London County Council, and accepted by the new City Council. The current programme together with the outstanding sites from previous years involves 859 houses and an estimated 1,781 families.

Areas for slum clearance are comparatively small, but modern building techniques and ideas on town planning have led over the last decade to much bigger areas being considered for redevelopment. While this is to be encouraged and the areas designated for slum clearance are usually incorporated in the larger areas, this changed outlook gives rise to its own problems. From the Health Department's viewpoint the chief problem is that the size of the development areas, with their necessarily longer time to come to fruition, leads to pockets of properties which are ripe for demolition or modernization remaining occupied. There are properties within the Piccadilly Redevelopment Scheme, for example, which, while not in the slum clearance programme, are in a bad state of repair, but the Redevelopment Scheme inhibits the Health Department from making extensive demands. The current proposals (August, 1966) are the subject of consultation between the City Council and the Greater London Council but no firm dates for redevelopment are available.

The increasing co-operation between local authorities and private developers is noteworthy. Rehousing existing tenants is frequently a stumbling block for large scale private developers. Where a mixed residential and business development is envisaged it is sometimes to the advantage of both parties for the local authority to rehouse the tenants and for the developers to lease the residential part of the development to the local authority while retaining the business part. By this method, or variations thereon, property which would otherwise have remained sterile can be developed and the authority's pool of housing accommodation increased.

Unfit Houses

Under the Housing Act, 1957, when a local authority is satisfied that a part of a house is unfit for human habitation and is not capable at reasonable expense of being rendered fit, and if no satisfactory undertaking regarding the use of the premises is received from the owner, a closing order may be made. Such an order prohibits the use of the premises for any purpose not approved by the authority. The unfitness of a house (or part) is judged on its state of repair, stability, freedom from damp, lighting, ventilation, water supply, drainage and sanitary conveniences, and food storage facilities.

Also under the Act, regulations may be made by the local authority for securing the proper ventilation and lighting and protection against dampness, effluvia or exhalation in an underground room. In general terms an underground room is one in which the floor is more than three feet below the level of the nearest street or any ground within nine feet. It is the reference to the nearest street which brings the back rooms in the basements of many premises within the definition although the floor may be level with the back garden. If such a room fails to comply with the regulations, closing order procedure can be taken. Such regulations were made by each of the three Councils now amalgamated to form the new City Council, and these are still in operation. Difficulty is not encountered by having three sets of regulations as they do not differ in any essential, but a single set of regulations for use throughout the new City is being prepared.

The extent to which unfit rooms or, indeed, houses can be considered as incapable of repair at a reasonable expense is constantly changing with building costs and the value of property. However, the initiative is always with the owner of the property, who can at any time, either before or after the making of a closing order, submit schemes for rehabilitating the premises. (See Table 17, page 60.)

Overcrowding

The figures for overcrowding in the City, given in the statistical section of the Report (Table 18, page 60) do not present a complete picture, as details of overcrowding can only be noted as they come to light from various sources. A house-to-house survey would be necessary to obtain a definitive figure.

The overcrowding statistics are based on the standard laid down in the Housing Act, 1957. This consists of two tables: one table gives a permitted number of occupants for any particular dwelling by reference to the number of rooms therein and the second gives the permitted number by reference to the floor areas of the rooms. The lesser of the two figures is the maximum number of "units" who can be in occupation without causing the rooms to be statutorily overcrowded. Children under ten years of age count as a half unit and those under one year are not counted. Only rooms used normally for bedrooms or living rooms are taken into consideration.

The overcrowding standard mentioned above should not be confused with the limits which can be imposed by a local authority when issuing a direction under Section 19 of the Housing Act, 1961. Such a limit applies only to the house or the part of the house designated and is based on the facilities available, i.e. waterclosets, bathrooms, etc. Adults and children are counted equally in connection with such a direction.

Certificates of Disrepair

The main principle relating to certificates of disrepair, issued under the Rent Act, 1957, is that a tenant is entitled to pay a reduced rent (unless it is already a very low one) if his dwelling is defective. The procedure is for the tenant to send his landlord a list of items of disrepair and if nothing is done (or only some items are dealt with) the local authority can issue a certificate of disrepair provided they are satisfied that such a certificate is justified. Only defects of repair listed by the tenant can be taken into account and regard must be had to the age, character and locality of the premises. The landlord has the option of giving an undertaking to carry out the repairs within six months and this may be accepted by the local authority instead of issuing a certificate.

The issue of a certificate of disrepair, or the failure of a landlord to honour his undertaking, allows the tenant, in general terms, to withhold any amount by which the rent exceeds one and one-third times the gross value of the property. This continues until the local authority certify that the repairs listed on the certificate have been carried out, or cancel the undertaking. The landlord is not liable to any penalty (other than the loss of rent) if he decides not to carry out any work; but the disrepair complained of is often such that action under other statutes can be taken by the Health Department to enforce a remedy. (See Table 19, page 60.)

Loans and Grants

Applications for loans towards the purchase of houses, and grants for the improvement of houses, whilst not primarily dealt with by the Health Department, do involve the public health inspectors technically and the improvement of houses is of course very much the concern of the Department.

Applications for both loans and grants are reported upon by the public health inspectors. This involves a detailed inspection of the premises, the preparation of schedules of essential works and the examination of specifications and drawings. Meetings with owners, architects and builders are also arranged as necessary and liaison with other Departments is maintained. This extensive work is necessary so that the Council's statutory obligation to ensure that the premises will be in all respects fit for human habitation is complied with and that the work proposed is in accordance with all statutes and byelaws and is generally satisfactory.

One hundred and eleven applications for grants, and one hundred and four applications for loans, were received in 1965.

A praiseworthy tendency which will have an increasing effect on the environmental work of the Health Department is the growth of Housing Trusts. Loans to a Trust for the purchase of houses can be made by the Council and, in proportion to the properties owned, improvement grants are more often sought by Trusts than by private owners. It is considered that Housing Trusts, which regard their houses as something more than a source of profit and do not purchase them for demolition and development, are a valuable factor in rehabilitating property.

Common Lodging Houses

There are three common lodging houses in the City. One accommodating 565 men is kept by the Salvation Army at 18 Great Peter Street, S.W.1., whilst another for 85 women is maintained by the Church Army at 84 Bell Street, N.W.1. The third common lodging house for 716 men lodgers is run by the Westminster City Council (Welfare Department), at Bruce House, Campbell Street, W.C.2.

The establishment formerly run by the Salvation Army at 2 Burne Street and premises in Lisson Street, which accommodated 391 men, was closed down early in the year.

Regular inspections were made by Public Health Inspectors and particular attention was given to fire precautions, numbers of lodgers accommodated, the tracing of any possibly verminous persons or articles, sanitary and washing facilities, and to general compliance with the Byelaw requirements. All these common lodging houses were found to be well managed and maintained.

Offices, Shops and Railway Premises

The Offices, Shops and Railway Premises Act, 1963 made fresh provision for securing the health, safety and welfare of persons employed to work in office and shop premises and certain railway premises. Responsibility for enforcing the Act is divided between local authorities, local fire authorities and the Ministry of Labour.

Within the City the fire provisions of the Act, including those relating to means of escape, are administered by the Greater London Council and H.M. Factory Inspectorate.

The general provisions of the Act are enforced by H.M. Inspectors of Factories or other officers appointed by the Ministry, in premises occupied by county councils or local, fire and police authorities, in offices and shops situated in factories, in railway premises in the immediate vicinity of the permanent way, in premises owned or occupied by the Crown and in schools maintained by the local education authority. The Greater London Council is responsible for offices and shops in places of public entertainment. Offices, shops and railway premises within the City not falling into the aforementioned categories are the responsibility of the City Council and it is estimated that at any one time there may be between sixteen and twenty thousand units of occupation in this class.

The occupiers of premises to which the Act applies are required to give notice on a prescribed form of the employment of persons. On 31st December, 1965, after allowing for removals and for the transfer of registrations to H.M. Inspector of Factories, 15,596 premises were on the Council's register of notifications.

When notice of the employment of persons in premises to which the Act applies has been given, it is the duty of a local authority to carry out "general inspections" during which compliance with the Act in general is assessed. The number of premises awaiting a general inspection at the 31st December was 11,377.

The City Council has power to exempt premises or parts of premises from certain requirements relating to space, temperature, sanitary conveniences and washing facilities. No applications for exemption were received during 1965, but exemptions in respect of washing accommodation in one office and three retail shops were current at the end of the year. The Council may also exempt premises from certain requirements relating to the provision of first aid facilities where a first aid room is provided and arrangements exist for securing the immediate treatment of persons who suffer bodily injury or become ill while on the premises. During the year thirteen premises were so exempted, making the total of such exemptions thirty-one.

Where an accident in any premises, to which the Act applies, causes loss of life to a person employed to work in the premises or disables any such person for more than three days, notice of the accident must be given to the appropriate authority. Whenever an accident causes injuries of a serious or fatal nature or when an infringement of the Act is suspected, the circumstances are investigated and appropriate action is taken.

Advice on accident prevention is given frequently. When death or serious injury occurs, where an accident occurs because of an infringement of the Act or if there is some unfamiliar aspect indicating a need for additional safety measures, reports are sent, as requested by the Ministry of Labour, to the Deputy Superintending Inspector of Factories in the area.

The Act requires local authorities to submit an annual report to the Ministry of Labour on their proceedings under the Act. At the request of the Ministry the report included information about the degree of light found in places where persons were employed during the month of November. Statistics included in the report and other figures will be found in Table 20, page 61.

Factories

There were 4,069 factories on the register at the end of the year. Statistics of matters dealt with by the Health Department under Parts I and VIII of the Factories Act, 1961 are given in Tables 21 and 22, pages 61 and 62.

Outworkers

Employers (representing 261 different firms) submitted lists in respect of 2,289 outworkers. Of this figure 989 resided in Westminster, whilst a further 174 notified to the City by other authorities brought the total of resident outworkers to 1,163. The nature of the different classes of work involved and the number of outworkers engaged in each is shown in Table 23, page 62.

Food Shops and Catering Premises—Inspection

Although registration of catering and food premises, as such, is not required by statute, the numbers of these premises in the City are estimated as 4,500 catering premises and 2,270 food premises. During the year some 5,766 visits were made by the public health inspectors to catering premises, and 3,225 to food premises. Defects noted were brought to the attention of the person having control, and 249 informal notices drawing attention to contraventions of the Food Hygiene (General) Regulations, 1960, and/or the Offices, Shops and Railway Premises Act, 1963, were issued. Other matters, including infectious disease and food poisoning enquiries, involved some 600 visits.

The general shortage of public health inspectors during the year led to some curtailment in the activities of those employed in the inspection of these premises; this particularly related to inspections to assess compliance with the Offices and Shops legislation.

Many of the defects found related to dirty conditions. These were invariably due to lack of directive or positive management to rectify the careless attitude of members of the staff. In many establishments staff is constantly changing, and this leads to circumstances where even the ordinary daily domestic cleaning to maintain the minimum standard of hygiene is not properly carried out. Many employees do not observe the standards accepted for those engaged in the preparation and handling of food, and this state of affairs is not confined to the smaller type of establishment.

Frequent causes of complaint are cooking smells and noise from ventilation plants. These complaints of smells usually arise because of the discharge of cooking fumes from the premises at a height which permits them to enter nearby office or residential accommodation, thus causing annoyance or discomfort to the occupiers. It has not been established that these fumes constitute a statutory nuisance, although they can be unpleasant, particularly if the prevailing odour is of curry, onion, or fish. With the advent of specialized types of catering the prevalence of cooking highly spiced food increases and in such cases the most satisfactory practice is to carry the fumes to discharge at a height clear of the surrounding neighbourhood, where no nuisance will occur. Sometimes, however, complaints have their foundation in the lack of maintenance in changing the filters used in the ventilation equipment. In this connection it is occasionally found that in order to overcome the cause for complaint the volume of extract is reduced, with the result that the fumes partly remain in the kitchen and the temperature rises to produce nearly unworkable conditions, as well as deterioration of decorations. The use of various other forms of odour control, claimed to permit discharge at low level, has proved only partially effective.

In new premises, when full cooking is intended, every effort is made to ensure that from the outset, efficient and reliable means of extraction of fumes at a safe height from which no annoyance will arise, is installed. Unfortunately, some establishments which when opened serve only cold meals and snacks gradually build up to a full catering service and the ventilation system installed, though originally adequate, can no longer cope with the additional load. No notice of change in the domestic arrangements is required to be made to the Health Department, and a complaint received is usually the first indication that this has occurred.

With the practice of constructing buildings to ever-increasing heights, the problem of ventilation and extract is less easily solved, and it is now becoming a matter of urgency that some form of odour control be devised which will render inert cooking fumes immediately they occur, without the necessity of unsightly and expensive trunking and associated machinery. It is felt that some central Committee could well give consideration to solving this present day problem, which promises to become more acute as time progresses.

Noises from extract ventilation plant have also given rise to complaint. In most cases it is found that the causes are:—

- (a) undersizing of the ducting, necessitating high velocity air movement;
- (b) the use of direct coupled fans revolving at high speeds;
- (c) failure to adopt noise transmission precautions, such as insulation between ducting and fixing brackets, and flexible connections between ducting and ventilation machinery; and
- (d) installing ventilation machinery at the rear of premises without consideration of the noise factor, the possible need to enclose it in a suitable acoustic chamber, and without regard to the proximity of dwellings or offices.

Food Hygiene (General) Regulations, 1960

These Regulations require, among other things, in relation to food premises that:—

For the use of all persons engaged in the handling of food—

- (a) Suitable and sufficient wash-hand basins in a position conveniently accessible shall be provided, with an adequate supply of hot and cold water, or hot water at a suitably controlled temperature, except that where no open food is handled, a supply of cold water will suffice, such facilities to be properly maintained.
- (b) In addition to the above, where open food is handled, suitable and sufficient sinks or other facilities for washing food and equipment shall be provided together with a supply of soap or suitable detergent, clean cloths, and such facilities shall be kept clean and in working order.

Where a local authority is satisfied that these cannot reasonably be required, a certificate of exemption may be granted.

Details of the number of premises in Westminster, together with the estimated percentage of compliance with these Regulations, are set out in Table 24, page 63.

Food and Drugs Act, 1955—Section 16

Under this Act, no premises shall be used for:—

- (a) the sale, or the manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale, or
- (b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale,

unless they are registered for that purpose by the local authority. Premises used wholly or mainly as catering premises, or as a school or club are exempt from these requirements, and those used as a theatre, cinematographic theatre, music hall or concert hall are exempt from registration in respect of the sale and storage of ice cream.

The number of premises at 31st December, 1965, registered with the City Council are shown in Table 25, page 63.

The Liquid Egg (Pasteurization) Regulations, 1963

These Regulations which came into operation on 1st January, 1964, require the pasteurization of liquid egg to be used in food intended for sale for human consumption, other than egg broken out on the food manufacturer's premises, and used within 24 hours.

"Liquid egg" is defined in the Regulations as any mixture of yolk and albumen, other than re-constituted dried egg, and includes any such mixture which is frozen, chilled, or otherwise preserved.

Bulked liquid egg is liable to contamination by salmonella organisms, which can be destroyed by heat treatment. When used untreated in premises where food is prepared it may, even though itself subjected to baking, contaminate equipment used to prepare other products which are not subsequently heated, and may therefore still be a danger to health. Proper pasteurization is the only complete safeguard.

The Regulations are enforceable by local authorities and, in respect of imported liquid egg, by port health authorities in their districts. It is open to enforcing authorities to send samples of liquid egg to Public Analysts or the Public Health Laboratory for testing to assess the efficacy of the pasteurization process.

There are no egg pasteurization plants in Westminster, and any liquid egg used at premises in the City would be subject to supervision by the local authority at the place of manufacture, or examined on import.

Ice Cream (Heat Treatment) Regulations, 1959

During the year, 36 samples of ice cream were submitted for examination by the methylene blue test and were classified in the following provisional grades as recommended by the Ministry of Health:—

Grade	No. of samples
1	34
2	1
3	—
4	1

The Grade 4 sample, which had a high plate count, was obtained from a stationary van; the ice cream was found to have been manufactured by a firm outside Westminster. The local Medical Officer of Health was informed of this poor result, and he remarked that the particular manufacturer concerned did not normally offend in this way and had by that time ceased manufacture for the season.

A number of premises in Westminster sell ice cream from dispensers which freeze and extrude soft ice cream into a container held by an assistant for immediate sale to the customer. The final process of manufacture is therefore performed at the premises where the machine is installed, and frequent inspection is necessary to ensure that the mix is properly stored and handled before being introduced into the machine. Of particular importance is the necessity for a high standard of personal hygiene being practised by the operators who attend the machine and the need for those responsible to ensure that all equipment used in the production of soft ice cream is washed, cleansed and sterilized at the end of each day's use, and sterilized again immediately before use.

Sanitary Conveniences for Customers in Refreshment Houses

Since 1962, powers have been available to local authorities in London to require restaurants to provide sanitary conveniences for their customers.

This requirement was first introduced by the Public Health Act, 1936 which states:—

“A local authority may by notice require the owner or occupier of any inn, public-house, beer-house, refreshment-house or place of public entertainment to provide and maintain in a suitable position such number of sanitary conveniences for the use of persons frequenting the premises as may be reasonable.”

This provision did not, however, at that time apply to London and similar power was not available until the London County Council (General Powers) Act, 1959 Section 25, which contained similar provisions. Unfortunately, there had been difficulty in applying Section 89 of the 1936 Act to restaurants, since it was held that the words “public-house” and “beer-house” made it necessary to interpret the subsequent words “refreshment-house” as being similar premises holding a licence to sell intoxicating liquor. A further complication occurred when Section 25 of the London County Council (General Powers) Act, 1959 was enacted in respect of London, since the London County Council at that time were issuing refreshment-house licences in respect of a limited number of premises where food and drink were served and entertainment provided late at night. As a result of the difficulties which arose, the Public Health Act, 1961, Section 80, defined a refreshment-house as “any building in which food or drink is sold to, and consumed by, the public”. A similar definition was applied to London by the London County Council (General Powers) Act, 1962. At the time of the reorganization of London Government in April, 1965 the London Government Act, 1963 applied the provisions of the 1936 and 1961 Public Health Acts to London.

Thus, since 1962 in London and 1961 outside London, powers have been available under which local authorities could require restaurants to provide sanitary conveniences for their customers. Unfortunately, however, it has been held that the words “sanitary conveniences” do not include washing facilities and the position is, therefore, still far from satisfactory. Nevertheless, every effort is made to persuade restaurants to install both sanitary conveniences and facilities for washing for use by the public. Certainly all restaurants provide them when opening new premises or undertaking major works at existing premises; but where they refuse to install washing facilities for customers, there is nothing which can be done to make them do so, and there is at least one recorded case in which a Court allowed the appeal of a restaurant proprietor against the requirements of a local authority on the grounds that it was unhygienic to require the installation of a sanitary convenience without washing facilities.

It will, of course, necessarily take some time before the ideal situation of toilet facilities being available to the public in all establishments where catering is carried on becomes a reality, but with some necessary exemptions, the City Council is working toward that end.

Licensing Act, 1964

The Licensing Act, 1964 (which came into force on 1st January, 1966) consolidated and, in some very minor ways, amended the licensing laws.

The Act relates to powers for regulating the conduct of clubs where intoxicating liquor is supplied to members and their guests. Briefly, a club wishing to obtain a registration certificate must apply to a Magistrate's Court. Statutory grounds are given on which objection to an application may be lodged by a local authority and generally these relate to the unsuitability of the premises.

A club which by its constitution renders it unable to qualify for registration could alternatively apply for a Justices' Licence.

The Act also applies to the procedure for obtaining Justices' "On Licences" in respect of restaurants, private hotels, guest houses, etc., where intoxicating liquor is sold, and provides that one of the grounds for refusal of a licence should be that the premises are not suitable or convenient for the proposed use having regard to their character and condition.

The Act provides for "Part IV" licences for restaurants and guest houses. There are three specialized types of Justices' Licence, and these comprise:—

- "Restaurant Licence" to cover the sale of liquor with meals;
- "Residential Licence" to cover the sale of liquor to residents in residential establishments; and
- "Combined Restaurant and Residential Licence" which covers residential establishments with public restaurants.

No formal objection was raised to any application received during the year.

Prior consultation with applicants has made it possible for the Health Department's recommendations to be included in formal drawings submitted by the applicants to the Justices.

Food Vending Vehicles and Stalls

It is probable that, within the Greater London area, the majority of unlawful street trading is carried on in the City of Westminster. Trade is undertaken from an assortment of vehicles and barrows, often by undesirable characters. Apart from the fact that trade is carried on in all kinds of prohibited areas, the vehicles or barrows used for the sale of food frequently contravene the legal requirements—in particular, the vehicle or stall and its equipment may be improperly maintained and there is often a complete lack of hygiene on the part of the person carrying on the trade.

Many traders, who usually operate from motor vehicles, are transient; some give false names and/or addresses when approached, thereby thwarting follow-up action. Owners of vehicles when traced, have denied employing the salesman found on the vehicle, although admitting to ownership of the van and equipment. Others claim that the salesmen are self-employed, having hired the vehicle, the commodity sold being the responsibility of the salesman. In circumstances such as these, enforcement difficulties arise for, in order to obtain a successful prosecution, the identity of the person carrying on the "food business" must be established.

A particular problem is the "hot dog" trader. Here, the standard of hygiene is generally very poor, and the stall used seldom meets the minimum requirements of the Food Hygiene (General) Regulations, 1960. The vendors attending these stalls usually work on a casual basis, operating the barrows on hire or on behalf of owners—some trade for one night only, then move on.

The only satisfactory solution to the proper supervision of these unlicensed traders would be for them to be banned from the streets until they comply with the Regulations in force, and the persons concerned properly licensed and storage facilities approved.

The City Council has no power to compel the removal of these vehicles which trade illegally, and a depleted public health inspectorate has prevented the adequate supervision of those concerned. Nevertheless, during the year three "hot dog" traders were prosecuted for offences against the Food Hygiene Regulations and the Courts imposed fines amounting to a total of £58 and £6 costs.

The unsatisfactory standard of cleanliness of some of those engaged in this form of street trading, and the unhygienic appearance of the barrows and vehicles used, must indeed be apparent to all, but it is a remarkable feature that these traders seldom lack for custom.

In Westminster there are some 260 licensed street traders, and a nominal 100 registered traders engaged in the sale of foodstuffs.

Complaints—Food and Food Hygiene

In an area as large as the City of Westminster, containing as it does a great many premises where food and drink are sold, complaints are inevitably received from members of the general public. Not all of those received are substantiated by the production of the goods in question but nevertheless they are all investigated.

It has been generally found that restaurateurs, shopkeepers, manufacturers and those who import food from abroad, are seriously concerned when complaints in which they have some responsibility are brought to their attention. Occasions arise, however, where a complainant has in all good faith returned to the premises where the purchase was made in order to bring the incident to the notice of the seller, and has been received with indifference or even hostility.

Complaints are frequently received in the Health Department of mould growth on perishable articles, such as sausage rolls, meat pies, etc. Subsequent enquiries often point to the retailer having

retained the article beyond the acceptable period, or stored it in adverse conditions. There is really little excuse for this—many firms who manufacture perishable products go to some lengths to inform their retailers by descriptive leaflets of the dangers of ordering more stock than can usefully be stored and sold, and give excellent advice on the handling and serving of perishable commodities. Advice on stock rotation of coding is often given and it is obviously in the interests of the shopkeeper to follow some such scheme. Unfortunately, some still fail to do so, and complaints to the Department result.

During the year, 191 complaints were received from members of the public alleging foodstuffs purchased at retail shops were unfit for one reason or another.

All these were investigated and appropriate action taken. The following provide a note of interest:-

A tin of salmon purchased was alleged by the complainant to contain a piece of glass. Examination of the "glass" proved it to be a piece of transparent bone.

A buttered bun was found to contain a piece of glass. The bakery company, and the local authority in whose area the bakery was situated, both investigated this matter, but failed to discover how the glass came to be present. The bakery equipment was of modern design, and no similar glass to that found in the bun could be found in use at the bakery. It is possible that it may have been embedded in the dried fruit products received in the bakery.

Foreign matter found at the base of a bottle of milk was in the opinion of the Public Analyst, charred milk solids due, he thought, to a more or less empty milk bottle having been placed on a stove or electric heater.

A cooked chicken sold from retail premises was found to be affected by mould growth. Enquiry revealed that the chicken concerned had been cooked on a Saturday morning, kept in the shop throughout the weekend, and sold on the Monday following. This was contrary to standing orders issued by the Company, and the necessary measures were taken to prevent a recurrence.

A tin of corned beef on being opened by the purchaser was found to be unsound. Examination revealed severe dents on both side panels, which had caused the tin plate to rupture in two places. These breaks in the tin plate would naturally lead to decomposition soon after the damage occurred. The Company concerned stated that they, in common with other producers of canned food made every effort to avoid damage to cans whilst in their possession. They were also constantly reviewing and testing the carton design in an effort to protect their products from physical damage which might occur during transit.

A loaf was found to contain a piece of wire mesh. Enquiry of the bakers revealed that they were aware that damage to the machinery in use had occurred during a bread making session, and immediately took precautionary measures. A large amount of dough was destroyed; flour in the baking system was drawn off and returned to the flour mill; a supervisor was stationed at the slicing machine to inspect bread which was produced relative to the time of the breakdown; some 900 loaves were destroyed. In spite of these precautions, a piece of disintegrated wire mesh remained in some dough, and apparently passed the slicing machine. It was felt that the Company had taken reasonable precautions in an endeavour to ensure that loaves leaving the bakery were free of "foreign material", and in these circumstances no further action was taken apart from an admonitory letter to the firm concerned.

Dirt alleged to be present in confectionery was found to consist of charred sugar, probably due to localized burning of the boiling pan. The sweet had been sucked, and the complainant thought her daughter's subsequent indisposition had some association.

Food Sampling

During the year 1,722 samples were submitted to the Public Analyst for chemical analyses; of this number 141 (8.2%) were reported on adversely, and included the following:—

A sample of sauerkraut with sausage, submitted informally, was found to contain a piece of wooden skewer, attached to one of the sausages. In addition, the label was incorrect as the ingredients of the sausage were not stated. The product was of foreign origin, and the Sales Manager of the importers visited the factory concerned but no indication as to the possible source of contamination was discovered.

Macaroni and veal in savoury sauce manufactured by a well-known firm was reported as having failed to meet the standard as to meat content as recommended in the Report of the Food Standards Committee for Canned Meat Products, published in 1962, wherein a meat content of 35 per cent. was recommended, for this type of product. This recommendation, although having no force in law,

denotes a standard which in the opinion of the Committee, following consultation with interested parties, is a reasonable one to adopt. The matter was referred to the appropriate Ministry as an illustration to the Committee concerned, when further discussions on a standard to be introduced took place.

A sample of vegetable baby food was reported to be deficient in protein, and the description too was misleading. There is no standard for this type of food, but the Analyst was of opinion that the protein content should be higher. The matter was taken up with the manufacturers, who withdrew the product from their range.

Sliced salami enclosed in a synthetic outer casing was found to contain 416 parts per million of zinc. As distinct from the casing, the rest of the sausage contained 20 parts per million, which was within the prescribed limit. The unsuitability of the particular casing was drawn to the attention of the importers, and they immediately took the matter up with their suppliers abroad.

A sample of milk was found to be deficient in solids-not-fat, and the freezing test applied confirmed the presence of water. The bottlers stated that the most likely cause for this adulteration was due to condensed steam in tanks, pipe lines and filler bowls after sterilization, and also from water used to warm up the pasteurizing unit, at the beginning of the run. It was the Company's practice to draw off at the beginning of each run some 10 to 12 churns from the cooler exit and 3 to 5 crates of bottles from each filling machine to avoid such an occurrence. It was assumed that in this isolated instance, insufficient milk had been discharged. In the experience of this Department, a sample of milk containing added water is a rarity these days.

The copper content of a brand of confectionery was found to be slightly in excess of that recommended. The Company concerned made exhaustive tests to find out how this had occurred, but no tangible evidence was forthcoming as to the source of contamination. An assurance was received that the utmost precaution would be employed and vigilance maintained to ensure this did not recur.

As would be expected, the analyses of samples by the Public Analyst covers a wide range of products available to the general public. This, with the increasing importation of goods from foreign parts, produces labels which do not always comply with statutory requirements prevailing in this country. In all cases it is necessary to trace the article back to the importer. During the year, 54 samples were found to have labelling deficiencies, and the necessary action was taken.

On the question of labelling of products generally, the advice of the Health Department is often sought by those intending to market a product, the precise description or words to be used being the subject for discussion. Whilst every endeavour is made to assist the enquirer, it is always made clear that the advice given is based upon an interpretation of the regulations by your officers only and cannot be considered as in any way implying that the same interpretation will be accepted by the officers of any other local authority.

Milk (Special Designation) Regulations, 1963 (as amended)

The City Council is responsible for the granting, on application, of Dealers' Licences in relation to pre-packed milks sold under the special designations "Untreated", "Pasteurized" or "Sterilized". As from 1st October, 1965, the Regulations were amended to include the new special designation "Ultra Heat Treated".

No applications were received in respect of this designation before 31st December, 1965.

"Ultra heat treated milk" is a long-lasting milk which preserves the basic constituents of fresh cows milk and, it is claimed, is indistinguishable in quality from "Pasteurized" milk. Kept in its unopened container, it remains fresh for several months and it is unaffected by extremes of temperature. Storage under refrigeration is not necessary, but once the container is opened, the milk behaves like ordinary milk.

A Dealer's licence permits the sale of milk both inside as well as outside the area of the licensing authority.

The numbers of Dealer's licences current at the end of 1965 were:—

Pasteurized	..	..	345
Sterilized	..	..	237
Untreated	..	..	31

Milk and Dairies (General) Regulations, 1959

Under these Regulations a local authority shall keep a Register of persons carrying on the trade of distributor of milk at or from premises within their district.

At 31st December, 1965, 405 distributors of milk were entered in the Council's records.

Examination of Milk

During the year, eight samples of milk were submitted for methylene blue and phosphatase tests, all of which were satisfactory.

Milk Supplies—*Brucella Abortus*

Brucella Abortus is the organism associated with contagious abortion in cattle, and its transmission to man occurs through drinking raw milk. As almost the entire supply of milk sold and consumed in Westminster is heat-treated, no tests to determine the presence of this organism were carried out during the year.

Food Poisoning

During the year, 159 cases of persons suffering from food poisoning or suspected food poisoning came to the attention of the Health Department. Of this number 24 were individual cases.

Seven persons were ill some 5 to 10 minutes after consuming a steak and kidney meal and the evidence pointed to metallic poisoning. A vomit specimen revealed traces of zinc and it is believed that a member of the family may unwittingly have placed some unidentified substance in the stewing saucepan.

Three persons were reported as suffering from food poisoning after having eaten canned pâté de Foie Gras; *staphylococcus aureus* was isolated from one stool specimen. Phage typing confirmed the organism as the one causing the food poisoning, and the evidence suggested that this was present in the tin before opening.

A husband and wife became ill after eating deep frozen chicken at home. The symptoms were suggestive of staphylococcal intoxication and it is interesting to note that the wife had been found to be carrying a *staphylococcus aureus* organism associated with food poisoning during the investigation of an outbreak the previous year.

Four persons became affected with acute gastro-intestinal symptoms after consuming a meal consisting of stewed steak and potatoes in a restaurant. A sample of steak taken several days after the occurrence was positive for *Clostridium welchii*, and it appeared that this organism had survived the initial stage of the cooking process. Instructions were given to the proprietor regarding the importance of temperature control in preventing the multiplication of organisms in cooked meat dishes.

Orange sauce used with roast duckling was believed to be the vehicle infecting five persons who were ill. The symptoms suggested *Clostridium welchii* which was supported by bacteriological reports on faecal specimens from three of those affected.

Six persons after eating a meal which included shepherd's pie, complained of diarrhoea and abdominal pain. Four were found to be excreting *Clostridium welchii* organism. It is probable that his organism with its resultant toxin, survived the cooking process.

Between eight and twenty hours after a dinner at a restaurant, some 70 persons were taken ill out of 780 people who had attended. Three specimens positive for *Clostridium welchii* were obtained. No food remained from the suspected meal, but a thorough investigation was undertaken at the premises concerned, without conclusive results.

A brother and sister taken ill with symptoms of vomiting and diarrhoea were found to be suffering from salmonella typhimurium infection. The children had recently returned home from holiday, and it was believed that infection was probably contracted before leaving the holiday address. The Medical Officer of Health for the area concerned was informed, but the origin of the infection was not determined.

Fourteen members of a hospital staff were ill with vomiting and diarrhoea after a meal which included cold roast beef. *Salmonella Panama* was isolated from a faecal specimen, and it is possible that the large size of the beef joints used may have allowed survival of pathogens or toxins.

Nine members of a day nursery staff were affected with symptoms associated with food poisoning. Faecal specimens from those affected disclosed the presence of *Salmonella Heidelberg*, but the origin of the infection could not be determined.

Thirteen persons were involved in three separate occurrences over a period of three days in which the food consumed was barbecued chicken. The evidence suggested that a non-specific organism of unknown origin had gained access to the equipment in use, and the temperature and time factor involved had given rise to a heavy growth of this organism with the resultant toxin.

Statistics relating to these outbreaks, and the causative agents, where discovered, are given in Table 26, page 63.

Disposal of Unsound or Unsaleable Food

Due to the concentration of restaurants, shops, canteens, etc. in the City of Westminster, a large amount of unsound food is annually collected for disposal. Much of this comes from Covent Garden where surrender of fruit and vegetable produce involves daily visits by a public health inspector.

Under Section 73 (1) of the Public Health Act, 1936 a local authority may undertake the removal of trade refuse, from premises within their district, and having so undertaken shall at the request of the occupier remove such trade refuse. Westminster has entered into such an undertaking.

Schedule 11, Part II (7) of the London Government Act, 1963 states that any person who has in his possession or under his control any article of food which is unsound, unwholesome or unfit for human consumption, may, by notice to the local authority, specifying and identifying the article, request its removal as if it were trade refuse.

By Statute, a public health inspector has the right to seize, and a Magistrate the authority to condemn and order the destruction of, unsound food. Whilst no provision is made in the Food and Drugs Act to authorize the voluntary surrender of unsound food, and the issue of certificates of unsoundness, this procedure has long been established and accepted. The Inspector's role is often that of independent arbitrator, and his decision is normally accepted by both parties. By arranging for the removal and destruction of such foods at the City Council's Depot at Gatliff Road, it is ensured that none goes astray and is used for human consumption. In order to indemnify the City Council against any liability in respect of food voluntarily surrendered the person making the request is required to do so in writing on a form giving all relevant particulars of the articles being surrendered, and to sign it.

During the year, approximately 170 tons of foodstuffs were voluntarily surrendered for disposal.

Pharmacy and Poisons Acts, 1933 and 1941

At the end of the year the names of 180 traders were on the Council's lists of persons entitled to sell poisons included in Part II of the poisons list, the number of premises concerned being 211.

Rag Flock and Other Filling Materials Act, 1951

Under the provisions of this Act, various types of premises concerned with the upholstery trade or with the provision of materials for that trade must be registered or licensed with the local authority.

At the end of the year, 24 premises were on the register; one licence was issued for the use of premises for storage purposes.

Fertilizers and Feeding Stuffs Act, 1926

Under the London Government Act, 1963, the City Council assumed, as from 1st April, 1965, responsibilities under this Act and under the Fertilizers and Feeding Stuffs Regulations, 1960 and the amending regulations of 1962 and 1964. Prior to these duties devolving upon the City Council, only one premises within their present area of jurisdiction was visited periodically for sampling purposes and during the year under review no samples were taken.

Slaughter of Animals

There are no slaughterhouses in Westminster, but in the grounds of the Zoological Society of London for many years there has been a knacker's yard, licensed by the Council, where animals are slaughtered for feeding purposes. The renewal of the necessary licence was effected during the year.

Applications are received from time to time from the Royal Society for the Prevention of Cruelty to Animals for the issue of Slaughterman's licences to probationary inspectors to enable them to commence training as slaughtermen. The licences are necessary in order that the Society can give the inspectors concerned training and instruction in modern methods of humane slaughter. Eleven licences were issued during the year.

Diseases of Animals Act, 1950 and Other Acts Relating to Animals

By arrangement with the City Council the Corporation of the City of London acts for them on an agency basis in connection with duties under the Diseases of Animals, Riding Establishments, Performing Animals, Pet Animals and Animal Boarding Establishments Acts where veterinary services are involved. Officers of the Corporation undertake routine inspection of animals in transit and inspections for licensing purposes under the Riding Establishments Act, together with inspections specifically requested by the Medical Officer of Health of Westminster. All other necessary inspections are made by the public health inspectors. The Corporation issue any notices and advertisements which may be required under those Acts but licensing and registration of residents or premises in Westminster is undertaken by the City Council.

Disinfestation—Vermin—Insect Pests

This work is carried out from two centres, Lissonia and Wedlake Street Medicinal Baths, Kensal Road, by a staff of five disinfectors who also deal with disinfestation.

The insecticide used generally is composed of Kerosene with 10 per cent. D.D.T. and 0.1 per cent. pyrethrins and for specialized treatments, proprietary insecticides, fluid or powder, of either dieldrin, pybuthrin, malathion, gamma BHC, chlordane, lindane, or other formulation, to suit the type of infestation.

It is upon the skill and experience of the operators that insect disinfestation depends for the best results, particularly in domestic premises where the residents' personal possessions require careful handling.

In business premises where insect control is a matter of routine maintenance, it is advised that a service firm be employed.

During the year, 965 rooms were disinfested and articles requiring disinfestation by heat were treated in a large steam disinfector situated at the Wedlake Street Medicinal Baths.

Verminous Persons

The cleansing of persons' baths at Lissonia and Wedlake Street dealt with 1,332 verminous persons: adults 1,007 (men 883, women 124); children 325 (boys 96, girls 229).

Scabies

The two establishments mentioned in the foregoing paragraph treated 247 scabies patients: adults 170 (men 96, women 74); children 77 (boys 27, girls 50).

Impetigo

No cases of impetigo were referred to the Department during the year for treatment.

Disinfection

During the year, 48 rooms, 1,173 articles of bedding and clothing, and 681 books were disinfected.

The Department continued to be asked by residents to certify that clothing intended for despatch to foreign countries, mainly in central and eastern Europe, was free from infection. Disinfection was carried out only when the articles concerned had actually been in contact with infectious disease. Sixty-four certificates were issued indicating that no infectious disease had been reported for at least one month at the premises from which the clothing was purported to have come.

Special Laundry Service

The Health Department operates a service for laundering bed linen and clothing of acutely ill and incontinent or very dirty and verminous old people. In each case a certificate is given by the Medical Officer of Health under the provisions of Section 84 of the Public Health Act, 1936, and the work is carried out by the staff of the Department's laundries at 217 Lisson Grove and at Wedlake Street Baths. During 1965 a total of 5,051 bags each containing about 10 lbs. of soiled linen were collected the contents laundered and returned to the owners.

CORONER'S COURT AND MORTUARY

The Coroner's Court and Mortuary is situated in Horseferry Road, S.W.1. Prior to 1965 it received bodies from the "old" City of Westminster only, to the number of about 280–300 per year.

Under the reorganization of London Government, arrangements were made by H.M. Coroner (Western District) for the mortuary to receive bodies under his jurisdiction from the area of the "new" City of Westminster and from the Royal Borough of Kensington and Chelsea. In anticipation of this increased use, additional post-mortem tables and refrigerated accommodation were provided early in 1965, and the revised arrangements came into operation during March, 1965. The total number of bodies received during 1965 amounted to 1,062, and it is estimated that in a full year the number could rise to some 1,200. Post-mortem examinations rose from 284 in 1964 to 1,049 in 1965. The additional work has been undertaken with only two additional mortuary assistants, the staff comprising a Superintendent, First Mortician, four mortuary assistants and a cleaner. It is to the credit of the Superintendent and his small staff that the Coroner's Court and Mortuary have operated so efficiently and smoothly notwithstanding the increased pressure under which the building and the staff have had to work.

A financial arrangement has been made with the Royal Borough of Kensington and Chelsea in respect of bodies from that borough accommodated in the Mortuary, and the Greater London Council

(which is responsible for the provision of Coroner's Courts) contributes to the City Council's costs in regard to the Coroner's accommodation.

Details of the work undertaken at the Mortuary during the year are set out in Table 28, page 64.

BURIALS AND CREMATIONS ARRANGED BY THE CITY COUNCIL

Under the provisions of Section 50 of the National Assistance Act, 1948, it is the duty of the City Council to cause to be buried or cremated the body of any person who has died or is found dead in the area, if no other arrangements have been made for the disposal of the body.

The Council is empowered to recover the cost of burial from the estate of the deceased, and is eligible to receive payments in respect of the cost of such burial from death grants payable under the provisions of the National Insurance Act, 1946.

Where persons without known relatives die in the City, it is frequently necessary not only to arrange for their burial, but to dispose of the contents of their homes. This is done in consultation with the Treasury Solicitor. Such action is necessary to enable the proceeds to be applied towards the cost of burial and also to avoid rent accruing and to release the accommodation for housing purposes as early as possible.

During 1965, a total of 102 burials or cremations were arranged by the Health Department as follows:—

<i>Burials</i>	at City of Westminster Cemetery, Hanwell	..	..	..	..	..	33
	at Paddington Cemetery, Mill Hill, N.W.7	..	..	..	..	..	19
	at St. Marylebone Cemetery, Finchley, N.2	..	..	..	..	..	3
<i>Cremations</i>	at the City Council's Crematorium, East Finchley	..	..	..	..	..	47

Requests for burial or cremation were received from the following sources:—

H.M. Coroner	..	..	..	..	..	..	..	..	53
Relatives or friends of the deceased	..	..	..	..	..	..	..	..	26
Hospitals in the City	..	..	..	..	..	..	..	..	23

CREMATION—WORK OF THE MEDICAL REFEREE

The Medical Officer of Health is Medical Referee for the Council's Crematorium, which is situated at the St. Marylebone Cemetery, East Finchley. During the year 1,656 certificates authorizing cremation were issued and since December, 1937, when the crematorium was opened, 30,537 cremations have taken place.

PERSONAL HEALTH SERVICES

In July, 1948, as a result of the passing of the National Health Service Act, 1946, the personal health services which had been operated by the Metropolitan Borough Councils since the early 1900s, were transferred to the London County Council.

In April, 1965, as a result of the reorganization of London Government, under the London Government Act, 1963, the personal health services were transferred to the new London Borough Councils, formed in the majority of cases by the amalgamation of two or more boroughs. The City of Westminster is now one of the 174 local health authorities in the country responsible for providing its own personal health services.

The pattern of the services taken over from the County Council has been continued virtually unchanged so far, although an objective examination of the services provided at each of the various Health Department centres which is being undertaken will result in some improvements and better use of available premises and staff. The principal benefit from the local control of these services has been the ability to make innovations to meet local needs, and this will clearly be of prime importance to the residents of Westminster in the years to come.

Care of Mothers and Young Children

Maternal and child welfare services are provided at thirteen centres in Westminster, and a complete list of premises and details of sessions held are set out in Table 29, pages 65 and 66.

All the nursing staff (Centre Superintendents, Health Visitors, School Nursing Sisters, School Nurses, and Clinic Nurses) work from the Maternal and Child Welfare Centres, and the change from control by the County Council to the City Council did not disturb either the staff or the residents of the areas served, and there was no disruption of the services provided.

The Chief Nursing Officer, Miss E. A. Evans, reports as follows on the work undertaken in her section during 1965:—

After some months of experience in the new arrangements, it became clear that a minor reorganization of the senior nursing structure was necessary.

The aim was the integration of the work of supervisory nursing staff and this required three Assistant Nursing Officers acting under the Chief Nursing Officer, who could take part in the administration of Home Nursing, Health Visiting and Day Nursery services. In-service training in Home Nursing duties was arranged for two existing Assistant Nursing Officers and a third Assistant Nursing Officer experienced in Home Nursing and Midwifery was appointed later in the year. All three of these officers hold their Health Visitors' certificate. One midwife and one district nurse were also given special responsibility for routine work in both branches of the service and a responsibility allowance was granted to them, thus creating opportunities for promotion within the service. This re-arrangement has worked satisfactorily with benefit to the sections concerned.

Attention was also paid to the problem of small centres where only two health visitors operate and where relief and replacement is very difficult. It was decided to combine the work of the Middlesex Hospital Centre and Marshall Street Centre so that adequate cover could be arranged for times of sickness and annual leave for both centres.

There were the usual frequent changes in Clinic Nurses and this appears to be the current trend. Young State Registered Nurses move, on marriage or for other reasons, to different areas despite encouragement to stay by the senior nursing staff. Fortunately two clinic nurses decided to take the Health Visitor training and were accepted by Battersea College of Technology and the Institute of Education, London University. They will become valuable members of the team on completion of training because of their previous experience as Clinic Nurses.

Refresher Courses

The pattern of refresher courses followed by the London County Council has been continued and all nursing staff have been kept up to date with new developments.

The Training Council for Health Visitors

This Council has recommended that health visitors undertaking practical work instruction of health visitor students at field level should have special training to do so. Various colleges, Battersea College of Technology (which has now obtained University recognition), the Royal College of Nursing and other colleges recommended by the London Boroughs Training Committee, have provided courses over the year. Two health visitors completed this instruction and have assisted admirably in the training of students. Practical experience is provided in the City for health visitor students from various colleges, bringing stimulation and interest to the training staff.

The City Council has also become a sponsoring authority for the training of health visitors and arrangements are made through the London Boroughs Training Committee. Selection of seven candidates was made early in 1965 to commence a year's training period from October 1965 and the standard of these students has proved to be very high. It is encouraging that the City is able to attract this type of candidate for health visitor training.

School Health Work

Two school nurses carry out the programme of audiology testing of school children in the City's schools. Health Visitors and School Nurses continue to take part in the School Health Service. It is the aim of the Department to allocate the work in the Nursery Schools, Infants Schools, and Junior Mixed Schools to Health Visitors. Their knowledge of the homes and of the parents of the pre-school child and their special training is of immense value to the teaching staff and the medical officer and they should combine in the team to be of help to the child during its first years of school life.

Review of Nursing Services

During 1965 a review of the City Council's nursing services was undertaken, following the receipt of Circular 12/65, 25th June, 1965, from the Ministry of Health. In this circular it was stated that a Standing Nursing Advisory Committee had considered to what extent the nursing team in local authority services could be developed and how its effectiveness could be increased by the employment of professional and non-professional workers to assist them.

Following the review the Council agreed that the Health Department establishment should be amended to include eight Clinic Auxiliaries in place of an equivalent number of Clinic Nurses (State Registered Nurses), thus reducing the number of trained nurses and providing auxiliaries to carry out the many and varied duties at all Centres which do not require persons with the qualification of State Registered Nurse.

The Work of the Health Visitor

Health Visitors continue with home visiting and their other duties, e.g. support of families with problems and families who are failing socially, and co-operation with all other social workers in all branches of the social services. Much of their work in certain areas of the City presents intractable problems, particularly where there is a drifting, moving, population where follow-up work proves very difficult. Social problems abound and the Welfare Centres become focal points where advice is sought by many members of the local community. In some cases it is necessary for the enquirer to be referred to social workers in the Council's service; sometimes problems can be dealt with on the spot or home visiting arranged if this appears to be indicated; many mothers come for reassurance and a sympathetic hearing. Health Visitors with their special training are among the first to know the family and by their continued care and home visiting build up a unique relationship with the family. In addition, there are the complex problems peculiar to the City where many people arrive hoping to remain anonymous, but unfortunately bring their worries with them. Often the Health Visitor by the very nature of her work finds them and guides them to sources of help or deals with the problems herself if this is possible.

There is also the complexity of many nationalities living in the City, with different patterns of culture, and who need special care and intensive visiting to help them settle and to use intelligently the facilities offered. Some of these families need a great deal of support for many months as they find a sophisticated and highly organized community beyond their comprehension. Much work is done by the health visiting staff to bridge these differences with patience and sympathy.

Steady and constant work is also carried out in keeping the register of handicapped children up to date. This gives the latest information available of the number of children who will require special education facilities in the course of time. At the Infant Welfare Clinics the children are examined at regular intervals by the medical officers for the normal milestones of development. The health visitor also advises on general management, feeding difficulties and seeing that the immunization of the children is carried out.

All clinics continue to flourish; one new ante-natal clinic was opened in the Queen's Park Centre, attendances grew and have remained steady. In the Harrow Road centre some ante-natal clinics were closed, due in part to a change of procedure at Paddington Hospital. The Family Planning clinic and the Catholic Marriage Guidance Advice Centre held at Harrow Road are well attended. An extra clinic for mothers of mentally handicapped children was started in the south of the City.

Teaching sessions at all the Centres continued and health visitors arranged film shows and talks as well as following a mothercraft programme. Health education meetings were held every two months.

Staff meetings have been held at intervals throughout the year and talks given by members from other Departments. This proved an important feature in helping field staff to feel part of a team which includes all administrative and clerical staff at City Hall.

Another interesting feature in the work of the Chief Nursing Officer's section of the Health Department is the number of students who visit from all other branches of nursing and social work training and from overseas. Student nurses from the London teaching hospitals are regular visitors. During 1965 a total of 544 students visited the Department. (See Tables 30, 31, 32 and 33, page 67.)

Phenylketonuria

Health visitors undertake urine tests on all babies between the ages of six and eight weeks either at the infant welfare clinics or at the children's homes. Where a phenistix strip gives a doubtful reaction the ferric chloride solution test is carried out. During 1965, 3,126 tests were made and no positive reaction was seen.

FAMILY PLANNING

Sections 22 and 28 of the National Health Service Act, 1946, enable local authorities to provide without charge, family planning advice and treatment, either through their own clinics or by arrangement with the local Family Planning Association, for women to whom pregnancy would be detrimental to health. Under Part 3, Section 63, of this Act, the Westminster City Council allows the Family Planning Association to hold clinics rent free in certain health service premises.

The City Council also grants the free use of some health service premises to the Catholic Marriage Guidance Council and the London Marriage Guidance Council for counselling purposes.

A Family Planning Clinic is run by the City Council at the Maternal and Child Welfare centre at 283A Harrow Road, W.9.

In addition, the Marie Stopes Memorial Foundation provides a domiciliary service to overburdened mothers and others who are unlikely or unable to attend a family planning clinic, and to whom a further pregnancy might well undermine their health and welfare.

Family Planning Sessions, 1965 (City Council Clinic at 283A Harrow Road)

Number of women attending during year	..	185
Total number of attendances during year	..	507
Number of sessions held during year	..	49

Immunization and Vaccination

Immunization and vaccination is available to all children under five years of age either at Welfare Centres or from their general practitioners. Mothers are encouraged to have their children vaccinated against smallpox and immunized against diphtheria, whooping cough, tetanus and poliomyelitis as soon as the child reaches the age where this is considered a necessary safeguard from these infectious diseases.

Immunization is also available for school children up to the age of sixteen years and children who have been immunized during pre-school age receive a protective "booster" injection. Sessions are carried out in the schools.

Arrangements exist for general practitioners to be supplied free of charge with poliomyelitis vaccine for persons up to the age of forty. It is usual for the general practitioner to obtain other immunizing material from the chemist on prescription; the Council pays a fee of 5s. 0d. for each completed record of immunization for any child under sixteen years of age, providing it is sent within three months of the completion of the course.

Supplies of smallpox lymph and anthrax vaccine can be obtained by doctors from the Central Public Health Laboratories, Colindale and a supply of smallpox lymph is kept by the Health Department for distribution to the maternal and child welfare centres. (See Tables 34 and 35, page 68.)

HEALTH EDUCATION

Health Education has been maintained actively in the City Council's Maternal and Child Welfare Centres during the past year. A bi-monthly informal meeting is held in the City Hall where Centre Superintendents or their health education representatives attend under the Chairmanship of the Chief Nursing Officer to discuss new material available and any future projects on health education including National Campaigns organized by the Ministry of Health. Welfare centres are given a monthly health education topic which is developed by means of films, lectures and discussions. One hundred and forty-six films were shown in the welfare centres during 1965.

Special Local Projects:—

- (1) *Oil Heaters*.—A meeting was arranged for the benefit of immigrants in the Paddington area of the City Council. It was held in conjunction with the Mothers' Club at Hallfield Welfare

Centre, where a Fire Prevention Officer from Chelsea Fire Station lectured on the misuse of oil heaters. A display of the latest types of oil heaters and guards available was shown, and the local press were provided with an article on the correct use of these heaters.

- (2) *Developmental Examination of Children*.—Dr. D. Egan of the Greater London Council lectured, with the aid of three interesting films, including one from a recent B.B.C. Television programme, on this important topic of Child Health. This project was arranged in the northern and southern areas of the City and was well attended by local General Practitioners, hospital staff and the Department's medical and nursing staff.

Mothercraft/Parentcraft Classes.—Evening sessions are now being held in three of the City Council's welfare centres where a number of fathers attend and take an active part in the discussions. Further publicity is being arranged for these classes through the City Librarian who has agreed to display posters and notices in the Libraries publicizing such classes.

Translation of Leaflets.—In view of the increasing demand for literature for non-English speaking immigrants, the Health Department has arranged, through the appropriate Embassies in London, the translation of leaflets on infant feeding, phenylketonuria, and venereal diseases, into Spanish, Italian and French.

Home-Safety.—In conjunction with the Public Control Committee, representatives of the Health Department participated in the National Home Safety Conference in London, and meetings of the Area 10 Sub-Committee. Home-Safety advice is given by health visitors and public health inspectors during their normal visits to homes. The Health Department arranges the distribution to its own establishments and to other Departments of campaign material received from the Royal Society for the Prevention of Accidents.

City Council Day Nurseries

There are eight Day Nurseries in Westminster administered by the Health Department, providing accommodation for 450 children. Training facilities are provided at five nurseries, where students are trained for the examination of the Nursery Nurses Examination Board of the Royal Society of Health.

Day Nursery accommodation is provided for children under five years of age where the child has only one parent who has to go to work; where the mother is in poor health and cannot care adequately for her child; where home circumstances are detrimental to the health of the child and where the mother is compelled to go out to work as an economic necessity. In addition to offering free places to severely subnormal children, the City Council has been able to introduce another valuable service by admitting children, who fail to make progress, for a period of observation and assessment. Occasionally, children are admitted at the discretion of the Medical Officer of Health in order to permit professional persons, e.g. women doctors and teachers, to return to their work of national importance.

With each new application a report is made on the family by the Health Visitor and endorsed by one of the Council's medical officers. Families are assessed to pay according to their means when the child is admitted and the circumstances reviewed at regular intervals.

The City Council operates the "family grouping" system at the nurseries and to foster this family atmosphere, staff are encouraged to take their meals with the children.

In April, 1965, the Ministry of Health asked all local Health Authorities to review their arrangements for providing Day Nurseries, particularly in regard to accommodation and staffing ratios.

So far as concerns the accommodation and facilities provided at the City Council's Day Nurseries, some minor improvements were necessary, such as the provision of additional wash hand basins and lavatories. Staffing improvements made as a result of the Ministry's revised proposals were the addition of eight nursery nurses, and eight nursery students. As and when possible 35 nursery assistants will be replaced by Nursery Nurses, thus providing trained staff to improve the day care of children.

In this connection the City Council is recruiting staff in a highly competitive field. The avenues of work open to trained nursery nurses are many and varied—hospitals, schools, local authorities, shipping companies, private employers, and holiday camps all compete fiercely for the available staff. The Whitley Council scales for this category of staff cannot compete with the salaries offered by private employers and the City Council has a constant difficulty in obtaining staff for this valuable work.

Nurseries and Child Minders Regulation Act, 1948

This Act requires the registration by the local authority of premises used as private day nurseries, and of persons who undertake in their own homes, for reward, the minding of more than two children

from more than one household. In addition, the local authority is empowered to impose requirements considered necessary in the interests of the children.

Initially, one of the City Council's medical officers inspects the premises to be used and advises the proprietor of the Council's requirements which include, in appropriate cases, town planning consent and the provision of satisfactory means of escape and fire precautions. On the facts presented, the Medical Officer of Health determines the number of children who can be accommodated and any other special requirements. After registration, periodic inspection by the City Council's officers is undertaken in order to ensure continued compliance with the requirements.

(a) *Private Day Nurseries*

There are 20 registered private day nurseries available to take 528 children of pre-school age. Only a small number of these nurseries accepts children for a full day and provides a midday meal; the majority are open for the mornings or afternoons only.

(b) *Child Minders*

Sixteen child minders catering for 82 children were registered with the City Council by the end of the year.

Voluntary Child Minders

Women who look after one or two children under the age of five years may register with the City Council as voluntary child minders. Before registration the premises are visited by the Health Visitor who ensures that the child minder and the home is suitable; thereafter the Health Visitor maintains general surveillance of the home. The minders are paid a small fee by the City Council for which they are expected to take the children regularly to the infant welfare centres. At 31st December, 1965 there were 62 voluntary child minders on the register, authorized to mind 96 children.

Occasional Creches and Play Groups

The City Council provides nine two hourly occasional creche sessions per week at various maternal and child welfare centres where children of mothers attending clinic activities or hospital appointments are minded free of charge. Children are also accepted on payment of 1s. 9d. per session to allow mothers to go shopping, etc. on their own. Approximately 135 children are minded weekly in this way. In addition, there are a number of play groups open for a few hours a day run by voluntary associations. These fulfil a need for children under five years of age of families who wish to have their children looked after for part of a day, because of overcrowded home conditions or in the interests of the children, thus giving them companionship and the opportunity for play in secure surroundings.

HOME NURSING

(Miss P. M. ADAMS, *Superintendent of Home Nurses and Non-Medical Supervisor of Midwives*)

Under Section 25 of the National Health Service Act, 1946, a local health authority is required to make provision for securing the attendance of nurses on persons who require nursing in their own homes.

Prior to April, 1965, this service was provided in the area of the "new" City of Westminster by three separate District Nursing Associations whose districts were not co-terminous with the new authority. The reorganization of London Government therefore created special problems so far as the home nursing service was concerned in Westminster.

The City Council, after consultation with the Associations concerned, decided to provide a service controlled and administered by the Medical Officer of Health.

The Headquarters of the former Paddington and St. Marylebone District Nursing Association, situated in Sutherland Avenue, Paddington, continued to serve the northern portion of Westminster, whilst a new Centre was opened in April, 1965 in Great Smith Street, S.W.1., to serve the area of the "old" City of Westminster. Residential accommodation is provided at Nos. 90 and 117 Sutherland Avenue for a total of 28 staff.

Home nursing is provided on request from Doctors and Hospitals who prescribe all necessary treatments, drugs and dressings. Patients are visited according to need and treatment ordered. Nursing staff are available from 8.30 a.m. until 9.30 p.m. each day but the bulk of the visits are completed by 6 p.m. All types of nursing care are given and an increasing amount of time is spent in the rehabilitation of patients following severe or disabling diseases. The majority of patients are over 65 years of age when first referred to the service and some need care for many months or years.

A specialized scheme for the care of sick children at home is operated by St. Mary's Hospital, paediatric unit, but the nursing staff is provided by the City Council; at the present time one full time

nurse is attached to the scheme and necessary relief provided during her off-duty periods. The service covers the northern part of the City and extends into adjoining boroughs.

Nursing care for members of the Royal Household is provided by one of the City Council's Home Nurses who is resident in Buckingham Palace Mews, her relief being provided by staff from the Great Smith Street centre. The cost to the Council is reimbursed.

The nursing staff are all trained nurses holding either S.R.N. or S.E.N. qualifications. Specialized training in District Nursing for State Registered Nurses is given by the City Council in association with the Queen's Institute of District Nursing. This training lasts for three or four months and students are required to remain with the City Council for one year on completion of the course. Training facilities have been given to students from County areas who do not run training courses themselves. During the year the City Council participated in an Integrated Scheme for Nurse Training provided by Hammersmith Hospital and Battersea College of Technology which provides girls with a course incorporating State Registration, District Nursing and Health Visiting.

An examination of the nursing structure undertaken during the year led to the appointment of three Home Bathing Attendants and approval for ten additional State Enrolled Nurses to relieve home nurses of some of the less skilled nursing duties. By this means, a reduction will be achieved in the number of State Registered Nurses from 42 to 34. The implementation of this new establishment will be carried out as and when possible due to the retirement or resignation of existing staff. The revised proposals will be somewhat more costly in the long run but will clearly make more efficient use of the trained staff.

The District Nursing Associations have provided a nursing service to the area for nearly 100 years and it is hoped to maintain the interest of voluntary Committees. A City of Westminster District Nursing Association has been formed from members of the existing Associations and held its Inaugural Meeting at 117 Sutherland Avenue, W.9., on 2nd December, 1965. The Association will take a particular interest in the Nurses' Home and provision of amenities for patients and staff. (See Table 36, page 68.)

LOAN OF HOME NURSING EQUIPMENT

Under a scheme for the loan of home nursing equipment, operated as part of the work of the Health Department's Supplies Section, equipment is loaned free of charge to enable patients to be nursed at home who might otherwise have to occupy a hospital bed.

Requests for equipment are received from general practitioners, hospitals, Welfare Department, health visitors, district nurses, social workers, etc. The items dealt with are many and varied, ranging from back-rests to Easi-Carri Hoists and Egerton Beds.

Westminster residents derive great benefit from the service and the Health Department is frequently consulted by general practitioners and hospitals regarding specialized items of equipment which are needed to enable a patient to be nursed at home. Thanks to the happy relationship which exists between the Health Department staff and manufacturers, it is usually possible to obtain within 24 hours any item not held on stock.

The Westminster Division of the British Red Cross Society acts as the City Council's agent and issues on its behalf smaller items of equipment, such as bedpans, urine bottles and waterproof sheeting; the Council is indebted to the Society for their assistance in providing this service.

The loan of home nursing equipment is expanding and there is no doubt that each year the number of items issued will increase as the service becomes even more widely known. Over 600 items are on loan throughout the City at the present time having been issued either by the London County Council prior to 1st April, 1965, or by the City Council since that date. This excludes the smaller items mentioned above loaned by the British Red Cross Society.

The following statistics set out the number of items of equipment issued since 1st January, 1964:—

<i>Period</i>	<i>No. of Items</i>	<i>By Whom Issued</i>
1.1.64 to 31.12.64	287	L.C.C.
1.1.65 to 31.3.65	52	L.C.C.
1.4.65 to 31.12.65	243	Westminster City Council

Incontinence Pads

Under Section 28 of the National Health Service Act, 1946, incontinence pads are provided free and distributed to appropriate patients visited by the District Nurses. The expansion of the scheme has been hampered by the lack of suitable means of disposal at the persons' homes, but plans are being studied for regular delivery and subsequent collection of used pads to centrally placed disposal points. This will permit an extension of the present service.

BATHING SERVICE

The provisions of Section 43 of the London County Council (General Powers) Act, 1953, empowered sanitary authorities to make arrangements for bathing old people at their own request or with their consent. During the year a total of 560 baths were given, 477 to women and 83 to men, under a scheme started in 1954 for bathing old persons at the Lissonia Centre. A trained nurse is employed part-time to supervise the bathing and accompany the old people on the journeys in a Health Department vehicle between their homes and the Centre. In addition, 735 women were bathed in their homes by a woman bathing attendant who is based on the Wedlake Street Centre.

DOMICILIARY MIDWIFERY

The City Council, under the National Health Service Act, 1946, must secure that a sufficient number of certified Midwives are available for attendance on women in their homes.

The domiciliary midwifery service, prior to April, 1965, was provided by the District Nursing Associations and Westminster Hospital. The re-organized service is provided directly by the City Council except for an area in "old" Westminster which is still covered by Westminster Hospital. The midwives provide a comprehensive service of antenatal care in co-operation with the patient's own doctor.

A close liaison is maintained with all Maternity Units in the City with particular attention to the follow-up care for mothers and babies discharged home during the lying-in period (defined as 10 days by the Central Midwives Board). Arrangements for early discharge are made between the hospitals and the City Council early in the patient's pregnancy, thus providing for continuity of care.

Domiciliary cases are provided for Pupil Midwives taking Part II Midwifery Training at Paddington General Hospital, each pupil being seconded to the City Council for three months. Two of the Council's midwives have special approval from the Central Midwives Board to supervise this training (See Table 37, page 69.)

Notification of Defects Apparent at Birth

Congenital defects apparent at birth are recorded on the birth notification card sent to the Medical Officer of Health whether the birth takes place in hospital, at home or in a nursing home.

There was a noticeable decrease in the total number of children notified as having such defects in the year 1965; (50 children as against 85 children in 1964). When the present form of birth notification card was taken into use in 1964 the cards often showed details of neonatal trauma which were not true congenital defects. Even when full allowance has been made for this in the records, the difference is still striking. Details of the types of defects shown are given in Table 38, page 69, from which it will be seen that the major decrease is in the number of children shown as being born with talipes, polydactyly and syndactyly.

Observation Register

Many congenital defects are not discovered at the first examination a baby receives; congenital lesions of the heart are not commonly diagnosed at this stage, nor always is mongolism. Deafness can only be discovered later. With this in mind, all children attending clinics receive regular developmental examinations. In furtherance of this important aspect of child care, the Medical Officer of Health is indebted to Dr. Dorothy F. Egan of the Greater London Council, for her constructive suggestions and her lectures to medical and nursing staff whilst acting as consultant to the Health Department.

In addition to the defects apparent at birth, there are the handicaps which can only later be detected: mental retardation, spasticity, and as has been said, some heart lesions, deafness and visual defects. The Health Department maintains an observation register. This contains the names of all children resident in the City where there are adverse factors in the mother's obstetric history or a family history of such conditions as deafness or blindness, or where there were difficulties in the perinatal or immediate postnatal period. The mothers of these children are encouraged to bring them to the clinics, where, in addition to the ordinary care and advice, a full developmental examination is carried out at the age of six months, one year and two years. At the end of this period, it is usual that defects, if they exist, have become manifest and treatment instituted. Special education can be arranged for those needing it from the age of two years, or, in appropriate cases, admission to one of the Council's day nurseries can be arranged. This is particularly valuable in introducing the child of deaf or dumb parents to an environment in which the child hears and learns normal speech.

The early ascertainment and treatment of handicaps is vital to successful treatment. It is very probable that, in the past, children have been deemed backward or subnormal because of some undetected defect of vision or hearing. Early diagnosis and the provision of hearing aids and suitable

training for deaf children, or early reference to an ophthalmologist for treatment of visual defect can give the children with such handicaps a chance to live and learn normally.

However, the great majority of children whose names are placed on the observation register do not develop handicaps; nevertheless, it is still necessary to watch them carefully for the first two years of life to exclude the possibility. A great volume of work is done in this process of elimination, and the Medical Officer of Health is glad of this opportunity to pay tribute to the clinic staffs who bring such patience and unremitting work to it.

Where more gross physical handicaps exist, the child is usually closely supervised by the hospital. It is from the hospital staff that the Medical Officer of Health can learn of the child's progress so as to be able to meet the need for arranging special schooling. The health visitor maintains contact with the family of the child in hospital; she can be of great help to the parents in accepting the child's handicap and making the best arrangements for dealing with the limitations the handicap will impose.

The Medical Officer of Health also employs the social workers in this field to an increasing extent, particularly when the handicapped child reaches school age.

Mentally handicapped children can be seen at special clinics run by a specially qualified medical officer. Here they are examined and informally assessed and the parents are given help and much practical advice. These clinics are of great value, and the Medical Officer of Health envisages the setting up in the near future of similar assessment and counselling clinics for physically handicapped children, at which all the agencies concerned (general practitioner, hospital doctor, local authority doctor, health visitor, social worker and parents) can meet and work out the best plan for the child's care.

Handicapped Register

This is separate from the observation register, and contains only the names of children with substantial handicaps. These children are examined at intervals in their early years, or if they are in the care of hospitals, reports are requested as to their progress so that some assessment of the type of schooling which will be required can be made. Many of the children will go eventually to special schools, or special units in ordinary schools. Some, however, will be deemed able to attend ordinary schools, and arrangements are being made for a special follow-up of this group.

Medical Examinations

A Senior Medical Officer of the Department acts as the Council's medical examiner. The duties include the examination of new entrants to the City Council's service, members of the staff on extended sick leave and consultation, when appropriate, with their general practitioners.

The Medical Examiner also comments on applications from disabled persons for exemption from parking meter charges and if necessary carries out medical examinations of such applicants.

During 1965 a total of 634 medical examinations were carried out for the following reasons:—

Entrants to the Council's permanent staff	..	..	..	..	..	..	..	522
Extended sick leave	..	..	..	..	..	..	..	37
Disabled drivers' applications for exemption from parking charges	..	..	..	..	..	..	..	75
								634

BLIND AND PARTIALLY SIGHTED PERSONS

As part of the City Council's Welfare Department scheme for providing welfare services for blind and partially sighted persons, 143 examinations were carried out in the Health Department during 1965 for the certification of such persons under the provisions of the National Assistance Act, 1948. A further 21 certificates were accepted from hospitals and other local authorities.

NURSING HOMES

On 1st April, 1965 responsibility for the inspection and registration of nursing homes passed from the London County Council to the London Boroughs and has continued to be carried out by the Health Department under Part 4 of the Public Health Act, 1963, Part 3 of the Mental Health Act, 1959 and the appropriate Regulations made thereunder.

At 1st January, 1965 there were five registered nursing homes in the area of the present City of Westminster taking medical and surgical patients. In addition, one of these homes was registered to take patients suffering from mental illness and three to take maternity patients.

Two non-profit making homes taking medical, surgical or maternity patients, which were previously exempted from registration, were registered by the London County Council under the Nursing Homes Act, 1963, prior to 1st April, 1965.

BOARDING OUT OF T.B. CONTACTS

Arrangements are made by the Health Department in liaison with the Chest Physicians and the Children's Department, for the boarding out of children whose parents are required to undergo hospital treatment for pulmonary tuberculosis and who are unable to make arrangements for the care of their children. Boarding out is also arranged where necessary for segregation during B.C.G. vaccination.

During 1965, four children from one family were boarded out under this scheme.

RECUPERATIVE HOLIDAYS

Recuperative holidays, normally of two weeks duration, are arranged for adults who have been suffering from a medical condition and who, although not requiring special medical and nursing care provided at a convalescent home, would benefit by rest, fresh air and good food at a Recuperative Holiday Home. Expectant mothers and mothers with babies or children under five years are also catered for under this scheme. A small basic charge is made to the patient, but if they are unable to afford this, an assessment is made according to their means. Recommendations for recuperative holidays for schoolchildren are referred to the Inner London Education Authority who bear the cost.

During 1965, the following admissions to recuperative holiday homes were arranged:—

Expectant and Nursing Mothers	..	..	1
Tuberculosis	..	..	4 adults and *4 child contacts under 5 years
Other Adults	..	..	82
Psychiatric	..	..	16
Accompanied children	..	..	15
Unaccompanied children under 5 years	..	..	6 (included 4 marked *)
School children	..	..	64

CHIROPODY SERVICE

The chiropody service, provided under Section 28 of the National Health Service Act, 1946, is available for the elderly, physically handicapped, expectant mothers and children. This is provided at fully equipped clinics in Health Department establishments in various parts of the City and is augmented, largely for the elderly, on behalf of the City Council by the City of Westminster Old People's Welfare Association who operate at their own clinics and by home visiting. Arrangements are also made by the Association for suitable patients to receive treatment at two of their part-time chiropodists' surgeries.

During the year the Health Department's establishment of chiropodists was increased to three full-time units (30 sessions per week) and in December 1965, two additional sessions were opened at the Maternal and Child Welfare Centre, Marsham Street, S.W.1., to help reduce the waiting time for initial and subsequent appointments for patients in the southern part of Westminster. Plans were in hand at the end of the year for expanding the service by opening a special clinic for the handicapped, increasing the number of sessions at established centres and by providing further domiciliary facilities.

On 31st December, 1965, one full-time and six part-time chiropodists were employed by the City Council working 23 sessions weekly; and eight part-time by the City of Westminster Old People's Welfare Association, serving 13 sessions per week, in addition to eight sessions undertaken by private chiropodists.

Details of the number of treatments undertaken in 1965 by the City Council's chiropodists and by the City of Westminster Old People's Welfare Association are set out in Table 39, page 70.

HOME HELP SERVICE

Under Section 29 of the National Health Service Act, 1946, Home Help service is provided when such assistance is required by reason of infirmity, ill health or age of a member of a household, for which a charge, abatable in necessitous cases, is made.

The service in the City is administered from three offices situated at the City Hall, St. Marylebone Town Hall, and the Paddington office at 313/319 Harrow Road, W.9., each being responsible for the areas covered by the former City of Westminster and the Boroughs of St. Marylebone and Paddington respectively. A Home Help Organizer is in charge at the City Hall, and a second Organizer stationed at the Paddington office controls both the Paddington and St. Marylebone offices. Each of the three offices has an Assistant Home Help Organizer and clerical staff.

Two hundred and thirty (156 full-time equivalent) Home Helps are employed throughout the City. Recruitment difficulties abound in the more fashionable areas of Westminster, where the nationally agreed hourly rate of pay for Home Helps is considerably lower than that offered by local residents.

In order to prevent children being taken into care in the absence of the mother and the inability of the father to cope, arrangements are made for a Home Help to visit in the mornings to prepare, and take the children to school or the day nursery, and again in the evening to see to their needs. In addition, special Home Helps are used in the training and rehabilitation of problem families. By guidance, example and advice, these Home Helps play an important part in encouraging parents to improve their housekeeping and domestic affairs.

The service is, of course, mainly devoted to the care of the infirm and for the lonely, handicapped, or aged person a visit of the Home Help is often a vital link with life. The Home Help is able to keep the old or handicapped person under surveillance in case they need medical attention, and to ensure that they have one good meal a day.

Details of the number of cases in which this service was provided during 1965 are set out in Table 40, page 70.

MENTAL HEALTH

(Mrs. R. S. G. PATERSON, *Principal Mental Health Social Worker*)

On 1st April, 1965, the City of Westminster took over from the London County Council the expanding mental health services which were developing through the implementation of the Mental Health Act, 1959. The duties laid upon the local authority are manifold, some obligatory, some permissive, but its main activities spring from Part II, Section 6 of the Mental Health Act and Section 28 of the National Health Service Act, 1946, which empowers the local authority to provide and maintain patients in residential accommodation, appoint mental welfare officers, exercise functions in relation to guardianship and provide ancillary or supplementary services.

The placing of persons under Order in hospital or under guardianship requires medical recommendations and lay application which can be made by the nearest relative. If, however, a relative's signature is unobtainable the application must be made by an appointed mental welfare officer. An authority must therefore appoint welfare officers for this purpose otherwise the obligations of the Act in this sphere cannot be fulfilled.

The authority is also responsible for approving the appointment of medical practitioners who are authorized to sign recommendations under Sections 25 and 26 of the Mental Health Act. The authority's other functions are more permissive and can develop in accordance with the needs of its area.

The day to day activities of the mental health service can be divided roughly into the immediate responsibility of assisting in the arrangements for admission to hospital of acutely mentally sick people and the long-term work of caring for those resident in the community.

The acutely mentally ill require to be dealt with as a matter of urgency and the City Council's mental health social workers (mental welfare officers) are under particularly great pressure in this field. Statistics produced by the London County Council show that a high proportion of all emergencies arising in the area of the old County of London occur within the boundaries of the "new" City of Westminster. There are many reasons for this, but one of the outstanding factors is the very high proportion of people resident in Westminster who are not living in a stable family home. The services for such emergencies must cover 24 hours, seven days a week.

Prior to 1st April, 1965 officers for this emergency service at night and weekends were drawn from the whole of the London County Council's mental health staff and operated on a county-wide basis. The need to provide a similar service within the area of the "new" City of Westminster with the limited staff transferred could have resulted in the breakdown of the Westminster community care service as staff time was of necessity almost wholly taken up with the day and night emergency work. The City of Westminster recognized that an immediate increase in staff was required and five posts of mental health social worker were added to the establishment and recruitment undertaken. By the end of 1965 only two vacancies remained unfilled and thus pressure was eased. The appointment of a City Duty Officer outside office hours (referred to elsewhere in this Report) who deals with all enquiries during these periods has greatly helped the mental health social workers. It soon became apparent, too, that a much better service outside office hours was possible when this was being given by City Council staff who are familiar with the area, are already known to other agencies and able to deal completely with a case or pass on to their own colleagues problems that had not been resolved. Thus, if it is not always possible for the same officer to deal with the case, he is at least able to hand it over to a colleague with whom he will be working in the closest association.

In dealing with the admission of patients to hospital, whether formal or informal, the mental health social worker called on is expected to "take over" the situation. He may not only have to exercise his statutory function of signing an application under Section 29 (three day order), Section 25 (28 day order) or Section 26 (one year's order) but he will also be expected to find a bed in hospital, sometimes

a most difficult task and one which is not statutorily his responsibility. He has to arrange transport, act as an escort and allay relatives' and patient's anxiety as well as coping with the actual problem of the acutely disturbed person. He has responsibilities in respect of patients' children and their property—this can include livestock—so that it will readily be seen that a referral of an acutely mentally ill patient can involve the mental health social worker in many varied and complex problems.

The main catchment area hospitals for the City are Horton and Banstead, both in Surrey about 15 miles away. This in itself adds to the time-consuming nature of hospital admissions.

Community care of the mentally ill and subnormal and severely subnormal patients is the field in which the greatest development can be expected. Each member of the staff has a personal caseload and is responsible for the well-being of the patients in his or her care. Apart from general supportive therapy to the mentally ill, mental health social workers arrange for attendance at out-patient clinics, rehabilitation centres and clubs, and provide introductions to other agencies such as the National Assistance Board and the Ministry of Labour.

An interesting development since 1st April, 1965 has been the increasingly close association of the mental health service not only with other sections of the personal health services but also with other Departments of the City Council, particularly the Children's, Welfare, Housing and City Solicitor's Departments.

No community care service for the mentally ill can be soundly based unless close co-operation exists between the local authority, catchment area hospitals and general practitioners. Regular attendance at Horton Hospital's discharge conferences has already begun and has continued, and in October, 1965 arrangements were made for the mental health social worker staff in addition to attend regularly at the out-patient clinics held by Horton Hospital at Paddington General Hospital. This has resulted in vastly increased co-operation between the local authority and the hospital and is proving of great benefit to the patients, their relatives, and the medical staff and social workers concerned and has in it the elements of a neighbourhood service. Similar arrangements have been made with Banstead Hospital and here increased co-operation is already bearing fruit.

Community care for the subnormal and severely subnormal had been well developed in London under the Mental Deficiency Acts and had continued with increased flexibility under the Mental Health Act, 1959. Work in this field rarely creates the acute problems encountered in the work for the mentally ill, but the continuing needs of such patients and their relatives necessitate long-term support which must be varied in intensity to meet the current situation. No age group is missing from the subnormal and severely subnormal work. Our patients in community care range from infants under one year to patients of fifty or more. It is obvious that many different requirements need to be met. For the parents of children under five, counselling clinics are provided. These are held at maternal and child welfare premises and are staffed by a senior medical officer with special experience and a mental health social worker. Interviews are by appointment and only about four patients are seen in any one session. At the first visit the mother is usually accompanied by her health visitor. The existing clinic at the Harrow Road maternal and child welfare centre has been extended during the year to meet the demand and a new clinic was opened in July, 1965 at Bessborough maternal and child welfare centre to bring this service to the southern part of the City. Through the community care service and close co-operation with the health visitors, a very high proportion of mentally handicapped children in Westminster are known before the age of five years and are seen at these counselling clinics. When, therefore, the problem of their education arises, and the procedures under Section 57 of the Education Act, 1944 (as amended) have to be undertaken for children unsuitable for schooling, assessment examinations are usually carried out by the City Council's medical officers already known to the children and the somewhat complicated legal procedure is explained to the parents by social workers with whom they are already familiar. This eases for parents a difficult period of adjustment.

Whenever possible arrangements are made for the admission to training centres of those children who can benefit from them. Although the City Council has no centres within its own boundaries, neighbouring authorities are co-operating most generously in continuing the previous pattern and only occasionally is there a waiting period before a suitable child can be admitted. Transport is provided for these children and the City Council's mental health social workers keep in close touch with the family and the centres to ensure that Westminster children are receiving proper service. On leaving at 16 years of age patients are transferred to adult centres where they remain indefinitely. These centres have developed recently on industrial lines and are extremely progressive in outlook. A joint holiday for trainees attending London training centres has been arranged for years at St. Mary's Bay Holiday Camp, Dymchurch. This has been continued and the Westminster trainees took part as usual. The Inner London Education Authority bring to the City Council's notice leavers from schools for the educationally subnormal and maladjusted. These boys and girls are placed in community care and valuable help and support is given to help them to adjust to working life and

to cope with their problems in adolescence. Close contact is maintained with the Youth Employment Bureaux. It is usual for such boys and girls to be well integrated into the community by about 18 years and community care is then withdrawn, but consideration is given to each patient and if necessary support is continued indefinitely.

For lower grades of severely subnormal adults community care is never withdrawn and, as the parents age, is intensified. When the home background can no longer provide suitable care, accommodation is sought by the City Council and financial responsibility for maintenance undertaken.

The City Council has taken over the London County Council project for providing a hostel for subnormal young men. This hostel is in course of erection and should be ready for occupation early in 1967.

Under the Ministry of Health Circular 5/52 short-term care for the subnormal and severely subnormal can be provided to meet family crises. The City Council has continued this service and has been able to find places, sometimes with a struggle, for all patients who require such help. Long-term care for severely subnormal children requiring hospital admission is proving difficult on account of the shortage of accommodation in the catchment area hospitals, and the Council has had therefore, to find alternative places while hospital vacancies are awaited. Although the City has no residential accommodation within its own area, it is giving vigorous support to patients of all kinds placed in voluntary homes, and senior members of the mental health team are visiting these homes.

Since the City Council assumed responsibility for mental health services there has been an increase in co-operation with outside agencies, both statutory and voluntary. The service is becoming recognized as part of the general personal health services given by Westminster to its citizens and not as an isolated unit unrelated to general welfare.

The City of Westminster Society for Mentally Handicapped Children had, with the help of the London County Council, established in Paddington the Frances House day nursery for mentally handicapped children. The City Council has continued to provide financial support for this venture and is working very closely with the Society. The City Council's senior medical officer in mental health is a member of the Nursery Committee and acts as its adviser in many specialized matters. The official opening of the Nursery by Lord Grenfell was the first public function in Westminster directly concerned with mental health.

During 1965, the Institute of Social Psychiatry approached the City Council with a view to the development of day centres within its boundaries. Arrangements were made to open such a Centre in accommodation owned by the City Council at No. 1 St. Mary's Terrace, Paddington. Work of adaptation was commenced during 1966 and was still in hand at the time of preparing this Report.

The Salvation Army were anxious to open a nursery in premises in Oxford Street to help mothers of mentally handicapped children when they came to London. The City Council approved the use of the premises for a one-day a week nursery and in April, 1966 this imaginative project was inaugurated. Other fields of co-operation are now being explored with the Salvation Army and it is anticipated that there will be useful developments in the coming year.

The details below give an indication of the volume of work undertaken in these various spheres, but no table of figures can give any picture of the large number of demands made on the mental health team. As mental disorder is no respecter of persons, the mental health service receives requests for help not only from its permanent citizens, but from many temporary residents among whom are people who do not normally require local authority personal health services; and in its future development the mental health service must expand to meet the infinite variety of personal problems that sufferers from mental disorder cannot solve alone.

Mentally Disordered Patients

The total number of patients referred for consideration during 1965 was 821, of whom 440 were admitted to psychiatric hospitals either informally or under Order; 344 were received into community care.

Most of the cases referred who are not admitted to hospital or homes are taken into community care. In some instances, following investigation, no mental health action appears possible or necessary but if required these patients are referred to another appropriate agency or department.

Residential Care

The City Council maintains in residential homes, hostels and other suitable establishments, 42 mentally ill patients and 29 subnormal and severely subnormal patients. Fourteen additional subnormal and severely subnormal patients are the responsibility of this Authority's Children's Department. (See Tables 41, 42, 43 and 44, pages 70 and 71.)

OTHER SERVICES FOR SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS

Day Training Centres for junior and senior trainees

There are 63 Westminster children attending training centres at:—

Fulham Junior	11
Kensington Junior	22
North Kensington Senior	13
Balham	1
Clapham	3
College Park	10
Archway	3

Organized Annual Holiday for Trainees

Every year the trainees are given the opportunity of having a seaside holiday and arrangements were made for ten Westminster children to go to St. Mary's Bay Holiday Camp, Dymchurch, Kent, for two weeks. Where the parents are unable to pay the cost the Council gives the necessary assistance.

Home Tuition

Two patients in community care receive training from a qualified home tutor.

Day Nurseries

Seven mentally handicapped children attend these day nurseries and are seen regularly by one of the Health Department's senior medical officers.

Special Clinics

The number of children attending clinics and receiving help from this necessary specialist service is:—

Harrow Road	45
Bessborough Street	13 (this clinic opened on 2nd July, 1965)

Short-term Care

Arrangements were made for 24 patients to have holidays for varying periods of two to eight weeks. Seventeen were placed in suitable homes and seven in hospitals.

Linnet House—Special Care Unit

It was proposed in November 1965 to adapt existing accommodation at Linnet House Maternal and Child Welfare Clinic, Charlbert Street, N.W.8., to provide a unit for twelve severely mentally handicapped children. It is hoped to complete this project by autumn of 1966.

OTHER SERVICES FOR THE MENTALLY ILL

Day Rehabilitation Centres

Ten Westminster patients attend day rehabilitation centres and receive constructive training and support at:—

Blackfriars	4
Castle Day	2
Crossways	3
Shoreditch	1

GENERAL

Renewal of Guardianship—Section 43 of the Mental Health Act, 1959

The Health Committee accepted guardianship responsibility for one patient on 1st April, 1965 and this was renewed on 1st July. (Prior to April the patient was under the formal guardianship of the London County Council.)

Approval and Re-approval of Medical Practitioners for the Purposes of Section 28

The City of Westminster has the largest number of approved medical practitioners in the London area; during the nine months from April to December 1965 one was newly approved and 32 were re-approved.

SOCIAL WORKERS (HEALTH SERVICES)

(Miss I. J. McFARLANE, M.A., *Principal Social Worker (Health Services)*)

Since April, 1965, the social workers previously employed by the London County Council and the three Borough Councils (except for those engaged on Mental Health) have all been brought into one section of the Health Department under the leadership of the Principal Social Worker (Health Services).

The social workers in this section find that their work falls into six broad categories:—

- (1) School Health
- (2) Families with special problems
- (3) Immigrants
- (4) Old People's Welfare
- (5) Venereal Diseases
- (6) Patients who attend a Chest Clinic

(1) *Social Workers (School Health Service)*

This service, provided under the Education Act, 1944, was originally established by the London County Council.

In co-operation with the Education Officer's Department and the Care Committees, the staff undertake social work with families. They investigate referrals and can offer casework help when children require special treatment or placement. This can be especially helpful to the families of handicapped children; 68 families have been referred during the last six months. Social workers attend special clinics for the investigation of such problems as enuresis, behaviour disorders and failure to make satisfactory physical progress. These conditions are often associated with disturbed home backgrounds. One social worker is concerned with children who are deaf or partially hearing. She attends the audiology clinics and follows up in the home.

Close liaison with general practitioners, hospital staff, school teaching staff and care committees is established so that co-ordination at all levels may promote the general welfare of the school child.

In view of the increasing duties to be undertaken by social workers in connection with handicapped children and also due to the development of the Special Investigation Clinics, extra staff may be necessary. There are at present four special investigation clinics.

(2) *Families with special problems*

Two family caseworkers are employed full-time in the Health Department to visit and help families who by their own inadequacy, or the extent of their problems, cannot manage alone. The problems may include marital difficulties, the care of the children, home management, or the family's inability to accept, or be accepted by, their immediate social environment. It is also hoped that this casework will be preventive in that the unsatisfactory pattern will not be repeated by the children of the families receiving help. Many of the families need intensive and prolonged support but they can often be constructively helped if referred to social workers at an early stage. At present the two caseworkers are visiting 22 families.

(3) *Immigrants* (See separate report, page 43).

There is at present only one social worker whose duties are wholly concerned with Immigrants. The work, however, is extending so much that it is hoped next year to increase the establishment by another full-time social worker.

(4) *Old People's Welfare*

Three social workers are concerned with the multiplicity of needs of old people. They deal with the more complex problems, especially of those who are homebound and who require special facilities. They arrange for the visits of home helps, home nurses and for the assistance of public health inspectors in relation to tenants in unsatisfactory housing accommodation. They also arrange for the loan of nursing equipment where necessary. The social workers are in close touch with the City of Westminster Old People's Welfare Association.

(5) *Venereal Diseases*

Two social workers are employed full-time, one at St. Mary's Hospital and one at the Middlesex Hospital. The latter also does contact tracing in respect of people referred from the Armed Forces of this and other countries. A third social worker is employed half-time at Westminster Hospital and half-time at Hackney Hospital.

In addition to their work of contact tracing, the three social workers are dealing with an increasing variety of social problems encountered in their work.

(6) *Chest Clinics*

There is a social worker at each of the three Chest Clinics. She provides the patient with information concerning the various social services available. She gives casework help when necessary and helps the patient with practical and personal problems. She also provides the chest physician with the social background which is relevant to the patient's treatment.

Already the advantages have been noted of the amalgamation into one department of social workers specializing in such diverse aspects of the work as the problems of the elderly, venereal diseases, the needs of schoolchildren and their families, immigrants, and problem families.

It is now possible for the social workers to see, and often to help or advise, any member of the public requiring social work help in the spheres enumerated above. Increasingly, the public is taking advantage of this consultative help and is using the department as an agency for general social work.

It is considered essential that not only should the staff be suitably trained but also that they should be encouraged to undertake additional training when necessary. In-service training is arranged with other Departments and staff meetings are regularly held.

It is considered that research should be undertaken into social needs and social policy, and this possibility is being studied very closely.

An important part of the work is concerned with teaching. Many social science students from Universities and Colleges of Further Education come to the Westminster Health Department for their practical training for periods varying from two to eight weeks. The social workers are also often asked to give talks about their own work to staff within the City Council and also to staff in statutory and voluntary organizations in Westminster.

CO-ORDINATION

The Co-ordinating Committee consists of representatives from the City Council's Health, Children's, Welfare and Housing Departments; the Inner London Education Authority and the Greater London Council Housing Department. The Chairman is the Medical Officer of Health, the Vice-Chairman is the Children's Officer and the Secretary is the Principal Social Worker (Health Services).

The Committee meets at regular intervals to consider matters of policy and principle, and to review arrangements for ensuring co-operation and co-ordination between the City Council's departments and statutory and voluntary agencies.

At present the activities of the Co-ordinating Committee are confined to families with children, but it is proposed to extend the co-ordinating machinery to deal with all social problems where a number of different agencies are involved or where different forms of help may be required. Intermediate Case Conferences are held regularly, attended by field workers. Close co-operation is maintained with Probation Officers, general practitioners, hospital staff, National Assistance Board officers, N.S.P.C.C., and police, as well as with all voluntary organizations concerned with children.

It cannot be stressed too strongly that the Co-ordinating Committee is an inter-departmental committee and its function is to maintain the vitally important co-operation within the City's services and with other statutory and voluntary bodies. Most of the cases are first brought to the notice of the Committee by the health visitors, but the Housing, Children's and Welfare Departments, and the I.L.E.A. frequently refer families at risk. Field workers in all departments keep each other informed of developments, as they know only too well that unilateral action by someone not in possession of all relevant information may undo much useful work. Everyday co-operation is the essential basis on which successful co-ordination is built.

The Co-ordinating Committee has recently appointed a Working Party to consider the following:—

- (1) Methods of securing the maximum co-operation between departments in providing services for the public;
- (2) The relationship with voluntary organizations; methods of communication with, and utilization of, their services;
- (3) Inter-departmental in-service training;
- (4) The provision of an information service for the public concerning social work within Council Departments and also that provided by voluntary organizations;
- (5) Co-operation with hospitals, especially social work in connection with out-patients and hospital discharges;
- (6) Co-ordination of applications for grants from voluntary funds in order to avoid overlapping.

REPORT OF THE ASSISTANT PRINCIPAL SOCIAL WORKER (IMMIGRANTS)

(Miss I. O. D. HARRISON, S.S.D.)

The amalgamation of the Boroughs meant that the area in which I would be operating was very considerably increased. The "new" City, with the exception of the Paddington area, does not have heavy concentrations of working class immigrants but, on the other hand, there are isolated pockets of non-English people, including those of dark colour, scattered throughout. These pockets include

people who are long standing immigrants and those who are second and third generation children of immigrants, as well as members of their families who have more recently come to England to join them. Among these are people of middle socio-economic groups such as business men, shopkeepers, restaurateurs and other people of substance. A number too do not originate from the Commonwealth.

At the time of the amalgamation, and indeed throughout the year, I was unable to make more than a scant survey of the area which is the "new" City of Westminster as I was already fully extended by the demands of the "old" Paddington area. This meant that I was too fully occupied to foster relationships with all of the people I should have liked, or to take sufficient time to absorb the atmosphere, as I had been able to do when I joined the staff of the Paddington Borough Council. Therefore, in this Report I do not feel qualified to comment in any detail on problems that may exist among non-English people in the area which was new to me.

Nevertheless, through my membership of Regional and National Committees and work in the past I was already known to many people of the statutory and voluntary organizations in the district, and I found that others became aware of my existence and proceeded to get in touch, although the greater proportion of problems with which I was able to deal were still in relation to people or situations in the Paddington area.

It is possible that the City of Westminster contains more employers of labour than any other London Borough, including as it does the various Government Departments and large commercial companies' headquarters, departmental stores and fashion houses, restaurants and entertainment industries as well as thousands of employers of small groups of labour, such as owners of small shops and cafes. Immigrants who are concentrated in the dormitory areas of London, including Paddington help considerably to feed the employment fields described.

It is not surprising, therefore, that since I have had the additional responsibility for the new borough, referrals from employers have dramatically increased. Several employers have referred workers who have problems with which it is felt that I can assist, and others have themselves approached me for guidance over difficulties which have sometimes arisen in their organizations involving non-English people, including misunderstandings between the different ethnic groups.

As most people spend over half their waking lives at work, the attitude of immigrant workers towards indigenous workers, and the indigenous peoples towards them, will be conditioned to a large extent by what happens while at work. This surely means that it is in the work environment that the foundation of mutual understanding can sometimes best be fostered. It is in this area too that resentments between the two groups are sometimes evident, especially if there is any question of changes or retrenchment.

The importance of enlisting the co-operation of employers in playing a part in the overall task of fully integrating non-English people into the community cannot be underestimated, and I have therefore welcomed approaches made to me by employers as a useful development of my work, particularly as it is not always easy to persuade employers to discuss their experiences (or difficulties if any) in inducting and employing overseas workers.

There are many organizations, large and small, who employ immigrant workers very successfully and who take positive steps to help them with problems of adaptation. However, it must also be admitted that prejudice exists to a greater or lesser extent in many employment fields and that there are employers who are unwilling or reluctant to engage coloured workers—a fact sometimes underlined by difficulties experienced in trying to place a coloured young person in employment who has received all of his/her education in this country. There are other employers who employ coloured workers only because white ones are not available.

Organizations equipped with highly skilled personnel departments are often better able to accept the innovation of migrant workers and deal with repercussions which may result. However, there are others who find themselves in some difficulty in handling a situation arising from problems of communication, cultural differences, or resentments of indigenous employees. It is wrong to attribute all problems of this kind to prejudiced management. I am naturally sickened when I am told that "it is the other workers who will not accept a coloured worker"—but it has to be acknowledged that there are fields of employment where employers can be very much at the mercy of prejudiced workers on this particular issue.

Prejudice in the employment field frequently originates from the floor rather than the top. Clear cut non-discriminatory managerial policy may be reflected in the attitudes of workers. Therefore, I am encouraged when I have the opportunity to talk to the workers concerned when difficulties arise as I believe this can be particularly helpful.

While not claiming to have had undiluted success with problems brought to me, it has been gratifying to hear certain employers say how they appreciate the imagination of the City Council in providing the services of an officer who can assist with problems which are still bewildering to them and to the employees.

There will always be resentment and difficulty where the housing shortage necessitates multi-occupation of houses which do not conveniently lend themselves to this purpose, particularly when people of sharply contrasting backgrounds are forced to live in close contact. These difficulties are exacerbated by factors which were explained in some detail in my report of last year.

Houses in the area where immigrants are concentrated continue to change hands frequently, for reasons explained in the last report; there have also been a number of owner occupiers—many of whom were known to me as newcomers when they first moved into the district—who have moved away to what they feel is a more desirable house or neighbourhood. The houses from which they have moved have mostly been purchased by other non-English people.

Unfortunately, cases of friction between landlord, occupiers and controlled tenants have shown little signs of decreasing, particularly where the landlord is a coloured immigrant and the controlled tenant is white. In fact, I am still concerned with problems which were brought to my attention three and more years ago.

It is true that legal machinery exists to deal with persecution and harassment by landlords, but in explanation of the fact that these cases have continued it must be remembered that even the new legislation can be ineffective against behaviour which is motivated by the will to persecute in a petty fashion, or a blank refusal to compromise. Courts can adjudicate only on positive evidence placed before them, and the production of substantiated evidence where the people in question are acutely conscious of the limitation is almost impossible. There are many forms of nuisance which cannot be proved to have been deliberately committed by hostile landlords.

The introduction of the Rent Officer brought hope to exploited tenants, and I welcomed the opportunity of being able to refer to him those people with rent problems which come within this category. During the period covered by this Report it is too soon to evaluate the degree of help which this provision will afford. Nevertheless, very early in the day my attention was drawn to one method employed by an unsatisfactory landlord to avoid this intervention. Knowing that the rents he was charging were exorbitant and also that his tenants would, at this stage, be unlikely fully to understand the function and powers of the Rent Officer, the landlord in question approached them to explain that there was a new Act which meant that rents would be reduced. He then explained that in order to save his tenants the bother of applying for this reduction in the "normal" way he was volunteering to reduce rents right away. Needless to say, the volunteered reduction was considerably less than the one which I would imagine the Rent Officer would make.

Marital and extra-marital problems brought to me have increased. "Londonization" of West Indians, particularly West Indian ladies, proceeds apace. Unfortunately, however, the attitude of certain West Indian men (more especially from the more retarded areas) towards their women has not progressed to the same extent, and is rather akin to that existing in the Victorian era in this country when many husbands expected their wives to be an economic genius in managing the house and also expected to have a separate social life in the way they could if they were bachelors.

I am concerned where there are children in these circumstances because they inevitably suffer from the situation. The Victorian parallel usually ends here because Victorian family life was such that emotional scenes and intimacies between parents seldom occurred with children present, whereas with West Indian families living in limited accommodation they invariably do.

Children of immigrants have to face increasingly difficult problems of adjustment as they grow up and are confronted with situations where their cultural patterns and family loyalties are in conflict with life in this country. Children of non-English speaking groups whose religion imposes a pattern of life which is essentially foreign, experience even sharper clashes of culture than other groups. Nevertheless, these children often receive more sympathy than children of English speaking immigrant families who share our religion. The problems of these children are often underestimated.

It has to be borne in mind that the English spoken by West Indians from rural areas is different in construction and accent from the colloquial English, including terms and expressions that are completely foreign to English people. Therefore, when the child from this environment begins school he has first to become familiar with the language of colloquial English which is completely new to him. This situation must create enormous problems of word misunderstanding and communication. I would not know if, or how seriously, this situation might affect the average child's reception to education, but I, nevertheless, feel some useful research might be undertaken in this connection. Certainly a linguistic handicap can mask intelligence.

There has been an increase in the number of immigrant parents who have approached me because they are worried about the behaviour of their children who are in their 'teens. It could be that there is now a larger proportion of children of immigrants in the teenage groups rather than that problems within this group are increasing. On the other hand, it might be that it is now known that my area includes the Soho district, as among these parents have been those concerned that their children, together with other teenagers, are keeping very late hours because they are frequenting the Soho area where clubs for young people appear to be mushrooming. These clubs are popular in the way that local youth clubs are not.

The little time that I have as yet been able to devote to this district has been sufficient for me to be alarmed at the way in which it appears to have become an area for teenage "night life" activity. While without more knowledge I could not say that these discotheque type clubs are bad, I still maintain that it cannot be other than harmful for young people, at the age when they start out to earn their living, to be encouraged to attend clubs especially for them which proudly announce that they stay open very late and even all night.

It is recognized that young people are approached in clubs and cafés known as London's night life by those who try to persuade young people to become drug "pushers" and "takers". Because the general public appear to have made up their minds that people from overseas are more concerned with drug taking than others, young people who are coloured are particularly vulnerable to approaches of this kind. Many parents who have discussed their children with me are apprehensive about this.

As a result of recommendations in the Government White Paper "Immigration from the Commonwealth" (August 1965) the National Committee for Commonwealth Immigrants was set up by the Prime Minister in September, with the Archbishop of Canterbury as its Chairman. Its function is "to promote and co-ordinate on a national basis efforts directed towards the integration of Commonwealth immigrants into the community".

The Committee also is to encourage and assist with the setting up of voluntary liaison committees in areas with concentrations of immigrants and to assist with training of full-time officials to serve them.

The Committee is comprised of experts in their particular field drawn from all over the country. Specialized advisory panels (also comprised of nationally drawn experts) have also been formed to advise the Committee (and through the Committee the Government) on problems involving Commonwealth immigrants which are concerned with Health, Housing, Education, Employment, Children's Problems, Legal Problems, and Social Work Training. Dr. J. H. Briscoe-Smith, Medical Officer of Health, is a member of the Advisory Panel for Children's Problems, and I have been invited to be a member of the Social Work Training Panel.

In paying tribute to the work done by existing liaison committees, the White Paper urged the setting up of further committees in areas with concentrations of immigrants. (The City of Westminster has the Westminster Overseas Committee, with Westminster City Councillors among the members, which was first formed in the Paddington area in 1956.)

The promotion of these committees and also the fact that financial grants are available for the salaries of full-time officers to serve them, has naturally meant there has been an increase in the number of people working in the field of integration, and has brought a wider range of projects to assist with the problems of integration.

Immigrants have specific needs and problems of adaptation which cannot always be met by the formal Social Services. It is appreciated that to meet these needs by introducing new services or extending existing ones, could only serve to arouse hostility against immigrants and their families at a time when so many social needs which also affect indigenous people are unable to be met, for instance, problems of lonely old people.

Therefore, the value of voluntary effort by people of goodwill in this work cannot be overestimated. Nevertheless, despite the work of the voluntary liaison committees that which is done to promote integration by officers working within the local government service remains of great importance. The multiplicity of complex problems and situations concerning immigrants and the indigenous people involved are sometimes only revealed by intimate casework contact with the people concerned and by regular visiting in areas where these take place.

The year 1965, was also significant by the passing of the Race Relations Act (November 1965). It is too soon to comment in this Report on the machinery which is being set up to implement the Act, or on the repercussions arising from the Act.

In closing this Report I would like to pay tribute to the continued co-operation so readily available not only from the members of the Health Department, but also from those of other Departments with whom I am often in contact. Again I must draw attention to the valiant efforts of the staff of the Paddington Citizens Advice Bureaux who are concerned with problems concerning immigrants and whose co-operation is absolutely invaluable. I could not end this Report without also expressing my appreciation for the co-operation I have received from members of the police force, particularly from the Harrow Road Police Station when I have needed to discuss problems which concern us both.

VENEREAL DISEASES

There are five venereal disease clinics serving the Westminster area, situated at the following hospitals:—

Middlesex Hospital, W.1.
St. George's Hospital, Hyde Park Corner, S.W.1.
St. Mary's Hospital, Paddington, W.2.
Westminster Hospital, S.W.1.
St. Paul's Hospital, Endell Street, W.C.1.

Social Workers are provided by the City Council for work at the Middlesex Hospital, St. Mary's Hospital and Westminster Hospital and are engaged on work connected with contact tracing and casework with individual patients.

(See also section dealing with the work of the Social Workers, and Table 45, page 72.)

DENTAL SERVICES

In accordance with Section 25 of the National Health Service Act, 1946, dental services are provided for nursing and expectant mothers and children under five.

This represents approximately 10 per cent of the total authority dental services available in Westminster, the remainder being provided for school children under the Education Act of 1944.

The dental services are available in five dental centres—two in Paddington, two in Marylebone and one in "old" Westminster—and are staffed by one full-time dental officer and seven part-time dental officers, with one full-time dental surgery assistant assigned to each surgery.

In July 1965 a Chief Dental Officer, Mr. R. E. Kean, was appointed by the City Council, who in addition to his administrative duties operates for four sessions weekly at Lincoln's Centre, as a result of which the Council's centres are now fully functional, and provide a comprehensive dental service daily.

SCHOOL HEALTH SERVICE

Section 30 of the London Government Act, 1963, places the responsibility for providing a school health service upon the Inner London Education Authority, and the day-to-day operation of the service in the City is my concern as Principal School Medical Officer. For its efficient and economical working, arrangements were made under provisions in the Act for the joint use by the City Council and the Authority of professional and clerical staff and of premises. The following report to the Inner London Education Authority was submitted in respect of the school health service for the year 1965:—

No major changes have marked the year, since no major change in policy was indicated, save for the scheme of selective dental inspections. (See report on dental services below.)

Nevertheless, some changes in emphasis are evident. One of them is an increasing use of special investigation clinics, which without a doubt, lessen the need for hospital referrals. It is probable also that in many cases, minor behaviour problems are, by early discussion with the child and his parent, prevented from becoming major problems. Each clinic is in the hands of the medical officer for a school or group of schools in the neighbourhood. Every effort is made to secure maximum co-operation with general practitioners. Increasingly children are being referred to their own general practitioners rather than to consultant out-patient departments and there is in consequence a decline in the number of cases referred directly to special departments.

Another development is social work in relation to handicapped children. All recommendations for special schooling are seen by the Principal Social Worker. She or one of her staff makes sure that there is help available to the children and parents for adjustment to the situation. The social worker will keep in touch with the family for as long as necessary, and is responsible for co-ordination with other agencies. This development of the service now extends to the families of children at boarding schools. The social worker visits the family and a full home report is sent to the head teacher of the school. It is intended that the social worker shall keep in close touch with the children at boarding school and provide, where necessary, a close link between the child and his parents.

Families presenting special social and medical problems are assisted by caseworkers in the Health Department. These are usually long-term cases and several members of the family may require expert help for many years.

Increasing use is made of health visitors in infant and junior schools. By this means the Health Visitor who knows the family may continue her general supervision after the child reaches the age of five. She is also able to provide the school medical officer, head teacher and care committee worker with social reports. A scheme of selective school medical examinations is envisaged whereby the health visitor's knowledge of the young schoolchild would be of even greater service.

The B.C.G. programme in secondary schools works smoothly. Efforts are being made to extend the scheme to private schools in the area, but with little success so far. Use is made of the medical suite at the City Hall for pupils whose head teachers do not wish the vaccinating team to go to the school. This is much appreciated by the heads of schools concerned.

There has, so far, been very little demand for tetanus inoculation for children taking up horseback riding. Only three enquiries have been received, and of these, arrangements made for two children were later cancelled. (See Tables 46 and 47, page 73.)

DENTAL SERVICES

In accordance with Section 22 of the National Health Service Act, 1946, dental services are provided for nursing and expectant mothers and children under five.

This represents approximately 10 per cent. of the local authority dental services available in Westminster, the remainder being provided for school children under the Education Act of 1944.

The dental services are available in five dental centres—two in Paddington, two in Marylebone and one in "old" Westminster—and are staffed by one full-time dental officer and seven part-time dental officers, with one full-time dental surgery assistant assigned to each surgery.

In July, 1965, a Chief Dental Officer, Mr. R. E. Kean, was appointed by the City Council, who in addition to his administrative duties operates for four sessions weekly at Lissonia Centre, as a result of which the Council's centres are now fully functional, and provide a comprehensive dental service daily.

The survey carried out by the Chief Dental Officer on his appointment revealed the urgent necessity for the introduction of modern dental equipment in the Council's surgeries, the standard of which is far below that expected by both patients and operators, and might well result in a failure to recruit new blood into the service when a number of the present staff reach retirement age.

In this connection a Working Party on dental equipment has been set up by the I.L.E.A. of which the Council's Chief Dental Officer is a member, and as a result of its recommendations it is hoped in the near future to provide all our surgeries with up-to-date equipment.

The attendances at the Council's Dental Clinics throughout the year continued to show a very satisfactory improvement and it is very gratifying to note a steep decline in the number of teeth extracted and a corresponding increase in conservation. Additionally, the services of a Consultant Orthodontist at Paddington General Hospital have been obtained, and with the increasing awareness of parents of this very important branch of dentistry a wide expansion of this service is envisaged; this undoubtedly will be the case with the remainder of the School Dental Service in order to keep pace with the increasing population and a daily growing demand for dental treatment.

The optional scheme for dental treatment of school children as piloted by the former London County Council Health Divisions 1 and 9, was introduced into the City Council's service during the latter part of 1965. As a result, dental inspections in the schools are now carried out only for the five year old new entrants. The remainder of the pupils are screened by means of an option form presented to parents, requesting them either to use the School Dental Service or alternatively make arrangements for treatment to be carried out by their own dental practitioners.

The results of this scheme are being carefully studied by the Chief Dental Officer of this Council, and the other Inner London Boroughs, and their findings will be published towards the end of 1966.

CHEST CLINICS

There are three Chest Clinics in Westminster situated at the following addresses:—

Paddington Chest Clinic, 14-18 Newton Road, W.2. (BAY 8821).

St. Marylebone Chest Clinic, Town Hall, Marylebone Road, W.1. (WEL 7766).

Westminster Hospital Chest Clinic, 1 Ebury Bridge Road, S.W.1. (SLO 3883).

I am indebted to the Consultant Physician at each of these Clinics for the following reports of their activities during 1965:—

Paddington Chest Clinic—Dr. P. A. ZORAB, *Consultant Physician*

Major improvements during 1965 included the installation of a new X-ray plant, also the provision of a 100 mm. Odelca camera on the ground floor. In connection with the installation of the latter, the waiting facilities for those people attending the clinic for X-ray only have been greatly improved. The cost of the new equipment was in the region of £15,000, the money being provided by the North West Metropolitan Regional Hospital Board.

The work of the clinic continues at a high level as is to be expected in an area with a large number of immigrants from many different countries, many of whose stay will be of short duration. It is, perhaps, of interest, that one case of tuberculosis in an immigrant when followed up by our Health Visitor, led to the examination of 39 contacts of whom 19 were found to require treatment for active disease.

In addition to work aimed at eradicating tuberculosis such as the active B.C.G. campaign which we have and the follow up of Tuberculin positive school children, the clinic continues to handle large numbers of cases of bronchitis, emphysema, asthma, lung cancer and acute inflammatory diseases of the lung. Facilities for investigating all these cases have been considerably improved since our link with Brompton Hospital on 1st January, 1966 whereby I was given beds of my own at Brompton Hospital as a Consultant Physician.

As previously, a considerable amount of research is done at this clinic and we now have a Registrar whose work is only half-time on clinical duties, the other half being recognized and paid for by the North West Board in order to carry out research.

St. Marylebone Chest Clinic—Dr. G. SHNEERSON, *Consultant Physician*

The changes in local authority boundary administration have not affected the work at this clinic which has continued to enjoy the same helpful co-operation from the new authority as it had previously received from the old.

So far as the tuberculosis statistics are concerned the notification figures for 1965 were less than for 1964.

Although there may be somewhat less tuberculosis in the country at large, this tendency is not reflected to the same extent in areas such as Central London where there is a shifting population which includes relatively more susceptible ethnic groups.

Contrary to the general trend elsewhere the number of notified deaths from carcinoma of the lung in 1965 has also diminished; too much significance however should not in my opinion be attached to this isolated finding.

Westminster Hospital Chest Clinic—Dr. P. A. EMERSON, *Consultant Physician*

During the year ended 31st December, 1965, 59 new cases of tuberculosis were notified at this clinic (males—46; females—11; children—2).

The new cases of tuberculosis are referred to us in various ways; by the general practitioners (4 male cases, 1 female case), mass X-ray (7 male cases, 2 female cases), other hospitals and other mass X-ray units outside the area (30 male cases, 12 female cases). Routine examination of 36 home or work contacts of the tuberculous patients were carried out and three cases of tuberculosis found in one family.

The majority of the newly notified cases among males came from the three common lodging houses. Although the mass X-ray unit of the South West London Mass X-ray Service visits these lodging houses regularly in co-operation with the Chest Clinic staff, the usual methods of tuberculosis case finding and control are very difficult to apply to the shifting population of the common lodging houses, in spite of the ready co-operation of the supervisors.

In the City of Westminster we have a very large immigrant population working in the catering trade. This year we again repeated the Survey that we had done two years previously in co-operation with the South West Mass X-ray Unit, visiting the restaurants, cafes, etc., of Soho. This year it is satisfactory to be able to report that no new cases of active tuberculosis were found.

The work of the clinic is not only concerned with tuberculosis in the City of Westminster, but also with all the non-tuberculous chest diseases.

Statistics relating to work carried out at these three Chest Clinics are set out in Table 49, page 74.

LIST OF STATISTICAL TABLES

<i>Table</i>	<i>Title</i>
1	Deaths—according to age-group and sex.
2	Infant Mortality—according to age group and sex.
3	Maternal Mortality.
4	Notifications of Infectious and Other Notifiable Diseases.
5	Tuberculosis—New cases and deaths.
6	Puerperal pyrexia—analysis of causes.
7	Specimens submitted to the Public Health Laboratory.
8	Night and out of office hours Emergency Call Service.
9	Dwelling houses—reason for initial inspection.
10	Dwelling houses—nuisances and unsatisfactory conditions found and remedied.
11	Summary of visits by Public Health Inspectors.
12	Statutory notices served.
13	Rodent control.
14	Chemical examination of water supplied to City of Westminster—average results.
15	Bacteriological examination of water supplied to City of Westminster—average results after treatment.
16	Summary of work carried out by Housing Act inspectors.
17	Unfit premises.
18	Overcrowding.
19	Certificates of Disrepair.
20	Offices, Shops and Railway Premises Act, 1963.
21	Factories—defects.
22	Factories—inspections for purposes of provisions as to Health.
23	Outwork.
24	Estimated percentage of compliance of premises in Westminster with Food Hygiene (General) Regulations 1960, in relation to water supply and provision of sinks.
25	Premises registered for preserving food, or manufacture, storage or sale of ice-cream.
26	Food poisoning investigations.
27	Analysis of legal proceedings.
28	Coroner's Court and Mortuary.
29	Sessions at Maternal and Child Welfare Centres.
30	Clinic services—ante-natal and post-natal clinics.
31	Ante-natal mothercraft and relaxation classes.
32	Child Welfare Centres.
33	Health Visiting.
34	Vaccination of persons under age 16 completed at Welfare Centres and by general practitioners.
35	Smallpox vaccination of persons aged under 16.
36	Home Nursing.
37	Domiciliary Midwifery.
38	Notifications of congenital defects.
39	Chiropody—analysis of treatments.
40	Home Help Cases completed during 1965.
41	Mental Health Service—number of patients referred to City Council during 1965.
42	Number of patients for whom hospital admissions were arranged.
43	Mental Health Service—number of cases in community care at end of 1965.
44	Mental Health Service—number of patients admitted for temporary residential care (e.g. to relieve the family) during 1965.
45	Venereal Diseases.
46	School Health.
47	Tuberculin Test and B.C.G. Vaccination.
48	Dental Services for expectant and nursing mothers and children.
49	Tuberculosis—Care and After Care.
50	List of All Health Department Premises.

TABLE 1.—DEATHS—ACCORDING TO AGE-GROUP AND SEX

Code No.	CAUSE OF DEATH	NET DEATHS AT THE SUB-JOINED AGES OF RESIDENTS (MALE AND FEMALE) WHETHER OCCURRING WITHIN OR WITHOUT THE CITY															
		All Ages		Under 1 year		1 and under 5		5 and under 15		15 and under 25		25 and under 45		45 and under 65		65 and upwards	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	Tuberculosis, respiratory	11	4	—	—	—	—	—	—	—	—	2	1	5	1	4	2
2	Tuberculosis, other	3	1	—	—	—	—	—	—	—	—	—	—	2	—	1	1
3	Syphilitic disease	3	2	—	—	—	—	—	—	—	—	—	—	—	—	3	2
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases ..	7	4	—	—	—	—	—	—	—	1	2	4	1	2	1	1
10	Malignant neoplasm, stomach	26	30	—	—	—	—	—	—	—	2	1	11	4	13	25	25
11	Malignant neoplasm, lung, bronchus ..	132	40	—	—	—	—	—	—	—	1	1	72	15	59	24	24
12	Malignant neoplasm, breast	—	64	—	—	—	—	—	—	—	—	1	—	34	—	29	29
13	Malignant neoplasm, uterus	—	23	—	—	—	—	—	—	—	—	2	—	10	—	11	11
14	Other malignant and lymphatic neoplasms	158	161	—	—	—	—	3	—	—	7	8	64	54	84	99	99
15	Leukaemia, aleukaemia	12	10	1	—	—	—	—	—	1	2	—	4	3	5	6	6
16	Diabetes	4	13	—	—	—	—	—	—	—	—	—	1	1	3	12	12
17	Vascular lesions of nervous system ..	119	183	—	—	—	—	—	—	1	1	2	2	38	23	78	137
18	Coronary disease, angina	371	238	—	—	—	—	—	—	—	9	2	162	40	200	196	196
19	Hypertension with heart disease	7	13	—	—	—	—	—	—	—	—	—	1	2	6	11	11
20	Other heart disease	72	133	—	—	1	—	—	—	2	1	4	6	19	14	47	111
21	Other circulatory disease	57	101	—	—	1	—	—	—	—	—	2	19	8	38	90	90
22	Influenza	3	2	—	—	—	—	—	—	—	—	—	—	—	3	2	2
23	Pneumonia	77	77	4	2	1	1	—	—	—	3	—	13	10	56	64	64
24	Bronchitis	96	39	1	1	—	—	—	—	—	—	—	29	6	66	32	32
25	Other diseases of respiratory system ..	10	13	—	1	—	—	1	—	—	—	—	3	5	6	7	7
26	Ulcer of stomach and duodenum	16	12	—	—	—	—	—	—	—	1	—	3	4	12	8	8
27	Gastritis, enteritis and diarrhoea	6	5	1	—	—	—	—	—	—	—	—	1	1	4	4	4
28	Nephritis and nephrosis	10	9	—	—	—	—	—	—	1	—	1	—	2	7	7	7
29	Hyperplasia of prostate	3	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
30	Pregnancy, childbirth, abortion	—	3	—	—	—	—	—	—	2	—	1	—	—	—	—	—
31	Congenital malformations	16	11	7	5	—	—	1	—	1	—	2	2	4	1	1	3
32	Other defined and ill-defined diseases ..	107	113	28	20	2	—	3	2	4	3	6	7	27	19	37	62
33	Motor vehicle accidents	19	7	—	—	—	—	—	—	2	—	2	1	7	3	8	3
34	All other accidents	40	37	2	1	—	—	1	—	5	1	11	6	12	14	9	15
35	Suicide	43	39	—	—	—	—	—	—	3	2	18	18	18	14	4	5
36	Homicide and operations of war	1	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—
	TOTALS ..	1,429	1,370	44	30	3	5	9	2	19	11	74	64	521	289	759	969
		2,799		74		8		11		30		138		810		1,728	

TABLE 2.—INFANT MORTALITY—ACCORDING TO CAUSE, AGE-GROUP AND SEX

CAUSE OF DEATH	Under 1 week		1 and under 2 weeks		2 and under 4 weeks		1 and under 3 months		3 and under 6 months		6 and under 9 months		9 and under 12 months		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Gastro-enteritis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Atelectasis	5	5	—	—	—	—	—	—	—	—	—	—	—	—	5	5
Duodenal Atresia	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Premature Birth	13	7	—	—	—	—	—	—	—	—	—	—	—	—	13	7
Pulmonary Collapse	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Bronchitis	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Congenital Heart diseases ..	1	—	—	—	—	—	—	—	1	1	1	1	—	—	3	2
Intraventricular Haemorrhage ..	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Intra-uterine Asphyxia	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory Failure	4	1	—	—	—	—	—	—	—	—	—	—	—	—	4	1
Acute Leukaemia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Intra-uterine foetal asphyxia ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Sub-dural Haematoma	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Peritonitis	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Broncho-pneumonia	2	2	—	—	1	1	—	—	2	1	—	—	—	—	5	4
Placental Insufficiency	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Achondroplasia	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pulmonary Haemorrhage	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Acidosis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Cerebral Haemorrhage	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Precipitate Labour	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Asphyxia	2	1	—	1	—	—	—	—	—	—	1	—	—	—	2	3
TOTALS	35	21	1	1	1	1	1	3	4	2	2	2	—	—	44	30
	56		2		2		4		6		4		—		74	
Number of deaths of illegitimate infants included above ..	14		—		—		—		2		—		—		16	

TABLE 3.—MATERNAL MORTALITY

Age	Cause of death
19 years	Fulminating streptococcal septicaemia; (60 hours after delivery) haemolytic streptococcus Group A.
45 years	Heart failure; uraemia; severe haemorrhage following caesarean section; total hysterectomy.
41 years	Hypertension and circulatory failure following caesarean delivery. (All these deaths occurred at Hospitals in Westminster.)

TABLE 4.—NOTIFICATION OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES
— 1965 —

Numbers originally notified Total (All Ages)	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningo-coccal infection	
	M.	F.	M.	F.	Paralytic		Non-paralytic		M.	F.	M.	F.	M.	F.	M.	F.
					M.	F.	M.	F.								
	16	11	11	8	—	—	—	—	452	413	—	—	15	29	1	1
Final numbers after correction																
Under 1 year ..	—	—	3	1	—	—	—	—	21	16	—	—	1	2	—	—
1— " ..	1	—	—	—	—	—	—	—	72	64	—	—	2	4	—	—
2— years ..	—	—	4	1	—	—	—	—	63	58	—	—	5	3	1	—
3— " ..	—	2	—	2	—	—	—	—	68	62	—	—	—	5	—	—
4— " ..	1	1	1	—	—	—	—	—	64	63	—	—	—	2	—	—
5—9 " ..	7	3	2	3	—	—	—	—	142	118	—	—	4	7	—	—
10—14 " ..	4	4	—	1	—	—	—	—	10	8	—	—	—	1	—	—
15—24 " ..	3	—	—	—	—	—	—	—	12	14	—	—	—	3	—	1
25 and over ..	—	1	1	—	—	—	—	—	—	10	—	—	3	2	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages) ..	16	11	11	8	—	—	—	—	452	413	—	—	15	29	1	1

Numbers originally notified Total (All Ages) ..	Ac. pneumonia		Smallpox		Acute encephalitis				Typhoid fever		Para-typhoid fever		Erysipelas		Food poisoning	
	M.	F.	M.	F.	Infective		Post-infectious		M.	F.	M.	F.	M.	F.	M.	F.
					M.	F.	M.	F.								
	5	6	—	—	—	—	—	—	4	2	1	1	2	3	31	42
Final numbers after correction																
Under 5 years ..	1	2	—	—	—	—	—	—	—	—	—	—	—	—	4	11
5—14 " ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	5	—
15—44 " ..	1	—	—	—	—	—	—	—	4	1	—	1	1	—	5	19
45—64 " ..	2	4	—	—	—	—	—	—	—	—	1	—	1	3	3	2
65 and over ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages) ..	5	6	—	—	—	—	—	—	4	2	1	1	2	3	18	34

Numbers originally notified Total (All Ages) ..	Tuberculosis										Other notifiable diseases			
	Respiratory		Meninges & C.N.S.		Other		Total of new cases coming to the knowledge of Medical Officer of Health otherwise than by formal notification.				Original		Final	
	M.	F.	M.	F.	M.	F.					M.	F.	M.	F.
	115	49	—	—	10	12								
Final numbers after correction							Males		Females		Puerperal pyrexia			
Under 1 year ..	2	1	—	—	—	—	4		3		— 131 — 131			
1— year ..	—	—	—	—	—									
2—4 years ..	4	3	—	—	1	—					Ophthalmia neonatorum			
5—9 " ..	3	—	—	—	—	1								
10—14 " ..	4	2	—	—	—	—					1 — 1 —			
15—19 " ..	5	1	—	—	—	1								
20—24 " ..	12	8	—	—	3	2					Anthrax			
25—34 " ..	25	9	—	—	1	5								
35—44 " ..	13	9	—	—	1	2					— — — —			
45—54 " ..	13	5	—	—	1	1								
55—64 " ..	20	4	—	—	1	—								
65—74 " ..	9	4	—	—	1	—								
75 and over ..	3	2	—	—	1	—								
Age unknown ..	2	1	—	—	—	—								
Total (All Ages) ..	115	49	—	—	10	12								

TABLE 5.—TUBERCULOSIS: NEW CASES AND DEATHS

At ages— years			*NEW CASES				DEATHS			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	..	2	1	—	—	—	—	—	—
1—5	..	..	4	3	1	—	—	—	—	—
5—15	..	..	7	2	—	—	—	—	—	—
15—25	..	..	17	9	3	—	—	—	—	—
25—35	..	..	25	9	1	5	—	—	—	—
35—45	..	..	10	9	1	2	2	1	—	—
45—55	..	..	13	5	1	1	3	1	—	—
55—65	..	..	20	4	1	—	4	4	2	—
65 and upwards	..	..	12	6	2	—	4	2	1	1
Age unknown	..	..	6	4	—	—	—	—	—	—
TOTALS	..	..	119	52	10	8	13	8	3	1

* Including all *primary* notifications and also any other new cases of tuberculosis which came to the knowledge of the Medical Officer of Health during the year.

TABLE 6.—PUERPERAL PYREXIA: ANALYSIS OF CAUSES

Cause	Number of cases
Haemolytic streptococcal infection	1
Wound infection (Caesarean section)	3
Genital tract infection	9
Uterine infection	2
Chest infection	2
Salmonella infection	1
Urinary tract infection	2
Breast engorgement	1
Streptococcal septicaemia	1
Perineal infection	1
Unspecified or unknown	108
TOTAL	131

TABLE 7.—SPECIMENS SUBMITTED TO THE PUBLIC HEALTH LABORATORY

Nature of Specimen			Number Examined	Positive Findings	
Nasal, throat and mouth swabs	..	..	284	Haemophilus Influenzae ..	1
				Haemolytic Streptococci ..	21
Faeces	..	..	910	Staphylococcus Aureus ..	8
				Monilia	6
				Shigella Sonnei	64
				Shigella Flexneri	3
				B.Coli 0127	1
				055	1
				0111	1
				026	2
				Salmonella Anatum	1
				Salmonella Derby	1
				Salmonella Heidelberg ..	10
				Salmonella typhi-murium ..	16
Urine	..	..	57	Salmonella typhi	10
				Clostridium Welchii	1
Sputum	..	..	3		

TABLE 8.—NIGHT AND OUT OF OFFICE HOURS EMERGENCY SERVICE—
ANALYSIS OF CALLS MADE TO DUTY OFFICERS

Month 1965	Mental Welfare		Midwives		Welfare		Children's Department		P.H.I.		Miscellan- eous		Total	
	*W.	K.	W.	K.	W.	K.	W.	K.	W.	K.	W.	K.	W.	K.
April	98	109	1	34	15	7	25	6	23	5	56	15	218	176
May	155	137	7	44	19	7	50	11	45	1	89	14	365	214
June	146	135	2	60	30	3	79	18	45	—	86	7	388	223
July	130	143	1	53	22	10	67	21	45	2	86	2	351	231
August	133	180	—	61	11	7	65	11	56	2	92	3	357	264
September	118	143	5	35	13	—	94	25	31	1	91	7	352	211
October	177	200	1	19	20	3	87	18	34	—	100	5	419	245
November	141	133	—	15	28	2	68	17	27	3	91	3	355	173
December	206	157	12	30	26	3	92	23	30	4	119	5	485	222
TOTAL	1,304	1,337	29	351	184	42	627	150	336	18	810	61	3,290	1,959

* "W" refers to calls relating to the City of Westminster.

"K" refers to calls relating to the Royal Borough of Kensington and Chelsea.
The service commenced on the night of 31st March, 1965.

TABLE 9.—DWELLING HOUSES—REASON FOR INITIAL INSPECTION

Complaints	3,878
Routine	1,691
Smoke Control	900
Infectious Disease	378
Underground Rooms	133
Applications for Grants and Loans	215
Housing circumstances	394
Drainage	560
Rodent Control	959
Miscellaneous	401

TABLE 10.—DWELLING HOUSES—NUISANCES AND UNSATISFACTORY CONDITIONS
FOUND AND REMEDIED

Houses, damp, dirty or dilapidated	692
Doors, windows, floors, ceilings, firegrates defective	1,024
Insufficient or unsuitable W.C. accommodation	35
Drains, W.C.s and waste pipe stoppages	166
Drains, W.C.s and waste pipes defective	259
Yard, area and washhouse defects	22
Roofs, gutters and rainwater pipes defective	391
Water supplies absent or insufficient	33
Water cisterns dirty or defective	15
Ashpits, dustbins, etc., insufficient or defective	138
Rubbish accumulations	250
Animal nuisances	5
Miscellaneous	242

TABLE 11.—SUMMARY OF VISITS BY PUBLIC HEALTH INSPECTORS

Aged Persons (to 31st March, 1965)*	..	..	..	950
Clean Air Act	..	..	..	1,796
Drainage and New Developments	..	..	..	10,738
Dwelling Houses (general matters)	..	..	..	15,539
Factories (other than building sites)	..	..	..	735
Food and Catering Premises	..	..	..	1,872
Hairdressers' Establishments	..	..	..	26
Infectious Diseases	..	..	..	1,110
Noise	..	..	..	690
Offices	..	..	..	2,905
Pigeons	..	..	..	67
Rodent Control	..	..	..	1,330
Shops	..	..	..	682
Smoke Observations	..	..	..	386
Town Planning	..	..	..	117
Vermis investigations	..	..	..	252
Other purposes	..	..	..	3,155

* From 1st April, 1965, visiting of aged persons was undertaken by Health Department social workers.

TABLE 12.—STATUTORY NOTICES SERVED

Public Health Acts, 1936/61	..	..	..	255
Public Health (London) Act, 1936	..	..	..	58
Clean Air Act, 1956	..	..	..	298
London County Council Drainage Bylaws	..	..	..	27
London County Council Watercloset Bylaws	..	..	..	4
London County Council (General Powers) Acts	..	..	..	30
Factories Act, 1961	..	..	..	1
Noise Abatement Act, 1960	..	..	..	2
Paddington Borough Council Bylaws—Cleaning of Cisterns	..	..	..	1
Local Bylaws—Artificial Lighting to Common Staircases	..	..	..	8

TABLE 13.—RODENT CONTROL

<i>Complaints:—</i>				
Complaints of rats received	..	..	..	599
Complaints of mice received	..	..	..	648
Total premises involved	..	..	..	1,247
<i>Infestations treated by Council's staff:—</i>				
(Including properties inspected for reasons other than notification)				
Premises rid of brown rats	..	..	..	619
Premises rid of black rats	..	..	..	31
Premises rid of mice	..	..	..	668
Total premises disinfested	..	..	..	1,318
Inspections by Public Health Inspectors and Rodent Officer to such premises	..	..	..	3,398
<i>Notices:—</i>				
Intimation notices served	..	..	..	—
Statutory notices served	..	..	..	—

TABLE 14.—CHEMICAL EXAMINATION OF WATER SUPPLIED TO CITY OF WESTMINSTER—AVERAGE RESULTS

Milligrammes per Litre (unless otherwise stated)

Analysis data	Source of Supply	
	Stoke Newington	All Thames-derived
No. of samples	52	363
Ammoniacal Nitrogen	0.050	0.049
Albuminoid Nitrogen	0.068	0.091
Nitrate	5.6	4.3
Chlorides as Cl.	42	41
Oxygen abs. from Permanganate 4 hrs. at 27° C.	0.72	1.20
Turbidity units	0.1	0.1
Colour m.m. brown 2 ft. Tube Burgess's Tintometer	8	15
Hardness (total)	300	264
Hardness (non-carbonate)	66	68
p.H. Value	7.8	7.6
Phosphate as PO ₄	1.5	1.9
Silicate as SiO ₂	12	10
Sulphate as SO ₄	60	64
Natural Fluoride as F	0.25	0.25
Magnesium as Mg.	5	4
Sodium as Na		
Potassium as K		
Surface active material as manoxol	0.07	0.10
Electrical Conductivity (microhms)	610	560

TABLE 15.—BACTERIOLOGICAL EXAMINATION OF WATER SUPPLIED TO CITY OF WESTMINSTER—AVERAGE RESULTS AFTER TREATMENT

Source of supply	Number of samples	Agar plate count per ml.		Coliform count	E.coli count
		20-24 hours at 37° C.	3 days at 22° C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
Stoke Newington	257	6.5	—	100.0	100.0
All Thames-derived	3,888	7.3	—	99.92	100.0

TABLE 16.—SUMMARY OF WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS UNDER HOUSING ACT POWERS

Premises in course of inspection at end of year	3
Premises inspected	147
Premises where action was deferred	2
Cases where owner proposed to carry out work	6
Informal action taken	6
Management orders made (section 12)	26
Notices served for contraventions of Management Regulations (section 14)	17
Notices served for the provision of amenities (section 15)	20
Notices served for means of escape in case of fire (section 16)	39
Directions given to limit occupation (section 19)	96
Work in progress at end of year	3
Notices under section 14 complied with	22
Notices under section 15 complied with	2
Notices under section 16 complied with	5
Work carried out in default of owner by Council	1
Control orders in operation at end of year	5
Control orders cancelled during year	Nil

TABLE 17.—UNFIT PREMISES

Closing orders made on underground rooms	11 (28 rooms)
Undertakings accepted in lieu of closing orders on underground rooms ..	1 (2 rooms)
Closing orders made on upper parts of buildings and mews premises ..	7 (13 rooms)
Undertakings accepted on upper parts of buildings and mews premises ..	Nil
Closing orders made on whole houses	3 (24 rooms)
Undertakings accepted in lieu of closing orders on whole houses ..	Nil
Closing orders on underground rooms determined when work was carried out	13 (38 rooms)
Closing orders on upper parts and mews premises determined when work was carried out	3 (12 rooms)
Undertakings cancelled when work was carried out	1 (2 rooms)
Closing orders or undertakings cancelled when premises were demolished ..	30 (76 rooms)
Contraventions of closing orders reported	Nil
Legal proceedings taken in connection with contraventions of closing orders ..	Nil

TABLE 18.—KNOWN CASES OF OVERCROWDING

Dwellings overcrowded at end of year	236
Persons dwelling therein	849 units (1148 persons)
New cases of overcrowding noted during the year	44
Persons involved in the new cases	148 units (195 persons)
Cases of overcrowding relieved during the year	91
Persons involved in the relieved cases	291½ units (391 persons)

Note:

The Housing Act 1957 provides that in calculating the number of "units":—

- no account shall be taken of a child under one year old, and
- a child who has attained one year and is under ten years old shall be reckoned as a half-unit.

TABLE 19.—CERTIFICATES OF DISREPAIR

<i>Applications for certificates</i>	
Applications for certificates	1
Decisions not to issue certificates	Nil
Decisions to issue certificates—	
(a) in respect of some defects listed	Nil
(b) in respect of all defects listed	1
Undertakings given by landlords	Nil
Undertakings refused by Council	Nil
Certificates issued	1
<i>Applications for cancellation of certificates</i>	
Applications by landlords for cancellation of certificates	2
Objections by tenant to cancellation of certificates	Nil
Decisions by Council to cancel certificates despite objections	Nil
Certificates cancelled by Council	2

TABLE 20.—OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Category of Premises	Number Registered in 1965	Total Number Registered at 31st December, 1965	Number of Registered Premises receiving a general inspection during the year
Offices	2,582	10,237	1,828
Retail Shops	608	3,357	240
Wholesale Shops, Warehouses	152	782	3
Catering establishments open to the Public, Canteens	172	1,219	49
Fuel Storage Depots	—	1	—
Totals	3,514	15,596	2,120

Analyses of persons employed in Registered Premises by workplace

Offices	257,575
Retail Shops	36,719
Wholesale departments, Warehouses	19,270
Catering Establishments open to the Public	19,482
Canteens	5,563
Fuel Storage depots	9
Total	338,618
Total Males	184,442
Total Females	154,176

Inspections and Contraventions

Inspections of all kinds	3,359
Premises at which contraventions were found	1,111

Accidents

Notifiable accidents	653
Accidents reported and found not to be notifiable	24
Accidents investigated	416
Accident investigations which revealed contraventions	80
Accidents where a contravention may have been a contributory cause	41
Accidents resulting in one or more fatalities	4
Fatalities	5

TABLE 21.—FACTORIES: DEFECTS

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	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	23	19	—	20	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	3	2	—	2	—
(b) Unsuitable or defective	10	8	—	7	—
(c) Not separate for sexes	5	6	—	5	—
Other offences against the Act (not including offences relating to Out-work)	15	13	—	8	—
Total	57	49	—	42	—

TABLE 22.—FACTORIES: INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	755	70	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	3,036	665	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	278	800	—	—
Total	4,069	1,535	3	—

TABLE 23.—OUTWORK

Nature of work	Section 133			Section 134		
	Number of out-workers in August list required by Section 133 (1) (c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel—Making, etc.	2,182	—	—	—	—	—
Household linen	52	—	—	—	—	—
Curtains and furniture hangings	31	—	—	—	—	—
Umbrellas, etc.	5	—	—	—	—	—
Carding, etc., of buttons, etc.	4	—	—	—	—	—
Textile weaving	15	—	—	—	—	—
Total	2,289	—	—	—	—	—

TABLE 24.—ESTIMATED PERCENTAGE OF COMPLIANCE OF PREMISES IN WESTMINSTER WITH FOOD HYGIENE (GENERAL) REGULATIONS, 1960, IN RELATION TO (a) REGULATION 16—WASHING FACILITIES FOR THE USE OF STAFF, AND (b) REGULATION 19—PROVISION OF SINKS FOR CLEANSING OF EQUIPMENT AND FOOD PREPARATION

Type of Premises to which Sections 16 and 19 apply	Number	Estimated percentage of compliance with Regulation 16	Estimated percentage of compliance with Regulation 19
Hotels and boarding houses	700	70	100
Restaurants, cafes and snack bars	1,621	85	90
Grocers and provision merchants	512	95	95
Canteens and clubs	1,499	95	95
Public houses	538	95	95
Confectioners	554	80	50
Greengrocer and fruiterer	188	90	75
Schools, nurseries and hostels	65	100	100
Butchers	140	90	90
Off licences	259	80	—*
Bakers, cake and pastry premises	138	100	80
Chemists	167	80	20†
Fishmongers and poulterers	49	90	100
Coffee stalls	9	100	100
Food factories	14	100	100
Wholesale premises, stores and depots ..	269	85	75

* Not applicable.

† Maximum number requiring facility.

TABLE 25.—PREMISES REGISTERED FOR PRESERVING FOOD, OR MANUFACTURE, STORAGE OR SALE OF ICE CREAM

Ice cream: Manufacture, and/or sale and/or storage	547
Preserved food, etc.	162

TABLE 26.—FOOD POISONING INVESTIGATION

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES	TOTAL	TOTAL
	Number of separate outbreaks	Number of cases notified or ascertained	Number of separate outbreaks	Number of cases notified or ascertained	Notified or ascertained	Number of outbreaks and sporadic cases Columns (1+3+5)	Number of cases Columns (2+4+5)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. <i>S. Typhimurium</i>	—	—	1	2	12	13	14
2. Other <i>Salmonellae</i>	21	21	1	2	3	5	26
3. <i>Cl. welchii</i>	4	85	—	—	—	4	85
4. <i>Staph. aureus</i>	—	—	1	3	—	1	3
5. Other causes	3	13	1	7	—	4	20
6. Cause unknown	—	—	1	2	9	10	11
7. TOTAL	8	119	5	16	24	37	159

TABLE 27.—ANALYSIS OF LEGAL PROCEEDINGS, 1965

			Fines			Costs		
			£.	s.	d.	£.	s.	d.
<i>Public Health (London) Act, 1936 (prior to 1st April, 1965)</i>								
Premises in such a state as to be a nuisance or injurious or dangerous to health—								
	5 cases	..	19	0	0	11	4	0
<i>Public Health Act, 1936 (from 1st April, 1965)</i>								
Premises in such a state as to be prejudicial to health or a nuisance—								
	3 cases	..	6	0	0	8	8	0
<i>Food Hygiene (General) Regulations, 1960</i>								
Offences in connection with sale of "hot dogs"—								
	3 cases	..	58	0	0	6	0	0
<i>Housing Act, 1961. Section 19 (10)</i>								
Permitting new persons to reside in premises when overcrowded—								
	13 cases	..	94	0	0	26	1	0
<i>Housing (Management of Houses in Multiple Occupation) Regulations, 1962</i>								
Failing to comply with notices requiring repairs to premises—								
	41 cases	..	88	0	0	11	11	0
			£265	0	0	£63	4	0

TABLE 28.—CORONER'S COURT AND MORTUARY

Bodies received in the Mortuary on Coroner's Warrants, etc.	..	1,062
Bodies deposited to await burial	.. .. .	7
Inquest cases	.. .. .	272
Non-inquest cases	.. .. .	790
Post-mortem examinations held	.. .. .	1,049
Causes of death in the foregoing:—		
Accidental drowning	.. .. .	1
Found drowned	.. .. .	8
Suicide by drowning	.. .. .	1
Suicide by other means	.. .. .	119
Accidents—		
Street	.. .. .	27
Domestic	.. .. .	44
Others	.. .. .	25
Natural causes	.. .. .	791
Misadventure	.. .. .	7
Murder	.. .. .	3
Miscellaneous causes	.. .. .	36

TABLE 29.—MATERNAL AND CHILD WELFARE CENTRES—SESSIONS HELD AS AT DECEMBER 1965

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
283A Harrow Road, W.9.	Ante Natal Toddlers School dental	Infant Wel. Occ. creche Sewing School dental <i>Evening Clinic:</i> Combined Sess.— I/W, Imm. A/N	Infant Wel. Chiropody Relaxation School dental	Infant Wel. Chiropody Immunisation Home advice Occ. creche School dental	Infant Wel. Ante Natal School dental	Ante Natal Infant Wel. Chiropody Occ. creche Sewing <i>Evening Catholic</i> Marriage Advice	Chiropody Vacc. (Smallpox only) M. & C.W. and School dental (Gas sess. 1st Thurs. in month.) Minor ailments (Doctor's session)	Infant Wel. Ante Natal Chiropody (also evening) Mothercraft Backward child 2nd Thurs. in month. Family planning	Toddlers Ante Natal Chiropody H.V.'s discussion group School dental	Infant Wel. Immunisation and Polio vacc. Chiropody Child guidance School dental
Hallfield, Pickering House, W.2.	School dental	Infant Wel. School dental	Mothercraft	Infant Wel. School dental	Ante Natal School dental (Gas sess. 4th Wed. in month)	Infant Wel. School dental	Marriage Guidance Council M. & C.W. dental	Ante Natal School dental	Toddlers (2nd & 4th). Immunisation (Smallpox and Polio— available 1st and 3rd). School dental	Occ. creche Mothers' Club School dental
Queen's Park, 66 Lancefield Street, W.10.		Home advice group	Infant Wel.	Ante Natal	Immunisation (Polio and Smallpox available)	Infant Wel.	Toddlers	Infant Wel.	Toddlers (Special)	Infant Wel.
Dibdin House, Maida Vale, W.9.		Infant Wel.								
St. David's St. Mary's Terrace, W.2.				Infant Wel.						
Linnet House, Charlbert Street, N.W.8.						Infant Wel.			Toddlers (alternate weeks)	Infant Wel. Discussion Group
217 Lisson Grove, N.W.8.	M. & C.W. School dental Vision	Toddlers (1st, 2nd, 3rd weeks only) Sewing Occ. creche Physio Special investigation <i>Evening</i> F.P.A.	Speech T. Chiropody School dental	Speech T. Infant Wel. Chiropody also evening. School dental	Relaxation and Mothercraft Chiropody School dental	Discussion Group Chiropody School dental	Mothers Group Occ. creche Chiropody Speech T. M. & C.W. and School dental	Infant Wel. School dental	Chiropody School dental Vision	Ante Natal Vision School dental (Gas session 3rd Friday in month)

TABLE 29.—MATERNITY AND CHILD WELFARE CENTRES—SESSIONS HELD AS AT DECEMBER 1965—(continued)

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
St. Marylebone Town Hall Extension, W.1.	School dental	Infant Wel. Vision School dental Evening F.P.A.	School dental	Toddlers (1st, 2nd and 4th weeks only). School dental	Immunisation (Polio and Smallpox available). School dental Special investigation	Infant Wel. School dental	Ante Natal School dental	Sewing Play Group	School dental (Gas session 2nd Friday in month).	Infant Wel. Mothercraft School dental
Middlesex Hospital		Infant Wel.		Infant Wel.				Mothercraft		Infant Wel.
1 Bessborough Street, S.W.1.	Ante Natal	Ante Natal		Infant Wel.	Immunisation (Polio and Smallpox available)	Sewing	Family Planning	Family Planning and evening		Infant Wel. Immunisation (available 1st Friday monthly)
1 Ebury Bridge Road, S.W.1.		Infant Wel.	Infant Wel.	Sewing Occ. creche	Ante Natal Mothercraft		Ante Natal	Sewing Mothers' Club Occ. creche		Infant Wel.
Marshall Street, W.1.		Infant Wel.				Infant Wel. Ante Natal (One session monthly for mothers having home confinement)				Sewing Occ. creche
121 Marham Street, S.W.1.		Sewing Occ. creche		Infant Wel.	Immunisation (Polio and Smallpox available). Chiropody	Relaxation	Ante Natal	Sewing Occ. creche		Infant Wel. Chiropody
40 Alderney Street, S.W.1. (I.L.E.A. School Health Premises)	Dental Speech T. Chiropody	Dental Speech T. Chiropody	Dental Chiropody	Dental	Dental	Dental (2nd Wed. monthly gas session)	Dental Chiropody	Special investigation Orthoptics Chiropody	Dental Chiropody	Dental Vision Chiropody

NOTE: (a) Immunisation and Poliomyelitis vaccination is available at all infant welfare sessions.

(b) Minor ailment sessions are held Monday to Friday from 8.45 a.m. to 10 a.m. at:

Alderney Street,
Harrow Road,
Lisson Grove and
St. Marylebone Town Hall Extension.

TABLE 30.—CLINIC SERVICES
ANTE-NATAL AND POST-NATAL CLINICS

Number of Women in attendance		Number of Sessions held by				Total number of Sessions in Columns 3-6
For Ante-natal Examination	For Post-natal Examination	Medical Officers	Midwives	G.P's employed on a Sessional basis	Hospital Medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1,998	133	376	9	195	263	843

TABLE 31.—ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of Women who attended during the year	(a)	Institutional booked	431
		(b)	Domiciliary booked	13
		(c)	Total	444
2	Total number of attendances during the year			1,996
3	Total number of Sessions during the year			293

TABLE 32.—CHILD WELFARE CENTRES

Number of Children who attended during the year				Number of Sessions held by				Total number of Sessions in Columns (5)-(8)	Number of Children referred elsewhere	Number of Children on "at risk" register at end of year
Born in 1965	Born in 1964	Born in 1960-1963	Total	Medical Officers	Health Visitors	G.P.'s employed on a Sessional basis	Hospital Medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
3,032	2,773	3,134	8,939	1,128	—	638	312	2,078	325	1,998

TABLE 33.—HEALTH VISITING

	Cases visited by Health Visitors	Number of cases
1	Children born in 1965	3,494
2	Children born in 1964	4,282
3	Children born in 1960-63	7,425
4	Total number of children in lines 1-3	15,201
5	Persons aged 65 or over	329
6	Number included in line 5 who were visited at the special request of a G.P. or hospital ..	72
7	Mentally disordered persons.	81
8	Number included in line 7 who were visited at the special request of a G.P. or hospital ..	6
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)..	117
10	Number included in line 9 who were visited at the special request of a G.P. or hospital ..	71
11	Number of tuberculous households visited	18
12	Number of households visited on account of other infectious diseases	51
13	Number of tuberculous households visited, by tuberculosis visitors	888

TABLE 34.—VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1965
AT WELFARE CENTRES AND BY GENERAL PRACTITIONERS

TABLE 1.—COMPLETED PRIMARY COURSES—Number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P.	4	11	5	—	—	—	20
2. Triple D.T.P.	1,225	1,169	110	35	41	8	2,588
3. Diphtheria/Pertussis	—	7	1	—	21	43	72
4. Diphtheria/Tetanus	7	22	13	28	159	94	323
5. Diphtheria	1	—	1	—	5	17	24
6. Pertussis	—	—	2	—	—	—	2
7. Tetanus	—	—	—	—	5	28	33
8. Salk	1	27	4	2	1	—	35
9. Sabin	509	1,578	326	155	344	241	3,153
10. Lines 1+2+3+4+5 (Diphtheria) ..	1,237	1,209	130	63	226	162	3,027
11. Lines 1+2+3+6 (Whooping cough) ..	1,229	1,187	118	35	62	51	2,682
12. Lines 1+2+4+7 (Tetanus)	1,236	1,202	128	63	205	130	2,934
13. Lines 1+8+9 (Polio)	514	1,616	335	157	345	241	3,208

TABLE 2.—REINFORCING DOSES—Number of persons under age 16

	1965	1964	1963	1962	1958-61	Others under age 16	Total
1. Quadruple D.T.P.P.	—	—	1	2	—	1	4
2. Triple D.T.P.	—	872	364	57	116	6	1,415
3. Diphtheria/Pertussis	—	—	1	1	5	5	12
4. Diphtheria/Tetanus	—	232	192	65	1,288	367	2,144
5. Diphtheria	—	—	1	—	108	410	519
6. Pertussis	—	—	—	—	8	—	8
7. Tetanus	—	—	—	—	4	2	6
8. Salk	—	13	20	2	8	2	45
9. Sabin	—	—	2	2	1,301	606	1,911
10. Lines 1+2+3+4+5 (Diphtheria) ..	—	1,104	559	125	1,517	789	4,094
11. Lines 1+2+3+6 (Whooping cough) ..	—	872	366	60	129	12	1,439
12. Lines 1+2+4+7 (Tetanus)	—	1,104	557	124	1,408	376	3,569
13. Lines 1+8+9 (Polio)	—	13	23	6	1,309	609	1,960

D = Diphtheria

T = Tetanus

P = Pertussis (Whooping cough)

P = Poliomyelitis

Salk = Poliomyelitis vaccine

Sabin = Poliomyelitis vaccine (oral)

TABLE 35.—SMALLPOX VACCINATION OF PERSONS AGED UNDER 16 DURING 1965

Age at date of Vaccination	No. Vaccinated	No. Revaccinated
0-2 months	6	—
3-5 months	16	—
6-8 months	22	—
9-11 months	41	—
1 year	1,018	—
2-4 years	351	27
5-15 years	25	101
TOTAL	1,479	128

TABLE 36.—HOME NURSING

1	Total number of persons nursed during the year	2,073
2	Number of persons who were aged under 5 at first visit in 1965 ..	204
3	Number of persons who were aged 65 or over at first visit in 1965 ..	1,094

TABLE 37.—DOMICILIARY MIDWIFERY

Domiciliary Midwives employed by	Administrative and Supervisory Staff			Domiciliary Midwives		
	Whole-time	Part-time	Whole-time equivalent of (2)	Whole-time	Part-time	Whole-time equivalent of (5)
	(1)	(2)	(3)	(4)	(5)	(6)
City Council	—	1	.33	5	1	.5
Hospital Management Committee or Board of Governors ..				3	—	—

Number of Midwives approved as teachers included in above	2
---	---

OTHER MIDWIVES (not included in Table above)

Number practising in the City Council's area (excluding those in N.H.S. hospitals)	78
--	----

PUPIL MIDWIVES

Number of pupils who have completed district training in the area during the year as part of a Part II Midwifery course	Wholly on the district	—
	Partly on the district	16
Number in training at end of year	Wholly on the district	—
	Partly on the district	3

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1965

Number of Domiciliary Confinements attended by Midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by Domiciliary Midwives before tenth day
Doctor not booked (1)	Doctor booked (2)	Total (3)	
39	146	185	278

TABLE 38.—NOTIFICATION OF CONGENITAL DEFECTS

	1964	1965
Anencephaly	3	4
Hydrocephalus and spina bifida	4	1
Mongolism	6	4
Hare lip and/or Cleft palate	3	6
Congenital heart lesions	1	2
Hypospadias	3	3
<i>Limb deformities</i>		
Congenital dislocation of hip	6	2
Talipes	19	8
Congenital amputations	4	2
Polydactyly and syndactyly	13	7
Other defects	18	5
Multiple defects	5	6
Totals	85	50

TABLE 39.—CHIROPODY—ANALYSIS OF TREATMENTS 1965

A. At City Council Clinics:					
Age Group				Number of Treatments	
Children under 5 years	..	..	..	..	1
Children between 5-14 years	..	..	..	..	103
Males between 15-64 years	..	..	..	..	30
Males 65 and over	..	..	..	..	715
Females between 15-59 years	..	..	..	..	294
Females 60 and over	..	..	..	..	4,457
TOTAL				..	5,600
B. City of Westminster Old People's Welfare Association:					
At Clinics and in the surgeries of					
Private Chiropodists	..	..	..	Approx.	7,500
Domiciliary	..	..	..	Approx.	3,500
TOTAL				..	11,000

TABLE 40.

HOME HELP CASES COMPLETED 1965

Area	Aged 65 and Over	Aged under 65					Total
		T.B.	Chronic Sick	Mentally Disordered	Maternity	Others	
Paddington	1,055	9	57	5	25	64	1,215
St. Marylebone	527	3	41	1	12	30	614
Westminster	708	8	38	1	23	101	879
Total	2,290	20	136	7	60	195	2,708
CASES RECEIVING SERVICE AS AT 31st DECEMBER, 1965							
Paddington	666	5	52	3	1	11	738
St. Marylebone	336	2	22	—	—	6	366
Westminster	466	6	25	—	—	11	508
Total	1,468	13	99	3	1	28	1,612

TABLE 41.—MENTAL HEALTH SERVICE—NUMBER OF PATIENTS REFERRED TO CITY COUNCIL DURING YEAR ENDED 31st DECEMBER, 1965

Referred by	Mentally Ill				Subnormal				Severely subnormal				Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) General practitioners	—	—	58	120	—	—	—	1	—	1	—	—	180
(b) Hospitals, on discharge from in-patient treatment	—	—	81	49	—	1	2	—	1	4	—	1	139
(c) Hospitals, after or during out-patient or day treatment	—	—	29	37	—	—	—	1	—	—	1	2	70
(d) Local education authorities ..	1	—	—	—	2	4	7	5	2	1	1	—	23
(e) Police and courts	—	—	47	39	—	—	—	—	—	—	—	—	86
(f) Other sources	—	—	132	174	1	—	1	5	5	1	1	3	323
Total	1	—	347	419	3	5	10	12	8	7	3	6	821

TABLE 42.—NUMBER OF PATIENTS FOR WHOM HOSPITAL ADMISSIONS WERE ARRANGED

SECTION OF MENTAL HEALTH ACT						
Informal	Sec. 25	Sec. 26	Sec. 29	Sec. 136	Sec. 60	Total
87	142	7	187	3	14	440

TABLE 43.—MENTAL HEALTH SERVICE—NUMBERS OF CASES IN COMMUNITY CARE AT END OF YEAR

	Mentally Ill				Subnormal				Severely subnormal				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) (i) Attending day training centre ..	—	—	—	—	—	—	2	2	19	12	16	12	63
(ii) Awaiting entry thereto	—	—	—	—	—	—	—	—	1	—	—	—	1
(b) (i) Receiving home training ..	—	—	—	—	—	1	—	1	—	—	—	—	2
(ii) Awaiting home training ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) (i) Resident in L.A. home/hostel ..	—	—	—	3	1	—	—	1	—	—	—	—	5
(ii) Awaiting residence in L.A. home/hostel	—	—	3	2	—	—	—	—	—	—	—	—	5
(iii) Resident at L.A. expense in other residential homes/hostel	—	—	19	23	3	3	2	4	4	5	—	8	71
(iv) Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	1	—	1
(d) Receiving home visits and not included under (a) to (c)	1	—	75	119	2	3	42	31	11	10	28	16	338
Total number	1	—	97	147	6	7	46	39	35	27	45	36	486

TABLE 44.—NUMBER OF PATIENTS ADMITTED FOR TEMPORARY RESIDENTIAL CARE DURING THE YEAR (E.G. TO RELIEVE THE FAMILY)

Number of admissions	Mentally Ill				Subnormal				Severely subnormal				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
To N.H.S. Hospitals	-	-	-	-	1	-	-	-	4	-	-	2	7
Elsewhere	-	-	-	-	1	2	1	1	4	2	1	5	17
Total	-	-	-	-	2	2	1	1	8	2	1	7	24

TABLE 45.—VENEREAL DISEASES—CASES TREATED 1ST APRIL, 1965 TO 31ST MARCH, 1966*

Hospital	Quarter ended 30.6.65			Quarter ended 30.9.65			Quarter ended 31.12.65			Quarter ended 31.3.66			Totals		
	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals
1. <i>Middlesex Hospital</i> (new Clinic opened 3.5.65)															
(a) Syphilis	18	10	28	23	12	35	41	14	55	25	10	35	107	46	153
(b) Gonorrhoea ..	72	29	101	170	63	233	183	77	260	171	64	235	596	233	829
(c) Other conditions	446	207	653	627	313	940	770	457	1,227	738	392	1,130	1,581	1,369	3,950
Totals	536	246	782	820	388	1,208	994	548	1,542	934	466	1,400	2,284	1,648	4,932
2. <i>St. George's Hospital</i>															
(a) Syphilis	7	3	10	12	1	13	14	—	14	7	2	9	40	6	46
(b) Gonorrhoea ..	39	13	52	63	17	80	48	9	57	57	15	72	207	54	261
(c) Other conditions	229	90	319	231	79	310	241	111	352	254	96	350	955	376	1,331
Totals	275	106	381	306	97	403	303	120	423	318	113	431	1,202	436	1,638
3. <i>St. Mary's Hospital</i>															
(a) Syphilis	44	6	50	45	9	54	66	9	75	46	7	53	201	31	232
(b) Gonorrhoea ..	596	110	706	667	116	783	588	122	710	527	106	633	2,378	454	2,832
(c) Other conditions	1,437	542	1,979	1,497	582	2,079	1,323	485	1,808	1,428	522	1,950	5,685	2,131	7,816
Totals	2,077	658	2,735	2,209	707	2,916	1,977	616	2,593	2,001	635	2,636	8,264	2,616	10,880
4. <i>Westminster Hospital</i>															
(a) Syphilis	12	4	16	5	2	7	13	—	13	5	1	6	35	7	42
(b) Gonorrhoea ..	85	26	111	71	11	82	54	11	65	57	13	70	267	61	328
(c) Other conditions	186	68	254	185	59	244	197	66	263	160	55	215	728	248	976
Totals	283	98	381	261	72	333	264	77	341	222	69	291	1,030	316	1,346
5. <i>St. Paul's Hospital</i> Endell Street (Males only)															
(a) Syphilis	—	—	—	—	—	—	21	—	21	22	—	22	43	—	43
(b) Gonorrhoea ..	—	—	—	—	—	—	224	—	224	242	—	242	466	—	466
(c) Other conditions	—	—	—	—	—	—	537	—	537	544	—	544	1,081	—	1,081
Totals	—	—	—	—	—	—	782	—	782	808	—	808	1,590	—	1,590

* Prior to 1st April, 1965, statistics relating to venereal diseases were produced by the L.C.C. for the whole of the London Area. The figures above, relating to 1st April, 1965—31st March, 1966, have been included as an indication of the work carried out during the period of one year. Future Annual Reports will contain details relating to the calendar year.

TABLE 46.—SCHOOL HEALTH

Estimated school population aged 5 to 14	19,300
Routine medical inspections—Number of children seen	8,796
Special medical inspections—Number of children seen	3,275
Comprehensive surveys—Number of children seen	22,094
Selective health surveys—Number of children seen	10,266
Communicable disease health surveys—Number of children seen	23,162
<i>Vision</i>	
Total number of attendances at vision clinics	4,438
Number of new cases	1,472
<i>Ear, nose and throat</i>	
Total number of attendances at clinics	322
Number of new cases	150
<i>Audiology</i>	
Total number of attendances at clinics	501
Number of new cases	131
<i>Dental</i>	
Total number of attendances at clinics	15,115
Number of new cases	4,992
<i>Audiometry</i>	
Number of children given sweep test	4,359
Number of children given pure tone test	243
Number of children referred to otologist	77
<i>Minor ailments</i>	
Total number of attendances at clinics	4,378
Number of new cases	1,345
Main defects treated:	
Athlete's foot	219
Verrucae	725
<i>Bathing Centres</i>	
Total number of attendances	421
—for vermin and nits	267
—scabies and other skin conditions	100
—for minor ailments	54

TABLE 47.—TUBERCULIN TEST AND B.C.G. VACCINATION

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. *Contacts*

(i) Number of skin tested	570
(ii) Number found positive	350
(iii) Number found negative	220
(iv) Number vaccinated	190

B. *School Children and Students*

(i) Number of skin tested	1,101
(ii) Number found positive	113
(iii) Number found negative	988
(iv) Number vaccinated	988

TABLE 48.—DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN

DENTAL TREATMENT—NUMBERS OF CASES

		Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
		(1)	(2)	(3)
1	Expectant and nursing mothers	166	114	90
2	Children aged under 5 and not eligible for school dental service	392	248	239

DENTAL TREATMENT PROVIDED (Figures refer to number of treatments and not to number of persons.)

		Scalings and gum treat- ment	Fillings	Silver nitrate treat- ment	Crowns and inlays	Extrac- tions	General anaes- thetics	Dentures provided		Radio- graphs
		(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower	Partial upper or lower	(9)
1	Expectant and nursing mothers	72	239	14	—	27	—	9	16	5
2	Children aged under 5 years and not eligible for school dental service ..	6	525	319	—	5	1	—	—	3

NUMBER OF PREMISES AND SESSIONS

1	Number of dental treatment centres in use at end of year for services shown above	5
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	258

TABLE 49.—TUBERCULOSIS—CARE AND AFTER CARE

	Paddington Chest Clinic	Marylebone Chest Clinic	Westminster Hospital Chest Clinic
T.B. patients on Register of Chest Clinics at 31st December, 1965	907	490	827
T.B. Visitors—Visits to homes	1,691	1,255	433
After-Care Work (Welfare Officer):			
Number of patients in receipt of extra nourishment at end of year	30	10	15
Patients assisted for the first time with bed or bedding ..	—	3	—
Patients assisted for the first time with clothing	—	11	—
B.C.G. Vaccinations during the year in accordance with City Council scheme	91	41	58
Rehabilitation Hostels:			
Patients in residence at end of year	—	—	3
Hostels for homeless tuberculous men:			
Patients in residence at end of year	2	—	18
Child contacts boarded out during the year	4	—	—

TABLE 50.—HEALTH DEPARTMENT PREMISES

ADMINISTRATION

City Hall, Victoria Street, S.W.1.
 Paddington Sub-Office, 313/319 Harrow Road, W.9.
 St. Marylebone Sub-Office, Town Hall, W.1.

DAY NURSERIES

1 Bessborough Street, S.W.1.
 37-39 Bloomfield Terrace, S.W.1.
 86 Carlton Hill, N.W.8.
 Katharine Bruce, Queen's Park Court, Ilbert Street, W.10.
 Marylands Road, W.9.
 Portman, 12-18 Salisbury Street, N.W.8.
 St. Jude's, 88 Bravington Road, W.9.
 St. Stephen's, 38-46 Westbourne Park Road, W.2.

MATERNAL AND CHILD WELFARE CENTRES

1 Bessborough Street, S.W.1.
 1 Ebury Bridge Road, S.W.1.
 Hallfield, Pickering House, Hallfield Estate, W.2.
 283A Harrow Road, W.9.
 Linnet House, Charlbert Street, N.W.8.
 217 Lisson Grove, N.W.8.
 Marshall Street, W.1.
 Middlesex Hospital, Cleveland Street, W.1.
 Queen's Park, 66 Lancefield Street, W.10.
 Town Hall Extension, Upper Montagu Street, W.1.
 Westminster Health Society, 121 Marsham Street, S.W.1.

SCHOOL TREATMENT CENTRES

283A Harrow Road, W.9.
 Hallfield, Pickering House, Hallfield Estate, W.2.
 217 Lisson Grove, N.W.8.
 Town Hall Extension, Upper Montagu Street, W.1.
 40 Alderney Street, S.W.1.

CHEST CLINICS

1 Ebury Bridge Road, S.W.1.
 14-18 Newton Road, W.2.
 Town Hall Extension, Upper Montagu Street, W.1.

DISTRICT NURSING

Headquarters, 117 Sutherland Avenue, W.9.
 Southern District Office, 36 Gt. Smith Street, S.W.1.
 Nurses' Home, 90, Sutherland Avenue, W.9.

ENVIRONMENTAL HEALTH PREMISES

Coroner's Court and Mortuary, 65 Horseferry Road, S.W.1.
 Rodent Control Depot, Brydges Place, W.C.2.
 Rodent Control, 313/319 Harrow Road, W.9.
 Bathing Centre, 217 Lisson Grove, N.W.8.
 Disinfecting Station & Medicinal Baths, Kensal Road, W.10.
 Disinfecting Station, Lisson Grove, N.W.8.

MENTAL HEALTH PREMISES

1 St. Mary's Terrace, W.2. (Terrace Day Centre)
 Linnet House Special Care Unit, Charlbert Street, N.W.8.
 Hostel, Lancefield Street, W.10.

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