

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

Contributors

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City of Westminster

THE HEALTH OF WESTMINSTER

1966



City of Westminster

Report of the
Medical Officer
of Health

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Medical Officer of Health and
Principal School Medical Officer
(Inner London Education Authority)

1966

CITY OF WESTMINSTER

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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 during the year 1966.

The local health services have continued to work smoothly and efficiently since the reorganisation of London Government in 1965. Teething troubles were fewer than expected and no major difficulties have arisen. The staff from the four authorities involved in the amalgamation have welded themselves into a team and work together happily as though they had been under a single authority for many years. The review of the services commenced before the present City came into being has been a continuing process, and the aim has been to provide new services and expand old ones as the need arises, not as a result of pressure from unsatisfied demand. New services provided during 1966 included special care units for handicapped children, a day centre for the mentally ill, a sponsored child minder service, and a cervical cytology screening service for the early detection of cancer; extensions of existing services were made by the provision of additional maternal and child welfare and chiropody sessions to meet demand, and the issue of incontinence pads (as an extension of the existing laundry service), to patients who would benefit from their use. Plans for two Health Centres in Westminster are well advanced and will form part of the Hall Place (Edgware Road) Housing development and the more extensive Lisson Green scheme. Fuller details of all the local health services are set out in the pages which follow.

The vital statistics for 1966 are set out on page 7 and reveal certain interesting changes. The actual number of births decreased in 1966 by 301 from the previous year; the number of illegitimate births decreased by 57, but the proportion of illegitimate live births expressed as a percentage of total live births remained constant (18.57% compared with 18.59% in 1965). A more significant factor, however, was that the death rate of illegitimate infants per 1,000 illegitimate live births was almost double the previous year—41.29 compared with 21.77 in 1965 and more than double the death rate of 18.49 per 1,000 live births for legitimate children under 1 year of age, a figure which has hardly changed since last year.

In my introduction to my last Annual Report I drew attention to the large number of illegitimate births which were occurring in Westminster, and the alarming number of stillbirths and early neo-natal deaths occurring in the pregnancies of unmarried mothers. In March 1966 a report on this matter was presented by the Medical Officer of Health, the Director of Welfare and the Children's Officer to the Health, Welfare and Children's Committees. The respective Committees agreed that a research study should be undertaken by one of the Council's social workers into the problems which confront unmarried mothers in Westminster and the services which are available to help them. This study was carried out during July—November 1966 by a well-qualified Senior Social Worker in the Health Department who had had previous experience as a medical social worker in various hospitals and who had also worked for a period as a research assistant in a commercial organisation. Several very interesting facts arose as a result of this study, and a full report was considered by the Health, Welfare, Housing and Children's Committees in May 1967. The Council subsequently felt that it would be helpful if all the organisations, voluntary and official, involved in providing services for unmarried mothers in Westminster, could meet together to discuss the problems and to see what further needed to be done. This seminar will be held in September 1967; and a detailed report setting out the results of the research study and the findings of the special seminar, will be included in my next Annual Report.

Only one maternal death occurred in 1966, compared with three in the previous year. Lay readers of the Report may feel somewhat surprised that a condition described as a "mole" could be the cause of the death of a young mother. It may perhaps allay anxiety if I explain that this is not a mole such as found on the surface of the skin, but is a potentially malignant condition which occurs rarely in early pregnancy affecting the womb.

Turning next to staff matters, there were the usual shortages of staff in certain categories, notably the nursing grades and the public health inspectorate. In regard to the former category, the low rates of pay prescribed by the Nurses and Midwives Council do little to assist recruitment and retention of staff.

So far as the public health inspectors are concerned the position became somewhat easier during 1966. Fourteen public health inspectors joined the City Council's staff, whilst three existing members retired on age grounds, giving a net increase of eleven. One new inspector was one of the City Council's students who passed his qualifying examination; the remaining thirteen were recruited from other London Boroughs (7); the provinces (2), Scotland (1), abroad (2) and outside local government (1). At the end of the year ten posts of public health inspector were still vacant out of a total establishment of 59. The increase in the number of inspectors is reflected throughout the environmental section of the Report by the larger number of inspections carried out.

In June 1966 the Department lost the services of one of its most experienced officers on the retirement of Mr. W. G. J. Sutton, formerly Chief Public Health Inspector to the "old" City of Westminster. Mr. Sutton joined the City Council's service in 1927, the year of the disastrous flood, when the River Thames overflowed its banks, flooding many premises and causing many deaths in the Millbank area. His long experience, almost 40 years in Westminster alone, and his extensive knowledge of the City, and all facets of the work of the public health inspectors, were of inestimable value to the successive Medical Officers of Health with whom he worked. I would like to pay a personal tribute to the loyal help and support he gave to me as Chief Public Health Inspector of the "old" City and in his last few months of service as Deputy Chief Public Health Inspector under the new regime.

I also record with regret the deaths of two other long-serving members of the Health Department staff. In January 1966, Mr. Albert Jones, a Technical Assistant to the Public Health Inspectors for some 26 years, died suddenly whilst at home; and in June, 1966, Mr. John Brown, the Council's Rodent Officer for 20 years died suddenly whilst on holiday in Sussex. Both had served the "old" and the "new" City Councils faithfully and efficiently and their many friends in the Council's service were saddened by their tragic deaths.

It is not my intention in this introduction to write in any detail of the work of the Department; this is amply dealt with in the sections of the Report which follow. A special feature this year deals in detail with the varied and interesting duties undertaken by the Social Workers in the Department. If possible I hope to follow this pattern in future Reports and periodically set out in greater detail various aspects of the Health Services provided by the City Council.

Elsewhere in the Report I draw attention to certain difficulties which arose during 1966 in arranging admission of patients under the Mental Health Act to psychiatric hospitals. The position is complicated by the fact that unfortunately Westminster is served by two Regional Hospital Boards, and therefore arrangements, often the result of long and hard negotiation made with one Board or even directly with the hospitals concerned in that Board's area, do not necessarily hold good in the parts of the City served by the other Board.

Arranging admission of patients to psychiatric hospitals is a time-consuming duty of the mental health social workers and one which could be obviated by the provision of a bed bureau, similar to the Emergency Bed Service which has operated smoothly and successfully for many years in respect of patients admitted to other hospitals. Such a bed bureau was commended by the Ministry of Health in a circular issued at the time the Mental Health Act 1959 came into operation. The Regional Hospital Boards serving Westminster do not at present favour the setting up of a bed bureau for mental health patients, on the grounds that it would insert a third person between the referring agency and the hospital, which they feel could lead to delays rather than facilitate admission. This is an argument which has little validity if, as is held by the Boards, the present arrangements are satisfactory in the majority of cases, since appeal to the bed bureau would only be made where direct approach to the catchment area hospital had failed to secure a bed. I feel that I must reiterate that in the case of the Inner London Boroughs with their special problems, only an organisation like the Emergency Bed Service can solve the problems both of the Boards and the Boroughs. Failing this the situation in Westminster would doubtless be eased if there existed within the City's boundaries units for the admission and assessment of patients under the Mental Health Act with which a close liaison could be established. In the meantime, we must continue to rely on various hospitals situated in the Home Counties at considerable distance from the catchment areas.

May I end this Introduction by expressing my most sincere appreciation of the support and encouragement I have received from all Members of the Council and in particular from the Chairman and Members of the Health Committee. Without this support and encouragement the Health Department and the health services we provide could not flourish and prosper as they have done in the past two years.

Finally, I would record my own warmest thanks to the Chief Officers and staffs of other Departments; and especially to the members of my own Department who have worked so loyally and efficiently to provide a health service of which we can all be proud.

J. H. BRISCOE-SMITH
Medical Officer of Health

HEALTH COMMITTEE

THE LORD MAYOR (*ex-officio*):
Councillor A. L. Burton

THE DEPUTY LORD MAYOR (*ex-officio*):
Councillor R. M. Dawe, F.C.I.S.

CHAIRMAN:
Councillor C. A. Prendergast

VICE-CHAIRMAN:
Councillor M. V. Kenyon, M.A.

MEMBERS:

Councillor Mrs. I. L. Bolton	Councillor Colonel W. Parkes, D.S.O., O.B.E., M.C., J.P., B.Com.
Councillor Hugh G. Garside, M.A.	Councillor Miss P. C. Paton Walsh
Councillor Dr. L. Jacobs	Councillor Miss Alison Tennant
Councillor Mrs. E. G. Lane	
Councillor Mrs. Brian Warren	

CO-OPTED MEMBERS:

P. Crawford	Mrs. Henrietta Shire
Mrs. R. T. Glenny	Mrs. R. Silkin
Sir Frederick Lawrence	L. F. Squires

Members of the Health Committee were appointed to:

Citizens' Advice Bureaux Advisory Committee	Mrs. R. T. Glenny
City of Westminster District Nursing Association	Mr. P. Crawford
County Primary Schools—Manager (Old Westminster Group—Churchill Gardens School and Millbank School)	Councillor Hugh G. Garside
General Council of the South East Regional Association for the Deaf	Councillor Miss P. C. Paton Walsh
Inner London Executive Council	Councillor Miss Alison Tennant
Investigation of Atmospheric Pollution, Standing Conference of Co-operating Bodies	Councillor Miss Alison Tennant
Kilburn, Maida Vale & St. John's Wood Aid in Sickness Fund	Mr. P. Crawford
Linnet House Special Care Committee (Mentally Handicapped Children)	Councillor Mrs. E. G. Lane
London Boroughs Management Services Committee	Councillor Miss Alison Tennant
London Boroughs Training Committee	Councillor Colonel W. Parkes (Deputy representative)
London and Home Counties Clean Air Advisory Council	Councillor C. A. Prendergast
London (Metropolis) Licensing Planning Committee (also N.W. Sub-Committee)	Councillor Mrs. E. G. Lane
National Association for Maternal and Child Welfare	Councillor M. V. Kenyon
National Society for Clean Air	Mrs. R. T. Glenny
North Thames Gas Consultative Council, Central and North London District Committee	Councillor Mrs. E. G. Lane
Paddington Charitable Estates (and Paddington Charitable Estates Educational Fund)	Councillor Mrs. E. G. Lane
Primary School Managers—	Sir Frederick Lawrence
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
St. Mary's Churchyard (Northern Portion) Paddington, Committee of Management	Councillor Mrs. E. G. Lane
St. Peter's, St. Paul's & St. Philip's Hospital Management Committee	Councillor Mrs. Brian Warren
South West Metropolitan Regional Hospital Board Liaison Committee	Councillor C. A. Prendergast
United Westminster Almshouses	Councillor Miss P. C. Paton Walsh
West London Housing Group and London Housing Consortium	Councillor M. V. Kenyon
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
Westminster Housing Trust Ltd., Committee of Management	Councillor Hugh G. Garside
Westminster Old People's Welfare Association	Councillor Miss P. C. Paton Walsh
	Councillor Miss P. C. Paton Walsh
	Mrs. R. T. Glenny

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1966)

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—

Part-time 21 37 sessions per week (full-time equivalent 3.7)

Chief Administrative Officer:

John H. Gillett

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—112

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. (until 30 June)

V. A. Bignell, F.A.P.H.I. (from 1 July)

Principal Public Health Inspector:

V. A. Bignell, F.A.P.H.I. (until 30 June)

R. F. Stubbs, F.A.P.H.I. (from 1 July)

Senior Public Health Inspectors—18

Area or District Public Health Inspectors—38 (10 vacancies)

Student Public Health Inspectors—12

Technical Assistants—22

Principal Dental Officer:

Robert E. Kean, L.D.S., R.C.S.(I)

Dental Officers: Full-time—1; Part-time—7 (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

Student Health Visitors—6

Health Visitors—49 (8 vacancies)

Clinic Auxiliaries—8

Clinic and School Nurses—19

Day Nursery Staff—119

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—43 (2 vacancies)

Student District Nurses—10

District Midwives—9 (5 vacancies)

Home Bathing Attendants—3

Principal Social Worker (Health Services):

Miss I. J. McFarlane, M.A.

Social Workers—20

Principal Mental Health Social Worker:

Mrs. R. S. G. Paterson

Mental Health Social Workers—12

Coroner's Court and Mortuary:

Superintendent: A. W. Nicholls

First Mortician—1

Mortuary Assistants—4

Ancillary Staff:

Chiropodists—8 (full-time equivalent 2.5)

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—233 (full-time equivalent 178)

Rodent Control Service:

Pest Control Officer—1

Foreman—1

Assistant Rodent Officer—1

Rodent Operatives—6

Disinfection and Disinfestation Service:

Supervisor, Disinfecting and Cleansing Station—1

Disinfection and Disinfestation Staff—13

Domestic Staff:

81 (full-time equivalent 67) 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 1966)	262,720
Population, Census, 1961	271,703
Domestic rateable hereditaments	85,633
Rateable Value (at 1st April, 1966)	£106,817,654

BIRTHS

Live Births (*registered*)—

	<i>Total</i>	<i>Males</i>	<i>Females</i>
Legitimate	2,973	1,523	1,450
Illegitimate	678	341	337
	<u>3,651</u>	<u>1,864</u>	<u>1,787</u>
Birth rate per 1,000 of the estimated population			13.89
Area Comparability Factor—Births: 0.77			
Birth rate (adjusted) (Rate for England and Wales, 17.7)			10.69
Stillbirths (legitimate—males 18; females 22; illegitimate—males 6; females 9)			55
Rate of stillbirths per 1,000 (live and still) births			14.84
Total live and stillbirths			3,706
Illegitimate live births per cent. of total live births			18.57
Premature births notified (live—280; still—21)			301

DEATHS

Net deaths (males 1,523; females 1,371)	2,894
Death rate per 1,000 of the estimated resident population	11.01
Area Comparability Factor—Deaths: 1.06	
Death rate (adjusted) (Rate for England and Wales, 11.7)	11.67
Deaths arising from pregnancy, childbirth, and abortion	1
Rate per 1,000 total (live and still) births	0.27
Deaths of infants under one year (legitimate—males 36; females 19; illegitimate—males 16; females 12)	83
Death rate of infants under one year—	
All infants per 1,000 live births	22.73
Legitimate infants per 1,000 legitimate live births	18.49
Illegitimate infants per 1,000 illegitimate live births	41.29
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	16.43
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	14.52
Perinatal mortality rate (stillbirths plus deaths under one week per 1,000 total live and stillbirths)	29.14

Marriages

The number of marriages in Westminster during 1966 was 4,296.

Deaths

The total number of deaths shown in Table 1, page 63, 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 1966 numbered 2,894 (11.01 per 1,000). The rate of 11.01 when standardized by the comparability factor gives a figure of 11.67; the rates for Greater London and for England and Wales were 11.1 and 11.7 respectively.

Accidental Deaths

During the year, 115 residents died from accidents of all kinds, including 24 motor vehicle accidents.

Births

The total of live births registered during the year was 3,651 (1,864 males; 1,787 females), giving a live birth rate of 13.89 per 1,000 of population, equivalent to a standardized rate of 10.69, the comparable figure for Greater London being 17.7 and for England and Wales 17.7.

Illegitimate live births numbered 678 (341 males; 337 females), representing 18.57 per cent. of the total live births, compared with 10.9 per cent for Greater London and 14.4 for Inner London.

Stillbirths totalled 55, representing a rate of 14.84 per 1,000 total births, compared with 14.2 for Greater London and 15.4 for England and Wales.

Infant Mortality

Deaths of infants under one year totalled 83 (55 legitimate; 28 illegitimate), giving a rate of 22.73 per 1,000 live births, the rate for England and Wales being 19.0 per 1,000 and for Greater London 17.8.

Details showing causes of death according to age group and sex are given in Table 2, page 64.

Of the 83 infant deaths, 60 were under four weeks old, giving a neo-natal mortality rate of 16.43 per 1,000 live births. The neo-natal mortality rate for England and Wales was 12.9 and for Greater London 12.4. The early neo-natal mortality rate (deaths under one week per 1,000 total live births) was 14.52 (England and Wales 11.1; Greater London 11.0) and the peri-natal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births) was 29.14 (England and Wales 26.3; Greater London 25.1).

Maternal Mortality

One maternal death was reported during the year giving a death rate of 0.27 per 1,000 total live and still births (England and Wales 0.26; Greater London 0.33). The cause of death is shown in Table 3, page 64.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

The incidence of infectious disease in the City has in general remained low. Notifications received (excluding tuberculosis) decreased from 1,186 in 1965 to 867 of which measles accounted for 454. There was a significant increase in dysentery, however, with 104 cases against 44 in 1965, the increase being due mainly to outbreaks that occurred at four of the City Council's day nurseries.

Tables 4 and 5, pages 65 and 66, give details of notifications received and the age groups concerned.

Acute Poliomyelitis,

One notification was received during the year relating to a 47 year old man, admitted to hospital after being unwell with muscular pains for one week. The isolation of type III polio virus confirmed the diagnosis of acute paralytic poliomyelitis. Fortunately the patient made a good recovery with only slight residual muscular weakness.

Diphtheria and Smallpox

No cases of these diseases occurred in Westminster in 1966.

Dysentery

The majority of the 104 notifications were of single unconnected cases but during the year under review outbreaks of Sonne Dysentery occurred at three of the City Council's day nurseries, and at one of the Children's Department residential nurseries. At the St. Stephen's Day Nursery twenty-five children and a member of the staff were affected, and a further nine sufferers from the disease were discovered amongst family contacts of the children. In order to facilitate control of the outbreak all admissions and re-admissions to the nursery were stopped temporarily. Minor outbreaks also occurred at the Portman Day Nursery, involving four children and five contacts; at the St. Jude's Day Nursery, where five children and two family contacts were affected; and at the Abercorn Place Nursery where eight cases were reported amongst the children. These episodes illustrate how difficult it is to prevent the spread of this mild disease, once the infection is introduced into such closely knit communities.

Measles

The number of measles notifications dropped from 865 in 1965 to 454 during 1966 but there was one death from this disease, that of a female child aged nineteen months.

Puerperal Pyrexia

One hundred and ninety notifications of puerperal pyrexia were received during 1966. All the cases occurred in hospital, 80 of the patients being 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 66, shows an analysis of the causes of pyrexia in the cases notified in 1966.

Typhoid Fever

The two cases of typhoid fever notified during the year were both instances of isolated infection occurring in persons from abroad who were admitted to hospital shortly after arrival in this country. No secondary cases developed.

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 overseas who desire it that the signature of the person issuing the certificate is that of a registered medical practitioner. After normal office hours, at weekends and on public holidays, certificates can be authenticated upon application to the Duty Officer at City Hall.

Thirty-three thousand three hundred and ninety-four such certificates were authenticated in 1966 compared with 12,740 in 1965, the unusually heavy demand during 1966 being due to the outbreak of smallpox in the West Midlands.

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 1966, 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 has continued to prove its value as a simple and effective means of providing comprehensive coverage of health, welfare, medical and similar emergencies arising outside normal office hours. It is administered by the City of Westminster Health Department and financed jointly with the Royal Borough of Kensington and Chelsea to cope with any such problems arising within the areas of the two Authorities.

The control centre is at City Hall, Westminster, and it is manned by four Duty Officers working on a rota system. Each Duty Officer has at hand files of general and specialised data relating to all available services, and the telephone numbers of senior officers and other staff on standby duty for the respective Health, Welfare and Children's Departments together with details of parallel emergency telephone services in the other London Boroughs and elsewhere. He is thus able to refer any given emergency directly to the appropriate officer or service, and to supply information, advise generally, or pass the less pressing matters to the appropriate day staff for attention.

The officers always available on call for Westminster and for Kensington and Chelsea include the Medical Officers of Health or their Deputies, Senior Medical Officers, Mental Welfare Officers, Children's Officers, Welfare Officers, Midwives and Public Health Inspectors. Senior officers in other departments of the Council and other officials such as Coroner's Officers, District Surveyors, can also be contacted through the control centre if necessary.

The Duty Officers have a working knowledge of the services with which each of the various departments deals and this, together with information from the files, and their experience of the types of problems likely to arise, enables them to advise on many matters which require no immediate specific action.

Further advantages of the system are that officers called to a particular case are enabled to report back periodically to the centre to receive additional messages, seek the advice or assistance of colleagues, pass reports for subsequent action by day staff, or instruct the Duty Officer to make telephone calls on their behalf with a consequent saving of time. The Duty Officers are also available to authenticate International Certificates of Vaccination where early departure prevents this being done during normal office hours, to receive bacteriological specimens and transmit them to the laboratories for examination, to issue vaccines to medical practitioners, to summon police or

ambulance services, and finally to take cremation bookings. Information concerning such things as the times and location of the various health and welfare clinics, including venereal diseases clinics (which are dealt with on a separate line), can be supplied at any time to callers.

The service benefits increasingly from the special knowledge and experience which the Duty Officers continue to gain in the course of their work, and by the other officers concerned taking fuller advantage of the system and placing greater reliance on it as they become accustomed to its possibilities. Hospitals, police, ambulance service, G.P.O. telephone operators, emergency medical relief services, medical practitioners, Church social workers, and a widening range of official and unofficial organisations are making reciprocal use of the facilities to mutual advantage.

During the period 1st January to 31st December, 1966, a total of 7,504 calls were dealt with, 4,948 relating to the City of Westminster, and 2,556 to the Royal Borough of Kensington and Chelsea. An analysis is given in Table 8 page 67, from which it will be seen that the most numerous problems concerned mental health and child welfare. Miscellaneous calls again covered a wide spectrum of matters, examples of the more common being: requests for a doctor to attend a patient whose normal medical practitioner was unobtainable or for a patient who was unregistered, emergency hospital admissions, and emergencies relating to other Boroughs, whilst notifications by the police of dangerous structures, and of larceny or damage to Council properties, river flood warnings, and notice of other environmental health hazards were also made through the system. The two most unusual calls made this year were probably one from a person who wished to know if he would be allowed to transport his bicycle across central London on the roof of a taxi without contravening traffic regulations, and the other from someone who was referred by an outside telephone operator under the impression we could advise on the exact location of a certain Public House.

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. (retired 30th June)

V. A. Bignell, F.A.P.H.I. (from 1st July)

						<i>At 31st December, 1966</i>	
						<i>Establishment</i>	<i>In post</i>
Public Health Inspectors	..	..	..	..	..	59	49
Student Public Health Inspectors	..	..	..	..	..	13	12
Technical Assistants	..	..	..	..	..	24	22

Although the number of public health inspectors in post was still short of the establishment figure, the position improved since the last Report and a significant feature, as far as inspectors and technical assistants were concerned, was the steady increase in numbers which has been achieved during the year.

The gradual assimilation of six additional technical assistants, making a total of 24, into the specialist and general district work of the public health inspectors was accomplished, and maximum benefit is now being derived from their services. Naturally, the usefulness of these officers has increased with their experience since appointment, as most of them were recruited from outside local government, and those who were already working in other Departments in local government were limited in their knowledge of environmental health work. It has been clearly established that the assistants work under the direct supervision of the public health inspectors, and relieve them of many routine but necessary enquires or investigations. In areas such as Westminster, where so much of the inspector's time is occupied in direct law enforcement, with the many "fact finding operations" this entails, the system adopted undoubtedly represents the pattern for the future.

In some ways the environmental health organisation of the Department is unique compared with London as a whole. In Westminster there are certain aspects of the work that by reason of their nature and extent require special control, and it is necessary, therefore, to concentrate a number of experienced inspectors on these particular problems.

A typical example is that of the catering premises in the City. These, because of their numbers, variety and in many cases size, require supervision by inspectors who are tactful and experienced. They must also be prepared to pay visits during the late evening or even the early morning which is the time when many of the clubs, cafes and restaurants do their maximum trade and when food hygiene tends to be subordinated to expediency. It is also the time when the "hot dog" seller and other similar food traders appear on the streets.

The implementation of the Offices, Shops and Railway Premises Act, 1963, involving the initial surveys and "follow-up" visits is also a matter requiring specialised organisation because of the high concentration of both shops and offices in the City.

All new developments and recommendations in respect of associated large scale drainage and ventilation schemes, and applications for prior approval under the Clean Air Act for heating plant and equipment require the attention of public health inspectors of considerable experience in these fields, who must keep themselves abreast with modern trends and improvements in building techniques.

The enforcement of the relevant sections of the Housing Acts, 1957/64, has always been considered a job for the specialised public health inspector, and with the intense problem, particularly in the North of the City, of the sub-standard house, over-occupied, if not statutorily overcrowded, and with multiple lettings, the greater experience of the specialised inspector is even more necessary.

The sudden and tragic death of Mr. J. W. Brown, the Department's Rodent Officer, necessitated some reorganisation, and the opportunity was taken to re-assess the potential of this position, and as a result it was decided to re-designate the post as "Pest Control Officer", this being much more applicable to the duties involved, particularly with the publicity and attention directed towards the problems presented by the increasing number of feral pigeons and starlings in the City. The officer appointed has had considerable experience outside local government, is well qualified technically, and is able to provide valuable assistance to the Principal Public Health Inspector who is responsible for Disinfestation and Disinfection work of the section.

All these matters are referred to in more detail in the Report, but it is felt that special reference to them is appropriate to point out the fact that it is the urgency and importance of these that essentially distinguishes the character of the work of a public health inspector in Westminster from that in areas where the duties are less harassing, less frustrating, and where generally is provided a more

congenial and attractive situation from the point of view of the newly qualified inspector, who is in the happy position of having a considerable choice of local authorities for employment.

This fact is appreciated and expressed by many authorities in their advertisements for inspectors where the advantages and amenities of the area and its situation are stressed.

Public Health Inspectors—Night and Weekend, etc. Duties

In order to give as complete coverage of inspectorial work as possible with the staff available, 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.

Student Public Health Inspectors—Practical Training

At the beginning of 1966 there were ten student public health inspectors undergoing training in the Health Department and attending Technical Colleges under a system of day-release. During the year the establishment was increased and three additional students were appointed in September.

One fourth-year student qualified by passing the Diploma examination in December and was subsequently appointed as a Public Health Inspector by the City Council. Thus at the end of December there were twelve student public health inspectors under training in the Health Department.

District Inspection

For this purpose the City continues to be divided into four areas and sub-divided into thirty-two districts. 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, ideally, 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 still not been fully achieved, and it has again 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 again been somewhat limited.

Summaries of the work carried out by District and other Inspectors are included in Tables 9, 10, 11 and 12, page 68.

Dwelling Houses

General inspection of dwelling houses arising from complaints and for routine purposes, as distinct from duties under the Housing Acts and other specialised 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 68; and an analysis of 3,222 nuisances and unsatisfactory conditions found and remedied appears in Table 10, page 68.

Notices

One thousand one hundred and seventy informal notices were served and of these 638 were followed by the service of statutory notices to secure the abatement of nuisances. In addition 137 statutory notices were served under the Clean Air Act, 1956. An analysis of statutory notices served is given in Table 12, page 68.

Legal Proceedings

A summary of legal proceedings is given in Table 29, page 76.

Noise

Two hundred and forty-seven complaints of noise were received during the year and these necessitated one thousand one hundred and ninety-three visits by the Public Health Inspectors.

Many complaints related to noise occurring late at night and during weekends, and five hundred and twenty seven of the visits referred to were made outside normal office hours. As in previous years, a substantial proportion of the complaints were of noise coming from building sites, demolition and engineering works, and particularly those involving pneumatic drills, compressors and pumps.

It was found that on having their attention drawn to the matter the great majority of the contractors concerned appreciated the situation and co-operated in seeking and applying noise-reducing methods, even where some loss of efficiency resulted or hours of working had to be restricted.

Other complaints related to such things as machinery in workshops and factories, garages, motor repairs, social functions, clubs, parties, noisy neighbours, record players, air conditioning plant and animals.

Complaints were not always well founded but of the two hundred and forty-seven, two hundred and twenty-six were found upon investigation to be justified and of these in two hundred and twenty-five cases the offending noise had been abated or reduced to a reasonable level by the end of the year. In some instances where the Council had no legal powers amelioration was brought about by informal action taken by the Public Health Inspectors.

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:—

- (a) The supply was satisfactory both as to quality and quantity throughout 1966.
- (b) (i) The supply was derived from the following works and pumping stations:—
 River Thames
 New River via Stoke Newington
 No new sources of supply were instituted.
- (ii) The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown in Tables 14 and 15, pages 69 and 70. No fluoride was added, and where the fluoride content is indicated it represents the naturally occurring fluoride in the water.
- (c) The supply being hard in character is not liable to be plumbo-solvent.
- (d) All new and repaired mains are disinfected with chlorine and after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.
- The quality control from the Board's laboratories is carried out by means of daily sampling from sources of supply, through the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.
- (e) No houses were permanently supplied by standpipe.
- (f) There were no changes to the general scheme of supply in the area.
- (g) The following additions to the mains in the area took place:—
- | | |
|------------------|-----------------------|
| (i) trunk mains | 245 yards of 12" main |
| | 86 yards of 15" main |
| | 518 yards of 18" main |
| | 195 yards of 24" main |
| (ii) other mains | 805 yards" |

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 superchlorination 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, 1966, 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, in relation to the boreholes in private ownership and control, 92 samples of water were submitted for bacteriological examination and 32 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 (degree of acidity) of the water.

During the year, 222 samples were submitted to the Public Health Laboratory Service for bacteriological examination and an equal number of samples were examined at the baths for residual chlorine content and pH value.

In only two instances did the results indicate unsatisfactory conditions. Although in each case there was a raised colony count only minimal numbers of coliform bacteria were present. These two doubtful samples appear to have been due to temporary failures of chlorination and after appropriate instructions had been issued no further trouble was experienced.

Drainage and New Developments

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

Close liaison is maintained with the City Engineer in relation to all new sewer connections, levels of outfalls and openings into the Council's sewers, and with the Director of Cleansing in regard to refuse storage facilities and means of access for removal of house and trade refuse in the cases of all major works.

At the time consideration is given to 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 any plan agreed by the Department will meet, as far as can be foreseen, legislation other than that relating to drainage only.

Of 810 drainage plans approved during the year, 79 related to new buildings. A total of 11,198 visits were made by the Public Health Inspectors in connection with drainage and new development matters but no circumstances were found which necessitated legal proceedings.

During the year under review an interesting trend was noticeable in that a decline in new commercial buildings designed to be let as offices appeared to coincide with increased activity in other works of building construction. The modernisation of many hotels and the adaptation of terraced town houses to form hotels were major features of private enterprise. A 21 storey hotel arose in Bayswater Road and will probably be opened to guests in May 1967 whilst other hotels in Park Lane and Grosvenor Square are under construction. These three developments alone will provide approximately 1,250 additional bedrooms in the City and go some way to meet the lack of hotel accommodation in central London which has been the subject of severe criticism.

There has been extensive work to Educational Institutions, including the Imperial College of Science and Technology and the new Paddington Technical College. An old Marylebone landmark, the institution dating back to Poor Law days and latterly known as Luxborough Lodge, has been demolished and is being replaced by the Greater London Council by a Technical College with additional housing accommodation.

The Greater London Council have also proceeded with their multi-storey housing schemes, particularly along Harrow Road in the Westbourne and Waltham Road areas. Many older larger terraced houses in Paddington have been converted to modern style flats and the re-development of the Oxford Square area into higher rented residential flats and town houses has progressed substantially.

New design techniques and new materials, particularly in the application of plastics, are both bringing about changes in traditional building methods. This is particularly exemplified in the field of ventilation where technological advances are resulting in systems of increasing complexity. All these matters require constant study and vigilance on the part of the supervising officers.

Sewerage

The City Council's sewers discharge into the trunk sewers of the Greater London Council and 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 of the Greater London Council outside the area of the City. Although on occasions of exceptionally long and heavy rain-fall 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 and there were no reports of flooding during 1966. Flood levels reached at times of peak discharge are notified to the City Council and are taken into account when development plans etc., from Architects or others are under consideration.

Town Planning

Observations were made by the Department on 78 plans submitted to the Council under the Town and Country Planning Act 1962.

Rodent Control

During the year a Pest Control Officer was appointed and he is responsible for a staff of eight rodent operatives who are based on two centres, 313/319 Harrow Road for the northern half of the City, and at Brydges Place, Covent Garden, for the southern half of the City.

Primary and follow-up visits are made in respect of complaints of rat and mouse infestation in domestic and business premises without charge. A free disinfection service is provided for domestic premises; for work carried out in business premises an undertaking is signed and a charge is made for short-term treatment only. Where treatment is necessary on a long-term basis and requires regular attention, business firms are advised to employ a commercial pest control organisation.

A review of methods of treatment has been undertaken during the year with particular regard to formulations of poison baits now in use in accordance with the recommendations of circulars issued by the Ministry of Agriculture, Fisheries and Food.

Statistics in regard to Rodent Control are given in Table 13, page 69.

Insect Pest Control—Disinfection

The work of insect disinfection is carried out from two centres, Lissonia, 217 Lisson Grove, N.W.8. and Wedlake Street Medicinal Baths, Kensal Road, W.10., by a staff of five disinfectors who combine disinfection work with vermin control.

Insecticidal treatment has been revised during the year and the formulations of spray and powder now in use are specified with particular regard to the Ministry of Agriculture, Fisheries and Food recommendations in respect of residual effects of certain persistent organochlorines.

As for rodent control, a free service is provided in domestic premises but in business premises where insect control is a matter of routine maintenance it is advised that a commercial pest control organisation be employed.

During the year, 1,818 rooms were disinfested.

Disinfection

During the year, 89 rooms, 4,145 articles of bedding and clothing, and 644 books were disinfested.

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 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.

Pigeon Control

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.

Where pigeons congregate at their feeding or roosting sites much fouling of the adjacent buildings, or other surfaces, is caused by their droppings. At their nesting sites the fouling is more concentrated which, apart from being unsightly, encourages insect and mouse infestation. The control of pigeons is not helped by the indiscriminate and regular feeding of pigeons by members of the public which is almost always the cause of the concentrations of pigeons which give rise to complaint.

The investigation of complaints is carried out by the Public Health Inspectors and the Pest Control staff who, depending upon the circumstances of the complaint, arrange wherever possible the remedial measures to be taken and give advice, where necessary, on the use of repellants.

Clean Air

Daily measurements of smoke and sulphur dioxide are taken at the following stations:—

- Anson House, Churchill Gardens, S.W.1.
- Monck Street Depot, S.W.1.
- London College of Fashion, Holles Street, W.1.
- St. Marylebone Town Hall Extension, W.1.
- Rutherford School, Penfold Street, N.W.8.
- "Newstead", Greville Place, N.W.6.
- Paddington District Office, 313, Harrow Road, W.9.

'Smoke' for this purpose includes all particles of about 10 micron (1/2500 in) diameter or less. These are too small to settle by gravity and remain suspended in the air and can therefore be measured simultaneously with the sulphur dioxide by the same apparatus.

Larger particles which do fall under their own weight are collected and measured by means of standard deposit gauges placed at:—

- Bessborough Street Day Nursery, S.W.1.
- Farm Street Depot, W.1.
- Winchelsea House, St. Johns Wood Road, N.W.8.
- M. & C. W. Centre, 283a Harrow Road, W.9.

In addition to providing useful local information on the level of air 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 Air Pollution.

By arrangement with the Air Pollution Division of the Medical Research Council two sequential fog samplers are installed, one at Anson House and one at St. Marylebone Town Hall Extension. These machines measure the smoke content of smog more accurately and at shorter intervals than the 'daily' apparatus referred to above. Whenever fog forms the machines are operated until it clears, and the results obtained are available on request to the Medical Research Council and also of course to Warren Spring Laboratory.

The City Council's smoke control areas programme continues to be implemented and it is gratifying to record that the amount of smoke in the City's atmosphere is now less than half what it was when this programme was embarked upon. One Smoke Control Order came into operation during the year—Paddington (Harrow Road South)—and the Council made a further Order, the Westminster (Readings) Smoke Control Order which was submitted to, and confirmed by, the Minister of Housing and Local Government. Survey of the Queens Park area has been completed but the making of the Order deferred, pending more information on the probable life left to properties in the proposed Herries Street slum clearance area. This information is essential as, if properties are due for demolition within two or three years, the Council may decide to exempt them from smoke control.

All undue emissions of smoke observed, or reported to the Department, are investigated and appropriate action taken. There are many oilfired boilers of all sizes used throughout the City to provide heating to offices, flats and shops and in addition to the usual smoke problems, they also give rise to complaints of smuts and odours. Unlike visible smoke, the sources of smells and odours are more difficult to trace, but nevertheless considerable success is achieved in remedying this kind of nuisance. During the year the Smoke Control Officer made 289 visits in connection with complaints, 398 Smoke observations and 1,041 routine visits.

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 1966 a total of 93 such notifications were received. It is a matter for regret that Section 10 of the Act, which relates to the height of new chimneys, does not apply to London. This means that the Health Department, to whom subsequent complaints of smoke nuisance may be made, has no jurisdiction over the height and position of a new chimney. However, some persons making the statutory notification, voluntarily enclose plans and specifications and ask for the Council's approval of the proposed installation. This practice is to be welcomed for, in addition to providing the applicant with an assurance that the plant can be operated without contravening the Clean Air Act, it enables the Health Department to consider the chimney height together with any other relevant factors necessary if the installation is to operate smokelessly and without nuisance to persons nearby. Of the 93 notifications mentioned above, 33 included application for the Council's approval of the new boilers.

Radioactive Substances Act, 1960

Persons who keep or use radioactive materials are, unless exempted, required to register with the Ministry of Housing and Local Government and obtain authorization for the accumulation and disposal of radioactive waste.

Copies of certificates of registration, authorization and supplementary provisions, the cancellation or variation to certificates issued by the Minister in respect of users in the City are received and recorded. Appropriate action is taken in respect of any special precautions so far as they relate to the Department in connection with the conditions specified in the certificates.

Housing Acts 1957-1964—Inspectorate

At the beginning of the year, four senior Public Health Inspectors were employed in the implementation of Part II of the Housing Act 1961 and Parts II and IV of the Housing Act 1964, i.e. work relating to houses in multiple occupation and the compulsory improvement of dwellings.

Towards the end of the year these Inspectors carried out a survey, lasting several weeks, of tenement blocks. This arose through a request for information from the Greater London Council. Lists and statistics were prepared showing tenement dwellings brought up to reasonable modern standards, those capable of being brought up to such standards, and those due for demolition. Also, in view of the heavy commitment of the Department for slum clearance, one of these Inspectors was transferred from work connected with the Housing Acts 1961-1964 to carry out an inspection of the Herries Street area.

The senior Public Health Inspector who was referred to in my Report for 1965, as being responsible for slum clearance and for departmental inspections in connection with applications for loans for house purchase, continued with this work; but owing to its increased volume an Inspector was transferred from district work to assist full time with inspections for loan applications.

Management Orders, Additional Amenities and Directions

During 1966 premises continued to be surveyed with a view to action under the Housing Acts 1961-1964, either by way of limiting future occupations by giving a Direction, by the service of notices requiring the provision of additional amenities, or by improving the standard of management by making a Management Order.

Checks on the occupation of houses for which a Direction had been given, the supervision of notices previously served, and inspections to see that Management Orders were being complied with, continued to occupy much of the Inspectors' time.

Control Orders

At the end of 1966 there were five control orders in operation, none having been made or revoked during the year.

Towards the end of the year the City Council purchased one of the houses on which a control order was operative and this order will be formally revoked in 1967.

The Housing Act 1964, under which control orders are made, provides for appeals by owners against both the order itself and the scheme of works which must be produced when the order is made. In 1966 one owner unsuccessfully appealed against the Council's scheme in respect of an order made in 1965.

Housing Priority on Medical Grounds

Certificates in support of individual applications for rehousing are often received from general practitioners or hospital consultants. All such certificates are referred to a Senior Medical Officer for the allocation of points under the Council's scheme. There is, however, a limit to the number of points which can be given on medical grounds, in the same way as there is a limit for points given on the other grounds, such as overcrowding and lack of facilities, which are all taken into consideration by the Housing Manager in allocating priority. It sometimes occurs therefore that while in the opinion of the applicant's doctor immediate rehousing should be offered on medical grounds, this is not possible because a low allocation of points for other aspects of the applicant's circumstances does not give an overall priority.

The number of medical certificates in support of rehousing applications dealt with during the year was 1,011.

Unlawful eviction, harassment and provision of rent books

The Inspectoral staff of the Health Department continued to investigate these cases upon request by the Town Clerk and during the year made enquires in one hundred and forty-five allegations of harassment and thirty-eight instances of the non-provision of rent books.

Unimpeachable evidence in any incident is rarely available. The stories of the landlord and the tenant usually conflict violently and if witnesses are available their statements are often so obviously biased as to be valueless. However, intervention by the Public Health Inspector, although only to try to ascertain the facts, does in some cases lead to the establishment of more amicable relations between the parties in harassment cases.

Overcrowding

Table 19, page 71, gives statistical information about the known cases of overcrowding in the City at the end of the year. As mentioned in the Report for 1965 however, only a house-to-house survey (which is impracticable at the present time) would give the full extent of the problem.

Unfit Houses

The closing of unfit premises, which is the more usual procedure than the making of demolition orders, because ordinarily only parts of buildings are involved, raises a problem which the Housing Acts do nothing specifically to resolve, namely the provision of alternative accommodation for families living in premises on which closing order are made. Indeed section 27 (5) of the Housing Act 1957 removes the protection of the Rent Acts against possession by the landlord in such cases.

While not statutorily bound to provide alternative accommodation, there is a moral obligation on the City Council to do so in the absence of local flats or houses available from private sources at rents which the families can afford. The acceptance of this obligation inevitably leads to the lengthening of the already long waiting list for rehousing by the City Council; and were over-riding priority to be given in all cases to the families involved when a closing order is made, injustice would be done to those with claims on other grounds. The compromise necessarily adopted whereby a closing order is not enforced while the sitting tenant is in occupation has the merit only that it prevents re-occupation of the premises when the tenant does leave.

Certificates of Disrepair

Little use is made by the public of this procedure under the Rent Act 1957 as Table 20, page 71, shows. The disrepair which would normally form the basis of an application for a certificate can usually be dealt with under Public Health or Housing Act legislation, however. In most cases the tenants' prime consideration is the speedy remedying of defects rather than a reduction in rent which, under the Rent Act, is the only penalty on an owner for not taking action on a certificate. Statutory action under legislation other than the Rent Act is thus frequently invoked.

Slum Clearance

The division of responsibility between the City Council and the Greater London Council in connection with slum clearance was agreed upon during the year. In pursuance of its part in the programme the City Council:—

- (a) In June declared the Broadley Street Area a clearance area and made a compulsory purchase order for the acquisition of the properties within the site bounded by Broadley Street, Salisbury Street, Ashmill Street and Penfold Street.
- (b) In December made a clearance order in respect of St. Anne's Buildings, and a compulsory purchase order relating to Nos. 1 to 6 Richmond Buildings, 1 to 8 St. Anne's Court, and 83 to 85 Dean Street. The Council of the former City of Westminster had declared St. Anne's Court and Richmond Buildings to be a clearance area in 1964.

The following areas were in the slum clearance programme but action under Part III of the Housing Act 1957 (Clearance Areas) will not be necessary:—

- (a) The Hall Place Area, comprising Nos. 72 to 90 and 102 to 130 (even) Hall Place, and 30 Cuthbert Street, is included in a site bounded by Edgware Road, Cuthbert Street, Hall Place and Crompton Street, the freeholds having been acquired by the Council in April.
- (b) The Clipstone Street Area, which comprised Nos. 8 to 11 Clipstone Street and 33 to 47 Hanson Street, has been demolished as part of a private redevelopment of the site bounded by Clipstone Street, Hanson Street, New Cavendish Street and Great Titchfield Street.
- (c) The Sherborne Place Area i.e. Nos. 4 to 14 (consecutive) Sherborne Place has now been acquired by the Council as part of the sale by British Rail of the Marylebone Goods Yard and Blandford Square areas.

Loans and Grants

The Public Health Inspectors continued to report on all cases of applications for loans for the purchase of houses and grants for improvements to properties which are dealt with by the City Treasurer and Director of Housing respectively. During the year, 140 applications for loans and 106 applications for grants were referred to the Health Department.

Housing Trusts

Notable progress was made during the year by the Mulberry Housing Trust which is one of the most active Housing Trusts operating in the City, mainly in the North Paddington area. This Trust became actively engaged in business on 6th September, 1965 and by the end of 1966 had purchased fifty-five houses with a further twenty houses in various stages of purchase. The Secretary/Manager of the Trust has established a close and helpful relationship with officers of the Health Department and other Departments of the City Council.

Many "problem" houses have been acquired by the Trust which has adopted a policy of carrying out a full scheme of improvement and repair in each, with excellent results. The Trust has also offered accommodation to families who had serious housing problems but who had insufficient priority for rehousing by the City Council.

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 716 men is run by Westminster City Council Welfare Department at Bruce House, Campbell Street, W.C.2. The third is at 84 Bell Street, N.W.1., where the Church Army have accommodation for 85 women.

Regular inspections of these premises are made by the Public Health Inspectors, particular attention being given to fire precautions, numbers of lodgers accommodated, tracing any possibly verminous persons or articles, sanitary and washing facilities, and to general compliance with the Byelaw requirements. All three common lodging houses were well managed and maintained throughout 1966.

During the year facilities were provided at Bruce House for the disinfection of any residents who required this service; and a doctor's room was provided in which local general practitioners can see their patients. Arrangements were also made for regular visits by Social Workers from the Health Department and the Welfare Department to this lodging house.

Local Land Charges

The number of enquiries dealt with and reported upon in 1966 was 6,484 as compared with 5,934 the previous year. These reports take into consideration all aspects of the Health Department's work, so that not only has the number of enquires increased but the scope of the replies continues to widen as additional legislation becomes operative.

Offices, Shops and Railway Premises Act, 1963

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

Before employing persons in premises to which the Act applies, occupiers are required to give notice to the appropriate authority and 1,912 notifications were received by the City Council during 1966. On the 31st December, after allowing for removals and the transfer of registrations to other authorities, 16,281 premises in which a total of 340,524 persons are employed, were on the Council's register of notifications.

After receiving notice of the employment of persons it is the duty of a local authority to carry out "general inspections" in premises to which the Act applies. During 1966, 5,751 "general inspections" were made and at the end of the year 6,311 premises awaited a "general inspection." Contraventions of the Act were found in 3,372 premises. The willingness of most owners and occupiers to co-operate with the Council's officers facilitated informal action and it was not necessary to institute legal proceedings. In one case arising out of a fatality during the use of a goods hoist, Counsel was asked to consider the possibility of successful legal proceedings but advised the Council against this course. Compared with the figures for 1965 there were reductions in the number of accidents reported, the number requiring investigation and in the number of fatalities. There were slight rises in the number of accidents investigations which revealed contraventions of the Act and in the number where a contravention may have been a contributory cause of an accident. Arising out of the investigation of accidents, much work was arranged in the interest of accident prevention either by enforcing provisions of the Act or by fostering the good will of the owners or occupiers concerned.

The City Council has power to grant exemptions from certain requirements of the Act relating to space, temperature, sanitary conveniences and washing facilities. No applications for such exemptions was received during the 1966 and the four exemptions current on the 31st December expired on that day. The Council may also authorise exemption from certain requirements relating to the provision of first-aid facilities where a first-aid room is provided and there are adequate arrangements for securing the immediate treatment of injured or sick persons. During the year four premises were so exempted, increasing the total of exemptions current on the 31st December to 25.

Statistics, including some contained in the Annual Report to the Ministry of Labour, will be found in Table 21, on page 72.

Factories

There were 4,657 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 22 and 23, pages 72 and 73.

Outworkers

Returns made by 242 employers, together with 202 notifications from other local authorities, accounted for a total of 2,349 outworkers of whom 1,187 were residing in the City of Westminster. (Table 24, page 73.)

Basement bakehouses

The Factories Act 1961, which re-enacted with amendments the Act of 1937, requires that a 'basement bakehouse' shall not be used unless a Certificate of Suitability has been issued by a District Council (such as the City of Westminster) and that the premises were so used in 1937.

A 'basement bakehouse' is defined as a bakehouse, any baking room of which is so situate that the surface of the floor is more than three feet below the footway of the adjoining street or of the ground adjoining or nearest to the room, and 'baking room' means any room used for baking or for any process incidental thereto.

The Act requires that the District Council shall, every five years, carry out an examination of every basement bakehouse in their area in respect of which a Certificate of Suitability has been issued. The Certificate is an indication that the Council is satisfied that the bakehouse is suitable as such, as regards construction, height, light, ventilation, and other hygienic respects.

There are three basement bakehouses in Westminster for which Certificates of Suitability are in force. The next quinquennial review is scheduled for 1969.

Food Shops and Catering Premises—Inspection

The estimated number of food and catering premises in Westminster on the 31st December, 1966, was 6,783, categorized as shown in Table 25, page 74.

With the improvement in the position regarding the recruitment of Public Health Inspectors, it was possible to allocate additional staff to the food section, which deals essentially with food shops, catering establishments, markets and stalls, to assist in the heavy and sustained duties, which in Westminster are in many ways unique.

During the year, 10,783 visits were made by the Public Health Inspectors of the Section, and 543 informal notices were served in respect of matters requiring remedial action.

General Cleaning and Maintenance of Food Premises

Most of the routine cleaning in Westminster restaurants is undertaken by male staff who are frequently engaged on a casual, short term basis. Some such employees may be described as social misfits and drifters looking only for a night's money and a meal or two and who may not be seen again. Rarely does one see a male cleaner on his knees. The mop, with all its inefficiency, remains his essential tool, clearing the unobstructed areas but consolidating filth beneath fixed equipment. Neither advice nor rebuke from the management influences these people for the better and the management's main concern is usually to prevent them walking out during busy periods. So much is this so, that inspectors have been faced with willing, if somewhat diffident, managements who have sought to delegate their responsibilities by asking inspectors to call more frequently in order to keep their staff in line.

Another factor affecting cleanliness is the overcrowding of equipment. Economic running of business in highly rented premises often leads to the banking of equipment on irregular lines with inadequate space between units, conditions in which nothing less than a major shut-down will permit efficient cleaning. There are no legal requirements for the sizes of kitchens related to the area where the public are served. The principal firms of catering planners have codes of practice, but all too often these are either brushed aside by the caterer or sacrificed in the interests of selling equipment—though it must be said that catering engineers have made great strides in making available equipment which is easy to clean. The impact of the Offices, Shops & Railway Premises Act, 1963, on restaurant kitchens has yet to be felt, but if the permitted number of persons in a kitchen is to be controlled, and regard paid to space occupied by plant and appliances, a formidable task lies ahead with a heavy responsibility on the caterer. The results, however, may be beneficial to general hygiene.

Then again ventilation is an important factor. Regulation 21 of the Food Hygiene Regulations lays down that "except in the case of a humidity-controlled or temperature-controlled chamber suitable and sufficient means of ventilation shall be provided in every food room and suitable and sufficient ventilation shall be maintained there" but being drafted to provide for wide interpretation throughout the country, it is of little practical value in the centre of London. In most catering

premises dealing with full meals, to be efficient and avoid nuisance to other premises, a satisfactorily planned engineering scheme is essential. High initial costs with heavy maintenance and not inconsiderable running charges, and no obvious financial advantage, leads to devious experiments to avoid a capital outlay—the multiple caterers being rarely excepted. Frequently results are short-lived and may lead, if not checked, to deplorable overheated working conditions in the kitchens, with the staff only too anxious to escape after each spell of cooking, no matter what necessary cleaning is left undone. There is also a tendency for caterers to shut down mechanical ventilation should neighbours complain of smells, or if it is causing noise or vibration. Apart from the surveillance of ventilation in the interests of food hygiene and the health of staff, the investigation of these external complaints associated with ventilation takes much of the inspectors' time.

Thus cleaning is not merely a matter of providing a constant supply of hot water and soap, but also necessitates adequate staffing, suitable work space, and efficient ventilation. Naturally it follows that cleanliness is more efficient in subsidised premises, such as industrial caterers, where financial return is a secondary consideration and where there is adequate working space and ventilation to make conditions congenial to staff.

Cooking Smells

Cooking smells, a subject which was dealt with at some length in the last Report, gave rise to 68 complaints during 1966. Every effort is usually made by those responsible to overcome this kind of nuisance being caused to others in nearby office or residential accommodation but the provision of a satisfactory solution can be expensive.

Noise arising from Food Premises

Twenty-two complaints of noise from various sources originating in connection with food premises were received during the year. Noise or vibration which would amount to a nuisance at common law becomes a Statutory Nuisance.

Local authorities are able to require abatement by service of an abatement notice on the person causing the nuisance, on the owner or occupier of the premises on which it arises, and if the notice is not complied with it can be enforced by proceedings in a Magistrates Court. Fortunately, in no case was it necessary to resort to legal proceedings.

Unprotected Food

This is a problem which is constantly confronting Inspectors in the course of their visits. Customers, particularly in licensed premises, are known to regard food protection by screening at the counter as a barrier to the camaraderie that exists between service staff and regular customers. Open display is a widespread practice and one to be deprecated, but it is a fact that the public, even if aware of the dangers, for the most part remain apathetic. The minimum requirement should be sloped glass screens—known as 'sneeze plates'—which protect the food from possible contamination from customers' clothing, and from droplet contamination. The Food Hygiene Regulations only require that food shall not be placed so as to involve risk of contamination in the context of protecting the public health, and it is sometimes difficult to impress on those concerned that exposed food is a risk to health, and practically impossible to demonstrate. It is sometimes more fruitful to approach the problem on aesthetic grounds.

Another aspect of the protection of food which receives constant attention concerns bread and flour confectionery left on doorsteps of food establishments without adequate protection. The appropriate clause of the Food Hygiene (General) Regulations 1960 dealing with this contravention is contained in Section 8. This requires, inter alia, every food handler to take all reasonable steps to protect food from risk of contamination, not to place it where it would be exposed to such risk, and, in any forecourt or yard, not to place it lower than eighteen inches from the ground unless adequately protected.

Responsibility under these Regulations for any offence of this nature therefore falls on the person undertaking the delivery and not on the bakery company, as his employer, or on the shopkeeper or restaurateur, as the purchaser. This has meant that before the Inspector could produce evidence likely to satisfy the Courts he had to witness the depositing of the food, and this, in view of the uncertain times, including both early morning and late evening, when deliveries are made, has entailed observation being maintained over a long period.

Cases where the Department has found foodstuffs to have been left outside premises but where the delivery has not been witnessed have been dealt with by way of caution, in the absence of sufficient evidence to undertake formal action.

The coming into effect of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 as from the 1st January, 1967, will strengthen the Council's powers to combat such practices, as the proprietor of any food business who permits land, which includes any open space surrounding or adjoining any premises, to be used for the storage of any food in such a manner as to expose the food to risk of contamination, will henceforth be guilty of an offence.

Licensing Act, 1964

The provisions of this Act enables a local authority to lodge an objection in respect of an application to the Magistrates' Court for a Club Registration Certificate, where it is desired to provide intoxicating liquor for members and their guests, on the grounds that the premises are not suitable and convenient for the purpose in view of their character and condition, and of the size and nature of the club.

Similar powers are available to a local authority to lodge an objection in respect of an application to the Licensing Justices for a licence to sell intoxicating liquor at restaurants, private hotels, guest houses etc. The Justices may refuse an application if the premises are not structurally adapted and bona fide used for the purposes of habitually providing customary main meals and, if after reasonable steps have been taken, it was not possible to inspect the premises.

Premises in respect of which applications for Club Registration Certificates or Licensing Justices applications were received during the year were all visited by the Public Health Inspectors before the respective application was heard, and where necessary the applicants were informed of the work required to be done to satisfy the requirements of this Department.

In no case was it necessary for a formal objection to be heard before the respective Courts, but in some cases the applications were refused until the Department had satisfied the Clerk of the Court that the requirements referred to had been met.

Food Premises—Sanitary Conveniences for Customers in Restaurants, Cafes, etc.

In the last Annual Report reference was made to the powers which have been available to local authorities in London to require refreshment houses to provide sanitary conveniences for their customers. The Inspectorate responsible for food premises have continued to bring this requirement to the notice of the proprietors of premises where the installation could justifiably be requested.

From time to time complaints are received in respect of the state of toilets which customers of particular establishments feel are not maintained in a satisfactory condition. This has an association with week-ends. Experience has shown that public sanitary accommodation is not always properly maintained throughout the whole day, as many employees are selective in the work they do, and the cleaning of conveniences is unpopular work. In some areas, especially those which attract a large cosmopolitan population on a Saturday evening, control unfortunately suffers. This can relate particularly to the larger establishments. The resulting condition does not always arise from intended misuse by the public, but frequently from the fastidiousness of some customers who either stand or squat on the seats of the W.C.'s or having used newspaper to cover them leave it scattered in the compartments. There is a tendency, which this Department resists, to close public sanitary accommodation once it reaches a state with which the management can no longer cope.

The decision of a management to close sanitary accommodation for their customers often stems from the wanton damage done within the compartments. Such arbitrary action, even if understandable, cannot be condoned and while our inspectors are fully aware of the difficulties facing management in preventing such vandalism, they can only continue to insist that it is kept to a minimum by adequate supervision.

Street Traders—Markets and Stalls

The regular inspection of street markets and stalls with particular regard to sellers of foodstuffs has been continued throughout the year. The traders concerned, can be classified as follows:—

Licensed street traders: Licensed to trade under Section 21 of the L.C.C. (General Powers) Act 1947, from designated streets and certain fixed sites. Licenses are valid for one year, and must then be renewed.

Most of these traders, of whom there is an average of some 270, sell fruit and vegetables and operate from the Council's fixed markets, viz:

- Berwick Street
- Church Street
- Gt. Titchfield Street
- Rupert Street
- Strutton Ground
- Tachbrook Street

Registered street traders: Licensed to trade under Section 19 of the L.C.C. (General Powers) Act 1947, from a street or streets. The registration is personal to those who were trading from non-designated streets and sites when the 1947 Act came into force.

There were originally some 100 persons in this category, but the number who now trade is much reduced. They also engage primarily in the sale of fruit and vegetables.

Unauthorised street traders: These are persons who trade without authority and are mostly itinerants selling fruit, ice-cream, soft drinks, hot dogs, and hot chestnuts.

Many of them have only rudimentary ideas of hygiene where food handling is concerned. The stalls they use are often dilapidated, and most lack even the bare essentials envisaged by the Food Hygiene (General) Regulations 1960.

The control of this type of trader presents special difficulties. The stallholder himself is often a transient character who after one or two evenings at managing a particular stall, moves on to fresh pastures. The great obstacle to the successful prosecution of these traders has been the requirement of the Regulations that it is the person 'carrying on the business' who is responsible for contraventions other than those related to purely personal hygiene. Establishing the identity of such persons has often involved protracted enquiries and investigations, sometimes without any satisfactory result.

Prosecutions were commenced against fourteen of these traders towards the end of the year but were not due to come before the Courts until after the period now under review.

The Ministry of Agriculture, Fisheries & Food is introducing new Regulations, to be known as "The Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations 1966", which will take effect as from the 1st January, 1967. These Regulations lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles. Markets and stalls are so defined that the Regulations will apply to any handling of, or trading in, food which is undertaken either in any market or market premises, or away from fixed premises. Delivery vehicles used for the delivery of food, if they are used for the sale of food, will come within the definition of stall, and become subject to the appropriate requirements for stalls. These Regulations revoke or supersede corresponding requirements contained in the present Food Hygiene (General) Regulations 1960, which, after the 1st January 1967, will continue to apply to food businesses in fixed premises and ships.

There can be few instances in post-war years when a new food enactment—and there has been a continuous flow of Parliamentary legislation on this subject during this period—has had such an impact on local authorities as have these Regulations. The revolutionary changes they envisage have already been the subject of meetings and discussions between the officers of the various Departments of the Council which will be involved in implementing these Regulations. Not the least concerned will be the City Architect and Planning Officer who by his responsibility for civic design and development may greatly influence the future of the costermonger in the streets of this part of London. Considerable discussion has also taken place with street trading organisations and their members, and with other interested parties, on the scope of these Regulations and the extent to which each will be affected.

Food Hygiene—Complaints

It is a constant aim of this Department to use every opportunity to inform persons engaged in the handling of food of the hazards associated with ineffective or indifferent food hygiene. To this end the Public Health Inspectors in their normal round of duties take every possible occasion to impress on those concerned both the spirit and letter of the requirements of the Food Hygiene Regulations. The continual change of staff with a continuous influx of Commonwealth and foreign personnel habitual in the catering trade frequently nullifies much of this work, but even if it only falls on a few receptive ears the effort will have been made worthwhile.

Additionally, the Inspectors from time to time give lectures to catering personnel and managements operating in Westminster. Some series have been held as often as fortnightly. Lectures have also been given on subjects associated with food hygiene to students taking courses for professional qualifications.

There are indications that the general public are becoming increasingly demanding in the manner in which they expect their food to be handled and presented, and the City Council at all times welcomes their co-operation in bringing to the notice of the Health Department incidents where they consider the standard of hygiene to have fallen short of reasonable requirements. This increased interest in the care which should be applied to the handling and serving of food cannot but be known to those who are engaged daily in its preparation. If the public refuse to accept conditions which they feel are short of the mark—and the trader thereby loses a potential customer—this must result in the eventual betterment of the standards of those whose livelihood is dependent on successful trading. The increasing dependancy on 'call order' kitchens—visually open to the public—makes this type of restaurant particularly susceptible to adverse criticism.

It is, of course, not always an indication that a trader is indifferent in his approach to food matters when a complaint is made to this Department affecting goods sold from retail premises. In some cases the complaint is the result of something quite beyond the power of the retailer to control. However, he often has to bear the natural indignation of the purchaser who may not realise that manufacturers are sometimes to blame for unsatisfactory products. Inevitably, some proprietors do not take kindly to complaints about articles purchased at their premises, or food served in their restaurants. Whereas a conscientious proprietor receiving a genuine complaint does all he can to

make amends—and the Department then possibly hears nothing of it—many of the complaints reach this Department with the complainant aggrieved by the indifference or belligerence of the vendor. Some of these complaints were in fact of little consequence, and could have been settled at source by the exercise of a little tact and courtesy—possibly on both sides.

During the year some 307 complaints were received alleging foodstuffs purchased were not in all respects fit, or that food served gave dissatisfaction.

Food Sampling and Analysis

During the year a total of 1,476 samples of foodstuffs were submitted to the City Council's Public Analysts for chemical analyses. Of this number, adverse reports were received in respect of 172 samples and where necessary appropriate action was taken.

Samples submitted to the Analysts for the most part consist of items purchased by Public Health Inspectors, in their capacity as 'Sampling Officers', as a control measure to check that articles of food or drink offered for sale to the general public comply with the many Orders and Regulations governing these products. This aims to ensure, *inter alia*, that no deleterious substance, such as prohibited preservative or non-permitted colouring, has been added, and that the goods are described in such a manner that the purchaser is not misled.

Specimens received from the general public on complaint also form part of the number of samples submitted to the Public Analysts. In some of these cases it is only in this way that the reason for deterioration or unfitness can be established. Furthermore, if formal action is eventually undertaken, the presence of the Public Analyst may well be required in Court as an expert witness, or his certificate used in evidence to support the Council's case.

Other samples submitted are from bulk consignments where the fitness may be in doubt. These cases come to the notice of the Department through a distributor or wholesaler, or through requests for voluntary surrender of a similar product being received from several sources. Sometimes the goods form part of transactions involving large sums of money. Frequently it is only through the professional knowledge of the Analyst that the fitness or otherwise can be judged. Prompt action by this Department, with the advice of the Analyst, can avoid the distribution of a foodstuff which does not in all respects meet the requirements of the Regulations, and the importer is thus enabled to inform his supplier abroad of the circumstances so as to ensure that similar incidents do not recur.

The following notes on action taken in respect of some of the samples submitted to the Public Analysts are given as points of interest—viz:—

A complaint was received regarding bitterness in a loaf purchased from a bakery. The loaf was submitted to the Public Analyst who reported that it was apparent some mistake had been made in the manufacture of the dough, as a large excess of sodium bicarbonate was present. It was discovered that due to an inadvertence at the bakery too large a quantity of bicarbonate of soda was used in the recipe for the bread. Although there was of course nothing harmful in this excess, its inclusion indicated carelessness on the part of some member of the staff. The Company concerned was requested to exercise every care in the future to ensure no recurrence.

Another loaf purchased from a bakery was found to contain 'foreign material' when cut into slices. The complainant brought four of these slices to the Department and about ten pieces of hard greyish material with the appearance of road grit were embedded in all the slices, and appeared to have been baked in the loaf. An inspection was made of the bakery, including the flour store, the dough moulding machine, and all apparatus and equipment with which the bread and dough appeared to have come into contact, but no material similar to that found in the bread could be discovered. The Public Analyst reported that in his opinion the foreign matter consisted of small pieces of sand cement concrete, and legal proceedings taken against the bakers resulted in a fine of fifteen pounds and five pounds costs.

Some cooking fat was thought by a complainant to contain a mouse tail but analysis showed this object to consist of paper fibres. It had probably originated from the cardboard carton which had held the packets of fat and the packers stated there had been other complaints of contamination and damage to their packets of fat products. Investigation had shown that these had been caused when opening the carton which, without damaging the actual wrapper of the fat, had permitted entry of 'foreign matter' into the wrapper. The circumstances suggested that the damage had occurred after the packages had left the Company's care, and was beyond their power to control.

Imported table water was noted by the purchaser to have a white residue down each of three bottles obtained from an off-licence. Analysis revealed the residue to consist of total solids derived from the water. Instructions on the bottle directed it should be kept on its side, pending use, and owing to the fitting of the crown cork, the naturally carbonated water appeared to have leaked from the bottles resulting in crystallisation of the solids. There was no fault with the water but the matter was drawn to the attention of the importers in order that they could inform their suppliers, who undoubtedly would wish to market their product in a more satisfactory manner.

A sample of hot pepper sauce was stated to be incorrectly labelled and to contain one ingredient which did not appear on the label. The bottlers were informed of the requirement of the Labelling of Food Order, 1953, that all the ingredients should be listed in descending order of magnitude in which they were used, and an assurance was received that on future labels this would be done.

An imported sugarless sweetener in liquid form was reported to the Public Analyst as being based on cyclamates and should not be offered for sale on the English market. Cyclamates as an artificial sweetener include the calcium and sodium salts of cyclamic acid. The Artificial Sweeteners in Food Order, 1953 prohibits the use in food of artificial sweeteners which are defined as any chemical compound which is sweet to the taste, but does not include saccharin or sugar. In a recent Report on 'Cyclamates' the Food Additives and Contaminants Committee of the Ministry of Agriculture, Fisheries and Food recommended that since cyclamates do not appear to produce any toxic effects and the amounts likely to be ingested would not be of an order likely to produce a significant laxative effect, and since they would be to a great extent self-limiting, there would be no risk to health in allowing the use of cyclamates in food without statutory limitation other than that already laid down in the Soft Drinks Regulations, 1964. It is understood that draft Regulations to this effect are to be issued. In addition to the prohibited sweetener, the preservatives declared to be present in the sweetener under examination were not permitted under the Preservatives in Food Regulations. Stocks remaining at the retail premises were taken off sale and the Embassy of the Country of origin was requested to make representations to the exporters regarding their product.

A pork pie was described on the label as being processed "under official supervision". The matter was referred to the Medical Officer of Health for the area where the manufacturing premises were situated, who replied that this particular phrase was insisted upon by the authorities of a country with whom the manufacturer did a large export trade. A system of inspection which was satisfactory to that particular Government had been established at the factory in order to help overseas business and the same wording as to "official supervision" was used for the Company's product sold in the United Kingdom. The manufacturers contended after taking legal advice, that the phrase was not misleading. Once having given tacit permission for such an inscription to appear on one manufacturer's products, it would be difficult to refuse the same facility to any manufacturer who may wish to give this kind of added respectability to his goods.

Sausages submitted for analysis were found to contain preservative. As these were being sold loose from retail premises a notice regarding food being sold containing preservatives should have been prominently displayed in accordance with the Preservatives in Food Regulations. The attention of the management of shop concerned was called to this omission and they immediately remedied the matter.

A sample of Irish Stew was reported as having fallen below the meat content standard of 35% for this type of product as recommended in the Report of the Food Standards Committee for Canned Meat, published in 1962. 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 for their information. Some positive action cannot be long delayed as a result of the discussions which have been taking place over a period of some years concerning meat content standards. The present situation lends itself to certain difficulties; obviously some manufacturers are awaiting the introduction of statutory enactments before adopting the standards recommended in the Report, for it is quite possible that these may yet be amended.

An informal sample of pre-cooked prunes was found to contain 60 parts per million of sorbic acid which is a non-permitted preservative in fruit and fruit products. The suppliers stated that the product was based on a newly introduced process whereby the imported prunes were placed in a nylon satchet with water and then sealed and cooked in a pressurised steam chamber until the prunes absorbed the water and had been thoroughly sterilised. No preservative was added at any time following arrival in this country. The Company stated that comprehensive laboratory tests were constantly made, but the presence of a preservative had not been detected. The large quantities dealt with however, made possible the overlooking of a few cartons of prunes which may have been treated with sorbic acid. The Analysts' opinion was that the preservative was present in the prunes on arrival in this country as it was commonly used for drying the fruit in the particular country from which they had come. Assurance was given that the sampling and checking procedures at the factory would be intensified, and the standing of the Company concerned made this an acceptable conclusion.

A jar of baby food when opened by the purchaser was found to contain an earwig, alive she alleged, on the surface of the puree. An investigation was conducted with the manufacturers who could only suggest that the insect had been present in the gap between the cap and the jar and when the jar was opened the inrush of air, on release of the vacuum, had caused the insect to be drawn into the jar. Manufacturing processes appeared to preclude entry at the factory as the

insect would have had to pass through a very fine meshed screen, and would certainly not remain whole. Also it would need to survive a vacuum after being kept at a high temperature. It was unlikely with these processes that an insect would subsequently appear whole at the top of the puree in an active condition. The complainant was of opinion that the normal vacuum was not present when she opened the jar, and in these circumstances the possibility arose that at some point after manufacture the jar was tampered with, and the vacuum released. The presence of a live insect, however, would indicate the occurrence to have been very recent. An examination of the retail premises did not reveal evidence of any infestation there. The circumstances of this case did not justify formal action by this Department.

Ice Cream (Heat Treatment) Regulations, 1959—Sampling

During the year, 105 samples of ice cream were submitted to the Public Health Laboratory for the Methylene Blue test. These samples were classified in provisional grades, based upon the method of examination recommended by the Ministry of Health, as follows:

<i>Grade</i>	<i>No. of samples</i>
1	38
2	25
3	22
4	20

Sampling included all types of ice cream available to the general public—brickettes, pre-packed ice cream, soft ice cream ready for service from the machine, ageing vats at factory premises, and mixes received by the supplier before use in machines.

The plate count of some soft ice cream samples was indicative of insufficient attention having been paid to the sterilisation and cleaning processes recommended by the manufacturers of the machine. There is a continued increase in the number of soft ice cream machines used in premises in Westminster, and often the staff responsible for cleaning the machine have little idea of what this should entail. In other cases no particular member of the staff has the responsibility of ensuring that the operation is even undertaken, and there is a tendency for the ice cream remaining at the end of day's trading to be retained in the machine over-night. Any sterilisation procedure carried out the following morning is of a cursory nature. The task of looking after the machine should be the responsibility of one person who should ensure that the machine is emptied at the end of the day, sterilised and cleaned, and the operation repeated before re-use the following morning.

The managements concerned with these premises have been informed of the grading and plate count results revealed by bacteriological examination, and instructed to exercise control over the essential cleaning processes. Samples taken of mixes before use in the machine have generally produced a satisfactory result.

Milk and Dairies (General) Regulations 1959

Under these Regulations, a local authority is required to keep a Register of persons carrying on the trade of distributor of milk at or from premises within their district, whether or not such premises are occupied by the distributor.

At the 31st December, 1966, 359 distributors of milk were so registered.

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', 'Ultra Heat Treated', 'Pasteurised' and/or 'Sterilised'.

A Dealer's Licence permits the sale of milk both outside as well as inside the area of the licensing authority. The numbers of such licences current in the City at the end of 1966 were:—

Untreated	77
Ultra Heat Treated	96
Pasteurised	369
Sterilised	260

Examination of Milk

During the year, seventeen 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

Section 26 (1) of the Food and Drugs Act, 1955, requires that if a medical practitioner becomes aware, or suspects, that a patient whom he is attending within the district of any local authority is suffering from food poisoning, he shall forthwith send to the Medical Officer of Health of that district a certificate stating certain particulars which will enable the person to be identified, together with particulars of the food poisoning from which the patient is, or is suspected to be, suffering.

During the year information was received concerning some 248 persons who were reported to be suffering from food poisoning. Not all these were notified as such; in fact, most of the incidents which come to the notice of the Health Department are never officially notified by a medical practitioner—many who suffer food poisoning, experience only minor symptoms and therefore do not seek medical advice. It is usually only where the illness assumes a greater severity that a doctor's aid is sought. In other cases the patient consults his doctor with symptoms appearing to have resulted from something he has eaten but it is clinically difficult to identify with certainty an isolated case of this kind where the duration of the illness is probably short, and where no specimens are available for examination. It is only by bacteriological examination of specimens from the patient and, ideally, also of the suspected food taken within a short period following the onset of the illness that a positive diagnosis is likely to be made. It is unfortunately the experience of Health Departments that details of symptoms and associated meals are sometimes not received until some days after the initial stage of the illness has passed. By then any food which might have been obtained from the suspected meal is no longer available and specimens from the affected person would be unlikely to provide a clue as to the possible cause. In the investigation of cases of food poisoning, speed of notification is essential.

A summary of food poisoning investigations made during the year is given in Table 27, page 75, and the following is a resumé of incidents involving two or more persons.

A party of three were taken ill with diarrhoea and abdominal pain. Enquiry revealed that one of them had eaten a meat dish at a restaurant some two hours prior to the onset of her illness. The other two had not actually had the same meal, but had 'tasted' the dish of their companion, and were subsequently ill. Heat resistant *clostridium welchii* was isolated from a specimen of one patient, and also from meat specimens taken subsequent to the outbreak.

Three persons were ill after consuming a Bolognese sauce as part of a meal at a restaurant. Specimens of the sauce were found to contain *clostridium welchii* organisms.

Five employees at local business premises suffered diarrhoea and stomach pain about 12 hours after a canteen meal which included pasties. *Clostridium welchii* was isolated from a pasty and also from specimens of two of those affected. The pasties consumed were brought from the West Country by road uncooked in refrigerated containers. It was not possible to determine when the growth multiplication of organisms producing the toxins which were the cause of illness took place; it could have been at the factory or at the canteen premises. Further samples of pasty from subsequent deliveries submitted for bacteriological examination produced a negative result. The Medical Officer of Health for the area where the pasties originated was fully informed of this matter but investigations which he made at the factory revealed nothing to account for the occurrence.

Seventy-five persons were taken ill after a function at a restaurant but the episode only came to the notice of this Department some 10 days later. The symptoms suggested *clostridium welchii* as the probable cause and, chicken having been served to the party concerned, investigations were made at a subsequent banquet where the same dish was being offered. Bacteriological examination of specimens of chicken taken immediately prior to service disclosed the presence of *clostridium welchii* and it was revealed that whilst the normal practice was to prepare and cook the chickens at 10 a.m. on the day of service, and after cooling place them under refrigeration, on the day of the function concerned the quantity used had exceeded the refrigeration space available, and the chickens had been left in an unfavourable temperature which had permitted the growth of organisms and the production of harmful toxins.

It may be of interest to mention that *clostridium welchii* is a toxin producing spore bearing organism which lives in the intestines of animals and man. It is sometimes found in meat as a result of contamination occurring either before (the spores of the organism are heat resistant) or after cooking, and its presence produces no detectable change in the meat. The danger arises when this meat is allowed to cool slowly, or is kept in a warm kitchen or preparation room for any length of time, or is warmed up later, or is subjected to a combination of these conditions. The spores will then germinate and the resulting organisms grow rapidly and produce a corresponding amount of toxins. It follows that meat should either be cooked and immediately eaten hot, or cooled rapidly and refrigerated within one and a half hours until required.

Two members of a family were found to be positive for *Salmonella typhimurium*. The family had returned from holiday and one had suffered a mild upset which appeared to resolve itself. Over two weeks later another member of the family was ill. It was presumed the outbreak was food borne in origin, and the initial onset occurred during the holiday period.

A Christmas lunch resulted in the illness of 19 diners. Symptoms were diarrhoea and vomiting some 15 to 20 hours after the meal. Unfortunately none of the food from the suspected meal remained for examination and no conclusion could be reached. All recovered quickly.

Following the holding at a hotel of three banquets attended by some 350 diners, 110 persons were taken ill, and investigation revealed the presence of *Staphylococcus* organisms in a sauce. The sauce had been prepared in bulk prior to service and was the only item of food common to the three functions.

Four children in a hospital ward were found to be excreting *Salmonella typhimurium* organisms. It was thought that the outbreak had originated from food brought into the hospital by a visitor to one of the children.

Two further incidents where *Salmonella typhimurium* organisms were isolated from persons affected occurred during the year, but in neither case was there evidence that food had been the vehicle of infection.

During the latter part of the year a small outbreak of *Salmonella typhimurium* infection occurred at a hospital within the City. Fortunately it was restricted to only one ward where five of ten patients were affected. The ward concerned was closed, visiting was forbidden and bacteriological screening of all the patients and staff was carried out. The source of infection was attributed to a patient who was ambulant on admission and who it was thought had infected the remaining patients. The particular organism isolated in the outbreak was identified as *Salmonella typhimurium*, phage type 29, which was fairly prevalent in the London area at the time, and is a strain which spreads easily. There were no cases amongst the domestic, kitchen, nursing or auxiliary staff of the hospital, and as a result of the precautionary measures taken the outbreak was soon contained. None of the patients affected was a Westminster resident, but the Medical Officers of Health of the respective areas concerned were informed in order that bacteriological screening of the close relatives could be arranged. Arising out of these investigations one family contact was also found to be suffering from the infection.

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.

Food and Drugs Act 1966—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 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 registered with the City Council at the 31st December, 1966, are shown in Table 26, page 74.

Unsound or Unsaleable Food—Disposal

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.

During the year some 231 tons of unsound or unsaleable foodstuffs were voluntarily surrendered for disposal.

Food condemned or voluntarily surrendered to the Public Health Inspectors is taken to the Councils' Central Depot, at Gatliff Road, and removed by barge for disposal by controlled tipping at Pitsea.

Pesticides and Other Toxic Chemicals

Following a Government request to the Advisory Committee on Pesticides and Other Toxic Chemicals "to consider and advise on any improvements and extensions of present safety arrangements that may be desirable to provide greater protection against hazards arising from the use of toxic chemicals in agriculture and food storage", the Association of Municipal Corporations was invited to submit evidence to the Advisory Committee, and general comments were forwarded.

The County Council Association then invited the co-operation of members of the Association of Municipal Corporations in a scheme which had been proposed by the Association of Public Analysts. The scheme was to enable a systematic enquiry to be carried out by member authorities, through the medium of food sampling, into the extent of contamination of foodstuffs by toxic chemicals and particularly organochlorine pesticide residues.

Authorities who decided to participate in the scheme were invited to inform accordingly the Association who would then prepare a consolidated list of samples to be taken by each authority. The Health Committee recommended to the City Council that Westminster should join the enquiry.

A list of a total of 19 samples, to be taken over one year at four-monthly intervals at a ratio of 7, 5 and 7 was received, and the first batch of seven samples was submitted to the appointed Public Analyst in November. The satisfactory results obtained are shown in Table 28, page 75.

In all, 24 London Boroughs intimated their willingness to assist in the scheme.

Export Certificates

Application for Certificates of Export received in the Health Department during the year in respect of foodstuffs which consigners wished to despatch abroad numbered 20.

In each case, the Food Inspector inspects the consignment which it is intended to export and where necessary submits a representative sample to the Public Analyst or Public Health Laboratory to ascertain the fitness of the product concerned before issuing a certificate. No charge is at present made for this service.

Pharmacy and Poisons Acts, 1933 and 1941

At the end of the year the names of 159 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 206.

Fertilizers and Feeding Stuffs Act, 1926

Five samples were taken during the year, two of which were dried blood, two bonemeal and one fertiliser. All were found to be satisfactory.

Poultry Processing Premises

There are no poultry processing premises in the City of Westminster.

Slaughter of Animals

There are no slaughter houses 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 slaughtering takes place for animal feeding purposes. The necessary licences for this and for the slaughterman who works there were renewed during the year.

Applications are also received from time to time from the Royal Society for the Prevention of Cruelty to Animals for Slaughterman's licences to be issued to probationary inspectors. Forty-two such licences were issued during the year and they are necessary in order that the inspectors concerned can commence training as slaughtermen and receive from the Society practical training and instruction in modern methods of humane slaughter.

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 issues 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.

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 and one was licensed for storage purposes.

During the year, three samples were taken under the Act, and these satisfied the prescribed tests.

Verminous Persons

The cleansing of persons baths at Lissonia and Wedlake Street dealt with 861 verminous persons: adults 631 (men 520, women 111); children 230 (boys 45, girls 185).

Scabies

The two establishments mentioned in the foregoing paragraph treated 295 scabies patients: adults 208 (men 115, women 93); children 87 (boys 25, girls 62).

Impetigo

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

Special Laundry Service

The Department continues to operate a service for laundering bed linen and clothing of the acutely ill, 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. The work is carried out by the staff of the Department's Laundries at 217, Lisson Grove and at Wedlake Street Baths. During 1966, 6,270 bags each containing about 10 lbs. of soiled linen were collected, 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.

The arrangements made by H.M. Coroner (Western District) for the reception at the Mortuary of bodies under his jurisdiction in the City of Westminster and from the Royal Borough of Kensington and Chelsea continue to operate satisfactorily.

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 and the City Council has a financial arrangement with the Royal Borough of Kensington and Chelsea in respect of bodies from that Borough accommodated in the Mortuary.

The staff comprises the Superintendent, a First Assistant, Four Mortuary Assistants and a Cleaner.

Details of the work of the Mortuary during the year are set out in Table 30, page 76. It will be noted that included in the table are four cases awaiting proceedings at the Central Criminal Court, and in consequence no cause of death can be shown in respect of these.

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 1966 a total of 85 burials or cremations were arranged by the Health Department as follows:—

<i>Burials</i>	at City of Westminster Cemetery, Hanwell	8
	at Paddington Cemetery, Mill Hill, N.W.7.	15
	at St. Marylebone Cemetery, Finchley, N.2.	5
<i>Cremations</i>	at the City Council's Crematorium, East Finchley	57

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

H.M. Coroner	46
Relatives or friends of the deceased	31
Hospitals in the City	8

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 1,679 certificates authorizing cremation were issued, and since December, 1937, when the crematorium was opened 32,216 cremations have taken place.

PERSONAL HEALTH SERVICES

There are some special features in the City of Westminster which present a problem and a challenge so far as the provision of personal health services is concerned. The City Council is well aware of its special problems and is anxious to meet them.

A large area of the City is devoted to commerce, government and entertainment and here the resident population is small. There are good residential districts containing large houses with gardens, and blocks of luxury flats. Many of the residents are elderly, and domestic help is extremely difficult to obtain. There are "twilight" areas of outworn houses, chiefly in multiple occupation and in some cases seriously over-occupied. Finally, there are many hotels and bed-and-breakfast houses accommodating chiefly single business and professional residents and students. Westminster contains excellent parks and open spaces, but these are at some distance from the more densely populated residential areas.

Work of all kinds, clerical, distributive, light industrial, building, domestic and catering, is easy to obtain and therefore the City attracts immigrants from all parts of Great Britain and overseas. This in turn produces a rapidly changing residential population, a serious housing shortage and very high rents.

In spite of—or because of—this housing problem and the high cost of living and working in central London, the work in the Health Department, offering as it does excellent experience and interest, attracts professional staff who are willing and able to accept the challenge. It is, however, increasingly difficult to recruit manual and domestic staff and the shortfall is reflected in the home help and day nursery services.

There are six general hospitals in the City, five of them teaching hospitals. Mental hospitals and hospitals for the mentally subnormal are at a considerable distance, but there are good psychiatric out-patient and child guidance facilities within the City.

The large number of hospitals presents certain difficulties in liaison, but as mentioned later in this report, every effort is made to secure the maximum co-operation and co-ordination between these two branches of the health service.

Approximately 400 general practitioners practice wholly or partly in the City, chiefly single-handed or in partnerships of two doctors. It has therefore been difficult to arrange health visitor, domiciliary midwife or district nurse attachments, but reference is made elsewhere in the report to schemes that are in operation in two group practices. Family doctors who are interested in and have time for preventive medicine are employed by the City Council in child welfare and the school health service, and receive some post-graduate training from the Council's staff. (see page 33).

As is mentioned on page 33, the City is well supplied with maternal and child welfare centres, and the work undertaken in them is being planned according to current trends. A particular problem in Westminster is the high number of illegitimate births and the number of inadequately supported mothers who are bringing up families.

The eight day nurseries are inadequate to meet the demand for the day care of children. Not only are there mothers who must work for economic reasons, but there are also many children who need day nursery care because of adverse environmental conditions or because of physical or mental handicaps.

Day care is provided by some excellent private day nurseries; often, however, the fees are high and the nurseries open only in the mornings. Play groups are run by voluntary organisations, financially supported by the Council. They provide opportunities for children to play for limited periods under trained supervision and with modern equipment. But the majority of children under the age of five are being cared for by "daily minders". Some of these provide an excellent service and are registered by the Council. The majority are unregistered and "illegal". The care provided falls far short of what is required, and these unregistered minders present a great social problem here as in many other areas.

In order to cater for the needs of working mothers, evening sessions are held for ante-natal care, family planning and child welfare. Facilities for the care of children under the age of five are being increased and the formation of more play groups is being encouraged. Health visitors and social workers are finding it increasingly necessary to provide support to families and to lone mothers in the evenings and at week-ends.

Westminster has a large number of elderly residents. Many of them live on their own without family support. There is a shortage of Part III accommodation within the City, and geriatric beds are very limited. This means that old people must be supported in their own homes, which imposes a great burden on the home help, chiropody and meals-on-wheels services. In this sphere the Council is assisted by voluntary organisations such as the City of Westminster Old People's Welfare

Association, the British Red Cross Society and the Women's Royal Voluntary Service. During 1966 the chiropody service for elderly persons was expanded by the provision of additional sessions.

In the sphere of mental health, Westminster has special problems. Owing to the large daytime population, the number of visitors and the number of single residents without family support, there are more emergency admissions to hospital for mental illness than in any other borough. The same factors make community care for the mentally ill and the mentally subnormal difficult to arrange.

In 1965, the establishment of mental health social workers was increased to meet the demands of statutory duties and community care. A new day centre and clubs for the mentally ill are being started. Provision is being increased for the very young mentally handicapped children and their parents.

Screening for early carcinoma is being developed, and during 1966 two clinics were opened in the City for cervical cytology. This service will be extended in 1967.

The City Council gives financial and professional support to voluntary organisations working within its boundaries and owes a debt of gratitude for the services provided.

MATERNAL AND CHILD WELFARE

There are nine maternal and child welfare centres run by the City Council and two branch clinics held in church halls. In addition, one centre is run on behalf of the City Council by the City of Westminster Health Society, and one infant welfare centre is run by a teaching hospital in its own premises.

Owing to the excellent provision of hospital maternity beds in the area and the fact that the hospitals are undertaking an increasing responsibility for full ante-natal care for their booked cases the number of patients attending the Council's ante-natal clinics is declining. Midwives hold ante-natal sessions at four centres, chiefly for patients booked by general practitioner obstetricians for home confinement, where they undertake intermediate examinations for the booked doctor.

There is still a need for a booking session in the Local Authority centres where pregnancy is confirmed, where future arrangements are discussed and where social help can be made available. This is particularly valuable for unmarried mothers and others with special difficulties. In order to meet the needs of working mothers one evening session is held weekly.

Classes in mothercraft and home-making as well as in ante-natal exercises are held in most of the centres, and all mothers, no matter where their delivery is to take place, are invited to attend.

In child welfare, two trends have become apparent. Advice on infant feeding and problems of home management tend to devolve more on the health visitors, while minor ailments and illnesses are, rightly, the concern of the family doctor. The clinic doctor is increasingly concerned with preventive psychiatry; with the diagnosis, at an early stage, of maternal neurosis or disturbed mother-child relationships, and with the diagnosis of, and arrangements for treatment of, behaviour problems in children.

The second, and no less important function is in the sphere of developmental paediatrics. As far as possible, regular developmental examinations are undertaken on all children attending the centres. This work requires a high degree of skill, and formal training is necessary for all medical staff undertaking it.

The effect of these trends is that more time must be allowed for consultations, and doctors see fewer patients at a session. The number of sessions is being increased and where practicable an appointment system is being introduced.

The difficulty in recruiting suitable full-time medical staff persists, and the Medical Officer of Health is grateful to the general practitioners who undertake sessional work in the child welfare clinics, and without whom an adequate service could not be given. The general practitioners so engaged are, together with the full-time medical staff, supplied with up-to-date literature on developmental paediatrics, and newly appointed sessional doctors are encouraged to 'sit in' with more experienced medical officers to learn the techniques of developmental examination.

In this connection, it is of interest to note that the Medical Officer of Health is building up a small lending library, with the main emphasis on developmental paediatrics.

IMMUNISATION AND VACCINATION

Immunisation and vaccination are provided for all children under 5 years either at the child welfare clinics or by family doctors.

The following table sets out the percentage vaccination state, within the City Council area of children born in 1965; the equivalent national figures are also shown:

	Children born in 1965			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
City of Westminster	66	67	57	29
England & Wales	72	73	68	38

Note (i) The figures in columns (1)—(3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

(ii) Column (4) includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

These figures are disappointing having regard to the fact that unceasing efforts are made by health visitors to persuade parents to have their children immunised; that propaganda of all kinds is used; that individual visits are undertaken; that leaflets, posters and postal reminders are distributed; and that in addition to periodic talks, every year a special campaign is undertaken with local and national press and broadcasting publicity.

One factor that subscribes to the low figures is doubtless the particularly high mobility of the resident population in this part of the Metropolis.

Immunisation is also available for school children under 16 who require it, either in the schools or in the welfare clinics and figures supplied by the Inner London Education Authority show that almost 90% of school children have been protected against diphtheria and poliomyelitis.

Smallpox vaccination is provided at City Hall in certain circumstances for adults residing or working in Westminster.

General practitioners are supplied with antigens free of charge by the Health Department.

Westminster was one of the areas selected in 1964 for a trial of measles vaccine. Vaccine has now been made available to general practitioners and the City Council pays a fee to practitioners in respect of records of children vaccinated against measles. The City Council has not instituted a general measles vaccination scheme of its own but arrangements are made for the vaccination of any suitable child if so requested by the general practitioner or parent.

Vaccination against Anthrax

An effective anthrax vaccine is now available and early in 1966 the Minister of Health urged authorities within whose areas there are establishments which may be handling potentially infected raw materials to make arrangements under Section 26 of the National Health Service Act, 1946, for vaccination against anthrax. The Minister also issued his approval under the Act to the making of such arrangements.

Although there are no establishments within the City of Westminster in which workers are particularly at risk from anthrax, it was felt that there may be residents working elsewhere who may need protection and seek this from their family doctors. The City Council at its meeting on 17th March, 1966 decided to make provision for vaccination against anthrax under this scheme; vaccine is supplied free, on request, to general practitioners and factory doctors and the customary payment is made to any general practitioner providing a record of anthrax vaccination.

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 test gives a doubtful reaction the ferric chloride solution test is carried out. During 1966, 3,277 tests were made; no positive reaction was seen.

HANDICAPPED CHILDREN

The precise number of handicapped children in the area of the City of Westminster is not known. Some severely handicapped with conditions such as spina bifida or spastic quadriplegia are necessarily kept in hospital for a considerable time after birth and so do not become known to the health visitors. With other handicapped children, the parents may place them in private establishments or seek the aid of one of the voluntary societies specialising in the care of children with a particular handicap.

As early an exchange of information as possible is eminently desirable so as to ensure that handicapped children have the best possible opportunity for care, education and development, without overlapping or gaps in the services provided.

Circular 7/66, issued jointly by the Department of Education and Science and the Ministry of Health showed a clear appreciation of these problems and urged the local authority health departments to take a lead in initiating discussions with representatives of hospitals and other interested bodies. The Medical Officer of Health held three meetings, two between representatives of hospitals in the area and representatives of the Health, Welfare and Children's Departments of the City, and the third meeting was between the same City Council staff and representatives of voluntary societies active in the care of children. Opportunity was taken at the same meetings to discuss the "Battered Baby" syndrome and to evolve an agreed procedure for dealing with this problem.

With regard to the Circular 7/66, which concerned the co-ordination of efforts for the care of handicapped children, some measure of agreement was reached on broad principles, and the Medical Committees of the local hospitals were asked to disseminate among the medical staff the conclusions reached at the meetings.

Assessment Clinics for Pre-school Handicapped Children

As foreshadowed in the previous Annual Report, assessment clinics for physically handicapped children have been instituted comparable with those for the mentally handicapped. After consultation with the hospital specialists involved, the child is seen, either at a clinic or at home, for full physical examination and mental assessment. The social circumstances are also taken into account. Based on the findings, recommendations are made for any of the community services which are likely to benefit the child or alleviate the family situation, and educational needs are estimated. A copy of the report is sent to the general practitioner and the hospital consultant, and it is worth recording that most of the consultants have expressed appreciation of, and agreement with, these reports. None has disagreed.

The clinics are conducted by an experienced paediatrician on the City's medical staff; this officer also has responsibility for the observation register and therefore usually has knowledge of the handicapped children from a very early age.

Observation Register

The work continues of registering children "at risk" by reason of adverse genetic factors or adverse factors in the maternal or obstetric history or the perinatal or postnatal period. To this register are added the names of children suffering serious accident or illness in early infancy or those where known social factors predispose to risk. There were, at December 1966, some 1,140 names on the register, 486 of them being of children born in 1966 and the rest in preceding years. Of the children born in 1966, 8 have since died, 71 moved out of the area and 23 were removed from the register as being no longer at risk. It is impossible to assess yet how many of these 1966-born children will have some permanent degree of handicap. Some few will, of course be known since they were born with congenital malformations obvious at birth—these total 42 (see table of Congenital Defects, Table 40, page 83) but other handicaps, such as those of hearing and vision, cannot be detected so early in life.

The process of adding or deleting names, accepting transfers into the area and transferring records for those who move out of the area, is a continuing one, and therefore the number of children "at risk" is never static. The amount of work involved in registering the children, dealing with transfer of records, sending reminders of examinations due and dealing with correspondence is very considerable. The volume of work entailed in the clinical examination of the children is even more so. The Medical Officer of Health fully accepts that if by this means all children who are born with, or who develop, handicaps become known to the Health Department, the work involved is well justified; nevertheless he will have close regard to the proportion of handicapped children becoming known via the observation register, the total number of handicapped children becoming known *by any means* and the total number of children on the observation register in each year. If, on analysis, it is demonstrated that the number of handicapped children brought to light by the observation register is only a small proportion of the handicapped in that same year of birth, he will seek to modify the criteria for the observation register.

THE WORK OF THE HEALTH VISITORS

(Miss E. A. Evans, H.V., S.R.N., S.C.M., *Chief Nursing Officer*)

The pattern of health visiting work carried out in the City continues. Home visiting and follow up, organisation of welfare clinics, ante-natal clinics and special clinics for handicapped children, and an active part in the School Health Service, continued throughout the year. It is inevitable that a City of this size and character with varying degrees of social need provides work on the home visiting aspect which is extremely varied and worthwhile.

A difficult feature is the amount of movement of families from one address to the other, maybe within the same house or street, apart from the movement in and out of the City boundary. Thus it is almost impossible at times to ensure an adequate follow up on some of the families who may require special care or who are at risk socially or on medical grounds.

Fortunately the health visitor is well placed to find families, as she is responsible for the work in a geographical area in which she is constantly visiting and where she is seen frequently by members of the community, gaining knowledge of their problems and making useful social contact with them. She is, therefore, often able to give advice on the spot and to make available her skills and knowledge immediately. However, in spite of this vigilance, families with many problems slip through with unresolved worries.

Many families need special and constant support but they fail to use the services offered intelligently and lack the initiative to run their homes and to provide a happy and secure atmosphere for the development of the children. The health visitor endeavours to encourage and guide them, hoping to be thought of as a friend and adviser. This is accomplished in many instances and quite often she is the only worker families accept.

Where intensive help is thought desirable and where this is acceptable to the family as a unit, the nursing staff are pleased to ask for the help required from other social workers. Therefore, they keep in contact with social workers from all other departments and all other services wherever it is possible and build up close personal relations with them. Much of the work is carried out without referral. The health visitors are often able to tide the family over by supporting and offering such material help as is obtainable for them. Social problems continue to be one of the main concerns of the health visitor and frequent consultation with senior nursing staff is required.

Child Minding

Health visitors supervise women who wish to act as voluntary child minders, e.g. mothers who wish to mind not more than 2 children in their own homes.

The health visitors also recommend the admission of normal children to the day nurseries, as they are very much aware of the needs of the children in their area. Application for admission is made through the health visitor and each application is considered from the social report of the worker concerned. Arising from their home visiting activities the nursing staff are often the first workers to become aware of illegal child minding. They report the facts to the medical officer for any action required, having informed the child minder that this is being done.

The preventive role played by the health visitor must also be mentioned: advising the normal happy family on diet, child management, and any aspect of child care discussed during her visit, and so preventing stress and anxiety on the part of the mother. It also enables the health visitor to recognise deviation from normal, and she quickly detects a need for further help.

Health visitors take part in intermediate case conferences of the Co-ordinating Committee, contributing to the discussion where their knowledge and realistic assessment of the family situation is very much appreciated. They also frequently recommend that families should be discussed, so that all workers concerned may pool resources and information.

Welfare Centres

The local centres from which the health visitors work become a focal point where members of the community come for information and help. Health visitors are available for some part of each day, to those who wish to see them, as well as attending clinic sessions. Infant welfare, and ante-natal clinics continue with the usual attendance of those seeking advice. Immunisation programmes are carried out and advisory sessions are held in co-operation with medical officers.

Nursing staff take part in the Cytology Clinics, held at some of the Centres.

Playgroups are offered also, for mothers attending clinic, or wishing to use the facility for any other reason.

Health Education

The health education programme is an important part of the health visitor's function and an active interest in this work is shown.

Sewing classes and educational classes for ante-natal mothers are held at regular intervals.

Films are shown and many clinics organise discussion groups. This useful form of teaching is additional to the usual displays of visual aids of all sorts. Regular teaching sessions are taken in some of the secondary modern and primary schools. A programme of talks is given every year at the Paddington Institute for Further Education.

During the year an interesting series of talks on different subjects was given for foreign students at the Pulteney College, Wardour Street, in which many health visitors took part. One health visitor is taking a regular educational Session at College Park Secondary School for Educationally

subnormal girls and this is proving very successful. Pupils also come to the Hallfield Maternal and Child Welfare Centre, which is a useful way of widening their horizons.

An interesting Home Safety Exhibition was planned and held at Marsham Street Centre in October.

Two health visitors trained Grey Coat Hospital pupils in Mothercraft for the Duke of Edinburgh's Award. A series of talks was given at Buckingham Gate School in conjunction with their Home Economics Course. The Business and Professional Women's Club, Westminster Branch, asked for a speaker and this was arranged.

(See also full report on Health Education activities, page 55).

Staff Meetings

These were held at regular intervals with speakers from other departments to talk about their work.

Refresher Courses

Eight health visitors attended courses during the year.

Two Assistant Nursing Officers completed Queen's Nurse Training.

Other Activities

Two meetings were arranged with a senior nursing officer from the Ministry of Health, to discuss the problems of child minding in the City.

Clinic Auxiliaries

The nursing staff establishment was varied during 1966 to include 8 clinic auxiliaries, and this has proved a very successful arrangement. All staff agree they have become valuable members of the team, relieving trained nurses of all domestic duties. A programme of training was arranged in which senior staff took part, and the outcome has been good team spirit and appreciation on both sides.

Group Practice Attachment

In addition to the continuation of the attachment of a health visitor on a part-time basis to one group practice, a further group of doctors requested and received a similar service to their practice during the year. These arrangements work very successfully and the general practitioners are most appreciative of the work the health visitors undertake. The two health visitors concerned are also keen to continue the two services, and are co-operating happily, to the benefit of patients and all concerned. It is hoped in future to arrange that the health visitors will work full-time with both groups.

School Health Service

Many of the health visitors take an active part in this service, arranging annual comprehensive surveys and medical inspections, and hygiene surveys where necessary. They co-operate closely with head teachers and medical officers, and are welcome visitors to the schools. At infant and junior schools they often have knowledge of the family background of the children concerned, having recently visited them as the under 5 years group. Health education plays quite a big part in the work of the nursing staff in schools; personal hygiene talks are given to individual children and to groups of children, apart from the other teaching sessions arranged.

Day Nurseries—Staffing

The senior nursing staff co-operate fully with the Matrons on the administration of the day nurseries. Five nurseries continue to train nursery nurses and close contact is maintained with the colleges concerned with this training. During the year eight students entered for The Nursery Nurses Examination and were successful. The training, which is for girls from 16—18 years, is an interesting and useful one and wide opportunities occur for the students once they are trained. Training takes 2 years, and on passing the examination students become registered Nursery Nurses. Because of the opportunities outside day nursery work, recruitment is difficult, and there is a serious shortage of staff from time to time.

Arrangements are made for the part-time admission of handicapped children to day nurseries and 2 Matrons and 1 nursery nurse have attended courses to help them handle these children; it is hoped to be able to extend this training to others. It is important to keep the nurseries adequately staffed and recruitment is a major activity of senior nursing officers.

Many children are admitted to the nurseries because of adverse environmental conditions, and therefore it is essential to keep the nursery staff up to date and fully aware of developments in the field of child care. This is done by arranging for them to attend refresher courses at regular intervals. Four Matrons and 4 Deputy Matrons attended such courses during the year.

Nursery nurses, and other grades of staff, were also released for suitable courses at intervals during 1966.

Staff meetings are held regularly for senior nursery staff, at which a useful exchange of knowledge and information takes place.

Recruitment

Seven health visitor students were trained during the year, and the City Council is fortunate in being able to attract excellent candidates. They commenced work in September, 1966, and are proving good health visitors in the field.

Two day nursery Matrons were appointed in place of Matrons who retired after many years service. Seven health visitor students were interviewed and appointed for sponsorship in 1967, again of excellent quality. This should be mentioned and appreciated as there are shortages of such staff in other areas. Unfortunately there is still a fair amount of change in the clinic nurse grade, but not as much as before the appointment of clinic auxiliaries referred to earlier.

Day nursery staff cause most anxiety in recruitment, due no doubt to the long hours expected and the fairly low salaries paid. Whilst this is a national scale it does adversely affect the staffing of the day nurseries in Westminster, where staff almost always have to travel some distance to work, or if they have accommodation in the City find the cost of living is high.

We continue to have many visitors to the City. In 1966, 665 students of all disciplines visited the Health Department: social workers, student nurses, administrative officers, doctors, overseas visitors of many nationalities. This is a very interesting exercise and involves all the staff from senior nursing staff to workers in the field and in the day nurseries.

HOME NURSING AND MIDWIFERY SERVICES

Staff Establishment

Full time Nurses	34
Part " "	3
Student "	4
State Enrolled Nurses	5
Bath attendants	3

The National Health Service Act 1946, Section 25 states that a local health authority must make provision for the nursing care of patients in their own homes by domiciliary nurses.

The City of Westminster provides two home nursing centres, one at 117, Sutherland Avenue, W.9. covering the northern area, and the southern area covered from 36, Great Smith Street, S.W.1.

Residential accommodation, at No. 90 and 117, Sutherland Avenue, is available if required by the nursing staff.

Home Nursing

Home nursing care is given at the request of general practitioners, hospitals, health visitors and social workers, the necessary drugs, dressings and treatment being prescribed by the patient's own medical adviser. Nursing personnel undertake their visits to patients between 8.30 a.m. and 9 p.m., the majority of visits being completed by 6 p.m.

Night nursing service is arranged according to the patient's particular needs. The Marie Curie Foundation Fund contributes to the cost incurred in providing continuous nursing care throughout the day and night.

All kinds of nursing treatment are given including rehabilitation of patients following severe or disabling diseases.

The majority of patients are over 65 years and often require prolonged nursing care.

Evening Clinic

An evening clinic is held each day from 4.30 p.m.—7 p.m. Monday to Friday, at 117, Sutherland Avenue for ambulant or working patients requiring treatment by injection or surgical dressing.

Paediatric Home Care Unit

St. Mary's Hospital operates a special scheme for the medical and nursing care of sick children in their own homes. One full time nursing sister is attached to the Unit from the Sutherland Avenue Centre.

Royal Household

A nursing sister is resident in Buckingham Palace Mews to provide nursing care for members of the Royal Household, her relief being provided by nursing staff from the Great Smith Street Centre. The cost to the Council is reimbursed.

Training

All the nursing staff hold either the S.R.N. or S.E.N. qualifications. State registered nurses receive training for three of four months in association with the Queen's Institute of District Nursing for the Diploma of District Nursing. This scheme is sponsored by the City Council and the students are required to work within the City for a further year on completion of the course.

Education

In conjunction with Hammersmith Hospital and the Battersea College of Technology (to be known as the University of Surrey), the City Council participates in an integrated scheme for a training course incorporating state registration, health visiting and district nursing respectively.

The complement of state enrolled nurses is to be increased to relieve the state registered nurses of some of the less skilled nursing duties. An In-Service Training Scheme to give district nurse training to State Enrolled Nurses is shortly to be introduced in Westminster.

Refresher Courses

These continue to be arranged regularly for the nursing staff, enabling them to keep up-to-date with nursing techniques.

City of Westminster District Nursing Association

The City of Westminster District Nursing Association, which was formed last year, continues to take an active interest in the welfare and provision of amenities for patients and staff.

Decoration and refurnishing of Nursing Service

Headquarters and Nurses' Home

An extensive programme of decorating, repairing, refurnishing and re-equipping the Headquarters building at No. 117 Sutherland Avenue, and the Nurses' Home at No. 90, was approved by the Health Committee; work was well in hand at the end of 1966 and will be continued in 1967.

DOMICILIARY MIDWIFERY

Staff Establishment

Midwives — Full time	4
“ — Part time	1
“ — Pupils	2

The City Council is required by the National Health Service Act, 1946, to provide a sufficient number of certified midwives to attend women in confinement in their own homes.

The City Council provides this service directly except in the S.W.1. postal area (the area of "old" Westminster south of the Royal Parks) where the Westminster Hospital provides the service on an agency basis. In general the midwives provide a comprehensive service including ante-natal care in co-operation with the patients' own doctor, and also the nursing of cases discharged early from hospital. Every effort is made by visiting the patient in hospital to ensure continuity of care for those women who are not confined at home but who will require maternity nursing on discharge.

Domiciliary Confinements

There has been a steady decline in the number of domiciliary confinements and a marked increase in the number of 48 hour and early discharge of nursing mothers.

The domiciliary midwives and pupil midwives attend the local health authority and hospital clinics for antenatal mothers.

Training

District training is 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.

LOAN OF HOME NURSING EQUIPMENT

The City Council's scheme for the free loan of nursing equipment continues to be of great help to the residents of Westminster and, as envisaged, the requests for equipment during 1966 increased as the service became more widely known.

The items covered by the scheme include hoists; hospital beds (complete with built-in back rests, poles, chains and rings, to enable patients to raise themselves in bed if they are able to do so); walking aids of every type; combined indoor and outdoor wheelchairs, and armchair commodes.

Smaller items such as bed pans, urine bottles and waterproof sheeting are issued free of charge by the Westminster Division of the British Red Cross Society on behalf of the City Council and the Health Department is very appreciative of this service.

The number of items loaned directly by the City Council is now in excess of 700 as compared with just over 600 in the previous year.

Help and advice is readily available from the Department's staff operating the Loan of Equipment Scheme, and an excellent relationship exists with general practitioners, hospitals and social workers associated with the work of this Section.

Incontinence Pads

Under Section 28 of the National Health Service Act, 1946, incontinence pads are provided for and distributed to appropriate patients visited by the Home Nurses or upon the recommendation of a general practitioner.

In Circular 14/66, the Minister of Health urged local authorities to extend their schemes to include the provision of waterproof knickers, pants and liners, to all who would benefit from their use. An additional amount was provided in the Estimates for 1967/68 for this purpose with a view to providing a more comprehensive service in Westminster during 1967.

DAY CARE OF CHILDREN UNDER 5 YEARS

City Council Day Nurseries

The City Council provides accommodation in Day Nurseries for children under 5 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. Children who fail to make normal progress for their age are also admitted for a period of observation and assessment and at the discretion of the Medical Officer of Health children may enter a nursery to allow qualified women, e.g. doctors and teachers, to return to their professions.

A total of 325 new applications was received, of which 198 in the priority categories mentioned above were admitted during 1966. Pending admission, the remainder received advice upon the placing of their children in private nurseries or with reputable child minders registered with the City Council.

Severely mentally and physically handicapped children place a heavy strain upon the mother and to afford the parents some temporary relief from the need for continual vigilance and attention a number of places are reserved for them. The importance of this type of service is fully realised and plans are in hand to increase these facilities by the provision of special care units at selected day nurseries.

Of the 8 City Council Day Nurseries providing accommodation for 450 children, training facilities exist at five where students are trained for the examination of the Nursery Nurses Examination Board of the Royal Society of Health.

Despite minor outbreaks of infectious disease at the City Council's Day Nurseries which reduced attendances during some periods of the year, the average attendance during 1966 was 89%.

Sponsored Child Minder Service

In March 1966 the City Council approved a pilot scheme subject to Ministry of Health approval whereby suitably qualified persons could undertake in their own homes, and in return for payment by the City Council, the minding of children nominated by the City Council. The Ministry subsequently stated that the City Council had power under the existing approved proposals made by the former London County Council for the care of young children, and that no formal amendment to these proposals under Section 22 of the National Health Service Act 1946 was necessary.

Subsequently, a mother trained in child care and who owned premises in the Paddington area applied to be included in the scheme. The available accommodation, after adaptation, was considered to be highly suitable and the City Council approved her registration under the Nurseries and Child Minders Regulation Act, 1948 to mind up to 10 children under the age of 5 years. A high standard of service and facilities was demanded and has been forthcoming. The nursery has proved to be an adequate alternative on a small scale to the City Council's Day Nurseries and parents have been happy for their children to be placed there. The sponsored child minder has co-operated with the City Council and results have shown the scheme to be most successful, helping to reduce the overall waiting list.

The minder receives fair payment from the City Council for the service she provides and parents of limited means, who are assessed to pay according to their financial circumstances as applies to the City Council's Day Nurseries, are therefore able to have their children well cared for during the day.

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.

Applications were received and approved for registration under the Act in respect of four private day nurseries and two child minders, including the sponsored child minder mentioned on page 39; the registrations of three nurseries and six child minders were cancelled. In all, the total number of places available was increased by 27.

By the end of the year, there were 21 registered private day nurseries in Westminster available to take 563 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. Eleven child minders catering for 64 children were registered with the City Council.

Voluntary Child Minders

Women who look after one or two children under the age of five years in addition to their own family are encouraged to 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 are 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, 1966 there were 63 voluntary child minders on the register, authorised to mind 92 children.

Occasional Crèches and Play Groups

The City Council provides twelve two-hourly occasional crèche 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 125 children are minded weekly in this way.

The need for playgroups in some areas of the City is continually growing and several new groups run by voluntary organisations have been formed where the charge is within the means of the parents to pay. 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. At 31st December 1966 there were 9 playgroups, catering for 237 children, known to the City Council.

In appropriate cases, the City Council approves grants, renewable annually when necessary, to assist these organisations with the purchase of furniture and play materials. Six playgroups benefitted in this way during 1966.

FAMILY PLANNING

Under Sections 22 and 28 of the National Health Service Act 1946, local authorities can provide without charge, family planning advice and treatment, either through their own clinic 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 in certain Health Service premises rent free.

In view of guidance from the Ministry of Health and bearing in mind the proposed government legislation in regard to Family Planning, the City Council extended its services during 1966 to meet increasing demands.

An additional doctor was employed at the Family Planning Clinic run by the City Council at the M. & C. W. centre at 283A Harrow Road, W.9, and the Family Planning Association run three more clinics than in the previous year in Health Service premises. Two of these were at existing Centres and the third clinic opened in November at the Maternal & Child Welfare Centre, Marshall Street, W.1. This is held on Tuesdays between 12.30 p.m. and 2.30 p.m. to provide a service in the Oxford Circus area for working girls and women.

The Marie Stopes Memorial Foundation provides a domiciliary service to mothers who because of various domestic difficulties are unlikely or unable to attend a Family Planning Clinic and to whom a further pregnancy might well undermine their health and welfare. Figures show that there is still a need for this type of service.

The City Council also grants the free use of health service premises to the Catholic Marriage Guidance Council.

Family Planning Sessions, 1966
(City Council Clinic at 283A Harrow Road)

Number of 1st attendances during year	..	..	368
Total number of attendances during year	..	..	819
Number of sessions held during year	..	..	52

CERVICAL CYTOLOGY

Section 28 of the National Health Service Act, 1946, also enables Local Health Authorities to participate in a cytological screening service for the early diagnosis of cervical carcinoma. Within the last decade, it has become widely recognised that by microscopic examination of the cells shed from the surface of the uterine cervix, it is possible to detect early abnormalities which precede malignant changes by a number of years. Each year, some 2,500 women, mainly in the prime of life, die in England and Wales from carcinoma of the cervix. This heavy toll can now be prevented. It is therefore the policy of the Ministry of Health to encourage, in so far as local resources allow, the establishment of a screening service in which general practitioners may be supported where appropriate by Local Health Authority clinics.

Taking a cervical smear is comparatively simple; on the other hand microscopical examination of the cervical cells is a highly skilled process. The number of smears which can be taken is thus primarily determined by the availability of suitably trained technicians in the hospital laboratories. Late in 1965, the Inner London Local Medical Committee, representing all general practitioners in the National Health Service in the area, requested local authorities to establish screening clinics in their areas for the general population. Officers of the City Council had already been investigating the possibility of such a service and, thanks to the help of the Samaritan Hospital, it was possible, with the approval of the Ministry of Health, to meet this request. The first cervical screening clinic was opened at Hallfield Maternal and Child Welfare Centre on the 5th September, 1966, and a second at Harrow Road Maternal and Child Welfare Centre on the 4th November; each clinic is held weekly, up to twenty smears being taken at each session.

Carcinoma of the cervix is most common in the 35-55 years age group, particularly in married women who have had several children. It is, however, desirable to screen all women at least every five years between the ages of 25 and 65; younger women should not be discouraged from having this examination, so that no lower age limit need be set. Thus from the outset the screening service has been available to all women under the age of 65 living or working in Westminster, all appointments being made centrally through the Health Department at City Hall.

To encourage the use of this service, an explanatory leaflet was specially designed for the general public for display in public libraries and maternal and child welfare centres; a large poster for similar public display was in the process of production at the end of the year. The leaflet entitled "The Cervical Smear", had two purposes—first, to provide a simple explanation of the test and, secondly, to obviate any undue alarm caused by a request for a further smear to be examined or by reference to the patient's doctor for investigation. All patients attending a screening clinic are also offered a simple palpation of the breasts and this is accepted almost invariably.

By the end of the year, 370 women had attended a screening clinic 260 at Hallfield and 110 at Harrow Road. Of this number two, aged 63 and 41 respectively, were found to have positive smears and were referred to hospital by their family doctors for the necessary further investigations to be undertaken—the presence of a pre-cancerous condition was confirmed in both patients and the requisite treatment put in hand. In addition, a number of minor conditions, such as Trichomonas or Monilia infection, or a cervical polyp or erosion, were discovered, and all such cases were referred to their general practitioners for treatment to be arranged.

In view of the good public response, arrangements had been completed by the end of the year for the opening of a third cervical screening clinic at the Marylebone Town Hall Annexe Maternal & Child Welfare Centre early in January.

RECUPERATIVE HOLIDAYS

Recuperative holidays, normally of two weeks duration, are arranged for adults who have been suffering from a recent illness 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 patients, but if they are unable to afford this, an assessment is made according to means. Recommendations for recuperative holidays for school children are referred to the Inner London Education Authority who bear the cost.

During 1966, the following admissions to recuperative holiday homes were arranged:—

Expectant and Nursing Mothers	..	..	..	1
Tuberculosis	..	..	..	6 (adults)
Other Adults	..	..	..	86
Accompanied children	..	..	..	14
Unaccompanied children under 5 years	..	..	..	1
School children	..	..	..	66

BOARDING OUT OF T.B. CONTACTS

It is sometimes necessary to make arrangements for children to be boarded out when their mother is required to undergo hospital treatment for pulmonary tuberculosis and where there is no relative to care for them. Arrangements for this are made by the Health Department in liaison with the Chest Physicians and the Children's Department.

In 1966, 2 children were boarded out under this scheme.

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 Westminster 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., these respectively serving areas corresponding to the former City of Westminster and the Boroughs of St. Marylebone and Paddington. A Home Help Organiser is in charge at the City Hall, and a second Organiser stationed at the Paddington office controls both the Paddington and St. Marylebone offices. Each of the three offices has an Assistant Home Help Organiser and clerical staff.

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.

One of the factors involved in the increasing demand for the service is the lack of geriatric hospital beds and accommodation in welfare homes. Persons discharged from hospital may require immediate and prolonged home help service whilst those awaiting admission may also seek home help assistance. Both categories may well require two or even three visits per day. Another contributing factor is the increasing longevity of the population. The number of those over 70 years of age steadily rises and they come to depend more and more upon the home help service as their infirmity increases. Further, to combat loneliness in the older people who live by themselves and are often housebound, to keep them under surveillance in case they need medical attention, and even to ensure that they have one good meal a day, it is the practice in the City Council to provide, as far as possible, daily or alternate day visits of short duration rather than longer spells at weekly or twice weekly intervals.

For many lonely and infirm persons the home help's visit is the high-light in their lives and the lift to morale by the help's companionship goes far beyond the physical assistance they receive. Some home helps voluntarily extend their paid-time service by "good-neighbourly" visits to their "clients" in off-duty hours to ensure that all is well and that they have such rudiments as heating, hot drinks and a Sunday meal.

Number of home helps:

(a) Joining service during 1966	..	..	..	91
(b) Leaving service during 1966	..	..	..	88
(c) Employed as at 31st December, 1966	..	..	..	233 (178 Full time equivalent)

Although the recruitment figures indicate an increase of three persons only, the total number of hours worked by the 233 home helps corresponds to an additional 29 full time units employed compared with 1965.

Details of the number of cases in which this service was provided during 1966 are set out in Table 42, page 84.

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 the surgeries of three private chiropodists.

In order to provide a special service for the handicapped, a clinic was opened in April at the Welfare Centre for the Handicapped, 10 Warwick Row, S.W.1. by arrangement with the Director of Welfare. This has proved to be of considerable value, catering for persons who normally attend the centre and other handicapped people who are conveyed there in the Welfare Department's special coaches.

To cope with increased demand, additional sessions were opened at existing City Council clinics, at the City of Westminster Health Society's centre at Marsham Street, and at those run by the City of Westminster Old People's Welfare Association. By the end of the year one full-time and seven part-time chiropodists were employed by the City Council working 30 sessions weekly; and eight part-time by the Association, serving 40 sessions a week, 27 of which were domiciliary.

Details of the number of treatments undertaken in 1966 by the City Council's chiropodists and by the City of Westminster Old People's Welfare Association are set out in Table 41, page 83.

MENTAL HEALTH

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

A brief summary of the activities of the mental health section follows this report from which it will be seen that the general work for the mentally disordered for whom the City is responsible, has continued along customary lines, and in most spheres has been expanded, but many of the day-to-day facilities for out patients are still only available in neighbouring boroughs and once again the City wishes to express its thanks to those Authorities who afford it so much help. Nevertheless, it is the continuing aim of the City to build up its own services and it is encouraging to report that during the past year a very real start has been made.

The success of any local Authority's efforts to provide community care for the mentally disordered is dependent largely on the support and toleration that their neighbours and fellow citizens are prepared to give, and this support has been generously offered in the development of new projects. Beauchamp Lodge Settlement approached the City Council to discuss the formation of a club for the mentally sick. It was agreed that there were patients who needed a simple friendly club; they were perhaps unable to cope with the more arduous demands of a rehabilitation centre, and it was agreed that an afternoon club, now known as the Tuesday Club, should be formed. A large room at the Settlement was made available and the City Council helped financially with the simple redecoration undertaken by voluntary helpers and with the provision of comfortable chairs. The running of the Club is shared by the Settlement staff, voluntary workers and the City's mental health social workers, one senior member of these acting as adviser on admissions and giving very considerable support. The Club developed slowly but has now achieved great success. There is a firmly established membership, mostly made up of people who have little or no other contact with the world. It is difficult to realise their isolation but this may be understood when one patient, who was going on holiday, said she would now have someone to whom she could send a postcard.

Simple outings have been organised, including a trip on the Settlement barge, and through the good offices of a commercial organisation, a coach ride at Christmas was provided to see the West End lights followed by a lavish tea.

There will be no spectacular achievements arising from the provision of the Tuesday Club, no impressing statistics will be forthcoming, the only criteria of value that can be put forward is that the Tuesday Club members come so regularly that it has been necessary, in order to retain its intimate atmosphere, to open another club, the Thursday Club, now being run on similar lines.

The Terrace Day Centre opened on the 1st November, 1966. The Institute of Social Psychiatry's long established centre at Blackfriars was transferred there and the City is most fortunate that its first centre for the rehabilitation of the mentally ill should be in the hands of the extremely experienced staff from Blackfriars, and through this many of the usual growing pains have been avoided. Co-operation at all levels has been easy and pleasant and the centre is now thoroughly integrated into the City's mental health services. A large early Victorian house has been adapted for the purpose; the rooms are high, bright and comfortable. There was still much work to be done after the 1st November, and the centre patients and staff did a great deal to provide finishing touches and additional amenities.

The centre's aim is to rehabilitate patients and help them back to work and a normal way of life. An extremely tolerant atmosphere prevails, but certain standards of behaviour are expected. Most activities are shared so that patients re-learn to work with others and are drawn out of their desperate isolation. Help and guidance in every aspect of day-to-day living is available and as part of their training patients do the daily chores of the centre. There is a first-rate kitchen and patients and staff together shop, cook and serve a full midday meal. Catering for the centre Christmas Party was entirely in the hands of the patients and staff and was of an extremely high standard. A washing machine has been installed and encouragement is given to patients to bring their personal laundry since those who live in lodgings are often unable to do their washing and cannot afford launderette facilities. The opportunity offered by the centre may be the first step towards a re-awakening of self-respect and a renewed interest in personal hygiene and appearance.

Among its activities the centre undertakes industrial work, such as simple assembly jobs, envelope addressing, etc. Doing work of this kind is a necessary part of rehabilitation as patients once again learn to perform tasks regularly and with concentration, and to accept obligations of completing to time any work undertaken. If any interested citizen could offer work of this kind he would be making a very real contribution to the rehabilitation of his sick neighbours and can be assured that the work performed will be of an acceptable commercial standard.

The Terrace Day Centre is already making a great contribution to the City Council's work and is helping not only the patients but the City's field staff, and expansion in its activities can be confidently expected.

The second establishment opened during 1966 within the City's boundaries was of quite a different kind. It is Linnet House, a special care unit for severely handicapped children over the age of five years. A special care unit provides daily care for children whose disabilities are so great that they cannot attend a training centre; some are so helpless physically that they need to be cared for like infants, some so overactive that they cannot be allowed to move from room to room unless held firmly by the hand. Only those who have looked after such children can understand the strain that their constant care can impose on their devoted families. The Health Committee regarded the easing of this burden as a most urgent task.

Part of the premises of a maternal and child welfare centre were adapted as rapidly as possible, and a specially designed coach was purchased. Once again the sharing by the local authority and its voluntary organisations of the task of helping its handicapped citizens is admirably demonstrated. The City of Westminster Society for Mentally Handicapped children has undertaken the day-to-day running of the centre on an agency basis. The closest and friendliest co-operation between the City Council and the Society exists. The staff of the unit are giving devoted service and already some children have made progress that was not anticipated. At the formal opening by the Bishop of Willedsen, and at which the Lord Mayor of Westminster was present, the value of the centre was most forcibly and touchingly demonstrated when "the platform ladies" received from the children themselves a flower buttonhole. The hours of patient training that enabled these children to perform this simple task is difficult to realise and could only have been given by staff whose devotion goes far beyond the demands of duty.

The opening of the establishments described above is only regarded as a beginning. The planned hostel for subnormal men will open early in 1967 and is an eagerly anticipated development for that year. Other projects are already under consideration and it is hoped that the difficulty of finding accommodation within the City and suitable staff will be overcome to enable them to be implemented.

Mental Health Act, 1959—Admission to Psychiatric Hospitals

It is the duty of medical practitioners to secure the admission to hospital of patients needing treatment under the Mental Health Act, 1959, and of the Regional Hospital Boards to find beds for such patients. In practice the majority of London borough councils make the services of their mental health staff available for arranging admissions where general practitioners are not able to do so. In the first few months of 1966 there was an acute shortage of beds and the Medical Officer of Health expressed concern at the time-consuming difficulties encountered by his staff in helping medical practitioners in this way. Apart from the fact that urgent treatment is generally needed, these serious inroads into the time of the mental health staff restrict their availability for the Council's statutory services.

In their Memorandum of Guidance on the administration of the Act, issued in 1960, the Ministry of Health suggested that it might be found convenient for the Hospital Boards to set up a bed bureau to discharge their responsibility to these patients. Such an organisation has been in operation for urgent cases, other than mental health cases, since 1938 (the Emergency Bed Service) and in July 1966 the City Council made representations to the London Boroughs Association that a similar organisation should be established for mental health cases.

In October, 1966 the view was expressed to the London Boroughs Association that for these cases it was preferable to secure admission to the psychiatric hospitals through local channels in

order to preserve casework liaison. The Association appreciated this view, but, at the same time, were aware that the problem stated by the City Council was acute in the inner London boroughs where there is a large number of the vagrant type of patient and where patients have to be placed in psychiatric hospitals which are a long distance from their homes. In the above circumstances the Association decided to ask the four Regional Hospital Boards to consider whether they could help diminish the expenditure of staff time in securing admission of patients to psychiatric hospitals and suggested that some form of "referee" procedure might be instituted to ensure that local hospitals do not get too large a share of vagrant patients. The Association drew the attention of the Ministry of Health to the above problems and to their approach to the Regional Hospital Boards.

Fortunately, towards the end of the year the situation with regard to admission to psychiatric hospitals became somewhat easier, but nonetheless a considerable amount of time is still spent by the Department's mental health staff in arranging admission of patients.

At the time of preparing this Report the views of the Regional Hospital Boards are awaited.

Mentally Disordered Patients

Patients referred for consideration this year totalled 1212; referrals for 1965 were 821. This indicates the growth in the volume of work undertaken by the Mental Health Section. Five hundred and four patients were admitted to psychiatric hospitals informally or compulsorily, and 441 were received into community care. In all other cases, help, where appropriate, was given.

At the end of 1966 the total number of patients in community care was:— 623 (1965: 492); mentally ill, 371 (1965: 245); subnormal and severely subnormal, 252 (1965: 247).

Residential Care

During 1966 the City Council maintained in residential accommodation 31 mentally ill patients and 39 subnormal and severely subnormal patients. Also in residential homes are 17 subnormal and severely subnormal patients who are in the care of the City Council's Children's Department, with whom the Mental Health Section works closely.

OTHER SERVICES FOR SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS

Day Training Centres for junior and senior trainees

There are 58 children and adults attending training centres:—

Fulham Junior	..	..	..	..	..	5
Kensington Junior	..	..	..	..	..	21
North Kensington Senior	..	..	..	..	..	15
Balham	..	..	..	..	..	3
Clapham	..	..	..	..	..	1
College Park	..	..	..	..	..	10
Archway	..	..	..	..	..	3

Organised Annual Holiday for Trainees

During 1966 arrangements were made for fifteen Westminster trainees to have a two week holiday at St. Mary's Bay Holiday Camp, Dymchurch, Kent. This was again very successful and enjoyed by all who took part.

Home Tuition

One patient, who is in community care, received training in her home by a qualified home tutor.

Special Day Nursery, Frances House, Bravington Road, W.9.

This nursery, run by the City of Westminster Society for Mentally Handicapped Children, continues to provide a very important and necessary service for the mentally handicapped child. Sixteen children are attending there at present.

Westminster City Council Day Nurseries

Twelve mentally handicapped children were admitted to these day nurseries during the year and eight were still in attendance in December, 1966.

Linnet House, Special Care Unit, Charlbert Street, N.W.8.

There is provision for 12 severely handicapped children aged 5-12 years in this Unit which opened on 3rd October, 1966. Three children were admitted immediately and by December six were in attendance. Transport is provided to and from the Unit.

All children who attend these nurseries referred to above are seen regularly by one of the Council's Senior Medical Officers.

This Unit is also run by the City of Westminster Society for Mentally Handicapped Children, on behalf of the City Council, and a very close and satisfactory working arrangement exists between the Council and the Society.

Special Clinics for Retarded Children

The number of children referred to the two clinics was:—

Harrow Road	38
Bessborough Street	11

Short Term Care

Holidays for periods of two to eight weeks were arranged for 37 patients; thirteen were accommodated in hospitals and twenty-four in suitable residential homes.

OTHER SERVICES FOR THE MENTALLY ILL

Terrace Day Rehabilitation Centre, 1 St. Mary's Terrace, W.2.

This centre, for 40 mentally ill patients, opened on 1st November 1966 and during December, 19 patients were in attendance, 13 of whom were Westminster patients. (See full report on the activities of this Centre on this and following page).

Day Rehabilitation Centres

The following patients attend these centres to receive training and support, helping to equip them for their eventual return to employment:—

Centre	Patients
Blackfriars	4
Castle Day	4
Crossways	3
Shoreditch	1

The Westminster patients attending the Centres at Blackfriars and Crossways were transferred to the Terrace Day Centre when this opened in November.

GENERAL

Approval and Re-approval of Medical Practitioners for the Purposes of Section 28, Mental Health Act, 1959.

During 1966, eight medical practitioners were newly approved and 28 re-approved for the purposes of the Mental Health Act.

Recuperative Holidays for Patients recovering from Mental Illness

Recuperative holidays were arranged for 14 patients.

THE TERRACE DAY CENTRE

1 St. Mary's Terrace, W.2.

Report on the period from November 1966 to March 1967,
by Dr. R. A. Stewart, *Medical Officer in Charge of the Centre.*

The Centre commenced its activities at the beginning of November with the transfer of staff and seven patients from Blackfriars Rehabilitation Centre. The builders were still in occupation and full working order was not achieved until after Xmas. Cleaning up and preparation of the floors and equipment occupied the staff and patients over the first weeks.

The basement now has a well equipped carpentry workshop and laundry. The technician and patients have been busy in constructing cupboards and shelves in the Centre and fulfilling an outside order for holiday postcard display boards in addition to various other jobs.

The ground floor comprises the Office, Workroom, Kitchen and Dining room. The Kitchen is a place of great importance from a therapeutic aspect in that the patients help to prepare the midday meal and also go shopping for this. Jam making is also a regular activity and finds a ready sale.

The first floor comprises a Workroom, a large Recreation room and a Kitchenette.

Occupational Therapy goes beyond the conventional methods of craft work. A continuous search is made to obtain light industrial work. This has proved difficult to come by in view of the present financial recession. The latter state of affairs is also making it very difficult to place patients in employment which after all is one of our main goals.

Work obtained so far has consisted of addressing and collating circulars for mailing, preparing and packing plastic articles, packing streamers &c for outside firms. Payment for work done, has been very small so far.

The centre of course caters primarily for patients resident in the City of Westminster area but if vacancies exist, patients from other Boroughs can be accepted if arrangements are made to recoup Westminster for the cost of attendance.

Patients are referred by Mental Health Social Workers, Hospital Psychiatric Departments, General Practitioners, and various Social Agencies.

The Staff consists of a Supervisor, Assistant Supervisor, one junior Occupational Therapist, a male Technician and a visiting Psychiatrist.

Male and female patients above the age of adolescence are accepted and may suffer from any form of mental disorder but sub-normals as such cannot be accepted. Male and female patients work side by side as the social aspect of the Centre is very important.

The Centre works towards the ideal of assisting mentally disordered individuals to take a place in 'normal' society without a sense of isolation and also to encourage an ambition to take up suitable employment. Where disposal to employment is unlikely to be achieved, the patient's relatives are relieved of custodial care during the day and are able to pursue their own employment. Where there are no relatives, the individual is given some encouragement and supervision to ward off isolation.

The staff has to inculcate a sense of punctuality amongst the patients as attendance is voluntary and treatment is largely dependent on this if transfer to future employment is to be successful.

Social activities of many kinds are held regularly in addition to the work routine. Visits are made to factories, museums and other places of instruction.

In addition to daily supervision of activities, the staff confer with social workers and relatives concerned with the welfare of the various patients. This also includes liaison with doctors, clinics, hospitals, Labour Exchanges, Social Security offices &c.

Not being under the Ministry of Health, National Health prescriptions are not issued but advice with regard to medication is given to the patients' doctors from time to time.

An important service is that of ensuring that the patients are taking medication as prescribed. This is of paramount importance in the prevention of relapse particularly in cases of schizophrenia and epilepsy.

We are extremely grateful for the encouragement given to us by the many officers from City Hall who were concerned with the work entailed in setting up the Centre.

We have had many visitors interested in our work and may we especially thank Dr. Briscoe-Smith and Mrs. Paterson and their respective staffs.

We have been honoured by a visit from the Lord Mayor of Westminster, Councillor A. L. Burton.

We have had the continued interest of Mr. C. A. Prendergast, Chairman of the Health Committee, and also visits from other members of the Health Committee, Mrs. H. Shire, Mrs. R. T. Glenny and Dr. L. Jacobs.

Statistical details relating to the work carried out at this Centre are set out in Table 47, page 86.

SOCIAL WORKERS (HEALTH SERVICES)

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

During 1966 the social workers in this section of the Health Department have been expanding their range of duties. Although there is a certain amount of specialisation the staff have been learning something of each others work so that when necessary they can deputise for their colleagues. Before commenting in detail upon the social work carried out under the various headings, it should be emphasised that the public is using the Department increasingly for general advice and information and it is essential, therefore, that the staff is kept up-to-date with social legislation. In some cases the role of the social worker is to assist people to use the services to which they are entitled by right and there are straightforward cases when this can be carried out quite easily. Often however, the people who ask for help are those who are experiencing serious personal problems and some need long-term support.

Social work at Chest Clinics

There is a social worker at each of the three Chest Clinics in the City, viz., Paddington, St. Marylebone and Westminster. She interviews patients at the clinic and this often involves offering intensive help with the problems and anxiety caused by sudden hospital admission and the practical difficulties that may occur. There are inevitably the problems associated with tuberculosis and fears about the illness and its effect on the family. Some patients have difficulty in managing on a low income for a long period—particularly during the winter months—and the social worker can often help to alleviate financial hardship of this kind. Fuel grants and extra nourishment grants are available to help with the home care of certain patients. With regard to employment, some patients are unable to work because of their illness or need to change to a lighter job and they sometimes have the anxiety of long periods away from work. A number are referred to the Disablement Resettlement Officer and there is close co-operation between that officer and the clinic. The social worker

often has to give continued support and encouragement to some patients who find it difficult to adjust to a work routine after being unfit for some considerable time. Some patients have chronic chest conditions which prevent their working or having any social life outside their homes. These patients have been helped considerably by the facilities offered at the day centres for the physically handicapped.

in the catchment area of one of the Chest Clinics there is a very large lodging house and the social worker attends the six monthly mass X-ray visits to encourage the men there to be X-rayed. There are many problems involved in trying to keep up contact with men and women in lodging houses and hostels and the Ministry of Social Security has given a great deal of help towards maintaining contact with these people and granting allowances for extra nourishment.

One social worker comments that although the number of tuberculous patients has been decreasing, there are greater numbers of lung cancer patients who are followed-up at the clinic and it seems that the social worker will have an increasing part to play in her contribution towards the problems of helping these patients and their families in the community.

At another Chest Clinic the social worker gives a list of some of the items with which she had dealt during the previous eight months. Briefly they may be summarised as follows:— Housing difficulties, financial problems, extra nourishment grants, employment problems, convalescence, invalid meals and medical equipment on loan. The social worker makes herself available to any patient who may turn to her for help and advice concerning any of his or her problems. The social worker also attends the hospital ward rounds with the consultant and so keeps in close touch with the patient.

Social work at V.D. Clinics

Three social workers are employed full-time in connection with this work; one at each of the following three hospitals:— St. Mary's, Middlesex and Westminster. Owing to the increase in numbers of cases it is anticipated that an additional social worker will be required full-time both at St. Mary's and Middlesex Hospitals. During the last four months of 1966 additional social work help was made available on a part-time basis at these two hospitals.

In addition to the work of contact tracing many visits are made to defaulters and in difficult cases and endless amount of persuasion, health education, tact and perseverance is required.

It is essential that a good relationship is formed with the patient who is frequently very frightened and distressed when he or she attends the clinic. An increasing variety of social problems is now being dealt with and visits are made to Probation Officers and other social workers and to Prisons and Remand Centres. Much evening and weekend work is entailed and many clubs and cafes in the less salubrious parts of the area are visited. One social worker says:—"I have become familiar with the areas in which delinquency and vice flourish, and this knowledge does help in tracing defaulters and contacts. The girls and women with whom I deal have sometimes low mentality, are prostitutes, women addicted to alcohol, promiscuous and amoral youngsters who, quite genuinely, see nothing abnormal in their sexual behaviour. A number come from extremely bad family backgrounds, others from all walks of life". Another social worker writes:—"Many of our patients live in the underworld fringe and some indeed are deeply implicated in the criminal world. They are very suspicious of our intentions but we impress upon them that our interest is in their health, and that of the public. Many come to the clinic in quite a distraught state and we act rather as a safety valve." Help of a practical nature can often be given when the social worker sees the patient at the clinic, e.g., arranging hostel accommodation for the homeless, obtaining financial help through the Ministry of Social Security, arranging appointments with the local birth control clinic, and arranging for drug addicts to be put in touch with the appropriate organisation.

Contact tracing in respect of persons referred from the Armed Forces of this and other countries is also carried out by the social workers. (see page 56).

The number of home visits in 1966 made by social workers at St. Mary's and Middlesex Hospitals was 1,026.

Social work at Special Investigation Clinics and in connection with the School Health Service

The primary function of the social workers is to ensure that the school children who are referred to them have access to the many facilities which exist for their medical supervision and treatment and to provide social work help as and when required. They are in touch with many parents and children and are ready to advise on the various public and voluntary services which are available to the community. They work closely with the local voluntary Care Committee workers and with the organising staff in the education service. They attend special investigation clinics for the investigation of such problems as enuresis, behaviour disorders and failure to make satisfactory physical and educational progress. These conditions are often associated with disturbed home backgrounds

and it is important that the social workers provide all relevant information concerning the home to the medical officer at the clinic. In many cases, it is found that the child's condition is directly related to social problems in the home or to emotional problems of the child or the parents. The social workers co-operate with the clinic doctor in the treatment of the child's condition by working with the whole family towards the solution of the practical and emotional problems. This may necessitate visiting the family at home and providing help and support over a long period of time.

One of the staff is responsible for the social work connected with children who are deaf or partially hearing. She attends the local audiology clinic, visits the child's home and acts as the liaison between the home and school. During the last year she attended 504 interviews at the audiology clinic and made 60 visits to homes and schools. She visits during the school holidays all children who are at boarding schools, either because they are physically handicapped, delicate or deaf. It has been found that parents much appreciate the fact that this interest is shown to their children who return to London only for holidays.

Social work in connection with Old People

The importance of services for old people grows with the increasing proportion of old people in the population. It is desirable that whenever possible old people should remain in the community rather than go into residential care and if they are to do so a wide range of help from public and voluntary services is needed. Three social workers are employed full-time in the Health Department in connection with the care of old people and they work in close co-operation with hospital staff, with the City of Westminster Old People's Welfare Association and other voluntary organisations. A very comprehensive range of services is available and every encouragement is given to the old people to make full use of these.

Many old people are very independent however and the social worker sometimes has to persevere for a long time before the old person realises that he or she is entitled to various forms of help and is willing to apply for such help.

The number of visits made to old people during the year by the Health Department social workers was 5,459.

Social work in connection with Immigrants (See separate report, Page 53).

Early last year it was found necessary to increase the establishment by another full-time member of staff to work wholly with immigrants. A wide variety of problems are dealt with by the two social workers including housing, matrimonial difficulties, employment, education, health and hygiene.

In the Paddington area, where there is the greatest concentration of immigrants in the City, special arrangements have been made with the local Citizens Advice Bureau for enquiries concerning immigrants to be referred direct to one of the social workers who visits the Harrow Road sub-office regularly for this purpose.

Social work with families

One of the social workers is employed full-time as a family caseworker and the following is a brief description of this work given by the social worker concerned:—

"My duties are concerned with specific families, which are referred to me (through the Co-ordinating Committee) by other social workers. The reason for referral is usually that the social worker has been concerned at the degree to which problems within the family are interfering with the adequate social functions of the particular member to whom their work relates.

Referrals come from School Care Organisers, Health Visitors, Probation Officers, Head Teachers, Ministry of Social Security officials, Housing Departments and from Medical Social Workers. Some referrals resulted from people coming to the office of their own accord to seek help.

The work has the following aims:—

- (1) To give help and advice with immediate, day-to-day problems, including the referral problems.
- (2) To give support in time of crisis.
- (3) To explore, with the family and/or the individual concerned, the origins of the problems. Through this process it may be possible for the persons in difficulty to arrive at a more objective and positive view of their situation, and to make efforts to solve their own problems, or to make the best adjustment they can to them.
- (4) To assist the family to make the best use of the existing Social Services.

The work is usually long-term and it involves frequent home visits and liaison with other social workers. As well as those mentioned above, there is liaison with Children's Departments, Mental Health Departments, Welfare Departments, Special Schools, Police, National Society for the Prevention of Cruelty to Children, the Courts and Voluntary Agencies. The services of voluntary workers are used mainly in work with children, and for special projects.

The liaison aspect is greatly facilitated by my working in the context of the Health Department, and in particular, being in close contact with the doctors and social workers working in School Health Clinics. (It will be remembered that the recruitment of family caseworkers into the Local Authority setting commenced as a consequence of the Ministry of Health Circular 27/54 in 1954, which was concerned with the welfare of children and with the prevention of break-up of families).

Most of the work is done during home visits, the frequency of which is regulated by the needs of the situation. In a crisis, this could be two or three times in one day. Visits are made during and after working hours and sometimes at weekends. They are on a permissive basis, e.i., based upon my being accepted by the family.

During the year, 24 families were visited, 11 of these being new referrals. Of the 24, four declined to continue with the service after the initial visits were made (in one of these cases, the parents sought our help later after their marriage had broken up). Another felt they were no longer in need of help after some months, and discontinued the service. One was purely a housing problem. One family broke up after eviction and mother's subsequent desertion. Two families moved out of the City and the Local Authorities concerned were asked to continue a similar service for them. Another family was unable to make use of casework help. In another case, the Children's Department—after the Court had placed the children under their supervision—accepted responsibility for helping the family. One family agreed that their situation had improved to the point where they no longer needed the service.

The caseload is constantly fluctuating, with an average of 12 to 15 families. At the end of the year, 12 families (with a total of 50 children) were being visited; 637 home visits were made, and there were 34 office interviews."

Although only one social worker is employed full-time in working with families who have special difficulties, some of the other staff carry a limited caseload in addition to their other duties.

The importance of the staff keeping up-to-date with social legislation and indeed with developments generally in the social work field has already been mentioned. During the last year several members have attended seminars in family casework, social work with handicapped children and their families, and community care. Social workers also attended conferences on the Epileptic Child and the Diabetic Child. Much benefit was derived from the London Boroughs' Training Committee programme of activities. In addition, in-service training has been continued with other departments. Staff meetings with a special aspect of the work as subject for discussion, which all the social workers attend, are held regularly so that everyone feels they are members of a team. One member of the staff was seconded for one year's professional training at the London School of Economics and it is hoped that an increasing number will be able to take courses leading to a professional qualification in social work.

The senior members of the staff are often asked to give lectures to other groups of social workers—e.g., hospital medical social workers, or to voluntary organisations.

Many social science students come from Universities at home and abroad and colleges of Further Education to this department for their practical training, for periods varying from two weeks to three months. It is recognised how necessary this is but student supervision is very time consuming and demanding and it does place a heavy burden on the staff. In planning the establishment of staff in the future perhaps consideration could be given to this point. While perhaps it is not necessary to have a full-time officer to be in charge of student supervision (which would also include the supervision of junior members of the staff) a considerable part of her time could be very profitably employed in this manner.

With regard to research into social needs and social policy, it is considered that this should be undertaken when the opportunity presents itself. In March and April, 1966 the Health, Welfare and Children's Committees considered a report by the Medical Officer of Health, the Director of Welfare and the Children's Officer dealing with the number of illegitimate births occurring in Westminster, the problems which confront unmarried mothers, and the services provided by both voluntary and official organisations for the unmarried mother and her child. The Committees agreed that one of the City Council's social workers should study this problem with a view to a further report being submitted to the Committees concerned and accordingly a research study is at present being undertaken by a senior social worker in the Health Department.

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.

Case conferences concerning individual families are held regularly at the request of any social worker or agency interested in the family. At such meetings field workers in the various departments, and any organisations involved, have the opportunity of discussing ways in which the difficulties in the family situation may be met. During 1966, 22 case conferences were held at which 60 families were discussed.

In November 1965 the Co-ordinating Committee appointed a working party (from Health, Children's, Welfare and Housing Departments, the Inner London Education Authority and the Greater London Council Housing Department) to consider:—

- (1) Methods of securing the maximum co-operation between departments in providing services for the public;
- (2) The relationship with voluntary organisations; 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 organisations;
- (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.

As a result of the working party's recommendations, a directory of social services was prepared and circulated. Meetings were also arranged between Council officers, hospital staffs and social workers attached to voluntary agencies, at which the care of handicapped children and the "battered baby" syndrome were discussed.

The area of Westminster lies within two Regional Hospital Boards; there are five Teaching Hospitals and one Regional Hospital Board General Hospital within the City. In addition, Westminster is served by two mental hospitals and two hospitals for the mentally subnormal outside the area. The good co-operation which exists between these hospitals and the Health Department staff is achieved by personal contact especially with maternity, paediatric, psychiatric and geriatric departments.

When individuals or families with problems are being considered by the Co-ordinating Committee, representatives of voluntary organisations, hospitals and general practitioners are invited to attend as necessary.

In general, the ways in which co-operation and co-ordination are effected in Westminster are as follows:—

1. Local authority social workers attend hospital out-patient departments, e.g., audiology, ophthalmology, V.D., chest, psychiatry. In regard to the latter, the local authority social workers attend out-patient clinics run by catchment area mental hospitals in general hospital premises. They also attend discharge conferences at both the catchment area hospitals.
2. There is interchange of medical staff—e.g. local authority staff hold clinical assistantships in hospitals, and hospital registrars take clinics in local authority premises for the local authority. In addition, there is one infant welfare clinic in hospital premises, staffed by a hospital consultant paediatrician who is assisted by a local authority health visitor.
3. Conferences are held in hospitals between hospital and local authority staff (Health and Children's Departments) on specific problems, e.g. battered babies.
4. Social workers and health visitors provide home reports when they are asked to do so by hospital staff. They also follow up defaulters who fail to keep appointments.
5. There is co-operation with both general practitioners and hospital consultants, especially for mentally or physically handicapped children attending local authority clinics and hospitals.
6. A considerable amount of formal teaching is given by the local authority medical and nursing staff to students of medicine and nursing in the local hospitals.
7. In-service training is arranged by the local authority Health department to which general practitioners or hospital medical social workers are invited, as appropriate.
8. Three members of the City Council's Health Department staff serve on local Hospital Management Committees.
9. General practitioners have long been used, and are being used to an even greater extent, in the local authority health service, not only in infant welfare, antenatal and family planning clinics, but also in schools and day nurseries.
10. One full-time and one part-time health visitor are attached to general practice surgeries.

WORK WITH IMMIGRANT FAMILIES

(Miss I. O. D. Harrison, S.S.D., *Assistant Principal Social Worker*)

It is interesting to reflect on the development and changing facets of my work since I was appointed in 1959 by the former Paddington Borough Council to assist with the problems concerning or involving immigrants in the Borough and with the problems of integration. While the function has not changed, the problems and situations arising therefrom have taken different shapes and emphasis.

During the first few years my work was concerned to a very large extent with the difficulties of adaptation—of helping newly arrived immigrants to adapt to a sharply contrasting environment and a strange and complicated social and legislative framework, and, above all, to a community where they were brought into contact with people with a wide spectrum of different attitudes towards them, ranging from hostility to overt and simple curiosity. Equally I was concerned with assisting the receiving community to adapt itself to this incursion of patently different people with different cultural patterns, and to the situations which inevitably resulted.

It followed that immigrants would, over a period of time, become orientated in a competitive industrialised environment and that as the indigenous society became familiar with their presence, and the social services more equipped to deal with the problems which now involved them, the more immediate problems of adaptation would ease.

The receiving society is now very familiar with coloured immigrants living and working in the community and more knowledgeable about their background and cultural patterns. Nevertheless, it has to be remembered that neither familiarity nor understanding need necessarily mean acceptance; and rejection, resentment and mistrust can exist on both sides, though the manifestations of these may be subtle or devious.

Certain attitudes and opinions exist, which sometimes result from earlier unhappy experiences of both sides. Memories of landlord/tenant disputes, harassment and exploitation at a time when immigrants were so vulnerable are sometimes factors in forming points of view which can complicate an otherwise straightforward problem. Therefore, in assisting with many of the difficulties brought to my attention the emphasis has needed to be more on conciliation than social education.

Although the City Council has most of the social problems common to the big cities like London, it has nevertheless avoided some of the painful racial situations that from time to time have arisen in certain other parts of the country, where immigrants have settled in sizeable numbers. This I feel sure has been in no small way due to the lead given by the Council in the early stages of immigration, and the voluntary effort which was put into educating both sides. However, attitudes and opinions are not based only on local experiences. National events and trends, which in respect of race relations continue to receive a great deal of publicity, can be reflected in the attitudes of people everywhere. When counselling and conciliating it is necessary to understand these trends and events.

Despite the process of adaptation and understanding which has taken place, there continued to be a large number of personal problems brought to me by the people themselves, or referred from a variety of sources. I refer to the types of problems which can best be dealt with by an officer with particular understanding of the emotional strains and demands which the process of acculturation makes on immigrants and their children. Among these have continued to be a number of matrimonial and extra-marital difficulties and problems of relationships between parents and children.

Parents who themselves are undergoing immigrant stresses, in raising their children, are faced with a dual problem—that which all today's parents have of bringing up their teenage children while maintaining economic and intellectual ascendancy over them, and also that of bringing them up as young Englishers, who will expect to take their place equally in English society. The present generation of immigrants may feel that they have come here to find work with good wages and to improve their standard of living, and therefore feel no strong desire to be integrated. The new generation, educated and raised in an English setting and naturally expecting to be fully accepted as part of it, are having to face situations where their cultural and family loyalties may be questioned.

The emotional strain involved on the part of both parents and children cannot be over-estimated. Casualties must be expected and do occur and special understanding of these casualties is needed.

It is generally accepted that disrupted and disturbed family backgrounds contribute to the causes of anti-social and delinquent juvenile behaviour. We should be surprised therefore if we do not begin to see breakdowns occurring among young people of immigrant (or mixed) parents who not only have the stresses of immigrant problems such as special housing difficulties, but also the strains of acculturation.

The problems of "New Englishers" have always engendered my particular interest because their attitudes towards society, and society's towards them will inevitably be projected on future

generations. In view of this interest, during the last year I have devoted more time to studying the behaviour and problems of young people in the City area, particularly in relation to the large number who come into the West End in the evenings and at nights to frequent the clubs and cafes that flourish there.

I am not of course suggesting that coloured young people form an unduly large percentage of this number, though they are present among them. These young people come from all parts of London, and a very large proportion come from outside of it. Many appear to come from the provinces and a number from Scotland and Ireland. As an officer known to be specifically concerned with newcomers the problems of many of these young people have been referred to me on the grounds that they also are immigrants.

Many appear to have come from unstable family backgrounds. Having cut themselves off from, or having been rejected by their families, many seem to leave their homes to come to London expecting to find work they would like, and accommodation they can afford easily available. A very large number appear to resent control of any kind and are not therefore prepared to accept the restrictions of life in a hostel even if it is available. As we know, hostel accommodation of this kind is in any case in short supply.

Seeking an exciting social life, many such homeless and rootless young people spend the evenings and nights in the various clubs and cafes that proliferate. In my report of last year I referred to the dangers present in this situation. Since this time I have learned more about the activities of such young people who drift into the area and I believe there is cause for very real concern. They are highly vulnerable to the advances of amphetamine pedlars who are only too ready to supply the drugs which will enable them to keep awake as they spend their nights in the cafes and clubs which are open till the small hours.

The merging of the Boroughs and consequent extension of my responsibilities naturally increased my work in both variety and volume. In May 1966, Mr. James Mangar was appointed by the City Council to assist in dealing with the problems with which I have been concerned. Mr. Mangar holds a Certificate in Sociology and had had previous experience as a social worker in local government. In addition he had experience in the voluntary field assisting with immigrant problems, problems of delinquent people and also he had assisted at clubs for young people. Mr. Mangar was born in the West Indies and is therefore able to make a particular contribution to the work. Most of his duties since taking up this appointment have been concentrated in the Paddington district where he is available for consultation and interviews at regular sessions during the week.

This assistance has considerably eased the casework burden and enabled me to spend more time than previously on the other various aspects of the work.

There was an increase in the number of enquiries resulting from the Restriction of Entry of Commonwealth Citizens. There was also an increase in the number of people who alleged discriminatory behaviour towards them. Where appropriate these were of course referred to the Race Relations Board; other cases were investigated and appropriate conciliation attempted.

There was also an increase in the number of enquiries and requests for advice from employers who have immigrants among their workers and staff.

The year 1966 was a momentous one in the field of race relations. It saw the development of the work of the National Committee for Commonwealth Immigrants (set up in August 1965, under the Chairmanship of His Grace, The Archbishop of Canterbury) and the consequent benefits of co-ordinated effort and cross fertilisation of ideas between the many people involved, on a formal and organised basis. Through the organisation, not only was the work in existence intensified but new patterns were set for a concerted effort in promoting integration.

Another important national development was the setting up of the Race Relations Board, which has statutory powers to enable it to deal with infringements of the provisions of the Race Relations Act in respect of discrimination in public places.

As the whole field becomes more complex and activities take on a more decisive form, it can be seen how important it is for me to have a comprehensive and up-to-date knowledge of the many things that are taking place, and also to participate in the shaping of many of these activities in order that experience gained in the City Council area can be of benefit to the field as a whole. This has entailed attendance at even more meetings, conferences and discussions than in the previous year.

As the merits and demerits of legislation concerning discrimination are debated, more and more interested people seek speakers to explain and discuss the problems of integration with them. As one of the first of the people to be employed in this work, and having had experience in an area as large and as interesting as the City of Westminster I receive many requests to address these bodies, particularly as I am a member of the Advisory Panel on Training to the National Committee of Commonwealth Immigrants.

These requests have come from university and college tutors, heads of colleges and schools, employers including government departments, probation and police services, professional associations and the like. A number of these requests are from organisations in the City Council's area, but there were others and those I addressed in my own time.

In the course of my work as a whole and particularly in the question periods which have followed the talks I have given, the question of the pros and cons of legislative action has inevitably occurred. I have of course given this question a great deal of consideration.

In the light of the allegations of discrimination and points of view which have been put forward by the various immigrant organisations which have developed over the last few years, as well as by a number of organisations concerned with integration problems of mixed membership, it would seem to be inevitable that in due course existing legislation will be extended to cover additional areas.

As we know any form of legislation creates problems as well as relieving them, and in this explosive field it is likely to be even more true. It is not surprising therefore that in introducing legislation emphasis has needed to be placed on conciliation as well as law enforcement.

Promoting understanding and tolerance is very largely conciliatory work. The introduction of legislation means that we can now expect to see these attempts ultimately reinforced by legal sanction.

I do not under-estimate the enormous difficulties that will be involved in enforcing this legislation, but believe it has now become necessary and wise to introduce it. I have two reasons in particular for saying this. One, that I believe legislation will protect the man who is tolerant and understanding from the intolerance and resentment of members of his own group who are neither. For instance, an employer who does not practice discrimination and who is tolerant can be pressurised and sometimes deterred in his efforts by employees, competitors and consumers who do. The protection provided by legislation can I believe encourage the timorous and weak, who at heart abhor the injustice of discrimination. The effects of this protection would, in my opinion, be quickly noticeable in the employment field generally.

The second of these reasons relates to the second and future generations. We have seen in other parts of the world that children can be brought up to accept racial intolerance and segregation as a natural pattern because the law instructs them that this is so. I believe, by the same coin, that children brought up in a country where discrimination and race hatred is outlawed will be encouraged to accept as equal human beings their fellow men regardless of colour or ethnic grouping.

I have again been grateful for the friendly co-operation of colleagues in the City Hall and of the advice which is so readily available.

HEALTH EDUCATION

Health Education continues to be maintained actively in the City Council's welfare centres, where a monthly health education theme is developed through the media of films, filmstrips, posters, leaflets, talks and discussion groups. One hundred and seventy-two films were screened in welfare centres and schools during the year.

Local Projects:—

- (a) *Dental Health Exhibition.*—This was the major health education event of the year with a full scale Exhibition at St. Marylebone Town Hall, opened by the Lord Mayor and attended by approximately 10,000 adults and school children. A full description of the Exhibition is given by the City Council's Chief Dental Officer in another section of this report (page 58).
- (b) *Home Safety Display.*—Health Visitors at the City of Westminster Health Society Centre, Marsham Street, S.W.1., organised a home safety display at the welfare centre from 10th to 13th October 1966. Various aspects of home safety, with particular regard for the very old and very young, were depicted together with talks, films and demonstrations.

Home Safety Conferences.—Representatives of the Department attended the National Home Safety Conference which was held in October in London. Other representatives also attended the Area 10 Sub-Committee Conference which was held in November 1966 at St. Pancras (Camden) Town Hall. An Assistant Nursing Officer represents the Department at the quarterly meetings of the Area 10 Sub-Committee which are usually held in Westminster.

Production of Posters.—Three posters were under production at the end of 1966; one on Cervical Cytology associated with the opening of the cytology clinics in Westminster, and two on Mothercraft designed by a parent attending one of the mothercraft classes run at a City Council welfare centre.

New Equipment.—The visual aids equipment was increased by the purchase of a sound film projector and screen to meet the heavy demand for screenings received from the welfare centres, and some of the day hospitals in Westminster. The film "How to have an Accident in the Home" was also obtained on long lease from Walt Disney Productions.

Talks.—Health Visitors from the Paddington area of the City gave a series of talks to further education establishments on the following topics:—

- Venereal Diseases
- Smoking and Health
- Nutrition
- B. C. G. Vaccination

The talks were illustrated by films, filmstrips and other visual aids, and were received very favourably by the students.

VENEREAL DISEASES

From 1st April, 1965, the City Council has been responsible for the Public Enquiry telephone on Venereal Diseases maintained by the former London County Council, and for tracing service contacts and contacts from abroad for London as a whole.

Notifications relating to contacts residing in London are received from countries abroad through the Ministry of Health, from the American service hospitals in and around London, and from local authorities in other parts of the country. One hundred and thirty-two such notifications were received during 1966 and 79 of the contacts (60%) were traced and brought to treatment by social workers provided by the City Council and working at three of the five local venereal disease clinics.

Plastic coated metal notices produced by the Health Department have been placed in all City Council public conveniences giving details of the availability of treatment at the local clinics, the names and addresses of other clinics in the London area, and the public enquiry telephone number; an average of three telephone calls a day is received on this line.

(See also section dealing with the work of the Social Workers, and Table 48, page 86).

NURSING HOMES

It is the responsibility of the Health Department under Part 6 of the Public Health Act, 1936 to register and supervise at regular intervals all nursing homes in the area. In addition to the seven nursing homes already registered in the City of Westminster, a further home was registered in 1966. All the homes take medical and surgical patients and, of these, three are registered to take maternity patients and one registered under Part 3 of the Mental Health Act 1959 to take patients suffering from mental illness. Two of the homes are non-profit making.

BLIND AND PARTIALLY SIGHTED PERSONS

During 1966, 139 examinations were carried out by the Health Department for the certification of Blind and Partially Sighted persons under the provisions of the National Assistance Act, 1948. This service is carried out in liaison with the City Council's Welfare Department who provide welfare services for registered Blind and Partially Sighted persons. Forty-seven certificates were also accepted from hospitals and other local authorities.

Medical Examinations

During 1966, 817 persons attended the medical suite at the City Hall for physical examination or interview, and ten members of the public attended for vaccination against smallpox. Of the 817, 82 were members of the public who had applied for exemption from payment of parking meter fees, and 19 were members of the staff who were examined because they were on extended sick leave. Thirteen persons were retired on grounds of permanent ill health.

First aid was given to 532 persons; 27 were referred to hospital and 22 to their own general practitioners.

During the second half of the year the system of a physical medical examination of every applicant for entry to the Council's superannuation scheme was replaced by the issue of a medical questionnaire, and only those whose answers varied from the normal were interviewed or examined. This change has lessened the number of persons attending the medical room for physical examination, but because of the considerable turnover of staff, the actual number examined is still high.

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 Westminster 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 1966:—

Wherever possible children with physical handicaps are recommended to attend ordinary schools so that they may receive the education available in the academic stream of comprehensive schools or proceed to a grammar school in due course. When this is done arrangements are made for social workers to maintain continuous contact with the child in school and in the home from pre-school days until school leaving age.

With the commencement of the autumn term, a pilot scheme for the selective medical examination of school children at 7 years and over was introduced in six schools in the City. The parents of these children were informed that there would be no routine medical examinations, but that if they wished to consult the school medical officer about any specific medical problem an appointment would be arranged. At the same time, school doctors, nurses, teachers and care committee workers were asked to bring forward any child failing to make satisfactory educational or physical progress, or any other child about whom they were concerned.

Under this scheme only those children who are thought to require medical examination are seen; more time can therefore be devoted to them and a thorough investigation made of their personal backgrounds. During the term, 219 children were examined and the sources of reference were:—

School Medical Officer	..	..	41
Head Teacher..	..	..	8
School Nurse..	..	..	37
Divisional Education Officer	..	..	2
Care Committee Worker	..	..	2
Parent	..	..	13
Other Agencies-Routine, re-inspection			116
			219

Whenever possible health visitors are allocated as school nurses to infant and junior schools in the area served by the clinics on which they are based. This provides continuity so that the child attending for a medical examination at his first school meets the health visitor he knows as a result of visits to the clinic in pre-school days. It also ensures that the background knowledge of the health visitor with regard to the child's life is available to the school medical officer.

Parents are encouraged to take their children to welfare centres for immunisation before school entry. During school life, every effort is made to persuade children to complete the immunisation programme recommended by the Minister of Health. Sessions are held at schools or in local welfare centres, as appropriate, and the medical suite at City Hall is also used on occasions.

The B. C. G. vaccination scheme for schools continues to work smoothly and it is gratifying to report that more private schools and adult colleges are participating. It is, however, disappointing that at some adult colleges, the number of students presenting themselves for vaccination is very small and represents only a fraction of the vulnerable group.

As a result of difficulties experienced in appointing an additional full-time medical officer for employment in the personal health and school health services, an enquiry was directed to general practitioners in the City. A number expressed interest in the school health service, and it has been possible to recruit several of these who are now undertaking sessional work as school medical officers. There are certain advantages in general practitioners undertaking this work; not only because in many cases they are able to see their own child patients in the school, but also because it forges a further close link between the general practitioners and the local authority health service. Out of a total of 63 schools, 12 were being attended by local general practitioners by the end of 1966.

In co-operation with the Regional Hospital Board, ophthalmic sessions for school children are held in the clinics; 1,045 children were seen and 244 pairs of glasses were prescribed.

The clinic for diathermy treatment of verrucas continues to be well attended and expands from one to two sessions weekly as need arises. Four hundred and fifty-five new patients were seen and treated during 1966.

The centre of West End show business is situated within the boundaries of the City and there is a continual demand for school children to appear in plays, musicals, operas and choral works. Every school child who is to appear on the stage must be medically examined before the commencement of the run of the show. These examinations are usually carried out at a special session arranged at school, unless it happens that a routine school medical inspection is being carried out in the child's school at the appropriate time.

In spite of certain difficulties the student health service is developing and arrangements have been made for medical advice to be available to any student either in the college or at City Hall, as is more convenient.

DENTAL SERVICES

(Mr. Robert E. Kean. L.D.S., R.C.S.(I), *Principal Dental Officer*)

The City Council's five dental centres continued to be fully functional throughout the year, and as hitherto, provided a comprehensive service for school children and also for nursing and expectant mothers, and children under school age.

The attendances at our clinics continue to be highly satisfactory, and it is very gratifying to note that the ratio of teeth extracted to those being conserved is still on the decline. However, a very disturbing factor is still evident. The number of decayed, extracted and conserved teeth of the five year old child on its entrance to school is still far too high, and it is a matter of regret that it has not yet been possible to adjust the fluoride content of our water supplies to the recommended proportion of one part per million. There can no longer be any doubt as to the efficacy of water fluoridation in reducing the incidence of dental caries, and reports in the magazine of the World Health Organisation, the British Dental Journal, and many other responsible dental magazines throughout the world, underline the dental benefits to be derived, whilst at the same time emphasising the lack of any side effects. It is to be hoped that some means will be found to introduce this most urgently required measure in London in the very near future.

The re-equipping of our surgeries was commenced during the year, and each surgery has now been provided with the latest type of Dental Lamp, and a number with modern high speed drills and compressors, and up-to-date Gas/Oxygen machines. It is expected that completion of the modernisation programme will take place during the coming year, when it is also intended to give a new look to our waiting rooms, most of which presently bear a somewhat institutional appearance.

On the 22nd June a report on the School Dental Service by the Education Committee of the Inner London Education Authority was circulated to all the Inner London Boroughs, and amongst the many recommendations made, was the fundamental change of reintroducing the annual routine dental inspections in the schools, and the abolition of the optional scheme as piloted by the former L.C.C. Health Divisions 1 and 9.

Objections to this scheme were made on two main grounds; that it did not meet the Authority's statutory obligations, and that it prevented regular assessments of the dental health of the school population as a whole. The effects of this change of policy will not be evident for some time, but as the inspections are to be carried out on a revised and more thorough basis than in the past, with particular attention being paid to developing orthodontic defects in the primary school children, it is certain that an upsurge in the demand for orthodontic treatment will occur.

The Principal Dental Officer has consequently taken steps to meet this expected extra demand, and with the kind co-operation of Professor Walther, Principal of the Orthodontic Department at the Royal Dental Hospital, cases of an advanced or complicated nature are now being referred to him, pending the joint appointments by the Inner London Education Authority and the Inner London Boroughs of orthodontic specialists.

During the month of September 1966 a Dental Health Exhibition was staged at St. Marylebone Town Hall for two weeks. The opening ceremony was performed by the Lord Mayor, Councillor A. L. Burton, and was attended by many distinguished members of the medical and dental professions.

A large room at the Town Hall was converted into a cinema for the period of the Exhibition, and coloured films depicting all aspects of dental health were shown to the school children, who were a most enthusiastic and appreciative audience, whilst in the adjoining vestibule a model dental surgery and many display stands were erected, with models and posters showing the various stages of preventive and curative dentistry. Demonstrations and discussions with groups of school children took place in the vestibule, and a special feature was a section devoted to orthodontic treatment, where lectures and demonstrations by means of models were given by the Principal

Dental Officer. The Exhibition was attended by almost 10,000 school children, many members of the public, and dentists and health educators from many parts of the world, amongst whom it caused a very deep impact.

The Principal Dental Officer would like to record his gratitude to the Organisations who so readily made available the loan of models, films and demonstration material, and to the staff who worked so tirelessly throughout the Exhibition, and who were invaluable in making it such a success.

Finally, the Medical Officer of Health and the Principal Dental Officer would pay tribute to the dental surgeons and dental surgery assistants in our surgeries, who daily cope with the arduous task of affording dental treatment to our school children, nursing and expectant mothers and pre-school children. The standard of work carried out is of the highest degree, and the City Council and the Inner London Education Authority can take great pride in the service provided.

APPENDICES OF STATISTICAL TABLES AND SUPPLEMENTARY TABLES

There has been little attention in the level of work and the problem of tuberculosis in this area continues to have special features in that many of the immigrants are grossly overcrowded and a large number of them only stay a short time. Consequently any new case may spread the infection widely unless it is discovered in good time.

The work aimed at assisting tuberculosis continues by holding regular B.C.G. Clinics by providing an X-Ray Service for General Practitioners and by the careful follow up of tuberculosis positive school children.

As the increased facilities which become available following the linking of the Clinic with Bromley Hospital have become more widely known there has been an increase in the number of less common cases of chest disease referred to the Clinic. These together with the number of patients who have suffered from bronchitis, emphysema, asthma, lung cancer and some infections make up the bulk of the work done. Tuberculosis and lung cancer have become a regular feature of clinic work.

Plans for additional research to be carried out at the Clinic have been placed before the Regional Board and it is hoped to start this research in the near future.

Dr. Marylebone Chest Clinic—Dr. G. Siverston, Physician in Charge

The notification figures at the Clinic for new cases of tuberculosis for 1955 were similar to those of 1954. The number of notified deaths from carcinoma of the lung is also essentially similar to 1954.

The work of the Clinic continues to be concerned not only with tuberculosis, but also with other non-tuberculous chest diseases.

Westminster Hospital Chest Clinic—Dr. F. A. Emerson, Consultant Physician

So far as the Westminster Hospital Chest Clinic was concerned there was no fall in the incidence of tuberculosis during the year ended 31st December, 1955; sixty-eight new cases of tuberculosis were notified (49 males; 14 females and 5 children).

Eleven of the new cases of tuberculosis were referred to Westminster Hospital Chest Clinic by their general practitioners; four were discovered by the mass x-ray surveys and 49 were referred by various hospitals and other mass x-ray units. Three hundred and forty-three contacts of patients with tuberculosis were examined and five of the children were found to be suffering from tuberculosis.

Most of the newly notified male patients came from the common lodging houses. The regular visits of the South West London Mass X-Ray Unit to these lodging houses have been continued and again in 1955 two special surveys were carried out at Bruce House, one of the common lodging houses in the City of Westminster.

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 1966:—

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

The improvements to the X-Ray Department and patients' waiting facilities which were made by the North West Metropolitan Regional Hospital Board last year have greatly assisted in the care of patients now attending this Clinic.

There has been little alteration in the level of work and the problem of tuberculosis in this area continues to have special features in that many of the immigrants are grossly overcrowded and a large number of them only stay a short time. Consequently any new case may spread the infection rapidly unless it is discovered in good time.

The work aimed at eradicating tuberculosis continues by holding regular B.C.G. Clinics, by providing an X-Ray Service for General Practitioners and by the careful follow up of tuberculin positive school children.

As the increased facilities which become available following the linking of this Clinic with Brompton Hospital have become more widely known there has been an increase in the number of less common cases of chest disease referred to the Clinic. These, together with the numbers of patients seen here suffering from bronchitis, emphysema, asthma, lung cancer and acute infections, make up the bulk of the work done. Post Graduate and Nursing Teaching has become a regular feature of clinic work.

Plans for additional research to be carried out at this Clinic have been placed before the Regional Board and it is hoped to start these in the Autumn.

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**APPENDICES OF STATISTICAL TABLES
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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	10	5	—	—	—	—	—	—	—	—	1	5	3	5	1	
2	Tuberculosis, other	2	2	—	—	—	—	—	—	—	—	—	2	2	—	—	
3	Syphilitic disease	3	3	—	—	—	—	—	—	—	—	1	1	1	2	1	
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	Measles	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	
9	Other infective and parasitic diseases	5	8	1	—	—	—	—	1	—	1	1	2	3	4		
10	Malignant neoplasm, stomach	28	22	—	—	—	—	—	—	—	1	—	15	5	12	17	
11	Malignant neoplasm, lung, bronchus	134	41	—	—	—	—	—	—	—	4	2	62	15	68	24	
12	Malignant neoplasm, breast	1	66	—	—	—	—	—	—	—	—	2	1	30	—	34	
13	Malignant neoplasm, uterus	—	29	—	—	—	—	—	—	—	—	1	—	11	—	17	
14	Other malignant and lymphatic neoplasms	179	151	—	—	1	1	2	—	3	2	17	5	63	51	93	92
15	Leukaemia, aleukaemia	17	15	—	—	—	1	1	1	2	1	2	1	2	3	10	8
16	Diabetes	8	15	—	—	—	—	—	—	—	—	—	—	4	2	4	13
17	Vascular lesions of nervous system	104	190	—	1	—	—	—	—	1	—	—	6	29	28	74	155
18	Coronary disease, angina	391	237	—	—	—	—	—	—	—	—	20	1	155	35	216	201
19	Hypertension with heart disease	15	18	—	—	—	—	—	—	—	1	—	3	1	11	17	
20	Other heart disease	72	128	—	—	—	1	—	—	1	—	9	2	22	15	40	110
21	Other circulatory disease	64	82	—	—	—	—	—	—	—	2	2	1	18	5	44	74
22	Influenza	6	3	—	—	—	—	—	—	—	—	—	—	3	—	3	3
23	Pneumonia	96	77	7	4	2	1	—	—	—	—	—	1	16	4	71	67
24	Bronchitis	101	51	3	—	1	—	—	—	—	—	—	1	27	7	70	43
25	Other diseases of respiratory system	8	16	—	—	—	1	—	—	—	—	1	3	3	2	4	10
26	Ulcer of stomach and duodenum	16	8	—	—	—	—	—	—	—	—	—	—	9	—	7	8
27	Gastritis, enteritis and diarrhoea	7	7	2	—	—	—	—	—	1	—	—	2	3	1	1	4
28	Nephritis and nephrosis	7	3	—	—	—	—	—	—	—	—	1	1	4	—	2	2
29	Hyperplasia of prostate	10	—	—	—	—	—	—	—	—	—	—	—	—	—	10	—
30	Pregnancy, childbirth, abortion	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
31	Congenital malformations	16	9	9	7	—	—	2	—	—	—	—	1	4	1	1	—
32	Other defined and ill-defined diseases	106	101	28	19	2	—	1	2	4	—	8	4	33	20	30	56
33	Motor vehicle accidents	15	9	—	—	—	1	1	1	2	1	7	1	4	1	1	4
34	All other accidents	55	36	2	—	2	1	—	—	1	1	13	2	18	10	19	22
35	Suicide	38	37	—	—	—	—	—	—	4	1	18	13	12	16	4	7
36	Homicide and operations of war	9	—	—	—	—	—	—	—	5	—	2	—	—	—	—	—
	Totals	1,523	1,371	52	31	8	8	7	4	24	9	106	54	521	271	805	994
		2,894		83		16		11		33		160		792		1,799	

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.
Haemolytic Streptococcal Septicaemia	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Ideopathic Respiratory Distress Syndrome ..	7	3	—	—	—	—	—	—	—	—	—	—	—	—	7	3
Bronchopneumonia	1	—	—	—	1	1	3	1	—	1	—	1	—	—	5	4
Prematurity	10	5	2	—	—	—	—	—	—	—	—	—	—	—	12	5
Acute Purulent Bronchitis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Spontaneous Bilateral Subdural Haemorrhage ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Cardiac Failure	—	2	—	—	—	—	1	—	—	—	—	—	—	—	1	2
Anencephaly	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cyanotic Heart Disease	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Ileal Atresia	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Foetal Abnormalities	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hyaline Membrane Disease	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Cerebral Haemorrhage	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Atelectasis	2	3	—	—	1	—	—	—	—	—	—	—	—	—	3	3
Epilepsy	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Acute Bronchiolitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Pulmonary Haemorrhage	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Inhalation of Gastric Contents	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Hydrocephalus	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—
Pneumonia	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1
Hydrops Foetalis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory Failure	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Dehydration	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Subdural Haematoma	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Acute Bronchitis	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Intra Peritoneal Haemorrhage	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Shock due to Subdural Haemorrhage	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Anoxia	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Acute Intestinal Pneumonitis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Multiple Congenital Abnormalities	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Exomphalos	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Pulmonary Collapse	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Haemophytic Meningitis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Asphyxia	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Totals	29	22	2	2	3	2	9	2	4	1	4	2	1	—	52	31
	51		4		5		11		5		6		1		83	
Number of deaths of illegitimate infants included above	19	—	—	—	4	—	—	—	5	—	—	—	—	—	—	28

Table 3.—Maternal Mortality

Age	Cause of death
41 years	Haemorrhage from Hydatidiform Mole.

Table 4.—Notification of Infectious and Other Notifiable Diseases

	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery		Meningococcal infection	
	M.	F.	M.	F.	Paralytic		Non-paralytic		M.	F.	M.	F.	M.	F.	M.	F.
					M.	F.	M.	F.								
Numbers originally notified	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total (All Ages)	29	19	8	11	1	—	—	—	242	212	—	—	51	53	1	—
Final numbers after correction																
Under 1 year	1	1	1	2	—	—	—	—	6	6	—	—	4	1	—	—
1— " "	1	1	—	—	—	—	—	—	40	32	—	—	8	3	—	—
2— years	2	5	1	3	—	—	—	—	45	28	—	—	8	11	—	—
3— " "	6	2	—	1	—	—	—	—	32	35	—	—	6	6	—	—
4— " "	6	1	1	1	—	—	—	—	48	31	—	—	8	5	—	—
5—9 " "	8	7	5	4	—	—	—	—	63	68	—	—	5	6	—	—
10—14 " "	3	—	—	—	—	—	—	—	2	4	—	—	5	1	—	—
15—24 " "	—	1	—	—	—	—	—	—	2	4	—	—	3	9	1	—
25 and over	2	1	—	—	1	—	—	—	2	1	—	—	4	11	—	—
Age unknown	—	—	—	—	—	—	—	—	2	3	—	—	—	—	—	—
Total (All Ages)	29	19	8	11	1	—	—	—	242	212	—	—	51	53	1	—
	Ac. pneumonia		Smallpox		Acute encephalitis				Typhoid fever		Paratyphoid fever		Erysipelas		Food poisoning	
					Infective		Post-infectious									
Numbers originally notified	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total (All Ages)	2	1	—	—	—	—	—	—	2	—	—	—	1	2	19	15
Final numbers after correction																
Under 5 years	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	4
5—14 " "	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—
15—44 " "	2	—	—	—	—	—	—	—	1	—	—	—	—	1	5	9
45—64 " "	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	1
65 and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages)	2	1	—	—	—	—	—	—	2	—	—	—	1	1	17	15
	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.									
Numbers originally notified	M.	F.	M.	F.	M.	F.					Original		Final			
Total (All Ages)	112	50	—	—	10	7					M.	F.	M.	F.		
Final numbers after correction							Males	Females			Puerperal pyrexia					
Under 1 year	1	—	—	—	—	—	—	1			—	190	—	190		
1— year	2	—	—	—	—	—	—				Ophthalmia neonatorum					
2—4 years	6	4	—	—	—	—					3	—	3	—		
5—9 " "	11	3	—	—	—	—					Anthrax					
10—14 " "	4	7	—	—	—	—					—	—	—	—		
15—19 " "	4	2	—	—	—	—					Malaria (from abroad)					
20—24 " "	8	7	—	—	—	1					5	—	5	—		
25—34 " "	23	12	—	—	6	2										
35—44 " "	20	3	—	—	2	2										
45—54 " "	10	7	—	—	1	—										
55—64 " "	11	3	—	—	1	1										
65—74 " "	9	1	—	—	—	—										
75 and over	2	—	—	—	—	1										
Age unknown	—	—	—	—	—	—										
Total (All Ages)	111	49	—	—	10	7										

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	1	—	—	—	—	—	—	—
1—5	8	4	—	—	—	—	—	—
5—15	15	10	—	—	—	—	—	—
15—25	12	9	—	1	—	—	—	—
25—35	23	12	6	2	—	—	—	—
35—45	20	3	2	2	—	1	—	—
45—55	10	7	1	—	2	1	1	—
55—65	11	4	1	1	3	2	1	2
65 and upwards ..	11	1	—	1	5	1	—	—
Age unknown ..	—	—	—	—	—	—	—	—
Totals	111	50	10	7	10	5	2	2

* 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
Genital tract infection	23
Uterine infection	12
Urinary tract infection	12
Wound infection	4
Chest infection	2
Reaction to anaesthetic and blood transfusion ..	4
Post Caesarean section	2
Septicaemia	2
E. coli	2
Enteritis	1
Streptococcus Faecalis	1
Anaerobic streptococci	1
Haemolytic streptococcal infection	1
Streptococcal septicaemia	1
Infected Haematoma	1
Pneumonia	1
Post Partum reaction	1
Unspecified or unknown	119
Total	190

Table 7.—Specimens Submitted to the Public Health Laboratory

Nature of Specimen		Number Examined	Positive Findings	
Nasal, throat and mouth swabs	.. ..	177	Haemolytic Streptococci	.. 34
			Staphylococcus Aureus	.. 6
			Monilia .. ..	.. 8
			Coliform Bacilli..	.. 1
			Vincent's Organisms	.. 1
Faeces	.. ..	900	Shigella Sonnei	.. 161
			Shigella Flexneri	.. 1
			Shigella Boydii	.. 1
			B.Coli 026	.. 2
			B.Coli 0128	.. 1
			Salmonella Heidelberg	.. 1
			Salmonella Reading	.. 1
			Salmonella typhi-murium	.. 4
			Ascaris Lumbricoides	.. 1
			Trichuris trichiura	.. 2
			Giardia Lambliia Cysts..	.. 5
Urine	.. ..	2		
Sputum	.. ..	1		

Table 8.—Night and out of office hours emergency service—
Analysis of calls made to Duty Officers

Month 1966	Mental Welfare		Midwives		Welfare Department		Children's Department		P.H.I.		Miscellaneous		Total	
	*W.	K.	W.	K.	W.	K.	W.	K.	W.	K.	W.	K.	W.	K.
January	160	125	3	29	22	1	81	17	26	3	121	4	413	179
February	168	171	—	25	30	5	69	16	19	1	108	6	394	224
March	148	168	5	35	24	5	67	8	24	2	80	6	348	224
April	199	160	1	33	33	3	85	25	29	—	91	6	438	227
May	161	141	1	51	23	12	88	26	43	2	97	8	413	240
June	194	165	1	24	14	7	69	26	25	4	78	4	381	230
July	196	154	1	11	25	9	77	34	46	3	88	5	433	216
August	181	164	1	31	24	2	96	16	37	1	103	8	442	222
September	168	160	5	45	19	—	86	14	32	5	81	5	391	229
October	173	130	2	16	27	1	80	20	31	1	83	8	396	176
November	204	129	31	43	17	2	71	16	28	—	75	4	426	194
December	184	148	21	21	35	3	70	15	42	2	109	6	473	195
Total	2,136	1,815	72	364	293	50	939	233	382	24	1,114	70	4,936	2,556

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

"K" refers to calls relating to the Royal Borough of Kensington and Chelsea.

Table 9.—Dwelling Houses-Reason for Initial Inspection

Complaints	4,467
Routine	1,278
Smoke Control	1,041
Infectious Disease	490
Underground Rooms	501
Applications for Grants and Loans	352
Housing circumstances	1,293
Drainage	737
Rodent Control	740
Miscellaneous	580

Table 10.—Dwelling Houses-Nuisances and Unsatisfactory Conditions Found and Remedied

Houses, damp, dirty or dilapidated	663
Doors, windows, floors, ceilings, firegrates defective	1,027
Insufficient or unsuitable W.C. accommodation	23
Drains, W.C.s and waste pipe stoppages	181
Drains, W.C.s and waste pipes defective	270
Yard, area and washhouse defects	36
Roofs, gutters and rainwater pipes defective	423
Water supplies absent or insufficient	28
Water cisterns dirty or defective	23
Ashpits, dustbins, etc., insufficient or defective	86
Rubbish accumulations	208
Animal nuisances	3
Miscellaneous	251

Table 11.—Summary of Visits by Public Health Inspectors

Clean Air Act	1,728
Drainage and New Developments	11,198
Dwelling Houses (general matters)	19,989
Factories (other than building sites)	360
Food and Catering Premises	10,857
Hairdressers' Establishments	46
Infectious Disease	800
Noise	1,193
Offices	1,707
Pigeons	76
Rodent Control	989
Shops	801
Smoke Observations	495
Town Planning	27
Vermin investigations	295
Other purposes	1,507

Table 12.—Statutory Notices Served

Public Health Acts, 1936 and 1961	608
Clean Air Act, 1956	137
London County Council Drainage Byelaws	9
London County Council Watercloset Byelaws	8
Noise Abatement Act, 1960	1
Local Byelaws—Artificial Lighting to Common Staircases	12

Table 13.—Rodent Control

<i>Complaints:—</i>					
Complaints of rats received	..	..	..	..	980
Complaints of mice received	..	..	..	..	1,028
Total premises involved	..	..	..	..	2,008
<i>Infestations treated by Council's staff:—</i>					
(Including properties inspected for reasons other than notification)					
Premises rid of rats	..	..	..	..	1,024
Premises rid of mice	..	..	..	..	1,055
Total premises disinfested	..	..	..	..	2,079
Inspections by Public Health Inspectors and Rodent Officers to such places					
	..	..	..	..	3,237
<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	0.038	0.030
Albuminoid Nitrogen	0.069	0.088
Nitrate	5.4	4.1
Chlorides as Cl.	36	32
Oxygen abs. from Permanganate 4 hrs. at 27°C	0.74	1.26
Turbidity units	0.1	0.1
Colour m.m. brown 2 ft. Tube Burgess's Tintometer	9	15
Hardness (total)	315	285
Hardness (non-carbonate)	82	78
p.H. Value	7.8	7.9
Phosphate as PO ₄	1.4	1.7
Silicate as SiO ₂	10	8
Sulphate as SO ₄	64	64
Natural Fluoride as F	0.20	0.20
Magnesium as Mg.	4	5
Sodium as Na	27.8	24.5
Potassium as K	4.7	4.9
Surface active material as manoxol	0.01	0.01
Electrical Conductivity (microhms)	630	570

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 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
Stoke Newington	256	12.9	—	100.0	100.0
All Thames-derived	3,569	14.1	—	99.44	99.97

Table 16.—Summary of visits by Housing Act Inspectors

Work under Housing Acts 1961-1964	1,475
Tenement Dwellings Survey	1,205
Clearance Area Inspections	438
North Westminster Study	108
Loan applications	274

Table 17.—Summary of Work Carried Out by Public Health Inspectors under Housing Acts 1961-1964

Premises in course of inspection at end of year	5
Premises inspected	116
Premises where action was deferred	2
Cases where owner proposed to carry out work	4
Informal action taken	8
Management orders made (section 12)	13
Notices served for contraventions of Management Regulations (section 14)	17
Notices served for the provision of amenities (section 15)	17
Notices served for means of escape in case of fire (section 16)	63
Directions given to limit occupation (section 19)	70
Work in progress at end of year	11
Notices under section 14 complied with	11
Notices under section 15 complied with	6
Notices under section 16 complied with	11
Work carried out in default of owner by Council	Nil
Control orders in operation at end of year	5
Control orders cancelled during year.. .. .	Nil

Table 18.—Unfit Premises

Closing orders made on underground rooms	9 (21 rooms)
Undertakings accepted in lieu of closing orders on underground rooms	— —
Closing orders made on upper parts of buildings and mews premises	3 (8 rooms)
Undertakings accepted on upper parts of buildings and mews premises	— —
Closing orders made on whole houses	— —
Undertakings accepted in lieu of closing orders on whole houses ..	— —
Closing orders on underground rooms determined when work was carried out	25 (56 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 (1 room)
Closing orders or undertakings cancelled when premises were demolished	146 (339 rooms)

Table 19.—Known Cases of Overcrowding

Dwellings overcrowded at end of year	218
Persons dwelling therein	789½ units (1,066 persons)
New cases of overcrowding noted during the year	13
Persons involved in the new cases	59½ units (76 persons)
Cases of overcrowding relieved during the year	68
Persons involved in the relieved cases	224½ units (294 persons)
Note :	
The Housing Act 1957 provides that in calculating the number of "units"—	
(i)	no account shall be taken of a child under one year old, and
(ii)	a child who has attained one year and is under ten years old shall be reckoned as a half-unit.

Table 20.—Certificates of Disrepair

<i>Applications for certificates</i>	
Applications for certificates	2
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	Nil
Undertakings given by landlords	2
Undertakings refused by Council	Nil
Certificates issued	Nil
<i>Applications for cancellation of certificates</i>	
Applications by landlords for cancellation of certificates	Nil
Objections by tenant to cancellation of certificates	Nil
Decisions by Council to cancel certificates despite objections	Nil
Certificates cancelled by Council	Nil

Table 21.—Offices, Shops and Railway Premises Act, 1963

Category of Premises	Number Registered in 1966	Total Number Registered at 31st December, 1966	Number of Registered Premises receiving a general inspection during the year
Offices	1,511	10,664	5,289
Retail Shops	254	3,507	338
Wholesale Shops, Warehouses	63	827	5
Catering establishments open to the Public (Canteens)	84	1,282	119
Fuel Storage Depots	—	1	—
Totals	1,912	16,281	5,751

Analysis of persons employed in Registered Premises by workplace

Offices	258,413
Retail Shops	37,149
Wholesale departments, Warehouses	19,501
Catering Establishments open to the Public	19,786
Canteens	5,666
Fuel Storage depots	9
<i>Total</i>	340,524
<i>Total Males</i>	185,175
<i>Total Females</i>	155,349

Inspections and Contraventions

Inspections of all kinds	12,469
Premises at which contraventions were found	3,372

Accidents

Notifiable accidents	608
Accidents reported and found not to be notifiable	18
Accidents investigated	273
Accident investigations which revealed contraventions	73
Accidents where a contravention may have been a contributory cause	50
Accidents resulting in one or more fatalities	2
Fatalities	2

Table 22.—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)	7	3	—	4	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	5	3	1	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	1	1	1	—
(b) Unsuitable or defective	25	21	—	23	—
(c) Not separate for sexes	4	2	—	4	—
Other offences against the Act (not including offences relating to Out-work)	19	9	3	1	—
Total	64	39	5	34	—

Table 23.—Factories : Inspection 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	785	59	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	3,108	301	16	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	764	812	—	—
Total	4,657	1,172	17	—

Table 24.—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.	2,272	—	—	—	—	—
Household linen	33	—	—	—	—	—
Lace, lace curtains and nets ..	1	—	—	—	—	—
Curtains and furniture hangings	24	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Boxes or other receptacles (paper)	10	—	—	—	—	—
Stuffed toys	5	—	—	—	—	—
Lampshades	3	—	—	—	—	—
Totals	2,349	—	—	—	—	—

Table 25.—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	60
Restaurants, cafes and snack bars ..	1,670	87	92
Grocers and provision merchants ..	515	95	95
Canteens and clubs	1,495	95	95
Public houses	534	95	95
Confectioners, etc.	559	82	50
Greengrocer and fruiterer	187	90	75
Schools, nurseries and hostels ..	73	100	100
Butchers	138	92	92
Off licences	257	80	—*
Bakers, cake and pastry premises ..	137	100	82
Chemists	173	80	20†
Fishmongers and poulterers	48	93	100
Coffee stalls	9	100	100
Food factories	17	100	100
Wholesale premises, stores and depots	271	86	77

* Not applicable. † Maximum number requiring facility.

Table 26.—Premises Registered for Preserving Food, or Manufacture, Storage or Sale of of Ice Cream

Preserved food, etc.	169
Ice cream: Manufacture, and/or sale and/or storage ..	666

Table 27.—Food Poisoning Investigation

	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	4	1	2	3	5	9
2. Other <i>Salmonellae</i> ..	—	—	—	—	8	8	8
3. <i>Cl. welchii</i>	3	11	—	—	1	4	12
4. <i>Staph. aureus</i> ..	1	110	—	—	—	1	110
5. Other causes ..	—	—	—	—	—	—	—
6. Cause unknown ..	2	94	—	—	15	17	109
7. Total ..	7	219	1	2	27	35	248

Table 28.—Analyses for Pesticides in Food

Description	Country of origin	Vaporiser with open foods	D.D.T. p.p.m.	Other Organo-chlorine Compounds p.p.m.	Organo-phosphorus Compounds p.p.m. (as P)	Metals p.p.m.
Canned Strawberries in in syrup	England	—	Less than 0.05	Less than 0.02	Less than 0.05	—
Creamed Cereal Baby Food (milk based)	England	—	Less than 0.02	Less than 0.002	Less than 0.05	—
Lettuce	England	No	Less than 0.05	Less than 0.02	Less than 0.05	—
Apples Cox's Orange	England	No	Less than 0.05	Less than 0.02	Less than 0.05	Arsenic—less than 0.1 p.p.m. Lead—less than 0.1 p.p.m.
Beef Dripping	England	No	Less than 0.05	Less than 0.02	Less than 0.05	—
Pasteurised Milk Homogenised	England	—	Less than 0.02	Less than 0.002	Less than 0.05	—
Mild Ale	England	—	Less than 0.05	Less than 0.02	Less than 0.05	—

Table 29.—Analysis of Legal Proceedings

		Fines		Costs			
		£	s.	d.	£	s.	d.
<i>Public Health Act, 1936 (Sec. 92)</i>							
Premises in such a state as to be prejudicial to health or a nuisance—	11 cases	23	0	0	42	0	0
<i>Paddington Borough Council Byelaws</i>							
	1 case..	2	0	0	5	5	0
<i>Clean Air Act, 1956</i>							
Failing to instal a continuous burning fire—	1 case..	5	0	0	10	10	0
<i>Housing Act, 1961 (Sec. 19)</i>							
Permitting new persons to reside in premises when overcrowded—	1 case..	Conditional discharge		5	5	0	
<i>Housing Act, 1957 (Sec. 27)</i>							
Permitting premises to be used for human habitation knowing that a Closing Order was operative—	4 cases	15	0	0	21	0	0
<i>Food and Drugs Act, 1955</i>							
Selling food not of the quality demanded—	8 cases	62	0	0	45	3	0
<i>Food Hygiene (General) Regulations 1960</i>							
Failing to supply adequate water supply at a food stall—	1 case..	Absolute discharge		1	10	0	
		£107	0	0	130	13	0

Table 30.—Coroner's Court and Mortuary

Bodies received in the Mortuary on Coroner's Warrants, etc.	1,211
Bodies deposited to await burial	11
Inquest cases	353
Non-inquest cases	858
Post-mortem examinations held	1,182
Causes of death in the foregoing :—	
Accidental drowning	6
Found drowned	2
Suicide by drowning	3
Suicide by other means	123
Accidents :—	
Street	47
Domestic	57
Others	28
Natural causes	865
Misadventure	7
Murder	6
Miscellaneous causes	63
Awaiting proceedings at Central Criminal Court	4

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1966

	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 Dental (School) Discussion Group (Psychiatric)	Infant Wel. Occ. creche Sewing Dental (School) Family Planning Child Wel. Antenatal	Infant Wel. Chiropody Dental (School) Ante-natal (exercises)	Infant Wel. Chiropody Immunisation Home Advice Occ. Creche Dental (School)	Infant Wel. Dental (School)	Ante-natal Infant Wel. Chiropody Dental (MCW) Occ. Creche Sewing Evening Catholic Marriage Advice (3rd and 4th in month)	Chiropody Vacc. (smallpox only) Dental (M.C.W. and School) (Gas sess. 1st Thurs. in month) Mentally handicapped children (2nd and 4th Thurs. in month)	Infant. Wel. Ante-natal Chiropody (also evening) Mothercraft Dental (MCW) Evening Family Planning	Toddlers Chiropody Dental (School) Cytology	Infant Wel. Immunisation Chiropody Dental (School) Special Investigation Clinic (2nd and 4th Friday in month)
Hallfield, Pickering House, W.2.	Cytology Dental (School)	Infant Wel. Dental (School)	Playgroup	Infant Wel. Dental (School)	Ante-natal Dental (School) (Gas Sess. 4th Wed. in month)	Infant Wel. Dental (School)	Marriage Guidance Council Dental (MCW)	Dental (School) Infant Wel.	Toddlers (2nd and 4th) Immunisation and Vacc. (1st and 3rd) Dental (School)	Occ. Creche Mothers' Club Dental (School)
Queens Park, 66 Lancefield Street, W.10.	Mothercraft	Home advice group	Infant Wel.	Ante-natal	Immunisation and Vacc.	Infant Wel.	Toddlers (Not 5th)	Infant Wel.	(Special) Assessment	Infant Wel.
Dibdin House, Maids Vale, W.9.		Infant Wel.								
St. David's, St. Mary's Terrace, W.2.				Infant Wel.						

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1966—(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.
Linnet House, Charlbert Street, N.W.8.		Toddlers 2nd and 4th weeks in month				Infant Wel.				Infant Wel.
217 Lisson Grove, N.W.8.	Dental (M.C.W. and School) Vision Playgroup	Toddlers (1st, 2nd, 3rd weeks only) Sewing. Creche Occ. Physio. Cleansing (School children) Special investigation Dental (M.C.W.) Evening Family Planning	SpeechTherapy Chiropody Dental (School) Special investigation Playgroup	SpeechTherapy Infant Wel Chiropody also evening Dental (School)	Relaxation and Mothercraft Chiropody Dental (School) Playgroup	Discussion Group Chiropody Dental (School)	Mothers Group Occ. Creche Chiropody SpeechTherapy Dental (M.C.W. and School) Playgroup	Infant Wel. Dental (School) Cleansing (School- children) Chiropody	Chiropody Dental (School) Playgroup	Ante-natal Vision Dental (School) (Gas sess. 3rd Friday in month)
St. Marylebone Town Hall Extension, W.1.	Dental (School)	Infant Wel. Dental (School) Diathermy Mothercraft	Dental (School) Cervical Cytology	Toddlers 1st, 3rd and 4th weeks only Dental (School)	Immunisation and Vacc. Dental (School) Special investigation	Infant Wel. Dental (School)	Ante-natal Dental (M.C.W.)	Sewing Playgroup Dental (School) Diathermy	Dental (School) (Gas sess. 2nd Fri. in month)	Infant Wel. Dental (School)
Middlesex Hospital				Infant Wel.		Mothercraft				Infant Wel.
Bessborough Street S.W.1.	Ante-natal	Ante-natal	Vaccination and immunisation (Alt. weeks)	Infant Wel.		Occ. Creche Sewing Class		Family Planning Evening	Mentally handicapped children (1st Friday in month)	Infant Wel.

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1966—(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.
Ebury Bridge Road, S.W.1.		Infant Wel.	Infant Wel.	Sewing Occ. Creche	Ante-natal Mothercraft		Cytology	Mothers Club Occ. Creche	Ante-natal Mothercraft	Infant Wel.
Marshall Street, W.1.	Toddlers Club	Infant Wel.	Toddlers Club	Family Planning	Toddlers Club Antenatal 1 session monthly		Toddlers Club	Infant Wel.	Toddlers Club	Sewing Occ. Creche
121 Marsham Street, S.W.1.		Sewing Occ. Creche		Infant Wel.	Immunisation and Vacc. Chiropody	Relaxation and Mothercraft	Ante-natal Chiropody	Sewing Occ. Creche		Infant Wel. Chiropody
40 Alderney Street, S.W.1. (I.L.E.A. School Health premises)	Dental (School) Speech Therapy Chiropody	Dental (School) Speech Therapy Chiropody	Dental (School) Chiropody	Dental (School)	Dental (School)	Dental (School) 2nd Wed. monthly gas sess. Special Investigation (Alternate weeks)	Dental (School) Chiropody	Dental (M.C.W.) Chiropody	Dental (School) Chiropody	Dental (School) 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 32.—Clinic Services
Ante-Natal and Post-Natal Clinics

Number of Women Attended		Number of Sessions held by		Total Attendances	
For Ante-natal Examination (1)	For Post-natal Examination (2)	Medical Officers (3)	Midwives (4)	Medical Officer Sessions (5)	Midwives Sessions (6)
1,565	204	653	197	5,461	747

Table 33.—Mothercraft and Ante-Natal Exercises

1	Total number of Women who attended during the year	618
2	Total number of attendances during the year	2,428
3	Total number of sessions during the year	303

Table 34.—Child Welfare Centres

Number of Children who attended during the year				Total number of sessions	Total number of attendances	Total medical examinations	Number of Children on "at risk" register at end of year
Born in 1966	Born in 1965	Born in 1961-4	Total				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2,822	2,659	3,094	8,575	2,021	51,159	24,517	1,141

Table 35.—Health Visiting

	Cases visited by Health Visitors	Number of cases
1	Children born in 1966	3,149
2	Children born in 1965	3,619
3	Children born in 1961-64	6,796
4	Total number of children in lines 1-3	13,564
5	Persons aged 65 or over	334
6	Number included in line 5 who were visited at the special request of a G.P. or hospital ..	84
7	Mentally disordered persons	34
8	Number included in line 7 who were visited at the special request of a G.P. or hospital ..	7
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	146
10	Number included in line 9 who were visited at the special request of a G.P. or hospital ..	89
11	Number of tuberculous households visited	13
12	Number of households visited on account of other infectious diseases	92
13	Number of tuberculous households visited by tuberculosis visitors	775

Table 36.—Vaccination of Persons under age 16 completed during 1966 at Welfare Centres and by General Practitioners

TABLE A.—Completed Primary Courses—Number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total	Total Completed	
	1966	1965	1964	1963	1959-62			At Clinics	By G.P.s
1. Quadruple D.T.P.Po.	4	7	—	—	—	—	11	—	11
2. Triple D.T.P.	1,348	1,328	108	39	22	5	2,850	2,621	229
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	9	29	25	34	168	66	331	328	3
5. Diphtheria	—	1	5	1	7	10	24	24	—
6. Pertussis	—	—	—	—	—	—	—	—	—
7. Tetanus	1	—	1	—	—	6	8	8	—
8. Salk	—	7	2	—	—	1	10	—	10
9. Sabin	389	1,714	301	99	289	177	2,969	2,745	224
10. Lines 1+2+3+4+5 (Diphtheria) ..	1,361	1,365	138	74	197	81	3,216	2,973	243
11. Lines 1+2+3+6 (Whooping cough) ..	1,352	1,335	108	39	22	5	2,861	2,621	240
12. Lines 1+2+4+7 (Tetanus)	1,362	1,364	134	73	190	77	3,200	2,957	243
13. Lines 1+8+9 (Polio)	393	1,728	303	99	289	178	2,990	2,745	245

TABLE B.—Reinforcing Doses—Number of Persons under age 16

	1966	1965	1964	1963	1959-62	Others under age 16	Total	Total Completed	
								At Clinics	By G.P.s
1. Quadruple D.T.P.Po.	—	1	1	—	1	2	5	—	5
2. Triple D.T.P.	—	675	546	74	121	17	1,433	1,260	173
3. Diphtheria/Pertussis	—	—	—	—	—	1	1	1	—
4. Diphtheria/Tetanus	—	150	213	53	1,204	417	2,037	1,980	57
5. Diphtheria	—	—	7	3	36	451	497	488	9
6. Pertussis	—	—	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	3	5	8	3	5
8. Salk	—	1	5	2	2	—	10	—	10
9. Sabin	—	—	—	3	1,139	430	1,572	1,508	64
10. Lines 1+2+3+4+5 (Diphtheria) ..	—	826	767	130	1,362	888	3,973	3,729	244
11. Lines 1+2+3+6 (Whooping Cough) ..	—	676	547	74	122	20	1,439	1,261	178
12. Lines 1+2+4+7 (Tetanus)	—	826	760	127	1,329	441	3,483	3,243	240
13. Lines 1+8+9 (Polio)	—	2	6	5	1,142	432	1,587	1,508	79

D—Diphtheria
T—Tetanus
P—Pertussis (Whooping cough)

Po — Poliomyelitis
Salk — Poliomyelitis vaccine
Sabin — Poliomyelitis vaccine (oral)

Table 37.—Smallpox Vaccination of Persons aged under 16 during 1966

Age at date of Vaccination	No. Vaccinated	No. Revaccinated
0-2 months	4	—
3-5 months	16	—
6-8 months	38	—
9-11 months	28	—
1 year	1,036	—
2-4 years	410	28
5-15 years	43	115
TOTAL	1,575	143

Table 38.—Home Nursing

1	Total number of persons nursed during the year	3,570
2	Number of persons who were aged under 5 at first visit in 1966 ..	191
3	Number of persons who were aged 65 or over at first visit in 1966	2,167

Table 39.—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	3	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)	60
--	----

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	8
Number in training at end of year	Wholly on the district	—
	Partly on the district	2

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1966

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 (4)
Doctor not booked (1)	Doctor booked (2)	Total (3)	
6	198	204	372

Table 40.—Notification of Congenital Defects

	1964	1965	1966
Anencephaly	3	4	4
Hydrocephalus and spina bifida	4	1	3
Mongolism	6	4	4
Hare lip and/or Cleft palate	3	6	2
Congenital heart lesions	1	2	1
Hypospadias	3	3	7
<i>Limb deformities</i>			
Congenital dislocation of hip	6	2	1
Talipes	19	8	9
Congenital amputations	4	2	2
Polydactyly and syndactyly	13	7	3
Other defects	18	5	4
Multiple defects	5	6	2
Totals ..	85	50	42

Table 41.—Chiropody Service

A. Number of persons treated during the 3 months from 1st October to 31st December 1966 (†)

	By City Council	By City of Westminster Old People's Welfare Association	Total
Persons aged 65 and over	1,119	1,976*	3,095
Expectant mothers	2	—	2
Children under 5	6	—	6
Others	134	—	134
Total	1,261	1,976	3,237

* Includes women over 60.

B. Number of treatments given during the 3 months from 1st October to 31st December, 1966. (†)

	By City Council	By City of Westminster Old People's Welfare Association	Total
In clinics	1,924	1,118	3,042
In patients' homes	128	986	1,114
In old peoples' homes	—	—	—
In chiropodists' surgeries	—	838	838
Total	2,052	2,942	4,994

(†) Information is presented in the form as now submitted to the Ministry of Health for which figures for the final quarter only are available.

Table 42.—Home Help Service

A. Applications received during year							
Area	Aged 65 and Over	Aged under 65					Total
		T.B.	Chronic Sick	Mentally Disordered	Maternity	Others	
Paddington ..	456	3	49	7	19	90	624
St. Marylebone ..	307	—	28	—	16	36	387
Westminster ..	425	6	26	—	21	40	518
Total ..	1,188	9	103	7	56	166	1,529
B. Number of cases during the year.							
Paddington ..	1,035	7	94	8	16	82	1,242
St. Marylebone ..	559	2	41	—	9	34	645
Westminster ..	705	11	35	—	10	47	808
Total ..	2,299	20	170	8	35	163	2,695
C. Cases receiving service as at 31st December 1966.							
Paddington ..	646	1	51	4	—	18	720
St. Marylebone ..	302	—	16	—	—	4	322
Westminster ..	463	6	12	—	1	16	498
Total ..	1,411	7	79	4	1	38	1,540

Table 43.—Mental Health Service—Number of Patients referred to City Council during year ended 31st December, 1966

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	—	—	90	142	—	—	—	1	—	—	—	—	233
(b) Hospitals, on discharge from in-patient treatment	—	1	94	76	—	1	1	1	2	1	—	—	177
(c) Hospitals, after or during out-patient or day treatment	—	—	88	110	—	—	—	1	2	1	—	—	202
(d) Local education authorities ..	1	—	5	1	2	1	10	7	7	3	—	2	39
(e) Police and courts	—	—	54	27	—	—	1	—	—	—	—	—	82
(f) Other sources	—	—	144	303	1	—	6	8	9	7	—	1	479
Total	1	1	475	659	3	2	18	18	20	12	—	3	1,212

Table 44.—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
101	145	8	238	3	9	504

Table 45.—Mental Health Service—Numbers of Cases in Community Care at end of year

	Mentally III				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	—	—	—	—	—	—	1	—	19	10	15	13	58
(ii) Awaiting entry thereto ..	—	—	—	—	—	—	—	—	1	1	—	—	2
(b) (i) Receiving home training ..	—	—	—	—	—	—	—	—	—	—	—	1	1
(ii) Awaiting home training ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) (i) Residents in L.A. home/hostel	—	—	2	3	1	—	—	1	—	—	—	—	7
(ii) Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—
(iii) Resident at L.A. expense in other residential homes/hostels	—	—	11	18	4	3	3	3	5	8	—	8	63
(iv) Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home visits and not included under (a) to (c)	1	—	121	215	4	1	40	33	21	12	24	20	492
Total number	1	—	134	236	9	4	44	37	46	31	39	42	623

Table 46.—Number of Patients admitted for Temporary Residential Care during the year (e.g. to Relieve the Family)

Number of admissions	Mentally III				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	—	8	2	2	—	13
Elsewhere	—	—	—	—	—	—	1	2	8	7	1	2	21
Total	—	—	—	—	—	—	2	2	16	9	3	2	34

Table 47

THE TERRACE DAY CENTRE
(Day Centre for the Mentally Ill, 1, St. Mary's Terrace, W.2.)

	November 1966		December 1966		January 1967		February 1967		March 1967	
Total number of attendances ..	287		587		759		876		1,066	
Average daily attendances	7		15		17		22		25	
Percentage attendance	70%		74%		74½%		75%		75%	
Roll at beginning of month	7		15		20		26		32	
	Westminster	4	Westminster	11	Westminster	14	Westminster	19	Westminster	24
	Camden	2	Camden	3	Camden	3	Camden	4	Camden	5
	H'smith	1	H'smith	1	Ken. & Chel.	1	H'smith	1	H'smith	1
					H,smith	1	Southwark	1	Southwark	1
					Southwark	1	Brent	1	Wandsworth	1
Admissions	9		8		9		8		5	
Discharges	1		3		3		2		1	
	Hospital	1	Deceased	1	Ken. & Chel.	1	Work	1	Hospital	1
			Moved away	1	Crossway	1	To Brent	1		
			Non-cooperation	1	Non-cooperation	1				
Patients interviewed but refused to attend	1		1		2		2		3	

Table 48.—Venereal Diseases

Cases treated in Westminster — 1st January—31st December, 1966.

Hospital	M.	F.	Total
<i>Middlesex Hospital</i>			
Syphilis	153	44	197
Gonorrhoea	946	328	1,274
Other conditions	3,489	1,749	5,238
	4,588	2,121	6,709
<i>St. George's Hospital</i>			
Syphilis	27	4	31
Gonorrhoea	260	60	320
Other conditions	1,015	448	1,463
	1,302	512	1,814
<i>St. Mary's Hospital</i>			
Syphilis	196	28	224
Gonorrhoea	2,366	482	2,848
Other conditions	6,179	2,293	8,472
	8,741	2,803	11,544
<i>Westminster Hospital</i>			
Syphilis	21	2	23
Gonorrhoea	233	50	283
Other conditions	723	266	989
	977	318	1,295
<i>St. Paul's Hospital</i>			
Syphilis	62	—	62
Gonorrhoea	709	—	709
Other conditions	1,846	—	1,846
	2,617	—	2,617

Number of referrals to Social Workers from Ministry of Health, Service establishments and other local authorities 132
Number of contacts treated 79 (60%)

Table 49.—School Health

Estimated school population aged 5 to 14	21,840
Routine medical inspections—Number of children seen	8,459
Special medical inspections—Number of children seen	3,042
Comprehensive surveys—Number of children seen	18,719
Selective health surveys—Number of children seen	8,665
Communicable disease health surveys—Number of children seen	24,179
<i>Vision</i>	
*Total number of attendances at vision clinics	4,466
Number of new cases	1,303
<i>Ear, nose and throat</i>	
*Total number of attendances at clinics	341
Number of new cases	176
<i>Audiology</i>	
*Total number of attendances at clinics	496
Number of new cases	99
<i>Dental</i>	
Total number of attendances at clinic	17,314
Number of new cases	6,187
<i>Audiometry</i>	
Number of children given sweep test	4,571
Number of children given pure tone test	555
Number of children referred to otologist	187
<i>Minor ailments</i>	
Total number of attendances at clinics	3,249
Number of new cases	889
Main defects treated:	
Athlete's foot	89
Verrucae	627
<i>Bathing Centres</i>	
Total number of attendances	257
—for vermin and nits	141
—for scabies and other skin conditions	94
—for minor ailments	22

* Specialist Clinics in City Council area only; some children attend hospitals elsewhere.

Table 50.—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	598
(ii) Number found positive	308
(iii) Number found negative	290
(iv) Number vaccinated	231

B. School Children and Students

(i) Number of skin tested	1,664
(ii) Number found positive	312
(iii) Number found negative	1,352
(iv) Number vaccinated	1,352

Table 51.—Dental Services for Expectant and Nursing Mothers and Children under 5

Part A. Attendances and Treatment.

Number of Visits for Treatment during Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	338	129
Subsequent Visits	502	266
Total Visits	840	395
Number of Additional Courses of Treatment other than the First Course commenced during year.. .. .	22	21
Treatment provided during the year—		
Number of Fillings	816	357
Teeth Filled	664	325
Teeth Extracted.. .. .	28	78
General Anaesthetics Given	11	4
Emergency Visits by Patients	4	3
Patients X-Rayed	1	16
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	226	155
Teeth Otherwise Conserved	226	—
Teeth Root Filled	—	7
Inlays	—	—
Crowns	—	9
Number of Courses of Treatment Completed during the year	207	77

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	5
Patients Supplied with Other Dentures	14
Number of Dentures Supplied	20

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	—
--	---

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during Year	(A) 502	(D) 124
Number of Patients in (A) and (D) above who required Treatment	(B) 341	(E) 111
Number of Patients in (B) and (E) above who were offered Treatment	(C) 335	(F) 109

Part E. Sessions

Number of Dental Officer Sessions, (i.e. Equivalent Complete Half Days) Devoted to Treatment of Maternity and Child Welfare Patients	232.5
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Table 52.—School Dental Service Statistics, 1966

NUMBER OF SESSIONS		
Inspection	Ordinary treatment	Anaesthetic
35.0	1888.6	54.0
	Total no. of sessions:	1977.6

INSPECTIONS			
	First inspection at school	First inspection at clinic	Percentage found to require treatment
	1373	3919	76.2
Re-inspection at school or clinic	1987		63.8

TREATMENT SESSIONS		
	New cases given appointments	Attendances
Ordinary treatment	12,788	6187
On treatment cases	13,025	10,114
General Anaesthetic	—	804
Emergencies	—	209
	Total Attendances	17,314

FILLINGS AND EXTRACTIONS		
	Permanent teeth	Temporary teeth
Fillings	7048	4301
Extractions	447	2047

Other operations (prophylaxis, X-ray, inlays crowns etc.)	4414
Number of dentists employed (effective whole time equivalent.) ..	3.5

Table 53.—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, 1966	880	476	869
T.B. Visitors—Visits to homes	1,574	1,284	350
After-Care Work (Social Worker):			
Number of patients in receipt of extra nourishment at end of year	14	8	11
Patients assisted for the first time with bed or bedding ..	—	—	—
Patients assisted for the first time with clothing	—	12	—
B.C.G. Vaccinations during the year in accordance with City Council scheme	149	36	46
Rehabilitation Hostels:			
Patients in residence at end of year	—	—	3
Hostels for Homeless tuberculous men:			
Patients in residence at end of year	—	—	17
Child contacts boarded out during the year	2	—	—

Table 54.—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.
 Katherine 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.

HOME 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.
 St. Judes, (Hostel). Lancefield Street, W.10.

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