

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

Contributors

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City of Westminster



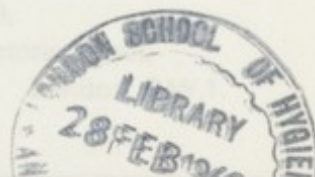
THE HEALTH OF WESTMINSTER

1967



City of Westminster

Report of the Medical Officer of Health



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J. H. BRISCOE-SMITH

H. Briscoe-Smith, M.B., Ch.B., D.P.H.,
Medical Officer of Health and
Principal School Medical Officer
(London Education Authority)

1967

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 submit my Annual Report for the year 1967. In doing so I do not intend to write a long introduction. A foreword should, like an hors-d'oeuvre, interest the reader without blunting his appetite for the courses which are to follow. If there is too much it will either be ignored or, what is worse, be taken as a substitute for the book itself.

If a report such as this is to be of value, apart from retailing statistics and events, it ought to provide an annual stimulus to each section of the Department to carry out a stock-taking, a search for short-comings, and an opportunity to bring forward ideas for the future. In particular, one section is, each year, encouraged to make a major contribution. This year it is the turn of Mental Health.

The Report, therefore, although bearing my name, is the product of the work of many of my colleagues in the Health Department. They have done their work well.

Wherever possible opportunity has been taken this year to include comparable statistics of the previous year; they appear in the text in parentheses or elsewhere in a separate column.

It is with pleasure that I again record my very real appreciation of the support and encouragement I have continued to receive from all Members of the Council and in particular from you, my Lord Mayor, as the past Chairman of the Health Committee. I am also grateful to the Members of the Health Committee for their help, understanding and ready support throughout the year.

I would, finally, record my warmest thanks to the Chief Officers and staffs of the other Departments for their co-operation throughout the year; and especially to the members of my own Department for their loyal, efficient and conscientious assistance without which the City Council's Health Services could not have been carried on.

J. H. BRISCOE-SMITH

Medical Officer of Health

July, 1968

HEALTH COMMITTEE

THE LORD MAYOR (*ex-officio*):
Alderman A. C. Barrett, J.P.

THE DEPUTY LORD MAYOR (*ex-officio*):
Councillor J. Michael Shersby

CHAIRMAN:
Councillor C. A. Prendergast

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

MEMBERS:

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

CO-OPTED MEMBERS:

P. Crawford	Mrs. Henrietta Shire
Mrs. R. T. Glenny	Mrs. R. Silkin
Sir Frederick Lawrence, O.B.E., J.P.	L. F. Squires

Members of the Health Committee were appointed to:

Citizens' Advice Bureaux Advisory Committee	.. .. .	Mrs. R. T. Glenny Mr. P. Crawford
City of Westminster District Nursing Association	.. .. .	Councillor Hugh G. Garside Councillor Miss P. C. Paton Walsh
County Primary Schools—Manager (Old Westminster Group—Churchill Gardens School & Millbank School)	.. .. .	Councillor Miss Alison Tennant
General Council of the South East Regional Association for the Deaf	.. .. .	Councillor Miss Alison Tennant
Inner London Executive Council	.. .. .	Councillor Miss Alison Tennant
Investigation of Atmospheric Pollution Standing Conference of Co-operating Bodies	.. .. .	Mr. P. Crawford
Kilburn, Maida Vale & St. John's Wood Aid in Sickness Fund	.. .. .	Councillor Mrs. E. G. Lane
Linnet House Special Care Committee (Mentally Handicapped Children)	.. .. .	Councillor Miss Alison Tennant
London Boroughs Management Services Committee	.. .. .	Councillor Colonel W. Parkes (Deputy representative)
London Boroughs Training Committee	.. .. .	Councillor C. A. Prendergast
London Electricity Consultative Council, North-Western District Committee	.. .. .	Councillor Winston Drapkin
London and Home Counties Clean Air Advisory Council	.. .. .	Councillor Mrs. E. G. Lane
London (Metropolis) Licensing Planning Committee (also N.W. Sub-Committee)	.. .. .	Councillor M. V. Kenyon
Metropolitan Water Board	.. .. .	Councillor Winston Drapkin
National Association for Maternal and Child Welfare	.. .. .	Mrs. R. T. Glenny
National Society for Clean Air	.. .. .	Councillor Mrs. E. G. Lane Mr. L. F. Squires
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 M. V. Kenyon Councillor Mrs. E. G. Lane Sir Frederick Lawrence
Primary School Managers:		
St. Peter's, Eaton Square, C.E.	.. .. .	Councillor Miss Alison Tennant
St. Vincent's, R.C.	.. .. .	Councillor Miss P. C. Paton Walsh
St. Gabriel's, C.E.	.. .. .	Mr. L. F. Squires
St. Marylebone T.B. Care Committee	.. .. .	Mrs. R. T. Glenny

St. Mary's Churchyard (Northern Portion) Paddington, Committee of Management	..	Councillor Mrs. E. G. Lane
South West Metropolitan Regional Hospital Liaison Committee ..	..	Councillor C. A. Prendergast
Southern Regional Association for the Blind	..	Councillor Mrs. E. G. Lane
United Westminster Almshouses	..	Councillor Miss P. C. Paton Walsh
West London Housing Group and London Housing Consortium ..	..	Councillor M. V. Kenyon
Westminster and Kensington and Chelsea Joint Computer Committee ..	..	Councillor Winston Drapkin (Deputy representative)
Westminster Amalgamated Charity, Nominative Trustee	..	Councillor Miss P. C. Paton Walsh
Westminster Civil Defence Benevolent Fund Management Committee ..	..	Councillor C. A. Prendergast
Westminster Council of Social Service	..	Councillor Miss Alison Tennant Councillor Hugh G. Garside
Westminster Housing Trust Ltd., Committee of Management	..	Councillor Miss P. C. Paton Walsh
Westminster Old People's Welfare Association	..	Councillor Miss P. C. Paton Walsh Mrs. R. T. Glenney

STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1967)

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.

Principal 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.

Senior Medical Officers:

Hilary S. M. Hadaway, M.B., B.S., D.P.H.

Margaret M. Pond, M.R.C.S., L.R.C.P., D.P.H.

Medical Officers:

Full-time—6

Sessional Medical Officers:

Part-time 30—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—113

Chief Public Health Inspector:

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

Deputy Chief Public Health Inspector:

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

Principal Public Health Inspector:

R. F. Stubbs, F.A.P.H.I.

Senior Public Health Inspectors—18

Area or District Public Health Inspectors—38 (6 vacancies)

Student Public Health Inspectors—14

Technical Assistants—23

Principal Dental Officer:

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

Senior Dental Officer:

Mr. S. Romain (to 7.11.67)

Dental Officers: Full-time—2; Part-time—4 (full-time equivalent 2.7)

Dental Surgery Assistants—5

Chief Nursing Officer:

Miss E. A. Evans, H.V., S.R.N., S.C.M.

Deputy Chief Nursing Officer:

Miss V. M. George, H.V., S.R.N., S.C.M., Queen's Nurse

Assistant Nursing Officers—3

Health Visitors—53

Clinic and School Nurses—20

District Nurses—44

District Midwives—9

Student Health Visitors—7

Clinic Auxiliaries—9

Day Nursery Staff—120

Student District Nurses—6

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—14

St. Jude's (Hostel for Mentally Sub-Normal Adult Males)

Warden—W. T. Bailey

Deputy-Warden—1: Assistant Wardens—2

Coroner's Court and Mortuary:

Superintendent: A. W. Nicholls (until 30th June)

W. Wilshire (from 1st July)

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—4

Home Helps—262 (full-time equivalent 200)

Rodent Control Service:

Pest Control Officer—1

Foreman—1

Assistant Rodent Officer—1

Rodent Operatives—5

Disinfection and Disinfestation Service:

Supervisor, Disinfecting and Cleansing Station—1

Disinfection and Disinfestation Staff—12

Manual & Domestic Staff:

98 (full-time equivalent 75.5) staff of various categories are employed at Maternal and Child Welfare Centres, Day Nurseries, the Nurses' Headquarters and Home, and other establishments.

HEALTH DEPARTMENT PREMISES

ADMINISTRATION

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

DAY NURSERIES

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

MATERNAL AND CHILD WELFARE CENTRES

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

CHEST CLINICS

Westminster Hospital, St. John's Gardens, S.W.1.
 14-18 Newton Road, W.2.
 Westminster Council House 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

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

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

STATISTICS AND SOCIAL CONDITIONS

	1967	1966
	(where applicable)	
Area (acres)	5,334	
Population (Registrar General's Estimate, mid-year 1967) ..	258,930	262,720
Population, Census, 1961	271,703	
Domestic rateable hereditaments	86,030	85,633
Rateable Value (at 1st April, 1967)	£106,190,459	£106,817,654

BIRTHS

Live Births (*registered*)—

	Total		Males		Females	
	1967	1966	1967	1966	1967	1966
Legitimate	2,882	2,973	1,426	1,523	1,456	1,450
Illegitimate	668	678	341	341	327	337
	<u>3,550</u>	<u>3,651</u>	<u>1,767</u>	<u>1,864</u>	<u>1,783</u>	<u>1,787</u>
Birth rate per 1,000 of the estimated population					13.71	13.89
Area Comparability Factor—Births: 0.77						
Birth rate (adjusted)					10.56	10.69
(Rate for England and Wales, 17.2)						
Stillbirths (legitimate—males 11; females 9; illegitimate—males 8; females 5)					33	55
Rate of stillbirths per 1,000 (live and still) births					9.21	14.84
Total live and stillbirths					3,583	3,706
Illegitimate live births per cent. of total live births					18.82	18.57
Premature births notified (live 289 (280); still 14 (21))					303	301

DEATHS

Net deaths (males 1,443; females 1,351)					2,794	2,894
Death rate per 1,000 of the estimated resident population					10.79	11.01
Area Comparability Factor—Deaths: 1.05						
Death rate (adjusted)					11.33	11.67
(Rate for England and Wales, 11.2)						
Deaths arising from pregnancy, childbirth, and abortion					1	1
Rate per 1,000 total (live and still) births					0.28	0.27
Deaths of infants under one year (legitimate—males 28; females 24; illegitimate—males 12; females 11)					75	83
Death rate of infants under one year—						
All infants per 1,000 live births					21.13	22.73
Legitimate infants per 1,000 legitimate live births					18.04	18.49
Illegitimate infants per 1,000 illegitimate live births					34.43	41.29
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)					12.39	16.43
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)					10.99	14.52
Perinatal mortality rate (stillbirths plus deaths under one week per 1,000 total live and stillbirths)					20.09	29.14

Births

The total of live births registered during the year was 3,550 (1,767 males; 1,783 females), giving a live birth rate of 13.71 per 1,000 of population, equivalent to a standardized rate of 10.56.

The 1966 total of live births was 3,651 (1,864 males; 1,787 females), and the live birth rate 13.89, which when standardized was 10.69. The comparable figures for Greater London and England and Wales 1967 were 17.0 and 17.2 and for 1966 17.7 and 17.7 respectively.

Illegitimate live births numbered 668 (341 males; 327 females), representing 18.82 per cent. of the total live births, compared with 11.4 per cent. for Greater London, 15.3 per cent. for Inner London, and 8.4 per cent. for England and Wales. The total illegitimate live births in 1966 was 678 (341 males and 337 females) which represented 18.57 per cent. of the total live births, compared with 10.9 per cent. for Greater London, 14.4 per cent. for Inner London and 7.9 per cent. for England and Wales.

Stillbirths totalled 33, representing a rate of 9.21 per 1,000 total live and stillbirths, compared with 13.3 for Greater London and 14.8 for England and Wales. In 1966 there were 55 stillbirths, which represented a rate of 14.84 per 1,000 total live and stillbirths, and the rate for Greater London and England and Wales was 14.2 and 15.4 respectively.

Deaths

The total number of deaths shown in Table 1, page 64, 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 1967 numbered 2,794 equivalent to 10.79 per 1,000, which, when standardized by the comparability factor, gives a figure of 11.33. In 1966 there were 2,894 deaths (11.01 per 1,000) and the standardized rate was 11.67. The comparable rates for Greater London and for England and Wales for 1967 were 10.8 and 11.2 and for 1966 11.1 and 11.7 respectively.

Accidental Deaths

During the year, 102 residents died from accidents of all kinds, including 23 motor vehicle accidents. In 1966 the figures were 115 and 24 respectively.

Infant Mortality

Deaths of infants under one year totalled 75 (52 legitimate; 23 illegitimate), giving a rate of 21.13 per 1,000 live births. The total for 1966 was 83 (55 legitimate; 28 illegitimate), and the rate was 22.73 per 1,000 live births. The rate for England and Wales for 1967 was 18.3 per 1,000, and for Greater London 18.4, compared with the 1966 rates of 19.0 and 17.8 respectively.

Details showing causes of death according to age group and sex are given in Table 2, page 65.

Of the 75 (83) infant deaths, 44 (60) were under four weeks old, giving a neo-natal mortality rate of 12.39 (16.43) per 1,000 live births. The neo-natal mortality rate for England and Wales was 12.5 (12.9) and for Greater London 12.9 (12.4). The early neo-natal mortality rate (deaths under one week per 1,000 total live births) was 10.99 (14.52). (England and Wales 10.8 (11.1); Greater London 11.1 (11.0)) and the peri-natal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) was 20.09 (29.14). (England and Wales 25.4 (26.3); Greater London 24.2 (25.1)).

Maternal Mortality

One maternal death was reported during the year giving a death rate of 0.28 per 1,000 total live and still births. The cause of death was vagal inhibition during abortion, the patient being a young unmarried girl of 19 years. At an inquest held by H.M. Coroner into this unfortunate death it was stated that the abortion was due to natural causes, but as there was insufficient evidence as to the circumstances an Open Verdict was recorded.

	<i>Comparative figures</i>	<i>Death Rate</i>	
		1967	1966
Westminster		0.28	0.27
Greater London		0.33	0.33
England and Wales		0.20	0.20
(See Table 3, page 65)			

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

There was an increase in 1967 in the number of cases of infectious disease reported in the City, 1,400 notifications (excluding tuberculosis) being received against 868 the previous year. The increase was entirely due to measles, it being an epidemic year. Of the total, measles accounted for 1,098 notifications. (See Table 4, page 66).

There were, however, decreases in Dysentery with 79 cases against 104 in the previous year, and Scarlet Fever 33 against 48 cases; notifications of Puerperal Pyrexia showed a marked decrease with 88 cases notified compared with 190 in 1966.

Acute Poliomyelitis, Diphtheria and Smallpox

No cases of these diseases occurred in Westminster in 1967.

Dysentery

Seventy-nine notifications of dysentery were received during the year, the majority being single unconnected cases. Eleven of the notifications related to a minor outbreak at an Infants' School in Westminster, and a further five to cases which occurred in one of the Children's Department residential nurseries.

Measles

One thousand and ninety-eight notifications of measles were received during 1967 compared with 454 in 1966. There was again one death from this disease, that of a male child aged 3 years.

Puerperal Pyrexia

Eighty-eight notifications of puerperal pyrexia were received during 1967. All the cases occurred in hospital, 43 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 67, shows an analysis of the causes notified in 1967.

Typhoid and Paratyphoid Fever

One case of each of these diseases was notified during the year. Both were instances of isolated infection occurring in persons from abroad, one of whom was a food handler. There were also two cases in 1966.

INTERNATIONAL CERTIFICATES OF VACCINATION AND INOCULATION

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

During the year under review 15,805 (33,394) such certificates were authenticated, the demand being largely due to people going abroad for holidays. The unusually high number of certificates authenticated in 1966 was occasioned by an outbreak of smallpox in the West Midlands and the fact that when smallpox occurs in the United Kingdom, European and other countries not normally requiring International Certificates, are likely to require them from all travellers from this country.

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 month. These certificates, 20 (40) of which were issued during 1967, 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 received special notice in previous reports but it is again described in view of its importance to persons who, outside normal office hours, require assistance with medical, welfare or similar problems, within the City of Westminster and the Royal Borough of Kensington and Chelsea. It is financed jointly by the two boroughs but the telephone control centre is based at Westminster City Hall. Four Duty Officers work on a rota system and have available detailed files of information of all services, both emergency and normal. The Duty Officer assesses each problem presented to him and whenever necessary telephones the appropriate standby officer who initiates executive action or telephones the caller to give advice. With less pressing cases the details are referred to the relevant day staff for attention in the usual way. In many instances Duty Officers are able to advise on enquiries directly but their primary function is to put callers in touch with the service required.

The stand-by officers always available through this emergency telephone service for Westminster and Kensington and Chelsea include the Medical Officers of Health or their Deputies, Principal and Senior Medical Officers, Mental Welfare Officers, Children's Officers, Welfare Officers, Midwives, Public Health Inspectors, and, since the middle of the year under review, District Nurses for the City of Westminster. Other senior officers in the Health and other departments of the two Councils have supplied their private telephone numbers, so that they may be contacted to give direction on non-medical emergencies. Private telephone numbers are not divulged to any caller unless the officer gives express permission. It has in any case been found more satisfactory in practice for the Duty Officer to accept responsibility for finding the officer required and asking him to telephone the caller at a given number. This avoids the situation where the caller may have to make several calls to alternative numbers, and ensures that if the particular person required cannot be found a suitable substitute can be asked to help.

Hospitals, police, ambulance service, emergency medical relief services, general and specialist medical practitioners, and a wide range of official and unofficial organisations are making reciprocal use of the service. The Duty Officer can contact any of these on behalf of an officer called out on a particular case, and conversely they can be put in touch with the stand-by officer most likely to be able to help or advise on a given urgent problem. The Duty Officer has in addition details of parallel emergency telephone services in other London Boroughs and elsewhere.

A typical range of cases dealt with are: emergency compulsory mental hospital admissions; urgent admissions to general hospitals; emergency accommodation for homeless families and individuals; booked and unbooked maternity cases; district nurses visits through the patient's medical practitioner; juvenile care and protection cases; infectious disease notifications and investigations; river flood precautions; removal of cadavers and Coroners' notifications; serious sewerage leaks and similar problems. The Duty Officers deal directly with the urgent authentication of International Certificates where early departure prevents this being done during normal office hours; reception, storage and when necessary the urgent dispatch by special messenger of bacteriological and food specimens for laboratory examination; issuing vaccines to medical practitioners when these appear not to be readily available from the usual sources; giving information about the location and times of health and welfare clinics, including venereal disease clinics which are dealt with on a separate direct telephone line; and cremation bookings for the City of Westminster.

During the period 1st January to 31st December, 1967, a total of 9,363 (7,492) calls were received, 6,908 (4,936) relating to the City of Westminster and 2,455 (2,556) to the Royal Borough of Kensington and Chelsea. An analysis is given in Table 8, page 68, from which it will be seen that the most numerous classified calls again concerned mental health and child welfare. The increase in the number of miscellaneous calls in the latter half of the year are accounted for by the inclusion of the Westminster District Nurses visits in these figures, superimposed upon a more general trend of the public and other people to make greater use of this service to help resolve problems not covered by the other headings. The overall rise in the Westminster midwifery figures is not due to a higher reproductive rate, so much as the fact that these cases are now referred to the duty Midwife through the emergency telephone system instead of via the Sutherland Avenue Office as in the previous year.

VISITORS TO THE DEPARTMENT

In addition to the practical training provided for student health visitors, state-enrolled and district nursing students, pupil midwives, student nursery nurses and student public health inspectors on the establishment of the Health Department, no fewer than 792 people were welcomed for visits of observation in 1967.

This large number included visitors from abroad—amongst whom were students in hospital administration studying at the City of Westminster College—as well as doctors attending the course for the Diploma in Public Health at the London School of Hygiene and Tropical Medicine, matrons from old people's homes, student nurses from four teaching hospitals, social workers, child care officers, and house mothers.

These visits embraced all activities of the Health Department and proved interesting and stimulating to the staff involved.

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: V. A. Bignell, F.A.P.H.I.

						<i>At 31st December, 1967</i>	
						<i>Establishment</i>	<i>In post</i>
Public Health Inspectors	..	..	..	..	..	59	53
Student Public Health Inspectors	..	..	..	..	..	15	14
Technical Assistants	..	..	..	..	..	24	23

A most satisfactory feature of the staff position concerning public health inspectors and technical assistants during the year was that there have been few resignations which, coupled with the continued appointment of new inspectors referred to in last year's report, has resulted in a steady and sustained increase towards full establishment. That this has been achieved at a time when there is still a national shortage of inspectors, and the Inner London Boroughs in particular are suffering in this direction, is particularly encouraging and there are indications that we can look forward to a period of greater staff stability.

The senior public health inspector personnel remained constant and the combined experience and knowledge of these officers has been invaluable.

There is an increasing awareness of the role of the public health inspector in the public relations field and this has particular relevance in the City of Westminster. Of all local authority officers, the public health inspector is the one principally engaged in giving advice to all sections of the community on many varied matters in their homes or at their place of business. A legal power of entry to premises has been provided but it is a tribute to inspectors and a reflection on the relationship established by them with the general public that very rarely indeed has this power to be invoked. The administration of public health law and the interpretation of City Council policies within the framework of existing health and housing legislation are considerable responsibilities and, as far as the public health inspectors are concerned, a correct method of approach and the mutual respect this produces are of no less importance than the actual advice given. A notable example of where the public health officer needs to be particularly tactful and show a sympathetic understanding is when interviewing persons involved in alleged harassment in contravention of Section 30 of the Rent Act, 1965.

During the year, the North Westminster study report was approved by the City Council. This fact, among others, made it opportune thoroughly to re-examine and re-arrange the work of the public health inspectors in the City. In particular, the specialist Housing Section was strengthened so as to be better equipped to deal adequately with the particular aspects of this side of the public health inspectors' work that the experience gained during two years of amalgamation has shewn to be necessary, and also to be able to make a significant contribution to the implementation of the recommendations of the North Westminster Study.

The Food Section Inspectorate was also augmented and reorganised in the light of current needs and the work of the specialist inspectors is dealt with in this Report. This has increased during the year, particularly in respect of its consumer protection service and its advisory service to the trade. The Ministry of Agriculture, Fisheries & Food used to provide an advisory service through the Food Standards and Labelling Division to assist manufacturers in the correct labelling of their products. On disbandment of this service several years ago, advice was sought from an authoritative source in the Middlesex County Council, but this ceased to be available when the London Boroughs came into being in 1965. In consequence there has been an increase in the number of this type of enquiry received in the Department and good relations with food manufacturers, wholesalers and retailers result from contacts so established. The information supplied is, of course, purely for guidance, and an authoritative interpretation of the Statutes must rest with the Court. The new Labelling of Food Regulations, which were laid before Parliament on the 21st December, 1967, and which will take effect in 1971, will shortly be published. The Regulations contain many additional provisions to the 1953 Order at present in force, and those seeking advice in future will undoubtedly wish to be aware of these new requirements in order that any labelling envisaged will comply at the outset.

The matters dealt with specifically in this Report are representative of the overall environmental health work of the Department. There is one which perhaps justifies particular mention at this time and which since the War has caused most urban authorities some concern, namely, the

problem of open sites and derelict buildings. Westminster is no exception. Such open sites and, in many instances, the basement areas of derelict premises, all too frequently become dumping grounds for an assorted miscellany of refuse which, apart from at times constituting a statutory nuisance, proves attractive to vermin and becomes the breeding-ground of flies. In the case of those open areas which were once static water tanks, flooding frequently occurs with subsequent stagnation of the water. Derelict buildings are rarely adequately secured and this has sometimes given rise to additional nuisance from casual habitation of the premises by tramps, inebriates and beatniks.

Power to deal adequately with derelict buildings is extremely limited unless a statutory nuisance actually arises, but a substantial degree of co-operation has been achieved with certain owners in initially cleansing the premises and subsequently providing close-boarded surrounds to deter unauthorised entry and indiscriminate dumping. It has been a long-standing practice for bombed sites to be cleared by the Cleansing Department on the authority of the Medical Officer of Health as and when accumulations of putrescible matter give rise to nuisance. Surveillance of such sites is regularly undertaken and remedial action taken when nuisance arises. It will be realised, however, that sites may be littered with old furniture and rubbish.

In the Pimlico area, some time ago, the various estates owning bombed sites were invited to submit plans for infilling them with residential development. Planning applications have been made in respect of the majority of these sites and most of the proposals have already been approved—in one or two instances they are currently under development.

It seems likely that the position will to a great extent be resolved in the future, bearing in mind the implications of the Civic Amenities Act, 1967, Section 18 of which requires local authorities within twelve months of the coming into force of the Act, i.e. 27th July, 1968, to provide, unless with good reason they cannot do so, places where refuse other than business refuse may be deposited by residents of the district, free of charge at all reasonable times. The local authority for this purpose in London is the Greater London Council.

Public Health Inspectors—Night and Weekend, etc. Duties

The rotas of duty, organised to provide as complete coverage as is possible with available staff, which were detailed in last year's Annual Report, have been maintained throughout 1967.

Student Public Health Inspectors—Practical Training

At the beginning of 1967 there were twelve student public health inspectors under training in the Health Department. During the year, two fourth-year students qualified by passing the Diploma Examination in June, and both were subsequently appointed as public health inspectors by the City Council. The establishment was increased and four additional students were appointed in September. Thus at the end of December there were fourteen student public health inspectors under training in the Department, more than in any other of the twelve Inner London Health Authorities.

The four-year course of lectures and demonstrations undertaken by student public health inspectors to satisfy the requirements of the examining body in relation to theoretical instruction involves the release of the students to attend approved technical colleges for two days each week. For the remaining three days each week during the college term, and for every day during vacations, the student is required to undergo full-time approved practical training in the Health Department of the local authority by whom he is engaged as a paid pupil.

In Westminster, this practical training is carefully organised to accord with the several stages—first, second, third or fourth year—of the theoretical instruction being received, and is planned to ensure that during each year not less than two months is spent working in each of the principal environmental sectors—housing, food and food premises, atmospheric pollution, district inspection, drainage and new developments, etc. Thus, every public health inspector is involved in some measure in giving practical instruction to students and as, in addition, they have to direct and instruct the twenty-four technical assistants assigned to them, it may be recognised that the time, effort and consideration which they must devote to work in this field is not inconsiderable.

As a corollary to their work in the various departments of the environmental sector the students also get experience of the conditions and problems associated with the distinctive areas of the City. In order, however, that they may have opportunities for association and mutual aid in the practical field, a monthly forum is arranged at which they are encouraged to discuss common problems and to which they invite a speaker—usually a senior public health inspector—to talk informally and answer questions upon subjects of their choice.

Among the fourteen students a fairly wide variety of age-groups is represented; there are three young women, and there are students in each of the four stages of training. The practical training must therefore be presented to meet a diversity of individual needs and personal characteristics and, while this can be challenging and stimulating, it can also represent demands upon the resources of officers under pressure from the exigencies of heavy work-loads and the wide range of problems peculiar to the duties of the public health inspector.

District Inspection

During the year under review the City continued for this purpose to be divided into four areas and sub-divided into thirty-two districts. Two areas, each consisting of seven districts, operated from the Harrow Road office; the other two, each having nine districts, being centred at City Hall and St. Marylebone Town Hall respectively. The staffing arrangements were as mentioned in the report for 1966.

Summaries of the work carried out by District and other Inspectors are included in Tables 9, 10, 11 and 12, pages 69, 70.

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 69; and an analysis of 2,763 (3,222) nuisances and unsatisfactory conditions found and remedied appears in Table 10, page 69.

Notices

One thousand and seventy-six (1,170) informal notices were served and of these 705 (638) were followed by the service of statutory notices to secure the abatement of nuisances. In addition 210 (137) statutory notices were served under the Clean Air Act, 1956. An analysis of statutory notices served is given in Table 12, page 70.

Legal Proceedings

A summary of legal proceedings is given in Table 29, page 78.

Noise

Two hundred and eighty-five (247) complaints of noise were received during the year and these necessitated 1,193 visits by the Public Health Inspectors, which by coincidence was the same number as last year. Many related to noise occurring late at night and during weekends, and 259 of the visits referred to were made outside normal office hours.

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, but it is gratifying to record that the great majority of the contractors concerned were co-operative in seeking and applying noise-reducing methods, even where some loss of efficiency resulted or hours of working had to be restricted.

Other complaints concerned such things as machinery in workshops and factories, garages, motor repairs, social functions, clubs, parties, noisy neighbours, record players, air conditioning plant, a water supply system, and animals.

Complaints were not always well founded but in all cases which upon investigation were found to be justified the offending noise had been abated or reduced to a reasonable level by the end of the year, sometimes, where the Council had no legal powers, by informal action taken by the Public Health Inspectors.

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 in addition to that relating to drainage only.

Of 1,036 (810) drainage plans approved during the year, 93 (79) related to new buildings. A total of 13,075 (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.

The number of new buildings constructed by private enterprise appears to have continued to decrease, probably due in part to Government restrictions and, in part, to scarcity of sites. Those buildings that are in course of erection have a tendency to be of the multi-user type and every effort is made to ensure that the often conflicting interests involved are reconciled.

The construction of new hotel accommodation is still increasing rapidly. Two new hotels—one in Bayswater, the other in Park Lane—were opened during the course of the year. Work of site clearance in respect of four more was commenced in the latter part of the year—two in Portman Square, one in Lowndes Square and one in Hamilton Place. Final details of these are not yet available but when coupled with modernisation and extensions to older hotels which are taking place, the total number of additional bedrooms being provided is in the region of 2,000.

New educational establishments, designed to serve many different purposes, are in course of construction; the London School of Economics, College of Science and Technology, New Cavendish Street; King's College, Strand; a secondary school in Pimlico and a primary/junior school in Paddington are examples.

In the field of housing, approximately 600 houses and flats built by private enterprise have been completed and approximately 850 are in course of construction. New Local Authority housing schemes, both by the Greater London Council and Westminster City Council, which have demanded much attention, include Abbots Manor, Lisson Green and Waltham Road areas.

Two projects that are particularly welcome are those of the Central London Housing Trust for the Aged which will provide new purpose-designed living accommodation in two buildings with the necessary ancillary services for some 400 old people. This will be a valuable contribution towards a long-felt need.

New techniques and materials affecting those parts of the building industry which lie within the supervision of the Department continue to be developed, some in advance of official recognition, and the officers maintain their efforts to keep fully informed of all such trends.

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 rainfall the trunk sewers at some points have been unable to accept the discharge of the City Council's sewers, in general, the arrangements for Westminster appear to be adequate and there were no reports of flooding during 1967. 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 90 (78) plans submitted to the Council under the Town and Country Planning Act, 1962.

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.

Westminster Council House Extension, W.1.

Rutherford School, Penfold Street, N.W.8.

"Newstead", Greville Place, N.W.6.

Paddington District Office, 313 Harrow Road, W.9.

Larger particles of grit and dust 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.

The two sequential fog samplers at Anson House and Westminster Council House are still being used. These instruments measure the smoke content of smog more completely than the apparatus used for the daily measurements of smoke and sulphur dioxide, and are switched on at the discretion of the Senior Public Health Inspector responsible when smog is imminent. The City Council installed this equipment by arrangement with the Air Pollution Division of the Medical Research Council and the results obtained are always available to them and also to the Warren Spring Laboratory, Ministry of Technology.

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, the Westminster (Readings); and the Council made two further Orders, the Westminster (Queens Park) and the Westminster (Maida Vale North), both of which were submitted to, and confirmed by, the Minister of Housing and Local Government.

All undue emissions of smoke observed, or reported to the Department, are investigated and appropriate action taken. There are many oil-fired boilers of varying 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 smuts and odours are more difficult to trace; nevertheless, although these investigations are somewhat time-consuming, considerable success is achieved in remedying this kind of nuisance. During the year the Smoke Control Officer made 288 (289) visits in connection with complaints, 331 (398) Smoke Observations and 912 (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 1967 a total of 71 (93) such notifications were received, of which 27 (33) included application for the Council's approval of the new boilers.

Housing Acts 1957–1964—Inspectorate

There are six public health inspectors in the section concerned primarily with these Acts. They implement the provisions of all Housing Acts relating to slum clearance, houses in multiple occupation, the improvement of dwellings and, in co-operation with the other departments concerned, report upon applications to the Council for loans for the purchase of houses and grants for improvement works.

Four of these inspectors were also engaged for a time on obtaining information for the "Conditions of Dwellings" survey of the Greater London Council which involved 3,710 houses.

In July the report of the Town Planning Committee regarding the North Westminster Study was presented to the Council. This study was prepared by the Director of Architecture and Planning but will materially influence the work of the Health Department in the areas covered.

(Summary of visits by Housing Act Inspectors—Table 13, page 70.)

Houses in Multiple Occupation—Management Orders, Directions and Notices

Management Orders, Directions and Notices requiring additional amenities under the Housing Acts, 1961–1964 continued to be served (see Table 14, page 70).

Pending the acceptance of the North Westminster Study proposals, routine work on houses in multiple occupation in that area of the City had to be virtually suspended, as it would not have been reasonable to request owners to carry out expensive improvements until the probable life of the property became more clearly known.

Houses in Multiple Occupation—Control Orders

At the end of the year, three Control Orders under the Housing Act, 1964 were in operation, two of the five mentioned in the report for 1966 having been cancelled. In one case the property was purchased by the City Council and in the other the circumstances no longer warranted the continuance of the Order and the property was returned (subject to certain safeguards) to the owner.

Unfit Premises

In order to rehouse families whose health is being detrimentally affected by their living conditions and where closing orders are made under the Housing Act, 1957, a small quota of accommodation has been allocated to such cases. When closing orders are made the circumstances of each family in relation to the condition of their accommodation is considered and, if so recommended by the Medical Officer of Health, the Housing Department give the applicant priority for rehousing.

Housing Priority on Medical Grounds

Nine hundred and sixty-nine medical certificates in support of rehousing applications were dealt with. The figure for 1966 was 1,011.

Unlawful Eviction, Harassment and Provision of Rent Books

The public health inspectors continued to investigate cases referred to the Health Department and during the year made enquiries into 112 allegations of harassment and 43 instances of non-provision of rent books. The figures for 1966 were 145 and 38 respectively.

Overcrowding

Table 16, page 71, gives statistical information about the known cases at the end of the year.

Certificates of Disrepair

There were no applications during 1967 for the issue of certificates of disrepair under the Rent Act, 1957. In one case a certificate issued in a previous year was cancelled on the application of the landlord, the necessary repairs having been completed.

(Table 17, page 72.)

Slum Clearance

During the year the following action was taken in connection with premises included in the Council's slum clearance programme 1966-70:—

Ashmill Street/Broadley Street area: A compulsory purchase order was made in 1966. The subsequent Public Inquiry was arranged for May 1967 but postponed to allow negotiations then going on between the City Valuer and the remaining objectors to be pursued. Ultimately all objections were withdrawn and an Inquiry was not necessary.

Boston Place: The properties in this area are being, or have been, improved to a standard which makes it impossible to retain them in the slum clearance programme and the Health Committee accepted a recommendation at their November meeting that these properties should be deleted from the programme.

Cato Street: The tenement blocks in this street were represented with a view to clearance in April 1967. No clearance area was declared as negotiations subsequently resulted in the purchase by the Council in November of St. Michael's, St. George's and St. Mary's Dwellings, and Erin House. Negotiations for the purchase of the two remaining blocks, Osborne and Windsor Buildings, were proceeding at the end of the year.

Herries Street (North) area: This was declared a clearance area in July 1967 and compulsory purchase orders were made in December.

Herries Street (South) area: This was declared a clearance area in October 1967. The compulsory purchase orders had not been made at the end of the year.

Loans and Grants

During the year, 105 applications for loans and 92 applications for grants were referred to the Health Department. The figures for 1966 were 140 and 106 respectively.

Common Lodging Houses

There are two common lodging houses in the City. One, accommodating 550 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, Kemble Street, W.C.2. A third establishment formerly run by the Church Army at 84 Bell Street, N.W.1, with accommodation for 85 women, has been converted into a residential hostel and is no longer registerable as a common lodging house.

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. Both common lodging houses were well managed and maintained throughout 1967.

Facilities are provided at Bruce House for the disinfection of any residents who require this service, together with a doctor's room in which local general practitioners can see their patients. Arrangements also exist for regular visits by Social Workers from the Health Department and the Welfare Department to this lodging house.

Local Land Charges

The number of formal enquiries dealt with during 1967 was 7,783 compared with 6,484 in 1966. Many informal enquiries relating to specific details are also received and answered.

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 authorisation for the accumulation and disposal of radioactive waste.

Copies of certificates of registration, authorisation and supplementary provisions, the cancellation or variation of 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.

Rodent Control

A staff of eight rodent operatives under the supervision of the Pest Control Officer is based on two centres, namely, 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 without charge in respect of complaints of rat and mouse infestation in domestic and business premises and a free disinfection service is provided for domestic premises. Short-term treatment only is undertaken at business premises and for this a charge is made. Where treatment necessitates regular attention on a long-term basis, business firms are advised to employ a commercial pest control organisation.

Continued attention is given to advances in methods of treatment and with particular regard to formulations of poison baits as recommended by the Ministry of Agriculture, Fisheries and Food.

Statistics in regard to Rodent Control are given in Table 18, page 72.

Insect Pest Control—Disinfection

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

Continued attention is given to methods of insecticidal treatment and the formulations of spray and powder in use are specified with particular regard to the Ministry of Agriculture, Fisheries and Food recommendations.

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, 2,760 (1,818) rooms were disinfested.

Disinfection

During the year, 99 (89) rooms, 6,073 (4,145) articles of bedding and clothing and 482 (644) books were disinfected.

The Department continued to be asked by residents to certify that clothing intended for despatch to foreign countries, mainly in central and eastern Europe, was free from infection. Disinfection was carried out only when the articles concerned had actually been in contact with infectious disease. Eighty-three (60) 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 repellents.

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 which, it should be noted, relates to the Board's direct supply to the area and not to supplies from any other source:—

“(1) (a) The supply was satisfactory both as to quality and quantity throughout 1967.

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

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

(c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1967, was 255,015.

(ii) No houses were permanently supplied by standpipe.

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

(2) (a) The supply was derived from the following works and pumping stations:—

River Thames via Ashford Common, Hampton, Hammersmith, Cricklewood, Walton and Surbiton, New River via Stoke Newington.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area. The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown in Tables 19 and 20, pages 73.

(b) The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead. Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and the information obtained over the period 1st January to 31st December, 1967 is set out in Table 20, page 73. The figures given apply to the whole of the Board's area but the general characteristics of the water are similar throughout the area, so that the findings are applicable to individual Boroughs. The regular system of examination for lead in water in domestic premises will continue during 1968.”

In the event of any suspicion of contaminated public mains water, the Metropolitan Water Board is informed and investigations are made: if necessary, samples are taken for examination. Complaints (which are extremely few) have usually referred to some alleged unusual taste.

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

The water from 68 boreholes is used for drinking and domestic purposes in 54 premises. Of this number, 19 bores supply water to 18 premises occupied by Government Departments or Crown

Agents and, where this obtains, arrangements for maintenance and examination are in the hands of the Ministry of Public Building and Works and the Government Chemist.

During the year, in relation to the 49 boreholes in private ownership and control, 83 (92) samples of water were submitted for bacteriological examination and 26 (32) for chemical analysis. Five of the bacteriological examinations—relating to 3 wells—indicated slight bacterial contamination; in the case of one well this was due to a defective storage tank and a temporary fault in the chlorination injector, whilst in the other two the untreated water from the bore failed to meet the highest standards of bacterial purity but showed no evidence of contamination of a dangerous character. In one of these two cases, nevertheless, the supply to the consumer was satisfactory because of subsequent chlorination, and in the remaining instance the owners of the property and the well subsequently installed a satisfactory system of chlorination to safeguard the consumers.

All other examinations were reported to be satisfactory.

Swimming Bath Water Examination

Monthly examinations of the water were carried out at each of the eleven municipal swimming baths in the City. During the year 196 (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 two instances the bacteriological examinations indicated the probable presence of faecal bacteria in minimal numbers, namely one per 100 millilitres. Having regard to all the relevant circumstances, however, these were regarded as isolated instances which were not of serious significance. Generally speaking, the results were very satisfactory.

Offices, Shops and Railway Premises Act, 1963

The Council is responsible for administering the general provisions of the Act in such premises as are required to be registered with the local authority.

During 1967 notices of the employment of persons were received by the City Council in respect of 1,691 (1,912) premises. On the 31st December, 1967, after allowing for removals and the transfer of registrations to other authorities, 17,033 premises, in which a total of 342,111 persons are employed, were on the Council's register.

"General Inspections" during the year numbered 3,648 (5,751) and by the end of the year only 3,415 premises awaited a "general inspection". There were 9,763 (12,469) inspections of all kinds, including re-inspections, contraventions being found in 1,506 (3,372) cases. Compliance with the Act was secured by informal action and it was not necessary to commence legal proceedings.

For the second consecutive year there was a reduction in the number of accidents notified, 573 (608) and in only seventeen cases was a failure to comply with the Act a contributory cause of the accident.

The City Council granted exemption for a limited period from the requirements of Section 5 (2), which relates to the provision of working space, in respect of part of one premises. In another the Council exempted the occupiers from certain requirements relating to the provision of first-aid facilities, adequate arrangements having been made for securing the immediate treatment of injured persons on the premises.

Statistics, including some contained in the Annual Report to the Minister of Labour, will be found in Table 21, page 74.

Factories

There were 4,722 (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 74 and 75.

Outworkers

Returns made by 224 (242) employers, together with 170 (202) notifications from other local authorities, accounted for a total of 2,247 (2,349) outworkers of whom 956 (1,187) were residing in the City of Westminster. (Table 24, page 75.)

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 the Council and that the premises were so used in 1937. There are three basement bakehouses in Westminster for which Certificates of Suitability are in force. The next quinquennial review is scheduled for 1969.

From time to time applications are made to use basement kitchens as bakehouses in contravention of the above Act. These invariably have to be refused as the Act permits no discretion to the local authority. In the case of a basement kitchen which is properly constructed with adequate lighting and ventilation it is not possible to justify such a decision on the grounds of hygiene or working conditions. This anomaly gave rise to serious difficulties during the year when it became necessary to refuse permission to use as a bakehouse a kitchen in an important new development which, apart from being underground, was well constructed and hygienic in all respects.

The controlling legislation was first enacted in 1901, strengthened by the Act of 1937, when quinquennial surveys were introduced with the intention of expediting the elimination of remaining basement bakehouses, and subsequently re-enacted without modification in the consolidation Act of 1961. It is certain, therefore, that as recently as 1961 there was no intention to relax the restriction for basement bakehouses but one cannot help reaching the conclusion that with advanced techniques in construction, working conditions would not now reflect the unsatisfactory position of the late nineteenth century and that a serious re-appraisal of the rigid provisions of this Section of the Act could perhaps lead to the local authority being allowed to exercise its discretion in the matter.

Food and Catering Premises—Inspection

The estimated number of food and catering premises in Westminster on 31st December, 1967 was 6,779, categorised as shewn in Table 25, page 76.

During the year 11,894 (10,783) visits were made by the Public Health Inspectors, and 550 (543) informal notices were served in respect of matters requiring remedial attention.

The work of the section throughout the year continued to be heavy and sustained. Some 581 complaints were received concerning general food matters, conditions at premises, noise, smells, dirty crockery, personal clothing of staff and alleged presence of vermin. Appropriate action was taken in each instance.

It is not perhaps generally realised that catering and the sale of food in its various forms are considered to comprise the largest industry in Westminster. In consequence the application of current legislation to each individual premises is a mammoth task. One can sympathise with those responsible for premises where catering and the retail sale of food is conducted when faced with the complexities of the many statutory enactments with which they must comply. It is small wonder that the Inspector so often finds himself in the role of a willing adviser and consultant, in addition to that of an enforcement officer.

Unprotected Food

This is a matter calling for constant vigilance by Inspectors of the Department. It is difficult to understand why those who are constantly engaged in the handling of food are not more alive to the necessity for its protection from possible contamination.

Instances still occur where bread and pastries are left on doorsteps early in the morning, open to contamination from dust, dirt and animals. Not infrequently the package nestles in close proximity to a dustbin which has been emptied by the night staff of the Cleansing Department. These obviously unsatisfactory conditions must be apparent to the person delivering the food, and also to the management of the retail premises who permit such an arrangement.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, which came into force on the 1st January, 1967, prohibit the use of land for the storage of food in such a manner as to expose the food to risk of contamination (the term "land" includes any open space surrounding or adjoining any premises). A proprietor of a food business who permits this to take place is contravening the Regulations. The Food Hygiene (General) Regulations, 1960, require a person who engages in the handling of food, i.e., a roundsman delivering bread, not to place the food so as to involve any risk of contamination. If all concerned were mindful of these provisions, the present position would not call for comment.

There are of course difficulties associated with deliveries of food in Central London, and it is often only in the comparatively early hours of the morning that this can be done, but this Department cannot countenance the disregard for the specific intention of the Regulations which is to protect food from risk of contamination. It should not be beyond the capabilities of management to provide some suitable container to enclose the foods or alternatively arrange for someone to receive the goods pending their arrival.

During the past year the attention of owners of catering establishments has been drawn to the necessity for providing adequate protection from contamination of food on display on counters. The tendency is so often for unprotected food—and mostly this is of the "cream cake" variety—to

be displayed on a shelf in the front position past which customers walk to collect various items on a tray, lean over to pay the bill, or carry on conversations with persons behind the counter. The risk of contamination from clothing and droplet infection is readily apparent, and the minimum requirement to obviate these possibilities is the provision of sloping glass screens (known to the trade as "sneeze plates") which protect the food.

It is the Inspectors' experience that many caterers seem incredulous when told that food can be contaminated in this way. Unfortunately, for the most part the public show little interest in the provision of this type of protection, and continue to use shops where unprotected food is displayed on the counters so that no economic pressure is brought to bear on the trader to take greater precautions.

Street Traders—Markets and Stalls

On the 1st January, 1967, the new Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations, 1966 came into effect. Markets and stalls are so defined that the Regulations 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, come within the definition of stall, and become subject to the appropriate requirements for stalls. The Regulations revoked or superseded corresponding requirements in the Food Hygiene (General) Regulations 1960, which continue to apply to food businesses in fixed premises and shops.

It is not proposed to dwell at length on the requirements of the new Regulations, but they are far reaching in their intent and, not surprisingly, certain matters have not found ready acceptance on the part of traders who are now required to comply with their provisions.

The Town Planning Committee of the City Council is of the opinion that it is desirable to retain street markets both as an amenity feature and as fulfilling a consumer need. Some revolutionary changes are envisaged in open air trading, particularly in relation to street markets, to meet the new requirements. The present type of costermonger barrow and the trestle type of stall with an awning, which has been in use with very little change for well over a century, will need to be replaced by a covered-in stall of modern design. Such a stall from which open food is sold will have to be screened at the sides and back so as to prevent contamination of open food on the stall, and any surfaces which come into contact with food will have to be smooth and non-absorbent without recesses or open seams. Unless adequate provision is made, the stall will also have to incorporate a portable washing unit embodying an insulated or heated water container and waste receptacle underneath. No longer is it permissible for stalls to be left out in the street overnight or stored in any other place where they may be exposed to contamination, and it will be necessary to display on the stall the address where it is stored. A difficulty experienced by most traders at some time or another is the finding of suitable storage accommodation near to the market from which they trade.

Initially during the first year of the new Regulations emphasis has been on securing the co-operation of all concerned and a result has been the formation of three Market Traders Associations covering the whole of Westminster under the following designations:—

Marylebone & Church Street District

Soho and District

Victoria and District.

Meetings have been held throughout the year at which the Senior Public Health Inspector (Food Control) has explained the requirements of the new Regulations and the City Council's views on matters which have arisen in their application. The discussions have proved of considerable benefit to all concerned and an expression of appreciation has been received from the traders for this assistance.

In order to assist traders to understand the Regulations, an introductory letter has been sent to each, on the reverse side of which has appeared the principal requirements in relation to his particular trade. A synopsis of the Regulations has also been provided.

To give some idea of the type of stall which will incorporate all the requirements of the Regulations one has been designed in model form in the Department. Great interest has been shown in the features it incorporates, although certain aspects have not in all respects met general agreement.

The Committees of the three Associations mentioned above have set up a Joint Committee to negotiate on behalf of traders with officers of the various departments of the City Council and other bodies and to act in matters of common interest. This Committee has assured the Council that traders in Westminster are most anxious to comply with the new requirements, although aware that there are matters which present very real problems to the trader.

Observations have been carried out throughout the year on vehicles used in the delivery of food. Where necessary any contraventions have been brought to the attention of those responsible by way of cautionary action.

Unlicensed Street Traders

The activities of these traders and particularly those who operate "hot dog" vehicles have again involved officers of the Department in much additional work and overtime during the year.

Observations have been maintained by Inspectors at all hours of the working day, and often far into the night and early morning. In several instances it was found that persons against whom summonses were issued were not living at the address given, and no further action could be taken. There were, however, some 20 successful prosecutions during the year against "hot dog" traders. (See Results of Legal Proceedings, Table 29, page 78.)

One case which came before the Court resulted in costs being awarded against the Council. Five summonses were issued against this defendant for contraventions of the Food Hygiene (General) Regulations, 1960, viz:—

- (a) For failing to display his name and address—he offered no defence.
- (b) For failing to provide suitable and sufficient lighting—he said there was adequate street lighting in relation to the single light on his stall.
- (c) For failing to provide in connection with his catering business, adequate supply of either hot and cold water, or hot water at a suitably controlled temperature—he said there was a gas heater (ring burner under a biscuit tin) where he could heat water at any time. In cross examination he stated that he had tepid water but admitted he had no hot water at the time of inspection.
- (d) For failing to take all such steps which were reasonably necessary to protect Hot Dogs he was selling from risk of contamination, in that bread rolls were stacked unprotected from dust and dirt thrown up by passing traffic—he said the rolls on display were to attract custom, and were not for sale; in cross examination he agreed that the stall bore the words "Hot Dogs".
- (e) For failing to refrain from the use of tobacco while handling open food—he said that he only served a bottle of "Coca Cola" while smoking, but he agreed that he opened the bottle.

The defendant was not legally represented. To the first summons he pleaded "Guilty", and a fine of 40/- plus one guinea costs were imposed. To the remaining four summonses, he pleaded "Not Guilty", and these the Magistrate dismissed with eight guineas costs against the City Council.

During the hearing the Magistrate made the following statement, which was widely reported in the Press:—

"Your Council are trying to prevent food being sold in the street. There is a great deal to be said for that, but it seems to me that these rules would apply to apples at any greengrocers. If you want to stop street traders selling food, you must do it the straightforward way and get an Act of Parliament."

The summer months brought forth the usual spate of ice cream salesmen operating in contravention of parking and street trading legislation. Police apprehended several of the vehicles and arrested the operators. Good liaison exists with the Police and the Health Department was notified in order that the vehicles could be inspected. Several prosecutions resulted.

It should be said that in undertaking this form of enforcement work the Inspectors concerned are required to deal with traders who are usually unco-operative and abusive. The majority show little regard for even the elementary principles of food hygiene, and many are the casual type who find this kind of work an easy way of making a few pounds. The public ought not to be exposed to the health risks involved, and so that the Council can exercise a positive and effective control over these traders it would be appreciated if the Minister would consider implementing the powers contained in Section 21 of the Food and Drugs Act, 1955, for the licensing by the City Council of all food stalls. This would place the onus on the trader to inform the Council of his proposals before he commenced trading, and furthermore, ensure that the vehicles, etc. to be used meet statutory requirements before trading commenced. If national legislation is not forthcoming an alternative may be application to the Greater London Council for these particular powers to be included in a future General Powers Bill for use by certain London authorities, particularly Westminster.

The number of persons who engage in unauthorised trading in foodstuffs in Westminster does not decrease and their standards of hygiene are generally low, although in the case of certain traders

some improvement has occurred. The greatest deficiency, and the most important, is the failure to provide satisfactory washing facilities.

Street trading in general is authorised by the City Council under the London County Council (General Powers) Act, 1947. The Department controlling the licensing and registering of these traders is the Public Control Section of the Town Clerk's Department. Action against those who are found to be engaged in unauthorised trading in contravention of the Act is undertaken by that Department under the direction of the City Solicitor.

Registration of Food Premises

Several discussions have taken place in the past regarding the desirability of seeking legislation for the compulsory registration of all premises which engage in the sale and/or preparation of food, in order to secure compliance with proper food hygiene standards.

Individual local authorities undoubtedly have different points of view on the subject, depending on their experience and local problems, but it is considered in Westminster that there is a special case for the implementation of this proposal.

Catering and associated food businesses are carried on in the City on a vast scale—diversified, highly commercial, in premises both large and small. It is essential from the standpoint of compliance with the various enactments that all premises in the City should be known to the Department and their suitability established. It seems incongruous that legislation should require a person to be registered with a local authority for the sale of milk in a sealed container, where virtually no health hazard exists, yet premises where food is prepared and sold for consumption, with all the hazards involved, are precluded from this requirement.

It is the experience of all local authorities, particularly those in Greater London, that catering premises (and food shops) sometimes open up for business without the knowledge of the local health department. Some of these premises are subsequently found to fall short of statutory requirements but once opened there is sometimes reluctance on the part of the proprietor to carry out the necessary works which often involve expensive modification of inadequate provisions already made. Resort can, of course, be made to the powers available, but it is often a long road before compliance is achieved; this engages the time and attention of the individual Inspector which could be more usefully employed elsewhere.

Food and beverages are often dispensed at unlicensed clubs. Food has been found to be prepared in some instances under conditions which have little relation to the requirements of the Food Hygiene Regulations, and it can be some time before the premises become known to the Department. A similar position obtains in the case of premises where bed and breakfast and other meals are provided for short-term residents; there is a considerable number of this type of premises in Westminster.

If Government approval to registration of catering premises is ever forthcoming, it is known that compulsory registration will not find favour with many of those concerned; but if new legislation is to be effective it should be realistic, with an absolute minimum of exemption clauses.

Catering Premises

Sites in main roads—especially in new blocks—are expensive and for this reason are mainly in the hands of the larger catering groups; the would-be small caterer is increasingly being forced into accepting older premises in side streets if he hopes to survive in business. Whilst structural standards continue to improve in the larger establishments, there is a serious impediment to structural improvements in the older property where freehold premises are being gradually acquired for block control by one owner.

Notably, this is true of the area around Piccadilly Circus where the future with regard to development is uncertain. As leases fall in the owners are not now prepared to grant long renewal but are at the same time willing to let premises for catering without accepting any structural responsibility despite the fact that the comfort of their other tenants may depend upon the effectiveness of the work undertaken. Not unnaturally, the occupier in these circumstances wishes to keep his capital outlay to a minimum, and this Department is often forced to accept a standard of work sufficient only to comply with the minimal statutory requirements. In these cases, unless frequent inspections are made of the premises, there is a strong possibility that conditions will rapidly deteriorate. Particularly important in this connection are the cases where it is considered that the provision of mechanical ventilation is required and as this can involve a heavy outlay many traders are loath to instal plant which they consider to be an unjustifiable expense, which is unlikely to be reflected in subsequent profits.

The provision of adequate ventilation either externally or internally is indirectly the concern of this Department and problems sometimes arise, viz:

- (i) with external ventilation, that of noise, vibration, smell, soiling of walls, obstruction of natural light, and fire risk; and
- (ii) with internal ventilation that of noise, greasy conditions, overheating and working conditions adversely affecting the staff.

Some of these may occur from the general inefficiency of the ventilation system. Sometimes they arise from it being deliberately switched off because of:—

- (a) a genuine but misguided effort to avoid causing trouble to people in other premises if a complaint has been made regarding noise and smell, and
- (b) noise, where it interferes with the ordering system, especially if catering is undertaken on more than one floor.

It is customary where new premises are under consideration, or where old ones are undergoing major adaptations, to ask for a comprehensive system of ventilation including:—

- (i) exhaust ducting leading from oversailing hoods above the cooking equipment and terminating at a position in the external air where the fumes will not cause annoyance to neighbouring occupiers;
- (ii) the provision of silencers, sleeves and resilient mountings to prevent nuisance from noise and vibration;
- (iii) a suitable number of air changes having regard to the type and extent of cooking involved;
- (iv) accessibility of motor(s) for cleaning; and
- (v) the installation of rheostat control to meet varying climatic and other conditions.

Schemes which do not incorporate these factors are not always objected to by the Department but it is made clear that, should they prove ineffectual in practice, improvements must be undertaken without delay.

In some instances where requirements of the Department are carefully outlined to a prospective caterer, nothing further is heard until it is realised many months later that the premises are being altered or are in operation by an entirely different person who may commence business with light sandwich service and progress to more extensive catering without the benefit of the additional facilities necessary. These premises are most likely to give rise to nuisance.

The practice has recently been adopted whereby, if there are any doubts as to the efficiency of the ventilation system proposed by a caterer, the owner is notified to that effect and asked to take such steps as may be necessary in co-operation with his catering tenant or otherwise, to ensure that no nuisance will arise. It is not known how far this may affect lettings but many proposals do not get beyond the consultation stage.

There are no statutory requirements for the size of kitchens and the quantity and disposition of the equipment. The Ministry's booklet advises a minimum height of 8 feet in a kitchen and most catering manuals of industrial caterers' suppliers have layout figures of one sort or another, although their primary concern is to sell equipment. With increasing costs of both rent and rates, cooking and preparation areas are often sacrificed to enlarge the public areas with resultant restricted working space detrimental to efficient cleaning. In the case of enclosed food preparation rooms or restaurants the working rooms standards of the Offices, Shops & Railway Premises Act, 1963, are helpful, but they are difficult to apply to call-order kitchens open to the public area, and in the case of kitchens associated with some clubs, the legislative requirements of that Act do not apply. Allowance for equipment, particularly ventilating ducting, is also a problem to assess.

The staffing position in catering establishments shows no improvement on recent years and is in no way helped by the seasonal desertion of staff to coastal resorts. Kitchen porters carry no status and essential routine cleaning is frequently left to drifters and social misfits employed on a casual basis. With no time, and often no inclination, to instruct staff properly in hygiene, some managements become apathetic. For high level structural cleaning, contract work may produce better results, but usually only the larger restaurants and canteens arrange for this to be done.

Sanitary Conveniences for Customers in Restaurants, Cafes, etc. and Hand Washing Facilities

The powers available to local authorities in London to provide sanitary conveniences for the use of customers of catering establishments have already been referred to at some length in previous Annual Reports.

The Public Health Inspectors have continued to inspire owners or occupiers of refreshment houses to provide these facilities where it is reasonable and practical to do so.

The majority of the larger restaurants in the City have been co-operative in this respect. This is not always appreciated by the public. Wilful damage and abuse has caused some caterers to restrict the use of the sanitary accommodation on their premises, and instead have directed their customers to the nearest street convenience.

The words "sanitary conveniences" contained in the appropriate legislation unfortunately do not include washing facilities. It has been found that in some public houses there is a reluctance on the part of the management, due to persistent damage, to provide this latter amenity, including hot water, towels, etc. When it has been possible to persuade proprietors to do so, albeit sometimes reluctantly, misuse of the amenities understandably does not encourage them voluntarily to undertake the expense of repair to again make them available.

Without suitable legislative powers to require hand washing to be associated with sanitary conveniences, the position remains far from satisfactory. Nevertheless, the Public Health Inspectors always impress on the proprietors of catering establishments the fact that both facilities are compatible with satisfactory hygiene standards.

Licensing Act 1964

The provisions of this Act enable 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 in 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 or, after reasonable steps have been taken, it was not possible to inspect the premises.

Inspection of all premises in respect of which applications for Club Registration Certificates or Licensing Justices applications were received during the year, were made before the hearing. In no case was a formal objection raised to an application, but some applications for Justices licences were refused or held over until the Department had satisfied the Clerk that remedial action had been taken or that works outstanding were sufficiently advanced to permit the application to be granted.

Food Hygiene, etc. Lectures

There has been an increasing demand for lectures by the public health inspectors on subjects associated with food hygiene and food control.

Some of these requests have come from large catering firms conducting training courses for their managerial staff, and others from business colleges and consultative organisations running courses for company secretaries, catering advisers, personnel managers and staff canteen managers. It has been interesting to note that the audience has frequently consisted of persons drawn from many different parts of the country and not only those employed in the City of Westminster.

During the year, Mr. P. A. Lloyd, Senior Public Health Inspector (Food Control) at the invitation of the Royal Society of Health, presented a paper on "Food Trading in other than Fixed Premises" to an audience of some 300 persons.

Periodical day courses have also been provided for fourth year Public Health Inspector students from a London Technical College. Each lecture has included a morning visit to Covent Garden Market, followed in the afternoon by a discussion on meat and other foods. Demonstrations of canned goods and other products in which deterioration had taken place were also given.

Food Sampling and Analysis

The last war was responsible for the initiation of many new developments and changing customs concerning our daily food supply and in no direction have these been greater than in the field of pre-packed foods. Indeed, the greater part of our food supply is now sold pre-packed. We no longer see such commodities as fats, vinegar, milk, coffee, tea, spices, cereals, etc. sold from bulk and because of this prosecutions against retailers for "adulteration", at one time a common occurrence, have virtually disappeared. When offences do occur, with the exception of those relating to the unfitness or deterioration of foodstuffs, the retailer is often an innocent party, as most present day contraventions are labelling infringements which primarily concern the packer or manufacturer, or in the case of foods from abroad, the importer.

With the growth of the supermarket and self-service shop there has been a marked increase in the pre-packing of food. The consumer is now more dependent than ever before on the label to know what he is buying and there is therefore a greater need for vigilance on the part of the inspector in this regard. So highly competitive is food marketing that manufacturers, in an effort to make their labels attractive, have a tendency to use descriptive words and pictorial designs not in line with acceptable practice.

During the year a total of 1,761 (1,476) samples of foodstuff were submitted to the City Council's Public Analysts by routine or on complaint. Of this number adverse reports were received in respect of 262 (172) samples and appropriate action was taken.

The following notes on a selection of these are given as points of interest:—

A sample of "soup with prawns" had an illustration on the packet of whole prawns with the description "with prawns". The prawns however were ground, and the Analyst was of opinion that the product should be described as a "Prawn Soup". The suppliers agreed to arrange for an amendment in the labelling of future supplies.

A cereal mix showed pieces of banana, cherries and orange prominently displayed on the pack. These were not contained in the pack, and the Analyst considered the label to be misleading. The statement appearing on the pack "The perfect meal when served with fruit" did not make the omission clear to an intending purchaser.

In 1966 the Ministry of Agriculture, Fisheries and Food published the Food Standards Committee Report on Claims and Misleading Descriptions and certain specific recommendations were contained therein with regard to pictorial devices, which are designed to be of guidance to producers and achieve a measure of uniformity of action on the part of enforcement authorities. In this instance the relevant recommendation in the Report states that when any pictorial device which appears on a label purports to show the food in the container being used with any food, it must be made clear on the label in close proximity to the pictorial device, either by printing there the appropriate designation of the food or by some other method, which is the food within the container. In the case of this particular product, it was necessary to add a suitable annotation to the label close to the illustration to indicate that the cherries, banana and orange garnishings were not present or had to be added. The importers arranged to make a suitable amendment to the label.

Several samples of imported soup submitted for analysis were reported on adversely in respect of labelling deficiencies. The Food Standards Committee has recently completed a review of the subject and the Public Analyst's findings were communicated to the Ministry for their information.

A tin of grapefruit segments was alleged to be unsatisfactory as it contained white objects. These proved to be clusters of minute crystals of naringin, a glucoside always present to some extent in grapefruit and having an association with the ripeness of the fruit.

Pieces of wood were found in a chocolate bar. A discussion with the manufacturers revealed that these were from teak boards used as a base for cutting the chocolate into bars. The local Medical Officer of Health for the factory area was informed and he reported that the standards maintained at the factory were higher than could legally be required. The firm co-operated with his department at all levels and a close liaison had been established. There were several thousand employees and it would appear there had been a human failure adequately to maintain production equipment. The question was raised with the Company concerned as to the suitability of wooden boards for this operation and it was indicated in reply that they hoped shortly to avoid their use. The matter was dealt with by way of caution.

The contents of a tin of corned beef produced in South Africa were found to be mouldy when purchased. The can exhibited a cut and scratch on the body just underneath the can manufacturer's double seam. It was the opinion of the importers that when the fibre board packing case

was opened the instrument used was carelessly handled and this resulted in a fracture of the tin plate of the can in question, which permitted air to enter with consequent deterioration of the contents of the can. The retailers, a branch of a large grocery organisation, informed their staff of the need to exercise special care when opening cases of this nature.

A complainant alleged that after eating Diabetic marmalade she had suffered intestinal disorder on three separate occasions. Samples of the marmalade were submitted for chemical analysis and bacteriological examination, but no organism or substance normally associated with food poisoning was found to be present. It is probable that the sorbital content, used in place of sugar as a sweetening and preserving agent and which is known to have a laxative effect, was the cause of her symptoms. It was suggested to the complainant that medical advice should be sought before she used such a product in her diet.

The presence of a wasp in a carton of orange drink indicated the need for investigation of the bottling plant, and the local authority of the area in which it was situated was informed. It was found that the problem of excluding wasps from the manufacturer's premises was causing special concern and control measures had been adopted, including screening of windows, installation of insecticide vapourisers and air jets over filling machines. Additional appliances which it was hoped would resolve this particular problem were on order. No other complaints had been received by the local authority concerned and in all the circumstances no further action appeared necessary.

A carton of Strawberry Yogurt, the subject of complaint, was found to be satisfactory although a stronger taste than is usual for this product was present. The Analyst reported that strawberries have an appreciable number of bacteria on their exteriors and are full of enzymes. The presence of the strawberries although enhancing the flavour of the product means that its shelf life is reduced, particularly unless stored at a low temperature. The turnover at the retail store appeared satisfactory, but an adjustment in storage temperatures was recommended.

A can of apples intended for use in school meals was found to contain a cigarette end. The canners checked their production records and found that of the 358 cases of which the complaint sample formed part, packed on that particular day, this was the only complaint received. They were very concerned by the incident and in spite of an exhaustive investigation could not understand how it had occurred. Some two and a half million cans had been produced in the previous four years and this was the first occurrence of this kind reported. The matter was dealt with by way of a caution.

A jam doughnut containing a spring washer was reported to this Department. The object was identified as a "self-securing" or "retaining" clip or washer, many of which were used on the conveyor belt in the doughnut cooling tunnel. It appears that the washer adhered to the surface of the doughnut while it was passing through the cooler. The company shortly intended installing a metal detector to eliminate the possibility of a recurrence. A cautionary letter was sent to the manufacturers.

Legal Proceedings

The following matters resulted in legal proceedings being taken by the City Council against those responsible:—

After buying some processed cheddar cheese the purchaser noted three holes in the top surface of the foil which extended from the outer edge towards the centre. She was of opinion, and this was subsequently confirmed on analysis, that the cheese had been attacked by mice. The company concerned was fined £20 with £5 5s. 0d. costs.

Commodities described as Mushroom Cubes and Onion Cubes were formally sampled by the Sampling Officer. Analyses disclosed that 81 per cent. of the onion cube consisted of ingredients other than onion, and the mushroom cube 69 per cent. of ingredients other than mushroom. Legal proceedings were taken against the manufacturers for offences under Section 6 of the Food & Drugs Act, 1955, giving with an article of food a label calculated to mislead as to the substance of that food. The company entered a plea of "Guilty" and the Magistrate imposed a nominal fine of £5 for each of the two offences and £25 costs, it being pleaded in Court that the assets of the firm were quite small. Since these proceedings a form of labelling acceptable to this Department has been introduced.

Mouse droppings found on the crust of a chicken and ham pie resulted in a fine of £30 and £10 10s. 0d. costs.

Proceedings were taken in several cases where mould growth had been found present on articles of food; total fines of £82 were imposed with £35 2s. 0d. costs.

A packet of cooked chicken and chips containing a cigarette-end resulted in the defendant being placed on one year's probation with £5 5s. 0d. costs.

Liver paté not of the quality demanded, contrary to Section 2(1) of the Food & Drugs Act, 1955, resulted in £10 fine and £5 5s. 0d. costs.

Following a complaint concerning bacon, an Inspector called at retail premises to examine the stock and found bacon affected by maggots. Legal proceedings were instituted and a fine of £5 with £5 5s. 0d. costs was imposed.

In respect of some decomposing chicken sandwiches served at catering premises to customers, the Court imposed a fine of £25 with £5 5s. 0d. costs. (See Table 29, page 78.)

Ice Cream (Heat Treatment) Regulations, 1959—Sampling

During the year, 101 (105) samples of ice cream were submitted to the Public Health Laboratory for the Methylene Blue Test. The reports classified the samples 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	40 (38)
2	21 (25)
3	7 (22)
4	33 (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, material from ageing vats at factory premises, and mixes received by the supplier before use in the ice cream machine.

It has again been evident from the low grading and high plate count of some samples submitted to the laboratory that sufficient care is still not being exercised in the cleansing of soft ice cream machines. This is a problem which devolves upon the management of specific premises and they should ensure that a member of the staff carries out the cleaning procedure essential to the dispensing of ice cream in a hygienic condition. This was markedly demonstrated by the Public Health Inspector who, having on several occasions obtained unsatisfactory samples from a machine, supervised the cleaning procedure himself for the education of the staff. He then took further samples, all of which were placed in Grade 1. With changing staff at food premises it is perhaps sometimes difficult to designate a particular person to carry out this operation, but it is important and a matter which it is continually necessary to bring to the attention of those responsible.

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, 1967, some 367 (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 Dealer's 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 1967 were:—

Untreated	..	..	..	74	(77)
Ultra Heat Treated	..	..	..	96	(96)
Pasteurised	..	..	..	353	(369)
Sterilised	..	..	..	246	(260)

Examination of Milk

During the year, 14 (17) samples of milk were submitted for the 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.

The Liquid Egg (Pasteurization) Regulations, 1963

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 Poisoning

During the year, information was received of some 419 persons stated to be suffering from food poisoning. Not all 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.

There are few aspects of food control work more satisfying than being able, often only after exhaustive enquiries, to determine the causal agent, establish the vehicle of infection, and trace the original source, so enabling the right advice to be given and appropriate steps taken to eliminate the reservoir of infection. That this is possible only in comparatively few of the outbreaks investigated is largely due to delay in informing the local Health Department of occurrences.

The requirement under Regulation 11 of the Food Hygiene (General) Regulations, 1960 to notify the Medical Officer of certain specific infections in food handlers is quite unrealistic as the dangers to the community are not so much from the patient who has been diagnosed as suffering from, say, enteric fever, salmonellosis or staphylococcal infection, as from the person with diarrhoea or a septic sore or boil who continues working among food. The Regulations appear to need some amendment to require these additional conditions to be notified.

A summary of food poisoning investigations made during the year is given in Table 27, page 77 and the following is a resumé of incidents involving two or more persons.

Five children, three of one family and two of another, were found to be positive for *Salmonella stanley*. All had consumed a dish of sweet and sour pork. Several others had consumed this dish but were unaffected. Enquiry revealed other outbreaks of food poisoning in the Greater London Area and southern parts of England where the causative organism had been identified as *Salmonella stanley*, all of the same phage type. The occurrences indicated an association with the consumption of pig meat obtained from a particular firm, and the pattern of the outbreak had reflected the distribution system of this firm. The matter was dealt with by the local authority concerned.

Two outbreaks affecting 170 persons occurred following two separate functions. *Salmonella typhimurium* organisms, phage type 14, were isolated both from stool specimens and from mayonnaise consumed which was prepared by the firm (whose premises were outside Westminster) who carried out the "outside catering" arrangements for both functions. Phage type 14 is most frequently associated with poultry and it seemed probable that the organism was introduced into the mayonnaise in infected egg yolk, although there was no conclusive evidence to confirm this. A third incident (not in Westminster) involved a party of some 60 persons who consumed mayonnaise supplied by the same firm. The phage type isolated was identical. The matter was dealt with by the local authority concerned.

Seventy persons suffered abdominal pain and diarrhoea, some quite severely, following a banquet at a local restaurant. Information concerning the outbreak was not received in this Department until ten days after the occurrence, when specimens of food consumed were no longer available. Faecal specimens of 12 persons affected were negative. Investigation at the restaurant showed environmental hygiene in the kitchen and ancillary rooms and the personal hygiene of the food handlers were satisfactory.

An outbreak of *Salmonella typhimurium* infection occurred at a large general hospital in the City. The episode extended over a period of two months, involving 37 patients (27 clinical cases and 10 symptomless excretors), and eight nurses (of whom all but one were symptomless excretors), spread over nine wards and a premature baby unit. The affected wards were closed and bacteriological screening of all patients and staff throughout the entire hospital was carried out. All the main kitchen staff were found to be free from infection.

It was not possible to pinpoint the original source of infection, although it may well have been an elderly man who was admitted, faecally incontinent, to the first ward known to have been infected. Cross-infection clearly played a prominent part, although very often it was by no means clear how this had been effected. Of special interest in this regard was the isolation of the responsible organism from the dust of the vacuum cleaner in use, as well as from the nose and throat of one of the patients affected, on the last ward to be involved in the outbreak. The affected wards were not reopened until they had been disinfected and all remaining patients found to be free from infection.

The organism concerned was identified as *Salmonella typhimurium*, phage type 29, a strain known to spread easily, being resistant to various antibiotics and which was prevalent in the London area at the time. This phage type is usually of bovine origin, infecting calves early in life, and introduction into the hospital environment was presumably through the medium of calf meat or of a human case or carrier.

Bacteriological screening of families of patients living in Westminster revealed three symptomless excretors, none of whom was a food handler. Where the patients affected were not Westminster residents, the respective Medical Officers of Health were informed in order that similar bacteriological screening of close relatives could be arranged.

This outbreak highlighted very clearly the need to screen not only the patients, but also the medical, nursing and domestic staff, before the "all clear" can be given from a bacteriological standpoint. It also emphasised the importance of the closest liaison between the hospital and local health authorities in containing the outbreak, including the follow-up of the families of those affected. All local general practitioners, the Public Health Laboratory Service and the Ministry of Health were kept fully informed of the position.

Some 80 persons were at risk where 22 members of the staff of another local hospital were taken ill. The investigation was conducted by the hospital authorities themselves and food remnants bacteriologically examined did not reveal the presence of any causative organism. It is understood six members of the staff were admitted to the hospital wards.

At a Hospital Medical School in Westminster some 25 persons were affected with diarrhoea and stomach cramp. Stool specimens and a sample of the veal consumed were both positive for heat resistant *Clostridium welchii*. One feature of this outbreak was that the meals of those affected were prepared in different kitchens, but the meat used was supplied by the same butcher and was the only common dish eaten.

Diarrhoea and abdominal pain were suffered by 18 members of the staff of a large store after a meal of roast beef at a canteen. Faecal specimens from seven of those affected were positive for heat resistant *Clostridium welchii*, but ten specimens of food stuffs from subsequent servings were all negative. The meat was cooked in large joints and possibly the heat penetration of a large joint during the cooking process was insufficient to prevent the growth of organisms and the production of toxin. The attention of the company concerned was drawn to certain matters which required remedial action, and also to the importance of temperature control in the cooking of meat dishes.

Two diners taken ill after a meal at a restaurant suggested that the steak and kidney pie was the cause. Stool specimens showed the presence of *Clostridium welchii*. Investigation showed that temperature control of meat dishes cooked on the premises was not in accordance with the Food Hygiene (General) Regulations, 1960 which were explained to the proprietor.

Braised oxtail which had been cooked and left in the kitchen all night, and then reheated the following morning for lunch at a restaurant, was the cause of illness of two patrons. Heat resistant *Clostridium welchii* organisms were isolated from both food remnants and one of the patients; the proprietor was warned accordingly.

Following a reception, some 70 persons were taken ill with diarrhoea and abdominal pain. *Clostridium welchii* organisms were isolated from stool specimens, but as the information was not received in this Department until some five days after the occurrence, none of the food from the suspected meal remained. However, it was discovered that only those who had had the curried chicken were affected, and that this dish and the mutton had been boiled at 11 p.m. on the evening prior to consumption and left on the kitchen table in containers until reheated the following day at noon. The proprietor of the restaurant was warned of the dangers associated with meat dishes left at ordinary kitchen temperatures.

As will be noted from the foregoing, *Clostridium welchii* accounted for the majority of the outbreaks of food poisoning which occurred in the City in 1967. It may be of interest to mention that *Clostridium welchii* is a toxin producing spore bearing organisms which live in the intestine 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.

Other cases of suspected food poisoning, involving one or two persons only in each case, were investigated and appropriate action taken.

Food and Drugs Act, 1955—Section 16

Under this Act no premises shall be used for:—

- (a) the sale, or the manufacture for the purpose of sale, of ice cream, or 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, 1967, is shown in Table 26, page 76.

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 Local 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 285 (321) tons of unsound or unsaleable foodstuffs were voluntarily surrendered for disposal.

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

Pesticides and Other Toxic Chemicals

Reference was made in the last Annual Report to the Council's participation in a scheme to enable a systematic enquiry to be made through the medium of selective food sampling into the extent of contamination of foodstuffs by toxic chemicals and particularly organochlorine pesticide residues.

During the year a further 16 (19) samples were obtained and submitted for examination. The results obtained are shewn in Table 28, page 77.

Export Certificates

Applications for Certificates of Export received in the Health Department during the year in respect of foodstuffs to be despatched abroad numbered 52 (20).

A Food Inspector inspects the consignment intended for 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 the certificate.

Poultry Processing Premises

There are no poultry processing premises in Westminster.

Slaughter of Animals

There are no slaughterhouses in Westminster, but in the grounds of the Zoological Society of London for many years there has been a knacker's yard, licensed by the Council, where 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. Fifteen (42) 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 these Acts but licensing and registration of residents or premises in Westminster is undertaken by the City Council.

Fertilisers and Feeding Stuffs Act, 1926

Six (5) samples were taken during the year, four of which were fertilisers and two plant foods. All were found to be satisfactory.

Pharmacy and Poisons Acts, 1933 and 1941

At the end of the year the names of 143 (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 194 (206).

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 the 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.

Verminous Persons

The cleansing of persons baths at Lissonia and Wedlake Street dealt with 810 (861) verminous persons: adults 569 (631)—men 428 (520), women 141 (111); children 241 (230)—boys 43 (45), girls 198 (185).

Scabies

The two establishments mentioned in the foregoing paragraph treated 452 (295) scabies patients: adults 312 (208)—men 138 (115), women 174 (93); children 140 (87)—boys 32 (25), girls 108 (62).

Special Laundry Service

The Department continues to operate a service for laundering bad linen and clothing of the acutely ill, incontinent, or very dirty and verminous old people. In certain cases 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, to a limited extent, at Wedlake Street Baths. During 1966, 8,027 (6,270) bags each containing about 10 lbs. of soiled linen were collected, laundered, and returned to the owners.

During the year, the laundry at Lissonia was reconditioned, and resulting from the installation of additional washing and ironing equipment, the output of laundry work since re-opening has increased by approximately 30%. Whilst the laundry was out of use the service was, with the kind co-operation of the Manager of Baths and Halls, continued in old laundry premises at Wedlake Street Baths.

Disposable Incontinence Pads

In response to Ministry of Health Circular 14/66, a service was inaugurated in May, 1967, for patients resident in the City, on written application by a General Practitioner or District Nurse, to be supplied free of charge with disposable incontinence pads and, where required, protective rubber pants. These are either collected by the patient or his representative from a stipulated convenient Centre, or, where necessary, delivered to the patient's home by a Council van. If difficulty is experienced at the home in disposing of the soiled pads, these are placed in disposable waterproof bags, collected by the van delivering new supplies and, through the kind co-operation of St. Mary's Hospital, Harrow Road, taken to the hospital for incineration.

During the year, 104 patients received deliveries of supplies and 37 arranged for them to be collected from the Centres.

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 79. It will be noted that included in the table are nine 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.

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 1967 a total of 107 (85) burials or cremations were arranged by the Health Department as follows:—

<i>Burials</i>	at City of Westminster Cemetery, Hanwell	..	..	..	..	..	22
	Paddington Cemetery, Mill Hill, N.W.7	..	..	..	..	..	13
	St. Marylebone Cemetery, Finchley, N.2	..	..	..	..	..	13
	Kensal Green Cemetery, W.10	..	..	..	..	..	1
	Streatham Cemetery, S.W.16	..	..	..	..	..	1
<i>Cremations</i>	at the City Council's Crematorium, East Finchley	..	..	..	..	..	57

The burials undertaken at the Kensal Green and Streatham Cemeteries were at the request of relatives so that the bodies could be interred in existing family graves.

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

H.M. Coroner	..	..	..	..	..	..	..	49
Relatives or friends of the deceased	..	..	..	..	..	..	..	41
Hospitals in the City	..	..	..	..	..	..	..	17

Age Groups

0-10		11-20		21-30		31-40		41-50		51-60		61-70		71-80		81-90	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3	2	1	1	3	1	8	—	10	1	13	3	19	8	10	9	6	9

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 1,651 (1,679) certificates authorising cremation were issued, and since December, 1937 when the crematorium was opened 33,867 cremations have taken place.

PERSONAL HEALTH SERVICES

TEN YEAR PROGRAMME FOR THE DEVELOPMENT OF THE LOCAL AUTHORITY HEALTH SERVICES

The City Council submitted to the Ministry of Health in 1965 long-term plans for the development of the local authority health services in respect of the 10 year period 1966–1975. The approved projects provide for expansion and improvement of a wide range of services, including mental health, maternal and child welfare, day nursery and environmental health.

The "10 Year Plan" is under continual review and naturally depends on the exigencies of the City Council's budgetary priorities and the current economic situation.

The current proposals are as follows:—

<i>Project and location</i>	<i>Purpose</i>	<i>Expected year of operation</i>
<i>Hostel for mentally ill</i>	—	1969
<i>Health Centre</i> Hall Place, Edgware Road, W.2.	(i) to serve new housing development and surrounding area. (ii) to replace two existing M. & C. W. Centres at present operating in unsatisfactory premises.	1970/71
<i>Health Centre</i> Lisson Green (Marylebone Goods Yard), N.W.1.	(i) to serve new population in Goods Yard development. (ii) to replace Lisson Grove M. & C. W. Centre.	1972
<i>Training Centre for</i> <i>mentally subnormal</i> <i>adults and children.</i> Lisson Grove Centre, Lisson Grove, N.W.8.	(i) new provision to fulfill ascertained requirement. (ii) initially 40 adults; 40 children. Eventually 50 adults and sheltered workshop when Centre shown below is operational.	1972/73
<i>Training Centres for</i> <i>mentally subnormal</i> <i>children.</i> Sites to be found.	100 places; new provision to fulfill ascertained requirement.	1972
<i>Day Nursery</i> Mileage Yard, Paddington Development Area.	50 places; to serve new population in re-developed area.	1972
<i>Redevelopment and</i> <i>replacement Health</i> <i>Services building.</i> Site to be found.	Coroner's Court and Mortuary Rodent Control Sub-Depot District Nursing Service (Southern area) Centre Loan of Home Nursing equipment Dwellings for Health Department staff.	not yet finalised
<i>Day Nursery</i> Paddington area. Site to be found.	50 places; to meet need. Approved in principle by Ministry of Health.	1973
<i>Replacement of St. Jude's</i> <i>Day Nursery</i>	Consequent upon large scale redevelopment; increase in size from 40 to 60 places.	1974
<i>Replacement of Queen's</i> <i>Park M. & C. W. Centre</i>	Possible Health Centre; consequent upon large scale redevelopment.	1975/76

THE WORK OF THE HEALTH VISITORS

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

The work of the health visitors, organised from ten maternal and child welfare centres in the City, proceeded smoothly throughout the year. Home visiting provides one of the most varied and rewarding aspects of their work. The health visitor becomes a welcome friend whose knowledge and skills are available to all who need them.

Over the past few years, the trend has been toward earlier marriage; this results in many more young and inexperienced mothers. The health visitor is able to teach, to reassure and to help the young parents provide the best environment for their children. As the young mother gains confidence, the health visitor lessens the frequency of her visits. The good relationship which has been built up between family and health visitor is a most important factor in the health visitor's role as family friend and counsellor.

Not all families show obvious benefit, however; some are mentally or physically unfit or are chronically bad managers. Here, the need for visiting and support does not diminish but may indeed increase. The health visitor is always ready to work in such situations with social workers from the Health or Children's Departments or from voluntary agencies. Where the problems seem intractable or the family situation shows deterioration, the health visitor will either give intensive support or bring the facts forward to an intermediate case conference of the Co-ordinating Committee; at these conferences, her close knowledge of the whole family and background is greatly valued.

Health Education

This is an important aspect of the health visitor's work, and one to which an informed and lively enthusiasm is brought. In addition to weekly sewing classes, discussion groups, film shows and mothers' clubs (to which speakers on a wide variety of topics are invited), teaching in schools is a regular feature.

Pupils from College Park Secondary School for Educationally Subnormal Girls attend teaching sessions each week at a nearby welfare centre; this has the added advantage of bringing them into a normal environment.

Senior nursing staff are in frequent demand as speakers to outside bodies, and one such occasion was a Ministry of Health conference at which the Chief Nursing Officer was one of the speakers.

Refresher Courses

Courses attended by various members of the nursing staff during the year included: Administration, audiology, audio-visual aid training, Family Planning Association training, and refresher courses as appropriate.

Recruitment and Training

Two day nursery matrons retired, Miss Neall and Mrs. Dawes, after 21 and 19 years' service respectively. Two new matrons were appointed and are now well established in their posts.

Five student health visitors were sponsored by the City Council and trained during 1967. The Department also provided practical instruction for students from other boroughs.

Group Practice Attachment

Two groups of doctors had previously had a health visitor attached on a part-time basis. So successful was this experiment that both groups now have a full-time health visitor. Both doctors and health visitors feel that this is worth-while and is resulting in a better service to the community.

MATERNAL AND CHILD WELFARE CENTRES

Child welfare clinics and ante-natal clinics continue to be held, but any necessary changes are made as the needs of the community change. Greater emphasis is placed on screening for defects and developmental testing of young children. At the child welfare clinics, attendances are well maintained, but there is a noticeable decrease in attendances at ante-natal clinics, some of which have been replaced by cytology or family planning clinics.

DAY CARE OF CHILDREN UNDER FIVE YEARS

Day Nurseries

There are eight day nurseries in the City, with a total of 450 places. These continue to be very fully used and there are long waiting lists, especially in the north of the City.

Three special units for handicapped children, providing a total of 24 places, have been started in day nurseries, and extra staff have been trained for this work.

In selecting children for admission to the day nurseries, priority is given to children with mental, physical or social handicaps, and to those who would otherwise have to be received into care owing to the mother's illness or absence.

The staffing of the day nurseries continues to present serious difficulties. Five of the nurseries are approved by the Ministry of Health for the training of nursery nurses, but owing to the many less arduous and better paid opportunities available to them, few remain in the Council's service after the end of their training period.

Nurseries and Child Minders

There are 25 private day nurseries in Westminster providing 689 places. These are regularly visited and supervised by the City Council's medical officers.

Sixteen women are registered under the Nurseries and Child Minders Regulation Act, 1948, to mind a total of 86 children. Health visitors visit frequently to advise and help. They are especially concerned in encouraging stimulating play and outdoor activity.

Fifty women each minding no more than two children are voluntarily registered with the City Council, and supervised by health visitors.

Sponsored Child Minder Service

The City Council has continued to use the services of a sponsored child minder who started taking children under this scheme in 1966. She takes 10 children who are on the waiting list for day nursery admission and they receive care similar to that in the day nursery. A regular subsidy is paid by the City Council for this service, and parents are assessed to pay according to their means.

The high standard demanded is met by this child minder, and the Medical Officer of Health would extend the scheme if suitable people would come forward.

Play Groups

Medical officers and health visitors supervise the play groups, of which there are 13 in Westminster, with provision for 312 children aged between two and a half and five years. Play groups and creches are also run in some of the City Council's child welfare clinics.

Despite the schemes outlined above, the provision of accommodation for children under five falls far short of demand. There are many families where the home environment is detrimental to the child's health and development, and every effort is made to secure a day nursery place. Also, for a variety of reasons, many mothers of young children need to go out to work, and the day nursery and registered daily minder accommodation is totally inadequate to meet the needs. The mothers have to find someone to take in their children for the long hours often demanded by their work. Because of this, many women are minding children illegally in unsuitable accommodation, despite the vigilant efforts of the health visitors. The Medical Officer of Health is greatly concerned about this situation, and incessant efforts are made to overcome the problem.

VACCINATION AND IMMUNISATION

Vaccination and immunisation is provided for all children under school leaving age either at the Child Welfare Clinics, in schools or by family doctors.

Parents are given every encouragement to have their children immunised and health visitors make unceasing efforts to ensure that courses are commenced and completed. In spite of this, figures remain disappointing although returns from the Ministry of Health indicate a slight improvement in the immunisation state of children born in 1966. Owing to frequent changes of address it is probable that many children are lost, and although they may be fully immunised, they are not included in the figures given below. Similarly, many children immunised by general practitioners are not included as the necessary records have not been forwarded to the City Council.

	Children born in 1966			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
City of Westminster . .	73	74	56	29
England & Wales	73	75	71	39

Note (i) The figures in columns (1)—(3) are calculated to show the percentage of children born in 1966 who have been vaccinated at any time.

(ii) Column (4) includes only children who were vaccinated during 1967 and were under two years old at the time and is calculated as a percentage of children born during 1966. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

Since the Ministry of Health recommended vaccination between 1–2 years there has been a decline in numbers chiefly due to a falling off in clinic attendances after one year. Smallpox vaccination is provided in the medical suite at City Hall in certain circumstances for adults residing or working in Westminster and 65 such persons were vaccinated in 1967.

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

In June, 1967, the Ministry of Health gave instructions that the issue of smallpox lymph from Colindale Laboratories was to be discontinued and would then become the responsibility of the Boroughs. In Westminster general practitioners and hospitals were asked to telephone their requirements to the Health Department at the City Hall, the necessary supplies then being posted daily at mid-day to ensure delivery the next morning. This arrangement has worked well and some 6,500 doses have been issued.

In addition small emergency supplies of vaccine are kept at Middlesex, St. Mary's (Harrow Road) and Westminster Hospitals where they can be obtained by local medical practitioners at weekends or Bank Holidays. The Health Department Duty Officer at City Hall can also issue vaccines if need arises.

Vaccination against Anthrax

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, and 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. No application for vaccine was received during 1967.

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 1967, 2,814 (3,277) tests were made; no positive reaction was seen. It is noted that 507 babies moved out of the district before test could be made.

Assessment Clinics of Pre-school Handicapped Children

These clinics continued throughout the year, being held at whichever child welfare centre is most convenient for the parent. Assessment is lengthy and exacting, and the number seen at each session is limited. During the year, a total of 78 examinations were made, 34 being first assessments and 44 being reviews or re-assessments.

Observation Register

Registration and follow-up of children at risk continued. Late in the year, the Medical Officer of Health, having regard to the opinions of eminent paediatricians, reduced the list of factors appearing to constitute a risk to the infant. This will result in a smaller number of children being placed on the register and more effective follow-up work will be possible in the clinics. At the same time, the policy is that all children attending the clinics shall be screened so that no possible handicaps are missed.

It is too early yet to see a direct decline in the number of children on the register, which still stands at some 1,200. The Medical Officer of Health, however, expects to be able in his next Annual Report to demonstrate an appreciable difference as a result of the new approach.

HOME NURSING

The district nursing service continues to bring the skills of the trained nurse to the homes of the sick, disabled and elderly in the community. Patients are referred to the service by general practitioners, hospitals and other local authority departments. In all cases the district nursing sisters work in close co-operation with the general practitioners in the area, carrying out treatments prescribed by them. Treatment consists of medical care, rehabilitation, injections, surgical dressings and other procedures. A large proportion of the visits are to patients over 65 years.

The state registered nurses are assisted in the more routine care of patients by state enrolled nurses, and a small number of bath attendants are employed to help the trained staff with bathing the elderly frail at home.

Organisation

Requests for the service are made to Westminster City Hall, Nursing Office, and transferred to the appropriate district nursing centre. The northern half of the city is covered by nurses working from 117, Sutherland Avenue, W.9, and the southern half from 36, Great Smith Street, S.W.1. The hours of work are from 8.30 a.m. to 5.30 p.m. daily, but two nurses are available until 9.30 p.m. for necessary evening visits.

A clinic is held at 117, Sutherland Avenue from 4.30 p.m. to 7 p.m. Monday to Friday for ambulant or working patients to attend for injections.

Accommodation

This is available in the Nurses' Home at 117, Sutherland Avenue, where re-decorating and re-furnishing were completed in 1967, and at 90, Sutherland Avenue.

Training

During the year seven state registered nurses completed their district nurse training for the Queen's and National Certificate. Six state enrolled nurses completed an In-service Course of Training for district nursing under the auspices of the Queen's Institute of District Nursing. In addition, four students from the Hammersmith Hospital Integrated Course undertook five weeks' district nursing as the first part of their training, to be completed in 1969.

Observation Visits

During the year, student nurses from St. Mary's Hospital, Westminster Hospital, The Middlesex Hospital and the Hospital of St. John and St. Elizabeth spent a day with a district nursing sister to get an impression of the work.

Medical students from The Middlesex Hospital, and students from the National Old People's Welfare Association Course also spent a day observing the work of the district nurses.

Paediatric Home Care Unit

A district nursing sister in the Paddington area is seconded full-time to the St. Mary's Hospital Home Care Team, visiting sick children in their own homes.

Royal Household

A district nursing sister, resident in Buckingham Palace Mews, provides nursing care for members of the Royal household. The cost to the Council is re-imbursed.

City of Westminster District Nursing Association

This Association provides amenities for patients and staff, and administers various charities in the area. The Marie Curie Memorial Foundation Fund is used for grants and extra day and night nursing care for special cases.

DOMICILIARY MIDWIFERY

The City Council provides a domiciliary midwifery service to meet the needs of mothers who wish to be confined at home, and for those who are confined in hospital for medical reasons, but whose social conditions permit planned early discharge.

In the S.W.1 postal area the Westminster Hospital provides the service on an agency basis. For the remainder of the area the City Council employs three full-time midwives and one part-time midwife.

The midwives work in close co-operation with general practitioner-obstetricians and provide a comprehensive service of ante-natal care, and care throughout the confinement and post-natal period.

Teaching

One midwife is approved as a teacher by the Central Midwives Board and three months' district training is given to pupil midwives taking Part II Midwifery Training at Paddington General Hospital (now St. Mary's Hospital, Harrow Road).

Two pupil midwives were trained in 1967.

Nurses from the Middlesex Hospital spend a day working with a domiciliary midwife as part of their obstetric training.

LOAN OF HOME NURSING EQUIPMENT

The service provided by the City Council under the scheme for the free loan of home nursing equipment continues to fulfil the needs of Westminster residents and to ease the burden of those who have the problem of nursing sick relatives at home. The provision of this equipment often enables the ailing to be nursed at home and thereby postpone or obviate hospital admission.

Items requested tend to follow the pattern of past years, e.g. hospital beds and mattresses, Egerton beds, hoists, back-rests, commodes, walking aids and wheelchairs. The City Council is grateful to the Westminster Division of the British Red Cross Society who also act as agents for issuing smaller items of equipment such as bed pans, urine bottles and waterproof sheeting.

Relationships with the professional and lay bodies in the field continue to be very satisfactory.

FAMILY PLANNING

Under Section 28 of the National Health Service Act, 1946 the City Council is empowered to provide a family planning service for women likely to suffer detriment to their health as a result of pregnancy. The facilities which at present exist in Westminster are provided (a) directly by the City Council and (b) by arrangement with the Family Planning Association and the Catholic Marriage Advisory Council who are granted the use, free of charge, of accommodation in certain health service establishments.

The Minister of Health in Circular 15/67 drew attention to the National Health Service (Family Planning) Act, 1967 which conferred on local health authorities a general power to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. The existing powers are thereby extended in that local health authorities may now provide (or arrange for other bodies to provide) advice and supplies to any persons irrespective of marital status who need them on social grounds as well as medical grounds. The Act also empowers local health authorities to recover such charges for the provision of advice, the giving of prescriptions or the supply of substances or appliances as the authority consider reasonable having regard to the means of the recipient. In this respect the Minister holds the view that advice, examination, prescriptions and supplies should be free in medical cases, as obtains in the City at present, but that a charge could properly be made for prescriptions and supplies in non-medical cases at the discretion of the authority.

Preliminary discussions were held with representatives of the Inner London Local Medical Committee and the Family Planning Association, the latter indicating their willingness to continue their present arrangements with the City Council and to participate in any extension of the service which might be approved by the City Council. Plans are accordingly being made to extend facilities for Family Planning within the City.

In early 1968 the City Council will be asked to consider a comprehensive report by the Medical Officer of Health dealing with the revised arrangements which it is hoped will become operative on 1st April, 1968.

A domiciliary family planning service has been provided on an agency basis by the Marie Stopes Memorial Foundation for mothers who find it difficult to attend a family planning clinic because of various domestic commitments. Since the opening of the family planning sessions at the Maternal and Child Welfare Centre, 283A, Harrow Road, the number of referrals for domiciliary visits has fallen and during the latter half of 1967 the Foundation asked the City Council to take over this service as from 1st January, 1968; arrangements were made accordingly.

Family Planning Sessions, 1967
(City Council Clinic at 283A, Harrow Road)

	1967	1966
Number of 1st attendances during year ..	498	368
Total number of attendances during year ..	1,667	819
Number of sessions held during year ..	93	52

CERVICAL CYTOLOGY

This important new screening activity of the Health Department is now firmly established.

In the light of the very satisfactory response to the facilities provided for the general public during the latter part of 1966 at the Hallfield and Harrow Road Maternal and Child Welfare Centres, two more screening clinics were opened in the early months of 1967. One of these was located at the maternal and child welfare centre in the Westminster Council House Annexe, the first session there being held on the 10th January; as in the case of the Hallfield and Harrow Road clinics, arrangements were made with the Samaritan Hospital for up to twenty cervical smears to be examined each week. The opening of the fourth clinic, at the Ebury Bridge Maternal and Child Welfare Centre, took place on the 30th March, thanks to the similar laboratory facilities provided by the Chelsea Hospital for Women.

Thus four strategically situated weekly cervical screening clinics are now in operation available to all women under the age of 65 who live or work in Westminster. To encourage busy mothers to attend, the central appointment system through City Hall has been made more flexible by arranging for a certain number of bookings for the Hallfield and Harrow Road clinics to be made locally by the health visitors concerned. Full use of the clinics has also been stimulated by publicity in the local newspapers, the systematic contacting of business firms and other concerns in Westminster employing an appreciable number of women, and the production for public display—in public libraries, maternal and child welfare centres, and the staff rooms of private and public organisations—of a specially designed leaflet and poster. The leaflet, "The Cervical Smear" has been well received and the poster entitled, "Important to All Women" has proved sufficiently attractive to be adopted, in a slightly modified form, by the National Cervical Cancer Prevention Campaign (now known as the Women's National Cancer Control Campaign) for use throughout the country.

Throughout the year the clinics remained pleasantly booked with an inevitable lull at holiday times. No more than 20 persons were seen at each session thus giving time for individual discussion as well as avoiding the over-taxing of available laboratory resources. This policy of limiting the attendances had the additional merit of enabling the smears to be reported upon quickly and results were usually available within a fortnight. Such a speedy service was greatly appreciated.

In all 2,088 new patients were seen in 1967—614 at Harrow Road, 568 at St. Marylebone, 454 at Hallfield and 452 at Ebury Bridge. Six of these, as well as one patient previously seen in 1966, were found to have positive smears and all were referred through their family doctors for further investigation. The presence of a pre-cancerous condition was confirmed in all seven cases and the necessary treatment put in hand; all were between the ages of 29 and 47. In addition, approximately one woman in every four attending a cervical screening clinic was referred to her doctor in relation to such incidental findings as Trichomonas or Monilia infections, cervical erosions, cervical polyps, uterine fibroids, and various forms of uterine prolapse. The discovery and treatment of these conditions form an important by-product of the screening process since they are often the cause of physical discomfort or mental worry.

Such screening undoubtedly has a useful part to play in improving and preserving health and it is therefore a particular pleasure to record the indebtedness of the Health Department to the consultant cytologists and their laboratory staffs at the Samaritan Hospital and the Chelsea Hospital for Women for help unstintingly given. Their contribution has been a major factor in the present satisfactory position of the community screening service provided in Westminster. An account of this service, which appeared in the October issue of "Health", the journal of The Chest and Heart Association, attracted considerable interest in other parts of the country.

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, mothers with babies, or children under five years are also catered for under this scheme. A basic charge is made to patients, but if they are unable to afford this, an assessment is made and patients are charged according to means. Recommendations for recuperative holidays for school children are referred to the Inner London Education Authority who bear the cost.

During 1967, the following admissions to recuperative holiday homes were arranged:—

	1967	1966
Expectant and Nursing Mothers	2	2
Tuberculosis	1	6
Other Adults	86	86
Accompanied children	11	14
Unaccompanied children under 5 years ..	1	1
School children	58	66

CHIROPODY SERVICE

A chiropody service is made available under Section 28 of the National Health Service Act, 1946, 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.

The clinic opened in 1966 at the Welfare Centre for the Handicapped, 10, Warwick Row, S.W.1 by arrangement with the Director of Welfare, continues to provide a valuable service for persons who normally attend the centre, and other handicapped people who are conveyed there in the Welfare Department's special coaches.

At the end of the year, the City Council was actively considering a request from the City of Westminster Old People's Welfare Association that the Council should take over the direct administration of the chiropody service run by the Association.

At 31st December, 1967, eight part-time chiropodists were employed by the City Council, working 25 sessions weekly; and eight part-time by the Association, serving 42 sessions a week, of which 28 were domiciliary.

Details of the number of treatments undertaken in 1967 by the City Council's chiropodists and by the City of Westminster Old People's Welfare Association are set out in Table 41, page 86.

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. The majority of requests for home help service come from old persons, but home helps are also employed in families with young children when mother is ill, confined, or in hospital. In such circumstances, a home help may be employed to prevent admission of children to care. In addition, specially trained home helps are used in the 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.

In recent years, difficulty has been experienced in recruiting sufficient home helps to meet the demands upon the service. However, with the imposition of the Selective Employment Tax, some women found it harder to obtain part-time employment and this in turn produced a situation whereby it became increasingly easy to recruit suitable staff. For this reason mainly, it was possible to increase the home help staff by 29 during 1967. Notwithstanding this improved position, the Home Help Organisers were of the opinion that approximately 15 per cent. of the recipients of home help service would have benefited by an additional hour or two each week. One position of assistant home help organiser was added to the establishment to provide more visiting to, and thus a closer contact with, the recipients of the service.

Number of home helps:				1967	1966
(a)	Joining service	..	..	97	91
(b)	Leaving service	..	..	68	88
(c)	Employed as at 31st December	..	..	262	233
	= full-time equivalent	..	..	200	178

Details of the number of cases in which this service was provided during 1967 are set out in Table 42, page 87.

ASSESSMENT SCALES FOR THE SOCIAL SERVICES

A local health authority is permitted under various enactments dealing with the Social Services to make charges for services and goods supplied and to waive or reduce the charges in necessitous cases. For assessment purposes, scales applied by the former London County Council, who were responsible for these services prior to 1st April, 1965, were continued in operation in the City of Westminster during 1967.

With the object of securing a measure of uniformity throughout Greater London, the London Boroughs Association submitted proposals to constituent authorities in 1967 for the calculation of payments for charges levied by the London Boroughs for these services.

A Sub-Committee composed of members of the Health, Children's and Welfare Committees examined the proposals in detail and a report containing their observations and recommendations has been prepared for the Council's approval at its meeting in February, 1968. The operative date for the new charges and assessment scheme is to be 1st April, 1968, and so far as the Health Department is concerned, will cover services in respect of day nurseries, play groups and occasional creches, home helps, recuperative holidays, chiropody, supply of nutrients and other articles, food and clothing for tuberculous patients, hostel care for the tuberculous, loan of home nursing equipment and residential care for the mentally disordered.

MENTAL HEALTH

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

The year 1967 has been an interesting and stimulating period in the Mental Health Service of the City. The customary activities which are set out at the end of this section of this Report have become more firmly established and have expanded.

A very gratifying aspect of the year, no doubt applicable to many spheres of work in the Personal Health Services, is the realisation both by the citizens of this Authority and the numerous other agencies with whom the section is involved, that there is a City service identifiable and directed towards the special requirements of this very complex community, and our citizens are now seeing themselves as part of this great Authority.

This emerging community spirit is enabling the City's mental health social worker team to begin to enlist the support of the City's residents in the care of their mentally sick neighbours who so greatly need their help, and the City took advantage of Mental Health Week with its theme "Work to be Done" to give the general public an opportunity of seeing the range of work in this field. An Exhibition for the week was mounted at the Marylebone Town Hall, and the Section is proud to feel that this was opened by the Lord Mayor, Alderman A. C. Barrett, accompanied by the Lady Mayoress.

Exhibits came from many psychiatric hospitals and units providing Day Care, films on all aspects of mental disorder were shown throughout the day, and mental health social workers were available for informal discussions on all topics relating to Mental Health Services. The City was pleased to share its exhibition with the National Association for Mental Health, whose exhibit concentrated on showing opportunities for careers in the mental health field, and with the National

Society for Mentally Handicapped Children, who showed the work being undertaken by their organisation.

The exhibition was visited by about 1,000 people drawn from all sections of the community, and the B.B.C. used it as a background for one of its features on Mental Health during the Week. It is particularly pleasing to feel that the City has helped to demonstrate through this Exhibition that local authorities, hospitals services and voluntary bodies can work in such close and harmonious co-operation and warmest thanks are extended to all organisations providing the very striking exhibits for their generous help.

An outstanding event in the year was the opening of St. Jude's Hostel, Lancefield Street, W.10. This purpose-built hostel for 30 subnormal boys and men was planned by the London County Council and the responsibility for its implementation was willingly undertaken by the City. The hostel was formally opened on 7th June, 1967 by the Lord Mayor of Westminster, Alderman A. C. Barrett, in the presence of a large number of distinguished visitors. The premises are beautifully designed and our thanks are due to the architects, Messrs. Michael Greenwood and Abercrombie, the City Architect, the builders and all those who worked extremely hard to complete and equip the building.

The formal opening of this residential hostel is a landmark in the progress of the City's mental health services, being as it is the first purpose-built establishment provided by the City of Westminster for the Health Department, but the real work began with the admission on 13th July of the first resident.

In order that the warden, Mr. Bailey, and his staff should get to know their residents and to create in the hostel a happy atmosphere and establish standards and tradition that would endure, admission was deliberately phased. As the hostel was planned by the London County Council to provide for its whole area, opportunities have been given to other Authorities to apply for vacancies and advantage has been taken of this. It is gratifying to the City to be able for the first time to make a contribution to the general services for subnormal persons, particularly in respect of those Authorities who continue to provide training centre facilities for the City's residents.

The Terrace Day Centre for the Mentally Ill, opened in November, 1966, has established itself and has become an integral part of the City's service. Very close co-operation has developed between the Centre staff and the mental health social workers and the truly friendly welcome to all who enter the Centre is helping patients to regain hope and to take advantage of the opportunity for rehabilitation which is there offered to them. (See separate report, page 51.)

As had been previously reported, the City has been particularly concerned with the problem of the mentally handicapped child and his family. A family carrying this grievous burden can be not only overwhelmed by the day to day care of such children but can become seriously disturbed; the mental health of the parents and brothers and sisters can be endangered.

It is in this sphere that the counselling clinics and social work support are seen to be most valuable and a third clinic at Queen's Park Maternal and Child Welfare Centre was opened in December to relieve the demands made in the Harrow Road clinics and to further the City's policy of making all family services available near to the family's home.

The City of Westminster Society for Mentally Handicapped Children with its customary drive and energy established another day nursery in Edgson House, Pimlico, and the City has worked closely with the Society, not only by giving financial support, but in equipping the nursery and assisting in the provision of necessary services. This nursery was formerly opened on 15th November by Lord Grenfell in the presence of the Lord Mayor. It was a touching occasion as the children for whom this nursery was intended were playing, oblivious of the ceremony, in the background and there is no doubt that all present, whether parent, voluntary worker or professional staff, were united in their desire to help.

Further nursery places are provided by the City Council both in special units in day nurseries and in ordinary day nurseries. The work is directed by the Principal Medical Officer, responsible for the mental health services, Dr. M. Alexander. The scheme is flexible and provides for the movement of individual children between nurseries in accordance with the child's specific needs.

The City's older severely subnormal children have continued to attend centres outside the boundaries. The City has, however, taken over the responsibility of arranging most of its own transport, thus relieving those Authorities to whom the Council is deeply indebted of considerable work in connection with Westminster children.

The case work with mentally ill people living at home has been expanded but this has been restricted through staff shortage. The need for far more intensive case work is only too apparent and the knowledge that there is a community care service is resulting in more people being very

properly brought to notice. This adds to the case load of already overburdened staff and prevents staff from seeing their patients as frequently as they feel is necessary to give them the support they so badly need.

In August 1967 it was seen that the establishment of mental health social workers would need to be increased but the national economic situation has prevented any steps being taken to add to the staff. The mental health team is anxious to give a far more extended service to the City's mentally sick residents but at present is quite unable to do so.

It had long been felt that the City's Mental Health Service would benefit from the services of a psychiatrist and in August, 1967, Dr. J. D. Hailstone, Senior Psychiatric Registrar of St. Mary's Hospital was appointed on a part-time basis to the City. Dr. Hailstone has been engaged in surveying the services for the mentally ill throughout the City and relating these to the lines on which our future work might be planned. His report is expected early in 1968.

During 1967 negotiations for premises for a hostel for the rehabilitation of mentally ill patients were started, and the Mental After Care Association is being associated with this project. It is anticipated that this hostel will be opened by the end of 1968.

In 1967 the City Council considered its existing services for the subnormal and severely subnormal patients with a view to planning for the future a truly comprehensive scheme. It is valuable to note that in the 0-15 age group the figures for Westminster relate closely to the national average but it must be remembered that the City will always have an above-average number of subnormal and severely subnormal children dealt with privately and who do not come to notice at all or until a much later age. It must also be appreciated that at any point in time the position can change through alterations in population distribution, birth rate, etc: these hazards are common to the planning of any personal health service.

In view of the difficulty of finding sites and premises it is obvious that no detailed description of proposed establishments can be given but if a plan is in existence and a flexible outlook is retained opportunities can be seized and if an ideal cannot be achieved at least partial progress can be made.

The adaptation of Linnet House Maternal and Child Welfare Clinic to become a special care unit is an encouraging example of what can be done in this way.

The provision of a junior training centre for Westminster children is thought to be an outstanding priority. This should provide eventually 100 places but occupation should be phased to minimise the need to disturb children already well established in other centres, and consideration should be given to the inclusion of a special care unit of 15 places in this scheme.

A very valuable facility would be the provision of temporary residential accommodation for a small number of children, mainly for short stays, to cope with acute family crises.

Adult training centres are an essential part of any Local Authority service, and our present trainees are well established, and it must never be forgotten that many patients have attended a centre for many years and both their lives and those of their families are entwined in centre life. Arbitrary uprooting of such trainees would cause deep personal distress and should therefore whenever possible be avoided. It is again suggested that it is for the future that we must plan and that a mixed adult training centre should come into being not later than five years after the opening of the junior training centre. The adult training centre will then be ready to receive the 16 year old due to leave the junior training centre and younger trainees in other centres, 16 to 25, might well be transferred as being more able to adapt than their older companions.

In the first instance, an adult training centre of 50 places would appear to be a realistic suggestion but the policy of the retention of severely subnormal patients in the community will greatly increase the number of places needed in 10 to 20 years' time. In developing an adult centre, therefore, consideration should be given to providing a large centre which could in part be used for some related purpose for some years, or finding a site or premises where expansion can be undertaken when required. This centre should provide occupation, training in domestic and social skills, craft work and some industrial work and should provide a real centre of interest and activity for severely subnormal people who will never be able to compete in open industry and whose ability to share in ordinary social activities is seriously limited by their mental handicaps.

In addition, an employment training centre providing about 25 places is required for trainees who are likely after a period of not more than two years, but preferably less, to be able to find work in open industry. It would provide for educationally subnormal school leavers whose stage of emotional and social maturation prevents their retaining work without further opportunity to develop in a sheltered environment. Some maladjusted school leavers and older subnormal people with similar problems would be accommodated; also trainees from adult and junior training centres who have reached the required standard.

Centres of this kind at present usually concentrate on equipping trainees for work in industry. The present changes in industrial techniques arising largely from automation will continue and accelerate and result in the elimination of many of those tasks which could be undertaken by subnormal persons. It is, therefore, felt that the employment training centre should be planned to offer opportunities of training in such jobs as hospital portering, work in catering establishments and other personal services where it can be anticipated work will still be available. It is thought that it might be possible to involve prospective employers in this venture. It may well be that close co-operation with manufacturers might enable the centre to give an initial training in specific processes much more prolonged than can be undertaken on the factory floor, and the trainee can then be absorbed into the industry when he is able to work at a pace compatible with the requirements of a commercial undertaking.

An important feature of such a centre should be a domestic unit resembling a small home. This could be used not only for the regular trainees but could provide a setting where training can be given to married women who, through subnormality, are poor managers. This training, given by persons thoroughly informed in the problems of the subnormal woman, should include the actual care and management of their children and could make a contribution to preventive work through the stimulus that the children of these mothers would receive in such a centre and which would enable them to make more satisfactory progress.

It is most desirable that this employment centre should be sited independently as the high grade trainees, and often their relatives, refuse a training which is given in association with low grade severely subnormal patients.

The City will need to provide more residential accommodation. St. Jude's Hostel is now being used for men and boys, but if experience shows that it is not sufficiently used by Westminster residents, it should be adapted to become a mixed hostel where Westminster subnormal men and women who have lost their natural protectors can find a home. Some patients will have lived their life in a family home and only require accommodation when their parents die. For this the large hostel would be inappropriate and boarding out facilities could be provided through the establishment of simple "long stay households" catering for four to six such patients, the "family" to be managed by a married couple, the man following his own employment and the wife undertaking the usual household duties. The conditions should resemble, as far as possible, those of any comfortable if simple happy private home.

Although the City has been prevented by the present national difficulties from taking any positive steps to implement these proposals, it is not thought that this situation should cause apathy and discouragement. If plans are made and whenever possible preliminary work has been undertaken to implement them, it will ensure that the expansion of the Mental Health Services can begin again as soon as the present restrictions on development are lifted.

Mentally Disordered Patients

The number of patients referred in 1967 totalled 1,328 (1966=1,212 and 1965=821); 485 patients were admitted to psychiatric hospitals—informally or compulsorily (1966=504 and 1965=440); 499 patients were received into community care (1966=441 and 1965=344). All other cases were investigated and appropriate advice or assistance given.

These and the following figures indicate still further the increase in the work carried out by the Mental Health Section.

<i>Patients in Community Care</i>		1967	1966	1965
Mentally ill	.. .. .	542	391	245
Subnormal and severely subnormal	..	300	232	247
		842	623	492
<i>Residential Care</i>		1967	1966	1965
Mentally ill	.. .. .	40	31	42
Subnormal and severely subnormal	..	43	39	29
		83	70	71

In addition, there are 16 subnormal and severely subnormal children in care of the Children's Department in residential homes (1966=17 and 1965=14). Close co-operation between that Department and the Mental Health Section continues.

OTHER SERVICES FOR SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS

Day Training Centres for junior and senior trainees

There are 73 children and adults from Westminster attending training centres:—

	1967	1966	1965
Hanworth Junior (2 in residential care)	2	—	—
Fulham Junior	—	5	11
Kensington Junior	32	21	22
North Kensington Senior	15	15	13
Balham	3	3	1
Clapham	3	1	3
College Park	10	10	10
Archway	4	3	3
Terrace Day Centre	4	—	—

Transport

In April, 1967 the City Council took over responsibility from the Royal Borough of Kensington and Chelsea for transporting the Westminster Trainees to the Kensington Junior and College Park (Senior Girls) Training Centres. An efficient and satisfactory service is maintained and there is good liaison between the transport contractor and the Mental Health Section.

Socialisation Course for Educationally Subnormal School-Leavers

Pengwern Hall, Rhuddlan, Flintshire

This is a 13 week Course conducted by the National Society for Mentally Handicapped Children. Three Westminster patients attended the course in 1967 and derived great benefit. (1966=3 and 1965=1). The purpose of the training course is to assist boys and girls who find difficulty in holding employment and coping with other aspects of social life.

Organised Annual Holiday for Trainees

Seventeen Westminster trainees had the benefit of participating in the two week holiday at St. Mary's Bay Holiday Camp, Dymchurch, Kent. The City Council is most grateful to the Medical Officer of Health for Hammersmith who arranges this very successful annual holiday which is much enjoyed by all concerned. (1966=15 and 1965=10.)

Home Tuition

Two patients, in community care, received training in their homes by a qualified home tutor. (1966=1 and 1965=2).

Special Day Nurseries

There are now two special day nurseries in Westminster which are grant aided by the City Council and run by the City of Westminster Society for Mentally Handicapped Children; one in the North (84-86 Bravington Road) and the other in the South of Westminster (Edgson House, Pimlico).

Frances House, 86 Bravington Road, W.9

Twenty-four children are in attendance at this nursery where specialised training is given. Adjoining premises were purchased late in 1967 with the aid of a grant from the City Council, and after adaptation it is proposed to increase the number of places to 30 in 1968.

Edgson House, Ebury Bridge Estate, S.W.1

This nursery for twelve children was opened in August and four children were enrolled by December. It is anticipated that all vacancies will be filled early in 1968.

City of Westminster Day Nurseries

In December there were twenty mentally subnormal children attending the Special Units provided in the City Council's day nurseries.

When these nursery children are nearing the age of 5 years, they are examined in accordance with the provisions of the Education Act. In the main they are found to be unsuitable for education at school and are admitted to a Training Centre or Special Care Unit. Others are recommended for trial at a special school for educationally subnormal children and the Inner London Education Authority arranges for these children to be placed accordingly.

All children are seen regularly by one of the City Council's Medical Officers.

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

This specialised Unit which opened in October 1966, accommodates twelve children aged 5-12 years and continues to provide a very necessary and important service for the severely mentally handicapped child. As children leave, vacancies are immediately filled and a full roll is maintained. The children are conveyed to and from the Unit by coach which has been specially adapted to ensure their comfort and safety.

It will be recalled that this Unit is run by the City of Westminster Society for Mentally Handicapped Children, on the City Council's behalf and the close liaison between the Council and the Society continues.

Special Counselling Clinics for Retarded Children

There are now three special counselling clinics in the City; a new one at Queens Park opened in December. A Mental Health Social Worker is always present at these clinics to assist the Principal Medical Officer. Attendances at these clinics were as follows:—

1967				1966				1965			
New				New				New			
Attended/Referrals				Attended/Referrals				Attended/Referrals			
Harrow Road	..	..	89	25	70	38				45	
Bessborough Street	..	..	32	11	21	11				13	
Queens Park	..	..	3	—	—	—				—	

Beauchamp Lodge Social Club, 2 Warwick Crescent, W.2

This establishment is run by a voluntary organisation and financial assistance is given by the City Council. Mental Health Social Workers arrange for patients to attend the club and assist with its functioning. Meetings are held on two afternoons each week and an average of 30 patients attend. The objects of the club are to provide facilities for social communication, to encourage its expression and to provide a focal point for people living in isolation.

GENERAL

Application and re-approval of medical practitioners for the purposes of Section 28 of the Mental Health Act.

				Approved	Re-approved
1967	..	..	..	2	7
1966	..	..	..	8	28
1965	..	..	..	1	32

Recuperative Holidays for Patients recovering from Mental Illness

Recuperative holidays were arranged for 30 patients. (1966=14 and 1965=16.)

THE TERRACE DAY CENTRE

1 St. Mary's Terrace, W.2

Report for 1967

by Dr. R. A. Stewart, *Medical Officer in Charge of the Centre*

The year 1967 at the Terrace Day Centre was one of expansion and consolidation. Only two months had passed since the Centre opened and accepted the first patients and the New Year began a period of settling in, building up numbers and becoming established. Many links had already been made but these had to be consolidated and the image and policy of the Centre had to be introduced to colleagues working in neighbouring fields closely allied to Mental Health. Important too was the need to explore all possible channels for sources of suitable work.

Activity at the Centre falls roughly into one of several categories. The majority of patients are engaged in industrial work most of the mornings and those wishing to try woodwork are directed to the workshop in the basement. All domestic duties are shared out, help being needed in the laundry, polishing floors and making tea but most of all in the kitchen where lunches are prepared daily on the premises.

The cooking is supervised by one of the Occupational Therapists, with a team of patients to help prepare the vegetables, make pastry and pudding mixtures, lay the tables and serve dinner, according to the ability of each individual. By the end of the year about 35 lunches were provided daily, the home cooking being appreciated by patients and staff alike.

Shopping for fresh vegetables is done each morning and proves useful in directing patients to take responsibility, choosing their merchandise and accounting for their change correctly. Errands of this nature extend beyond shopping for lunch and include cashing the weekly cheque at the bank, Post Office negotiations and buying paint and sundries for the workshop. Selecting gramophone records, books and play reading sets from the library, returning films and other messages take patients well outside the immediate locality and the responsibility accepted proves a stimulating therapeutic exercise.

Patients employed in the workshop have helped equip the Centre with many items of furniture. Many of these were built from timber from discarded furniture left in the building from previous occupation and had been carefully dismantled and stored. The workshop itself was equipped with tool-boards, a timber storage rack, drawers and compartments for screws and small treasured articles that might come in handy. Gradually it came about that every space was utilised and every tool had its rightful place when not in use, leaving plenty of working space.

Airing racks were made for the laundry, extra bench seating accommodation was built in the dining room, shelves were made for the gramophone, typewriter and telephones. China cupboards were built into the recesses in the kitchenette, broom cupboards and a hanging cupboard for staff clothing were fitted on the landing. Over and above these were the jobs done for other occupants of the building. Shelves and cupboards, renovated and re-upholstered chairs for the Westminster Council of Social Service; shelves and a trolley for the Task Force addressograph cabinet. For Westminster City Council were made a projector case and screen box, fracture boards, a shoe-rack for St. Jude's Hostel and display boards and posts for the Westminster City Council

Mental Health Exhibition. A steady though small order for display boards for a firm selling picture post cards continues to bring work, and also individual orders are received for bathseats for disabled people, both jobs that we brought with us from Blackfriars. Repairs and maintenance of fabric and furniture in the building reduce the necessity of calling outside help to an absolute minimum.

From the Industrial Therapy point of view, work has not been so easy to find. There are several sources from which we obtain envelope addressing and more that send us addressed envelopes for filling and mailing. These are usually rush jobs demanding a concentrated effort from all hands, to collate, staple, fold fillings and later bundle and sort filled envelopes ready for mailing. This has proved a most popular exercise with the patients and it is interesting to see of what they can be capable provided the increased speed has not to be kept up for too long.

We had a variety of jobs from a plastics firm, painting marks on louvres, assembling inkwells and removing grease from cassettes, but the firm was so unreliable with supplies and transport that it was allowed to drop. A local pharmaceutical firm gave us 100,000 nasal droppers to assemble and this was popular in spite of many blistered hands. They gave us some cartons to label too, but the business has moved away from London and the source has discontinued.

A steady supply of coloured paper streamers from another firm provides some work when all else fails, but this is fiddly and not so well liked.

The first numbers of the Centre's own magazine have appeared. Original contributions, prose, verse and pen drawing are cut on stencils, providing excellent typing practice, and the whole is duplicated and produced on the premises.

Money earned from all our outwork, and a proportion of the charge for articles made in the workshop, is put into a common fund. This has an allowance added for cleaning, wages, cookery, etc., and it is divided out each month and allotted to patients as wages. The sum is small unfortunately, but it is awarded on a points system. Those patients attending punctually and working to the extent of their capacity get full points and those who are late, irregular in attendance or not generally industrious, earn fewer points. The system seems well accepted by the group generally.

A programme of social activities elected by the group is reserved for the afternoons, unless the pressure of work is too acute, when only part of the afternoon is allocated. Country dancing, mixed with ballroom dancing and an attempt to learn simple steps is a weekly feature and popular with some. One afternoon is reserved for visits to places of interest, including all the London museums, art galleries and current exhibitions, factories where conducted parties are accepted such as Tate and Lyle, Guinness and Whitbreads being particularly favoured. Visits were made to a local power station, Telex, Post Office Sorting Office, the Royal Mint, the Royal Mews, the Tower, and London Zoo. Great excitement was caused by an invitation to go aboard the M.V. Surrey Trader, a merchant vessel berthed in London Docks. Such visits as these are aimed to widen interest generally and demonstrate some of the sources of knowledge and free entertainment available in London for those with time to spare. They also provide a wider challenge of travel for patients who lack self confidence in finding their way about.

Time is devoted to play reading, parlour games, quizzes, discussions, film shows, gramophone recitals, with occasionally an outside speaker or musician. Again the accent is on patient participation and efforts are made to have these entertainments organised and presented by members of the group, with staff encouragement. On a more active level, table tennis tournaments, darts, skittles and quoits matches are arranged and on fine summer afternoons games have been organised in Paddington Green or tennis at the Paddington Recreational Ground.

Our own garden has not come into its own yet and there have been moments of anxiety during the year. It took months to clear the stacked furniture and then get rid of the mounds of rubbish, broken glass and rubble, and having arrived at some sort of order there were threats that the garden might be used as a storage depot by the Western Avenue Extension Road works. This near calamity was averted by the Westminster City Council to our great relief and the lawn area was eventually levelled and seeded in September.

Several hundred pounds of jam and marmalade were produced at the Centre during the year. There is always a ready market for home-made preserves and the Centre makes Christmas Puddings for its own use and for sale, but the demand is greater than the production.

This varied programme of activities at the Centre, both of work and recreation, is offered in an attempt to help patients become accepted members of the group. Their increased self-confidence, acceptance of responsibility, however minor, membership of a team or perhaps our "family" help to inculcate a feeling of belonging. Many have led isolated lives, cutting themselves off from their friends and families. Others have been in hospital, sometimes for years and have lost what contacts

they once may have had. Many have been fearful of the prospects of work, or taking responsibility, of making a home and deciding for themselves, and most are scared of being singled out as being different. The Centre provides a work setting in which to gain membership. The staff are there to guide, there is not too great a pressure and there are other patients with similar problems. Regularity and punctuality in attendance are encouraged and although no specific training is offered, this can be arranged for those who are suitable through contact with the D.R.O. and other welfare organisations.

From the figures set out in Table 47, page 89, it can be seen that the roll of 20 in January increased to 45 during the year and 40 of those are residents in the City of Westminster. The average attendance increased steadily in the first months but fluctuated in holiday months and in December. Of the total of 55 patients discharged, about a third were discharged to work, 18% were admitted to hospital, 27% were not prepared to accept the help the Centre could offer and 9%, only five of the total, left for other reasons. It must be remembered that the present financial recession makes it increasingly difficult to find employment for patients at all. The recession also affects the amount of industrial work offered by firms which it is possible for us to do at the Centre.

The figures relating to patients who were interviewed but who refused to accept recommended attendance and those who were offered interviews but who failed to keep the appointments, indicates that there are still many potential patients in the community, who given encouragement, might be able to benefit from the type of service the Centre can provide.

There have been several staff changes during the year, though Dr. Stewart, Miss Blair and Mr. Clark remain. Miss Morley, assistant supervisor went to the Institute's Crossway Rehabilitation Centre and was replaced in May by Mrs. A. Riseley who, unfortunately, had to give up at the end of the year because of a difficult pregnancy. Mrs. Hendon, our other Occupational Therapist, left in July when Miss Hanbury came to us straight from college.

At the very end of May, Mrs. Gooday was appointed by Westminster City Council as part time domiciliary Occupational Therapist with the Terrace Day Centre as her base. Her duties took her on home visits to become acquainted with prospective patients, accompanying agoraphobic patients and maintaining contact with patients who had ceased to attend the Centre. There are many possibilities to be followed in this type of work and forming a valuable extra to the Day Centre.

In May, the Goodfellows Club started and it now meets regularly using the whole of the first floor for its activities. This is a therapeutic social club serving people in full time employment with problems of mixing, as well as patients who attend the Centre daily. For these the day staff provide a light supper and some ex-patients now employed come early and keep up a link with the Centre, a follow-up which gives valuable support.

The Westminster City Council Exhibition for Mental Health Week provided an excellent opportunity for the Centre to present itself to colleagues and the public. The Centre had a stand in the display, showing photographs, descriptive panels and samples of work, and staff attended the Exhibition throughout the week.

Personnel from the Centre were responsible for the Mental Health collecting day at Marylebone Station. Many patients were anxious to help and some carried out house to house collections.

Throughout the year we have been encouraged by the interest taken in the Centre by members of the Westminster City Council and Health Committee. We were honoured by a visit in March from the Lord Mayor of Westminster, Councillor A. L. Burton and the Chairman of the Health Committee, Councillor C. A. Prendergast. In October, the succeeding Lord Mayor, Alderman A. C. Barrett and Lady Mayoress came to see us. We were glad to welcome other members of the Health Committee, Mrs. Shire, Mrs. Glenny and Councillor Dr. Jacobs. Dr. Briscoe-Smith has come on various occasions together with members of his staff. Mrs. Paterson continues to give us her constant support and her staff of Mental Health Social Workers are in close co-operation, conducting patients to us and visiting many of their clients at the Centre. This liaison is very much appreciated and helps us and our patients to realise that we all are working towards a common purpose.

SOCIAL WORKERS (HEALTH SERVICES)

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

During 1967 the social workers in this section of the Health Department, though specialising to a certain extent in their own particular spheres, have continued to learn more of their colleagues' duties so that a certain amount of flexibility is possible; e.g. Case workers have helped during holiday periods at V.D. Clinics and have also helped with old people. One of the social workers previously doing case work with families has now transferred to a V.D. Clinic. This teamwork has

been further encouraged by the staff meetings which have been held regularly throughout the year. Outside speakers are very often invited to attend and there have been a variety of subjects including prison after-care, alcoholism, drug addiction and integration of immigrants into the community. In addition, case work discussions are held fortnightly and are found to be of great support and benefit to the staff.

In reviewing the work for 1967 the social workers report not only an increase in the number of people they see, but comment is made on the increasing complexity of problems with which they deal. Work with families having multiple problems continues and we are trying to establish an "early warning system" as families are often more constructively helped if referral is made at the earliest signs of breakdown. One social worker is employed full time in working with families who have special difficulties and he has made 624 visits during the year. Some of the other staff carry a limited case load of such families in addition to their other duties.

There are five Special Investigation Clinics held where children attend for help in connection with behaviour disorders, failure to make satisfactory physical and educational progress and for treatment for enuresis. Children are normally referred through the school health service, but it has been found that an increasing number of parents ask for appointments themselves. Every opportunity is given at the Clinic for parents to discuss with the medical officer and the social worker any problems they may have. As well as clinic and office interviews 258 home visits were made during the year and the number of children attending the clinics at the end of the year was 111; 88 had been discharged throughout the year. The social workers at these clinics meet regularly to discuss common problems and to review the progress made.

In connection with the work undertaken for children who are deaf or partially hearing, a social worker made 54 visits during the year to the child's home or school and attended 544 interviews at the local audiology clinic.

An increasing amount of work is now taking place in the Department in helping clients through what may be a period of crisis, e.g. when parents realise for the first time that their young child is handicapped, or later when this child is referred for special education. Several of the staff now spend part of their time with clients requiring "emergency" help. These are mainly self-referred and may be, for instance, acute marital problems or threatened eviction. During the year 170 visits were made in this connection.

The three social workers who are concerned with the needs of old people have made 6,079 visits during the year. They deal with the more complex problems, especially of those who are housebound and who require special facilities. They work very closely with the Old People's Welfare Association and other voluntary organisations as well as with hospital staff and general practitioners. Every effort is made by our staff to help to keep the old people in the community if this is their wish. One of the social workers has a special responsibility for ensuring that when an old person moves into accommodation in the City all the relevant services are alerted so that the person settles into his or her new home as easily as possible.

Five social workers are now employed full time at three hospitals which have special clinics for the treatment of venereal diseases. During the year two additional staff were employed which means that much more efficient working arrangements can be made as one social worker is always available in the clinic while the other is visiting. In addition to tracing contacts and following up defaulters and arranging for their treatment, they have been dealing with an increasing variety of problems. Not only do they give much help of a practical nature but they undertake a considerable amount of casework with individual patients. During the year they made 1,717 home visits and interviewed 1,724 patients in the clinics.

The three social workers at the Chest Clinics report that the variety of problems they have dealt with during the year has not diminished, e.g. housing and financial difficulties, extra nourishment, grants and employment problems. Often, however, case work of a deeper kind is involved when, for example, a patient is suffering from a terminal illness and support is being given to the other members of the family. The number of home visits made during the year was 100 and the number of cases being dealt with at the end of the year was 306.

The report concerning work with immigrant families is given separately by the Assistant Principal Social Worker.

Two interesting projects were undertaken during the year by two members of the staff. The first was in connection with the problems confronting unmarried mothers and the services provided by both voluntary and official organisations for the unmarried mother and her child. The detailed report which set out the results of the study was presented to the Housing, Health, Children's and Welfare Committees in May. The Committees felt that it would be helpful if all the organisations

involved in the problem could be present at a seminar at which members of the City Council and all the Departments concerned would be present. This seminar took place in September and was attended by a very representative number of people. The result of the seminar was published for circulation to those concerned and enquiries are going on at present as to ways in which certain proposals may be implemented. As a result of this project many requests for help with the problems of individual unsupported mothers have been referred to the social worker concerned. Some of these have been referred to other agencies and others have been dealt with in this Department. There have been so many referrals recently that another member of the staff is assisting in this work on a part time basis. It is evident that although in some cases the client needs limited help for a short time only, in many instances she requires practical help and casework support over a long period and needs to feel she can return if difficulties arise later.

The second project undertaken by another social worker was to investigate Drug Dependency among young people in the City. The aims of the survey were as follows:—

- (1) To find out by discussions with those in touch with young people in Westminster whether they had problems in this field.
- (2) To discuss with individuals and organisations already working in the field the contribution they were making. These organisations are situated all over London and the Home Counties.
- (3) To reach some conclusions from these interviews regarding the following:—
 - (a) The extent of the problem in Westminster.
 - (b) To consider what gaps exist in the provision at present made, and to explore the possible ways in which the local authority might help.

During the course of the enquiry the social worker interviewed most of the Head Teachers of Secondary Schools in Westminster and also many Youth Club Leaders. In addition she had discussions with representatives of many voluntary organisations interested in the problem.

A report is to be submitted to the Health Committee on 1st January, 1968, concerning this subject, and will be dealt with more fully in the next Annual Report.

In a Department carrying out a wide range of social services it is essential that the staff are suitably trained and kept up-to-date with social legislation. It is also important that they should be encouraged to undertake further professional training. The social worker who was seconded in 1966 for one year's professional course at the London School of Economics returned in 1967 as a psychiatric social worker and her additional training has proved of very real value to the Department. Two other members of the staff have applied for professional training in the ensuing year.

Throughout the year social workers have attended seminars and conferences in various subjects connected with their work. Much benefit was also derived from the London Boroughs' Training Committee programme of activities.

There is an increasing number of requests for the Department to take students from Universities and Colleges of Further Education for their practical training. They come for periods ranging from two weeks to five months. Although student supervision is very time consuming and demanding it is on the other hand gratifying to realise that Departments of social work training throughout the country are constantly asking us to help in this way. Many of the students comment on the diversity of the problems dealt with by this section of the Health Department and it is understood that they find their placements of considerable value.

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 considers matters of policy and principle and reviews arrangements for ensuring co-operation and co-ordination between the City Council's Departments and statutory and voluntary agencies.

Subjects discussed by the Committee during the year have included Homeless Families, Drug Addiction, Unsupported Mothers and Handicapped Children.

Case conferences concerning individual families are held at the request of any social worker or agency interested in the family. During 1967 34 case conferences were held at which 100 families were discussed.

WORK WITH IMMIGRANT FAMILIES

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

Perhaps I should preface my report by saying that unfortunately I had an accident early in January which made it impossible for me to attend the office until late summer. Although unable to attend the office, I arranged for correspondence to be sent to my home and was able by this means, and by telephone, to deal with certain aspects of my work, thus keeping my finger on the pulse of events.

During the year I was perturbed to sense increasing symptoms of resentment and mistrust, particularly on behalf of English working people. Although there were few overt incidents I gathered the impression that latent prejudice could easily erupt. Certain people with whom I was concerned made no secret of their hostility towards overseas workers.

This situation may seem strange in view of the fact that with the passing years people from overseas have become increasingly adapted to the English way of life, and particularly because of the establishment of Government sponsored and voluntary organisations to assist with the problems of integration and discrimination. However, as we know, prejudiced and discriminatory behaviour is influenced by a variety of things, a number of which at first glance would appear to have no relation to the problem. Economic crises and automation can engender feelings of insecurity and apprehension among people who are required to make almost overnight changes and to adapt to new situations and techniques which can be bewildering and frightening. Redundancies, cut-backs and mergers were front line news throughout the year and these were understandably interpreted as threats, particularly to the lower socio-economic (though affluent) groups of indigenous people, many of whom, as history has shown people frequently do, turned round to find a scapegoat. Many workers from overseas have patent differences no matter how long, or by what right, they are here, and it is very easy for the already prejudiced to single them out when apportioning blame.

The implementation of the Race Relations Act had the anticipated repercussions of creating a certain amount of tension in some quarters, while easing it in others. The biased misconstrued its aims, and others felt that it was not comprehensive enough which meant that pockets of resentment developed. On the whole the press did not appear to see the importance of its role in creating a climate of tolerance by disseminating facts rather than emotion. This was particularly unfortunate because the working class of this country, in whom lies the key of acceptance or rejection of immigrant workers, generally only read papers which, unfortunately, display a sensational emotional bias. All of these things played a part in hardening attitudes, and this hardening was apparent in many people whom I interviewed and visited.

Although more people became interested in race relations and a great deal of worthwhile work was done formally and voluntarily, unfortunately this is a field which attracts people of varying motivations, and inevitably among them were those who assess the work as very largely political or academic. This meant that not all the energy which was expended was directed towards what I feel are the grass roots of the problem, that of conciliation. This entails concentrated work in informing and persuading not only biased, and perhaps bewildered groups of people, but also those with influence through their everyday lives and professions, to examine facts without emotion and appreciate the tremendous dangers in allowing a situation to develop where we may become helpless in the face of prejudice and resentment on both sides.

With this in mind, I continued to spend a great deal of time giving addresses and joining in discussions with various groups, meetings and conferences, particularly when it is remembered that a very large number of such meetings are held in the City of Westminster. Naturally a number of these were conducted in my own time.

During the year I continued to receive complaints from people who felt that they were discriminated against, particularly in housing (private) and employment—two fields which were not at that time covered by the Race Relations Act. Discussions with employers in relation to immigrant problems revealed that prejudiced and discriminatory behaviour is very frequently not because of the policy of the high echelons of management so much as the prejudiced attitudes of one or two people "cloaked in brief authority". As an example, on one occasion criticism was made against a certain company who were not employing coloured employees at all although they were constantly advertising vacancies for unskilled workers. Investigation by the management revealed that the keeper at the factory gate, whose responsibility it is to direct enquiries to the engaging officers, was himself highly prejudiced and turned away any coloured enquirer. This illustrates how far prejudice in one person can have a strong influence.

I was approached by a number of welfare and personnel officers in various places of employment in the City who felt that I might be able to assist with problems which concerned workers from overseas. There are a number of problems which occur which are not attributable to discrimination. Certain problems appear to be rooted in mal-recruitment of which there are two types: (a) lack of ability by the recruitment officer to assess the qualifications of an overseas candidate and (b) having to select staff below the standard required for the particular vacancies because there are no other available. Uncertainty and misjudgement can result in engagement of unsuitable candidates and rejection of suitable ones, thus giving rise to unhappiness as well as understandable allegations of discrimination.

In order to avoid being discriminatory it sometimes happens that employers neglect to tell an unsuitable immigrant worker of his inadequacies early enough, so that when he is finally placed on other work, or his services terminated, he is shocked and hurt and justified in believing that he has been treated differently. This is a paradox of prejudice which can occur in employment.

My attention was drawn to an increasing number of family problems arising from the arrival of children from overseas to join parents whom they had not seen for some years and from whom they had grown apart. There are tremendous pressures placed on a late arrival who comes to join "strange" and sometimes "step" parents as well as brothers and sisters, who, having been born in this country, are English and with whom he feels a complete outsider. While trying to become a member of the family this young person is having to adapt himself to a new school as well as having to relate to a completely new and much more complicated society where even young people of his own age group and who are also coloured may appear to reject him.

Unfortunately, problems of this kind may only show themselves when the situation erupts either from the frustration of the parents when the child presents a bewildering problem to them or when the child acts out his frustration and unhappiness in an anti-social way.

This problem may exist for some time to come because certain parents, as a result of accommodation or child-minding difficulties, are finding it expedient to send their children back to relatives, intending to send for them later on.

Mr. Mangar, who is the social worker assisting me with problems concerning immigrants, continued to attend regular sessions at the Harrow Road Office where he is available for consultation and to give advice. Among the problems with which he was assisting were those connected with housing, friction between tenants and landlord and tenants, matrimonial and other family problems, alleged discrimination, enquiries about immigration regulations and legal matters. Where appropriate these were referred to existing statutory services and departments, but many of these required more concentrated work, thus entailing a number of interviews and home visits. A number of home visits were made during evenings (some at weekends) when the people involved were home from work and when there was the opportunity of interviewing all parties concerned jointly. While a number of people sought assistance of their own volition others were referred by statutory and voluntary social agencies.

Appreciating the need to keep up with events and to share experiences and ideas with others working in the social and race relations field, Mr. Mangar has attended in his own time conferences and study groups where these problems are examined and discussed.

In these times when so much is said about racial problems and respective responsibilities and roles, I continue to take pride in the knowledge that my employers took the positive step in making my appointment as long ago as 1959, and that in fact the City of Westminster is unique in the country in employing not only myself with this special responsibility but, more recently, in appointing a social worker to assist with casework with immigrant families.

During the year Mr. Mangar and I did 258 visits and there was a total of 528 interviews. I visited 82 places of employment to discuss current problems; 6 police headquarters and 4 Government departments to discuss training programmes.

VENEREAL DISEASES

From 1st April, 1965, the City Council has been responsible for the Public Enquiry Telephone on Venereal Diseases and for the tracing of contacts notified from Service bases and from abroad—functions which were previously carried out by the former London County Council.

The Public Enquiry Telephone (928 3401) is manned day and night and approximately 800 calls were received during the year. The increased number of calls (about 200) is largely due to the printing of this telephone number in a book published by a leading Venereologist of one of the clinics in the area.

Contact tracing in the London area—184 notifications were received during the year from American Service bases in and around London, from the Ministry of Health for contacts notified from abroad, and from other local authorities. One hundred and twenty-four contacts were traced (67% against 60% for 1966) and brought to treatment, due to the astute and active work of the City Council's social workers attached to the venereal diseases clinics in Westminster.

Notices—As an experiment during the year, fablon notices giving the Public Enquiry Telephone number for Venereal Diseases referred to above, and other brief details, were affixed to the inside face of doors of all water closets in the City Council's public conveniences. This innovation which was intended to be of added service to the public was unfortunately abused and the matter will be further considered in 1968.

Closure of clinic—The clinic for men at St. Paul's Hospital, Endell Street, W.C.1, closed in July, 1967.

(See Table 48, page 89.)

HEALTH EDUCATION

Health Education continues to be carried on actively in the City of Westminster where over 200 films were screened by the Health Department staff during the year. Apart from the 11 City Council maternal and child welfare centres, films were also screened in schools, day and other hospitals, the day centre for the mentally ill, and in the City Hall.

One main project in health education in 1967 was the Mental Health Exhibition which was held at St. Marylebone Town Hall from 5th to 9th June, 1967. The National Association for Mental Health, National Society for Mentally Handicapped Children together with 8 Psychiatric Hospitals, the Office of Health Economics and John Healey Productions all contributed in making the Exhibition a success. Approximately 1,000 persons attended and a detailed report is included in the Mental Health Section of this report.

Representatives of the City Council attended the Greater London Council Home Safety Conference at Chiswick in September and the National Home Safety Conference at Friends Meeting House, W.C.1 in October. The City Council participated actively in the Greater London Council Home Safety Competition which was held in November and a large number of entries were received from schools in Westminster and from individual adult inhabitants of the area.

Talks illustrated by films, filmstrips, posters, leaflets and other visual aids were given by the health education staff in the Department including medical officers, health visitors, social workers, and the health education assistant, to Colleges of Further Education, schools, local groups and students from Teacher Training Colleges on the following topics:

- Home Safety
- Health for Students
- Nutrition
- Anatomy
- B.C.G. vaccination
- Venereal Diseases
- Smoking and Health
- General Hygiene

A new film on Child Development "Testing the Very Young" was screened in the City Hall on two consecutive days for the benefit of medical officers, general practitioners, social workers, nursing staff, and professional officers from the Children's and Welfare Departments. One hundred and forty-one persons saw the film which was shown in conjunction with a display of testing equipment depicted in the film.

NURSING HOMES

It is the responsibility of the Health Department under Part VI of the Public Health Act, 1936 to register and supervise at regular intervals all nursing homes in the area. There are eight nursing homes registered in the City of Westminster. All the homes take medical patients; five take surgical patients, three take maternity patients and one is also registered under Part III of the Mental Health Act, 1959 to take patients suffering from mental illness. Two of the homes are non-profit making. No new nursing homes were registered during 1967.

BLIND AND PARTIALLY SIGHTED PERSONS

During 1967, 118 (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 which provides welfare services for registered Blind and Partially Sighted persons. Forty-one (47) certificates were also accepted from hospitals and other local authorities.

SCHOOL HEALTH

Section 30 of the London Government Act, 1963, places the responsibility for providing a school health service upon the Inner London Education Authority; 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 of the Act for the joint use by the City Council and the Authority of professional, administrative and clerical staff and of premises. The following report to the Inner London Education Authority was submitted in respect of the school health services for the year 1967:

In addition to the usual arrangements made for sessions in schools to cover health surveys, medical inspections, special medical examinations, re-inspections and school journeys, attention is drawn to the following special features:—

Educationally subnormal children—There are five medical officers who are approved to undertake the statutory examination of children who are reported to be educationally subnormal. During the year 90 children were examined and 45 of these children were ascertained to be educationally subnormal and recommended for placement in E.S.N. schools. Ten of these children were deemed unsuitable for education at school and recommended for places in training centres.

Special Investigation Clinics—Children who require a longer time and more privacy than is available at school medical examinations are referred to Special Investigation Clinics. Here a social worker attends with a doctor and undertakes any necessary social work in the home. In 1967 there were 116 referrals and 450 attendances.

Vision Clinics—The commonest defects found at school medical examinations are errors of refraction. Children with visual defects are referred to special ophthalmological sessions. Three such sessions are held weekly in Westminster, two are at school treatment centres in the north and south areas of the City, and one at the Western Ophthalmic Hospital, Marylebone Road, W.1.

Immunisation—Parents are encouraged to take their children to welfare centres for immunisation before school entry. During school life every effort is made to persuade parents to allow their 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 at the medical suite in the City Hall on occasions.

B.C.G. Vaccination—The vaccination scheme for schools continues to work smoothly and a total of 59 secondary schools and colleges for further education were visited during the year. 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 eligible group.

School Medical Officers—Out of a total of 63 schools in Westminster, 12 are attended by local General Practitioners, 16 by sessional medical officers other than General Practitioners and 35 by whole time Medical Officers.

Diathermy—The clinic for diathermy treatment of verrucas continues to be well attended and expands from one to two sessions weekly as need arises. Five hundred and ninety-three patients were seen during the year.

Handicapped Children's Register—A register is maintained of handicapped children attending special schools or ordinary schools, and a careful follow up programme is undertaken for all such children.

DENTAL SERVICES

(Mr. Robert E. Kean, L.D.S., R.C.S. (I.), *Chief Dental Officer and Principal School Dental Officer, Inner London Education Authority*)

In reviewing the dental services for the year 1967 a change in the pattern from preceding years is evident.

As a result of the resumption of full dental inspections in schools, the number of inspection sessions rose from 35 in 1966 to 125 in the year under review, and an analysis of the figures reveals a drop in the percentage of children requiring treatment from 76% in 1966 to 65%, while the percentage of children found to require treatment on re-inspection in the clinics also dropped from 63% to 56%. Whilst these figures can be a cause for some satisfaction they remain disturbingly high, and once again pinpoint the urgent necessity for action to be taken for the introduction of fluoridation of the water supplies.

It is very gratifying to note that the emphasis on conservation of teeth in our surgeries is reflected in the excellent results achieved during the year. For every permanent tooth extracted 20 were conserved, against a national average of 5.8; and fractionally under 3 deciduous teeth were conserved for every one extracted, against a national average of 0.7. As anticipated by the Chief Dental Officer in his report for 1966 a considerable upsurge in the number of orthodontic cases occurred, the figures being treble those of the preceding year, and even further expansion of this most important branch of dental science is envisaged in the future.

Fully comprehensive dental treatment for expectant and nursing mothers and pre-school children continued throughout the year, and the Ministry of Health report commended the City Council on the great improvement in this service.

Comparative statistics for the previous year are given in Table 51, page 91.

Staff

Several changes of staff occurred during the year both of dental surgeons and dental surgery assistants, including the retirement of the Senior Dental Officer, Mr. S. A. Romain, after many years of local authority service; to him is extended every good wish for the future.

The difficulty in obtaining replacements for two of our most experienced dental surgery assistants who resigned for financial reasons, strongly reinforces the opinion of the Chief Dental Officer that a reassessment of the value of the dental surgery assistant in local authority service is long overdue. The resumption of full dental inspections in the schools coupled with the decentralisation of the appointment system, and the introduction of several new dental forms, has resulted in considerable extra clerical duties, and the Chief Dental Officer is of the opinion that a revised grading of Clerk/Dental Surgery Assistant with a new pay structure should be given urgent consideration, the present Whitley Scale being little inducement to the recruitment of this most vital personnel.

Expansion of the services

During the latter part of the year the Inner London Education Authority authorised the installation of a second surgery at the Alderney Street Clinic, and provisions were made in the Estimates in the hope and expectation that this most urgent project would be completed early in 1968. It is also hoped that to bring into use the clinic at Kynaston School as an additional surgery sited in the north of Westminster would be of considerable benefit.

Equipment

The modernisation programme of the surgeries was completed during the year and all now have air rotors, compressors, aspirators and up-to-date gas/oxygen machines, whilst provision has also been made for the installation of new X-ray apparatus at Alderney Street and Marylebone Town Hall Clinics.

The Chief Dental Officer extends to all staff concerned in the running of the dental services, his thanks and congratulations on the excellent standard of work maintained throughout the year.

CHEST CLINICS

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

Paddington Chest Clinic, 14-18 Newton Road, W.2. (229-8821).

St. Marylebone Chest Clinic, Town Hall, Marylebone Road, W.1. (935-7766).

Westminster Hospital Chest Clinic, St. John's Gardens, S.W.1. (828-9811).

I am indebted to the Consultant Physician at each of these Clinics for the following reports of their activities during 1967:—

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

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. In consequence any new case may spread the infection rapidly unless it is discovered in good time.

Our practice of holding regular B.C.G. clinics, providing an X-ray service for general practitioners and by carefully following up tuberculin positive school children, continues to be most helpful in our aim to eradicate tuberculosis.

Since the facilities we have with Brompton Hospital have become widely known, an increase in the number of less common chest disease cases have been referred to this clinic.

Post Graduate and Nursing Teaching remains a regular feature of clinic work.

A number of research projects have been carried out in the past year, particularly into bronchitis. Additional research plans for the clinic have been passed by the Regional Board for 1968 which we hope to start in the Autumn. Funds to support a Research Registrar have been obtained.

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

There has been no marked change in the incidence of either tuberculosis or deaths from cancer of the lung during the past year.

The clinic continues to provide facilities for the prompt diagnosis and assessment of other non-tuberculous conditions.

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

There was a fall in the incidence of tuberculosis during the year ended 31st December, 1967 by nearly half; thirty-eight new cases of tuberculosis were notified. There were 29 males and 9 females but no cases among children.

Six of the new cases of tuberculosis were referred to the chest clinic by the general practitioners; seven by the South West London Mass X-ray Unit and twenty-five by various hospitals and other mass X-ray units.

The regular visits to Bruce House were continued and it is hoped that visits to the other lodging houses in the area will be started in 1968.

This year the statistics of the contact examination carried out in the last five years have been reviewed. Of the 94 household contacts of sputum positive patients examined, 12 (12.5%) had active tuberculosis at the first examination, but none are known to have developed the disease subsequently. Of the 12 cases, 11 were children with primary tuberculosis or a recent tuberculin test conversion. These figures emphasize that, in spite of the falling incidence of tuberculosis, the preventative aspects of the control of tuberculosis are still of great importance.

- 44 Number of patients for whom hospital admissions were arranged
- 45 Mental Health Service—number of cases in community care at end of year.
- 46 Number of patients admitted for temporary residential care during the year (e.g. to relieve the family).
- 47 The Tanqueray Day Centre (Day Centre for the mentally ill, 1 St. Mary's Terrace, W.2).
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Table 1.—Deaths—According to Age-Group and Sex

Code No.	CAUSE OF DEATH	1966	1967 Net Deaths at the Sub-joined Ages of Residents (Male and Female) whether occurring within or without the City																
			Totals All Ages	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	15	9	5	—	—	—	—	—	—	—	—	2	1	4	4	3	—	—
2	Tuberculosis, other	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilitic disease	6	7	3	—	—	—	—	—	—	—	—	1	—	2	—	4	3	—
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	13	2	1	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—
10	Malignant neoplasm, stomach ..	40	27	31	—	—	—	—	—	—	—	—	2	—	12	3	13	28	—
11	Malignant neoplasm, lung, bronchus	175	133	42	—	—	—	—	—	—	—	—	3	2	65	16	65	24	—
12	Malignant neoplasm, breast ..	67	1	54	—	—	—	—	—	—	—	—	4	1	22	—	—	28	—
13	Malignant neoplasm, uterus ..	29	—	28	—	—	—	—	—	—	—	—	1	—	11	—	—	16	—
14	Other malignant and lymphatic neoplasms	330	197	170	1	—	1	—	1	—	2	3	11	11	64	59	117	97	—
15	Leukaemia, aleukaemia	32	13	9	—	—	—	1	2	1	3	—	2	—	5	2	1	5	—
16	Diabetes	23	7	6	—	—	—	—	—	—	—	—	—	—	4	2	3	4	—
17	Vascular lesions of nervous system	294	114	179	—	—	—	—	—	1	—	—	2	2	26	22	86	154	—
18	Coronary disease, angina	628	352	225	—	—	—	—	—	—	—	—	9	—	134	37	209	188	—
19	Hypertension with heart disease ..	33	11	10	—	—	—	—	—	—	—	—	—	—	2	1	9	9	—
20	Other heart disease	200	81	135	—	1	—	—	—	1	—	2	5	1	20	17	56	113	—
21	Other circulatory disease	146	55	73	—	—	—	—	—	—	—	—	3	—	18	3	34	70	—
22	Influenza	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
23	Pneumonia	173	102	106	9	7	—	1	1	—	—	—	1	—	11	7	80	91	—
24	Bronchitis	152	93	42	—	—	—	—	—	—	—	—	1	—	24	8	68	34	—
25	Other diseases of respiratory system	24	10	8	—	—	—	—	—	—	—	1	1	—	3	—	6	7	—
26	Ulcer of stomach and duodenum ..	24	13	12	—	—	—	—	—	—	—	—	1	—	3	3	9	9	—
27	Gastritis, enteritis and diarrhoea ..	14	6	11	1	1	—	—	—	—	—	—	—	—	1	4	4	6	—
28	Nephritis and nephrosis	10	7	9	—	—	—	—	—	—	1	—	—	—	2	3	4	6	—
29	Hyperplasia of prostate	10	7	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	—
30	Pregnancy, childbirth, abortion ..	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
31	Congenital malformations	25	7	9	3	7	1	1	2	—	—	—	1	—	—	—	—	1	—
32	Other defined and ill-defined diseases	207	97	98	26	16	1	—	—	1	1	—	2	5	28	21	39	55	—
33	Motor vehicle accidents	24	19	4	—	—	—	—	—	—	5	—	6	—	4	2	4	2	—
34	All other accidents	91	32	47	—	3	—	2	1	—	3	2	14	5	4	14	10	21	—
35	Suicide	75	39	29	—	—	—	—	—	—	6	2	14	3	14	13	5	11	—
36	Homicide and operations of war ..	9	—	3	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
	Totals ..		1,443	1,351	40	35	4	5	7	4	21	12	81	36	453	276	837	983	
			2,794		75		9		11		33		117		729		1,820		
	1966 ..	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.
Acute Intestinal Pneumonitis	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
Apnoea	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Asphyxia	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Atelectasis	2	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Bronchopneumonia	—	—	—	—	1	—	3	3	4	—	1	2	—	—	9	5
(Suppurative)	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
(Acute Haemorrhagic)	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Cachexia	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Cardiac Failure	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2
Cardiac Arrest	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Cerebral Anoxia	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Cerebral Contusions due to fracture of skull	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Congenital Atresia of Bile Duct	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Congenital Heart Defect	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Cor Pulmonale	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Congenital Heart Disease	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	2
Dehydration	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Enterocolitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Haemorrhage: Cerebral	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Intra Pulmonary	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Pulmonary	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Subarachnoid	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hyaline Membrane Disease	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Inhalation Pneumonia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Intestinal Obstruction	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2
Meningitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Prematurity	6	4	—	—	—	—	—	—	—	—	—	—	—	—	6	4
Primary Pulmonary Hypertension	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Pulmonary Collapse	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Respiratory Distress Syndrome	6	3	—	—	1	—	—	—	1	—	—	—	—	—	8	3
Respiratory Failure	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Tension Spontaneous Pneumothorax	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Vagal Inhibition	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Totals—1967	23	16	—	—	3	2	4	11	9	2	1	4	—	—	40	35
Totals —1966 (in brackets)	39	—	—	—	5	—	15	—	11	—	5	—	—	—	75	—
Number of deaths of illegitimate infants included in above	12	—	—	—	1	—	6	—	4	—	—	—	—	—	23	—
	(19)	—	—	—	(4)	—	(—)	—	(5)	—	(—)	—	(—)	—	(28)	—

Table 3.—Maternal Mortality

Age	Cause of death
19 years	Vagal inhibition during abortion.

	Scarlet fever		Whooping cough		Measles (excluding rubella)		Dysentery		Meningo-coccal infection		Acute poliomyelitis				Diphtheria				
											Paralytic		Non-paralytic						
Numbers originally notified	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Total (All Ages)	15	18	22	20	512	586	40	39	—	—	—	—	—	—	—	—			
Final numbers after correction																			
Under 1 year	—	—	3	1	27	29	2	3	—	—	—	—	—	—	—	—			
1— " ..	1	—	5	2	65	78	4	3	—	—	—	—	—	—	—	—			
2— years ..	—	—	2	3	86	112	6	—	—	—	—	—	—	—	—	—			
3— " ..	2	2	4	2	79	76	3	3	—	—	—	—	—	—	—	—			
4— " ..	3	—	1	2	65	66	2	2	—	—	—	—	—	—	—	—			
5—9 " ..	8	13	6	7	159	173	7	11	—	—	—	—	—	—	—	—			
10—14 " ..	1	2	1	1	8	16	2	1	—	—	—	—	—	—	—	—			
15—24 " ..	—	—	—	2	9	12	3	5	—	—	—	—	—	—	—	—			
25 and over ..	—	1	—	—	4	9	6	11	—	—	—	—	—	—	—	—			
Age unknown ..	—	—	—	—	10	15	5	—	—	—	—	—	—	—	—	—			
Total (All Ages) ..	15	18	22	20	512	586	40	39	—	—	—	—	—	—	—	—			
Numbers originally notified	Ac. pneumonia		Acute encephalitis				Typhoid fever		Para-typhoid fever		Erysipelas		Food poisoning		Smallpox				
			Infective		Post-infectious														
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Total (All Ages) ..	2	3	—	1	—	—	1	—	—	1	2	2	28	29	—	—			
Final numbers ..																			
after correction																			
Under 5 years ..	—	—	—	—	—	—	—	—	—	—	—	—	2	4	—	—			
5—14 " ..	1	—	—	—	—	—	—	—	—	—	—	—	2	4	—	—			
15—44 " ..	—	—	—	1	—	—	1	—	—	1	1	1	2	5	—	—			
45—64 " ..	1	3	—	—	—	—	—	—	—	—	1	1	3	4	—	—			
65 and over ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—			
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total (All Ages) ..	2	3	—	1	—	—	1	—	—	1	2	2	9	18	—	—			
Numbers originally notified	Tuberculosis												Other notifiable diseases						
	Respira-tory		Other		Meninges & C.N.S.		Total of new cases coming to the knowledge of Medical Officer of Health otherwise than by formal notification.												
	M.	F.	M.	F.	M.	F.					M.	F.	M.	F.	M.	F.	M.	F.	
Total (All Ages) ..	69	27	6	5	—	—													
Final numbers after correction							Males		Females										
Under 1 year ..	1	—	—	—	—	—	8		3										
1— year ..	1	2	—	—	—	—													
2—4 years ..	1	1	—	—	—	—													
5—9 " ..	1	3	—	—	—	—													
10—14 " ..	—	—	—	—	—	—													
15—19 " ..	3	—	—	—	—	—													
20—24 " ..	4	4	2	—	—	—													
25—34 " ..	10	6	—	3	—	—													
35—44 " ..	5	4	1	2	—	—													
45—54 " ..	18	3	2	—	—	—													
55—64 " ..	12	4	1	—	—	—													
65—74 " ..	11	—	—	—	—	—													
75 and over ..	2	—	—	—	—	—													
Age unknown ..	—	—	—	—	—	—													
Total (All Ages) ..	69	27	6	5	—	—													
																M.	F.	M.	F.
																Puerperal pyrexia			
																—	88	—	88
																Ophthalmia neonatorum			
																—	2	—	2
																Anthrax			
																—	—	—	—
																Malaria			
																—	—	—	—

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	2	3	—	—	—	—	—	—
5—15	1	3	—	—	—	—	—	—
15—25	7	4	2	—	—	—	—	—
25—35	10	6	—	3	—	—	—	—
35—45	6	5	1	2	2	1	—	—
45—55	18	3	2	—	2	1	—	—
55—65	15	6	1	—	2	3	—	—
65 and upwards ..	17	—	—	—	3	—	—	—
Age unknown ..	—	—	—	—	—	—	—	—
Totals 1967 ..	77	30	6	5	9	5	—	—
1966 ..	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
Breast infection	1
Mastitis	3
Urinary tract infection	6
Unspecified or unknown	78
Total	88

(There were 190 cases of Puerperal Pyrexia in 1966.)

Table 7.—Specimens Submitted to the Public Health Laboratory

Nature of Specimen				Number Examined	Positive Findings			
Nasal, throat and mouth swabs				191	Haemolytic Streptococci ..	38		
					Staphylococcus Aureus ..	7		
					Monilia	6		
Faeces				1,063	Shigella Sonnei	88		
					Shigella Flexneri	2		
					B.Coli 0111	4		
					B.Coli 026	2		
					B.Coli 0128	1		
					Salmonella Stanley	8		
					Salmonella Indiana	2		
					Salmonella Blockley	1		
					Salmonella Give	1		
					Salmonella typhi-murium ..	26		
					Trichuris trichiura	3		
					Giardia Lamblia Cysts ..	4		
Urine				39	Hookworm Ora	2		
Sputum				1				

(The total number of specimens examined during 1966 was 1,080)

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

Month 1967	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	163	161	26	37	25	9	46	11	28	1	98	6	386	225
February	167	137	21	20	18	1	76	11	23	—	96	4	401	173
March	209	155	5	40	32	2	86	8	29	2	122	5	483	212
April	182	166	24	24	24	7	54	8	28	2	128	—	440	207
May	210	147	40	26	25	1	74	27	35	1	120	7	504	209
June	190	135	38	28	13	3	70	18	28	3	188	2	527	189
July	195	213	37	17	24	1	86	21	51	3	298	2	691	257
August	166	158	27	32	22	3	82	14	37	—	340	4	674	211
September ..	177	120	28	24	26	6	66	13	26	1	343	7	666	171
October	158	184	50	13	21	3	61	12	42	3	352	5	684	220
November ..	135	135	54	34	22	4	55	27	24	3	330	4	620	207
December ..	155	125	57	31	24	1	86	11	43	1	467	5	832	174
TOTAL—1967 ..	2,107	1,836	507	326	276	41	842	181	394	20	2,882	51	6,908	2,455
1966 ..	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

	1967	1966
Complaints	3,585	4,467
Routine	1,183	1,278
Smoke Control	912	1,041
Infectious Disease	359	490
Underground Rooms	399	501
Application for Grants and Loans	341	352
Housing circumstances	1,368	1,293
Drainage	1,676	737
Rodent Control	493	740
Miscellaneous	520	580

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

	1967	1966
Houses, damp, dirty or dilapidated	217	663
Doors, windows, floors, ceilings, firegrates defective	1,019	1,027
Insufficient or unsuitable W.C. accommodation	101	23
Drains, W.C.s and waste pipe stoppages	167	181
Drains, W.C.s and waste pipe defective	397	270
Yard, area and washhouse defects	51	36
Roofs, gutters and rainwater pipes defective	355	423
Water supplies absent or insufficient	28	28
Water cisterns dirty or defective	23	23
Ashpits, dustbins, etc, insufficient or defective	52	86
Rubbish accumulations	217	208
Animal nuisances	2	3
Miscellaneous	134	251

Table 11.—Summary of Visits by Public Health Inspectors

	1967	1966
Clean Air Act	1,531	1,728
Drainage and New Developments	13,075	11,198
Dwelling Houses (general matters)	18,707	19,989
Factories (other than building sites)	538	360
Food and Catering Premises	11,894	10,857
Hairdressers' Establishments	76	46
Infectious Disease	948	800
Noise	1,193	1,193
Offices	2,304	1,707
Pigeons	154	76
Rodent Control	1,463	989
Shops	864	801
Smoke Observations	331	495
Town Planning	42	27
Vermin investigations	721	295
Other purposes	1,730	1,507

Table 12.—Statutory Notices Served

	1967	1966
Public Health Acts, 1936 and 1961	652	608
Clean Air Act, 1956	210	137
Greater London Council Drainage Bylaws	12	9
Greater London Council Water-Closet Bylaws	11	8
Factories Act, 1961	2	—
Noise Abatement Act, 1960	2	1
Prevention of Damage by Pests Act, 1949	1	—
Greater London Council (G.P.) Act, 1967	1	—
Local Bylaws:		
Artificial Lighting of Common Staircases	19	12
Cleansing of Cisterns	4	—
Removal of Refuse	1	—

Table 13.—Summary of visits by Housing Act Inspectors

	1967	1966
Work under Housing Acts, 1961-1964	2,183	1,475
Tenement Dwellings Survey	—	1,205
Clearance Area Inspections	618	438
Loan and grant applications	588	274
Improvement Area Inspections	120	—
Other visits	74	108

Table 14.—Summary of Work Carried Out by Public Health Inspectors under Housing Acts, 1961-1964
Houses in multiple occupation

	1967	1966
Premises in course of inspection at end of year	6	5
Premises inspected	78	116
Premises where action was deferred	3	2
Cases where owner proposed to carry out work	4	4
Informal action taken	11	8
Management orders made (Section 12)	15	13
Notices served for contraventions of Management Regulations (Section 14)	7	17
Notices served for the provision of amenities (Section 15)	8	17
Notices served for means of escape in case of fire (Section 16)	12	63
Directions given to limit occupation (Section 19)	31	70
Work in progress at end of year	7	11
Notices under Section 14 complied with	15	11
Notices under Section 15 complied with	12	6
Notices under Section 16 complied with	17	11
Work carried out in default of owner by Council	Nil	Nil
Control orders in operation at end of year	3	5
Control orders cancelled during year	2	Nil

Table 15.—Unfit Premises

	1967	1966
Closing orders made on underground rooms	22 (58 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 (6 rooms)	3 (8 rooms)
Undertakings accepted on upper parts of buildings and mews premises	—	—
Closing orders made on whole houses	4 (32 rooms)	—
Undertakings accepted in lieu of closing order on whole houses	—	—
Closing orders on underground rooms determined when work was carried out	53 (120 rooms)	25 (56 rooms)
Closing orders on upper parts and mews premises determined when work was carried out	2 (4 rooms)	2 (12 rooms)
Undertakings cancelled when work was carried out	3 (16 rooms)	1 (1 room)
Closing orders or undertakings cancelled when premises were demolished	36 (94 rooms)	146 (339 rooms)

Table 16.—Known Cases of Overcrowding

	1967	1966
Dwellings overcrowded at end of year	213	218
Persons dwelling therein	807 units (1,070 persons)	789½ units (1,066 persons)
New cases of overcrowding noted during the year	36	13
Persons involved in the new cases	149 units (205 persons)	59½ units (76 persons)
Cases of overcrowding relieved during the year	41	68
Persons involved in the relieved cases	155 units (221 persons)	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 17.—Certificates of Disrepair

	1967	1966
<i>Applications for certificates:</i>		
Applications for certificates	Nil	2
Decisions not to issue certificates	Nil	Nil
<i>Decisions to issue certificates:</i>		
(a) in respect of some defects listed ..	Nil	Nil
(b) in respect of all defects listed ..	Nil	Nil
Undertakings given by landlords	Nil	2
Undertakings refused by Council	Nil	Nil
Certificates issued	Nil	Nil
<i>Applications for cancellation of certificates:</i>		
Applications by landlords for cancellation of certificates	1	Nil
Objections by tenant to cancellation of certificates	Nil	Nil
Decisions by Council to cancel certificates despite objections	Nil	Nil
Certificates cancelled by Council	1	Nil

Table 18.—Rodent Control

	1967	1966
<i>Complaints:</i>		
Complaints of rats received	965	980
Complaints of mice received	1,140	1,028
Total premises involved	2,105	2,008
<i>Infestations treated by Council's staff:</i>		
(Including properties inspected for reasons other than notification)		
Premises rid of rats	1,003	1,024
Premises rid of mice	1,159	1,055
Total premises disinfested	2,162	2,079
Inspections by Public Health Inspectors and visits by Rodent Officers to such places ..	3,804	3,237
<i>Notices:</i>		
Intimation notices served	—	—
Statutory notices served	—	—
.. ..		

Table 19.—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
Ammoniacal Nitrogen	0.017	0.024
Albuminoid Nitrogen	0.063	0.089
Nitrate	5.2	4.1
Chlorides as Cl.	35	30
Oxygen abs. from Permanganate 4 hrs. at 27°C ..	0.56	1.12
Turbidity units	0.0	0.1
Colour (Burgess units)	5	12
Hardness (total)	312	282
Hardness (non-carbonate)	77	73
p.H. Value	7.9	7.9
Phosphate as PO ₄	1.4	1.9
Silicate as SiO ₂	10	10
Sulphate as SO ₄	64	64
Natural Fluoride as F	0.30	0.30
Magnesium as Mg.	5	5
Sodium as Na	28.9	22.5
Potassium as K	4.8	5.1
Surface active material as manoxol	0.01	0.01
Electrical Conductivity (microhms)	660	590

Table 20.—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	254	6.5	—	99.61	99.61
All Thames-derived	3,578	12.2	—	99.75	99.97

Lead Content (mg/1.Pb) Water from Main Taps
in Consumers Premises

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

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

Category of Premises	Number Registered in 1967	Total Number Registered at 31st December, 1967	Number of Registered Premises receiving a general inspection during the year
Offices	1,147 (1,511)	11,164 (10,664)	2,332 (5,289)
Retail Shops	390 (254)	3,672 (3,507)	1,067 (338)
Wholesale Shops, Warehouses	44 (63)	821 (827)	92 (5)
Catering establishments open to the Public (Canteens)	110 (84)	1,376 (1,282)	157 (119)
Fuel Storage Depots	— (—)	— (1)	— (—)
Totals	1,691 (1,912)	17,033 (16,281)	3,648 (5,751)

Analysis of persons employed in Registered Premises by workplace

	1967	1966
Offices	259,766	(258,413)
Retail Shops	37,435	(37,149)
Wholesale departments, Warehouses	19,229	(19,501)
Catering Establishments open to the Public	20,094	(19,786)
Canteens	5,587	(5,666)
Fuel Storage Depots	—	(9)
Total	342,111	(340,524)
Total Males	185,820	(185,175)
Total Females	156,291	(155,349)

Inspections and Contraventions

Inspections of all kinds	9,763	(12,469)
Premises at which contraventions were found	1,506	(3,372)

Accidents

Notifiable accidents	573	(608)
Accidents reported and found not to be notifiable	19	(18)
Accidents investigated	290	(273)
Accidents investigated which revealed contraventions	67	(73)
Accidents where a contravention may have been a contributory cause	17	(50)
Accidents resulting in one or more fatalities	—	(2)
Fatalities	—	(2)

Table 22.—Factories: Inspection for Purposes of Provisions as to Health

Premises	Number on Register		Number of					
			Inspections		Written notices		Occupiers prosecuted	
	1967	1966	1967	1966	1967	1966	1967	1966
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	777	785	48	59	2	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	3,080	3,108	354	301	11	16	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	865	764	1,373	812	—	—	—	—
Total	4,722	4,657	1,775	1,172	13	17	—	—

Table 23.—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			
	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966
Want of cleanliness (S.1) ..	17	7	19	3	3	—	3	4	—	—
Overcrowding (S.2)	1	—	1	—	1	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—	—	—	—	—	—
Inadequate ventilation (S.4) ..	6	5	6	3	—	1	—	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—	—	—	—	—	—
Sanitary Conveniences (S.7)										
(a) Insufficient	6	4	3	1	2	1	1	1	—	—
(b) Unsuitable or defective ..	21	25	21	21	10	—	10	23	—	—
(c) Not separate for sexes ..	4	4	4	2	—	—	—	4	—	—
Other offences against the Act (not including offences relating to Out-work)	18	19	11	9	9	3	—	1	—	—
Total	73	64	65	39	25	5	14	34	—	—

Table 24.—Outwork

[illegible]

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	73	63
Restaurants, cafes and snack bars ..	1,667	89	93
Grocers and provision merchants ..	512	95	95
Canteens and clubs	1,493	95	95
Public houses	540	95	95
Confectioners, etc.	552	84	50
Greengrocers and fruiterers	191	90	75
Schools, nurseries and hostels ..	80	100	100
Butchers	132	95	95
Off licences	252	80	—*
Bakers, cake and pastry premises ..	139	100	82
Chemists	177	80	20†
Fishmongers and poulterers	48	95	100
Coffee stalls	9	100	100
Food factories	17	100	100
Wholesale premises, stores and depots	270	86	77

* Not applicable.

† Maximum number requiring facility.

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

	1967	1966
Preserved food, etc.	164	169
Ice cream: Manufacture, and/or sale and/or storage	642	666

Table 27.—Food Poisoning—Investigation of Incidents and Cases

Causitive agent	General Outbreaks		Family Outbreaks		Sporadic Cases	Total	Total
	Number of separate outbreaks	Number of cases notified or ascertained	Number of separate outbreaks	Number of cases notified or ascertained	Notified or ascertained	Number of outbreaks and sporadic cases Columns (1+3+5)	Number of cases Columns (2+4+5)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. <i>S. Typhimurium</i> ..	2	170	—	—	12	14	182
2. Other <i>Salmonellae</i> ..	—	—	1	5	6	7	11
3. <i>Cl. welchii</i>	7	121	—	—	—	7	121
4. <i>Staph. aureus</i> ..	—	—	—	—	—	—	—
5. Other causes ..	—	—	—	—	—	—	—
6. Cause unknown ..	3	95	—	—	10	13	105
7. Total 1967 ..	12	386	1	5	28	41	419
1966 ..	7	219	1	2	27	35	248

Table 28.—Analyses for Pesticides in Food

Description	Country of Origin	Vapouriser with Open Foods	D.D.T. p.p.m.	Other Organochlorine Compounds p.p.m.	Organophosphorus Compounds p.p.m.	Metals p.p.m.	Fly (introduced Test Nov. 1967)
White Bread	England	—	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Corn Flakes	England	—	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Lambs Liver	England	No	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Potatoes	England	No	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Pasteurised Milk (Channel Islands)	England	—	Less than 0.02	Less than 0.002	Less than 0.05	—	—
Dietary Loaf	England	—	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Beef Suet	U.K.	—	Less than 0.05	B.H.C. 0.02	Less than 0.05	—	—
Lard	U.S.A.	—	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Cabbages	U.K.	No	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Peas	U.K.	No	Less than 0.05	Less than 0.02	Less than 0.05	—	—
Pork Sausages	U.K.	Yes (D.D.T.)	Less than 0.05	Less than 0.02	Less than 0.05	—	Negative
Pork Loin†	U.K.	Yes	Less than 0.05	Less than 0.02	Less than 0.02	—	Positive
Pears*	Italy	No	Less than 0.05	Less than 0.02	Less than 0.05	Lead Less than 0.1 Arsenic Less than 0.1	Positive
Grapes	Spain	No	0.35	Less than 0.02	Less than 0.05	—	Negative
Cucumber*	Canary Isles	No	Less than 0.05	Less than 0.02	Less than 0.05	—	Positive
Pasteurised Milk	U.K.	No	Less than 0.02	Less than 0.002	Less than 0.05	—	Negative

*From street stalls

†Purchase made at same premises as Pork Sausages.

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—								
21 cases	..		62	0	0	75	2	0
<i>Public Health Act, 1936 (Sec. 277)</i>								
Failing to state interest in property—								
2 cases	..		8	0	0	4	4	0
<i>Public Health Act, 1936 (Sec. 75)</i>								
Insufficient dustbins—								
1 case..	..		1	0	0	—		
<i>Clean Air Act, 1956</i>								
Smoke emission from chimney in Smoke Control Area—								
1 case..	..		3	0	0	2	2	0
<i>Housing Act, 1961 (Sec. 19)</i>								
Permitting persons to reside in premises when overcrowded—								
1 case..	..		8	0	0	4	4	0
<i>Food & Drugs Act, 1955 (Sec. 2)</i>								
Selling food not of the quality demanded—								
13 cases	..		155	0	0	76	13	0
<i>Food and Drugs Act, 1955 (Sec. 6 (1))</i>								
Selling food with misleading description—								
2 cases	..		10	0	0	25	0	0
<i>Food and Drugs Act, 1955 (Sec. 8 (1))</i>								
Selling food unfit for human consumption—								
4 cases	..		72	0	0	24	3	0
<i>Food Hygiene (General) Regulations 1960—</i>								
Failing to maintain premises and stalls in hygienic condition—								
11 cases	..		21	10	0	3	2	0
<i>Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966</i>								
Failing to maintain stalls in hygienic condition—								
72 cases	..		191	0	0	46	4	0
1967	..	..	£531	10	0	£260	14	0
1966	..	..	£107	0	0	£130	13	0

Table 30.—Coroner's Court and Mortuary

	1967	1966
Bodies received in the Mortuary on Coroner's Warrants, etc.	1,164	1,211
Bodies deposited to await burial	94	11
Inquest cases	335	353
Non-inquest cases	838	858
Post-mortem examinations held	1,164	1,182
Causes of death in the foregoing:—		
Accidental drowning	1	6
Found drowned	2	2
Suicide by drowning	1	3
Suicide by other means	141	123
Accidents:		
Street	36	47
Domestic	40	57
Others	48	28
Natural causes	843	865
Misadventure	4	7
Murder	2	6
Miscellaneous causes	46	63
Awaiting proceedings at Central Criminal Court	9	4

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1967

Note: The following Table sets out the sessions held at the various Centres in December, 1967.
Changes occur from time to time to meet the need.

	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 Dental (School) Family Planning Evening 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 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	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.						(1st and 3rd) Toddlers

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1967—(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) 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 Dental (School) (Gas sess. 3rd Friday in month)
St. Marylebone Town Hall Extension, W.1.	Dental (School)	Infant Wel. Dental (School) Diathermy	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 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 Evening: Family Planning	Family Planning	Family Planning Evening: Family Planning	Mentally handicapped children (1st Friday in month)	Infant Wel.

Table 31.—Maternal & Child Welfare Centres—Sessions held as at December 1967—(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) SpeechTherapy	Dental (School) SpeechTherapy	Dental (School) Chiropody	Dental (School)	Dental (School) Vision	Dental (School) 2nd Wed. monthly gas sess. Chiropody Special Investigation (Alternate weeks)	Dental (School) Chiropody	Dental (M.C.W.) Chiropody Vision	Dental (School)	Dental (School)

Immunisation and Poliomyelitis vaccination is available at all infant welfare sessions.

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
Westminster Council House 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)
1967	1,165	136	644	149	4,698
1966	1,565	204	653	197	5,461

Table 33.—Mothercraft and Ante-Natal Exercises

		1967	1966
1	Total number of Women who attended during the year	599	618
2	Total number of attendances during the year	2,496	2,428
3	Total number of sessions during the year	284	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 1967	Born in 1966	Born in 1962-5	Total				
2,704	2,531	3,213	8,448	2,174	46,516	19,905	1,298
	1966	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 1967	3,098
2	Children born in 1966	3,200
3	Children born in 1962-65	6,341
4	Total number of children in lines 1-3	12,639
5	Persons aged 65 or over	310
6	Number included in line 5 who were visited at the special request of a G.P. or hospital ..	90
7	Mentally disordered persons	46
8	Number included in line 7 who were visited at the special request of a G.P. or hospital ..	6
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	35
10	Number included in line 9 who were visited at the special request of a G.P. or hospital ..	13
11	Number of tuberculous households visited	38
12	Number of households visited on account of other infectious diseases	76
13	All other cases	814
14	Number of tuberculous households visited by tuberculosis visitors	593

Table 36.—Vaccination of Persons under age 16 completed during 1967
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	
	1967	1966	1965	1964	1960-63			At Clinics	By G.P.s
1. Quadruple D.T.P.Po.	—	1	—	—	—	—	1	—	1
2. Triple D.T.P.	1,230	1,346	152	24	30	14	2,796	2,573	223
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	16	28	17	26	153	64	304	279	25
5. Diphtheria	3	1	1	—	6	8	19	9	10
6. Pertussis	1	—	—	—	—	—	1	—	1
7. Tetanus	—	—	—	3	1	7	11	6	5
8. Salk	—	1	—	—	—	—	1	—	1
9. Sabin	440	1,671	229	107	252	114	2,813	2,622	191
10. Lines 1+2+3+4+5 (Diphtheria) ..	1,249	1,376	170	50	189	86	3,120	2,861	259
11. Lines 1+2+3+6 (Whooping cough)	1,231	1,347	152	24	30	14	2,798	2,573	225
12. Lines 1+2+4+7 (Tetanus) ..	1,246	1,375	169	53	184	85	3,112	2,858	254
13. Lines 1+8+9 (Polio)	440	1,673	229	107	252	114	2,815	2,622	193

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

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total	Total Completed	
	1967	1966	1965	1964	1960-63			At Clinics	By G.P.s
1. Quadruple D.T.P.Po.	—	—	—	—	—	—	—	—	—
2. Triple D.T.P.	—	697	688	76	81	5	1,547	1,404	143
3. Diphtheria/Pertussis	—	—	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	16	14	103	74	1,350	483	2,040	1,931	109
5. Diphtheria	—	—	—	—	10	280	290	286	4
6. Pertussis	—	—	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	4	14	18	—	18
8. Salk	—	—	—	—	—	—	—	—	—
9. Sabin	—	3	1	4	1,046	396	1,450	1,379	71
10. Lines 1+2+3+4+5 (Diphtheria) ..	16	711	791	150	1,441	768	3,877	3,621	256
11. Lines 1+2+3+6 (Whooping Cough)	—	697	688	76	81	5	1,547	1,404	143
12. Lines 1+2+4+7 (Tetanus) ..	16	711	791	150	1,435	502	3,605	3,335	270
13. Lines 1+8+9 (Polio)	—	3	1	4	1,046	396	1,450	1,379	71

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 1967

Age at date of Vaccination	Number Vaccinated		Number Revaccinated	
	1967	1966	1967	1966
0-2 months	2	4	—	—
3-5 months	8	16	—	—
6-8 months	22	38	—	—
9-11 months	30	28	—	—
1 year	1,024	1,036	—	—
2-4 years	344	410	11	28
5-15 years	39	43	97	115
TOTAL	1,469	1,575	108	143

Table 38.—Home Nursing

	1967	1966
Total number of persons nursed during the year	3,344	3,570
Number of persons who were aged under 5 at first visit in 1967 ..	200	191
Number of persons who were aged 65 or over at first visit in 1967 ..	1,929	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	—	2	·4	3	1	·5
Hospital Management Committee or Board of Governors				3	—	—

Number of Midwives approved as teachers included in above	1
---	---

OTHER MIDWIVES (not included in Table above)

Number practising in the City Council's area (excluding those in N.H.S. hospitals)	58
--	----

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

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1967

Number of Domiciliary Confinements attended by Midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by Domiciliary Midwives before tenth day
Doctor not booked	Doctor booked	Total	
1967 8	139	147	515
1966 6	198	204	372

Table 40.—Notification of Congenital Defects

	1964	1965	1966	1967
Anencephaly	3	4	4	4
Hydrocephalus and spina bifida	4	1	3	3
Mongolism	6	4	4	1
Hare lip and/or Cleft palate	3	6	2	8
Congenital heart lesions	1	2	1	2
Hypospadias	3	3	7	3
<i>Limb deformities</i>				
Congenital dislocation of hip	6	2	1	11
Talipes	19	8	9	10
Congenital amputations	4	2	2	1
Polydactyly and syndactyly	13	7	3	7
Other defects	18	5	4	12
*Multiple defects	5	6	2	4
Totals	85	50	42	66

*The line "Multiple defects" indicates infants having more than 2 major defects. Several children have 2 defects, and in such cases they are shown under the heading of the major abnormality.

Table 41.—Chiropody Service

A. Number of persons treated

	By City Council	By City of Westminster Old People's Welfare Association	Total
Persons aged 65 and over ..	1,219	4,603*	5,822
Expectant mothers	3	—	3
Children under 5	5	—	5
Others	201	—	201
Total	1,428	4,603	6,031

* Includes women over 60.

B. Number of treatments given

	By City Council	By City of Westminster Old People's Welfare Association	Total
In clinics	7,219	4,882	12,101
In patients' homes	427	3,841	4,278
In old peoples' homes	—	—	—
In chiropodists' surgeries	—	3,064	3,064
Total	7,646	11,797	19,443

It is not possible to give comparative figures in regard to the Chiropody service as the form of return required by the Ministry of Health was amended during 1966.

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		
		1967	1966					
Paddington ..	480	4	61	7	6	121	679	624
St. Marylebone ..	335	—	32	—	10	28	405	387
Westminster ..	425	6	44	—	26	39	540	518
Total ..	1,240	10	137	7	42	188	1,624	1,529

B. Number of cases in which help was given during the year								
Paddington ..	1,046	6	105	9	2	100	1,268	1,242
St. Marylebone ..	576	—	51	—	5	25	657	645
Westminster ..	812	6	59	—	23	37	937	808
Total ..	2,434	12	215	9	30	162	2,862	2,695

C. Cases receiving service as at 31st December 1967								
Paddington ..	729	4	66	7	—	17	823	720
St. Marylebone ..	344	—	25	—	—	3	372	322
Westminster ..	537	5	33	—	—	8	583	498
Total ..	1,610	9	124	7	—	28	1,778	1,540

Table 43.—Mental Health Service—Number of Patients referred to City Council during year ended 31st December, 1967

Referred by	Mentally Ill				Subnormal				Severely subnormal					
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1967	1966
(a) General practitioners . .	—	—	66	129	—	—	—	—	—	—	—	1	196	233
(b) Hospitals, on discharge from in-patient treatment	—	1	111	139	—	—	1	1	1	—	—	—	254	177
(c) Hospitals, after or during out-patient or day treatment	—	—	100	140	—	—	—	—	—	—	1	1	242	202
(d) Local education authorities	1	—	6	—	11	7	3	7	9	1	—	—	45	39
(e) Police and courts . .	—	—	69	52	1	—	1	2	—	—	—	—	125	82
(f) Other sources	—	—	161	272	4	3	5	5	3	8	1	4	466	479
Total	1	1	513	732	16	10	10	15	13	9	2	6	1,328	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
1967 95	131	2	228	—	29	485
1966 101	145	8	238	3	9	504

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

	Mentally III				Subnormal				Severely subnormal					
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Grand Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1967	1966
(a) (i) Attending workshop/day training centre ..	—	—	14	14	1	—	4	—	19	13	20	16	101	58
(ii) Awaiting entry thereto ..	—	—	—	—	—	—	—	2	1	1	—	1	5	2
(b) (i) Receiving home training	—	—	—	—	—	—	—	—	—	—	1	1	2	1
(ii) Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) (i) Residents in L.A. home/hostel	—	—	1	6	2	—	3	—	—	—	1	—	13	7
(ii) Awaiting residence in L.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(iii) Resident at L.A. expense in other residential homes/hostels ..	—	—	16	17	6	4	4	6	9	10	3	11	86	63
(iv) Resident at L.A. expense by boarding out in private household ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home visits and not included under (a) to (c) ..	—	—	163	311	4	2	46	35	16	14	24	20	635	492
Total number ..	—	—	194	348	13	6	57	43	45	38	49	49	842	623

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

Number of admissions	Mentally Ill				Subnormal				Severely subnormal				Grand Total	
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1967	1966
To N.H.S. Hospitals	—	—	—	—	—	—	—	—	5	—	2	—	7	13
Elsewhere	—	—	—	—	1	—	1	1	9	5	7	4	28	21
Total	—	—	—	—	1	—	1	1	14	5	9	4	35	34

Table 47.—Terrace Day Centre 1967

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

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Total attendance ½-day session	759	876	1,066	954	1,076	1,152	978	1,059	1,184	1,419	1,369	1,049
Average daily attendance	17	22	25	23½	24½	26	23	24	28	32	31	27½
Roll at beginning of month	20	26	32	36	34	37	36	37	43	44	44	45
Admissions	9	8	5	5	9	7	4	9	6	7	6	6
Discharges	3	2	1	7	6	8	3	3	5	7	5	5
Discharged to: Work	—	1	—	2	4	—	3	2	1	2	1	2
Further Training	—	—	—	—	—	1	—	—	1	1	—	—
Transferred to: another Centre	2	1	—	—	—	1	—	—	—	—	—	—
Hospital	—	—	1	2	1	2	—	—	1	—	1	2
Non-cooperation	1	—	—	—	1	2	—	1	2	4	3	1
Moved away	—	—	—	2	—	2	—	—	—	—	—	—
Not suitable	—	—	—	1	—	—	—	—	—	—	—	—
Patients interviewed	2	2	3	3	1	1	3	1	4	1	3	—
Patients referred	—	—	—	2	1	1	2	2	4	1	4	—

Table 48.—Venereal Diseases

Cases treated in Westminster — 1st January–31st December, 1967.

Hospital	M.	F.	Total 1967	Total 1966
<i>Middlesex Hospital</i>				
Syphilis	145	20	165	197
Gonorrhoea	1,548	481	2,029	1,274
Other conditions	5,106	2,403	7,509	5,238
	6,799	2,904	9,703	6,709
<i>St. George's Hospital</i>				
Syphilis	53	8	61	31
Gonorrhoea	307	70	377	320
Other conditions	1,114	561	1,675	1,463
	1,474	639	2,113	1,814
<i>St. Mary's Hospital</i>				
Syphilis	240	33	273	224
Gonorrhoea	2,810	553	3,363	2,848
Other conditions	7,124	2,521	9,645	8,472
	10,174	3,107	13,281	11,544
<i>Westminster Hospital</i>				
Syphilis	21	5	26	23
Gonorrhoea	225	49	274	283
Other conditions	893	314	1,207	989
	1,139	368	1,507	1,295
<i>St. Paul's Hospital*</i>				
Syphilis	22	—	22	62
Gonorrhoea	320	—	320	709
Other conditions	844	—	844	1,846
	1,186	—	1,186	2,617

Number of referrals to Social Workers from Ministry of Health, Service establishments and other local authorities 184
(132)

Number of contacts traced 124 (67%) (79 (60%))

*The clinic at this Hospital closed in July 1967.

Table 49.—School Health

	1967	1966
Estimated school population aged 5 to 14	21,756	21,840
Routine medical inspections—Number of children seen ..	8,386	8,459
Special medical inspections—Number of children seen ..	3,267	3,042
Comprehensive surveys—Number of children seen ..	18,161	18,719
Selective health surveys—Number of children seen ..	8,806	8,665
Communicable disease health surveys—Number of children seen	4,740	24,179
<i>Vision</i>		
*Total number of attendances at vision clinics	4,279	4,466
Number of new cases	1,225	1,303
<i>Ear, nose and throat</i>		
*Total number of attendances at clinics	261	341
Number of new cases	164	176
<i>Audiology</i>		
*Total number of attendances at clinics	544	496
Number of new cases	114	99
<i>Dental</i>		
Total number of attendances at clinics	14,324	17,314
Number of new cases	5,286	6,187
<i>Audiometry</i>		
Number of children given sweep test	4,060	4,571
Number of children given pure tone test	384	555
Number of children referred to otologist	116	187
<i>Minor ailments</i>		
Total number of attendances at clinics	2,756	3,249
Number of new cases:	807	889
Main defects treated:		
Athlete's foot	64	89
Verrucae	593	627
<i>Bathing Centres</i>		
Total number of attendances	203	257
—for vermin and nits	102	141
—for scabies and other skin conditions	60	94
—for minor ailments	41	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

	1967	1966
(i) Number of skin tested	479	598
(ii) Number found positive	255	308
(iii) Number found negative	224	290
(iv) Number vaccinated	172	231

B. School Children and Students

(i) Number of skin tested	1,954	1,664
(ii) Number found positive	338	312
(iii) Number found negative	1,616	1,352
(iv) Number vaccinated	1,616	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	
	1967	1966	1967	1966
First Visit	358	338	109	129
Subsequent Visits	484	502	198	266
Total Visits	842	840	307	395
Number of Additional Courses of Treatment other than the First Course commenced during year	26	22	8	21
Treatment provided during the year—				
Number of Fillings	774	816	266	357
Teeth Filled	671	664	236	325
Teeth Extracted	14	28	38	78
General Anaesthetics Given	6	11	—	4
Emergency Visits by Patients	3	4	3	3
Patients X-Rayed	5	1	22	16
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	188	226	77	155
Teeth Otherwise Conserved	93	226	—	—
Teeth Root Filled	—	—	10	7
Inlays	—	—	—	—
Crowns	—	—	—	9
Number of Courses of Treatment Completed during the year ..	218	207	77	77

Part B. Prosthetics.

	1967	1966
Patients Supplied with F.U. or F.L. (First Time)	1	5
Patients Supplied with Other Dentures	13	14
Number of Dentures Supplied	19	20

Part C. Anaesthetics.

	1967	1966
General Anaesthetics Administered by Dental Officers	—	—

Part D. Inspections.

	Children 0-4 (incl.)		Expectant and Nursing Mothers	
	1967	1966	1967	1966
Number of Patients given First Inspections during Year	(a) 427	502	(d) 74	124
Number of Patients in (a) and (d) above who required Treatment	(b) 294	341	(e) 69	111
Number of Patients in (b) and (e) above who were offered Treatment	(c) 286	335	(f) 68	109

Part E. Sessions.

	1967	1966
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Treatment of Maternity and Child Welfare Patients	212.25	232.5

Table 52.—School Dental Service Statistics 1967 (Statistics, 1966 shown in brackets)

NUMBER OF SESSIONS		
Inspection	Ordinary treatment	Anaesthetic
125 (35.0)	1729 (1888.6)	51 (54.0)
Total no. of sessions:		1905.0 (1977.6)

INSPECTIONS			
	First inspection at school	First inspection at clinic	Percentage found to require treatment
	8,003 (1,373)	3,481 (3,919)	65.6 (76.2)
Re-inspection at school or clinic	2,046 (1,987)		56.5 (63.8)

TREATMENT SESSIONS		
	New cases given appointments	Attendances
Ordinary treatment	8,552 (12,788)	5,286 (6,187)
On treatment cases	10,891 (13,025)	8,210 (10,114)
General Anaesthetic	—	613 (804)
Emergencies	—	215 (209)
	Total Attendances	14,324 (17,314)

FILLINGS AND EXTRACTIONS		
	Permanent teeth	Temporary teeth
Fillings	6,084 (7,048)	4,967 (4,301)
Extractions	304 (447)	1,695 (2,047)

Other operations (prophylaxis, X-ray, inlays, crowns etc.).	2,697 (4,414)
Number of dentists employed (effective whole time equivalent). ..	3.3 (3.5)

Table 53.—Tuberculosis—Care and After Care

	Paddington Chest Clinic		Marylebone Chest Clinic		Westminster Hospital Chest Clinic	
	1967	1966	1967	1966	1967	1966
T.B. patients on Register of Chest Clinics at 31st December . .	779	880	465	476	882	869
T.B. Visitors—Visits to homes	1,695	1,574	845	1,284	99	350
After-Care Work (Social Worker):						
Number of patients in receipt of extra nourishment at end of year	12	14	9	8	11	11
Patients assisted for the first time with bed or bedding . .	—	—	—	—	—	—
Patients assisted for the first time with clothing or footwear	—	—	19	12	—	—
B.C.G. Vaccinations during the year in accordance with City Council scheme	92	149	16	36	64	46
Rehabilitation Hostels:						
Patients in residence at end of year	—	—	—	—	3	3
Hostels for Homeless tuberculous men:						
Patients in residence at end of year	—	—	—	—	16	17
Child contacts boarded out during the year	—	2	—	—	—	—

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