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LONDON COUNTY COUNCIL

Report of the County Medical Officer of Health and Principal School Medical Officer for the Year 1963

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LONDON COUNTY COUNCIL

Report of the County Medical Officer of Health and Principal School Medical Officer for the Year 1963

By A. B. STEWART, M.D., D.P.H.

ACTING COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

THE COUNTY HALL
LONDON, S.E.1

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INTRODUCTION

During the whole period covered by this report Dr. J. A. Scott was County Medical Officer of Health and Principal School Medical Officer. As, however, he retired on 8 August 1964, before the publication of this volume, it is fitting that the report should commence with a record of his distinguished services.

Dr. Scott entered the public health service in 1927 and following two appointments in Yorkshire as medical officer of health he came to London in 1935 and was medical officer of health of the metropolitan borough of Fulham for ten years. During this time he received the O.B.E. for his services to Civil Defence.

In 1945 Dr. Scott joined the Council's service for duties in preparation for the assumption by the Council of its responsibilities consequent on the passing of the National Health Service Act, 1946. As head of the central planning division his wide experience of public health work coupled with his great enthusiasm and energy were directed towards welding together the diverse practices of 28 authorities, the formulation of plans for their development and their integration with services already administered by the Council. He was promoted deputy medical officer of health and principal school medical officer in 1948 and became medical officer of health and principal school medical officer on the retirement of Sir Allen Daley in 1952.

The pattern and scope, as well as the volume, of the Council's health services have developed greatly over the past 16 years and their present efficiency and high reputation owe a great deal to Dr. Scott's drive and unflagging energy. Notable amongst developments which have taken place while he has been the head of the department and for which much is due to him personally have been the provision and co-ordination of services aimed at preventing the break-up of families, mental health education in the maternity and child welfare services, the provision of a greatly enlarged and diversified prophylaxis service and the rapidly growing and changing services resulting from the Mental Health Act, 1959.

Dr. Scott has participated in the work of many outside bodies. He is a member of the Central Midwives Board and has represented the Ministry of Health and the Council on a number of important committees. A member of the Council of the Royal Society of Health since 1945, he was its chairman in 1957–58. Two of his great interests have been medical education and the promotion of close liaison between voluntary and statutory bodies; he has served on many organisations with these aims in mind. Mention must be made of his chairmanship of a sub-committee of the Standing Mental Health Advisory Committee of the Central Health Services Council, which published in July, 1962 a report on the training of staff of training centres for the mentally sub-normal (the 'Scott' report) and of his membership of the Royal College of Physicians committee which reported on smoking and lung cancer.

Dr. Scott's distinguished service for public health has been nationally recognised by his choice as the recipient of the Smith Award, 1964, granted every third year by the Royal Institute of Public Health and Hygiene. It is a fitting commendation of a medical officer of health whose work has shown the importance of combining efficiency in operating existing services with the need to plan ahead and to seek improvement by experiment. Dr. Scott's zest for hard work and his ready and handsome appreciation of their efforts have been a constant inspiration to his staff, on whom his genial and warmhearted personality has made a deep impression. They will remember him for his extraordinarily detailed knowledge of their day-to-day work and, above all, for the quality of his leadership.

LONDON ADMINISTRATIVE COUNTY
VITAL STATISTICS, 1963

Figures in brackets are for 1962

Population:
Males 1,500,000
Females 1,679,000
} 3,179,000 (3,186,000)

Area comparability factors:
Births .. .. .. 0·86 (0·90)
Deaths .. .. .. 1·05 (0·97)

Number of marriages registered: 34,107 (33,983)

Live births:
Legitimate .. 54,465 (53,689)
Illegitimate .. 9,035 (8,835)
} 63,500 (62,524)

Illegitimate live births per cent. of total live births: 14·2 (14·1)

Live birth rate per 1,000 population: 20·0 (19·6) (adjusted rate 17·2 (17·6))

Stillbirths:
Legitimate .. 837 (848)
Illegitimate .. 181 (206)
} 1,018 (1,054)

Stillbirth rate per 1,000 live and stillbirths: 15·8 (16·6)

Total live and stillbirths: 64,518 (63,578)

Deaths:
Males 19,866 (19,464)
Females 19,724 (18,882)
} 39,590 (38,346)

Death rate per 1,000 population: 12·5 (12·0) (adjusted rate 13·1 (11·7))

Deaths of infants:

	Legitimate	*Illegitimate*	*Total*
Under 1 month	756 (771)	167 (182)	923 (953)
1 month to 1 year	404 (308)	58 (55)	462 (363)
Total under 1 year	1,160 (1,079)	225 (237)	1,385 (1,316)
Infant mortality rate: .. .. *(per 1,000 live births)*	21·3 (20·1)	24·9 (26·8)	21·8 (21·0)
Neo-natal mortality rate: .. „ „ „ „	13·9 (14·4)	18·5 (20·6)	14·5 (15·2)
Early neo-natal mortality rate: „ „ „ „	12·0 (12·6)	16·7 (18·6)	12·6 (13·4)
Perinatal mortality rate: .. *(per 1,000 total births)*	26·9 (27·9)	36·0 (40·9)	28·7 (29·8)

Maternal mortality:

	Post-abortion	*Other pregnancy and childbirth*	*Total*	*Rate per 1,000 live and stillbirths*
Deaths from sepsis	9 (7)	— (—)	9 (7)	
Deaths from other causes ..	1 (5)	18 (21)	19 (26)	
Total ..	10 (12)	18 (21)	28 (33)	0·43 (0·52)

VITAL STATISTICS*

Population

TABLE (i)—*Home population* †, 1954–63

(*Figures in thousands*)

Year			Mid-year estimate of population by the Registrar General, by age groups							Average age (years)
			Total	0–4	5–14	15–24	25–44	45–64	65+	
1954	..	..	3,322	234	425	394	1,056	827	386	36·9
1955	..	..	3,295	230	421	391	1,037	829	387	37·1
956	..	..	3,273	229	427	384	1,018	829	386	37·1
1957	..	..	3,254	230	425	383	974	843	399	37·4
1958	..	..	3,225	231	418	387	949	843	397	37·5
1959	..	..	3,204	236	409	394	925	842	398	37·5
1960	..	..	3,194	241	403	398	905	846	401	37·6
1961	..	..	3,180	247	396	404	893	839	401	37·5
1962	..	..	3,186	248	378	422	894	838	406	37·7
1963	..	M	1,500	138	188	205	449	383	137	35·4
		F	*1,679*	*131*	*180*	*229*	*444*	*443*	*252*	*38·9*
			3,179	**269**	**368**	**434**	**893**	**826**	**389**	**37·2**

† *Resident civilian population, plus any British, Commonwealth or Foreign Armed Forces stationed in the area.*

There was a net decrease of 7,000 in the estimated total population from the 1962 figure. This is a resumption of the continued downward trend noted since 1950, with the exception of the two years immediately following the censuses of 1951 and 1961, which was due to post-census adjustments of the estimates rather than an interruption of the trend. For similar reasons differences in the age group estimates are also attributable more to adjustment of the figures than to real changes in the age distribution of the population, although there has been an increase in the 0–4 years group following the higher birth rate of recent years and a decrease in the school age population (5–14 years) as children leaving school born in 1948 are succeeded by fewer school entrants born five years ago. The increase in the younger age element of the population in recent years has had the effect of lowering the average age.

Fertility

TABLE (ii)—*Live births and stillbirths*, 1954–63

Year			Live births		Stillbirths	
			No.	Rate per 1,000 population	No.	Rate per 1,000 total births (live and still)
1954..	..	..	50,745	15·3	1,029	19·9
1955..	..	..	49,826	15·1	1,034	20·3
1956..	..	..	52,171	15·9	1,070	20·1
1957..	..	..	52,733	16·2	1,083	20·1
1958..	..	..	54,152	16·8	1,102	19·9
1959..	..	..	55,191	17·2	1,085	19·3
1960..	..	..	57,368	18·0	1,052	18·0
1961..	..	..	60,052	18·9	1,103	18·0
1962..	..	..	62,524	19·6	1,054	16·6
1963..	..	..	63,500	20·0	1,018	15·8

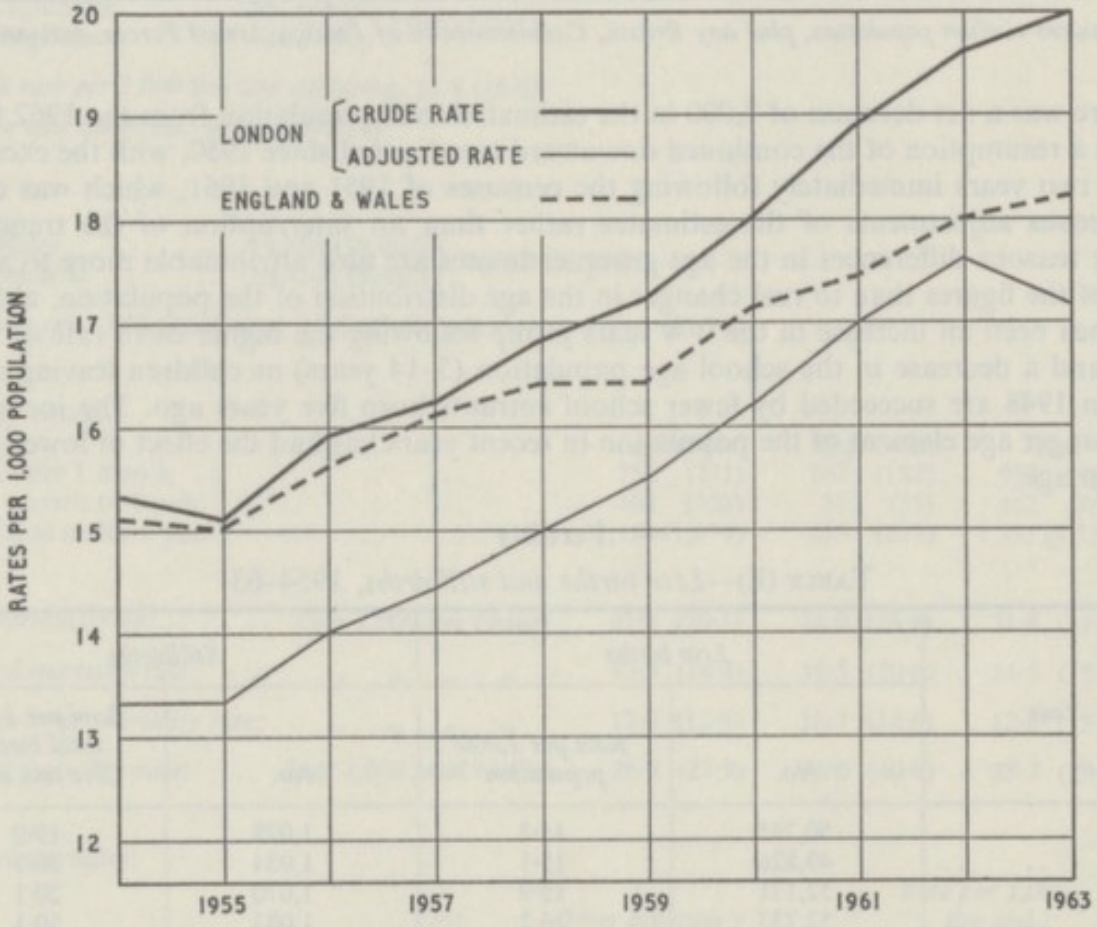
* *The statistics given are based on the latest information available from the Registrar General: instances have occurred in the past in which figures have been subsequently corrected so that data for a previous year may differ from that published in the Annual Report for that year.*

Live births—There were 73,171 live births registered in London in the year; after correction for residence the final figure of births allocated to London was 63,500 (32,395 boys–31,105 girls), an increase of 976 over 1962, giving a birth rate of 20·0 per 1,000 population compared with 19·6 in 1962 and 18·9 in 1961. The post-war trend in London followed closely that for England and Wales until 1956 when the rise in the London rate preceded a similar rise in the country as a whole and since then the crude London rate has continued to exceed the national rate by an increasing margin. The major factor contributing to the increased birth rate, both local and national, is the increased proportion of women of child-bearing age who are married. The two rates are not, however, strictly comparable because the proportion of women of child-bearing age in the population is greater in London than in England and Wales; adjusting for this difference by multiplying the crude rate by the Registrar General's area comparability factor for London births (0·86 for 1963) the rate becomes 17·2. The crude birth rate for the past 12 years is shown in figure 1 below, together with the national rate and the adjusted birth rate.

Figure 1

LIVE BIRTH RATE—

LONDON (A.C.) AND ENGLAND & WALES, 1954–63



Illegitimacy—

TABLE (iii)—*Illegitimate live births in London (A.C.) and percentages for London and England and Wales*, 1954–63

Year	Illegitimate live births	Illegitimate live births as a percentage of total live births		Ratio London/ England and Wales
		London A.C.	England and Wales	
1954..	3,615	7·1	4·7	1·51
1955..	3,827	7·7	4·7	1·64
1956..	4,434	8·5	4·8	1·77
1957..	4,686	8·9	4·8	1·85
1958..	5,343	9·9	4·9	2·02
1959..	5,765	10·4	5·1	2·03
1960..	6,530	11·4	5·4	2·11
1961..	7,632	12·7	6·0	2·12
1962..	8,835	14·1	6·6	2·13
1963..	9,035	14·2	6·9	2·06

The increase in the percentage of illegitimate live births in London noted in previous years shows signs of slowing down, but the London figure is currently more than twice the national percentage compared with about one and a half times as great ten years earlier. As in the previous year, one in every seven babies born of London 'residents' in 1963 was illegitimate; in Paddington it was as high as one in four born illegitimate. The age of the mothers of these illegitimate children is shown in table (iv) below.

TABLE (iv)—*Illegitimate live births by age of mother*

Age of mother (a) (years)	London (A.C.)						England and Wales 1962 %
	1961		1962		1963		
	No.	%	No.	%	No.	%	
12	—	—	—	—	2	0·02	0·0
13	4	0·1	1	0·01	4	0·04	0·0
14	11	0·1	19	0·2	19	0·2	0·3
15	61	0·8	104	1·2	93	1·0	1·6
16	147	1·9	168	1·9	196	2·2	3·2
17	239	3·1	297	3·4	329	3·6	5·4
18	388	5·1	440	5·0	436	4·8	6·8
19	508	6·7	603	6·8	690	7·6	7·8
20–24	2,780	36·4	3,254	36·8	3,265	36·2	32·5
25–29	1,714	22·5	2,017	22·8	2,018	22·4	19·4
30–34	998	13·1	1,112	12·6	1,141	12·6	12·3
35–39	581	7·6	610	6·9	622	6·9	7·6
40–44	186	2·4	196	2·2	206	2·3	2·9
45 and over	15	0·2	14	0·2	14	0·2	0·2
Total	7,632	100·0	8,835	100·0	9,035	100·0	100·0

(a) Cases in which the mother's age was not stated (40 in 1961, 42 in 1962, 39 in 1963) have been proportionally distributed.

It has been remarked in previous years that a complex of factors probably accounts for the steeper rise in London—proportionately more single women (37·0 per cent. of those aged 16–44 years in London compared with 26·9 per cent. in England and Wales (Census 1961)), a high immigrant element in the population, a continuous influx of unmarried women, many of whom are already pregnant and the facilities which London can offer to an unmarried mother in the way of anonymity, ante-natal care and support from moral welfare organisations.

The following table gives details of women seen by the moral welfare organisations in 1963, from which it will be seen that 756 (22·0 per cent.) were pregnant on arrival in London and that, in all, 1,331 (38·7 per cent.) were not born in the United Kingdom. It should be remembered that these components of the illegitimate births are minima; the moral welfare organisations only deal with 38 per cent. of unmarried mothers, though doubtless they will tend to deal with proportionately more of the non-Londoners.

TABLE (v)—*Unmarried mothers seen by moral welfare associations in London*, 1963

(*Figures in brackets are for 1962*)

	British (U.K.)		*Eire*		*European*		*West Indian*		*Other*		*Total*	
Non-Londoners pregnant on arrival in London	509	(483)	141	(116)	43	(26)	28	(60)	35	(44)	756	(729)
*Non-Londoners not pregnant on arrival in London ..	89	(51)	118	(96)	24	(15)	7	(39)	15	(21)	253	(222)
Resident in London one year or more ..	1,506	(1,552)	425	(348)	92	(78)	306	(388)	97	(80)	2,426	(2,446)
	2,104	(2,086)	684	(560)	159	(119)	341	(487)	147	(145)	3,435	(3,397)

* *Had lived in London less than 12 months before making contact with moral welfare association.*

Mortality

The total death rate at 12·5 per 1,000 population was the highest figure since 1951. The winter of 1962–63 was exceptionally severe and the very low temperatures in the months of January and February were accompanied by a high level of mortality. A detailed account of mortality in the winter of 1962–63 in relation to the effects of temperature and air pollution was given in 'The Medical Officer' of 5 June, 1964 (iii, 327–330).

Leading causes of death—The leading causes of death in London in 1963 were as follows:

	Deaths	*Rate per 1,000 population*
Diseases of the heart	12,073	3·80
Cancer	7,756	2·44
Bronchitis, pneumonia*	6,237	1·96
Vascular lesions of the central nervous system	4,049	1·27
Other circulatory	2,201	0·69
Violent causes	1,823	0·57
Digestive diseases	1,148	0·36
Diseases of early infancy (international classification nos. 760–776)	710	0·27
Congenital malformations (0–4 weeks)	164	
Diseases of genito-urinary system	660	0·21
Other respiratory including influenza	513	0·16
Tuberculosis (all forms)	265	0·08
All other causes	1,991	0·63
Total	39,590	12·45

* *Excluding pneumonia of the new born (under 4 weeks) which is included in 'Diseases of early infancy'.*

The ranking order of the leading causes of death has remained unchanged since 1954.

Cancer—The cancer death-rate for all ages was 2·44 per 1,000 in 1963—the same as the previous year. Cancer is, however, largely a disease of the later half of life and in order to eliminate variations caused by a changing age/sex composition of the population rates for specific age/sex groups are shown below:

TABLE (vi)—*Cancer mortality rates per* 1,000 *living*, 1954–63

Age and sex	*1954*	*1955*	*1956*	*1957*	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*
Males:										
0–24	0·12	0·11	0·14	0·11	0·09	0·10	0·12	0·11	0·11	0·09
25–44	0·41	0·40	0·43	0·37	0·42	0·40	0·38	0·37	0·38	0·37
45–64	4·31	4·50	4·51	4·55	4·52	4·46	4·75	4·52	4·53	4·57
65+	15·29	15·73	15·77	15·29	16·01	15·20	15·74	15·72	15·40	16·06
All Males ..	2·64	2·73	2·76	2·77	2·85	2·76	2·90	2·83	2·81	2·78
Females:										
0–24	0·06	0·07	0·09	0·07	0·10	0·07	0·07	0·07	0·08	0·08
25–44	0·43	0·45	0·50	0·47	0·52	0·51	0·52	0·50	0·43	0·46
45–64	2·85	2·93	2·77	2·97	2·71	2·63	2·82	2·72	2·81	2·79
65+	8·39	8·43	8·75	8·34	8·50	8·18	8·44	8·02	7·93	8·37
All Females ..	2·02	2·08	2·12	2·16	2·15	2·09	2·20	2·11	2·12	2·14
All Persons ..	2·31	2·39	2·42	2·44	2·47	2·40	2·53	2·45	2·44	2·44

Lung cancer—The lung has become the principal site for cancer in males and the table below shows, for three age groups, the steep rise that has occurred in the last decade together with, for comparison, the corresponding figures for females.

TABLE (vii)—*Deaths and death rates from cancer of the lung by age and sex*, 1954–63

(*Rates per* 1,000 *population*)

Year	*Age*					
	25–44		*45–64*		*65+*	
	No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*
Males:						
1954 ..	64	0·12	773	2·06	625	4·34
1955 ..	62	0·12	810	2·14	651	4·55
1956 ..	65	0·13	853	2·25	718	5·06
1957 ..	37	0·08	891	2·31	723	4·95
1958 ..	52	0·11	883	2·29	786	5·46
1959 ..	61	0·13	907	2·34	788	5·51
1960 ..	55	0·12	958	2·46	857	5·99
1961 ..	44	0·10	883	2·28	832	5·82
1962 ..	37	0·08	903	2·33	860	5·93
1963 ..	44	0·10	907	2·37	865	6·31
Females:						
1954 ..	19	0·04	137	0·30	164	0·68
1955 ..	13	0·02	151	0·33	174	0·71
1956 ..	13	0·03	109	0·24	154	0·63
1957 ..	19	0·04	142	0·31	176	0·70
1958 ..	22	0·05	124	0·27	183	0·72
1959 ..	22	0·05	134	0·29	157	0·62
1960 ..	26	0·06	157	0·34	190	0·74
1961 ..	24	0·05	151	0·33	184	0·71
1962 ..	13	0·03	153	0·34	189	0·72
1963 ..	14	0·03	160	0·36	218	0·87

Infant mortality

TABLE (viii)—*Infant mortality*, 1963

	Age at death					*Rates per 1,000 live births*		
	Under 1 day	*1 to 6 days*	*1 to 3 wks.*	*1 to 11 mnths*	*Total under 1 yr.*	*Early neo-natal*	*Neo-natal*	*Total infant mortal-ity*
Legitimate								
Males	240	153	64	234	691	14·1	16·4	24·8
Females	174	84	41	170	469	9·7	11·2	17·6
	414	**237**	**105**	**404**	**1,160**	**12·0**	**13·9**	**21·3**
1962	*407*	*269*	*95*	*308*	*1,079*	*12·6*	*14·4*	*20·1*
Illegitimate								
Males	57	23	9	28	117	17·5	19·5	25·6
Females	46	25	7	30	108	15·9	17·5	24·2
	103	**48**	**16**	**58**	**225**	**16·7**	**18·5**	**24·9**
1962	*103*	*61*	*18*	*55*	*237*	*18·6*	*20·6*	*26·8*
Total legitimate and illegitimate								
Males	297	176	73	262	808	14·6	16·9	24·9
Females	220	109	48	200	577	10·6	12·1	18·6
Both sexes	**517**	**285**	**121**	**462**	**1,385**	**12·6**	**14·5**	**21·8**
1962	*510*	*330*	*113*	*363*	*1,316*	*13·4*	*15·2*	*21·0*

There was an increase in mortality in infants from bronchitis and pneumonia in 1963—a consequence of the cold weather referred to earlier. The pattern of infant mortality over the past decade is given in table (ix) below:

TABLE (ix)—*Infant mortality by cause*, 1954–63

(*Rates per* 1,000 *live births*)

Cause of death	*1954*	*1955*	*1956*	*1957*	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*
Whooping cough	0·06	0·06	0·04	0·02	—	0·05	0·05	—	0·03	0·03
Tuberculosis	0·08	—	—	—	—	0·02	0·03	0·03	—	—
Measles	0·02	0·10	—	—	—	—	—	0·03	0·02	0·02
Bronchitis and pneumonia	2·70	3·57	3·32	2·88	3·45	3·50	3·63	3·18	3·63	4·35
Gastro-enteritis	0·43	0·48	0·35	0·42	0·31	0·27	0·16	0·30	0·37	0·44
Congenital malformations ..	3·51	3·43	3·70	3·96	4·51	4·75	4·32	3·94	3·68	4·11
Injury at birth	2·34	2·59	2·64	2·98	2·27	2·46	2·55	2·81	2·45	2·44
Post-natal asphyxia and atelectasis	4·06	4·32	3·66	4·17	4·08	3·59	3·63	3·61	3·63	3·17
Haemolytic disease .. .	0·55	0·58	0·61	0·51	0·44	0·51	0·54	0·37	0·34	0·47
Immaturity	3·70	4·67	4·10	4·27	4·69	3·86	3·71	3·85	3·47	2·94
Convulsions	0·02	—	0·02	—	—	—	—	—	—	—
Accidental mechanical suffocation	0·12	0·06	0·21	0·23	0·13	0·16	0·09	0·13	0·16	0·06
Other causes	3·04	3·35	2·55	2·56	2·60	3·26	2·77	3·10	3·28	3·78
All causes	21	23	21	22	22	22	21	21	21	22

Mortality—A comparison with England and Wales for both neo-natal (deaths in the first four weeks) and infant mortality (deaths in the first year) is as follows:

(*Rates per* 1,000 *live births*)

Year	*Neo-natal mortality*		*Infant mortality*	
	London	*England and Wales*	*London*	*England and Wales*
1954	15·1	17·7	20·7	25·4
1955	16·7	17·3	23·2	24·9
1956	15·9	16·8	21·2	23·8
1957	16·3	16·5	22·0	23·1
1958	16·6	16·2	22·5	22·5
1959	15·7	15·8	22·4	22·2
1960	15·4	15·6	21·5	21·7
1961	15·9	15·5	21·4	21·6
1962	15·2	15·1	21·0	21·6
1963	14·5	14·2	21·8	20·9

As regards neo-natal mortality there were 923 deaths in London; of this number 577 occurred in premature infants. An analysis of the total number of premature births by birth weight and mortality is shown in the following table. Corresponding figures of domiciliary confinements are shown in the section on domiciliary midwifery on page 52.

TABLE (X)—*Prematurity and mortality by birth weight*, 1963.

Weight	*Number*	*Proportion per 100 live premature infants*	*Died within 24 hours*		*Survived 28 days*	
			Number	*Per 100 live premature infants*	*Number*	*Per 100 live premature infants*
3 lb. 4 oz. or less	655	13·2	258	39·4	316	48·2
3 lb. 5 oz. to 4 lb. 6 oz. ..	879	17·8	74	8·4	763	86·8
4 lb. 7 oz. to 4 lb. 15 oz. ..	1,034	20·9	23	2·2	991	95·8
5 lb. 0 oz. to 5 lb. 8 oz. ..	2,384	48·1	60	2·5	2,305	96·7
All premature babies ..	4,952	100·0	415	8·4	4,375	88·3

Perinatal mortality—Comparative rates for perinatal mortality (stillbirths and deaths in the first week of life) per 1,000 *total* births are given below for London and England and Wales.

Year	*London*	*England and Wales*	*Year*	*London*	*England and Wales*
1954	32·8	38·1	1959	32·7	34·2
1955	34·8	37·4	1960	31·2	32·9
1956	33·3	36·7	1961	32·0	32·2
1957	34·2	36·3	1962	29·8	30·8
1958	34·3	35·1	1963	28·7	29·3

The deaths in the first day of life are shown in table (viii) on page 10. It will be apparent from the preceding section that premature babies provided the major share. The cause of stillbirth, the other component of perinatal mortality, was not known until certification was introduced on 1 October 1960 under the Population (Statistics) Act, 1960, and the following table gives the causes for 1963.

TABLE (xi)—*Causes of stillbirth*, 1963

*Code No.**	*Cause*	*Male*		*Female*	
		Number	*Per cent.*	*Number*	*Per cent.*
Y.30	Chronic disease in mother	27	4·8	15	3·3
Y.31	Acute disease in mother	5	0·9	1	0·2
Y.32	Diseases and conditions of pregnancy and childbirth:				
	(1) Ectopic gestation	—	—	—	—
	(2) Haemorrhage	19	3·4	13	2·8
	(3 and 4) Toxaemia	70	12·6	60	13·0
	(5) Infection	—	—	—	—
Y.34	Difficulties in labour	38	6·8	35	7·6
Y.35	Other causes in mother	2	0·4	2	0·4
Y.36	Placental and cord conditions	172	30·9	122	26·5
Y.37	Birth injury	7	1·3	13	2·8
Y.38	Congenital malformation of foetus ..	63	11·3	78	16·9
Y.39	Diseases of foetus and ill-defined causes:				
	(0–3) Diseases of foetus	29	5·2	22	4·8
	(4–6) Other ill-defined or unspecified cause	125	22·4	100	21·7
	Total	557	100	461	100

* *International classification of causes of stillbirth.*

Maternal mortality—

TABLE (xii)—*Maternal mortality*, 1954–63

Year	*Live births and stillbirths*	*Deaths in pregnancy or childbirth excluding abortion*	*Post-abortion deaths*	*Total maternal deaths*	
				No.	*Rate per 1,000 total births*
1954	51,774	28	6	34	0·66
1955	50,860	31	8	39	0·77
1956	53,241	16	11	27	0·51
1957	53,816	15	13	28	0·52
1958	55,254	14	19	33	0·60
1959	56,276	22	12	34	0·60
1960	58,420	15	11	26	0·45
1961	61,155	27	18	45	0·74
1962	63,578	21	12	33	0·52
1963*	64,518	18	10	28	0·43

**For the eighth year running none of the deaths in pregnancy or childbirth was due to sepsis; 9 of the 10 post-abortion deaths came under the category of ' abortion with sepsis '.*

Summary tables—Tables summarising the more important of these vital statistics, (*a*) by metropolitan boroughs and (*b*) showing the secular trend for the county, are to be found on pages 17 and 18.

Air pollution

The table below shows for the past six winters the average levels of pollution based on the seven recording stations described in appendix B to my report for 1956.

Winter averages of air pollution

Average daily readings of seven volumetric recording stations

Micrograms per cubic metre

Winter	*'Smoke'*	*'Sulphur dioxide'*	*Ratio smoke/SO_2*
1958–1959	309	340	0·9
1959–1960	206	275	0·7
1960–1961	200	277	0·7
1961–1962	182	302	0·6
1962–1963	173	365	0·5
1963–1964	153	284	0·5

There has been a consistent downward trend in the smoke index (a trend which began in 1956–57); although exact comparison is not possible because of a change in the method of measurement in 1961, pollution by smoke is now about one-third of what it was nine years ago. Pollution from sulphur dioxide does not show any similar trend—although there are year-to-year fluctuations the average level remains what it was some six to nine years ago.

The weather

The monthly averages of temperature, rainfall and sunshine are given in table V.4, page 20. 1963 was characterised by exceptionally low temperatures in the months of January and February; over the whole country the month of January 1963 was the coldest since 1795. Rainfall was also low in the first two months—the total for the year was 12 per cent. below the average. Sunshine was noticeably deficient in the holiday months of August and September.

INFECTIOUS DISEASES

Notifications of infectious diseases for the years 1954–63 are shown in table V.5, page 21, those for certain such diseases by age and sex for the 13 four-weekly periods of the year 1963 are given in table V.6, page 22 and deaths from infectious diseases are included in table V.3, page 19.

Diarrhoea and enteritis—There were 31 deaths under the age of two years from diarrhoea and enteritis, this being a higher figure than that reported in 1962. A high proportion of the deaths from this condition were associated with concurrent infections of the respiratory tract.

Diphtheria—The diphtheria-free record of 1962 was not repeated in 1963; there were 14 notifications during the year. Two small outbreaks of the now familiar pattern occurred in Islington and Southwark. Energetic measures applied locally soon brought the disease under control. Nowadays, when diphtheria infection is normally absent from the community, it is reasonable to assume that such outbreaks as do occur result from importation of infection from elsewhere. It is often difficult to decide for certain who was responsible for beginning an outbreak, but it is of interest that the circumstances of one of the 1963 outbreaks strongly suggested that infection had been introduced from abroad.

Dysentery—There were 4,917 notifications of dysentery compared with 2,814 in 1962. The highest incidence of the disease was in the months of February and March and the lowest in the autumn, this being the usual seasonal pattern. Once again the highest attack rate was in pre-school children. The overwhelming majority of notified cases are of mild Sonné dysentery, which has a low fatality rate. Six deaths from dysentery were registered, mostly these were the result of amoebic dysentery contracted abroad.

Enteric fever—No local outbreaks of typhoid or para-typhoid fever were reported, although a number of single sporadic cases occurred. A high proportion of cases reported had been infected on holiday abroad, some during the outbreak of typhoid fever in Zermatt, Switzerland.

Influenza—Once again the number of deaths from influenza (161) was about the average encountered in non-epidemic years.

Leptospirosis—For the seventh successive year there was no case of leptospirosis reported among the Council's sewer workers.

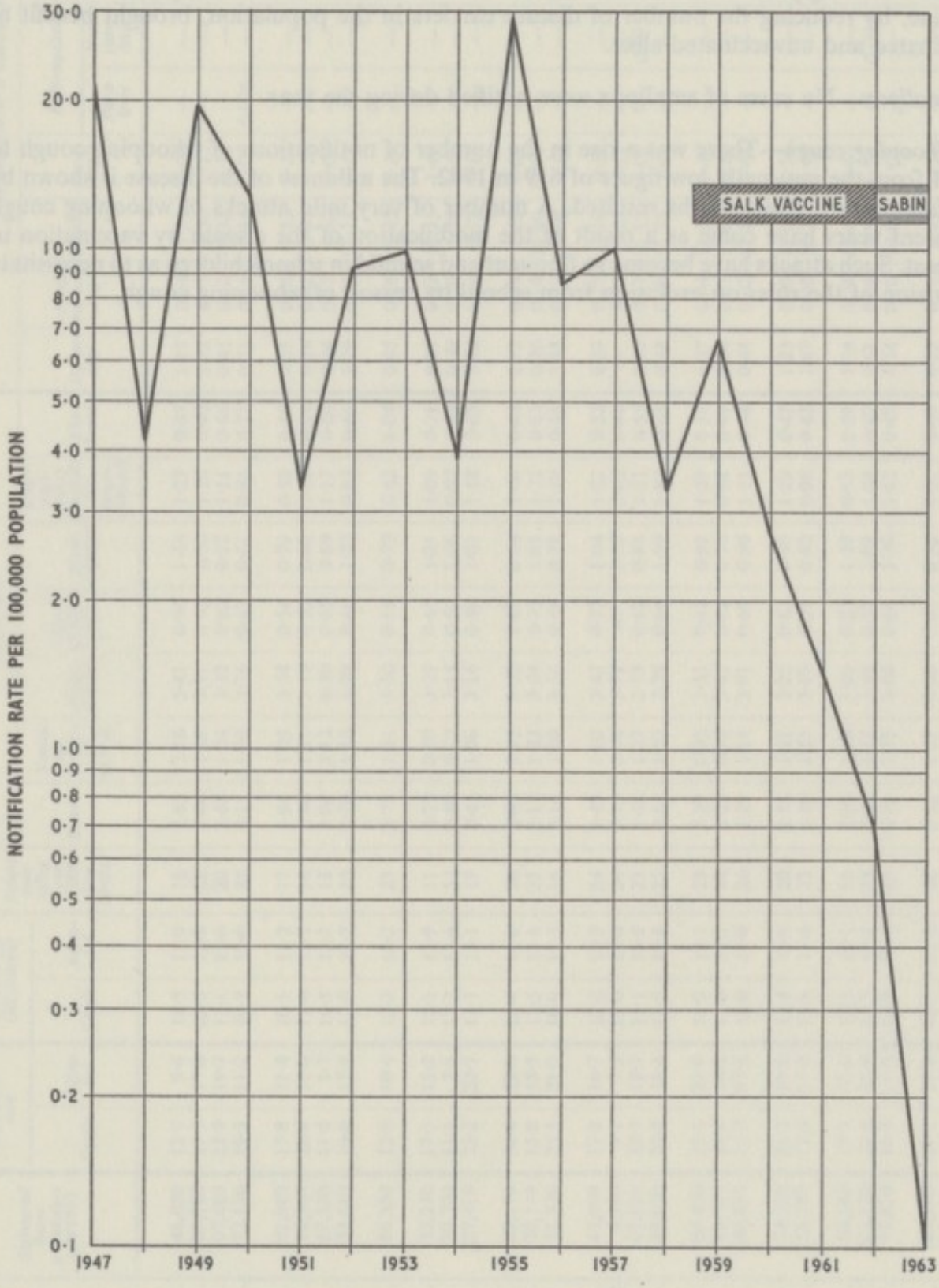
Measles—1963 was an epidemic year, the highest incidence being as usual in the first four months of the year. The mildness of this disease in recent years is well shown by the fact that during the 1963 epidemic of over 29,000 notified cases (plus an unknown but considerable number of un-notified cases) there were only two deaths.

Ophthalmia neonatorum—The number of notifications fell from 188 in 1962 to 96 in 1963 and the rate per 1,000 live births fell from 2·62 to 1·31. The number of cases among children born to London residents was 69; in 64 cases vision was unimpaired and there was no information about the remaining five who had moved from the area.

Poliomyelitis—Three cases were notified during the year, one paralytic and two non-paralytic. Clinical and laboratory reports served to exclude the diagnosis of poliomyelitis in the two non-paralytic notifications and to confirm the diagnosis in the paralytic case, making a total of one paralytic case of poliomyelitis in 1963. The single confirmed case was a male aged 34 years who had quite severe paralysis following an infection with type 3 poliomyelitis virus. He had not been vaccinated against poliomyelitis.

Figure 2

INCIDENCE OF POLIOMYELITIS
LONDON A.C. 1947–63



The general picture of incidence shown in figure 2 is reminiscent of what happened to diphtheria incidence before and after the beginning of the immunisation campaign. The incidence of poliomyelitis from 1947 to 1958 varied greatly from year to year, between 100 and 1,000 cases occurring each year. With the coming of Salk vaccination the relationship between the disease and the immunity of the population was altered until a progressive decline in incidence set in. A roughly ten-fold decline took place between 1959 and 1962. In the following year an acceleration of this trend occurred as the widespread use of oral vaccine, by reducing the number of disease carriers in the population, brought benefit to vaccinated and unvaccinated alike.

Smallpox—No cases of smallpox were notified during the year.

Whooping cough—There was a rise in the number of notifications of whooping cough to 2,601 from the unusually low figure of 619 in 1962. The mildness of the disease is shown by the fact that only two deaths resulted. A number of very mild attacks of whooping cough in recent years have come as a result of the modification of the disease by vaccination in the past. Such attacks have become so frequent and so mild in schoolchildren as to necessitate a revision of the rules on exclusion from school by reason of whooping cough.

TABLE V.1—*Vital statistics—Metropolitan Boroughs and the Administrative County of London, 1963 (a)*

Metropolitan Boroughs	*Estimated home population mid 1963*	*Live birth rate*		*Death rate (all causes)*		*Infant mortality (per 1,000 live births)*	*Death rates*							*Notifications of infectious disease*								
		Crude	*Adjusted*	*Crude*	*Adjusted*		*Cancer*	*Vascular lesions of C.N.S.*	*Heart disease*	*Other circulatory*	*Pneumonia*	*Other respiratory (excluding tuberculosis)*	*Violence*	*Dysentery*	*Food poisoning*	*Measles*	*Pneumonia*	*Poliomyelitis*		*Scarlet fever*	*Whooping cough*	*Tuberculosis*	
																		Paralytic	*Non-paralytic*			*Pulmonary*	*Non-pulmonary*
Division 1																							
Chelsea	48,050	12·9	9·4	16·5	11·9	18	2·85	2·16	5·41	0·94	1·44	1·27	0·67	1·19	0·04	7·33	*0·08*	—	—	*0·15*	0·50	0·46	*0·10*
Fulham	109,700	19·1	17·0	12·5	12·8	22	2·44	1·29	3·71	0·92	1·00	1·16	0·40	1·42	0·15	9·30	*0·13*	—	—	0·19	1·14	0·53	*0·12*
Hammersmith ..	107,660	22·9	19·7	12·1	13·6	20	2·68	1·24	3·32	0·62	0·91	1·11	0·66	0·45	0·12	9·33	0·34	—	—	*0·18*	0·71	0·55	*0·13*
Kensington ..	172,170	19·3	11·2	10·2	12·0	25	2·11	1·02	2·76	0·67	0·61	0·86	0·77	0·21	0·18	5·48	*0·08*	*0·006*	—	*0·05*	0·46	0·83	*0·05*
Division 2																							
Hampstead ..	97,980	17·8	11·4	10·1	11·2	17	1·94	1·05	3·54	0·54	0·79	0·52	0·56	0·55	0·06	7·52	*0·17*	—	—	*0·10*	0·37	0·55	*0·10*
Paddington ..	113,960	22·8	16·6	11·4	13·7	18	2·46	1·11	3·19	0·55	0·68	1·00	0·84	*0·16*	0·41	5·81	*0·13*	—	—	0·25	0·67	1·18	*0·11*
St. Marylebone ..	67,320	11·4	8·7	16·5	12·2	18	3·06	2·12	6·30	0·65	0·89	1·17	0·68	*0·16*	0·18	4·62	*0·01*	—	—	*0·13*	*0·16*	0·55	*0·04*
St. Pancras ..	123,610	19·6	15·9	12·0	13·2	25	2·70	1·16	3·29	0·46	1·23	0·83	0·66	1·76	0·32	7·77	*0·15*	—	—	0·22	0·40	0·94	*0·06*
Westminster, City of ..	86,550	12·5	10·4	12·2	12·2	23	2·78	1·31	3·30	0·81	0·79	0·62	1·04	0·85	0·24	5·45	*0·10*	—	—	*0·14*	0·32	0·65	*0·06*
Division 3																							
Finsbury	32,230	17·3	15·2	12·1	13·9	11	2·79	0·90	3·29	0·65	1·21	1·09	0·71	9·87	0·93	12·35	1·46	—	—	1·33	1·15	*0·59*	*0·12*
Holborn	20,700	11·1	7·3	12·2	13·4	52	2·80	*0·72*	3·14	*0·63*	1·06	*0·92*	*0·53*	*0·34*	0·10	6·28	*0·19*	—	—	*0·14*	*0·72*	1·06	*0·05*
Islington	227,410	25·2	20·7	11·7	13·1	19	2·41	1·06	3·16	0·88	1·01	1·18	0·63	3·74	0·40	9·72	0·14	—	—	0·29	0·79	1·00	0·12
Division 4																							
Hackney	163,170	24·4	22·0	12·4	14·0	26	2·65	1·15	3·52	1·07	0·64	1·40	0·43	2·92	0·09	8·49	*0·09*	—	—	0·34	1·67	0·54	*0·06*
Shoreditch ..	38,330	15·8	15·5	13·5	13·8	33	2·17	1·23	3·84	0·73	1·85	1·72	0·63	0·76	0·10	16·80	*0·08*	—	—	*0·37*	0·55	*0·34*	*0·10*
Stoke Newington	52,830	25·5	21·9	10·9	13·5	16	2·14	1·00	3·56	0·66	0·78	1·29	0·38	2·65	0·17	7·50	*0·11*	—	—	0·42	1·17	0·51	*0·17*
Division 5																							
Bethnal Green ..	46,090	17·8	16·7	12·2	13·3	24	2·45	1·02	3·43	0·72	1·04	1·52	0·52	0·59	0·28	5·16	*0·11*	—	—	*0·37*	2·13	0·69	*0·07*
City of London(*b*)	4,580	9·2	7·5	12·0	12·0	24	*3·93*	*0·44*	*3·71*	—	*1·53*	*0·66*	*0·44*	—	*0·22*	*2·18*	*0·22*	—	—	*0·87*	*0·22*	*1·31*	—
Poplar	67,830	19·7	18·7	11·1	13·5	23	2·40	1·27	2·73	0·62	0·84	1·31	0·55	0·93	0·41	11·75	1·08	—	*0·015*	0·68	0·65	0·63	*0·13*
Stepney	89,930	20·2	18·4	13·5	15·4	25	2·67	1·25	3·79	0·66	1·09	1·87	0·63	0·44	0·09	11·25	1·41	—	—	0·34	1·26	1·21	*0·21*
Division 6																							
Deptford	68,450	23·6	21·9	11·2	12·1	25	2·29	0·85	3·52	0·42	0·98	1·29	0·38	6·27	0·04	11·37	0·48	—	—	0·39	1·05	1·23	*0·06*
Greenwich ..	83,760	16·8	16·1	11·3	12·1	14	2·28	0·96	3·65	0·62	0·76	0·98	0·49	3·84	0·07	11·04	*0·10*	—	—	0·35	0·42	0·32	*0·06*
Woolwich ..	148,690	16·2	17·5	12·0	13·0	26	2·29	1·14	3·91	0·69	0·96	1·11	0·44	0·44	0·02	11·10	0·48	—	—	0·58	0·54	0·27	*0·04*
Division 7																							
Camberwell ..	174,220	21·3	19·6	12·6	13·6	20	2·34	1·41	3·95	0·63	0·98	1·29	0·47	1·23	0·09	11·03	0·18	—	—	0·38	0·99	0·67	*0·04*
Lewisham ..	222,730	17·9	17·4	11·8	11·4	23	2·20	1·55	3·89	0·51	0·82	0·98	0·43	1·67	0·08	10·77	0·19	—	—	0·34	0·84	0·48	*0·06*
Division 8																							
Bermondsey ..	50,540	17·3	17·0	12·7	14·1	16	2·39	1·19	3·92	0·83	1·39	0·93	0·59	1·39	0·28	13·43	0·44	—	—	0·81	0·51	0·55	*0·04*
Lambeth	223,120	24·9	21·9	12·2	13·7	25	2·45	1·17	3·48	0·57	1·09	1·28	0·60	0·61	0·08	9·54	0·22	—	*0·004*	0·34	0·74	0·41	*0·07*
Southwark ..	85,870	18·3	17·0	13·8	13·4	19	2·18	1·35	4·68	0·66	1·20	1·62	0·49	4·74	0·20	10·61	1·02	—	—	0·92	0·84	0·62	*0·12*
Division 9																							
Battersea	102,940	23·1	21·0	12·5	12·8	20	2·32	1·59	3·63	0·63	0·92	1·27	0·49	0·29	0·11	6·83	0·28	—	—	*0·09*	1·02	0·40	*0·05*
Wandsworth ..	348,450	18·3	17·6	15·0	11·9	20	2·61	1·56	5·21	0·82	1·19	1·28	0·56	0·71	0·10	9·84	0·40	—	—	0·26	0·98	0·40	0·10
London, 1963 ..	3,178,870	20·0	17·2	12·5	13·1	22	2·44	1·27	3·80	0·69	0·97	1·16	0·57	1·55	0·17	9·19	0·30	*0·0003*	*0·0006*	0·32	0·82	0·63	0·08
London, 1962 ..	3,185,770	19·6	17·6	12·0	11·7	21	2·44	1·22	3·75	0·60	0·83	1·07	0·56	0·88	0·21	2·99	0·26	*0·005*	*0·002*	0·27	0·19	0·66	0·08

(*a*) *Rates are per 1,000 home population. figures in italics are based upon fewer than 20 births, deaths or notifications.*
(*b*) *Including Inner and Middle Temple.*

TABLE V.2—*Principal vital statistics—Administrative County of London*, 1954-63

Year	Annual rate per 1,000 living				Annual mortality per 1,000 living													Annual mortality—		
	Live births		Deaths (all causes)		Tuberculosis										Violence			Infant (per 1,000 live births)		Maternal (per 1,000 total births)
	Crude rate	Adjusted rate	Crude rate	Adjusted rate	Pulmonary	Non-pulmonary	Cancer	Vascular lesions of C.N.S.	Heart disease	Other circulatory disease	Influenza	Pneumonia (all forms)	Bronchitis	Other resp. diseases	Suicide	Road accidents	Other violence	Infants 0—1	Diarrhoea and enteritis 0—2	
1954.. ..	15·2	13·3	10·7	10·6	0·18	0·02	2·31	1·20	3·22	0·60	0·02	0·48	0·66	0·10	0·15	0·08	0·21	21	0·5	0·66
1955.. ..	15·1	13·3	11·5	11·4	0·16	0·01	2·39	1·25	3·37	0·61	0·05	0·63	0·88	0·11	0·14	0·10	0·22	23	0·5	0·77
1956.. ..	15·9	14·0	11·7	11·7	0·13	0·01	2·42	1·27	3·46	0·59	0·04	0·67	0·96	0·11	0·15	0·10	0·22	21	0·4	0·51
1957.. ..	16·2	14·4	11·4	11·3	0·12	0·02	2·45	1·19	3·34	0·56	0·12	0·65	0·83	0·10	0·15	0·09	0·21	22	0·5	0·52
1958.. ..	16·8	15·0	11·8	11·6	0·12	0·01	2·47	1·29	3·52	0·59	0·05	0·70	0·92	0·11	0·17	0·11	0·22	22	0·4	0·60
1959.. ..	17·2	15·5	11·9	11·7	0·10	0·01	2·40	1·24	3·44	0·59	0·18	0·85	0·98	0·11	0·17	0·12	0·23	22	0·3	0·60
1960.. ..	18·0	16·2	11·4	11·2	0·07	0·01	2·53	1·28	3·51	0·57	0·01	0·65	0·70	0·11	0·16	0·14	0·20	21	0·3	0·45
1961.. ..	18·9	17·0	11·9	11·4	0·09	0·01	2·45	1·25	3·62	0·64	0·08	0·76	0·87	1·06	0·16	0·13	0·24	21	0·3	0·74
1962.. ..	19·6	17·6	12·0	11·7	0·08	0·01	2·44	1·22	3·75	0·60	0·05	0·83	0·92	0·11	0·18	0·13	0·25	21	0·4	0·52
1963.. ..	20·0	17·2	12·5	13·1	0·07	0·01	2·44	1·27	3·80	0·69	0·05	0·97	1·00	0·11	0·20	0·12	0·26	22	0·5	0·43

TABLE V.3—*Deaths by cause—Administrative County of London*, 1963

Cause	Sex	0–	1–	5–	15–	25–	45–	65–	75+	Total 1963	Total 1962
1. Tuberculosis—respiratory ..	M	–	–	–	–	18	82	46	28	**174**	189
	F	–	*1*	–	–	*10*	*27*	*8*	*13*	*59*	*63*
2. Tuberculosis—other	M	–	–	–	1	3	6	2	1	**13**	12
	F	–	–	*1*	*1*	*2*	*3*	*7*	*5*	*19*	*15*
3. Syphilitic disease	M	–	–	–	–	3	18	16	17	**54**	48
	F	–	–	–	–	–	*11*	*12*	*21*	*44*	*30*
4. Diphtheria	M	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–
5. Whooping cough	M	–	–	–	–	–	–	–	–	–	1
	F	*2*	–	–	–	–	–	–	–	*2*	*1*
6. Meningococcal infection ..	M	4	2	1	–	1	1	–	–	**9**	9
	F	*3*	*3*	–	–	*1*	–	–	–	*7*	*3*
7. Acute poliomyelitis	M	–	–	–	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	*1*
8. Measles	M	1	1	–	–	–	–	–	–	**2**	1
	F	–	–	–	–	–	–	–	–	–	–
9. Other infective, &c., diseases	M	4	1	1	2	3	18	4	4	**37**	31
	F	*1*	*1*	–	*1*	*5*	*12*	*11*	*2*	*33*	*30*
10. Malignant neoplasm: Stomach	M	–	–	–	–	21	226	150	109	**506**	535
	F	–	–	–	–	*13*	*105*	*105*	*206*	*429*	*392*
11. Malignant neoplasm: Lung, bronchus	M	–	–	–	1	44	907	592	273	**1,817**	1,801
	F	–	–	*1*	–	*14*	*160*	*125*	*93*	*393*	*356*
12. Malignant neoplasm: Breast	M	–	–	–	–	–	1	2	1	**4**	4
	F	–	–	–	–	*58*	*309*	*145*	*185*	*697*	*720*
13. Malignant neoplasm: Uterus	*F*	–	–	–	*1*	*30*	*112*	*71*	*65*	*279*	*277*
14. Other malignant and lymphatic neoplasms	M	3	3	11	15	83	585	513	515	**1,728**	1,774
	F	*2*	*3*	*10*	*12*	*80*	*524*	*486*	*571*	*1,688*	*1,709*
15. Leukemia, aleukemia ..	M	1	1	5	8	18	32	21	24	**110**	104
	F	–	*3*	*5*	*4*	*10*	*27*	*32*	*24*	*105*	*115*
16. Diabetes	M	–	–	1	–	5	26	28	28	**88**	68
	F	–	–	–	–	*9*	*29*	*61*	*83*	*182*	*181*
17. Vascular lesions of nervous system	M	–	–	–	4	35	319	439	686	**1,483**	1,502
	F	*1*	–	–	*2*	*33*	*320*	*622*	*1,588*	*2,566*	*2,400*
18. Coronary disease, angina ..	M	–	–	–	1	142	1,637	1,377	1,247	**4,404**	4,246
	F	–	–	–	–	*19*	*420*	*938*	*1,731*	*3,108*	*2,947*
19. Hypertension with heart disease	M	–	–	–	–	4	59	81	114	**258**	247
	F	–	–	–	–	*1*	*25*	*103*	*259*	*388*	*376*
20. Other heart disease	M	–	1	1	16	47	242	283	822	**1,412**	1,530
	F	*1*	*2*	*1*	*2*	*50*	*226*	*411*	*1,810*	*2,503*	*2,610*
21. Other circulatory disease ..	M	2	–	–	1	37	194	211	398	**843**	771
	F	–	–	–	*6*	*14*	*151*	*289*	*898*	*1,358*	*1,155*
22. Influenza	M	1	–	–	2	3	16	14	27	**63**	63
	F	*1*	*1*	–	–	*2*	*13*	*22*	*59*	*98*	*81*
23. Pneumonia	M	120	15	6	3	14	212	314	721	**1,405**	1,233
	F	*91*	*8*	–	*3*	*14*	*106*	*255*	*1,205*	*1,682*	*1,410*
24. Bronchitis	M	37	5	–	1	14	571	700	813	**2,141**	1,979
	F	*28*	*1*	*2*	*1*	*12*	*127*	*221*	*654*	*1,046*	*946*
25. Other diseases of respiratory system	M	4	4	–	1	6	72	67	60	**214**	228
	F	*5*	*1*	*1*	–	*5*	*28*	*30*	*68*	*138*	*125*
26. Ulcer of stomach and duodenum	M	–	1	–	1	9	61	60	71	**203**	232
	F	–	–	–	–	*3*	*21*	*27*	*54*	*105*	*139*
27. Gastritis, enteritis and diarrhoea	M	17	4	–	1	4	16	11	25	**78**	71
	F	*13*	*2*	*1*	*2*	*5*	*19*	*35*	*44*	*121*	*130*
28. Nephritis and nephrosis ..	M	1	1	1	3	19	44	20	25	**114**	114
	F	*1*	–	*2*	*4*	*13*	*35*	*17*	*23*	*95*	*93*
29. Hyperplasia, prostate ..	M	–	–	–	–	–	7	42	107	**156**	142
30. Pregnancy, childbirth, abortn.	*F*	–	–	–	*5*	*23*	–	–	–	*28*	*33*
31. Congenital malformations ..	M	159	16	13	5	8	17	6	2	**226**	215
	F	*102*	*11*	*7*	*2*	*11*	*18*	*10*	*10*	*171*	*148*
32. Other defined and ill-defined diseases	M	438	15	15	19	74	272	179	271	**1,283**	1,294
	F	*313*	*14*	*12*	*10*	*82*	*282*	*262*	*623*	*1,598*	*1,643*

TABLE V.3 (*contd.*)—*Deaths by cause—Administrative County of London*, 1963

Cause	Sex	0–	1–	5–	15–	25–	45–	65–	75+	Total 1963	Total 1962
33. Motor vehicle accidents ..	M	–	9	12	61	46	47	28	31	**234**	244
	F	–	*3*	*5*	*15*	*11*	*24*	*39*	*35*	***132***	*152*
34. All other accidents	M	10	18	15	41	85	127	53	73	**422**	412
	F	*10*	*12*	*4*	*11*	*33*	*74*	*49*	*184*	***377***	*336*
35. Suicide	M	–	–	–	28	128	150	46	16	**368**	342
	F	–	–	–	*19*	*82*	*110*	*31*	*17*	***259***	*247*
36. Homicide, operations of war	M	6	–	–	3	5	3	–	–	**17**	**22**
	F	*3*	*1*	–	*5*	*1*	*3*	*1*	–	***14***	*18*
ALL CAUSES	M	808	97	82	218	879	5,968	5,305	6,509	**19,866**	19,464
	F	*577*	*67*	*52*	*106*	*646*	*3,321*	*4,425*	*10,530*	***19,724***	*18,882*

TABLE V.4—*Weather during* 1963

(*as recorded at Kew Observatory*)

Month	Temperature: Mean (*a*) °F	Temperature: Difference from Average (*b*) °F	Rainfall: Total ins.	Rainfall: Difference from Average (*b*) ins.	Sunshine: Total hrs.	Sunshine: Difference from Average (*c*) hrs.
January	30·0	−9·7	0·83	−1·14	49·3	+5·6
February	32·4	−7·8	0·26	−1·33	70·9	+11·0
March	43·7	+0·8	2·30	+0·77	103·9	−3·2
April	48·9	+1·4	1·60	−0·04	135·8	−17·0
May..	52·7	−1·0	1·85	+0·11	205·5	+5·1
June..	60·1	+0·7	1·92	−0·06	201·7	−2·0
July	61·3	−1·4	1·29	−1·10	204·0	+5·6
August	59·5	−2·4	2·20	−0·08	143·9	−42·1
September ..	57·0	−0·4	2·34	+0·32	126·9	−16·3
October	53·1	+2·6	1·50	−0·98	90·4	−4·9
November	49·1	+4·7	4·50	+2·13	62·0	+9·6
December	38·5	−2·5	0·67	−1·48	43·2	+5·0
Year	48·9	−1·2	21·26	−2·88	1,437·5	−43·6

(*a*) *Average of the daily means of 24 hourly readings.*
(*b*) *Average over the 90 years ended 1960.*
(*c*) *Average over the 80 years ended 1960.*

TABLE V.5—*Notifiable infectious diseases—Annual number of notifications and numbers per* 1,000 *of population—Administrative County of London,* 1954–1963

Year	*Anthrax*		*Diphtheria*		*Dysentery*		*Acute encephalitis*		*Enteric fever*		*Erysipelas*		*Malaria*		*Measles*		*Meningo-coccal infection*		*Ophthalmia neonatorum*		*Pneumonia*		*Poliomyelitis*				*Puerperal pyrexia*		*Scabies*		*Scarlet fever*		*Smallpox*		*Typhus*		*Whooping cough*		*Food poisoning*	
																							Paralytic		*Non-par.*															
	Cases	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*	*Cases*	*Rate*
1954 ..	1	0·0003	4	0·001	4,268	1·285	15	0·005	49	0·015	368	0·111	53	0·016	7,445	2·41	86	0·026	112	(a) 1·92	1,502	0·452	79	0·024	46	0·013	1,938	(b) 32·51	669	0·20	2,444	0·74	—	—	1	0·0003	4,691	1·41	1,060	0·32
1955 ..	—	—	16	0·005	3,019	0·916	20	0·006	111	0·034	361	0·110	40	0·012	49,110	14·90	98	0·030	106	1·85	1,903	0·578	512	0·155	448	0·136	1,984	33·92	660	0·20	2,070	0·63	—	—	—	—	4,709	1·43	1,530	0·46
1956 ..	1	0·0003	11	0·003	6,392	1·953	54	0·016	73	0·022	297	0·091	31	0·009	9,651	2·95	94	0·029	83	1·39	1,633	0·499	183	0·056	96	0·029	1,792	29·49	703	0·21	2,198	0·67	—	—	—	—	5,450	1·67	1,327	0·41
1957 ..	—	—	4	0·001	2,356	0·724	27	0·008	47	0·014	269	0·083	44	0·014	36,952	11·36	70	0·022	102	1·69	2,185	0·672	201	0·062	123	0·038	2,008	32·42	630	0·19	2,177	0·67	—	—	—	—	3,982	1·22	1,189	0·37
1958 ..	—	—	38	0·012	4,502	1·396	38	0·012	42	0·013	257	0·080	10	0·003	16,664	5·17	81	0·025	132	1·99	1,735	0·538	80	0·025	27	0·008	1,680	24·85	635	0·20	2,716	0·84	—	—	—	—	1,595	0·50	1,300	0·40
1959 ..	—	—	75	0·023	3,571	1·115	31	0·010	84	0·026	240	0·075	4	0·001	27,970	8·73	69	0·022	161	2·53	1,914	0·597	146	0·046	64	0·020	1,666	25·64	544	0·17	2,621	0·82	—	—	—	—	1,607	0·50	1,639	0·51
1960 ..	—	—	16	0·005	5,161	1·616	23	0·007	51	0·016	229	0·072	10	0·003	8,561	2·68	71	0·022	89	1·36	882	0·276	64	0·020	23	0·007	1,416	21·20	498	0·16	1,500	0·47	1	0·0003	—	—	4,794	1·50	1,229	0·38
1961 ..	—	—	28	0·009	1,812	0·570	18	0·006	32	0·010	204	0·064	26	0·008	47,620	15·00	67	0·021	100	1·46	1,174	0·369	29	0·009	11	0·003	1,486	21·27	463	0·15	1,361	0·43	1	0·0003	—	—	1,146	0·36	783	0·25
1962 ..	1	0·0003	—	—	2,814	0·883	23	0·007	48	0·015	141	0·044	56	0·018	9,538	2·99	67	0·021	188	2·62	823	0·258	17	0·005	6	0·002	1,374	18·81	369	0·12	863	0·27	1	0·0003	—	—	619	0·19	676	0·21
1963 ..	1	0·0003	14	0·004	4,917	1·547	17	0·005	54	0·017	130	0·041	36	0·011	29,209	9·19	64	0·020	96	1·31	955	0·800	1	0·0003	2	0·0006	1,093	14·70	518	0·16	1,025	0·32	—	—	—	—	2,601	0·82	528	0·17

(a) *Rate per 1,000 live births registered in London.* (b) *Rate per 1,000 total births registered in London.*

TABLE V.6—*Notification of certain infectious diseases—distribution by age and date of notification—Administrative County of London, 52 weeks commencing 30 December, 1962*

Four-weekly periods 1963		Dysentery				Measles				Meningococcal infection				Pneumonia				Scarlet fever				Whooping cough			
		Ages				Ages				Ages				Ages				Ages				Ages			
		0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total
1— 4	M	59	34	34	**128**	1,312	760	16	**2,095**	3	1	1	**5**	7	3	50	**60**	17	18	1	**36**	13	5	—	**18**
	F	33	30	48	**111**	1,287	748	23	**2,067**	1	—	—	**1**	2	—	60	**62**	9	11	2	**22**	15	10	—	**25**
5— 8	M	125	134	100	**363**	1,159	1,104	20	**2,291**	4	—	—	**4**	9	3	101	**114**	10	28	5	**43**	22	5	—	**27**
	F	106	138	121	**368**	1,037	1,041	21	**2,103**	1	—	—	**1**	11	5	89	**105**	14	28	3	**45**	16	9	—	**25**
9—12	M	97	118	143	**358**	1,328	887	25	**2,244**	4	—	—	**4**	5	2	86	**93**	13	28	4	**45**	11	3	—	**14**
	F	72	82	199	**356**	1,106	837	41	**1,987**	5	—	—	**5**	11	3	66	**80**	23	23	2	**48**	9	9	—	**18**
13—16	M	63	56	43	**163**	1,434	1,046	29	**2,511**	2	—	1	**3**	5	6	47	**58**	18	29	6	**53**	20	10	1	**31**
	F	64	45	72	**182**	1,466	1,083	36	**2,590**	1	—	—	**1**	2	3	39	**44**	13	36	3	**52**	18	11	—	**29**
17—20	M	64	37	31	**133**	1,398	550	33	**1,983**	3	1	1	**5**	3	—	25	**28**	13	19	4	**36**	15	4	—	**19**
	F	70	42	70	**182**	1,315	572	28	**1,917**	2	—	1	**3**	3	2	26	**31**	11	20	2	**33**	15	12	—	**27**
21—24	M	92	110	43	**245**	868	588	25	**1,481**	1	—	—	**1**	4	2	10	**16**	15	23	7	**45**	20	18	—	**39**
	F	80	107	73	**260**	871	590	27	**1,488**	1	—	—	**1**	—	1	12	**13**	13	22	2	**37**	18	18	—	**36**
25—28	M	116	121	46	**283**	680	358	8	**1,049**	1	1	2	**4**	2	1	13	**16**	8	26	3	**38**	26	29	—	**55**
	F	83	130	84	**297**	669	371	14	**1,056**	—	—	—	**—**	—	—	13	**13**	7	21	4	**33**	30	25	1	**56**
29—32	M	84	80	32	**202**	446	266	7	**720**	—	—	—	**—**	3	3	13	**19**	10	22	2	**34**	53	29	1	**83**
	F	68	81	58	**210**	458	268	14	**743**	1	1	—	**2**	1	2	11	**14**	9	16	3	**28**	54	44	2	**101**
33—36	M	46	13	31	**90**	187	58	—	**247**	—	—	1	**1**	2	3	11	**16**	7	6	—	**13**	95	52	2	**149**
	F	45	14	38	**97**	195	60	5	**261**	2	—	—	**2**	—	—	5	**6**	8	4	—	**12**	98	60	2	**163**
37—40	M	36	22	19	**77**	77	14	1	**92**	—	—	—	**—**	—	1	16	**17**	11	18	5	**34**	121	72	4	**197**
	F	34	21	27	**83**	67	14	1	**82**	—	—	—	**—**	1	—	6	**7**	7	26	2	**35**	130	91	6	**227**
41—44	M	70	65	25	**160**	50	26	1	**77**	4	1	2	**7**	1	1	13	**15**	11	42	2	**55**	101	80	2	**184**
	F	59	49	53	**163**	49	16	2	**67**	—	—	—	**—**	4	—	10	**14**	19	32	—	**51**	127	79	3	**211**
45—48	M	71	32	26	**129**	77	27	1	**105**	3	1	1	**5**	5	4	17	**26**	9	36	—	**45**	147	121	4	**272**
	F	51	27	40	**119**	59	25	6	**90**	—	—	1	**2**	5	3	21	**29**	13	35	4	**52**	164	117	4	**287**
49—52	M	55	22	56	**134**	55	19	—	**74**	2	1	—	**3**	5	3	22	**30**	9	33	2	**44**	83	49	7	**139**
	F	45	32	44	**121**	39	18	2	**59**	1	—	—	**1**	1	5	18	**24**	12	29	—	**41**	96	56	1	**153**
Total	M	978	844	629	**2,465**	9,071	5,703	166	**14,969**	27	6	9	**42**	51	32	424	**508**	151	328	41	**521**	727	477	21	**1,227**
	F	810	798	927	**2,549**	8,618	5,643	220	**14,510**	15	1	2	**19**	41	24	376	**442**	158	303	27	**489**	790	541	19	**1,358**

Notes: 1. Where the total figures are in excess of the sum of the age groups, the difference is due to cases 'age not known'.

2. The totals of these figures will not necessarily agree with the total notifications given in table V.5 which relates to the calendar year 1963.

TUBERCULOSIS

Notification rates of pulmonary tuberculosis were slightly lower than in 1962 and the death rates followed the same general trend. The diagram on page 24 shows the trend of notifications, deaths and numbers on the registers of chest clinics over the last decade. Deaths from non-pulmonary tuberculosis are now so few that considerable random fluctuations occur in the rates from year to year and therefore are not shown in the diagram. The number of cases on the registers is now 32,301. The 265 deaths from tuberculosis (all forms, both sexes) include 156 deaths from pulmonary disease in men aged 45 and over.

Services provided—The services provided by the Council as local health authority for the care and after-care of tuberculous patients and the prevention of tuberculosis are summarised in table T.9.

Care committees—The voluntary tuberculosis care committees associated with most of the 29 chest clinics in London continued their valuable work of assisting patients and their families financially or in other ways where help was not available from official sources. The Council's chest clinic welfare officers act as secretaries to these committees.

B.C.G. vaccination—The numbers of children vaccinated during the year, under the Council's schemes for the B.C.G. vaccination of susceptible (tuberculin negative) child contacts of known tuberculous patients, diabetic children, thirteen-year-old schoolchildren, students at further education establishments and mentally subnormal persons at training centres, are shown in table T.11.

Preventive measures—In addition to the B.C.G. vaccination schemes, other preventive measures include the chest X-ray of all newly appointed staff who are likely to work in close and frequent contact with children, staff at the Council's training centres for mentally subnormal persons and of tuberculin reactors discovered among thirteen-year-old schoolchildren, students and others tested with a view to B.C.G. vaccination.

Epidemiological investigations are made among the contacts of cases of tuberculosis notified in children, staff or residents in the Council's establishments. Similar investigations are carried out at secondary schools where the reactor rates disclosed by tuberculin surveys are significantly higher than the average for secondary schools in the area (table T.8).

The following table summarises the findings of a number of groups of home contacts—mostly adults—examined by X-rays living with children who had been ascertained as tuberculin reactors at schools and child welfare clinics.

It will be seen that this form of investigation discloses little in the way of new, hitherto unknown, cases of active pulmonary tuberculosis needing treatment or close supervision. Not surprisingly, a higher proportion of such cases is found among household contacts of 'severe' (20 mm. or more Mantoux reaction) reactors than in those of milder reactors. It is very doubtful whether the disturbance and anxiety attending such investigations warrants conducting them routinely on household contacts of mild tuberculin reactors.

Year and place of survey	*Age group T'bin tested*	*Technique*	*Number tested*	*Reactors discovered*	*New active Tb on X-ray in reactors*	*Home contacts X-rayed*	*New Tb discovered in home contacts*
County 1954–56 ..	13 yrs.	Mantoux 10TU	38,287	999*	12	1,097	3
Hackney 1955–57 ..	5–7 yrs.	Jelly & Mantoux	750	6	0	14	0
Lambeth 1962	13 yrs.	Mantoux 10TU	3,683	255	0	325	0

**All 'severe' (—20 mm.+) reactors.*

TREND OF TUBERCULOSIS
LONDON A.C. 1954-63

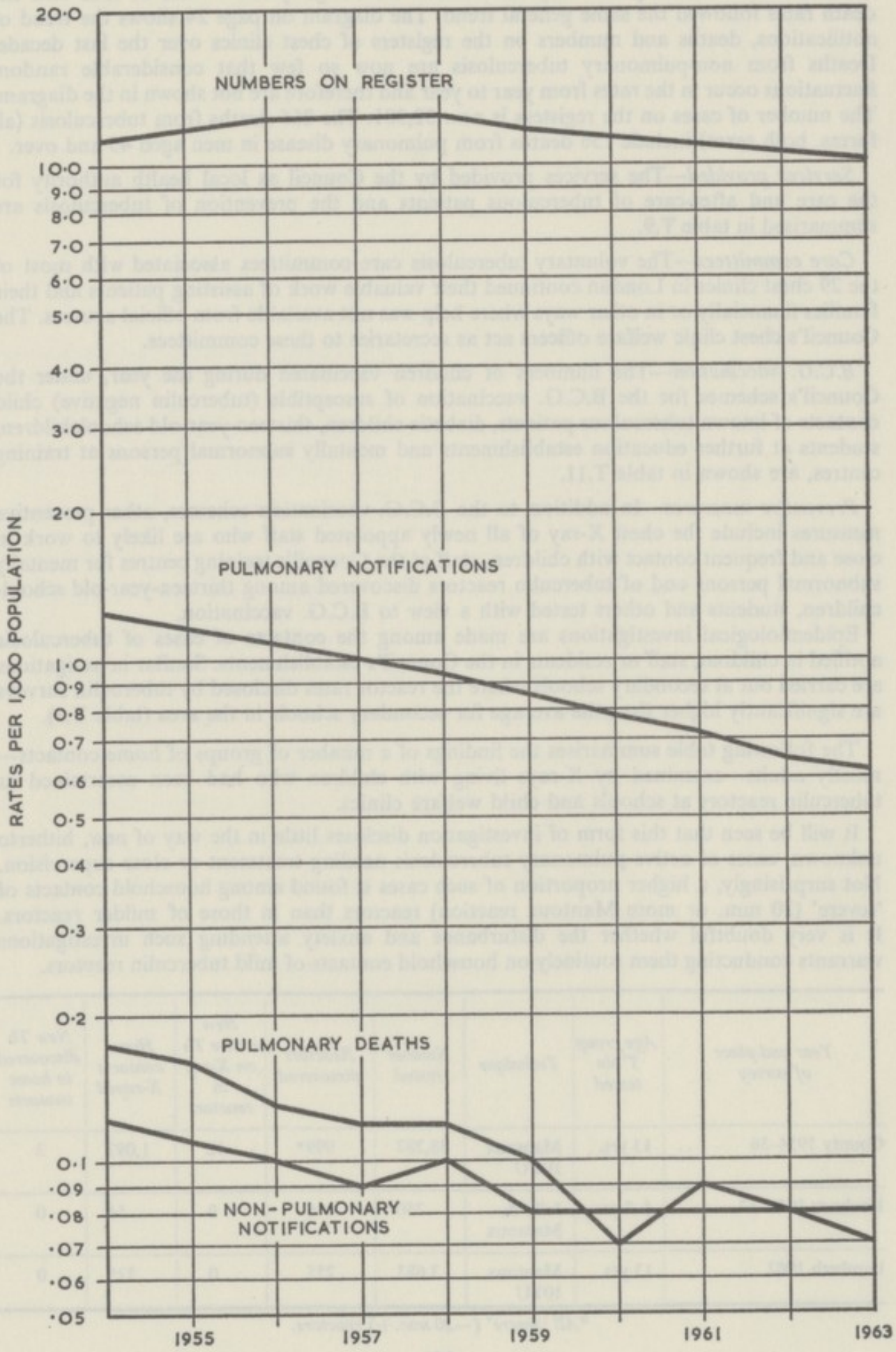


TABLE T.1—*Tuberculosis—Statutory notifications (a) and deaths, Administrative County of London, 1954–1963*

Year	*Pulmonary tuberculosis*				*Non-pulmonary tuberculosis*			
	Notifications		*Deaths*		*Notifications*		*Deaths*	
	No.	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*
1954 ..	4,231	1·27	596	0·18	410	0·12	62	0·02
1955 ..	3,757	1·14	517	0·16	365	0·11	44	0·01
1956 ..	3,602	1·10	423	0·13	327	0·10	32	0·01
1957 ..	3,460	1·06	378	0·12	294	0·09	50	0·02
1958 ..	3,103	0·96	379	0·12	305	0·10	41	0·01
1959 ..	2,794	0·87	313	0·10	244	0·08	30	0·01
1960 ..	2,519	0·79	235	0·07	250	0·08	34	0·01
1961 ..	2,344	0·74	294	0·09	250	0·08	24	0·01
1962 ..	2,092	0·66	252	0·08	245	0·08	27	0·01
1963 ..	1,993	0·63	233	0·07	266	0·08	32	0·01

(a) *Excluding posthumous notifications.*

TABLE T.2—*Pulmonary tuberculosis—Notification and death rates per* 1,000 *living by age and sex, Administrative County of London,* 1954–1963

Year	*Age* 0–4		5–14		15–44		45 *and over*		*All ages*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
	Notification rates									
1954 ...	0·64	0·55	0·48	0·55	1·79	1·71	2·02	0·41	1·60	0·99
1955 ...	0·56	0·42	0·39	0·48	1·65	1·48	1·82	0·41	1·45	0·86
1956 ...	0·33	0·37	0·31	0·34	1·62	1·31	2·01	0·41	1·47	0·78
1957 ...	0·43	0·40	0·30	0·32	1·60	1·27	1·92	0·38	1·44	0·73
1958 ...	0·39	0·33	0·30	0·27	1·49	1·03	1·89	0·32	1·37	0·60
1959 ...	0·47	0·43	0·24	0·28	1·30	0·95	1·66	0·32	1·21	0·57
1960 ...	0·46	0·44	0·23	0·25	1·14	0·83	1·49	0·33	1·08	0·53
1961 ...	0·34	0·45	0·23	0·29	1·00	0·79	1·45	0·30	1·00	0·50
1962 ...	0·34	0·38	0·16	0·27	1·04	0·60	1·26	0·24	0·95	0·40
1963 ...	0·38	0·29	0·26	0·32	0·96	0·58	1·16	0·25	0·89	0·40
	Death rates									
1954 ...	—	0·03	—	0·01	0·07	0·10	0·74	0·12	0·28	0·09
1955 ...	0·02	—	0·00	—	0·07	0·06	0·66	0·11	0·25	0·07
1956 ...	—	0·02	—	—	0·07	0·05	0·52	0·09	0·21	0·06
1957 ...	—	0·009	—	—	0·06	0·05	0·46	0·08	0·19	0·05
1958 ...	—	—	0·01	—	0·05	0·05	0·44	0·11	0·18	0·06
1959 ...	0·02	0·009	—	—	0·03	0·03	0·41	0·07	0·16	0·04
1960 ...	—	0·03	—	—	0·03	0·02	0·29	0·06	0·12	0·03
1961 ...	—	—	0·005	—	0·03	0·02	0·40	0·07	0·15	0·04
1962 ...	—	—	—	—	0·02	0·01	0·32	0·08	0·13	0·04
1963 ...	—	0·008	—	—	0·03	0·01	0·30	0·07	0·12	0·04

TABLE T.3—*Non-pulmonary tuberculosis—Notification and death rates per* 1,000 *living by age and sex, Administrative County of London,* 1954–1963

Year	Age 0–4 M	0–4 F	5–14 M	5–14 F	15–44 M	15–44 F	45 and over M	45 and over F	All ages M	All ages F
					Notification rates					
1954 ...	0·142	0·149	0·139	0·187	0·128	0·176	0·069	0·071	0·111	0·134
1955 ...	0·110	0·116	0·140	0·121	0·140	0·189	0·042	0·037	0·105	0·116
1956 ...	0·111	0·089	0·078	0·095	0·109	0·176	0·048	0·058	0·084	0·114
1957 ...	0·076	0·063	0·069	0·100	0·105	0·168	0·034	0·052	0·073	0·106
1958 ...	0·126	0·116	0·075	0·083	0·108	0·148	0·047	0·066	0·083	0·104
1959 ...	0·050	0·043	0·063	0·040	0·103	0·130	0·055	0·041	0·076	0·076
1960 ...	0·065	0·051	0·029	0·030	0·133	0·136	0·038	0·041	0·079	0·078
1961 ...	0·055	0·058	0·054	0·062	0·104	0·127	0·045	0·055	0·072	0·084
1962 ...	0·008	0·041	0·057	0·032	0·111	0·151	0·034	0·044	0·068	0·085
1963 ...	0·029	0·053	0·048	0·039	0·141	0·149	0·052	0·029	0·088	0·080
					Death rates					
1954 ...	0·025	0·018	0·005	—	0·016	0·009	0·035	0·029	0·021	0·016
1955 ...	0·008	0·009	0·009	0·005	0·012	0·004	0·021	0·024	0·014	0·013
1956 ...	0·009	—	—	—	0·009	0·004	0·023	0·014	0·012	0·007
1957 ...	0·008	0·009	0·009	0·005	0·011	0·004	0·030	0·027	0·017	0·014
1958 ...	—	—	0·005	—	0·012	0·004	0·026	0·021	0·015	0·010
1959 ...	0·025	0·009	0·005	—	0·009	0·001	0·011	0·017	0·011	0·008
1960 ...	0·016	—	—	0·005	0·003	0 007	0·009	0·027	0·006	0·015
1961 ...	0·008	0·017	—	0·005	0·002	0·003	0·015	0·013	0·007	0·008
1962 ...	0·008	0·017	—	—	0·005	0·007	0·015	0·011	0·008	0·009
1963 ...	—	—	—	0·006	0·006	0·004	0·017	0·022	0·009	0·011

TABLE T.4—*Tuberculosis—Statutory notifications by age groups, Administrative County of London,* 1963

Form of tuberculosis notified	*Sex*	*Number of notifications of new cases of tuberculosis* 0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75+	*Total (all ages)*
Pulmonary tuberculosis ..	M.	7	46	24	25	60	116	242	207	191	239	127	45	1,329
	F.	6	32	37	20	48	82	151	112	80	51	30	15	664
Other forms of tuberculosis ..	M.	—	4	6	3	9	21	43	19	15	11	—	1	132
	F.	—	7	4	3	8	26	37	29	12	2	2	4	134
All forms of tuberculosis ..	M.	7	50	30	28	69	137	285	226	206	250	127	46	1,461
	F.	6	39	41	23	56	108	188	141	92	53	32	19	798

TABLE T.5—*Tuberculosis—Deaths in Administrative County of London,* 1963

Form of tuberculosis	*Sex*	*Age at death* 0—	1—	5—	15—	25—	45—	65—	75+	*Total all ages*
Pulmonary tuberculosis ..	M.	—	—	—	—	18	82	46	28	174
	F.	—	1	—	—	10	27	8	13	59
Other forms of tuberculosis ..	M.	—	—	—	1	3	6	2	1	13
	F.	—	—	1	1	2	3	7	5	19
All forms of tuberculosis ..	M.	—	—	—	1	21	88	48	29	187
	F.	—	1	1	1	12	30	15	18	78

TABLE T.6—*Statutory notification of non-pulmonary tuberculosis—Distribution according to site and age, Administrative County of London, 1963*

Site of tuberculous lesion	*Numbers of notifications of new cases of non-pulmonary tuberculosis by age*				*Total (all ages)*
	0–4	*5–14*	*15–24*	*25+*	
Meninges and C.N.S.	4	3	5	3	15
Abdomen	—	—	5	13	18
Bones and joints	1	3	11	35	50
Skin and erythema nodosum	—	—	1	2	3
Peripheral glands	5	9	27	70	111
Genito-urinary	1	—	13	48	62
Other sites	—	1	2	4	7
All sites	11	16	64	175	266

TABLE T.7—*Patients on the registers*—1954–1963

At 31st Dec.	*1954*	*1955*	*1956*	*1957*	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*
Pulmonary:										
Males ..	18,897	19,300	19,715	19,946	20,308	19,553	19,380	18,759	18,153	17,379
Females ..	15,576	15,846	15,928	15,836	15,597	14,858	14,497	13,833	13,171	12,456
Other forms:										
Males ..	1,442	1,371	1,339	1,274	1,293	1,158	1,163	1,143	1,123	1,098
Females ..	1,709	1,704	1,710	1,709	1,674	1,555	1,527	1,473	1,402	1,368
Total ..	37,624	38,221	38,692	38,765	38,872	37,124	36,567	35,208	33,849	32,301
No. per 1,000 of population ..	11·3	11·6	11·8	11·9	12·1	11·6	11·4	11·1	10·6	10·1

TABLE T.8—*Summary of investigations into tuberculosis 'incidents' at Council establishments in* 1963

Establishment	*Notified case*	*Children*				*Adults*	
		Tuber-culin tested	*Positive reactors*	*X-rayed*	*Abnormal*	*X-rayed*	*Abnormal*
Day School ..	Teacher	260	23	77	3	36	—
	Teacher	37	3	3	—	12	—
	Nursery assistant ..	46	1	1	—	1	—
	Pupil	278	44	320	—	40	—
	Teacher	31	5	5	—	11	—
	Pupil	31	25	25	2	10	—
	Pupil	9	6	26	—	—	—
	Pupil	19	5	14	—	3	—
	Domestic	—	—	—	—	2	—
	Pupils and staff ..	1,289	735	797	29	133	3
	Teacher and pupil	35	4	3	1	22	2
Total (11) ..		2,035	851	1,271	35	270	5
College ..	Student	15	11	2	—	—	—
	Kitchen helper ..	—	—	—	—	41	—
Total (2) ..		15	11	2	—	41	—
Welfare centre	Clerk	—	—	—	—	5	—
Welfare home ..	Needlewoman ..	—	—	—	—	6	—
Total (2) ..		—	—	—	—	11	—
Grand Total (15)		2,050	862	1,273	35	322	5

TABLE T.9—*Summary of services provided for tuberculous patients, Administrative County of London* 1959–1963

	1959	*1960*	*1961*	*1962*	*1963*
Clinic registers					
Total on registers at the end of the year	37,124	36,567	35,208	33,849	32,301
Work of chest clinic welfare officers					
Patients assisted for the first time with:					
Beds, bedding	210	123	164	91	98
Clothing, footwear	558	500	421	333	403
Patients at the end of the year receiving:					
Extra nourishment	1,714	1,558	1,417	1,382	1,241
Home help service	465	462	412	369	343
Home care and treatment					
At the end of the year, patients:					
Awaiting admission to hospital	16	14	18	1	20
Under treatment in their own homes	143	140	123	107	67
Receiving attention by home nurses	331	283	244	201	203
Home visiting by tuberculosis health visitors—					
Total visits (including contacts)	86,680	77,861	83,585	80,756	75,717
Diversional therapy					
At the end of the year, patients:					
Attending classes at chest clinics	131	110	101	89	85
Receiving instruction in their own homes	200	180	150	167	120
Rehabilitation					
At the end of the year the Council was financially responsible for rehabilitants at:					
British Legion Village, Maidstone	19	11	13	18	15
Papworth Village Settlement, Cambridge	10	6	4	3	4
Enham-Alamein Village Centre, Andover	5	4	—	—	—
Barrowmore Hall, Chester	1	1	1	1	1
Sherwood Village Settlement, Nottingham	—	—	—	1	—
Correspondence courses arranged through the British Council for Rehabilitation for patients undergoing prolonged treatment at home	10	9	6	4	5
At boarding open-air schools					
Children convalescent from tuberculosis:					
At the beginning of the year	1	—	2	3	—
Admitted during the year	—	2	2	—	1
At the end of the year	—	2	3	—	—
Awaiting admission at end of year	—	1	—	1	—
Boarding-out of child contacts					
Children in nurseries and foster homes at the beginning of the year	94	79	53	34	17
Placed during the year	154	152	111	88	89
Boarded-out at the end of the year	79	53	34	17	28
Average number boarded-out at any one time	100	76	47	26	29
Boarding-out of child contacts for segregation during B.C.G. vaccination					
Children in nurseries and foster homes at the beginning of the year	9	3	2	2	2
Placed during the year	35	22	9	8	11
Boarded-out at the end of the year	3	2	2	2	1
Average number boarded-out at any one time	8	6	3	2	3
Hostels for homeless infective tuberculous men					
In residence at the beginning of the year	103	101	107	103	98
Recommendations approved during the year	63	74	51	76	57
In residence at the end of the year	101	107	103	86	98

TABLE T.10—*Principal tuberculosis statistics—Metropolitan Boroughs and the Administrative County of London*, 1963

Metropolitan Boroughs	*Estimated home population mid 1963*	*New notifications*				*New notifications per 1,000 population*	*Deaths from tuberculosis*			*Tuberculosis deaths per 1,000 population*	*Pulmonary tuberculosis deaths per 1,000 population aged 15 and over*	*Number of tuberculosis cases on clinic registers at 31.12.63*		*Cases on register per 1,000 population*
		Pulmonary	*Tuberculosis of Meninges and C.N.S.*	*Other non-pulmonary tuberculosis*	*Total*		*Pulmonary*	*Non-pulmonary tuberculosis*	*Total deaths*			*Total*	*Percentage of pulmonary cases positive* during 1963*	
Division 1														
Chelsea	48,050	22	—	5	27	0·56	2	1	3	0·06	0·04	302	11·8	6·2
Fulham	109,700	58	1	12	71	0·65	12	—	12	0·11	0·13	1,203	4·8	10·9
Hammersmith	107,660	59	2	12	73	0·68	6	2	8	0·07	0·07	1,379	3·0	12·8
Kensington	172,170	143	1	7	151	0·88	11	1	12	0·07	0·08	1,128	3·4	6·6
Division 2														
Hampstead	97,980	54	—	10	64	0·65	5	—	5	0·05	0·06	625	5·8	6·4
Paddington	113,960	135	1	11	147	1·29	11	—	11	0·10	0·11	1,097	4·0	9·7
St. Marylebone	67,320	37	—	3	40	0·59	5	4	9	0·13	0·08	592	3·2	8·7
St. Pancras	123,610	116	1	7	124	1·00	10	—	10	0·08	0·10	1,104	2·1	8·9
Westminster, City of	86,550	56	—	5	61	0·70	4	1	5	0·06	0·05	733	0·6	8·5
Division 3														
Finsbury	32,230	19	—	4	23	0·71	2	—	2	0·06	0·08	260	5·3	8·0
Holborn	20,700	22	—	1	23	1·11	2	—	2	0·10	0·11	219	7·1	10·6
Islington	227,410	227	1	26	254	1·12	8	4	12	0·05	0·05	2,342	2·4	10·3
Division 4														
Hackney	163,170	88	—	10	98	0·60	8	2	10	0·06	0·06	1,625	3·9	10·0
Shoreditch	38,330	13	—	4	17	0·44	4	1	5	0·13	0·14	315	6·3	8·0
Stoke Newington	52,830	27	—	9	36	0·68	3	—	3	0·06	0·07	688	4·1	13·0
Division 5														
Bethnal Green	46,090	32	—	3	35	0·76	3	2	5	0·11	0·08	692	3·2	15·0
City of London	4,580	6	—	—	6	1·31	—	—	—	—	—	68	9·4	14·8
Poplar	67,830	43	—	9	52	0·77	8	—	8	0·12	0·16	576	2·5	8·6
Stepney	89,930	109	2	17	128	1·42	11	—	11	0·12	0·16	1,247	2·2	13·8
Division 6														
Deptford	68,450	84	—	4	88	1·29	7	—	7	0·10	0·13	1,111	4·3	16·1
Greenwich	83,760	27	—	5	32	0·38	9	1	10	0·12	0·14	983	3·1	11·6
Woolwich	148,690	40	1	5	46	0·31	13	3	16	0·11	0·11	1,526	2·1	10·3
Division 7														
Camberwell	174,220	116	—	7	123	0·71	9	1	10	0·06	0·07	888	9·3	5·1
Lewisham	222,730	108	1	13	122	0·55	15	—	15	0·07	0·08	2,172	2·1	9·8
Division 8														
Bermondsey	50,540	28	—	2	30	0·59	5	—	5	0·10	0·13	668	1·9	13·1
Lambeth	223,120	92	1	14	107	0·48	18	4	22	0·10	0·10	3,469	1·2	15·5
Southwark	85,870	53	1	9	63	0·73	13	1	14	0·16	0·20	1,441	3·3	14·6
Division 9														
Battersea	102,940	41	—	5	46	0·45	7	1	8	0·08	0·09	882	3·4	8·5
Wandsworth	348,450	138	2	32	172	0·49	22	3	25	0·07	0·08	2,966	3·2	8·5
LONDON	3,178,870	1,993	15	251	2,259	0·71	233	32	265	0·08	0·09	32,301	3·2	10·1

**Cases whose broncho-pulmonary secretion was positive during the year.*

TABLE T.11—*B.C.G. vaccination under L.C.C. schemes in* 1963

1. *Day schools*—	
No. of schools visited	318
No. of 13-year-old children at school	*34,968
No. of consents	*27,447
No. tuberculin tested	*23,457
No. of reactors	*1,762=7·5 per cent.
No. given B.C.G.	*21,629
No. vaccinated June, 1954 to December, 1963	224,273
2. *Further education establishments (colleges, etc.)*	
No. of establishments visited	25
No. of students tested	1,225
No. of reactors	803
No. given B.C.G.	422
3. *Residential establishments*—	
No. of establishments visited	3
No. of children tested	96
No. of reactors	12=12·5 per cent.
No. given B.C.G.	84
4. *Training centres*—	
No. of persons tested	113
No. of reactors	33
No. given B.C.G.	80
5. *Notifications of tuberculosis (all forms) in 14- and 15-year-old children in*	
1954	82
1955 (first full year after starting B.C.G.)	45
1959	20
1960	31
1961	26
1962	17
1963	26
6. *Tuberculosis contacts*—	
No. given B.C.G. vaccination in London	4,088
No. given B.C.G. vaccination in London since inception of scheme in 1950	55,008
7. *Diabetics*—	
No. given B.C.G.	6
No. given B.C.G. since inception of scheme	99

* *Divisional figures are shown in table T.12*

TABLE T.12—*B.C.G. vaccination of schoolchildren in Administative County of London, 1963—Divisional figures*

Division	*No. of 13-year-old school children*	*Total No. of consents*	*Alleged contacts of known cases*	*No. of children tested and read by B.C.G. units*	*Children not dealt with because of refusal of consent or absence*		*Positive reactors (among (4))*		*No. of negative reactors vaccinated by B.C.G. units*	
			Consents included in (2)		*No.*	*Per cent. of (1)*	*No.*	*Per cent.*		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)
1	4,081	2,990	19	2,790	1,272	31·2	289	10·3	2,492	(9 negatives not vaccinated)
2	3,858	2,964	30	2,696	1,132	29·3	272	10·1	2,417	(7 negatives not vaccinated)
3	3,220	2,165	12	1,899	1,309	40·7	253	13·3	1,642	(4 negatives not vaccinated)
4	3,147	2,576	122	2,070	955	30·3	139	6·7	1,931	
5	3,106	2,263	—	1,835	1,271	40·9	88	4·8	1,726	(21 negatives not vaccinated)
6	3,759	3,028	42	2,515	1,202	31·7	146	5·8	2,366	(3 negatives not vaccinated)
7	6,253	5,578	218	4,363	1,672	26·7	232	5·3	4,126	(5 negatives not vaccinated)
8	4,439	3,307	74	3,046	1,319	29·7	186	6·1	2,860	
9	3,105	2,576	56	2,243	806	26·0	157	7·0	2,069	(17 negatives not vaccinated)
Totals ..	34,968	27,447	573	23,457	10,938	31·3	1,762	7·5	21,629	

Housing

The Council has set aside a small number of dwellings for the rehousing of families on purely medical grounds. The following table shows the cases dealt with in the past five years.

	1959	*1960*	*1961*	*1962*	*1963*
Tuberculous persons					
Recommendations received	275	232	224	180	126
Nominated for rehousing	185	209	139	110	110
Recommendations not qualifying for rehousing	114	93	20	70	61
Under consideration at end of year	115	45	110	110	65
Persons with severe medical conditions					
Recommendations received	2,689	3,357	2,570	2,263	2,586
Nominated for rehousing	418	607	164	363	449
Recommendations not qualifying for rehousing	1,951	2,503	1,791	2,082	2,653
Under consideration at end of year	1,053	1,300	1,915	1,733	1,217

Work in connection with unfit houses during the past five years is summarised below:

	1959	*1960*	*1961*	*1962*	*1963*
Slum clearance					
Areas represented as unfit for human habitation	27	48	34	87	109
Houses in such areas	660	1,356	932	2,808	2,990
Areas surveyed but not represented by the end of the year	13	39	90	74	13
Houses in such areas	641	1,291	2,869	2,183	421
Public local inquiries	37	42	12	10	26
Informal hearings	1	1	4	—	—
Orders confirmed					
(i) after inquiry or hearing	42	41	27	9	17
(ii) without inquiry or hearing (no objection received)	28	15	2	2	7
Orders not confirmed by Minister	3	1	—	—	—
Confirmed order quashed on appeal to High Court	—	—	1	—	—

Other work in connection with the Housing Acts:

	1959	*1960*	*1961*	*1962*	*1963*
Improvement grants					
Surveys following applications to the Council	160	1,178	309	342	447
Searches following applications to metropolitan borough councils	346	572	595	576	930
Hostels					
Surveys following application to the Council for loan					
Premises	—	—	—	—	5
Units of accommodation	—	—	—	—	311
*Housing loans**					
Searches following application to the Council for loan	—	—	—	—	2,459
Surveys following application to the Council for loan	—	—	—	—	229

**This additional work commenced during 1963 when the Council introduced a more extensive scheme for making loans to intending house purchasers.*

Public Health Laboratory

The facilities at the Medical Research Council's Public Health Laboratory at the County Hall and the close co-operation with its staff have continued to be of great value.

Milk sampling

The following table shows the results of tests during the year on samples taken of milk arriving in London (the figures in brackets are those for 1962):

Designation	*Samples examined*	*T.B. bacillus isolated*	*T.B. bacillus NOT isolated*	*Passed phosphatase test*
Tuberculin tested (Farm bottled)	33 (35)	— (—)	31† (35)	N/A
Tuberculin tested*	4 (4)	— (—)	4 (4)	N/A
Pasteurised	17 (20)	N/A	N/A	17 (20)
Total	54 (59)	— (—)	35† (39)	17 (20)

* *Samples from a residential school which has its own farm.*

† *In addition the test was not completed on two samples.*

Milk purchased for use in Council establishments:

	1959	*1960*	*1961*	*1962*	*1963*
Liquid milk: samples taken by boroughs and county councils	910	589	306	310	434
number found to be unsatisfactory	11	—	—	—	5
Dried milk: samples submitted to bacteriological examination	4	3	24*	42*	29*

No samples contained more than 100,000 organisms per gramme, nor was staphylococcus aureus isolated.

* *Increased sampling was due to co-operation in the formulation of a British Standard for dried milk.*

Sanitary inspection

The inspectors dealt with the following matters in Council establishments:

	1959	*1960*	*1961*	*1962*	*1963*
Reports of infestation by a variety of pests ..	207	274	221	269	250
Visits and re-inspections involved	472	506	409	526	404
Inspections of school meals centres	362	341	208	242	156
Investigations of illness following consumption of school meals	7	8	11	7	3
Occasions when the meal was found to be the cause	2	2	—	—	—

Blind and partially-sighted persons

During the year 1,637 examinations were made in connection with certification under the National Assistance Act, 1948 of blind or partially-sighted persons and 32 persons were found to be neither blind nor partially-sighted. In addition, 503 certificates were accepted from other local authorities, hospitals and private ophthalmologists—69 more than in the previous year. The percentage of new registrations recommended to obtain treatment was 58·3 per cent. compared with 56·6 per cent. in 1962.

The results of examinations of persons newly registered during the year are given in tables (i) and (ii).

TABLE (i)

Number of new registrations during the year with percentage recommended to obtain treatment

Age	Principal cause of defective vision*			Total
	Cataract	Glaucoma	Other conditions	
0–4 years	5	—	8	13
5–15 years	1	—	8	9
16–64 years	28	24	185	237
65–74 years	60	42	150	252
75 years and over	179	73	309	561
Age not known	2	1	9	12
(*a*) Total no. of persons	275	140	669	1,084
(*b*) No. recommended to obtain treatment	196	119	317	632
(*b*) as percentage of (*a*)	71·3	85·0	47·4	58·3

* *There were no cases of retrolental fibroplasia.*

TABLE (ii)

*Treatment recommendations in respect of newly registered persons**

	No. of patients examined	Treatment recommended						
		None	Medical	Surgical			Optical	Hospital supervision
				Early	Later	If general condition permits		
Cataract	275	79	9	49	25	22	25	112
Glaucoma	140	21	43	2	6	2	5	82
Other conditions	669	352	68	11	19	8	41	233
Total	1,084	452	120	62	50	32	71	427

* *Includes cases recommended more than one form of treatment.*

Persons recommended to obtain treatment are re-examined at intervals after the initial registration. The number of persons re-examined for this reason in 1963 is shown in table (iii).

TABLE (iii)

Re-examination of persons recommended to obtain treatment

	Principal cause of defective vision			Total
	Cataract	Glaucoma	Other conditions	
No. of persons re-examined	216	70	338	624
No. found to have had treatment	146	62	238	446
Percentage treated	67·6	88·6	70·4	71·5

As a consequence of successful treatment 20 persons previously registered as blind were found, on re-examination, to be partially-sighted and five persons previously certified as blind or partially-sighted were found to be improved to such an extent as no longer to justify registration.

Notifications of ophthalmia neonatorum are given on page 21.

Registration of nursing homes

TABLE (i)—*Registration and inspection of nursing homes*

	1959	*1960*	*1961*	*1962*	*1963*
Registered at beginning of year	37	34	33	36	36
New homes registered	1	—	5	1	—
Homes registered on change of keeper ..	2	3	1	—	1
Registrations cancelled—voluntary closure or change of keeper	6	4	3	1	3
Registered at end of year	34	33	36	36	34
Inspections:					
Medical officers	42	35	46	45	39
Public health inspectors	63	84	122	116	125
Homes exempted from registration	38	40	37	35	35

TABLE (ii)—*Accommodation in registered nursing homes at* 31 *December*, 1963

Number of beds in homes	*Number of homes*	*Number of beds provided*			
		*Maternity**	*Others†*	*Mentally disordered*	*Total*
25 or over	10	133	242‡	204	579
20 to 24	6	25	83	22	130
15 to 19	7	17	85	17	119
10 to 14	8	12	87	—	99
5 to 9	2	9	6	—	15
Under 5	1	—	3	—	3
Total	34	196	506	243	945

* *Each bed is registered for a maternity, medical or surgical case.*

† *Numbers include beds for medical and surgical patients which cannot be used if a maternity patient is accommodated in the same room.*

‡ *Number includes 61 beds registered for medical or mentally disordered cases.*

Invalid Meals for London

No change took place in the administrative control of this service during the year, since the Metropolitan Boroughs Standing Joint Committee had come to no final decision with regard to its transfer to borough councils. The service continued to be operated by the School Meals and Catering department, which had effected many improvements in vans and equipment.

The number of meals served during recent years was as follows:

	1959/60	*1960/1*	*1961/2*	*1962/3*	*1963/4*
Meals served	172,637	180,291	196,695	202,430	239,814

Welfare Committee establishments

The medical supervision of all types of establishments under the control of the Welfare Committee continued.

The number of designated chronic sick in welfare homes has remained fairly constant. The average age of the residents is still rising and remains higher for women (79 years) than for men (75 years). The health of the chronic sick and the other illnesses of an ageing population require the constant attention of the medical and other staff and the visiting medical officers for these homes have a particular knowledge of and interest in the medical needs of the aged. The work is very time consuming because of the large number of elderly people on the doctor's list; special investigations have to be arranged and preventive measures carried out in order to maintain as high a standard of health within the home as possible.

The Public Health department has continued to advise on steps to be taken to limit the spread of infectious disease at homeless families units, particularly Sonné dysentery and *E. Coli* infections. The Bacteriological Laboratory of the Public Health Laboratory Service at County Hall has done invaluable work in examining several thousand rectal swabs. All new admissions to homeless families units are tested and swabs are repeated on transfer. Every effort is made to stimulate the residents to a sense of responsibility but in units of this kind families with satisfactory hygiene may become infected because of the low standards of hygiene of other residents.

If children are to be taken into care by the Children's Officer from homeless families units, special arrangements are made to prevent the introduction of infection into nurseries and other residential establishments. Children under five years of age (and occasionally older siblings) who are contacts of dysentery or other infections are admitted to a contact unit until they have outlived the quarantine of the infection with which they have been in contact. It has been necessary to establish a special unit for these children and the figures for hospital admission from the unit during 1963 amply justify this policy. For example, 40·3 per cent. of contact children admitted to the unit had to be transferred to hospital for illnesses with which they had been in contact, whereas only 8·4 per cent. of the emergency admissions from outside communities had to be transferred to hospital for infectious illness.

SCIENTIFIC BRANCH

The Scientific branch provides an advisory service to all departments of the Council on matters involving chemistry, physics and allied sciences. Similar service is provided, as required, to the metropolitan borough councils. In addition to statutory duties, the branch has important functions relating to health, safety and amenity. It is responsible for giving guidance on the efficient and economical use of material of all types used in the Council's service for construction, maintenance and consumption.

The work is carried out in three groups of laboratories by a staff of 103. The headquarters laboratories at the County Hall cover the following main subject headings:

(i) Air pollution, environmental radioactivity, ventilation.
(ii) Noise and acoustics, fire precautions and investigations, industrial matters.
(iii) Building materials and development work, floor maintenance, insecticides and fungicides, plastics, metals.
(iv) Paint and decorative materials.
(v) Fuel and boiler plant technology, heat insulation materials, drinking water, trade wastes.
(vi) Detergents, laundries, swimming baths.
(vii) Statutory, food, drugs, medical and general supplies.

The Northern and Southern Outfall laboratories, situated at Beckton and Crossness respectively, are concerned with obtaining scientific data for the control of the sewage treatment process and ancillary plant together with research on projects potentially useful to the main drainage service.

Samples totalling 69,678 were examined during 1963 in the course of analytical, experimental and research work. This record of samples does not include much of the consultative service given by the senior professional officers, which was not necessarily associated with laboratory work.

A summary of the activities of the branch which have a direct or indirect application to the field of public health is given below. Full particulars are given in the annual report of the Scientific Adviser.*

River Thames

The condition of London's river is of special concern to the Council. In addition to effluents from the Council's own sewage treatment plants, there are sources of pollution from other sewage works, impure tributaries, trade discharges and contamination from shipping. To assess the condition of the water under varying conditions of fresh water and tidal flow, and to compare the state between seasons of the year and over periods of years, regular examinations are made involving chemical analysis of water taken from 26 points over a distance of 80 miles. The area examined extends from the upper limit of the tidal reaches at Teddington to the sludge dumping area at Black Deep in the outer estuary. The results are communicated to the Port of London Authority.

Weather during the year was abnormal in a number of respects including an unusually low summer temperature. The most critical period of the year for depletion of dissolved oxygen is usually July to September but on this occasion conditions were worst during September and October. The commissioning of new plant at the Southern Outfall Works is expected next year to produce a greatly improved effluent and to diminish the pollution load in the river.

Sewage treatment

The scientific work at both outfall works is carried out in close co-operation with the Chief Engineer, who is responsible for sewage treatment. Daily collaboration is maintained

* *Annual Report of the Scientific Adviser 1963, the London County Council, price 1s. 3d.*

between our staffs and weekly conferences are held between the Scientific Adviser and the Divisional Engineer (Main Drainage), together with their senior officers, to discuss analytical results, operational practice and research projects.

In addition to laboratory work undertaken to obtain the best efficiency from the treatment plant, full attention was given to matters of safety. For example, the utilisation of sludge gas involved daily safety tests at all potentially hazardous points in the digestion plant, power house and domestic boiler room.

Trade waste discharges

A considerable expansion of the staff and laboratory facilities has been effected to cope with the increased number of samples to be expected from the implementation of the London County Council (General Powers) Act, 1962. Estimates of the total of samples point to a yearly figure of about 25,000.

A scheme for streamlining the examination of samples has been put into operation and a series of investigations on the methods to be used have been carried out. This work has been of use in the training of new members of the staff. The numbers of samples increased towards the end of the year and the final total was 4,027. This included a number of samples from some of the larger industrial premises for rating under the provisions of the 1962 Act.

Of the samples taken for control purposes the percentage reported as unsatisfactory has again shown a decrease; this may in part be due to ' dilution ' by samples taken for rating purposes only, but it bears out the trend shown since 1960. It would, therefore, appear that the system of regular sampling of trade waste discharges is having the desired effect of reducing the number of discharges likely to cause trouble in the sewers and at the sewage treatment works.

Drinking water

To ensure that the water supplies to Council establishments are of satisfactory quality, the Scientific branch carries out regular monthly inspections and samplings at those establishments where supplies are drawn from private wells. The water from these wells is chlorinated before use by means of automatic dosing plant. Samples of both the raw well waters and the treated waters are taken for bacteriological and chemical examination. If pollution is suspected check samples are taken at frequent intervals.

At the request of the hospital management committees, the well supplies at some of the hospitals formerly under the control of the Council have continued to be regularly examined.

Because of the excellent system of drinking water examination of the Metropolitan Water Board, samples are not examined direct from mains supplies but water from storage tanks is tested in many institutions to check the internal system and to ensure that tanks are periodically cleaned.

Air pollution

The Council continued its long-standing co-operation with the Department of Scientific and Industrial Research in investigating the incidence of air pollution, by maintaining regular observation of the degree of pollution of the atmosphere over the county.

The average figure for sulphur dioxide has not shown much change over recent years, when seasonal fluctuations of temperature are taken into account, but in the case of smoke there has been a marked reduction reflecting the progress made by the metropolitan boroughs in implementing the Clean Air Act. By the end of the year 40 per cent. of domestic premises in the county were using approved fuels under local Smoke Control Orders and in many other premises there was voluntary acceptance of the requirements of the Act.

Environmental radioactivity

For some years the branch has undertaken experimental studies to obtain reference data on environmental levels of ionising radiation and to determine the extent of any additions arising from the numerous applications of nuclear science.

There were no new test explosions in the atmosphere during 1963 but delayed fallout from earlier large-scale tests continued to arrive and reached a maximum in the middle of the year, when the rate of deposit of long-lived isotopes was the highest ever recorded in London. Whilst the concentration of strontium-90 in diet was unusually high, it remained well below the level at which any preventive action, such as selection or restriction of diet, would have been necessary.

Other matters dealt with during the year included the use of radio-isotopes in schools and colleges; the safety of the public at exhibitions; advice to the London Fire Brigade in assessing hazards at fires involving radioactive matter. Several applications were made by hospital, industrial and laboratory users of radio-isotopes for the discharge of wastes to the sewers and suitable provisions were made. At the end of the year primary responsibility for authorising the discharge of wastes passed to the Ministry of Housing and Local Government.

Swimming baths

The Council has under its control three bathing ponds, 13 swimming baths for public use and 35 swimming baths situated at schools and institutions. Forty of the baths are equipped with complete purification plant and all the others receive some form of chlorination treatment.

A careful check is kept on the condition of the water and regular visits are made by officers of the branch for inspection and testing, samples being taken for bacteriological and chemical examination. The baths with full treatment plant vary in capacity from 100,000 to 1,000,000 gallons and are emptied and refilled only once a year.

A new development has been the installation of learner swimming baths in primary schools. These are maintained at about 85°F. and have a maximum depth of three feet; they have plant for complete purification. Thirty-four of such baths have been installed and they have proved very successful in teaching the younger children to swim.

Noise and acoustics

The analysis of the results of the noise survey of 36 square miles in central London was completed. This has provided comprehensive information on noise levels in London and amongst other facts has shown that, in most places in the area, the level of noise remains fairly constant between 8 a.m. and 5 p.m. with only a very slight rise during rush hours. The quietest hour is 3 a.m. but after 4 a.m. levels begin to rise sharply. A full report on this work is to be submitted to the Council during 1964.

During 1963 a number of road improvements, such as conversion to one-way roads and the widening of main roads came into use and studies were made in several areas of the effect of forms of traffic improvements on noise.

Measurements taken in teaching rooms at several London colleges showed that the upper limit of noise (55 dBA), which was thought acceptable by the Government Committee on the Problems of Noise, was frequently exceeded. Ambient noise levels are now measured when considering possible sites for the building of new schools and colleges.

Promising work on the suppression of noise from road breaking appliances was carried out and several complaints concerning noise were investigated at the request of the Council and some metropolitan borough councils.

HEALTH SERVICE PREMISES

Building programme

In 1963, at the request of the Minister of Health, the Council, in common with all other local health authorities in England and Wales, revised the plan that had been drawn up in 1962 for the development of the health and welfare services. The revised plan covers the ten years 1964–74 and the total estimated cost of works is £5,228,250. Details of new schemes programmed for 1964/65 are given in table (iii).

Tables (i) and (ii) show works completed in 1963 and schemes in hand at the end of 1963 from earlier programmes; table (iv) gives a list of acquisitions and leases completed in 1963.

TABLE (i)—*Works completed in 1963*

Health Division	*Premises*	*Work involved*
	MATERNITY AND CHILD WELFARE	
8	Benson Home, Sancroft Street, Lambeth.	Adapted replacement for unsatisfactory centre.
8	Loughborough Estate, Lambeth ..	New maternity, child welfare and school treatment centre in conjunction with L.C.C. housing to replace unsatisfactory premises.
	MENTAL HEALTH	
8	Draper Street, Southwark	New day centre for the mentally-ill in L.C.C. housing development.
	LONDON AMBULANCE SERVICE	
–	South Eastern general ambulance station, Deptford.	Improvements to access, service bay and lighting.
	PREVENTION OF ILLNESS—TUBERCULOSIS	
3	Cromwell Lodge hostel for tuberculous men, Hornsey.	Annexe for occupational therapy.

TABLE (ii)—*Schemes in hand at the end of 1963 from earlier programmes*

(**Indicates those in building stage*)

Health Division	*Premises*	*Work involved*
	MATERNITY AND CHILD WELFARE	
1	*Walmer Road, Kensington	New maternity, child welfare and school treatment centre in L.C.C. housing block to replace unsatisfactory premises.
2	*Sumatra Road welfare centre, Hampstead.	Extension to existing building to provide additional facilities.
3	*Barnsbury Estate, Islington	New maternity, child welfare and school treatment centre in L.C.C. housing block to replace unsatisfactory premises.
5	Leopold Street, Stepney	Replacement of maternity, child welfare and school treatment centre in new L.C.C. housing block as part of redevelopment scheme.
5	*St. John's Parish Estate, Poplar ..	New maternity, child welfare and school treatment centre in borough council housing development to replace unsatisfactory premises.
6	*Abbey Estate, Woolwich	New maternity, child welfare and school treatment centre in housing block to replace temporary centre on L.C.C. estate.
6	*Avery Hill Estate, Woolwich	Maternity and child welfare centre in purpose designed annexe to new tenants' clubroom to provide improved facilities for L.C.C. estate.
6	*Rusthall Lodge centre, Woolwich ..	Adaptation to give improved facilities.
9	*Stormont Road, Battersea	New maternity, child welfare and school treatment centre in conjunction with L.C.C. housing to replace unsatisfactory premises.
	DAY NURSERY	
1	Grove House, Fulham	Acquisition of freehold of existing nursery and subsequent improvements.
1	St. Quintin, Kensington	Extension to existing nursery to provide additional places.
4	Sun Babies, Shoreditch	Reorganisation of accommodation and improvements to heating and sanitary facilities in existing nursery.
9	Upper Tulse Hill, Wandsworth ..	Replacement in new L.C.C. housing block for unsatisfactory nursery.
	MENTAL HEALTH	
3	*Junior training centre, Basire Street, Islington.	New replacement for unsatisfactory centre.
5	*Mary Hughes adult training centre (women), Underwood Road, Stepney.	Adapted replacement for unsatisfactory centre.
5	*Unity Hall adult training centre (men), East India Dock Road, Poplar.	Adapted replacement for centre displaced by hospital redevelopment.
6	*Junior training centre, Maze Hill, Greenwich.	New replacement for unsatisfactory premises.
6	Adult training centre (women), Park Vista, Greenwich.	Adapted replacement for unsatisfactory centre.
6	Day centre, Woolwich	Additional provision for the mentally ill to meet demand.
7	*Brockley Rise, Lewisham	New mental health hostel.
	SCHOOL HEALTH	
4	Shoreditch Health Centre, Shoreditch	Improvements to provide additional dental surgery accommodation.
	LONDON AMBULANCE SERVICE	
–	Brook general ambulance station, Greenwich.	Re-organisation and improvement of operational facilities and staff accommodation.
–	*Oval accident ambulance station, Lambeth.	Re-building to accommodate additional ambulances.
–	*Russell Square accident ambulance station, Holborn.	Adaptation and reconstruction.
–	South Western general ambulance station, Lambeth.	Provision of workshops and extra garage space.

TABLE (iii)—*Programme for 1964–65*

Health Division	*Premises*	*Work involved*
1	Latymer day nursery, Kensington ..	Replacement in L.C.C. housing development of nursery displaced by road scheme.
1	Kensington junior training centre ..	Extension to existing building to provide special care unit and additional facilities.
2	Mental health hostel, Lancefield Street, Paddington.	New hostel for sub-normal men in work.
2	Day nursery, St. Pancras	Replacement for nursery held on short lease—premises to be found.
2	Maternity, child welfare and school treatment centre, Somers Town, St. Pancras.	Replacement for unsatisfactory centres.
2	Maternity and child welfare centre, Leage Street, Finsbury.	Replacement in new L.C.C. housing block for centre in housing redevelopment area.
3	Day nursery, Islington	Additional provision to meet demand.
4	Adult training centre (men), Morning Lane, Hackney.	New centre to replace unsatisfactory centres with extra accommodation to meet demand.
4	Fernbank day nursery, Hackney ..	Replacement of unsatisfactory day nursery as first stage of intensive redevelopment of site.
4	Hackney junior training centre ..	Extension to existing building to provide special care unit and additional facilities.
4	Woodberry Down Health Centre, Stoke Newington.	Improvement to car park and play space.
6	Maternity, child welfare and school treatment centre, Royal Victoria Yard, Deptford.	Replacement in new L.C.C. housing block for unsatisfactory centre and to serve new area of development.
6	Maternity, child welfare and school treatment centre, Shooter's Hill Road, Greenwich.	Adaptation of adjoining house and erection of extension to replace part of centre displaced by road development scheme.
6	Mental health hostel, Ashburnham Grove, Greenwich.	New hostel for subnormal children.
6	Maternity, child welfare and school treatment centre and child guidance unit, Garland Road, Woolwich.	Redevelopment of site at present containing prefabricated welfare centre.
7	Adult training centre (women), Harders Road, Camberwell.	New replacement for unsatisfactory centre with extra accommodation to meet demand.
7	Peckham Car Park day nursery, Camberwell.	Replacement in new L.C.C. housing block for prefabricated nursery.
7	Peckham Park Road school treatment centre, Camberwell.	Replacement in new L.C.C. housing block for sessions inconveniently held in a number of schools and a tenants' clubroom.
7	Day nursery, Camberwell	Replacement in L.C.C. housing block for unsatisfactory nursery.
7	Junior training centre, Perry Rise, Lewisham.	Extension to provide special care unit.
7	Maternity, child welfare and school treatment centre, Dartmouth Road, Lewisham.	Replacement in new L.C.C. housing block for unsatisfactory centres.
8	Three training centres for men, women and children and a mental health hostel, Grange Tannery site, Bermondsey.	Adapted replacement for unsatisfactory adult centres and to meet an extra demand. New junior training centre to replace unsatisfactory centres, to provide a special care unit and to meet extra demand. New hostel for short-stay subnormal children.
8	Child guidance unit, Brixton	Replacement or adaptation as a result of adjoining housing redevelopment.
8	Maternity, child welfare and school treatment centre, Southwark.	Replacement in new L.C.C. housing block for unsatisfactory centres.
9	Child guidance unit, York Road, Battersea.	New additional unit.
9	Adult training centre and mental health hostel (women), Wandsworth.	New replacement for unsatisfactory centre and to meet extra need, with an additional hostel for subnormal women.

TABLE (iii)—*continued.*

Health Division	*Premises*	*Work involved*
–	Five day centres for the mentally ill with social clubs.	Additional centres to meet demand. Premises under consideration.
LAS	Western general ambulance station, Chelsea.	Improvement to lighting.
LAS	South Eastern general ambulance station, Deptford.	Re-organisation and improvement of staff accommodation.

TABLE (iv)—*Acquisitions and leases completed*

Health Division	*Property*	*Interest obtained*
	MATERNITY AND CHILD WELFARE	
8	Benson Home, 65 Sancroft Street, Lambeth.	Freehold acquired of premises to be converted for use as welfare centre.
	MENTAL HEALTH	
6	Mental health hostel, Ashburnham Grove, Greenwich.	Freehold site acquired for erection of hostel.
	LONDON AMBULANCE SERVICE	
–	South Western general ambulance station, 117/119 Hubert Grove, Lambeth.	Completion of 21 year lease.

CARE OF MOTHERS AND YOUNG CHILDREN

The main features of the Council's services for care of mothers and young children remained as in previous years. Day-to-day administration of the services is the responsibility of the nine divisional health committees; details are given in the reports of the divisional medical officers. Changes in centres during the year are reported in the section on health service premises.

Maternity and child welfare

Particulars of sessions and attendances are given in the following table:

TABLE (i)—*Clinics for mothers and young children*

	1959	*1960*	*1961*	*1962*	*1963*
Ante-natal, post-natal and combined clinics:					
Number at end of year	111	109	109	108	110
Sessions per month	797	793	787	803	732
Total attendances	133,678	136,864	143,945	141,862	118,791
Ante-natal:					
Number of women attending during the year	28,058	29,387	32,440	32,809	31,874
Post-natal:					
Number of women attending during the year	3,524	3,369	2,859	2,335	3,822
Child welfare clinics:					
Number at end of year	179	179	178	174	173
Sessions per month	1,957	2,034	2,057	2,081	2,085
Number of children born in same year who attended	43,857	44,718	47,535	50,516	48,916
Total attendances (all ages)	758,669	742,095	768,953	766,837	713,845
Attendances at special toddlers clinics (not included in above)	38,361	37,533	38,203	37,790	40,196

General practitioner obstetricians—Arrangements whereby general practitioner obstetricians are given free use of the Council's ante-natal clinics to see their patients booked for maternity medical services continued to expand. These facilities have been available in all divisions since 1 January 1963.

Family planning—Advice on family planning is provided for married women for whom further pregnancy would be detrimental to health.

	1959	*1960*	*1961*	*1962*	*1963*
Attendances at sessions provided by the Council:					
First	975	945	899	1,034	1,849*
Total	4,260	4,337	4,226	4,423	4,434
Women referred by the Council to Family Planning Association ..	705	741	641	595	641

* *First attendances in 1963 do not exclude women who attended also in earlier years.*

In addition to the arrangements detailed above, it was agreed with the Marie Stopes Memorial Foundation Ltd. that, as an experiment in one division of the county, the Foundation would provide a medical officer to give family planning advice and help on the Council's recommendation to mothers of problem families in their own homes.

National welfare foods

Average weekly issues

	1959	*1960*	*1961*	*1962*	*1963*
National dried milk (tins)	15,328	13,817	11,647	10,562	9,527
Cod-liver oil (bottles)	3,469	3,442	2,623	1,709	1,009
Vitamin tablets (packets)	2,775	2,837	2,109	1,196	1,117
Orange juice (bottles)	30,412	28,864	18,514	11,315	12,037

NOTE: The following charges applied as from 1.6.61:
Cod-liver oil—1s. a bottle (previously free).
Vitamin tablets—5d. a packet (previously free).
Orange juice—1s. 6d. a bottle (previously 6d. a bottle).

Day accommodation for children

TABLE (ii)—*Day nurseries and child minders*

	At 31 December				
	1959	*1960*	*1961*	*1962*	*1963*
DAY NURSERIES:					
Maintained	75	74	73	73	72
Grant-aided	4	4	4	4	4
Total	79	78	77	77	76
Places: under 2 years	1,693	1,649	1,623	1,623	1,639
2–5 years	2,499	2,420	2,394	2,387	2,348
Total	4,192	4,069	4,017	4,010	3,987
OCCASIONAL CRÈCHES:					
Sessions authorised each week	17	82	88	111	118
Places provided each week	280	1,420	1,610	1,870	2,077
COUNCIL'S CHILD MINDER SCHEME (Voluntary registration):					
Child minders registered	875	989	861	810	772
Children minded	1,039	1,187	993	961	1,005
NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948:					
Private day nurseries registered (including part-time nurseries)	60	59	69	78	88
Places	1,620	1,595	1,840	1,927	2,221
Child minders registered	167	202	210	221	237
No. of children authorised to be minded	939	1,023	1,088	1,265	1,300

Day nurseries—Although the circumstances at some day nurseries make family grouping impracticable, wherever it is possible to do so mixed age grouping is adopted. At the end of the year children were cared for in this way in 56 out of 76 of the Council's maintained or grant-aided day nurseries.

Occasional crèches—These crèches provide for the children of mothers attending a clinic or class on the premises and also give occasional relief to mothers who, for various reasons such as visits to hospitals, shopping, laundering and other domestic duties, wish to be relieved of their young children for two or three hours during the day; they also present an opportunity for an only child to associate with other children of similar age. In 1963 a total of 5,527 sessions were held with attendances of 75,492.

Maternity beds

The difficulties of some London mothers in booking a maternity bed continued to give rise to great anxiety and in June the Minister of Health received the Chairman, Vice-Chairman and members of the Health Committee, the Medical Officer of Health and

officers of the Council in deputation. The reasons for the Council's concern were put to the Minister, who accepted that he had direct responsibility to produce measures which would improve the maternity bed situation. Following this meeting, on the instruction of the Ministry of Health, the metropolitan regional hospital boards prepared schemes for catchment areas for maternity beds. These were still under discussion at the end of the year. Representative bodies will be set up to co-ordinate administrative and executive action; to agree and to keep under review the procedure needed to secure that maternity beds serving these areas meet their needs both for ante-natal treatment and confinement and, possibly, to suggest minor expedients that could improve the availability of beds. It was agreed that the Council should be represented by the appropriate divisional medical officers and the non-medical supervisor of the midwives (supported where necessary by the divisional nursing officer).

Schemes for early discharge of mothers from maternity hospitals

As a means of making greater use of hospital maternity beds, the Council continued to co-operate with the hospitals in arranging early discharge schemes for maternity patients discharged 48 hours after confinement. During 1963 a further seven schemes were agreed with hospitals, six of them in south London. At the end of the year 16 schemes were in operation. In addition, some hospitals having their own district practice discharged patients delivered in hospital to the care of their district midwives. Following early discharge, 2,810 patients who were delivered in hospital were nursed at home by domiciliary midwives. This was an increase of about 28 per cent on the previous year (2,187 cases).

Co-operation with hospital and general practitioner services

Since 1950 there has been a working arrangement in London for hospital almoners to contact divisional staff about the needs of patients before discharge from hospital. Generally the liaison so established has proved most effective but in view of the length of time since inception, a review was undertaken in March of all the arrangements for the provision of personal health services for persons needing them on discharge from hospital. Teaching hospital authorities and the four metropolitan regional hospital boards indicated that the existing arrangements were satisfactory. There has been no rigid pattern for securing local health services for discharged patients and hospital authorities were told that there was no wish to impose one, but steps had been taken to foster a good relationship by disseminating information about the Council's services and by holding local meetings between almoners, the Council's officers and those of other services concerned. The opportunity was taken, through the London Local Medical Committee, to ask again for the continued assistance of general practitioners in alerting divisional services in any case which might come to their knowledge in which it appears that a local health authority service needed by the patient is not being provided.

This review coincided with the receipt of Ministry of Health Circular 3/63 and indicated that the suggestions made in the circular and memorandum which accompanied it were now being fully met. No action was taken, however, on the suggestion in the Circular that officers should be designated by the Council for mobilising the community services; it was considered preferable for almoners to continue to approach their well-known contacts when services were required for a patient about to be discharged. Hospital authorities, and through them the almoners, have been told that whoever they approach in the Council's health service will arrange for all local health services needed to be provided.

Prevention of break up of families

The work in this field continued to expand. In October authority was given to increase the establishment of family case-workers by six to 21; this enabled every division to have a

family case-worker on its strength. In addition, at the end of the year 18 social workers (health services) were each undertaking the support and intensive care of a few families, the actual number being determined with regard to their other duties. The case-work consultant continued to give advice and guidance to field workers; in addition to supervising the training of the less experienced members of the staff he has proved to be a valuable member of the team. As a result of this appointment an increasing number of social work students from the London School of Economics, the North-West Polytechnic and the National Institute for Social Work Training are being allocated to the Council's family case-workers for practical training.

As in previous years, the Council made a grant to Family Service Units in London towards the cost of their work with families in difficulties. The grant for 1963/64 amounted to £21,800, divided equally between the Health and Children's Committees. A grant of £1,000 was made, as in the previous year, to the Family Welfare Association as a contribution towards their work with families with problems.

Detection of children suffering from phenylketonuria

Circular CMO 9/63 stressed the importance of close liaison between local medical and hospital services for effective local arrangements in the early diagnosis and treatment of phenylketonuria. Divisions were accordingly advised of the facilities for the treatment of children with this disorder at hospitals in each of the metropolitan regional hospital board areas.

Children with or at risk of congenital handicaps

The Council has been concerned for many years to ascertain and record physical and mental handicaps of children, but following the recommendation of the Ministry of Health (Circular CMO 23/63) these records were combined into a comprehensive register in each division. Information is obtained from maternity and paediatric departments of hospitals, general medical practitioners, domiciliary midwives and health visitors. The register is reviewed periodically by a medical officer, to ensure that the parents of any child with serious physical or mental handicaps will get support and guidance to help them in the day-to-day problems of caring for their child and co-operation in the advance planning of the child's needs for special educational facilities and subsequent placement in the community.

By the end of 1963 'at risk' registers had been kept in all divisions for two years. The total number of children recorded as being at risk of handicap was approximately ten per cent of the number of live births. The 'at risk' registers are scrutinised regularly by the reviewing medical officer to ensure that the appropriate screening tests have been carried out and treatment begun where necessary.

Maternity and child welfare records

As a result of well-informed criticism that child welfare medical records did not provide sufficient information on the physical, mental and emotional development of the child, the Society of Medical Officers of Health designed a new record card for use in maternity and child welfare centres. It was hoped that this would provide not only better information of relevant facts of development but would lead to a re-orientation of the work of doctors in the field to a more developmental approach. It is hoped that the new form might become a prototype for a national record card and the Council was asked, with two other authorities, to give it a pilot trial and agreed to do so early in 1964 in divisions 3 and 7.

Residential establishments for young children in care

Private residential establishments and those under the management of the Children's Committee are visited regularly by the Council's medical officers, who advise on hygiene and child health. A register is maintained of physically and mentally handicapped children and individual case histories are regularly reviewed by a senior medical officer, so that the need for special education or long-term care can be anticipated.

Adoption and boarding out

The number of children in care who were being considered for adoption or boarding-out referred for advice by the Children's Officer, and the decisions reached, are shown below:

	1959	*1960*	*1961*	*1962*	*1963*
1. *Adoption cases:*					
Suitable for adoption	229	270	259	291	270
Suitable for adoption subject to certain conditions	2	2	34	45	48
Unsuitable for adoption but suitable for boarding out	5	23	13	6	9
Withdrawn by Children's Officer	2	1	9	4	—
	238	296	315	346	327
2. *Boarding out cases:*					
Suitable for boarding out	293	454	445	486	465
Withdrawn by Children's Officer	3	6	5	1	1
	296	460	450	487	466
3. *Unsuitable for either adoption or boarding out*	1	—	1	1	5
TOTAL	535	756	766	834	798

Care of the unmarried mother and her child

Moral welfare associations—Financial assistance totalling £16,543 was given during the year to the five large moral welfare associations of the major religious denominations:

	£
London Diocesan Council for Moral Welfare	8,850
Southwark Diocesan Association for Moral Welfare	6,250
Westminster Catholic Social Welfare Committee	705
Southwark Catholic Rescue Society	588
Jewish Board of Guardians	150

Mother and baby homes—Voluntary organisations provide most of the mother and baby homes in London, supported by grants in aid from the Council under the National Health Service Act, 1946. A total of £15,647 (including £4,742 for special works) was paid during the year to the 16 homes receiving grant and the number of expectant and nursing mothers admitted to these homes was 1,545. One mother and baby home is maintained by the Welfare department together with two other units within their larger homes. The following table shows grants and number of girls admitted to the voluntary homes during the last five years.

	1959	*1960*	*1961*	*1962*	*1963*
Total grants	£10,237	£8,865	£9,998	£11,743	£15,647
Number of expectant and nursing mothers admitted	1,072	1,136	1,171	1,599	1,545

A conference was held at County Hall with representatives from voluntary organisations. The main topics discussed were arrangements for admission to mother and baby homes and

the problems of the unmarried mother who wished to keep her baby. The importance of early booking of accommodation at the homes as well as the need for ante-natal care to begin early in pregnancy was stressed. It was suggested that moral welfare workers should arrange the mother's first visit to the hospital where she would be confined at the time of the booking visit to the mother and baby home; the first visit to hospital should not be delayed until the girl entered the home as a resident. Association representatives were advised that a less rigid pattern than a stay of six weeks before and six weeks after confinement would enable the actual needs of individual mothers to be met to a greater extent. There was general agreement that finding suitable accommodation was the greatest problem for the mother who wished to keep her child. Skilful advice, confidence in herself and adequate financial provision were also very important factors for such mothers.

Child protection

During 1963, child protection work under Part I of the Children Act, 1958 and Part IV of the Adoption Act, 1958 continued to be undertaken on behalf of the Children's Officer in six of the health divisions, the visits being made mainly by health visitors. Arrangements were made, however, for direct control of the work in division 4 to be taken over by the Children's Officer on 1 January, 1964. In the divisions where the work remained with the public health department, the number of children being supervised on 31 March, 1964 was 436. This compares with totals of 541 (seven divisions) in 1961, 487 and 516 (six divisions) in 1962 and 1963 respectively.

Marriage guidance

Grants totalling £9,500 for the year ending 31 March, 1963 were made to the London Marriage Guidance Council, the Catholic Marriage Advisory Council and the Family Discussion Bureau.

DOMICILIARY MIDWIFERY

The duty to provide adequate domiciliary midwifery service is discharged through the Council's own midwives and those employed by district nursing associations and hospitals.

TABLE (i)—*Staff*

District midwives employed at 31 December by

	1959	*1960*	*1961*	*1962*	*1963*
The Council	89	94	94	100 (+ 7 p.t.)	107 (+ 12 p.t.)
District Nursing Associations* ..	45	46	43	46	30 (+ 18 p.t.)
Hospitals*	46	43	40	37	30 (+ 1 p.t.)
	180	183	177	190 (+ 7 p.t.)	167 (+ 31 p.t.)

**Including supervisory staff.*

In addition, on 31 December 1963 there were 89 midwives employed in nursing homes or voluntary hospitals, or working through nursing co-operations or independently.

TABLE (ii)—*Domiciliary confinements attended and institutional deliveries nursed at home.*

	1959		*1960*		*1961*		*1962*		*1963*	
	Doctor present	*Doctor not present*	*Doctor present*	*Doctor not present*	*Doctor present*	*Doctor not present*	*Doctor present*	*Doctor not present*	*Doctor present*	*Doctor not present*
(*a*) Doctor not booked										
L.C.C. ..	232	2,761	178	2,197	83	1,069	61	708	44	209
D.N.A. ..	58	1,360	47	1,193	39	716	9	359	11	111
Hospital district	41	1,574	—	—	—	—	—	—	—	—
	331	5,695	225	3,390	122	1,785	70	1,067	55	320
	6,026		3,615		1,907		1,137		375	
(*b*) Doctor booked										
L.C.C. ..	1,340	2,405	1,563	2,848	2,237	3,759	2,608	4,238	2,696	4,501
D.N.A. ..	194	505	280	692	339	1,010	501	1,561	408	1,590
Hospital district	132	313	202	1,745	302	1,666	344	1,607	427	1,372
	1,666	3,223	2,045	5,285	2,878	6,435	3,453	7,406	3,531	7,463
	4,889		7,330		9,313		10,859		10,994	
Total	10,915		10,945		11,220		11,996		11,369	
(*c*) No. of institutional deliveries attended by midwives on discharge before the tenth day ..	1,141		1,463		1,954		2,187		2,810	

Domiciliary confinements decreased by 627 from 1962 but institutional deliveries discharged home before the tenth day showed an increase of 623. The figures of early discharges include (i) cases sent into hospital during labour from the domiciliary midwifery service on account of some abnormality and returned for nursing by a domiciliary midwife (this has long been a normal practice); (ii) cases accepted after 48 hours in accordance with

pre-arranged schemes with certain maternity hospitals (see page 46). The number of home confinements booked by general practitioners for the provision of maternity medical services continues to increase steadily; in only 375 cases, which included emergencies delivered by domiciliary midwives, had a doctor not been booked.

TABLE (iii)—*Confinements by age and parity*

Age		*Total confinements*	*Parity*						
			0	*1*	*2*	*3*	*4*	*5 and over*	*Not known*
Under 20 ..	No. ..	497	172	249	62	14	—	—	—
	% ..		1·5	2·2	0·5	0·1	—	—	—
20–29 ..	No. ..	7,602	616	3,261	2,223	1,094	272	134	2
	% ..		5·4	28·7	19·7	9·6	2·4	1·2	0·0
30–39 ..	No. ..	3,107	34	687	929	782	364	300	11
	% ..		0·3	6·0	8·2	6·9	3·2	2·6	0·1
40 and over ..	No. ..	161	2	8	35	48	26	37	5
	% ..		0·0	0·1	0·3	0·4	0·2	0·3	0·1
Not known ..	No. ..	2	—	1	1	—	—	—	—
	% ..		—	0·0	0·0	—	—	—	—
Total ..	No. ..	11,369	824	4,206	3,250	1,938	662	471	18
	% ..		7·2	37·0	28·7	17·0	5·8	4·1	0·2

Percentages are of the total confinements.

On grounds of parity, 1,597 (17·1 per cent.) of mothers delivered by domiciliary midwifery services should have been delivered in hospital, but this was not possible either because beds were not available at the time the mother came for her ante-natal care or because the patient herself refused hospital booking.

The peri-natal mortality rate for the domiciliary midwifery service was 8·8 per thousand total births. The stillbirth rate in the domiciliary midwifery service was 5·7 per thousand total births, compared with the domiciliary rate of 7·7 for England and Wales (1962).

TABLE (iv)—*Premature domiciliary live births*

	1959	*1960*	*1961*	*1962*	*1963*
Number	555	517	525	474	438
Per cent. of live births ..	5·1	4·7	4·7	4·0	3·9

Particulars of domiciliary premature live births are set out below. The difference between the total (534) shown in this table and the number (438) quoted above represents the number of deliveries attended by doctors and midwives independently of the Council's domiciliary midwifery service and those which took place in nursing homes.

TABLE (v)—*Domiciliary or nursing home births—prematurity and mortality by birth weight*
1963

Weight	*Number*	*Proportion per 100 live premature infants*	*Deaths in 24 hours*		*Survivors at 28 days*	
			Number	*Per 100 live premature infants*	*Number*	*Per 100 live premature infants*
2 lb. 3 oz. or less	25	4·7	17	68·0	6	24·0
3 lb. 4 oz. or less	26	4·9	8	30·8	16	61·5
3 lb. 5 oz. to 4 lb. 6 oz. ..	72	13·5	3	4·2	67	93·1
4 lb. 7 oz. to 4 lb. 15 oz. ..	100	18·7	3	3·0	96	96·0
5 lb. to 5 lb. 8 oz.	311	58·2	7	2·3	304	97·7
All cases	534	100·0	38*	7·1	489	91·6

* *Seven babies died after the first day.*

Midwives Act, 1951

Notifications received of intention to practise as a midwife:

1959	*1960*	*1961*	*1962*	*1963*
1,285	1,404	1,447	1,502	1,560

In accordance with section G of Rules of the Central Midwives Board, 166 midwives in the county attended a refresher course during the year.

Fees to medical practitioners called in by midwives in emergency:

	1959	*1960*	*1961*	*1962*	*1963*
Number of claims	2,653	2,350	1,291	711	357

The decline in medical aid claims by general practitioners is a direct result of the encouragement given to every woman having home confinement to book a doctor as well as a midwife. When a doctor is booked he claims a fee from the local Executive Council under Maternity Medical Services Regulations.

Home visits	*1959*	*1960*	*1961*	*1962*	*1963*
First visits this year to:					
Children under 1	53,224	55,226	60,995	67,829	68,661 (*a*)
Children 1–5	372,622	369,122	379,793	375,543	222,643 (*b*)
Persons aged 65 or over	14,366	14,350	14,772	15,526	7,945 (*b*)
Mentally disordered persons	—	—	—	—	1,893 (*c*)
Persons discharged from hospital (other than mental hospital)	—	—	—	—	2,894 (*c*)
Infectious households (other than T.B.) ..	—	—	—	—	2,804 (*c*)
Unsuccessful visits	101,503	104,014	111,958	117,113	139,871
Total visits	843,656	838,990	878,767	891,079	822,517

(*a*) *The 1963 figure relates to children born in the same year.*

(*b*) *For 1963 first visits are shown i.e. number of persons visited; for earlier years the figures relate to total visits.*

(*c*) *Not available for previous years.*

Consequent upon the introduction of revised statistical arrangements by the Ministry of Health in 1963 there is some discontinuity in the above table between the figures for 1963 and those for previous years. The differences between the figures are explained by the footnotes.

HOME NURSING

Details of the work done by the 24 voluntary grant-aided district nursing associations who act as agents for the Council are given below:

TABLE (i)—*Staff (numbers employed at 31 December)**

	1959	*1960*	*1961*	*1962*	*1963*
State registered nurses	512	517	495	510	490
State enrolled nurses	34	34	35	36	43
Total number of nurses employed	546	551	530	546	533
Male nurses (included above)	39	39	38	40	39
Full-time equivalent of nurses employed	507	508	492	509	481
Students	78	27	64	32	20

**Exclusive of supervisory staff.*

TABLE (ii)—*Numbers of patients and visits*

	1959	*1960*	*1961*	*1962*	*1963*
Total no. of patients	57,368	51,325	49,137	46,263	47,226
Total no. of visits	1,763,296	1,690,084	1,601,860	1,569,004	1,559,246
Average no. of visits to each patient	31	33	33	34	33

TABLE (iii)—*Types of case nursed*

Type of case	*Number of new cases undertaken*	%
Medical	31,343	80·9
Surgical	4,904	12·7
Tuberculous	622	1·6
Early maternal discharge	1,170	3·0
Maternal complications	630	1·6
Mental ill-health	86	0·2
	38,755	100·0

TABLE (iv)—*Types of treatment and location*

Visits for	*At patients' home*	*Elsewhere (e.g., Nurses' Homes)*	*Total visits*	%
Injections only	484,547	17,807	502,354	32
Injections plus other treatment	96,904	697	97,601	6
Other treatment only	957,118	2,173	959,291	62
	1,538,569	20,677	1,559,246	100

The fall in the proportion of visits 'for injection only' (compared with 35% in 1962) continues a trend, apparent for several years, to use oral therapy particularly in the treatment of diabetics and cardiac cases.

TABLE (v)—*Long-term cases (i.e., those nursed for three months or more)*

	Number	*Percentage of total patients nursed*
April–December:	8,366	31·4

These figures relate only to the first three quarters of the year, as the basis of recording long-term cases has been changed. Long-term cases were formerly defined as those visited more than 24 times during the year.

TABLE (vi)—*Age distribution of patients*

Age	*No. of patients*	*%*
0–4 years	2,117	4·5
5–64 years	17,681	37·4
65 years and over	27,428	58·1
	47,226	100·0

TABLE (vii)—*Nursing treatments and case load*

	1959	*1960*	*1961*	*1962*	*1963*
Number of completed treatments	49,299	43,118	41,010	37,489	38,647
Number of patients being nursed at end of year ..	11,352	11,118	10,898	11,233	11,341
Average case load per equivalent whole-time effective* nurse at end of year	23	24	22	24	26

**Allowing for holidays and sickness.*

HOME HELP

Statistics of the service provided during the last five years are shown in the following tables.

	1959	*1960*	*1961*	*1962*	*1963*
Number of households assisted	36,056	38,031	38,546	38,461	39,389
Number of new applications received ..	18,459	18,168	18,096	17,085	17,976
Applications deferred or refused because home helps were not available	13	23	18	17	7

Details of households assisted

	1959	*1960*	*1961*	*1962*	*1963*
Maternity	1,823	1,913	1,785	1,642	1,670
Tuberculosis	710	692	647	547	509
Old people	29,943	31,602	32,215	32,744	31,190
Chronic sick					3,253
Early morning and evening help	200	244	257	238	244
Child help (resident)	20	8	24	12	2
Night help for chronic sick	40	28	17	17	15
Special help (problem families)	110	116	112	109	101
Miscellaneous	3,210	3,428	3,489	3,152	2,405
	36,056	38,031	38,546	38,461	39,389

In the scheme for free home help service to women suffering from toxaemia of pregnancy whose applications were supported by request from a hospital consultant or general practitioner obstetrician, assistance was given to 81 cases (included above), amounting to 3,976 hours of service.

Staff details

	1959	*1960*	*1961*	*1962*	*1963*
Home helps employed at end of year ..	3,706	3,830	3,896	4,040	4,210
Equivalent of whole-time staff*	2,150	2,242	2,164	2,192	2,595
Hours worked during the year	4,919,200	5,129,000	5,059,064	5,064,696	5,372,640

**Excluding staff on annual and sick leave.*

Diphtheria, tetanus, whooping cough—

TABLE (i)

	1959	*1960*	*1961*	*1962*	*1963*
Diphtheria immunisation:					
Primary course—					
Born in same year	14,102	20,203	20,990	20,852	22,710
Born in previous four years	26,125	28,980	32,276	22,054	24,068
Total under 5	40,227	49,183	53,266	42,906	46,778
Age 5–14	5,022	7,648	14,490	12,902	3,972
Reinforcing doses	33,237	40,511	87,758	44,472	57,625
Immunity index 1–4 years	70·6	74·1	82·2	87·3	82·7
Tetanus immunisation	32,531	48,605	60,298	46,963	51,168
Whooping cough vaccination	38,917	48,539	54,064	42,637	46,122

The number of children referred to in table (i) who received multiple antigens is as follows:

TABLE (ii)

	1959	*1960*	*1961*	*1962*	*1963*
Diphtheria/whooping cough	4,925	1,536	722	215	106
Diphtheria/whooping cough/tetanus ..	32,382	46,650	52,927	42,108	45,548
Diphtheria/tetanus	42	1,734	5,860	2,435	3,415

Smallpox—

TABLE (iii)

	1960	*1961*	*1962*	*1963*
Primary vaccinations:				
Under 1 year	23,057	30,482	36,406	2,974
One year	2,135	3,568	12,036	3,177
2–4 years	1,259	1,937	20,876	1,032
5–14 years	808	1,186	74,080	831
15 years or over	1,072	1,372	115,662	1,453
Total	28,331	38,545	259,060	9,467
Given by—				
L.C.C.	20,583	29,913	150,157	4,740
general practitioners	7,748	8,632	108,903	4,727
Re-vaccinations:				
Under 1 year	44	63	8	2
One year	22	31	200	50
2–4 years	113	185	11,405	319
5–14 years	455	556	73,000	1,019
15 years or over	2,940	3,024	267,464	5,902
Total	3,574	3,859	352,077	7,292
Given by—				
L.C.C.	1,598	1,715	171,538	1,854
general practitioners	1,976	2,144	180,539	5,438
Population	3,194,000	3,180,000	3,186,000	3,179,000
Percentage vaccinated	0·9	1·2	8·1	3·0
Percentage re-vaccinated	0·1	0·1	11·1	2·3

The great fall in the number of children vaccinated is caused by a number of factors, including the change in the recommended age of vaccination (now 18 months), the large number of children of the appropriate age vaccinated during the smallpox scare of 1962 and widespread uncertainty following public controversy on vaccination.

During the year post-vaccinal encephalitis was diagnosed in one child aged 18 months who subsequently recovered.

Poliomyelitis—The number of persons who have received protection against poliomyelitis is as follows:

TABLE (iv)

	Salk		*Sabin*	
	1963	*Since commencement of scheme*	*1963*	*Since commencement of scheme*
Primary vaccination:*				
Born in 1959–63	2,810	493,584	43,829	101,823
1943–58	1,278		10,256	
1933–42				
Londoners	828	184,073	4,427	12,104
Others	—	48,541	51	399
1932 or earlier (under 40)				
Londoners	777	85,207	3,000	13,442
Others	—	17,711	55	760
Other (over 40)	101	15,422	293	1,039
Total	5,794	844,538	61,911	129,567
Given by—				
L.C.C.	1,817	601,349	51,437	107,659
general practitioners and hospital doctors	3,977	243,189	10,474	21,908
Booster doses†	887	103,159	19,364	32,872
Given by—				
L.C.C.	185	84,270	17,178	29,273
general practitioners and hospital doctors	702	18,889	2,186	3,599

* *Those who have received a third injection of Salk or three doses of Sabin.*

† *Those who have received a fourth injection or a fourth dose of vaccine orally.*

Yellow fever vaccination—The numbers of persons vaccinated were:

TABLE (v)

	1960	*1961*	*1962*	*1963*
Hospital for Tropical Diseases	10,571	9,297	9,550	8,978
Shipping Federation Clinic, King George V Dock	809	2,762	2,937	2,529
Unilever House	1,249	1,173	1,263	1,277
West London Centre	4,031	3,682	4,055	4,254
	16,660	16,914	17,805	17,038

Table (i) indicates that, although 12,769 fewer patients were carried by the general section, the decline of roughly 1·3 per cent. compared with 1962 is considerably less than the decline of 3·3 per cent. in 1962 compared with 1961. The accident section carried 117,567 patients, 7,342 more than in the previous year.

There was an increase in the number of patients carried by the ambulance department of the Joint Committee of the British Red Cross Society and Order of St. John of Jerusalem and by the Hospital Car Service.

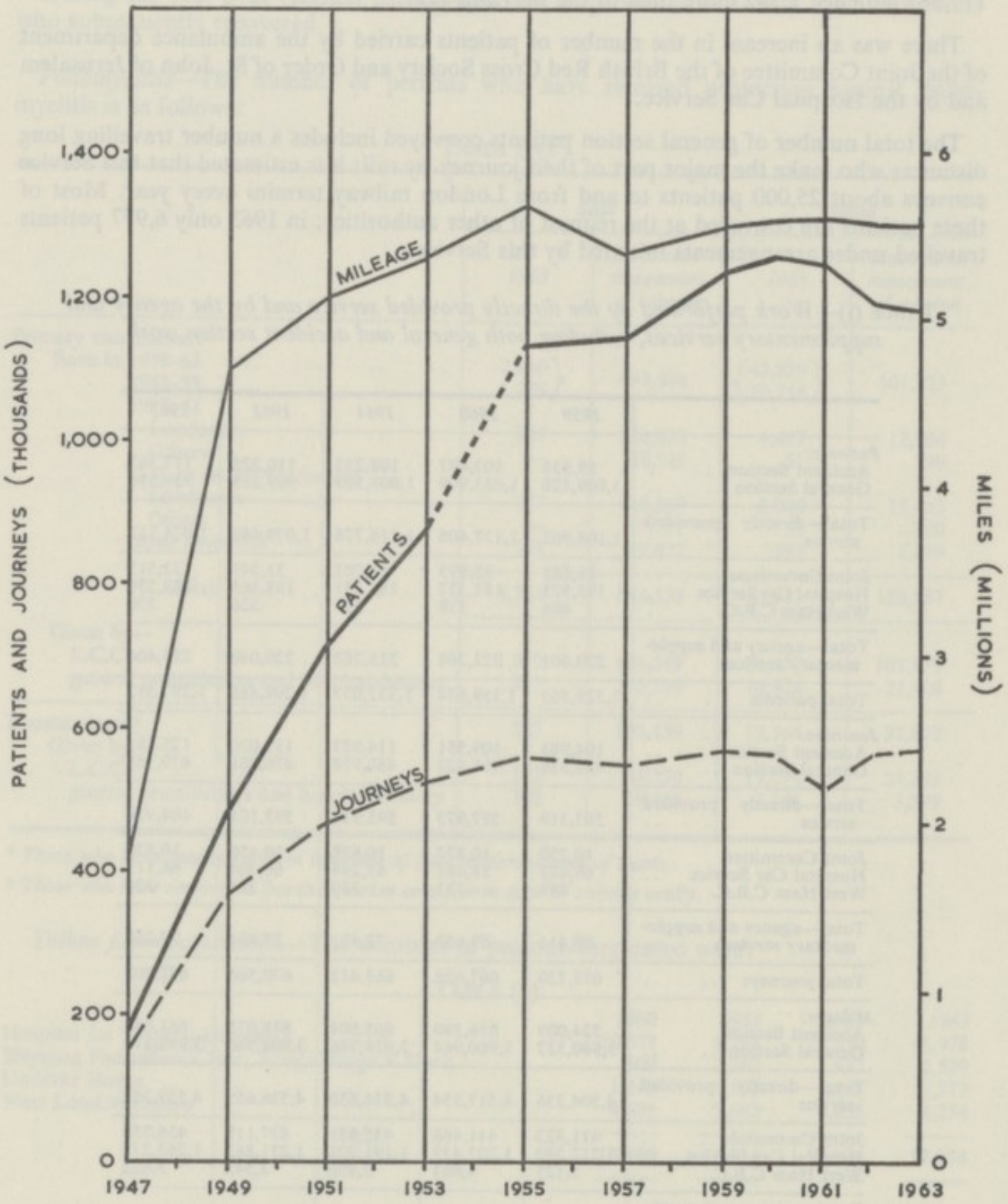
The total number of general section patients conveyed includes a number travelling long distances who make the major part of their journey by rail; it is estimated that this Service conveys about 25,000 patients to and from London railway termini every year. Most of these patients are conveyed at the request of other authorities; in 1963 only 6,977 patients travelled under arrangements initiated by this Service.

TABLE (i)—*Work performed by the directly provided service and by the agency and supplementary services, including both general and accident section work*

	1959	*1960*	*1961*	*1962*	*1963*
Patients:					
Accident Section	99,834	103,497	108,235	110,225	117,567
General Section	1,009,128	1,033,909	1,008,539	969,215	956,546
Total—directly provided service	1,108,962	1,137,406	1,116,774	1,079,440	1,074,113
Joint Committee	26,582	32,593	31,701	31,349	33,515
Hospital Car Service	193,523	189,337	183,231	188,365	189,559
West Ham C.B.C.	496	338	331	326	330
Total—agency and supplementary services	220,601	222,268	215,263	220,040	223,404
Total patients	1,329,563	1,359,674	1,332,037	1,299,480	1,297,517
Journeys:					
Accident Section	104,983	109,551	114,953	117,020	125,183
General Section	488,336	488,422	480,978	476,081	479,751
Total—directly provided service	593,319	597,973	595,931	593,101	604,934
Joint Committee	10,250	10,877	10,858	10,456	10,829
Hospital Car Service	69,672	58,441	61,294	66,704	66,111
West Ham C.B.C.	489	335	329	324	328
Total—agency and supplementary services	80,411	69,653	72,481	77,484	77,268
Total journeys	673,730	667,626	668,412	670,585	682,202
Mileage:					
Accident Section	524,009	556,390	605,904	618,075	661,082
General Section	3,980,327	3,960,964	3,928,746	3,908,580	3,898,270
Total—directly provided service	4,504,336	4,517,354	4,534,650	4,526,655	4,559,352
Joint Committee	411,823	441,468	435,851	427,119	436,759
Hospital Car Service	1,212,580	1,207,439	1,191,201	1,271,863	1,265,272
West Ham C.B.C.	5,121	4,061	3,850	3,543	3,622
Total—agency and supplementary services	1,629,524	1,652,968	1,630,902	1,702,525	1,705,653
Total mileage	6,133,860	6,170,322	6,165,552	6,229,180	6,265,005

LONDON AMBULANCE SERVICE, 1947-63

GENERAL SECTION, INCLUDING AGENCY AND SUPPLEMENTARY SERVICES



From 1955 onwards the figures of patients conveyed are based on the Ministry of Health definition of a 'patient', which differs somewhat from that formerly used by the Council.

TABLE (ii)—*General section*

	1959	*1960*	*1961*	*1962*	*1963*
Average mileage per patient	3·94	3·83	3·89	4·0	4·1
Average mileage per journey.. ..	8·15	8·11	8·17	8·2	8·1
Patients carried per 100 journeys ..	207	212	210	208	199

TABLE (iii)—*Accident section*

Year	*Number of calls received*	*Ambulance not required*	*Average time to incident (in minutes)*	*Average time from incident to hospital (in minutes)*
1959	104,983	8,640	6·6	6·2
1960	109,551	9,644	6·8	6·4
1961	114,935	10,350	7·0	6·2
1962	117,020	10,420	7·0	6·5
1963	125,183	11,584	7·0	6·5

NOTES—*1. These numbers include some urgent parturition cases and patients removed by general section ambulances when passing the scene of an accident.*

2. Some accident calls are answered by vehicles from general stations, usually when an ambulance from the nearest accident station is not available.

TABLE (iv)—*Accident section—Source of calls*

	1959	*1960*	*1961*	*1962*	*1963*
Public and L.C.C. staff ..	72,793	76,705	81,755	84,261	88,947
Police	16,430	16,505	16,753	16,396	16,937
Midwives*	420	326	339	307	234
Doctors	7,092	7,522	7,964	8,549	11,225
Hospitals	2,021	2,186	2,045	1,933	2,000
Railway officials	2,931	2,896	2,868	2,654	2,690
Local calls†	923	893	788	827	779
London Fire Brigade ..	1,067	1,055	789	596	687
Out county	1,306	1,463	1,634	1,497	1,684
Total calls	104,983	109,551	114,935	117,020	125,183

* *Fewer calls for gas-and-air analgesia apparatus because of the introduction of trilene apparatus which is portable by midwives.*

† *Made personally at ambulance stations.*

Vehicles—By the end of the year 199 of the new type Austin ambulances were in service in replacement of Daimlers. Many modifications and improvements to the original prototype were carried out and research continued into the possibility of further improvement.

The vehicle strength at 31.12.63 was:

Large ambulances	250
Single stretcher, sitting case ambulances	75
Sitting case cars	18*
Ambulance coaches	6
Mobile control unit for major accidents	1
Tenders	2
	352

* *Including four cars for the use of visiting officers.*

Ambulance Department of the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem—Towards the end of the year the Joint Committee, who for some fifteen years have provided an ambulance service for the conveyance of certain patients on an agency basis on behalf of the Council, invited the Council to purchase the buildings, vehicles and equipment of the Ambulance Department and to take over the members of their staff. The Health Committee directed the officers concerned to investigate the proposal.

Operational control system—Changes designed to improve the efficiency of the Control Room were initiated during the year. A new accident allocation section, including two new switchboard positions and two new radio telephony positions, is being installed. This will provide a relatively self-contained unit isolated as much as possible from the day-to-day traffic of the Control Room.

The Supervisor's office has been moved to a new position with an improved view of the switchboard and additional office accommodation has been provided, containing Telex apparatus linking Headquarters Control and the six general ambulance stations.

Telex is a public teleprinter system linked by an automatic dialling system which combines the speed of the telephone with the accuracy of the printed word. Ambulance orders are transmitted from Headquarters to general stations, where the message slips taken from the machines are used by ambulance crews as journey orders. One of the Headquarters Telex machines has a perforated tape recording attachment whereby messages are punched on to tape and transmitted later at a high speed, thus saving transmission time. The taped message appears at the receiving station as a normal typed message. The prime advantages of Telex are accuracy and saving of time, as the checking of details by repeating messages received by telephone is eliminated. The time may not be far off when the more important hospitals will themselves use Telex as the normal means of ordering ambulances.

Premises—Work commenced on the building of a new accident station at the Oval to replace the existing station. The new station will accommodate thirteen ambulances; these will all be fully equipped for accident work but will be used largely to relieve pressure on the general section. The new station has been designed for use as the training station in place of the smaller Battersea station which at present serves this purpose. Work began on substantial improvements to the staff accommodation at the Russell Square accident station and on the improvement of the garage accommodation at the South Eastern general station.

A scheme has been approved to enlarge and improve the garage accommodation at the South Western general station and schemes have been prepared to improve the administrative and operative staff accommodation at the Brook, South Eastern and South Western general stations.

Staff—The service is under the supervision of an Officer-in-Charge and is staffed by 33 administrative and clerical staff, 78 ambulance control clerks and 880 uniformed supervisory and operative staff. The supervisory staff establishment was reviewed in the early part of the year. As a result two new positions of Assistant Chief Superintendent were provided and the Duty Officers at Headquarters, who held the rank of Assistant Superintendent with an allowance for special duties, were raised to the grade of Senior Assistant Superintendent and their numbers increased.

Training—The service training scheme, which was reorganised in 1962 to provide for each new entrant a four-weeks theoretical and practical training course, including first aid, and a minimum of four weeks' operational training at an accident station, continued to function well. Plans for the expansion of the training scheme were agreed, to come into operation with the rebuilding of the Oval ambulance station, so that training in both accident and general ambulance work could be undertaken from the training station.

Award of resuscitation certificates—Resuscitation certificates were awarded by the Royal Humane Society to four drivers:

Drivers W. J. Bower and D. W. Davies (Victoria Ambulance Station) attended an unconscious woman whose breathing appeared to have ceased. Artificial respiration was administered in the ambulance and after arrival at hospital. The hospital authorities said that but for the drivers' efforts the patient would certainly have died.

Drivers H. Chambers and T. J. Vickers (Fulham Ambulance Station) attended a woman with cardiac arrest. They performed external cardiac massage and administered oxygen during and after the journey to hospital.

First aid and diagnosis competition—In the annual competition held by the Casualties Union the London Ambulance Service team failed to retain the Buxton International Trophy which it had won in 1961 and 1962 but was successful in winning a new form of competition designed to test the skill of an ambulance crew in removing a patient from a first floor room down a very narrow and steep cottage-type staircase.

Safe driving—Seventy per cent. of the drivers who entered the National Safe Driving Competition held by the Royal Society for the Prevention of Accidents in 1962 gained awards; 17 per cent. were disqualified as a result of the very strict application of the rules governing the competition and the remainder were accounted for by resignations and by exemption owing to prolonged sickness.

Civil defence

The work of the Ambulance and First Aid Section during the year has reflected the aim of the re-organisation of the Civil Defence Corps, commenced in 1962, which was to create a highly trained nucleus capable of rapid expansion in an emergency. The tempo of training increased considerably, particularly that aimed at preparing volunteers for the Home Office Standard Test, in which the Section has had some success. Of the 260 volunteers entered for this test 224 (86 per cent.) were successful, including 15 at the second attempt. The concentration on higher standards resulted, however, in a further drop in the strength of the Section from 1,310 to 1,129, in spite of 289 new recruits being enrolled. Of the total membership at the end of the year, 981 were active members and only 148 were in the Reserve.

The following training courses were held during the year:

First aid	12	Elementary driving and maintenance	7
Ambulance section—part I	12	Officer selection	2
part II	12	Competition training	8
Standard test	22		

In addition to this theoretical training, members of the Section participated in 22 exercises, including five promoted by the London Ambulance Service primarily for Ambulance and First Aid Section personnel. The largest of these, Leader 10, designed to test the working of an ambulance column and a Forward Medical Aid Unit under the pressure of a large number of casualties, involved nearly 1,000 personnel and over 100 vehicles. Once again an internal competition was held to test the skills of various teams from the Section and proved very successful.

Twenty-two volunteers passed the Ministry of Transport driving test after receiving instruction from a motoring school. Volunteers were given driving practice on various types of Civil Defence and regular service ambulances and some visited the Council's accident ambulance stations to see casualty work at first-hand.

Chiropody

The following tables show the attendances at the Council's foot clinics since 1959, with an analysis according to age groups:

New cases and attendances

Year	*New cases*	*Attendances*	*Staff at the end of the year (in terms of whole units)*
1959	7,074	169,847	46·2
1960	9,405	186,735	57·7
1961	10,379	196,788	55·6
1962	8,575	192,500	57·7
1963	7,510	193,498	60·7

Analysis in age groups of treatment given at clinics

Group	*1959*	*1960*	*1961*	*1962*	*1963*
Children 0–4 years	137	129	117	78	91
5–14 years	6,390	7,062	6,599	6,549	5,940
Males 15–64 years	14,442	14,766	14,076	12,237	11,181
65 years and over	15,410	17,613	19,675	20,106	21,188
Females 15–59 years	56,581	57,980	55,237	49,957	45,546
60 years and over	76,887	89,185	101,084	103,573	109,552
Total	169,847	186,735	196,788	192,500	193,498

In addition, the Council made net deficiency grants to 32 voluntary organisations towards their expenditure on providing chiropody services. These organisations were mainly old peoples welfare organisations and 11,857 people received 78,505 treatments under facilities provided by them.

Recuperative holidays

Admissions to recuperative holiday homes

	1959	*1960*	*1961*	*1962*	*1963*
Expectant and nursing mothers ..	123	109	95	80	72
Other adults	2,457	2,175	2,183	2,137	2,061
Children under 5 not at school ..	571	512	479	439	419
School and nursery school children	2,597	2,357	2,138	2,089	2,044
	5,748	5,153	4,895	4,745	4,596

The Council maintains a recuperative holiday home at Littlehampton, Sussex, for 36 children from 3 to 8 years of age and leases another home at Bognor Regis, Sussex, for 44 children from 8 to 15 years old. Children who could not be accommodated in these homes, and all adults, have been placed in homes under private ownership or maintained by voluntary organisations. Roland House, Littlehampton was used exclusively for children from homeless families in Welfare department establishments for the first 14 weeks of 1963. During this period 158 children were given a recuperative holiday.

Treatment of venereal disease at London out-patient clinics

Year	New cases										Total attendances	
	Syphilis		S. Chancre		Gonorrhoea		Total venereal cases		Total non-venereal cases			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1954 ..	651	340	64	2	5,816	1,422	6,531	1,764	17,875	6,304	219,258	100,554
1955 ..	625	400	77	6	5,916	1,457	6,618	1,863	18,735	7,056	221,381	103,815
1956 ..	691	493	72	4	7,468	1,718	8,231	2,215	19,802	7,468	222,695	101,034
1957 ..	701	562	78	2	8,943	2,003	9,722	2,567	20,554	8,102	223,821	97,149
1958 ..	733	490	66	3	10,619	2,307	11,418	2,800	21,906	8,857	215,934	89,407
1959 ..	799	493	93	—	11,722	2,599	12,614	3,092	24,013	9,179	229,368	88,232
1960 ..	908	410	68	2	13,077	2,905	14,053	3,317	26,494	10,647	240,303	96,113
1961 ..	1,067	563	47	—	13,573	2,906	14,687	3,469	28,081	11,824	253,806	93,398
1962 ..	1,060	533	52	2	12,225	2,533	13,337	3,068	27,360	11,939	243,078	87,860
1963 ..	909	426	49	2	11,895	2,906	12,853	3,334	29,005	13,189	229,506	89,050

Number of patients completing treatment and of defaulters

	1959	1960	1961	1962	1963
Syphilis—patients completing treatment—					
Males	579	526	572	507	430
Females	508	434	362	359	229
patients not completing treatment—					
Males	672	677	776	682	528
Females	336	431	390	389	199
Gonorrhoea—patients completing treatment—					
Males	4,941	5,700	7,800	5,398	4,429
Females	1,199	1,334	1,269	1,129	1,163
patients not completing treatment—					
Males	4,900	6,536	8,085	4,929	7,466
Females	1,312	1,485	1,550	1,237	1,743

Welfare officers employed by this department attended clinics at St. Paul's, St. Mary's, St. Thomas's, London, Eastern and Royal Free hospitals and followed up patients failing to continue to attend for treatment at those clinics and other persons thought to be contacts. One welfare officer was employed full-time at Holloway prison mainly to ensure that, as far as possible, those prisoners who needed to continue to attend a clinic after release did in fact attend.

Reports on contacts received at County Hall were followed up as far as possible and the following table gives some details of this work in recent years:

Tracing of contacts of patients

	1959	1960	1961	1962	1963
Contacts referred by hospitals, medical services of the Armed Forces and by local health authorities	246	282	188	160	227
Insufficient information for following-up ..	102	91	33	11	18
Contacts brought to treatment	57	72	67	57	86
Contacts traced but not brought to treatment ..	7	13	15	4	2
Contacts not traced	80	106	73	88	121

Health education

There have been a number of developments in the department's health education activities.

Smoking and health—The long-term campaign initiated in 1962 to bring this subject to public notice and particularly to younger people took shape during the year.

Following the appointment of a health educator, a mobile unit was formed with the primary function of visiting schools, colleges and youth clubs. This became operational in June and by the end of the year 140 establishments had been visited, including 96 schools. A total of 329 lectures, aided by films, filmstrips and other material, were given to some 26,600 persons ranging in age from seven to 60 years; most however were of school age.

The smoking advisory clinic at the East Islington welfare centre continued and further clinics were opened at Woodberry Down health centre and Fulham chest clinic, the latter in co-operation with Dr. H. C. Price, the chest physician.

An exhibition in the County Hall display window in April emphasised the need for adults to set an example to young people in the matter of smoking by themselves abstaining.

Venereal disease—The increasing incidence of venereal disease in young people received the attention of the Health Committee, the conference of medical officers of health of London and the Home Counties, the departmental advisory committee on health education and the standing advisory committee on health education in schools. Broad conclusions reached included the realisation that short intensive publicity campaigns were less likely to be effective than a continuing and expanding process of education on the dangers and other facts of venereal disease. A start was made on the preparation of leaflets and posters for selected groups, having regard to the present dearth of suitable material. A talk was given by Dr. C. S. Nicol, consultant venereologist at St. Thomas' hospital, to medical staff and he and Miss M. Holmes of the University of London Institute of Education addressed a study afternoon on the medical, social and health education aspects of the subject for health visitors, social workers and certain other staff.

Health education in schools—A standing advisory committee was formed to consider continuously ways in which schools could be helped to continue and expand health education. Members are drawn from officers of the education department, with strong representation from officers of the public health department.

Campaigns and exhibitions—A stand on safety in the home, fire prevention and means of escape was mounted at the Ideal Home Exhibition, Olympia in conjunction with the Architect's department and the London Fire Brigade.

In the autumn a campaign of simultaneous publicity throughout London and the Home Counties for routine immunisation was launched with the co-operation of the Ministry of Health.

Health education talks—The following tables show the variety and volume of talks and discussions arranged by the field staff. Films and filmstrips continued to be widely used in these activities. The department's own library met 647 requests for filmstrips and provided 230 of the total of 960 films shown. Talks given by health visitors in schools at the invitation of head teachers ranged over a variety of subjects and numbered over 4,000.

In order to allow greater flexibility in the use of audio-visual aids, each division was provided with its own film projector and ceased to rely on use of a central pool of machines. The hiring of films and the selection of literature was also devolved directly to the divisions during the year.

Health education talks—1963

TABLE (i)—*Speakers*

	Divisions									
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*Total*
Medical officers	—	31	6	—	1	—	3	—	—	41
Nursing officers	—	—	1	—	—	2	1	—	—	4
Health visitors and school nursing sisters	880	1,051	291	342	361	656	769	76	288	4,714
Domiciliary midwives.. ..	12	25	6	—	2	—	20	—	—	65
Teachers/instructors	2	165	3	112	66	—	—	—	—	348
Other Council officers ..	—	5	—	—	3	—	7	1	2	18
Lecturers from outside the Council's service—Nursing	3	27	1	—	3	—	2	—	1	37
Other.. ..	5	24	6	1	25	—	82	6	2	151
Total	902	1,328	314	455	461	658	884	83	293	5,378

TABLE (ii)—*Audience groups*

	Divisions									
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*Total*
Expectant mothers	743	764	252	320	227	568	456	52	184	3,566
Mothers, mothers' clubs, etc.	147	529	62	105	225	45	406	11	98	1,628
Parent/teacher associations ..	8	3	—	—	7	45	6	1	8	78
Schools*		—	—	—	—	—	—	—	—	—
Day continuation classes ..	4	32	—	30	2	—	5	19	3	95
Voluntary organisations ..	—	—	—	—	—	—	11	—	—	11
Total ..	902	1,328	314	455	461	658	884	83	293	5,378

* *Lectures by medical officers.*

TABLE (iii)—*Subjects of talks and attendances*

	Divisions																			
	1		*2*		*3*		*4*		*5*		*6*		*7*		*8*		*9*		*Total*	
	Talks	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*	*Talks*	*Attendances*
Care of mothers and young children	787	5,829	989	7,976	286	2,781	365	4,013	358	3,846	617	6,966	630	6,317	65	974	264	2,066	4,361	40,768
Care of older children	23	197	115	1,011	—	—	30	466	21	190	3	103	43	446	1	6	6	69	242	2,488
General family health topics ..	16	147	89	812	13	52	18	178	26	232	4	48	45	538	2	38	2	28	215	2,073
Environmental hygiene	1	5	13	98	—	—	1	11	2	26	—	—	—	—	—	—	—	—	17	140
Infectious diseases and prophylaxis	32	250	13	101	3	13	1	8	5	44	21	234	31	313	2	22	—	—	108	985
Prevention of accidents	17	168	27	220	3	31	1	6	7	106	8	49	18	137	—	—	1	7	82	724
Smoking and lung cancer	1	13	1	9	3	23	—	—	7	123	—	—	3	47	—	—	—	—	15	215
Cancer education (other than above)	1	6	1	7	1	4	—	—	—	—	—	—	—	—	—	—	—	—	3	17
Mental health	—	—	7	72	—	—	—	—	4	40	—	—	1	4	1	14	—	—	13	130
First aid	9	36	6	51	3	31	—	—	2	24	—	—	5	59	1	23	1	9	27	233
Other	15	129	67	856	2	15	39	774	29	230	5	140	108	1,395	11	193	19	247	295	3,979
Total	902	6,780	1,328	11,213	314	2,950	455	5,456	461	4,861	658	7,540	884	9,256	83	1,270	293	2,426	5,378	51,752

MENTAL HEALTH SERVICES

The mental health services continued to expand and the year saw the opening of a further industrial training centre for men and older boys at Blackwall Lane, Greenwich; the extension of day centre facilities for mentally ill persons; and the furthering of the Council's policy of support and encouragement for voluntary organisations, especially in the opening by the Easton House Trust of a hostel for leavers from the Council's boarding special schools for maladjusted boys to which the Council contributes 90 per cent. of the approved maintenance expenditure. Further examples of the Council's support of voluntary efforts are given below.

The staffing needs to meet the demands of an expanding service were recognised when the Council approved in the latter half of the year an increase of some 35 per cent. in the establishment of mental health social workers. Recruitment was proceeding steadily, if not as speedily as could have been wished, by the end of the year.

Training centres

A new industrial training centre was opened in March in Greenwich. Accommodation was provided for 36 men and youths, but the full benefit of the additional places was not realised as some 20 places were taken up temporarily by trainees displaced from the Stepney industrial centre on the cessation of the lease. However, plans are well advanced for the Stepney unit to move back to Poplar early in 1964. At the end of the year there were 23 training centres providing 1,471 places (755 in nine junior centres; 351 in six centres for men and youths, including 126 places in two industrial centres; 365 in eight centres for women and older girls). The industrial centres produced goods valued at approximately £3,175 for use in the Council's service.

Educational psychologists—The Council approved the employment of educational psychologists, working in the Education Officer's department, to visit junior training centres to investigate the training potentialities of subnormal children and to give advice on training methods, either generally or in respect of individual children. This followed a recommendation of the Sub-Committee on the Training of Staff for Training Centres for the Mentally Subnormal set up by the Ministry of Health, that authorities should be encouraged to co-operate in, or initiate, educational and psychological research into mental subnormality. A total of about 18 half-day sessions a term for the nine centres is involved and the scheme is to be reviewed in May 1964.

Special care units—Authority was given for the addition of special care units at three existing junior training centres; it is hoped to start work on them next year.

The Council increased its contribution to the Friends of the Centre for Spastic Children, to provide further places in the special care unit for subnormal multi-handicapped spastic children aged two to seven years at the Cheyne Walk centre, Chelsea. The enlarged unit will be able to accommodate up to 30 of these children.

Home teaching—At the end of the year home tuition was being provided for 45 mentally subnormal persons who were unable, through physical handicap, to attend training centres.

Special units in day nurseries—Approval was given to the setting up in day nurseries of four additional units for severely subnormal children under the age of 5 years. One of these special units started in Poplar and the other three, in St. Pancras, Lambeth and Wandsworth, were expected to be in use early in the New Year. The two original units in Fulh and Lewisham continued to provide facilities.

Rehabilitation, training and occupation of mentally ill persons

Day centres for the mentally ill—Part-time day centres for chronic mentally ill persons, where they can meet together to enjoy occupational and educational activities and at the

same time allow relief to parents and relatives for a few hours, were opened in Camberwell, Lewisham and Greenwich.

The Council's day rehabilitation centre at Clifton Lodge, Hackney and the Shoreditch day centre for chronic mentally ill persons continued to be used fully during the year with beneficial results to the persons attending. Preparations were completed and staff appointed for the opening in Southwark of the Council's second day rehabilitation centre for 30 mentally ill persons early in January 1964.

Further developments were increased financial grant (90 per cent. of running costs) by the Council to the Psychiatric Rehabilitation Association, to enable a further day centre to be opened by the Association in Stepney, and a similar grant of 90 per cent. of approved costs of attendances of mentally disordered persons for the Blackfriars Settlement's occupational workshop centre in Southwark.

At the end of the year 41 and 35 persons, respectively, were attending the day rehabilitation centres of the Institute of Social Psychiatry at Blackfriars and Southwark. Here again the Council makes a 90 per cent. grant.

Day hospitals—Co-operation with hospital authorities in the provision of day hospitals continued. Approval was given to the provision of social work and occupational therapy services at the West Park and St. George's Day Hospital Centre, Tooting, while additional occupational therapy sessions were agreed at St. Olave's hospital. The Council was assisting with services in five day hospitals at the end of the year.

Psychiatric social clubs—New psychiatric social clubs were opened in Islington and Fulham, making a total of seven organised directly by the Council, in addition to a similar number run by the Institute of Social Psychiatry and other kindred facilities provided by hospitals and voluntary organisations elsewhere.

Occupational therapy—The Council approved an increase in the establishment of occupational therapists from four to seven (equivalent whole-time units) for the home teaching and occupation of mentally ill patients, and for services at day centres and day hospitals.

Residential accommodation

Council hostels—The Council's hostel for mentally ill persons opened in Putney in 1962 continued to be well used during the year. A total of 56 admissions (including six re-admissions) and 51 discharges (including five who had been re-admitted) took place; there were 21 persons in residence on 31 December.

During the year 20 girls were resident at the Council's Dover Lodge hostel, Lewisham, for mentally subnormal girls and young women. The hostel accommodates 13 persons and there were 11 in residence at the end of the year.

The Council's second hostel for mentally ill persons is due for completion by the middle of 1964, and plans are in preparation for the erection of a hostel for subnormal men in Paddington and of a long-stay hostel for subnormal children in Greenwich. Further sites were under consideration at the end of the year.

Voluntary organisations—Hostels and homes maintained by voluntary organisations and private persons continued to be used for both mentally ill and mentally subnormal persons. The number of persons maintained by the Council at these various establishments at the end of the year was 209 mentally ill and 143 mentally subnormal.

A hostel for leavers from the Council's boarding special schools for maladjusted boys was opened in April by the Easton House Trust. This hostel, in Stoke Newington, provides accommodation for 12 boys and was in full use at the end of the year.

Short-term care—Provision of short-term care for mentally subnormal persons in hospitals and private homes approved by the Council continued to be available. During

the year 505 persons (compared with 580 in 1962) were placed under these arrangements, which helped to relieve the strain of home care by parents and relatives, for periods normally not exceeding eight weeks.

Alcoholic rehabilitation centre—There was a new development at St. Luke's House, Lambeth, the alcoholic rehabilitation centre maintained by the West London Mission with a contribution by the Council of 90 per cent. of approved costs; St. Mary's House, an extension of the existing male hostel (40 beds), was opened in August to provide accommodation for 12 female alcoholics. During the year 180 men were resident in the hostel accommodation.

Pre-release preparation of prisoners—In October a 90 per cent. grant was authorised towards the salary of a social worker employed by the Royal London Discharged Prisoners Aid Society on the pre-release preparation of prisoners in Wandsworth Prison who were alcoholics.

Recuperative holidays for psychiatric patients—Recuperative holidays of two to three weeks were arranged for 141 persons recovering from psychiatric illness compared with 125 in 1962.

Community care

The increase in the establishment of mental health social workers by some 35 per cent. enabled the rate of recruitment to be speeded up and the number of social workers rose from 102 to 112 (whole-time equivalent). Changes of staff and absences of officers on courses has, however, meant that the development of this service had to be steady rather than sudden.

There were 7,740 persons receiving community care at the end of 1963, compared with 7,241 for the previous year. The total number of mentally disordered persons referred to mental health social workers was 8,892. Liaison with psychiatric hospitals was sustained and strengthened by the further developments of the day hospitals and by the attendance of mental health staff at outpatients departments and case conferences at the hospitals.

Guardianship—During the year two persons were admitted to and 12 ceased to be in the guardianship of the Council. At the end of 1963 the total number under guardianship of the Council was 29 (39 in 1962).

Staff training

Seven social workers in the mental health service were granted special leave on full pay to begin full-time training in the autumn; four to study for the National Certificate on one- or two-year courses and three for mental health certificates. In addition, one senior mental health social worker was granted leave on half-pay to take a course in social case work at Smith College in Northampton, Massachusetts. Four officers were given time off and financial assistance to attend part-time social work courses organised by Middlesex County Council. Four officers returned to duty after completing full-time courses.

The number of training centre staff seconded on one-year full-time courses arranged by the National Association for Mental Health increased to six, five assistant supervisors taking the diploma course for teachers of the mentally handicapped and one the diploma course held in Birmingham for staff of adult centres. Two officers returned to duty after completing courses.

The Institute of Psychiatry arranged a post-graduate course in mental health for deputy divisional medical officers and some medical officers at the Maudsley hospital; 27 doctors employed by the Council attended the course.

The number and variety of short courses and occasional conferences available on mental health topics were greater than in previous years, many officers being granted paid leave (and in most cases other financial help) to participate. In addition, several officers attended evening courses, lectures or seminars in their own time on social work and allied mental health subjects.

Statistics

Statistical tables dealing with the work of the mental health service during 1963 are set out below with comparative figures for 1962 in italics.

TABLE (i)—*Source of referral of all cases*

	Mentally ill				*Subnormal and severely subnormal*		*Total 1963*		*Total 1962*	
	With a view to hospital admission		*Community care*							
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
Psychiatric hospital or ward ..	603	10·9	904	41·9						
Psychiatrist at general ward ..	348	6·3	46	2·1	112	9·4	2,568	28·8	*2,558*	*26·2*
Non-psychiatric referrals from hospitals	471	8·5	84	3·9						
Psychiatric out-patient clinic or day hospital	181	3·3	139	6·5	67	5·6	387	4·4	*401*	*4·1*
Non-psychiatric hospital out-patient	—	—	—	—						
General practitioner	2,274	41·0	192	8·9	30	2·5	2,496	28·1	*2,581*	*26·3*
Police or court	580	10·5	14	0·6	28	2·3	622	7·0	*706*	*7·2*
Patient or relative	329	5·9	209	9·7	80	6·7	618	6·9	*778*	*7·9*
Landlord or neighbour ..	173	3·1	—	—	—	—	173	1·9	*267*	*2·7*
Education officer			105	4·9	585	49·1				
Health visitor	584	10·1	56	2·6	47	3·9	2,028	22·9	*2,510*	*25·6*
National Assistance Board ..			44	2·1	—	—				
Miscellaneous			362*	16·8	245	20·5				
Total 1963	5,543	100·0	2,155	100·0	1,194	100·0	8,892	100·0		
Total 1962	*6,290*		*2,168*		*1,343*		*9,801*		*9,801*	*100·0*

* *Includes other departments of L.C.C., other local authorities, government departments and welfare associations.*

The number of patients referred in 1963 was lower than in 1962 but still well above the 1961 level; the decrease was mainly in persons referred with a view to hospital admission, mentally ill patients referred for community care were only 13 fewer than in the previous year and subnormal patients decreased by 149.

TABLE (ii)—*Initial action and final disposal of mentally ill persons referred to mental health social workers with a view to removal to hospital*

	Initial action				*Final disposal*			
	No.		*%*		*No.*		*%*	
Informal admission	1,017	(*1,123*)	18·3	(*17·9*)	2,596	(*2,806*)	46·8	(*44·5*)
Compulsory admission:								
For observation (sec. 25)	973	(*989*)	17·5	(*15·7*)	—	—	—	—
Emergency admission for observation (sec. 29)	1,874	(*2,017*)	33·8	(*32·2*)	—	—	—	—
For treatment (sec. 26)	79	(*136*)	1·4	(*2·2*)	402	(*489*)	7·3	(*7·8*)
By police (sec. 136)	98	(*139*)	1·8	(*2·2*)	—	—	—	—
Court order	202	(*208*)	3·6	(*3·3*)	202	(*209*)	3·6	(*3·3*)
Absent from hospital without leave (sec. 40)	2	(*7*)	0·0	(*0·1*)	9	(*10*)	0·2	(*0·2*)
Psychiatric out-patient clinic or day hospital	148	(*198*)	2·8	(*3·1*)	149	(*199*)	2·7	(*3·2*)
General ward for physical care	59	(*59*)	1·1	(*0·9*)	80	(*79*)	1·4	(*1·3*)
Community care from general practitioner, Welfare dept., etc.	194	(*204*)	3·5	(*3·2*)	194	(*205*)	3·5	(*3·3*)
Other cases, including no further action	897	(*1,210*)	16·2	(*19·2*)	1,191*	(*2,275*)	34·5	(*36·1*)
Not known	—	—	—	—	—	(*18*)	—	(*0·3*)
	5,543	(*6,290*)	100·0	(*100·0*)	5,543	(*6,290*)	100·0	(*100·0*)

* *Includes 925 (977) discharged after a period of observation and 81 (80) deaths.*

The pattern of action taken on referral and the final disposal of these patients remains much the same as in 1962.

TABLE (iii)—*Hospital admissions dealt with by mental health social workers informally or under secs.* 25, 26 *and* 29 *of the Mental Health Act*, 1959

	Initial disposal to hospital						*Final disposal to hospital*					
	Under 65 years		*65 years and over*		*Total*		*Under 65 years*		*65 years and over*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
Informal admission	770 (*840*)	23·8 (*24·0*)	247 (*283*)	35·0 (*37·1*)	1,017 (*1,123*)	25·8 (*26·4*)	2,033 (*2,184*)	84·6 (*82·6*)	563 (*622*)	94·8 (*95·2*)	2,596 (*2,806*)	86·6 (*85·1*)
Compulsory admission:												
For observation (sec. 25)	743 (*762*)	23·0 (*21·8*)	230 (*227*)	32·6 (*29·8*)	973 (*989*)	24·7 (*23·2*)	— —	— —	— —	— —	— —	— —
Emergency admission (sec. 29)	1,649 (*1,774*)	50·9 (*50·6*)	225 (*243*)	32·0 (*31·8*)	1,874 (*2,017*)	47·5 (*47·2*)	— —	— —	— —	— —	— —	— —
For treatment (sec. 26)	76 (*126*)	2·3 (*3·6*)	3 (*10*)	0·4 (*1·3*)	79 (*136*)	2·0 (*3·2*)	371 (*458*)	15·4 (*17·4*)	31 (*31*)	5·2 (*4·8*)	402 (*489*)	13·4 (*14·9*)
Total	3,238 (*3,502*)	100·0 (*100·0*)	705 (*763*)	100·0 (*100·0*)	3,943 (*4,265*)	100·0 (*100·0*)	2,404 (*2,642*)	100·0 (*100·0*)	594 (*653*)	100·0 (*100·0*)	2,998 (*3,295*)	100·0 (*100·0*)

In previous years these reports have expressed some concern about the number and high proportion of compulsory admissions to hospitals under the Mental Health Act, 1959. In 1963 information was requested from all psychiatric hospitals drawing patients from London of the total number of informal admissions of patients with a London address.

From the information received it was possible to estimate the number of admissions, both informal and compulsory, from the Administrative County in 1963. On the assumption that all compulsory admissions were made through the local health authorities' offices, it was concluded that for every patient admitted informally through the Council's mental health service, another eight to nine patients were admitted direct through arrangements made between hospitals and general practitioners. It is this factor which accounts for the apparent high proportion of patients admitted under compulsion—76·2 and 65·0 per cent. respectively for persons aged under 65 years and 65 years and over, compared with 76·0 and 62·9 per cent. in 1962. Final disposal showed proportionately fewer patients retained in hospital under compulsion—15·4 per cent. compared with 17·4 per cent. for persons under 65 years and 5·2 per cent. compared with 4·8 per cent. for old people aged 65 years and over.

TABLE (iv)—*Disposal of cases referred specifically for community care*

(*a*) *Suffering or suspected to be suffering from mental illness*

	1962		1963	
	No.	%	*No.*	%
Hospital care:				
Informal admission	81	3·7	73	3·4
Compulsory admission	36	1·7	33	1·5
Psychiatric out-patient clinic or day hospital	62	2·9	55	2·6
Community care of mental health service	1,656	76·3	1,634	75·8
Other community care, e.g., Welfare or Children's dept., general practitioner, probation officer, etc.	84	3·9	70	3·2
No further action	249	11·5	290	13·5
No. of persons involved	2,168	100·0	2,155	100·0

(*b*) *Mentally subnormal and severely subnormal*

		1962			1963	
		No.	%		*No.*	%
Hospital care		71	5·3		67	5·7
Community care of mental health service:						
Residential home, hostel, convent, etc.	45			49		
Attendance at training centre	77	1,078*	80·3	78	924*	77·3
Receiving visits from m.h.s.w.	1,054			895		
Other types of community care	33			24		
Other community care, e.g., Welfare or Children's depts., general practitioner, probation officer, etc.		51	3·8		45	3·8
No further action		143	10·6		158	13·2
Miscellaneous		—	—		—	—
No. of persons involved		1,343	100·0		1,194	100·0

**Number of persons; some cases are being visited as well as receiving some other form of care.*

With both mentally ill and subnormal persons the pattern of care for patients referred during 1963 remains similar to that of the previous year.

At the end of the year 2,664 (*2,211*) mentally ill persons and 5,076 (*5,030*) mentally subnormal or severely subnormal were receiving some form of community care. Table (v) analyses the various types of care being given, from which it will be seen that 7,324 (*6,897*) persons were being visited by mental health social workers, 432 (*341*) were being provided with residential accommodation and 1,671 (*1,559*) were receiving training at day centres or in their own homes.

TABLE (v)—*Persons receiving community care at* 31.12.63

Type of care received	*Mentally ill*	*Mentally subnormal or severely subnormal*						*Grand total*
		Under 16 years		*Over 16 years*		*All ages*		
		No.	*%*	*No.*	*%*	*No.*	*%*	
Residential home, hostel, convent, etc.	230 (*185*)	42	3·3	92	2·4	134 (*92*)	2·6	364 (*277*)
Boarded out	—	5	0·4	60	1·6	65 (*64*)	1·3	68 (*64*)
Home training	—	17	1·3	28	0·7	45 (*43*)	0·9	45 (*43*)
Attendance at day centres..	218 (*133*)	—	—	—	—	—	—	218 (*133*)
Attendance at social clubs for mentally ill* ..	526 (*132*)	—	—	—	—	—	—	526 (*132*)
Training centres for subnormal and severely subnormal	—	668	52·1	740	19·5	1,408 (*1,383*)	27·7	1,408 (*1,383*)
Receiving visits from m.h.s.w. or p.s.w. ..	2,427 (*2,018*)	1,226	95·7	3,671	96·5	4,897 (*4,879*)	96·5	7,324 (*6,897*)
Other types of community care	146 (*82*)	37	2·9	117	3·1	154 (*144*)	3·0	300 (*226*)
†No. of persons involved..	2,664 (*2,211*)	1,281 (*1,361*)		3,795 (*3,669*)		5,076 (*5,030*)		7,740 (*7,241*)

**Some patients who are not included were attending clubs which receive financial or other help from the Council.*

†*Some persons were receiving more than one type of service.*

Pupils on school rolls—In January 1964 there was a total of 414,598 pupils on the day school roll; 232,242 in primary schools, 171,463 in secondary schools, 2,188 in nursery schools, 8,319 in special schools and 386 in hospital schools. In January 1963 there were 417,320 pupils on the roll.

Medical inspection

Details of medical inspections during 1963 are summarised and compared with those for earlier years in the tables below. Since 1958 periodic general medical inspections have been analysed by year of birth to conform with Ministry of Education requirements, but to facilitate annual comparisons the year of birth has been turned into ' age ' (by subtracting year of birth from year of inspection) in the tables throughout this section of the report.

It will be seen from the following table that intermediate inspections now are each spread over two age-groups because the school year begins in September. The number of children seen at periodic general medical inspections in 1963 was 37.0 per cent of the school roll, compared with 39·3 per cent. in 1962 and 38·7 per cent. in 1961. It is of interest that of the 10,906 special inspections, over half were requested by head teachers, over a quarter by school health visitors and over one-tenth by parents.

An experimental procedure for medical inspections was introduced during 1962 into selected schools. The routine examination of the seven to eight years age group was suspended to allow more time for the examination of selected children considered to be in need of particular attention. It is too early to assess the full value of the scheme.

Periodic general medical inspections

Age groups	*1961*		*1962*		*1963*	
	No.	*%*	*No.*	*%*	*No.*	*%*
4 and less	7,939	4·9	7,995	4·9	7,874	5·1
5	28,558	17·4	28,647	17·4	27,811	18·2
6	8,314	5·1	8,972	5·5	9,670	6·3
7	9,356	5·7	9,039	5·5	8,643	5·6
8	20,684	12·6	20,783	12·7	18,648	12·2
9	4,204	2·6	5,843	3·6	4,812	3·1
10	2,078	1·3	2,109	1·3	2,051	1·3
11	10,096	6·2	10,416	6·3	11,636	7·6
12	20,148	12·3	18,992	11·6	18,538	12·1
13	6,103	3·7	6,280	3·8	6,340	4·1
14	10,277	6·3	8,152	5·0	5,311	3·5
15 and over	35,841	21·9	36,828	22·4	32,072	20·9
	163,598	100·0	164,056	100·0	153,406	100·0

Non-routine medical inspections

	1961	*1962*	*1963*
Reinspections	74,618	73,794	71,675
Secondary school reviewals	1,908	1,994	1,637
Other non-routine inspections (see next table) ..	48,380	46,682	47,685
7-plus experimental scheme inspections	—	—(*)	2,097
Total	124,906	122,470	123,094
Total inspections	288,504	286,526	276,500

(*) *Scheme introduced late in 1962, figures not shown separately.*

Analysis of non-routine medical inspections

Nature of inspection	*Number inspected*		
	1961	*1962*	*1963*
Bathing centre inspections—scabies	28	23	25
Bathing centre inspections—other	128	31	31
Employment certificates	5,264	4,226	3,910
Licences for theatrical employment	468	399	419
School journeys	21,409	20,556	20,847
Recuperative holidays—prior to holiday	1,075	952	1,216
—on return	53	69	31
Candidates for higher awards	34	50	41
Nautical school entrants	149	159	107
Outward Bound and Adventure courses	159	183	229
T.B. contacts	30	7	25
Boarding schools for the delicate—			
Pre-departure inspections	130	133	171
On return	45	38	28
Other handicapped pupils—			
Statutory examination	1,072	1,175	1,631
Periodic special defect examination	5,126	5,795	5,897
Research investigations and enquiries	186	339	384
	35,356	34,135	34,992
Specials, at request of:			
Head teacher—special book	1,618	1,572	1,321
—other	4,585	4,496	4,209
School nurse—after health survey	1,208	1,076	932
—other	1,401	1,819	1,899
Divisional officer (Education)	895	716	805
District care organiser or care committee	642	485	582
Parent	1,488	1,175	1,158
	11,837	11,339	10,906
All other non-routine inspections	1,187	1,208	1,787
Total	48,380	46,682	47,685

Pupils found to require treatment at periodic general medical inspections (excluding dental and infestation)

Age groups inspected	*For defective vision (excluding squint)*	*For other conditions*	*Total individual pupils*
4 and less	23	667	687
5	277	2,245	2,488
6	206	915	1,092
7	574	687	1,197
8	1,489	1,369	2,739
9	388	380	735
10	174	179	337
11	1,283	610	1,828
12	2,033	1,075	2,967
13	748	344	1,051
14	619	213	797
15 and over	3,803	1,095	4,712
	11,617	9,779	20,630

Defects noted at routine medical inspections—The overall percentage of children referred for treatment of a defect was 13·4 in 1963 compared with 12·6 in 1962. The comparative percentages for sex and age are shown in the following table. The percentage referred for vision defects has increased from 6·9 in 1961 to 7·6 in 1963; for other defects it has increased from 6·0 in 1962 to 6·4 in 1963. In nearly all age-groups the percentages of boys and girls referred for treatment of vision defect have increased over those of last year. Vision defects are dealt with in more detail in a later paragraph.

For all defects in the age groups containing the largest numbers (viz. 5, 8, 12 and 15) a marked increase over the 1962 percentages was apparent in boys aged 8 and girls aged 15 and over, and a less marked one in boys aged 5 and girls aged 8. For the 8-year-old boys this was attributable to an equal increase in vision defects and other defects; for the girls aged 15 and over, to an increase in the number of vision defects approximately twice that of other defects; and for the girls aged 8 and boys aged 5 to increases predominantly in vision defects and other defects respectively.

Percentage of children noted for treatment

Age and sex		*All defects*			*Vision defects*			*Defects other than vision*		
		1961	*1962*	*1963*	*1961*	*1962*	*1963*	*1961*	*1962*	*1963*
4 and less	Boys	9·3	8·6	9·8	0·4	0·3	0·2	9·0	8·3	9·6
	Girls	7·6	7·9	7·6	0·4	0·3	0·3	7·3	7·6	7·3
5	Boys	8·6	8·6	9·8	0·5	0·8	1·0	8·2	8·0	8·9
	Girls	7·5	7·9	8·0	0·7	0·9	1·0	6·9	7·1	7·2
6	Boys	11·8	11·3	12·4	1·3	1·6	2·2	10·8	9·8	10·6
	Girls	9·4	9·5	10·1	1·5	1·5	2·0	7·9	8·3	8·3
7	Boys	15·4	15·0	15·0	7·0	6·4	6·9	9·0	9·4	8·9
	Girls	13·9	14·1	12·7	7·2	7·4	6·4	7·2	7·5	7·0
8	Boys	13·5	13·7	15·7	7·0	7·0	8·1	7·0	7·3	8·3
	Girls	12·8	12·4	13·6	7·5	7·0	7·9	5·9	6·0	6·3
9	Boys	14·0	14·3	15·6	7·1	6·4	7·4	7·9	8·4	8·8
	Girls	14·0	14·1	15·0	8·1	7·9	8·8	6·3	7·0	6·9
10	Boys	15·5	15·4	17·4	8·9	7·0	8·6	7·4	9·3	9·4
	Girls	14·2	14·9	15·4	9·4	8·7	8·4	5·7	6·7	8·0
11	Boys	12·8	12·4	13·3	8·4	8·1	8.9	4·8	4·9	4·9
	Girls	16·4	17·2	17·9	11·6	12·1	13·0	5·4	6·0	5·5
12	Boys	13·4	14·3	14·3	8·8	9·8	9·6	5·1	5·1	5·4
	Girls	15·4	17·2	17·8	10·4	11·4	12·4	5·8	6·6	6·2
13	Boys	12·0	13·0	14·8	8·5	8·8	10·6	3·9	4·7	4·8
	Girls	15·0	17·5	18·5	10·7	11·9	13·1	4·9	6·6	6·2
14	Boys	12·1	11·7	13·6	9·4	9·0	10·7	3·1	2·9	3·6
	Girls	14·5	15·5	16·4	10·7	12·2	12·6	4·6	4·0	4·5
15 and over	Boys	12·2	11·8	12·5	9·7	9·5	10·2	2·9	2·6	2·7
	Girls	14·3	14·9	16·9	11·6	12·1	13·5	3·3	3·3	4·1
Total	Boys	12·0	12·0	13·0	6·4	6·4	6·8	6·0	6·0	6·6
	Girls	12·6	13·2	13·9	7·5	7·8	8·4	5·6	5·9	6·1
Total	Both sexes	12·3	12·6	13·4	6·9	7·1	7·6	5·8	6·0	6·4

NOTE: *A child can be noted as requiring treatment of vision and another defect, hence the percentage requiring vision treatment plus the percentage requiring treatment of other defects exceeds the percentage referred for treatment of all defects.*

The following table shows the percentage of children of all ages noted for treatment or observation of the defects listed for the years 1961 to 1963. These percentages remain fairly stable over the period. Enlarged tonsils and adenoids show a continuing decline over the last four years. Psychological defects and enuresis have increased over the last year.

	1961	1962	1963
Numbers examined	163,598	164,056	153,406
		Percentages	
Skin diseases	1·19	1·14	1·17
External eye diseases	0·54	0·48	0·50
Defective hearing	0·90	0·99	1·04
Otitis media	0·51	0·49	0·49
Enlarged tonsils and adenoids ..	3·95	3·72	3·59
Defective speech	0·87	0·89	0·94
Enlarged cervical glands	0·63	0·66	0·63
Heart and circulation	0·87	0·86	0·94
Lung disease (not T.B.)	1·21	1·25	1·38
Orthopaedic defects	3·52	3·31	3·37
Defects of nervous system	0·43	0·43	0·45
Psychological defects	1·08	1·06	1·40
Anaemia	0·12	0·11	0·12
Enuresis	1·77	1·96	2·23

A child can be noted for more than one defect.

Attendance of parents and care committee representatives at periodic inspections—As in previous years, the percentage of medical inspections at which a parent is present decreases as children get older. The overall percentage was 49·6, slightly higher than in 1962 when it was 49·2 per cent.

Care committee representatives attended 84·7 per cent. of all periodic general inspections. In the infant and junior school age groups the figure was over 90 per cent. but only about 77 per cent. in the secondary school age groups. This was due, no doubt, to the fact that care committees do not function in all secondary schools.

Attendance of parents and care committee representatives

Age group	*Number of pupils inspected*	*Parent present*	*Care committee representatives present at inspection*
		%	%
4 or less	7,874	93·2	78·5
5	27,811	87·2	92·5
6	9,670	78·8	93·2
7	8,643	73·5	92·5
8	18,648	70·6	94·2
9	4,812	60·7	93·2
10	2,051	50·6	93·2
11	11,636	36·1	76·0
12	18,538	29·3	79·7
13	6,340	24·5	82·2
14	5,311	9·3	81·9
15 and over	32,072	5·5	74·6

Physical condition of pupils

The percentage of pupils whose condition was classified as satisfactory and unsatisfactory and the percentage who were noted as requiring treatment or observation on

account of nutrition during 1963 are set out below, with similar figures for the four preceding years. The table shows a steadying of the percentages.

	Physical condition		*Nutrition defect noted for*	
	Satisfactory	*Unsatisfactory*	*Treatment*	*Observation*
	%	%	%	%
1959	98·8	1·2	0·2	0·5
1960	99·0	1·0	0·2	0·5
1961	99·2	0·8	0·2	0·4
1962	99·4	0·6	0·2	0·4
1963	99·4	0·6	0·2	0·4

Tabulation by years of birth permits the comparison of samples of children of the same age group and is analogous to a ' follow-up ' survey. The last four years' figures are:

Percentage unsatisfactory physical condition

Year of birth	*Year of examination*			
	1960	*1961*	*1962*	*1963*
1945	0·4	—	—	—
1946	0·6	0·4	—	—
1947	0·8	0·4	0·3	—
1948	0·9	0·6	0·3	0·4
1949	0·9	0·6	0·5	0·5
1950	2·2	0.6	0·5	0·6
1951	1·6	1·7	0·4	0·5
1952	1·1	1·5	0·9	0·5
1953	1·8	1·0	0·9	1·2
1954	1·8	1·2	0·8	0·8
1955	1·2	1·8	0·9	0·8
1956	1·0	0·7	0·8	0·8
1957	—	0·8	0·6	1·1
1958	—	—	0·8	0·7
1959 and later ..	—	—	—	0·6

School meals and milk

The Ministry of Education asked for a return for a typical day of the total number of (i) day school children who had school dinners and (ii) children who had school milk. The day selected for the census was 24 September or the nearest normal school day thereto. The figures are set out below with those for 1962 in brackets.

Type of school	*Number of children present*	*Number who took school dinners*			
		On payment	*Free*	*Total*	%
Secondary	158,824	95,347	8,010	103,357	65·08
	(*165,861*)	(*99,416*)	(*7,499*)	(*106,915*)	(*64·46*)
Primary	205,055	115,640	14,098	129,738	64·22*
	(*205,032*)	(*111,522*)	(*12,703*)	(*124,225*)	(*61·48*)
Special	5,652	4,275	1,233	5,508	97·45
	(*5,640*)	(*4,424*)	(*1,149*)	(*5,573*)	(*98·81*)
Nursery	1,870	885	95	980	96·55†
	(*1,634*)	(*868*)	(*79*)	(*947*)	(*96·34*)
	371,401	216,147	23,436	239,583	65·19‡
	(*378,167*)	(*216,230*)	(*21,430*)	(*237,660*)	(*63·45*)

**Percentage of 202,014 children, as 3,041 children attended half time and did not have dinners.*
†Percentage of 1,015 children, as 855 children attended half time and did not have dinners.
‡Percentage of 367,505 children.

The Ministry was informed that 300,383 children in Council maintained schools took milk on the selected day compared with 308,095 in September 1962. Of 29,043 children present in independent schools, 20,883 had milk under the scheme. The percentages for the several types of school for the corresponding days were:

	1959	*1960*	*1961*	*1962*	*1963*
Secondary.. ..	69·23	66·05	63·12	61·08	59·64
Primary	96·82	96·32	96·51	96·01	95·42
Day special ..	98·83	98·47	99·18	97·32	97·26
Nursery	98·64	98·51	98·67	97·86	96·84
Boarding	98·12	98·51	97·52	98·41	97·42
Independent ..	76·67	74·60	77·66	74·62	71·90

Vision

Visual acuity standards expressed as percentages of the numbers of children whose eyes were *tested* are set out in the following table.

In general the referral rate for treatment is fairly consistent throughout the age range, i.e., development of defective vision is progressive with age, since those found to have defective vision at earlier examination and provided with spectacles will be excluded from this side of the table at subsequent examinations. For children already wearing spectacles the proportions referred for treatment increase with age, doubtless for correction of refraction.

Of the children medically inspected, 0·6 per cent. were noted for treatment of squint, the same as in 1960, 1961 and 1962. The percentage ranged from 1·2 in the entrant group to 0·2 in the leaver group.

Age group	Boys							
	Not wearing spectacles				*Wearing spectacles*			
	6/6	*6/9*	*6/12 or worse*	*Referred for treatment*	*6/6*	*6/9*	*6/12 or worse*	*Referred for treatment*
Under 7	85·1	8·3	4·8	5·8	0·7	0·4	0·7	0·7
7	79·9	11·0	6·0	6·2	0·8	1·0	1·3	1·3
8	79·9	9·2	6·1	6·2	1·4	1·6	1·8	2·0
9	80·5	8·7	5·7	5·7	2·4	1·1	1·6	1·9
10	81·5	6·2	7·6	7·4	1·9	1·2	1·6	1·5
11	80·3	5·3	5·7	5·7	3·6	2·3	2·8	3·3
12	79·6	5·5	6·7	6·4	3·7	2·0	2·5	3·2
13	77·6	5·6	7·6	7·1	3·8	2·6	2·8	3·5
14	79·0	4·7	6·0	5·8	6·0	2·0	2·3	5·0
15 and over	76·8	4·2	5·9	5·6	7·1	2·8	3·2	4·7
Total	79·3	6·4	6·1	6·0	3·9	2·0	2·3	3·1

Age group	Girls							
	Not wearing spectacles				*Wearing spectacles*			
	6/6	*6/9*	*6/12 or worse*	*Referred for treatment*	*6/6*	*6/9*	*6/12 or worse*	*Referred for treatment*
Under 7	84·4	8·8	5·0	5·6	0·9	0·3	0·6	0·6
7	80·2	10·0	5·7	5·6	1·2	1·2	1·7	1·4
8	79·4	9·9	5·5	5·7	1·7	1·5	2·0	2·2
9	78·3	9·7	6·4	6·7	2·3	1·3	2·0	2·2
10	80·1	8·7	6·1	6·7	1·8	1·3	2·0	2·0
11	76·5	6·7	6·4	7·5	4·2	3·1	3·1	5·6
12	76·7	6·2	6·9	7·6	4·4	2·9	2·9	4·9
13	73·9	7·0	7·8	8·0	4·7	3·0	3·6	5·2
14	75·7	4·8	5·8	5·9	6·9	3·5	3·3	6·8
15 and over	72·9	4·6	5·4	5·9	8·8	4·2	4·1	7·6
Total	76·7	7·0	6·0	6·4	4·7	2·7	2·9	4·7

NOTE: *The percentages of children referred for treatment differ slightly from those quoted in the defects for treatment table on page 78 in which the percentages were based on the number of children medically inspected.*

Personal hygiene

Health surveys—The number of comprehensive health surveys conducted in 1963 was five per cent. less than that conducted in 1962. There was a decrease of 11 per cent. in the number of selective health surveys.

	No. examined	*No. found verminous*	*Pupils found to be verminous % of No. examined*
Annual comprehensive health surveys* ..	293,770	2,401	0·82
	(*309,897*)	(*2,577*)	(*0·83*)
Additional health surveys*	141,130	2,557	1·81
	(*158,678*)	(*2,911*)	(*1·83*)

* *1962* figures in brackets.

To assess the comparative level of infestation amongst schoolchildren, only the findings for comprehensive health surveys (each child seen once a year) can be compared with the former hygiene inspections (each child seen once a term). As will be seen in the following table, the percentage found to be verminous at comprehensive surveys has shown a continuous decline over the years 1959 to 1963, which is largely due to the introduction in 1960 of Lorexane No. 3. shampoo.

Percentage found to be verminous

Hygiene inspections			*Comprehensive health surveys*				
1956	*1957*	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*
1·26	1·25	1·27	1·25	0·93	0·90	0·83	0·82

The number of individual children found to be verminous during 1963 was 2,856, a reduction of 263 from the number in 1962. Fewer selective health surveys were made (which may account in part for the reduction) because they have tended to be confined to those schools where the need is greatest.

Details of the work done under the cleansing scheme are shown below. The emphasis of the cleansing scheme as now carried out is on the children being cleansed by the parents at home, where any other verminous members of the family may, in the privacy that the home affords, also use the Lorexane No. 3 shampoo, hence eradicating a possible source to the child of recurring infestation.

To about ten per cent. of the number found verminous (occasions) at comprehensive and selective surveys the issue of advice alone was necessary; to about 75 per cent. a tube of Lorexane No. 3 shampoo was given. For the remaining 15 per cent. of the number found verminous (occasions) voluntary attendance at bathing centres was sought and on eight occasions statutory notices were issued to enforce attendance. (93 such notices were issued in 1962).

Cleansing scheme

	1959	*1960*	*1961*	*1962*	*1963*
Advice notice only issued	N/A	2,381	575	405	483
Advice notice with Lorexane No. 3 ..	N/A	6,552	4,488	4,087	3,709
Number of pupils referred for further action	N/A	N/A	1,204	996	766
Pupils attending bathing centre voluntary ..	4,552	1,628	735	758	617
Statutory cleansing notices issued	764	320	62	93	8
Pupils cleansed after service of statutory notice:					
Voluntarily	259	84	18	12	3
Compulsorily	458	197	37	81	5
Total	717	281	55	93	8

Bathing centres—The number of cases of infestation with vermin treated at bathing centres showed a reduction of nine per cent. compared with 1962 and the number of attendances for treatment a reduction of seven per cent. There can be little doubt that these reductions are directly attributable to the use of Lorexane.

	1959	*1960*	*1961*	*1962*	*1963*
Scabies					
Pupils treated	660	637	514	458	451
Vermin					
Pupils treated	7,025	3,441	2,265	1,983	1,813
Treatments needed	11,799	4,345	2,764	2,422	2,242
Impetigo					
Pupils treated	1,187	1,020	1,033	903	699
Ringworm					
New cases	20	10	7	6	5

Employment of schoolchildren

Medical examinations were carried out divisionally of 3,910 children with a view to the issue of employment certificates and 419 medical examinations were carried out at the County Hall in respect of employment under licence in public entertainments.

Choice of employment

The percentage of school leavers advised against particular forms of employment was 13·2 per cent. of those inspected, only 0·1 per cent. less than that for 1962. For boys the figure rose from 14·6 per cent. in 1962 to 15·2 per cent. but for girls it fell from 11·9 per cent. to 11·3 per cent. As in recent years, normally acute vision headed the list of contra-indications followed by colour vision (boys only) and heavy manual work:

Contra-indications	*Boys*	*Girls*
Occupations involving:		
Heavy manual work	228	170
Sedentary work	18	4
Indoor work	3	3
Exposure to bad weather	138	104
Wide changes of temperature	118	155
Work in damp atmosphere	91	83
Work in dusty atmosphere	203	116
Much stooping	41	40
Work near moving machinery	73	92
Prolonged standing, much walking or quick movement from place to place	180	217
Normally acute vision	1,306	1,115
Normal colour vision	348	10
Normal use of hands	16	16
Work requiring freedom from damp hands and skin defects	30	31
Handling or preparation of food	41	30
Normal hearing	71	49
Any other work which would be unsuitable	21	29
Unfit for any employment	—	1

NOTE: *An individual may be noted for two or more contra-indications.*

Infectious diseases in schools

When a pupil is absent from school and the cause is either known or suspected to be due to infectious disease, the head of the school notifies the divisional medical officer and the borough medical officer of health.

These notifications are uncorrected for diagnosis but form the best available index of the trend of infectious disease in the school community; they are the only figures available in respect of diseases which are not statutorily notifiable.

When the number of cases of infectious disease reported from a particular school indicates the possibility of an outbreak, special visits are made by a school health visitor and, if necessary, by a school doctor, in order to investigate the situation and take whatever control action is necessary.

The numbers of cases of infectious diseases reported during 1963 and the preceding years are given below:

	1959	*1960*	*1961*	*1962*	*1963*
Chicken-pox	5,399	8,357	5,895	8,332	7,176
Dysentery, diarrhoea or enteritis	1,148	1,557	669	988	3,180
German measles	1,325	631	3,891	12,332	1,314
Impetigo	192	194	187	193	167
Influenza	N/A	229	127	183	140
Jaundice	19	253	493	274	106
Measles	9,326	2,544	14,343	2,875	6,141
Mumps	3,788	8,783	2,338	1,677	8,250
Ophthalmia and conjunctivitis	264	299	536	645	277
Ringworm (scalp)	13	8	10	10	18
Ringworm (body)	46	51	26	19	18
Scabies	57	76	78	59	65
Scarlet fever	1,264	721	634	526	548
Sore throat and tonsillitis	1,299	905	1,416	911	1,302
Whooping cough	508	1,454	395	245	879

Prophylaxis—The system of recording medical inspection findings by years of birth permits an analysis of the percentage of school pupils, according to age, who have received prophylaxis, based on the findings at periodic general medical inspections. These figures may be compared with the separate estimates, prepared for the Ministry of Health, given on pages 57 and 58.

Age group	*Number of pupils inspected*	% *vaccinated against smallpox*	% *immunised against diphtheria*	% *immunised against whooping cough*	% *vaccinated against poliomyelitis*
4 or less	7,874	79·5	89·7	87·0	83·8
5	27,811	77·0	85·7	81·2	81·1
6	9,670	72·4	80·3	73·7	75·7
7	8,643	73·7	87·2	77·4	82·6
8	18,648	74·2	89·7	77·0	83·7
9	4,812	69·7	82·5	68·2	76·3
10	2,051	66·0	71·3	57·4	64·2
11	11,636	71·7	88·5	68·2	83·4
12	18,538	69·2	89·1	58·6	79·9
13	6,340	67·0	85·0	52·1	75·5
14	5,311	67·1	83·7	51·3	77·6
15 and over	32,072	69·5	88·2	53·3	79·8

Medical treatment of schoolchildren

Treatment statistics—The number of sessions, new cases and total attendances at schoolchildren's clinics during 1963 (including sessions held in hospital premises) were as follows:

Type of clinic	*Sessions*	*New cases*	*Attendances*
Minor ailments (nurse)	15,327	38,237	294,281
Minor ailments (doctor)	1,856	17,372	
Special investigation	2,026	2,211	13,867
Dental	28,169	75,027	219,744
Vision	4,539	23,715	65,961
Orthoptic	1,811	1,107	5,831
Ear, nose and throat	534	1,986	4,461
Audiology	443	1,580	3,608
Rheumatism (supervisory)	100	30	685
Enuresis	108	121	612

Handicapped pupils

New assessments—During 1963 the numbers of new assessments of pupils for special educational treatment were as follows:

	Day	*Boarding*
Blind	—	6
Partially sighted	30	—
Deaf	21	—
Partially hearing	29	1
Delicate	406	250 (*a*)
E.S.N.	888	94 (*b*)
Epileptic	—	—
Maladjusted	364	256
Physically handicapped	158	22
Speech defect	1,261 (*c*)	24 (*d*)
Dual/multiple defect	—	71

(*a*) *Including seven diabetic/delicate and 36 already E.S.N.*

(*b*) *Including one already delicate.*

(*c*) *All these children received speech therapy at clinics or in schools they already attended.*

(*d*) *Includes only two children recommended specifically for admission to boarding school for children suffering from speech defects. The other 22 children received speech therapy at clinics or in the boarding schools they already attended.*

Special educational provision—At the end of 1963 special educational treatment was being provided for over 12,000 pupils (London and out-county). The following table shows the main categories of handicap and numbers of pupils receiving full-time special education:

	Day special schools			*Council boarding special schools*			*L.C.C. pupils in non-Council boarding schools, hostels and foster homes*	*Council's hospital schools and groups*			*Special classes, etc.*
	London County Council pupils	*Out-county pupils*	*Total*	*London County Council pupils*	*Out-county pupils*	*Total*		*London County Council pupils*	*Out-county pupils*	*Total*	
Blind	—	—	—	59	40	99	33	—	—	—	—
Partially sighted	226	155	381	—	—	—	10	—	—	—	—
Deaf	169	38	207	—	—	—	60	—	—	—	—
Partially hearing	114	17	131	33(*a*)	39(*a*)	27(*a*)	26	—	—	—	—
Physically handicapped..	829	65	894	77	34	111	79	194	117	311	—
Delicate ..	1,385	52	1,437	170	11	181	85	—	—	—	—
Educationally Subnormal ..	3,569	53	3,622	616	6	622	118	—	—	—	—
Epileptic (*b*) ..	—	—	—	—	—	—	25	—	—	—	—
Diabetic ..	—	—	—	11	32	43	3	—	—	—	—
Maladjusted ..	254	9	263	404	8	412	359	47	28	75	440(*c*)
Speech defect ..	—	—	—	—	—	—	4	—	—	—	2,829(*d*)
Dual/multiple defect ..	—	—	—	25	9	34	—	—	—	—	—
	6,546	389	6,935	1,395	179	1,574	802	241	145	386	3,269

(*a*)*Partially hearing with additional handicap.*

(*b*)*A number of epileptic children (apart from those in ordinary schools) are placed in schools for the delicate, physically handicapped or educationally subnormal.*

(*c*)*These day school children (nearly all L.C.C. pupils) attend only part-time at the special classes.*

(*d*)*Includes 867 pupils in day and boarding special schools.*

Educationally subnormal pupils—Section 57 of the Education Act, 1944 (as amended by the Mental Health Act, 1959) deals with the examination and reporting to the local health authority of children who are considered unsuitable for education at school, the review of cases previously reported to the local health authority and the cancellation of the report where the child on re-examination is found to be suitable for education at school. Details of the number of children dealt with under this section are as follows:

Section 57 (as amended)—Unsuitable for education at school:

	1960	*1961*	*1962*	*1963*
Children not in any school	84	100	133	97
Children in ordinary schools	—	3	3	5
Children in special schools	57	68	72	60
Children receiving home tuition under section 56 of the Education Act, 1944	—	1	—	—
	141	172	208	162

Section 57A—Review of cases:

	1961	*1962*	*1963*
Number reviewed	20	27	20
Still considered unsuitable for education at school	16	19	13
Cancellation of report	4	8	7

Routine audiometer testing—The numbers of children given ' rapid-sweep ' audiometer tests during 1963 are as follows:

Pupils given screening tests	60,239
Pupils failing screening tests given pure tone tests	4,225
Pupils failing pure tone tests referred to otologists	1,758

Speech therapy—By the end of the year 287 sessions a week were being held, 163 in 55 clinics and 124 in special schools. During the year 1,285 pupils were assessed as requiring speech therapy (including two recommendations for boarding schools), whilst 685 were discharged from treatment and 270 ceased to attend. The number of pupils under treatment at the end of the year was 2,722, whilst 289 were on the waiting list.

Child guidance units—Details of the work done during the year at the seven child guidance units maintained by the Council follow:

Patients

At 1 January, 1963		*At 31 December, 1963*	
On waiting list:		On waiting list:	
(*a*) awaiting first interview ..	207	(*a*) awaiting first interview ..	207
(*b*) interviewed and awaiting treatment	115	(*b*) interviewed and awaiting treatment	85
In attendance:		In attendance:	
(*a*) active	387	(*a*) active	415
(*b*) under review*	471	(*b*) under review*	376
During 1963		*During 1963*	
Applications received	988	Applications withdrawn	266
		Cases closed	819
	2,168		2,168

* *Some cases are kept ' under review ' for a time after active treatment has ceased; others are closed as soon as active treatment has ceased, any further visits, etc., being regarded as ' follow up '.*

Student health service

The student health service was started at Barrett Street technical college at the beginning of the 1960/61 session (see page 112 of my report for 1960). In 1961 it was decided to extend the scheme to the City of Westminster and Brixton day colleges.

The following table gives statistics of the work done in 1963:

	Barrett Street College	*City of Westminster College*	*Brixton College*
No. of new students under 19 years returning questionnaires	217	195	160
No. invited for interview after scrutiny of completed questionnaire	70	22	28
No. of students seen by doctor:			
(*a*) following invitation—first attendances	62	12	28
—subsequent attendances	14	—	9
(*b*) voluntary—first attendances	124	15	22
—subsequent attendances	60	—	37
No. of students referred for treatment	81	9	19
No. of doctor's sessions	30	28	10
No. vaccinated against smallpox	—	—	—
No. X-rayed—mobile unit	—	—	—
No. given poliomyelitis immunisation	—	5	135

The scheme was introduced at Westminster Technical College in September 1963.

DENTAL SERVICES

The Chief Dental Officer and Principal School Dental Officer reports as follows:

School dental service

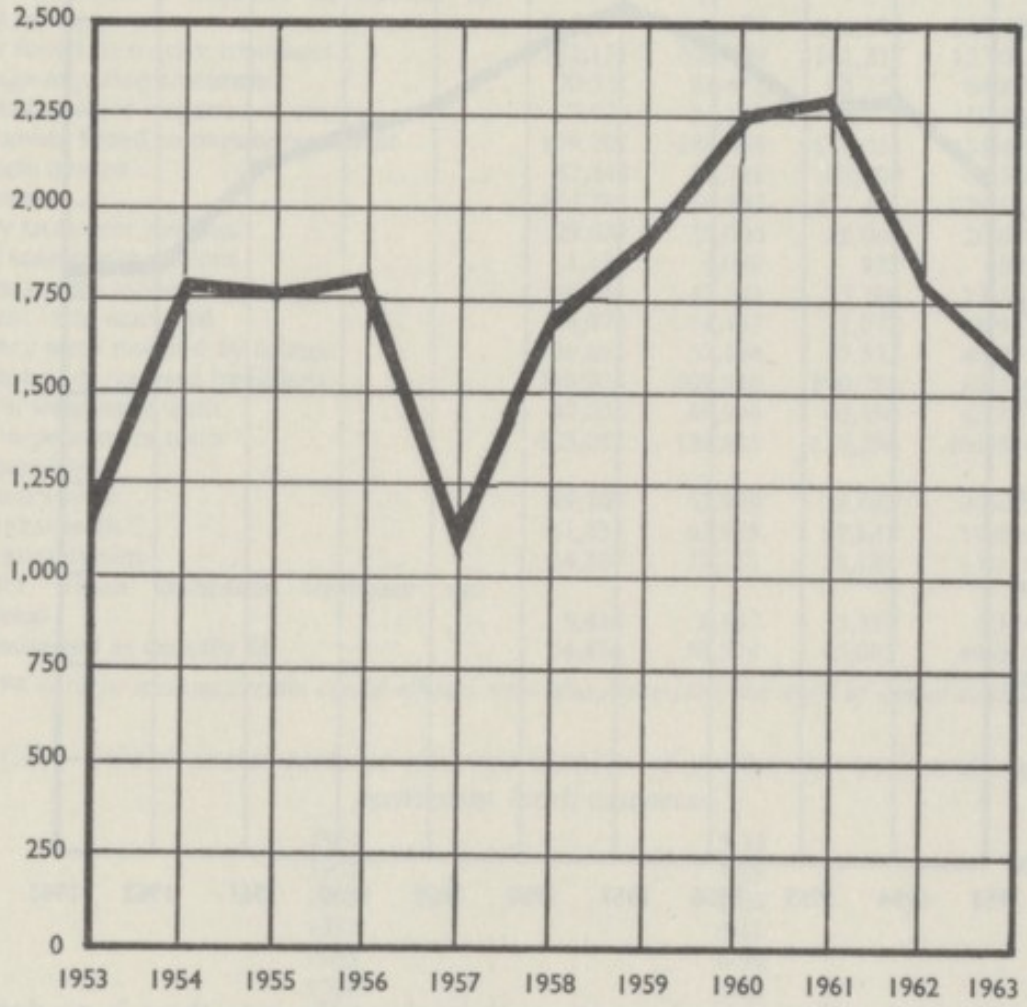
TABLE (i)—*Staff and sessions*

	1959	*1960*	*1961*	1962	*1963*
Dental officers					
Number employed (i) full-time	35½*	36½*	36½*	33½*	32½*
(ii) part-time	94	84	72	68	65
Total	129½	120½	108½	101½	97½
Full-time equivalent					
(i) School service	64·4	64·6	60·9	58·9	56·4
(ii) M & CW service	6·0	4·9	4·8	4·8	4·6
Total	70·4	69·5	65·7	63·7	61
Establishment (temporary)	95	95	95	95	95
Weekly sessions					
School service					
(i) by full-time dental officers	364	373	361	338	326
(ii) by part-time dental officers.. ..	355½	337½	308½	300½	292½
Total	719½	710½	669½	638½	618½
M & CW service					
(i) by full-time dental officers	29	31	32	34	30
(ii) by part-time dental officers.. ..	37½	22½	20½	18½	19½
Total	66½	53½	52½	52½	49½
Grand Total	786	764	722	691	668

* '½' *full-time officer accounted for by appointment of half-time Assistant Chief Dental Officer.*

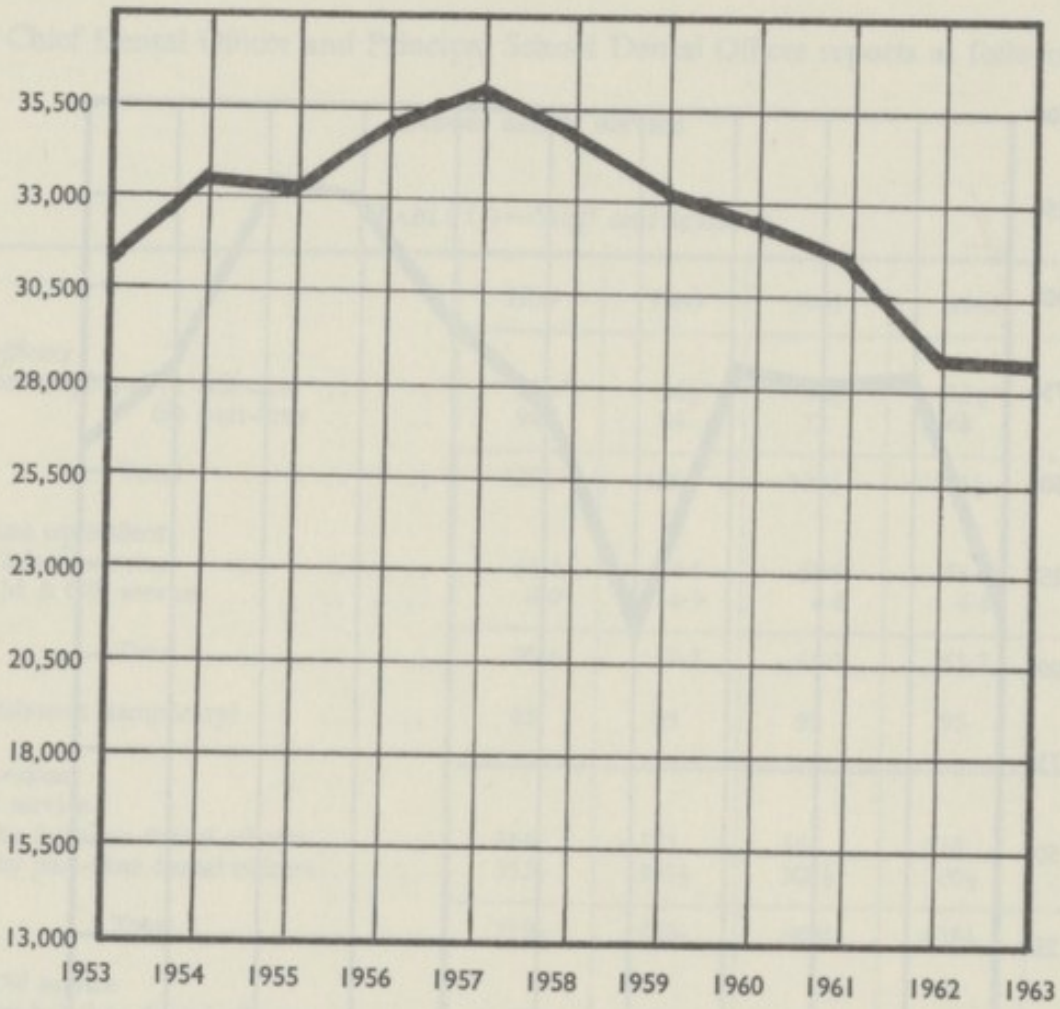
The statistics of dental activity during 1963 reveal that the general shrinkage observed in immediately preceding years continues. Organisation continued for a further year to be based on the demand for or acceptance of treatment, rather than on the need for treatment on a wider scale as revealed by the 65 per cent. of pupils found—on inspection of approximately 50 per cent. of the school population—to be dentally unfit (see table (ii)).

NUMBER OF INSPECTION SESSIONS AT SCHOOLS



Curtailment of dental inspections in schools by dental officers was geared to treatment facilities available; these, in turn, were organised to cope with local acceptance of offers of appointments for treatment. Many parents, advised of dental faults, expressed preference for treatment elsewhere—mainly by use of the General Dental Service facilities. In some schools inspections by dentists were not pressed to avoid school disruption and reliance was placed on the observations of doctors and nurses and teachers. This was particularly so in secondary schools, where disruption of education could be more serious.

While the percentage of schoolchildren found to require treatment (64·8) is slightly higher than for the preceding year (65·3) and is a reversal of the favourable trend since 1959 (table (ii)), it is my opinion that the dental faults observed are in most cases trivial when compared to the clinical aspects of the past. Serious oral sepsis and gross degenerative oral symptoms, undermining general health and directly attributable to oral conditions, are not now so greatly seen, although dental caries is still far too widespread and should have regular and consistent attention. In brief, *mouths* are greatly improved, but *teeth* are still faulty!



From inspections and clinical observations throughout the year there is no doubt that many more children than formerly are receiving dental attention from sources other than the school dental service, but there is also evidence that many parents, having expressed an intention to have attention elsewhere, unfortunately procrastinate or forget entirely.

Throughout the year efforts were made in the nine health divisions to introduce a measure of follow-up of ' truant ' children by use of social workers. The problem is a gigantic one if the children recorded as ' dentally unfit ' who fail to attend treatment centres are to be followed-up in an endeavour to ascertain whether any steps have been taken by the parents to have faults corrected. Gross cases of neglect can be specifically noted at medical inspections and specific follow-up activities implemented in such cases to ensure attention.

The tables and graphs in this report reveal the same factors of gradual shrinkage in volumes as in the past few years, but also show a continuance of improvement in the ratio of teeth filled to teeth extracted. In addition to these encouraging symptoms, a further and very important improvement was the expansion, for the second year, of organised revisional treatment for children who had completed a course of treatment and had been rendered dentally sound. Dental officers and parents could derive much satisfaction from the fact that children treated in the Council's dental centres were at last able to receive treatment which is now comparable to that given to individuals in general or private practice.

TABLE (ii)—*School dental service: Attendances and treatments*

	1959	*1960*	*1961*	*1962*	*1963*
Number of inspection sessions held at schools ..	2,177	2,473	2,514	2,092	1,773
Number of children inspected at schools by dental officers	215,637	244,630	246,803	212,597	194,886
Number found to require treatment	152,131	165,439	161,277	137,853	127,308
Percentage requiring treatment	70·5%	67·6%	65·3%	64·8%	65·3%
Additional number inspected at centres	27,576	23,229	19,778	17,580	16,063
Total number found to require treatment ..	179,707	188,668	181,055	155,433	143,371
Total cases treated	82,448	77,781	69,470	66,558	75,027
Attendances	267,781	256,983	237,411	220,639	226,651
Ordinary treatment sessions	29,637	29,006	28,060	26,638	*25,747
General anaesthetic sessions	1,180	1,049	922	699	628
Temporary teeth extracted	46,461	42,343	35,286	29,147	27,866
Permanent teeth extracted	14,973	14,467	11,072	8,947	7,525
Temporary teeth restored by fillings	39,861	38,164	37,533	40,091	42,705
Permanent teeth restored by fillings	110,934	109,586	100,755	89,130	85,718
Fillings in temporary teeth	42,656	40,996	40,350	43,935	46,143
Fillings in permanent teeth	125,053	124,821	115,294	101,534	96,676
Other operations:					
temporary teeth	49,109	43,889	38,682	40,493	42,325
permanent teeth	61,835	63,835	57,641	51,009	53,513
General anaesthetics	24,367	21,753	18,101	14,125	12,293
Cases for whom immediate treatment was completed	9,414	8,407	5,317	4,364	4,099
Cases discharged as dentally fit	54,474	50,584	45,003	40,011	45,758

**For 1,794 of these sessions certain dental officers were also supervising the work of dental auxiliaries.*

TABLE (iii)—*School dental service: Average number of permanent teeth restored for each permanent tooth extracted*

1954	5·32
1955	7·39
1956	6·50
1957	6·41
1958	6·34
1959	7·41
1960	7·57
1961	9·10
1962	9·96
1963	11·39

The experimental method of call-up of new cases in divisions 1 and 9 (commented on in the 1962 report) continued throughout 1963, but all the figures required for a final assessment were not forthcoming during the year. Certain trends were clearly revealed, however, and it would appear that approximately 75 per cent. of parents notified ' contracted out ' and the remainder returned forms stating that they ' contracted in '. Of those requesting attention at Council dental centres, only about half actually accepted appointments when offered. From cross-section figures received from the London Executive Council, it would appear that about the same proportion of the parents ' contracting out ' sought and obtained treatment for their children through the General Dental Services. The experiments and investigation thereon continue.

Orthodontics

TABLE (iv)—*School dental service: Orthodontic work*

	1959	*1960*	*1961*	*1962*	*1963*
Number of special orthodontic sessions ..	229	237	254	422	422
Number accepted at special orthodontic sessions	138	152	171	275	257
Number accepted at routine sessions ..	371	401	470	227	251
Number referred to hospitals	279	154	154	237	186
Total number of patients accepted or referred	788	707	795	739	694

In the specific field of orthodontics, there was little numerical change (table (iv)) but field observations would indicate that at least the number of gross malocclusions is falling. Dental officers at routine sessions continued to undertake orthodontic treatments and were very ably assisted by the technical staff at the Central Dental Laboratory. Cases of advanced complexity were referred to certain hospitals in accordance with pre-arranged acceptance figures and my thanks are again expressed to the staff at St. Alfege's, King's College, Royal Dental and the Eastman Dental hospitals.

Maternity and child welfare dental service
Dental services in boarding schools and residential establishments

In maternity and child welfare dental work (table (v)) and in dental services at residential establishments, there was little change during the year.

TABLE (v)—*Maternity and child welfare patients: Attendances and treatments*

	1959	*1960*	*1961*	*1962*	*1963*
Number of sessions	2,764	2,592	2,300	1,908	1,838
Number of appointments offered	30,456	27,368	23,864	19,158	17,728
Attendances—by appointment	21,995	19,651	16,500	12,958	11,893
—other	1,122	1,060	894	553	422
Silver nitrate treatment	4,415	5,858	5,718	4,141	4,206
Fillings	10,031	8,716	7,399	5,976	5,411
Extractions	5,114	4,513	3,624	2,619	1,588
Dentures supplied—new full	380	351	327	151	91
—new partial	649	468	485	240	231
Number made dentally fit	4,784	4,165	3,255	2,507	2,234

TABLE (vi)—*Breakdown of table* (v) *separating nursing or expectant mothers from children under five*—1963

	Total	*Nursing or expectant mothers*	*Children (under 5)*
Number of sessions	1,838	—	—
Number of appointments	17,728	9,321	8,407
Attendances—by appointment	11,893	5,954	5,939
—other	422	140	282
Silver nitrate treatment	4,206	925	3,281
Fillings	5,411	2,799	2,612
Extractions	1,588	1,104	484
Dentures supplied—new full	91	91	—
—new partial	231	231	—
Number made dentally fit	2,234	763	1,471

Dental auxiliary experiment

As a result of resignations towards the end of the year only two dental auxiliaries remained of the five appointed for experimental purposes in 1962. The general result in all five surgeries was not very encouraging. There was difficulty in finding permissible work for the auxiliaries and both tempo and productivity were revealed as about one patient an hour and one filling an hour. The experiment continues.

STAFF

The following statement shows the number of staff employed in the Public Health department at the end of the year (part-time staff are expressed as whole-time equivalents). The principal officers of the department at that date are shown in Appendix A.

Types of staff	*Location*			*Total*
	Central office	*Divisional offices and establishments* (*a*)	*Other establishments* (*b*)	
Administrative and clerical (including ambulance control clerks)	260	657	79	996
Medical officers (*c*)	27	156	—	183
Dental officers	2	62	—	64
Scientific branch staff	53	—	23	76
Inspectors	15	—	—	15
Medical auxiliaries (*d*)	34	183	18	235
Social worker grades (*e*)	28	374	18	420
Nursing and midwifery staff	10	1,833	266	2,109
Ambulance service operational staff ..	—	—	851	851
Manual workers, home helps, domestic grades, telephonists, etc.	14	3,395	17	3,426
Totals	443	6,660	1,272	8,375

(*a*) *Including divisional health offices, home help offices, welfare centres, school treatment centres, training centres for the mentally subnormal, etc.*

(*b*) *Including residential schools and nurseries, Welfare department homes, recuperative holiday homes, ambulance stations, outfall works laboratories, central dental laboratory.*

(*c*) *There are 113 visiting medical officers employed at residential establishments on a part-time basis whom it is not possible to compute in terms of whole-time staff. They have therefore been omitted from the table.*

(*d*) *Including physiotherapists, speech therapists, dental surgery assistants, dental technicians.*

(*e*) *Including psychiatric social workers, mental health social workers, welfare officers (chest clinics), social workers (health services) etc., and workers in allied fields (e.g. home help organisers).*

Appointments and retirements—The department suffered a great loss when Mr. D. J. B. Cooper, Administrative Officer, died on 16 June. His place was taken by Mr. T. A. Wright, formerly Establishment Officer. General responsibility for establishment work was combined in the post, Mr. R. C. Coulter being given immediate responsibility for staff work as Deputy Establishment Officer. Mr. G. M. Howes, Principal Clerk of Division B, was promoted on 11 October to be an Assistant Clerk of the Council; he was succeeded by Mr. N. B. Chapman whose former post as Divisional Administrative Officer, Division 3, was filled by Mr. N. A. C. Bignell.

Dr. G. D. Pirrie, Principal Medical Officer (School Health) left the Council's service on 31 January to take up an appointment with the World Health Organisation, his place being taken by Dr. R. E. C. Copithorne. Dr. G. O. Mitchell, Divisional Medical Officer, Division 5, retired on 22 September, and was succeeded by Dr. A. L. Thrower.

Miss O. K. Bowtell, Principal Mental Health Social Worker, retired on 1 July, her place being taken by Miss P. M. Perrott.

Dr. Jessie Parfit, Psychiatrist, was re-designated on 11 April as Principal Medical Officer (Child Psychiatry).

Mr. J. C. Minter, Divisional Administrative Officer, Division 4, retired on 31 July, his place being taken by Mr. T. A. Maxwell, and Mr. L. J. Clark succeeded Mr. N. A. Woodruff as Division Administrative Officer, Division 2, on the latter's transfer to be Assistant Officer-in-Charge, London Ambulance Service.

Medical examination of staff—

	1961	*1962*	*1963*
Number of medical examinations	14,410	14,265	14,186
Number of recommendations without medical examination	1,384	1,111	1,138
Number of follow-ups (i.e. usually hospital or specialist reports)	5,292	5,541	5,120
Number of medical examinations carried out for other authorities	135	125	148
Total	21,221	21,042	20,592
Reason for medical examination (persons)			
Candidates for employment	11,388	11,536	11,853
Following prolonged sick leave	2,993	3,010	3,356
Following accident on duty	541	470	375
Fitness for duty (e.g. approaching confinement leave, special duties)	570	659	422
Eligibility for spouse pension	86	80	89
Total	15,578	15,755	16,095
Candidates examined for the Council by other authorities	72	104	157
Staff casualties dealt with in the medical inspection rooms at County Hall	863	1,058	1,017

Food handlers—During the year 765 food handlers were referred for investigation because they had been in contact with or had suffered from certain infectious diseases. Bacteriological examination was arranged where appropriate.

	1959	*1960*	*1961*	*1962*	*1963*
Contacts	167	205	118	114	212
Ill	302	419	307	375	553
Allowed to resume work after examination or fixed period of exclusion	451	578	406	444	728
Resigned, retired or died	8	23	16	28	28
Excluded from work and referred to own doctor for treatment	10	23	3	17	9

The nine cases referred to their doctor had been found to have the following micro-organisms:

Condition	*Organism isolated*
Discharging ears convalescent	*Heavy growth of staphylococcus aureus*
Enteritis convalescent	*Salmonella heidelberg*
Food poisoning convalescent	*Salmonella anatum*
Gastro-enteritis convalescents (3)	*Shigella sonnei*
Scarlet fever contacts (3)	*Haemolytic streptococci*

Staff training

Recruitment training—There are two schemes, one for health visitors and the other for day nursery nursing staff, under which students are recruited and trained at the expense of the Council. For the health visitor students the University of London Institute of Education, Battersea College of Technology and the Royal College of Nursing have provided theoretical instruction: 56 of these students were undergoing training at the end of the year. The 205 day nursery students in training at the end of the year were receiving their theoretical instruction at Brixton Day College or the North-Western Polytechnic.

Post-entry training—The heavy programme of in-service instruction included induction courses for social workers, school and clinic nurses, and special courses for nursing staff carrying out health education talks and audiometric tests in schools. Occasional meetings and lectures were held on such subjects as vaccination and immunisation, autistic children, visual defects and thalidomide babies. Of particular topicality was a study afternoon on venereal diseases attended by over 450 people, including members of the Council and staff in the Education Officer's and Children's departments in addition to the health visitors for whom it was originally intended. The department also collaborated with St. Thomas's hospital in arranging a one-day conference on chronic bronchitis for chest physicians and divisional medical staff.

Refresher training—In line with the policy of providing, as far as possible, refresher training every five years for each officer of the medical, health visiting, school nursing and midwifery staff, courses were provided through professional bodies such as the Society of Medical Officers of Health, the British Post-Graduate Medical Federation, the Royal College of Nursing, the Central Council for Health Education and the Royal College of Midwives. The department itself organised a three-day residential refresher course for day nursery matrons and courses for other day nursery staff were provided by the North-Western Polytechnic.

Training for qualifications—A total of 20 social workers were given financial assistance and paid leave to attend long-term professional courses which began in the autumn. Most of those seconded were employed in the field of mental health and are dealt with in that section of my report.

FINANCE

Capital—The total capital expenditure on the health services of the Council in the year ended 31 March, 1963 was £46,619, details of which are as follows:

	£
Ambulance stations—acquisition, erection and adaptation	2,052
Day nurseries—extension of premises	68
Health centres—adaptation and equipment	510
Maternity and child welfare centres—acquisition and erection	586
Hostel and training centres—acquisition, erection and equipment	43,403
	£46,619

Maintenance—The gross cost of the various services in 1962/63—including central administrative and debt charges—and the contributions recovered from recipients of the services were:

Service	*Cost*	*Amount recovered in contributions*
	£	£
Ambulance	1,434,788	—
Day nurseries	1,156,384	148,369
Domiciliary midwifery	329,439	—
Foot clinics	124,041	12,051
General health (including health education)	58,898	—
Health centres	47,338	—
Health visiting	438,686	—
Home nursing	622,771	—
Home help	1,466,352	72,234
Maternity and child welfare	1,032,420	102,454
Mental health	617,399	25,690
Prevention of illness, including care and after-care of tuberculosis	421,835	26,514
School health	1,120,420	—
Vaccination and immunisation	208,864	—
	9,079,635	387,312

The net cost of the services, before allowing for Government grant, expressed in terms of rate in the £ was 18·6d.

VISITORS TO THE DEPARTMENT

During the year 375 visitors were received through the central office—of whom 261 came from overseas.

Individual overseas visitors included the Minister of Health for India, two members of the Parliament of Ceylon, the Parliamentary Secretary to the Ministry of Health, Nigeria, the Jamaican High Commissioner for Canada, the President of the Women's Wing of the National Convention of Nigerian Citizens and the President of the Women's Emancipation Society and Relief Society of Iran. Other visitors included the British Ambassador to Viet-Nam and the Chairman of the Buckinghamshire County Council Mental Health Sub-Committee.

Parties included members of the House of Assembly of Eastern Nigeria, an official delegation from Algeria, the Public Health Sub-Committee of the Social Committee of the Council of Europe, a party of Swedish County Councillors, a group of print workers from the Soviet Union and a party of Russian doctors on the staff of the World Health Organisation.

Other visitors were received at divisional offices, Woodberry Down health centre, the London Ambulance Service headquarters and the Council's training centres for mentally subnormal children. The health centre was visited by 901 people, 112 from overseas and 789 (710 students) from the United Kingdom; the Ambulance Service headquarters received 209 visitors and training centres 490 visitors, including 450 students.

Facilities were again provided for medical, nursing and social science students to study the health services. Courses of visits of observation and talks were arranged for post-graduate students preparing for the Diploma in Child Health and the Diploma in Public Health. Members of the department's nursing staff gave talks to student nurses at hospitals and programmes were arranged to enable 3,800 of these students to gain practical experience. Talks by members of the staff and/or visits of observation and periods of attachment were also arranged for students from the following training centres:

Health visitor students

Battersea College of Technology
Royal College of Nursing
University of London (Institute of Education)

Speech therapy students

Oldrey-Fleming School of Speech Therapy
Speech Therapy Training School of the West End Hospital for Neurology

Other students (medical, nursing, teaching and social science)

Battersea Training College of Domestic Science
Bedford College
King Edward Hospital Fund for London
London School of Economics and Political Science
National Association for Mental Health
National Children's Home Staff Training College
National Society for the Prevention of Cruelty to Children
North Western Polytechnic
Queen Elizabeth College
Queen's Institute of District Nursing
University College—Department of Psychology
University of London—Department of Social Studies
University of Southampton

REPORTS BY THE DIVISIONAL MEDICAL OFFICERS

(*A statistical summary of work done in the divisions will be found at the end of this section.*)

DIVISION 1, comprising the boroughs of Chelsea, Fulham, Hammersmith and Kensington

Dr. Bertha E. A. Sharpe reports:

I would first pay tribute to all members of the staff for the way services were maintained and many additional duties were cheerfully undertaken during the long spell of exceptionally severe weather with which the year began. Regular meetings were held with the borough medical officers of health and senior members of the field staff at which the problems and difficulties created by the unprecedented weather conditions of the previous winter were discussed and plans formulated for dealing with any recurrence of them.

Prophylaxis—A general survey, involving the examination of school medical records, was undertaken during the summer with a view to finding out the immunisation state of all school children in the division. This revealed that many children were in need of protection against poliomyelitis and diphtheria and a great drive followed to make good these deficencies. ' Consent ' letters were sent to thousands of parents and the response was good. Special immunisation sessions were held in schools and the bulk of the arrears overtaken. The conclusion was reached that many mothers, especially those at work, leave their children's immunisation until the children reach school age.

Maternity and child welfare—The divisional maternity bed bureau, established during 1962, again produced highly satisfactory results. Of 1,675 cases referred to the bureau during the year, a booking was arranged for 1,496. Of the remainder, the reference was withdrawn in 106 cases, either because domiciliary confinement had been arranged or the mother had moved out of the division before confinement; in only 73 cases (less than 5 per cent.) had the patient to be referred for admission through the Emergency Bed Service procedure because no booking could be arranged. These latter were all social cases, mostly women attending a clinic for the first time very late in pregnancy. As in 1962, a bed was found for every case referred on medical grounds.

The scheme envisaged in 1962 for the grant to general practitioner obstetricians of facilities to see their own booked cases at the Council's welfare centres was implemented early in the year. It has been most successful and at the end of the year 28 general practitioner obstetricians were participating at seven welfare centres.

Two health visitors attend infant welfare sessions held in general practitioners' surgeries and it is proposed to allocate another to a group practice subject to staff being available. In districts where there are many individual practices it has proved more economical of health visiting time for the general practitioner to refer to a group of health visitors covering a geographical area. The staffing situation makes it impossible to meet all requests but a closer relationship between general practitioners and health visitors has been achieved.

Additional services made available during the year included the inception at Camden Hill welfare centre of a discussion group for mothers with problems concerning their toddlers.

The weekly evening paediatric session established as an experiment at Lancaster Road welfare centre in October, 1962 has been continued throughout the year. The session has proved highly successful in meeting the needs of mothers who are unable to take their children to normal daytime clinics.

Chiropody—The demand for this service continued to increase and it is gratifying, therefore, to be able to report an improvement in the recruitment of chiropodists. It has thus been possible to provide an additional weekly session at Scotts Road foot clinic and by the end of the year the number of sessions held had reached the full number authorised.

Health education—Emphasis has again been laid mainly on the hazard of lung cancer from smoking and fire risks associated with oil heaters. In association with division 9 a smokers' advisory clinic commenced at Fulham chest clinic in October, where an evening session is held every Wednesday under the direction of Dr. Price, Chest Physician. The clinic is available to residents in the area from Putney to Clapham Junction as well as to Fulham and Chelsea residents. General practitioners in these areas have been invited to refer to the clinic persons who have been advised to give up smoking, who are finding it difficult to do so but who, nevertheless, have a genuine desire to give up the habit. It is felt that this is the type of person most likely to be helped and although it is too early to attempt to assess the clinic's activities, good results are hoped for.

The fire risk from oil heaters has been tragically underlined on a number of occasions during the year by fatalities and serious injuries from burns, notwithstanding continuous efforts to alert parents and child minders to the dangers. There has been a substantial increase in the number of fire guards provided, and no great difficulty has been experienced in getting the permission of landlords to the fixing of guards which in some particular cases have been specially designed to give the best possible protection.

Day nurseries—Pressure on nursery places continued and a consistently high daily attendance was maintained. A start was made on building an extension to St. Quintin day nursery to provide 37 more places.

Occasional crèches—This service was further extended by additional sessions to meet increased demand.

Mental health—There has been further progress in the field of community care and I am pleased to record my appreciation of the help and full co-operation given by the physician superintendents of the hospitals serving the area and by general practitioners. I am grateful, too, to the Warden of Bishop Creighton House, whose co-operation has made possible the establishment there of a very successful and well attended social club and to Miss Margaret Heathcote who conducts a most valuable occupational therapy class at the Congregational Church Hall, Hammersmith Broadway every Wednesday afternoon.

The number of places at North Kensington training centre was increased during the year to 60 and plans were approved for the incorporation of a special care unit (12 places) at the Kensington training centre.

Prevention of break-up of families—Divisional co-ordinating committee meetings and intermediate Case Conferences have again been held regularly throughout the year. Cases considered have been referred by the Family Welfare Association, the Family Service Unit, the N.S.P.C.C., prison welfare officers, psychiatric social workers, general practitioners and hospital almoners, as well as from Council departments. The co-ordinating committee have again received and have been most grateful for the full co-operation of bodies outside the Council, especially the National Assistance Board, the N.S.P.C.C. and borough council housing departments.

Loan of medical equipment—There has been a steady increase in the loan of home nursing equipment, particularly of commodes, special beds and hoists, and in the transport of equipment loaned to patients by the British Red Cross Society. Acknowledgments have been received from hospitals in the area of the value of this service in relieving the pressure on their geriatric wards.

Home help service—Demands for this service continued to increase and it is gratifying, therefore, to be able to report some improvement in staff recruitment. The number of home helps employed in the division at the end of the year was greater by the equivalent of 39 full-time units than at 1 January. The staffing position, nevertheless, continues to occasion concern. Recent increases in demand have been mainly for more morning and evening service to families to keep children out of care (now an important adjunct to services provided under section 1 of the Children and Young Persons Act, 1963) and for service in the homes of women recently discharged from hospital after confinement (following an an extension of planned early discharge schemes). Cases in both these categories call for qualities in the home help of ' motherliness ' and ability in home management together with a sense of vocation, and the field from which applications for appointment are considered is thus very much narrowed.

DIVISION 2, comprising the boroughs of Hampstead, Paddington, St. Marylebone, St. Pancras and the City of Westminster

Dr. H. L. Oldershaw reports:

Maternity services—In order to deal with the shortage of maternity beds in the area a central booking bureau has been in operation for some years. Efforts are made to book beds for expectant mothers who require hospital admission on medical or social grounds and for whom their local ante-natal clinic has been unable to obtain a vacancy. Recently many hospitals have been restricting their catchment areas and refusing cases from this division. In 1961 the bed bureau found beds for 498 of the 724 cases referred; in 1962 for 399 out of 726; and in 1963 for only 326 out of 791.

Prophylaxis—Now that most eligible adults have been protected there has been a fall in demand for polio immunisation, from 17,791 in 1962 to 7,801 in 1963; the latter figure relates mainly to infants and young children. The level of immunisation against diphtheria is gradually increasing; in 1963 it was estimated that 80 per cent. of children under five were protected.

Prevention of break-up of families—A considerable amount of health visitors' time is taken up with preventive work in this field, particularly in making arrangements for the care of young children during family crises. Intermediate case conferences have been held regularly throughout the year; 68 new cases and 48 old cases were discussed, and a further 23 cases were reviewed briefly. The families discussed were referred from many sources—both statutory and voluntary and the co-operation received from all organisations has been very much appreciated.

At the end of the year the division had two full-time family case workers, three social workers undertaking part-time case work with difficult families and special home helps were working with 21 problem families.

Mental health—The general work continued and the extreme pressures in the division have not lessened. The number of mentally ill patients in community care has risen during the past year. Although it has not been possible to obtain a psychiatric social worker for duty in the Westminister day hospital, a senior mental health social worker has undertaken work there; this is a valuable step forward in co-operation between hospital and local authority. Mental health social worker staff now attend weekly at two of the division's catchment area hospitals and this is furthering the development of an effective aftercare service.

Plans for the proposed hostel for severely subnormal men have been passed and it is therefore anticipated that actual work on the site will be started in the foreseeable future. Efforts are being made to establish a day centre for chronic mentally ill and subnormal patients and the search for premises continues.

A nursery unit for severely subnormal children was opened but owing to transport difficulties this is at present limited in scope. It is hoped that when this problem has been overcome severely handicapped children from all parts of the division will be able to attend.

DIVISION 3, comprising the boroughs of Finsbury, Holborn and Islington

Dr. W. G. Harding reports:

Maternity and child welfare—General practitioner obstetricians are now seeing their booked maternity patients at nine welfare centres or sub-centres in the division.

Day nurseries—The high demand for day nursery places continued throughout the year and the waiting list showed a disquieting upward trend. The situation was contained only by the use of places in nurseries in adjoining divisions and by the exclusion of the less urgent priority cases from nurseries in this division. By the autumn it had become apparent that even the new 50-place nursery approved for south-west Islington was unlikely to meet the need and that consideration would have to be given to providing yet another nursery in the division.

The West London Mission opened a hostel at Aubert Park, N.5 for the care of ten unmarried mothers with their babies and part of the hostel was adapted for use as a day nursery where the children could be looked after whilst their mothers were at work. This development was warmly welcomed. The nursery, which opened in July, is run as an annexe to the Mission's main nursery in Holborn (Kingsway Crèche) and has been registered as a private day nursery under the Nurseries and Child-Minders Regulation Act. The undertaking is grant-aided by the Council.

Health education—In October the division was visited by the Council's mobile health education unit as part of a county-wide Smoking and Health campaign. During the visit 33 lectures and film shows were given, mainly in Islington, to 5,890 children in 14 secondary schools; four lectures and filmstrip showings were given to 700 children in four primary schools; a youth club, two G.P.O. establishments and the Islington Town Hall provided facilities for lectures and film shows to a total of 180 adults. Although schools and other establishments visited warmly welcomed the health education team and provided lively question-and-answer sessions after each lecture, it is regretted that there was such a meagre response to the many letters which the borough medical officer of health of Islington sent out to large firms and organisations as part of his whole-hearted co-operation in the venture: only two, apart from the Islington Borough Council, took up the offer of a film show and lecture and very few showed sufficient interest even to reply.

This was the first full working year of the division's evening smoking advisory clinic, held at East Islington Welfare Centre, to which reference was made last year. The average number of people attending a session was 13, with a high average of 21 in May and low averages of seven in February and eight in December; about a quarter of the people seen attended only once. The average age tended to fall (40·7 years up to July 1963, 37·7 years subsequently) and although more men than women attended the results showed no statistical significance when analysed according to sex. The average daily consumption of cigarettes at the time of the first visit to the clinic was 21 per head; this dropped to an average of four per head at the lowest subsequent point attained, although sometimes higher figures were recorded for individuals subsequently. Nearly 40 per cent.

of those attending more than once stopped smoking altogether: some did so after the first interview, others took up to 13 weeks, the average time being four to five weeks. Until July the clinic was run on the basis of a cycle of three meetings for each client; subsequently a less rigid programme was adopted, clients being encouraged to attend until they themselves wished to stop coming. This may account for a slightly longer average time taken to stop smoking since July (four to five weeks as against three to four).

These results reflect the immediate effect and it is feared that longer term follow-up may reveal a number of relapses. The success of the sessions should not be gauged, however, purely on this basis for there can be no question that many of those who attend influence in turn their circle of friends and acquaintances; in the same way the sessions have also acted as a focus for health education in this particular field for members of our own staff.

Infectious disease—Toward the end of the year there was a diphtheria incident involving three schools in the division. A schoolboy aged eight, with siblings in his own school, was admitted to hospital with a provisional diagnosis of mumps but suspected by the physician to be suffering from diphtheria. Nose and throat swabs of the boy's class were taken on the day this information was received from the borough medical officer of health and instructions were given to check the immunisation state of the class. Next day, following information that another pupil, newly arrived from Cyprus, was carrying diphtheria organisms in her throat, arrangements were made to take throat and nose swabs from the whole school without delay. Simultaneously, parental consent for immediate immunisation, either reinforcing active or combined active and passive as required, was sought from parents of all children in the class of the original schoolboy. All absentees from the school were followed up and swabbed at home, and the swabbing of school and home contacts revealed ten children carrying diphtheria germs spread over six of the nine classes in the school. All were admitted to hospital and four were diagnosed as cases of diphtheria. The original schoolboy was gravely ill, requiring tracheotomy and later developing complications involving both heart and nervous system.

Investigations and follow-up continued over the next few days, including the weekend, the borough medical officer of health tracing and following up home contacts whilst divisional staff undertook follow-up and immunisation of school contacts; co-operation was close and most satisfactory. The Public Health Laboratory Service covered speedily and effectively the major commitment of processing and reporting on the swabs.

That weekend a positive throat swab, taken from a school girl cousin of the Cyprus immigrant involved in the earlier enquiries, was received from a general practitioner. Through her large family this extended enquiries into several other schools and two carriers (bringing the divisional total up to eight in addition to five cases) were found in one class after the weekend. In the ensuing week tracing and swabbing continued on the basis that no class (with one case or carrier) and no school department (with more than one case or carrier) was considered clear until two completely clear swab rounds (comprising both throat and nose swab for each pupil, including absentees) had been obtained. All children considered at risk in schools in which cases or carriers were found were immunised at once. During the whole operation some 2,500 swabs were taken by divisional staff and processed by the Public Health Laboratory Service; many more were of course taken by borough staff in Islington, Finsbury and elsewhere.

The incident highlighted serious deficiencies in the immunisation state of school children. Earlier in the year an attempt had been made, with the co-operation of many head teachers, to improve the immunisation state in the infant departments by a special drive and a start had been made in the autumn term with the junior departments. Parental apathy and the extensive population movements into and out of the division necessitate intensive efforts to maintain a continuous state of protection in the school population, even if this may involve some loss of school time.

As mentioned in my last report, trials commenced of a combined antigen incorporating killed polio vaccine together with diphtheria, tetanus and pertussis antigen; the trials continued throughout the year.

Facilities have been provided, at the request of a committee of the Medical Research Council which was studying measles vaccine, for securing electro-encephalograms of young children who had not had measles. The request followed the production of evidence by workers in the U.S.A. that 45 per cent. of children had developed changes in their electro-encephalograms after uncomplicated measles. The tests were carried out by Dr. G. Pampiglione of the Hospital for Sick Children among day nursery children, with parental consent.

Home help service—As a preliminary to a home help recruitment campaign for the county, a pilot campaign took place in the division in the early summer. A Press conference was held, attended by the Chairman of the divisional health committee, senior divisional staff and three recipients of the service with their families, who were able to testify at first hand to the value of the service. Leaflets and posters were distributed with the willing co-operation of the Education service and borough councils and press advertisements appeared weekly for three months.

As a result of the three month campaign 46 home helps were recruited; ten of these had left by the end of the third month. In the same period 23 home helps were recruited by other means, mainly by personal recommendations and 19 left. Further home helps were recruited in the following months as a result of the earlier publicity. In the light of the experience gained it was decided to resume press advertising for a further three months from the beginning of November. At the end of the year indications were that recruitment was just keeping pace with wastage.

The very cold weather in January resulted in home helps encountering many difficulties in their work, including the fetching of water and carrying bags of coal. A number of tributes to the work of the staff under these trying conditions were received.

Mental health—A psychiatric social club was opened in May at the community centre on the Hilldrop Estate, Islington. The club, the function of which is therapeutic, recruits its membership from referrals by general practitioners and from ex-hospital patients; near relatives are also welcome. A senior hospital medical officer of the Friern hospital attends, as well as members of the divisional mental health team, including the psychiatric social worker. A record player and some records have been provided, together with a selection of indoor games and some crockery. The club is responsible for arrangements for refreshments.

The occupational therapy service, to which I referred last year, has proved very welcome to the patients. At the end of the year the occupational therapist was devoting four sessions weekly to visiting mentally ill people at home, double the number of a year before and authority had been received for her position to be made full-time.

A monthly clinic session for mentally subnormal children has been held throughout the year at the East Islington Welfare Centre for young children suspected of being mentally retarded.

School health service—The experimental scheme of selective medical inspections of entrants to junior schools has been in operation in schools in this division. Initial difficulties arose over the use of the standard questionnaire, particularly where the parents were not of British origin; it was therefore decided to dispense with the questionnaire where there was a known language problem and weigh the selection in favour of seeing rather than not seeing the child. Most of the medical officers after a year's experience considered the scheme to be of value and to provide more satisfying work.

DIVISION 4, comprising the boroughs of Hackney, Shoreditch and Stoke Newington.

Dr. S. King reports:

Maternity and child welfare—The number of births occurring in the division continues to increase; 6,000 compared with 5,929 in 1962 and 5,708 in 1961. Two doctors held infant welfare sessions in their surgeries with the health visitors in attendance.

Eleven general practitioner obstetricians had the free use of ante-natal clinic facilities at six welfare centres to see their booked maternity patients in co-operation with district domiciliary midwives, thus enabling the expectant mother to see her doctor and the midwife with whom she is booked at one and the same visit. It is hoped to extend these arrangements in 1964.

Day nurseries—The demand for day nursery places continued and there were waiting lists for long periods especially for children under two years.

Prevention of break-up of families—The divisional co-ordinating committee met regularly during the year and 80 individual families were discussed at intermediate case conferences. As in previous years, many cases were referred from the housing department, no less than 35 being in arrears of rent sufficiently high to put them in danger of eviction. The difficulties involved in unravelling and straightening tangled financial situations gave the most trouble.

The combined casework unit set up for an experimental period of five years with the support of the City Parochial Charities, now renamed the Family Centre of Hackney and Stoke Newington, is providing a casework service for families outside the terms of reference of the co-ordinating committee.

Child guidance units—Two units functioned in the division. The one at Woodberry Down health centre, established for over ten years, continued to be very busy. The second unit was opened during 1962 at Hoxton treatment centre and the work here rapidly expanded. In addition to the medical director who held four sessions weekly, there were the equivalent of two whole-time psychiatric social workers, a full-time educational psychologist and a part-time child psychotherapist.

Mental health—The expansion of this service continued during the year.

Clifton Lodge day rehabilitation centre cared for patients discharged from psychiatric hospitals and provided sheltered environment while they were adjusting themselves to the community; occupations included light industrial work, carpentry, embroidery and repair of nursery toys. The evening social club proved very popular. Shoreditch day centre for long term mentally ill patients used simple light industrial processes, visits to places of interest in London and the evening social club for rehabilitation purposes. A music group which formed a concert party; an art group which produced a series of murals; and intensive case work, both at the centres and with the patients' families, supplemented the day time activities at these establishments.

The home visiting of patients unable to attend day centres, an evening club at Woodberry Down health centre for former patients and those about to be discharged from hospital, a girl guide group for mentally handicapped girls, weekly visits by divisional mental health social workers to meet patients about to be discharged from Long Grove psychiatric hospital; all these played their part in the community care services of the division, reduced considerably the number of emergency referrals for admission to hospital and had a marked effect on the readmission rate.

Loan of home nursing equipment—This scheme continues to be in demand and items on loan include special beds for heart cases, Dunlopillo mattresses, hoists, commodes and outdoor and indoor wheel-chairs.

Woodberry Down health centre—The Tenth Anniversary celebration was held at the centre on 2 October 1963. Guests inspected the accommodation and centre activities before meeting in the Lecture Hall, where Mr. H. G. Lamborn, Chairman of the Health Committee presided.

Mr. A. Reginald Stamp, J.P., Chairman of the London County Council, Dr. C. F. Stott, a general medical practitioner at the Centre and myself were the principal speakers and among those present were, the Mayor of Stoke Newington the Mayor and Mayoress of Hackney, the Mayor and Mayoress of Shoreditch and Dr. J. A. Scott, Medical Officer of Health.

DIVISION 5, comprising the boroughs of Bethnal Green, Poplar and Stepney and the City of London

Dr. A. L. Thrower reports:

For most of the year the division was under the direction of my predecessor, Dr. G. O. Mitchell, who retired in September after long service in East London. Another change foreshadowed among the senior staff was the retirement of Dr. Lily Butler, deputy divisional medical officer, which became effective at the beginning of January, 1964. She also had given many years of service in East London, particularly with schoolchildren.

Prevention of break-up of families—The divisional co-ordinating committee met on four occasions, 34 intermediate case conferences were held and 130 families considered. Intensive case work was being provided to 15 households by the end of the year and five families received the services of specially trained home helps to assist the mothers in housekeeping and budgeting. The help of students from the North Western Polytechnic, general social work course, employed on five-month placings under the supervision of the divisional social worker was especially welcome.

Mental health—The ready assistance of the consultants at Long Grove Hospital to see patients at short notice and, indeed, to undertake home visits at the end of an arduous day's work has been of immense help to the mental health social workers, who have also benefited from the close co-operation of other hospital and social workers. The year has been one of progress in social relationships between the many bodies working in this branch of the health service. Attendances at the training centres, evening and week-end clubs in the division have proved their worth and the pressing need for additional similar facilities. Stepney industrial training centre had to be closed in July on the expiry of the lease of the centre building.

At the special advisory clinic for mentally backward children 46 attendances were made by children during 1963; of these 11 were attending for the first time.

Day nurseries—Because demand could not justify its continued operation, Pritchard's Road day nursery, Bethnal Green, closed at Christmas; the children so displaced were accommodated in neighbouring nurseries.

Since the experimental use of special units for severely sub-normal infants in two day nurseries in other divisions had shown a marked improvement in the behaviour and well-being of some of the children admitted, it was decided to extend this service to four additional day nurseries, one of which was the Queen Mary day nursery, Poplar, where suitable accommodation was already available. This unit, which can take up to six of these handicapped children under five years of age, opened in September. It provides special training for the infants and affords some relief to the parents from the great strain involved in caring for and bringing them up.

Occasional crèches—A growing need in the division to accommodate children under five years of age for short periods led to the opening of three further occasional crèches during the year.

Voluntary school treatment centre—Reimbursed by the Council, the Dame Colet Voluntary School Treatment Centre Committee provided a minor ailment service for schoolchildren in Dame Colet Cottage, Waley Street, E.1 for many years. Owing to a steady decline in attendances the service needed to be curtailed and by arrangement the Council took over responsibility and now provides a service commensurate with current demand.

Chiropody—Enhanced recruitment of part-time chiropodists more than balanced loss by resignations. At the end of the year the weekly sessions had increased from 12 to 18, thus going some way towards satisfying the need for chiropody for the older inhabitants.

Health education—Activities have continued to develop and plans were made during the year for combined meetings of mothers' clubs.

Home help service—In-service training of home helps was inaugurated, consisting of two half-day periods of lectures, films and discussion about their work and their place in the Health Service. On each occasion 30 home helps attended and the scheme has proved to be of considerable interest and value to the staff.

DIVISION 6, comprising the boroughs of Deptford, Greenwich and Woolwich

Dr. F. R. Waldron reports:

Premises—An additional infant welfare centre to serve a new and rapidly growing residential area was opened at St. Peter's Church Hall, Woolwich, in April.

To meet an increasing demand for clinic facilities from residents of the Abbey Estate, Woolwich, the temporary maternity and child welfare centre provided in housing accommodation on the estate was enlarged by the incorporation of the adjoining ground floor flat.

Maternity services—Pressure on hospital beds, especially for the Deptford area continues. The early discharge scheme in operation in the Greenwich and Deptford area has run smoothly and more than 200 cases were dealt with during the year.

Prophylaxis—The major part of the trial of quadruple vaccine was completed during the year. Because of the intricate nature of the laboratory investigations involved, it is probable that results of the trial will not be available before mid-1964.

B.C.G. vaccination—The B.C.G. team visited all secondary schools in the division. Of the 2,791 children skin tested and read 2,627 tubercular negative children were given B.C.G., while 158 children were referred for X-ray.

Chiropody—There was again great difficulty in maintaining a full service during the year due to staffing difficulties. Every effort was made to meet the demand of priority classes but at times the waiting period had of necessity to be longer than desirable. Credit is due to staff who made every attempt to deal with the problem.

Prevention of break-up of families—The co-ordinating committee continued to meet regularly to consider policy and subjects of common concern as well as measures to help particular families, the allocation of social case workers and of specially trained home helps. In addition, 44 intermediate case conferences were held, at which a number of departments of the Council and the majority of other statutory and voluntary agencies in the area took part.

DIVISION 7, comprising the boroughs of Camberwell and Lewisham

Dr. Ann Mower White reports:

Dr. C. Lydon was appointed deputy divisional medical officer in September, replacing Dr. A. L. Thrower on his appointment as divisional medical officer for division 5. Acknowledgment is made of the good work done by staff of all grades in maintaining essential services at divisional establishments and in the homes of the public during the exceptionally cold weather at the beginning of the year.

Prevention of break-up of families—Under the direction of the senior divisional staff, social workers and health visitors co-operated with officers of other departments and public bodies in dealing with problem families and potential problem families, with special concern for the welfare of the children and with the object wherever possible of preventing their being taken into care. Case conferences were held at all levels of staff and a divisional co-ordinating committee kept their work under continual review.

General practitioner obstetricians—There was a substantial expansion of the arrangements made, in accordance with the recommendations of the Maternity Services (Cranbrook) Committee, for general practitioner obstetricians to have the free use of the Council's ante-natal clinics to see their own booked maternity patients and, by agreement, those of other doctors. At the end of the year ten ante-natal clinics were attended in this way for 13 sessions a week by 32 doctors. There is close co-operation with domiciliary midwives and health visitors who also attend the clinics.

Catford School for Mothers—During the year this voluntary organisation for providing a child welfare clinic decided that it could no longer continue. The honorary superintendent, the only worker left, felt unable to carry the responsibility of organising the work; happily she was able to remain as a voluntary helper. As the sessions were held at the Central Lewisham welfare centre it was possible to absorb them into the activities of the clinic as a whole.

The cessation of this voluntary organisation was the close of a chapter in the history of maternity and child welfare. The very title of ' school for mothers ' reflects the attitude of mind of a generation which needed to be taught to seek the benefits of a child welfare service. The Catford School for Mothers started in 1916 in a church hall as an entirely voluntary effort meeting one afternoon a week with three workers, including a local doctor and an insurance nurse. The workers put up the money for their initial equipment and raised money by a box at the weighing table, inviting a penny a time, and by the sale of infant foods. ' Lectures ' were given by the doctor and by invited speakers. The Divisional Health Committee put on record their appreciation of the work done by this voluntary organisation, which was among the pioneers of child welfare in the country. With the benefit of their example and experience, there developed the municipal maternity and child-welfare service which in 1948 was embodied in the National Health Service. The Catford School for Mothers held an honoured place throughout and loyally co-operated in the welfare schemes for the borough, administered in turn by the Lewisham Borough Council and the London County Council. Much time, thought and labour were given over the years by a succession of devoted workers. In 1936 they transferred their activities from a church hall to the newly-opened Central Lewisham welfare centre, where they shared and were duly honoured in the 21st birthday celebration of the centre in 1957.

Day nurseries—The demand for day nursery places continued at a high level. Nearly all the children were from homes in which one or other parent was alone, or where the admission was in the interest of the physical or mental health of the children or their mothers. To increase or improve the accommodation, schemes were approved for replacing two nurseries and extending two others.

At one of the Lewisham nurseries, a special unit for nine severely subnormal children under five years of age continued its success, both in maintaining attendances and in the response of these small children to the care and training given. At the end of the year it was agreed to install a similar unit in a Camberwell nursery.

Tuberculosis—During the year a tuberculosis incident at a large comprehensive school with a roll of some 1,400 boys occupied the attention of divisional medical, nursing and clerical staff, in co-operation with the chest physician and chest clinic staff and the mass X-ray unit. In view of the extent and interest of the whole incident, an outline of its development is given.

On 1 and 6 March, 1963 two boys from one family were notified as having tuberculosis. The elder boy of 16 years had an adult type of tuberculosis with cavitation and positive sputum; he had been attending school regularly and was referred to the chest clinic by his family doctor. As is usual in cases of tuberculosis occurring in school children, close contacts were followed up in school and the staff (teaching and other) were X-rayed.

The follow-up was complicated by the system of tutorship, by which boys of different ages had come in close contact with the original case; examinations also were in progress and it was not till early July that skin-testing was carried out. Before that, in June, the mass X-ray unit visited the school to X-ray the teaching staff (100+) and any kitchen staff, school keepers, etc. An elderly meals helper was picked up in this way and notified. Between the first notifications and the skin-testing in July one further 12-year-old boy was notified. As the result of skin-testing 392 boys, 197 were given B.C.G. vaccine; of the remaining 195 boys, 38 were new positives and 137 had previously had B.C.G. and therefore were expected to react.

During July and August large parties of pupils went abroad to the U.S.A. and on 'adventure courses'; it was therefore necessary to postpone X-ray of the mantoux positive boys until early September when term started. By the middle of November seven boys had been notified, four having been picked up by X-ray after positive skin-reactions in July. In view of this disturbing situation the whole school was skin-tested. The positive reactors were X-rayed (mobile vans were stationed in the school car park) and the negative reactors were given B.C.G. As a result 14 boys were notified; the seven mentioned in the previous paragraph, a further three from the July investigation and four from that in December. As a further precaution the whole school will be X-rayed again by the mass X-ray unit.

Dover Lodge hostel for girls—During the year the full complement of 13 residents was attained, although numbers fluctuated from time to time. The hostel proved a valuable training and habit forming centre in enabling subnormal girls to settle down to regular work and to take their own place in the community. Regular case conferences were held at the hostel, attended by medical staff and social workers, to discuss all aspects of the girls' health and welfare, and to give help and guidance to the warden.

Day centres for mentally ill persons—Two part-time day centres, one in Camberwell and one in Lewisham, were started as an extension of the domiciliary occupational therapy for mentally ill persons. The centres enabled the therapists to use their time more economically, in that they could supervise several persons at the same time and a greater variety of activities was provided for the patients, as in addition to handicrafts outwork of a simple nature was carried out for local firms. The aim was to reach chronic schizophrenics who do not fit into an industrial centre and housewives who after hospital treatment are depressed and inadequate. The patients benefitted by having a regular meeting place in a pleasant social atmosphere and by receiving a small ex-gratia payment for the work they performed; their fares were paid and occasional outings to places of local interest were organised. The mental health social workers were able to see their patients who attended

the centre. At one centre, a mid-day dinner was provided. The centres were experimental and were held in temporary accommodation. One was held on eight sessions a week for 30-40 patients, the other for three sessions a week for 12-15 patients. They proved very successful and by the end of the year definite plans were completed to move the larger centre to much better premises on a full-time basis.

South-East London General Practitioners Centre—Progress at the centre has continued; there has been a steady increase in new patients and the number of doctors using the centre has risen from 129 to 167. There have been a number of visitors to the centre, parties as well as individuals. In addition to post-graduate discussions and meetings, which have continued, an instructional period was organised for a party of medical students at which clinical cases were shown, such as would not normally be seen in the wards of a general hospital. The experience gained from the working of the centre is being used in the planning elsewhere of similar facilities for general practitioners.

DIVISION 8, comprising the boroughs of Bermondsey, Lambeth and Southwark

Dr. W. H. S. Wallace reports:

Premises—Further progress was made to provide new premises with all modern facilities for the health services of the area. The ground floor of the Benson Home in Sancroft Street, no longer required by the district nurses, was adapted for use as a maternity and child welfare clinic. The Moffat welfare centre, temporarily housed in inconvenient and inadequate accommodation at Alford House, was moved into these premises in July. The large, purpose-built Loughborough centre was opened in November. Attached to a community centre in the Loughborough area of Brixton, this centre provides full maternity and child welfare services, a chiropody clinic and the home help office for South Lambeth. The new and spacious premises where these services have been provided together have proved a most successful and valuable centre.

The Castle day rehabilitation centre was completed towards the end of the year. This purpose-built centre for mentally ill patients is very conveniently situated for both patients and staff, as it is adjacent to the divisional offices at the Elephant and Castle. The centre provides excellent facilities for industrial therapy for 30 patients with a view to their rehabilitation for full employment.

Maternity and child welfare—Arrangements were made early in the year to offer facilities for general practitioner obstetricians to see their own booked maternity patients at the ante-natal clinics in the division; 26 general practitioner obstetricians are making use of these facilities, working at nine centres in the division. The arrangements have proved successful and are welcomed by the practitioners who use them. The provision of sterile, disposable syringes for the taking of blood specimens at ante-natal sessions has proved most successful.

The heavy pressure on maternity beds in hospitals has continued. The rise in the birth rate and the number of immigrants in the division has thrown an increasing burden on the hospital services. A bed bureau has been established at the divisional office. Requests for hospital beds are referred from the health visitors at the clinics and hospital bookings made centrally; this has relieved the health visitors of a very large number of telephone calls. The hospitals serving the division have helped in every way possible. Mothers are being discharged earlier and special arrangements for 48-hour discharges in specially selected cases have been made by Lambeth and Dulwich hospitals.

School health service—The experimental scheme to abandon the ' seven plus ' periodic medical inspections in schools and to replace them by ' special ' medical examinations has been in operation in seven selected schools throughout the year. The scheme aims at reducing

time spent on routine medical inspections, replacing them by special examinations of children considered to be in need of particular attention. The results so far have proved successful, the total time taken having been reduced and special consideration, both medical and social, has been given to many individual children in need of help.

The health of the school children remains good and their hygiene improves steadily. Skin, eye and ear conditions often associated with poor hygiene are fast disappearing. The attendances at minor ailment clinics have not only dropped but the conditions found are frequently of a more trivial nature. At two centres it has been found possible to run a minor ailment service which satisfactorily meets the needs without holding any doctors' sessions.

The need for special investigation clinics has increased. These clinics provide for children in need of individual care and attention which can only be given by medical officers specially interested in the problems who are able to give the time and trouble required. Fortunately some keenly interested medical officers have undertaken this work, which is of great value both medically and socially.

Mental health—The community care services have continued to develop for mentally disordered persons. Mental health social workers have maintained a close liaison with general practitioners, psychiatric hospitals, psychiatric out-patient clinics and the various social agencies in the division.

A service for home occupational therapy for home-bound psychiatric patients was inaugurated and approval was given for an extension of this scheme.

There has been a very close link with St. Olave's psychiatric day hospital; social workers have attended case conferences at the hospital each week and have carried out a large proportion of the social work involved. The psychiatric in-patient unit at St. Olave's hospital started admitting patients at the end of the year. The in-patient unit and the day hospital function together under the same consultant psychiatrist and, with out-patient facilities on the premises, offer a comprehensive psychiatric service to the area.

The Blackfriars Settlement opened an experimental work centre in Morley Street, S.E.1, which caters for the mentally disordered as well as for the elderly and the physically handicapped. The Council approved a grant in respect of psychiatric patients attending this centre, as is already done in connection with the Institute of Social Psychiatry's rehabilitation centres at Blackfriars and Crossways.

Co-ordinating committee—The committee and staff have had to undertake a considerable amount of extra work in connection with the short-stay accommodation provided by the Housing department; 17 families with rent arrears in short-stay accommodation were investigated, intermediate case conferences were held on 12 families and casework in short-stay accommodation arranged for eight families. Special meetings were held with the Housing and Welfare staff and local National Assistance Board managers; these were of great value in establishing full co-operation between the departments. A full-time family caseworker was appointed to the division in September, who began work immediately with these families. During the year also, 121 families were rehoused in the division from short-stay accommodation. It was found that many of these families were poorly equipped, there being several essential items which could not be obtained through the W.V.S. furnishing scheme. Material help as well as advice and supervision was therefore needed, as it was for a number of families rehoused on other special circumstances.

Meantime many families in the static population of the division continued to need interdepartmental discussion and planning. Particulars regarding 241 cases of arrears in normal tenancies were investigated and 23 intermediate case conferences held. From all sources a total of 61 intermediate case conferences was held and 134 families were reviewed briefly at the co-ordinating committee. Whatever help possible was given in all cases, from

both statutory and voluntary sources. There is not, however, enough staff available from all sources to deal with these numbers intensively, and a major problem remains the selection of cases where true prevention can be hoped for and the deployment of staff to achieve this.

DIVISION 9, comprising the boroughs of Wandsworth and Battersea

Dr. J. T. R. Lewis reports:

Maternity and child welfare—Due to continued higher attendance an extra weekly infant welfare session was introduced in St. Margaret's welfare centre and the staff augmented at St. Christopher's; a mothercraft class was started at the William Harvey centre.

Handicapped children—The Roehampton child guidance unit, located at the William Harvey centre, was transferred to improved ground floor accommodation.

Chiropody—To meet the increased demand for treatment amongst the elderly, five extra sessions weekly were introduced.

Smoking advisory clinic—An advisory clinic of an experimental nature with fortnightly evening sessions was started in conjunction with division 1 at Fulham chest clinic.

Mental health service—Community care services have continued to develop in many aspects. The establishment by the St. George's and West Park hospitals and the Council of a psychiatric day hospital centre for 50 patients was a valuable addition to the community services available for the mentally ill living in the division. It is held in accommodation at St. George's hospital, Tooting. The consultant and other medical and nursing staff is a responsibility of the two hospitals, while the Council accepts responsibility for the occupational therapy and social worker staff. This venture is an example of the tripartite co-operation of associated authorities in an integrated effort to provide service to the community. The Tooting psychotherapeutic evening social club conducted by the Council's officers was moved to the new day hospital centre premises.

A special mothercraft class was started at Putney Health Centre for mothers of mentally sub-normal children of pre-school age. Talks and the discussion of mutual problems provide that degree of extra support needed as parents have to face the fact that a child may have to attend a training centre instead of a school. This group method uses staff more economically than visiting, which is generally most intensive when the child is between four and five years of age.

At the Clapham training centre the industrial unit for males completed a year's trading. Articles were manufactured to specification and sold, the trainees receiving ex-gratia payments.

Of special note is the Chellow Dene residential hostel, which offers accommodation to selected patients to enable them to rehabilitate themselves in employment and in the community after recovery from mental illness. A full year's experience confirmed the value of careful selection of residents, in their own interests and that of other residents. Admission is on a trial basis of one month, during which time the resident is expected to seek employment. Chellow Dene is basically a short term hostel for periods of up to six months, but it was found that some residents could not achieve sufficient stability to enable them to live in the community within that time. Five residents stayed between nine and twelve months. These were exceptional cases, however; a proper turnover is essential if the hostel is to be properly utilised and its facilities offered to as many as possible. In the first 12 months 37 residents left the hostel. The great majority were in work and either went home or to private lodgings or to residential posts. Five needed to return to hospital. There was a need to make reasonable minimal rules for the government of the hostel and the conduct of the residents.

Statistical summary 1963—health divisions

Health division	1	2	3	4	5	6	7	8	9	Total
Estimated population—mid 1963	437,580	489,420	280,340	254,330	208,430	300,900	396,950	359,530	451,390	3,178,870
Births and associated mortality										
Live births	8,510	8,622	6,514	5,937	4,015	5,421	7,707	8,002	8,772	63,500
Rate per 1,000 population	19·4	17·6	23·2	23·3	19·3	18·0	19·4	22·3	19·4	20·0
Deaths under 1 month	136	135	94	86	58	83	108	113	110	923
Rate per 1,000 live births	16·0	15·7	14·4	14·5	14·4	15·3	14·0	14·1	12·5	14·5
Deaths										
All ages	5,225	5,945	3,312	3,115	2,587	3,499	4,836	4,561	6,510	39,590
Rate per 1,000 population	11·9	12·1	11·8	12·2	12·4	11·6	12·2	12·7	14·4	12·5
Health visiting										
Total visits	121,298	123,030	64,088	66,795	61,700	75,955	92,617	126,107	90,927	822,517
Staff at 31 Dec. W/T equivalents	54	61	38	29	28	39	57	68	58	432
Welfare centres										
Children—										
Sessions	2,346	3,350	2,379	1,494	1,840	2,208	2,381	2,791	2,138	20,927
Total attendances	75,861	103,220	74,045	57,245	54,226	78,414	90,873	87,828	92,133	713,845
Expectant mothers—ante and post natal clinics—										
Sessions	1,581	1,698	1,064	541	245	1,136	1,492	341	681	8,779
First attendances this year—										
Ante-natal	4,235	6,391	5,303	2,793	392	2,812	3,511	2,919	3,518	31,874
Post-natal	127	268	418	1,093	171	698	466	368	213	3,822
Total attendances	15,566	23,320	18,856	9,964	2,678	11,657	15,411	9,048	12,291	118,791
Prophylaxis										
Poliomyelitis (L.C.C. and general practitioners)—										
Salk vaccine										
Primary course (3 injections)—										
born 1959–63	272	356	92	85	112	247	651	614	381	2,810
born 1943–58	92	162	27	59	21	47	128	257	485	1,278
born 1933–42	108	191	42	50	21	84	79	115	138	828
born 1932 or earlier and under 40 years	75	110	54	37	24	58	156	115	148	777
over 40 years	4	66	2	5	—	4	9	—	11	101
Total	551	885	217	236	178	440	1,023	1,101	1,163	5,794
Reinforcing injections	81	115	16	12	26	63	243	209	122	887
Sabin vaccine										
Primary course (3 doses)—										
born 1959–63	5,717	5,116	5,108	4,599	2,966	3,906	4,767	5,559	6,091	43,829
born 1943–58	1,202	899	1,236	773	1,499	1,117	736	1,659	1,135	10,256
born 1933–42	1,138	503	723	610	215	229	476	270	314	4,478
born 1932 or earlier and under 40 years	586	292	491	278	124	190	281	444	369	3,055
over 40 years	16	106	29	18	3	32	23	—	66	293
Total	8,659	6,916	7,587	6,278	4,807	5,474	6,283	7,932	7,975	61,911
Reinforcing dose	2,279	2,998	2,404	2,096	1,422	2,590	1,418	3,163	994	19,364
Smallpox—Vaccinations	1,287	1,252	912	859	581	889	1,196	1,052	1,439	9,467
Re-vaccinations	501	1,724	595	780	480	613	780	441	1,378	7,292
Diphtheria—Primary course	6,698	6,447	5,678	4,688	3,576	4,561	5,660	6,806	6,675	50,789
Reinforcing injections	7,805	6,936	5,939	5,094	5,081	7,170	6,122	9,222	4,626	57,995
Whooping cough—Primary course	5,445	5,893	5,174	4,331	2,884	4,145	5,335	6,350	6,565	46,122
Reinforcing injections	3,408	3,140	3,480	2,656	1,904	3,054	3,514	4,414	3,355	28,925
Tetanus—Primary course	6,992	6,257	5,643	4,859	3,786	4,280	5,682	6,715	6,954	51,168
Reinforcing injections	5,165	4,543	5,567	3,840	3,068	4,154	4,710	6,427	3,994	41,468

Health division	1	2	3	4	5	6	7	8	9	Total
Foot clinics										
Sessions	4,659	1,202	3,802	3,467	525	6,044	3,047	3,137	2,442	28,325
Total attendances	37,574	7,933	25,975	25,190	3,480	45,504	16,455	20,603	15,784	193,498
Day nurseries										
Number of places at 31 Dec.	629	975	361	379	235	58	279	634	437	3,987
Total attendances	138,991	212,637	78,323	85,697	51,519	12,914	55,391	140,656	88,659	864,787
Child minders										
Statutorily registered 31 Dec.	37	25	19	17	8	50	45	3	33	237
Children minded (authorised no.)	171	148	103	73	32	271	240	26	236	1,300
Voluntarily registered 31 Dec.	102	159	92	56	50	88	119	96	10	772
Children minded	172	126	151	65	81	109	160	121	20	1,005
Home help										
Households attended	4,501	4,875	3,052	4,371	3,180	4,064	5,674	4,777	4,895	39,389
Households attended per 1,000 population	10·3	10·0	10·9	17·2	15·3	13·5	14·3	13·3	10·8	12·4
Home nursing										
Total visits	215,405	224,643	128,670	122,539	98,096	216,086	190,982	183,535	179,290	1,559,246
Visits per 1,000 population	492	459	459	482	471	718	481	510	397	491
School health service										
Medical inspection, routine, special, reinspection	35,327	29,826	27,120	19,917	24,710	32,809	35,987	29,054	40,354	275,104
Health surveys	70,941	78,801	113,594	29,528	36,742	82,521	40,001	51,936	70,296	574,360
Hospital/specialist clinics—										
New cases	3,921	3,479	3,472	2,072	2,343	3,183	2,486	1,907	3,945	26,808
Total attendances	7,189	9,798	12,883	5,743	6,130	7,544	7,445	*7,526	11,995	76,253
Dental services										
Schools—										
New cases	10,496	8,732	6,709	11,000	7,515	5,338	4,862	7,395	12,978	75,025
New cases per 1,000 population age 5–14	254	197	214	343	261	133	96	159	246	204
Total attendances	28,043	29,591	20,344	31,578	20,017	15,950	17,686	23,765	33,198	220,172
Maternity and child welfare—										
First treatment	406	491	318	720	175	206	29	178	113	2,636
Total attendances	1,960	2,149	1,584	3,151	759	1,161	95	610	484	11,953

*Excluding attendances at Royal Eye Hospital.

APPENDIX A

STAFF OF THE PUBLIC HEALTH DEPARTMENT AT 31 DECEMBER, 1963

Medical Officer of Health and Principal School Medical Officer	J. A. Scott
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	A. B. Stewart
Senior Principal Medical Officer	M. MacGregor
Administrative Officer	T. A. Wright
Principal Medical Officers	
Maternity and child welfare	Dorothy F. Egan
School health	R. E. C. Copithorne
Epidemiology	Ian Taylor
Tuberculosis	W. Hartston
Mental health	C. W. J. Ingham
Staff medical examinations	R. Cove-Smith
Child psychiatry	Jessie Parfit
Chief Dental Officer and Principal School Dental Officer	W. Ritchie Young
Chief Nursing Officer	Evelyn Robinson
Scientific Adviser	S. G. Burgess
Principal Clerks	G. Berridge N. B. Chapman
Principal Clerk and Statistician	C. W. Shaddick
Officer-in-Charge, London Ambulance Service	F. A. Richardson
Deputy Establishment Officer	R. C. Coulter
Chief Inspector	J. C. Clancey
Principal Social Worker (Health Services)	Frances C. K. Gregson
Principal Mental Health Social Worker	Phyllis M. Perrott

Senior Officers of the Divisions

Division	*Divisional Medical Officer*	*Divisional Administrative Officer*	*Divisional Nursing Officer*
1.	Bertha E. A. Sharpe	T. A. Stone	Joan A. Surr
2.	H. L. Oldershaw	L. J. J. Clark	Esther A. Evans
3.	W. G. Harding	N. A. C. Bignell	Margery D. Butler
4.	S. King	T. A. Maxwell	Lilian E. Arrow
5.	A. L. Thrower	E. L. Hannant	Elizabeth J. Early
6.	F. R. Waldron	L. M. Longhurst	Margaret V. Naunton
7.	Ann Mower White	F. L. Clark	Kathleen L. Sewell
8.	W. H. S. Wallace	D. E. Armstrong	Bessie Thom
9.	J. T. R. Lewis	R. E. Haymes	Winifred M. Winch

APPENDIX B

Statistics of the administrative work carried out by the Metropolitan Borough Councils in 1963.

Borough	DWELLINGS			CLEARANCE AREAS Housing Act, 1957, Part III					DWELLING HOUSES																										
				Unfit houses		Other houses			Inspections				Repaired as a result of informal action	Defects remedied after service of formal notice				Houses closed in pursuance of owners' undertaking	Persons displaced	Demolition Orders made	Persons displaced	Closing Orders made in lieu of Demolition Orders	Persons displaced	Closing Orders determined	Closing Orders revoked and Demolition Orders made	Houses demolished as a result of formal or informal procedure	Persons displaced	Rooms closed				Undertakings accepted		
														Public Health (London) Act, 1936		Housing Act, 1957											Underground rooms		Other rooms		Underground rooms		Other rooms
	Erected by Borough Council	Erected by other persons	Total number in the Borough	Demolished	Persons displaced	Demolished	Persons displaced	Houses excluded from Clearance Orders (no longer unfit for human habitation—Section 24)	Initial visits on complaint	With a view to action under Part II of the Housing Act, 1957	Other reasons	Re-inspections		By owners	By local authority	By owners	By local authority											Number	Persons displaced	Number	Persons displaced	Number	Persons displaced	Number
Division 1																																		
Chelsea	—	37	17,020	—	—	—	—	—	881	—	13,816	7,709	87	34	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
Fulham	81	75	30,269	57	198	38	†	—	2,294	6	10,079	5,696	753	445	11	—	—	—	—	1	2	2	7	2	—	—	—	1	2	1	2	—	—	—
Hammersmith ..	26	18	25,249	38	224	30	45	—	3,714	492	8,138	9,236	1,393	631	47	3	—	16	—	—	—	—	—	55	—	—	—	—	—	—	—	—	—
Kensington	—	65	41,207	52	45	3	5	—	2,824	646	2,802	23,762	759	321	6	—	—	—	—	—	—	1	1	1	—	—	—	51	3	3	2	7	—	4
Division 2																																		
Hampstead	36	366	24,706	—	—	—	—	—	798	18	21,969	9,349	617	133	—	1	1	—	—	1	12	—	—	—	—	1	12	—	—	3	5	—	—	—
Paddington	8	281	37,493	1	25	—	—	—	3,101	1,137	4,290	15,755	605	207	17	—	—	—	—	—	—	—	—	22	—	—	—	59	—	83	51	—	—	—
St. Marylebone ..	30	147	25,043	65	355	11	†	—	816	101	320	2,919	471	56	—	6	—	—	—	—	—	—	—	6	—	—	—	4	6	—	—	—	—	—
St. Pancras	421	50	29,393	—	—	—	—	—	3,563	106	3,101	8,148	1,342	1,166	27	28	—	—	—	—	—	—	—	14	—	—	—	28	—	—	—	—	—	—
Westminster, City of	—	377	28,177	13	13	9	—	—	645	190	4,359	6,358	203	2	1	—	—	—	—	—	—	—	—	5	—	—	—	69	57	63	64	—	—	1
Division 3																																		
Finsbury	212	20	9,602	33	641	—	—	—	1,064	4	6,922	11,519	451	74	2	—	—	—	—	1	14	5	24	—	—	1	14	1	—	—	—	1	—	—
Holborn	48	52	5,847	8	41	—	—	—	74	145	1,311	2,189	158	139	—	—	—	—	—	—	—	—	—	—	—	8	41	3	—	3	—	—	—	—
Islington	97	321	47,310	39	226	2	†	—	6,387	262	4,741	23,190	2,349	1,037	31	—	—	1	—	1	—	7	36	24	—	78	—	14	43	11	46	1	—	—
Division 4																																		
Hackney	152	66	41,587	4	46	—	—	—	4,810	236	10,702	12,726	88	1,781	34	1	—	—	—	—	—	—	—	13	—	—	—	40	76	31	†	2	—	1
Shoreditch	267	89	12,031	—	17	—	—	—	1,448	97	2,966	2,842	470	50	—	—	—	31	61	1	6	1	6	—	—	6	17	2	—	—	3	—	—	—
Stoke Newington ..	117	76	12,512	—	—	—	—	—	1,486	106	1,833	4,157	148	124	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Division 5																																		
Bethnal Green ..	215	133	14,687	93	679	20	54	—	2,736	2,298	6,096	5,231	1,218	653	33	—	—	—	—	—	—	30	—	—	—	—	—	6	—	40	—	—	—	—
City of London ..	12	—	1,030	—	—	—	—	—	9	3	2	33	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poplar	42	214	18,424	11	52	—	—	—	3,017	777	2,115	6,827	1,202	434	—	—	—	—	—	7	28	1	3	—	—	7	24	3	5	3	—	—	—	—
Stepney	115	711	26,405	61	130	—	—	—	4,870	138	2,967	6,835	236	1,179	96	—	—	—	—	1	—	1	1	2	—	8	—	7	—	—	—	—	—	—
Division 6																																		
Deptford	80	138	17,977	—	—	—	—	—	1,406	11	3,319	9,176	291	349	2	—	—	—	—	—	—	4	—	5	—	—	—	—	—	—	—	—	—	—
Greenwich	68	331	25,120	—	—	—	—	—	1,779	20	7,483	6,564	402	126	6	—	—	—	—	—	—	1	4	1	—	—	—	1	5	1	4	—	—	—
Woolwich	318	319	45,529	242	291	23	41	—	1,533	94	5,307	6,711	548	277	—	—	—	—	—	2	6	5	8	4	—	2	—	5	16	—	—	—	—	—
Division 7																																		
Camberwell	737	635	45,664	26	164	—	—	—	4,560	375	24,583	12,125	561	1,207	1	11	—	—	—	—	—	3	8	—	—	—	—	2	—	19	19	—	—	—
Lewisham	278	271	66,307	9	15	16	†	—	2,513	*	16,143	14,000	262	459	—	3	—	—	—	2	—	—	—	1	—	10	15	—	—	2	—	—	—	—
Division 8																																		
Bermondsey	224	194	15,183	1	29	—	—	—	2,017	12	2,631	16,148	611	177	—	—	—	—	—	2	17	2	9	—	—	—	—	21	—	4	1	—	—	—
Lambeth	134	353	57,077	21	126	12	4	—	3,452	85	21,264	13,711	707	688	84	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Southwark	92	49	25,211	70	374	2	5	—	2,663	37	15,714	6,538	540	427	107	—	—	—	—	23	23	4	8	4	—	7	14	4	3	4	—	41	40	2
Division 9																																		
Battersea	190	209	29,008	125	329	107	343	—	2,916	230	6,942	9,281	438	416	17	—	—	—	—	1	2	4	12	—	—	1	2	21	3	4	9	—	—	—
Wandsworth	339	489	121,208	14	97	—	—	—	6,353	21	16,013	20,134	1,051	347	10	—	—	—	—	—	—	3	6	9	—	11	2	7	25	—	—	1	—	—
LONDON	4,339	6,086	896,276	983	4,117	273	497	—	73,729	7,647	227,928	278,869	17,965	12,939	535	56	1	48	61	43	110	74	133	168	—	140	141	351	244	275	203	59	40	7

†*Included in the previous column.*

**Number not shown.*

APPENDIX B

Borough	DWELLING HOUSES — Housing Act 1961—Houses in multiple occupation: Closing Orders substituted for Demolition Orders: Number	Closing Orders substituted for Demolition Orders: Persons displaced	Management Orders made: Number	Management Orders made: Persons displaced	Neglect of proper standards of management made good: By owners: Number of houses	Neglect of proper standards of management made good: By owners: Persons displaced	Neglect of proper standards of management made good: By local authority: Number	Neglect of proper standards of management made good: By local authority: Persons displaced	Additional services or facilities provided: By owners: Number of houses	Additional services or facilities provided: By owners: Persons displaced	Additional services or facilities provided: By local authority: Number	Additional services or facilities provided: By local authority: Persons displaced	Houses provided with means of escape from fire: By owners: Number	Houses provided with means of escape from fire: By owners: Persons displaced	Houses provided with means of escape from fire: By local authority: Number	Houses provided with means of escape from fire: By local authority: Persons displaced	Directions made to reduce or remedy overcrowding: Number	Directions made to reduce or remedy overcrowding: Persons displaced	Overcrowding abated Section 90, Housing Act 1957: Number	Overcrowding abated Section 90, Housing Act 1957: Persons displaced	Water supply to tenement houses P H (London) Act 1936: Houses provided with supply	Water supply to tenement houses P H (London) Act 1936: Prosecutions	Water supply to tenement houses P H (London) Act 1936: Convictions	Control of movable Dwellings (L.C.C. (General Powers) Act, 1959, sec. 22): Site licences at beginning of year	Control of movable Dwellings (L.C.C. (General Powers) Act, 1959, sec. 22): Site licences issued during year	AIR POLLUTION: Complaints	Observations	Intimation notices served	Nuisance notices served	Prosecutions	Smoke Control Orders confirmed	CLEANSING AND DISINFECTION: Adults cleansed: At home	Adults cleansed: At cleansing station	Children cleansed	Premises disinfected	Premises disinfested	LICENSED OR REGISTERED PREMISES: Licensed slaughterhouses	Other offensive trades	Common and Seamen's Lodging Houses	Dairies and milk shops	Ice cream premises	PUBLIC HEALTH INSPECTOR: Establishment	Employed at end of year: Male	Employed at end of year: Female	Employed at end of year: Total	Pupil assistants employed at end of year: Male	Pupil assistants employed at end of year: Female	Pupil assistants employed at end of year: Total	Technical assistants: Male	Technical assistants: Female	Technical assistants: Total
Division 1																																																							
Chelsea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65	20	—	—	—	—	—	21	4	212	373	—	—	—	66	107	8	6	2	8	—	—	—	—	—	—
Fulham	—	—	2	—	3	—	—	—	3	—	—	—	—	—	—	—	2	5	—	—	3	—	—	—	16	27	—	—	—	1	—	95	17	45	322	—	—	—	130	232	14	14	—	14	2	—	2	1	—	1
Hammersmith	—	—	13	61	—	—	—	—	3	—	—	—	1	—	—	—	1	14	—	—	—	—	—	—	44	20	—	—	2	—	308	78	18	347	—	—	—	134	231	12	12	—	12	2	1	3	1	—	1
Kensington	—	—	27	—	3	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	72	—	—	—	51	28	—	9	2	1	11	82	212	203	551	—	—	—	201	374	19	15	—	15	—	—	—	3	—	3
Division 2																																																					
Hampstead	—	—	—	—	6	—	—	—	‡	—	—	—	—	—	—	—	**	—	—	—	9	—	—	1	71	84	—	—	—	1	—	22	—	116	148	—	—	—	70	258	15	13	1	14	3	—	3	1	2	3
Paddington	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	57	—	—	—	9	—	—	—	39	66	1	—	—	2	66	142	35	72	856	—	—	—	142	203	18	13	—	13	2	—	2	1	—	1
St. Marylebone	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	55	12	3	—	1	—	831	211	51	241	—	1	2	97	193	15	11	2	13	1	—	1	—	—	—
St. Pancras	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	—	—	148	336	—	—	—	—	—	631	93	70	531	—	—	—	276	267	22	21	—	21	1	—	1	—	—	—
Westminster, City of	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63	806	—	—	—	4	—	467	3	83	219	—	—	2	139	275	26	24	—	24	5	—	5	2	—	2
Division 3																																																					
Finsbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	30	523	9	—	—	—	—	80	17	142	330	—	—	1	135	160	10	10	—	10	3	—	3	1	—	1
Holborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38	284	1	—	—	—	78	262	4	30	105	—	5	2	51	144	5	5	—	5	—	—	—	—	—	—
Islington	—	—	8	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	18	—	—	—	59	227	103	—	1	2	274	266	345	246	739	1	8	—	374	575	33	25	2	27	2	—	2	2	—	2
Division 4																																																				
Hackney	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	270	*	—	—	—	—	—	—	65	253	6,437	14	8	2	—	199	92	310	643	1	6	1	214	450	24	18	—	18	4	1	5	2	—	2
Shoreditch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	8	114	—	—	—	2	—	4	—	28	397	—	1	—	72	122	9	5	—	5	2	—	2	1	—	1
Stoke Newington	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42	19	2	—	—	—	—	45	13	32	76	—	1	—	54	106	7	7	—	7	—	—	—	—	—	—
Division 5																																																				
Bethnal Green	—	—	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	15	30	53	7	—	—	1	375	36	6	—	428	—	2	—	88§	134	9	8	—	8	2	—	2	—	—	—
City of London	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41	—	2	—	—	—	—	1,040	—	8	15	—	—	1	29	88	19	19	—	19	5	—	5	—	—	—
Poplar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63	244	—	—	—	—	—	—	3	12	70	25	—	—	1	—	60	2	71	1,627	—	1	2	106	199	11	11	—	11	4	—	4	—	—	—
Stepney	—	—	71	—	12	—	1	—	—	—	—	—	—	—	—	—	4	—	32	95	16	—	—	—	—	183	49	218	—	4	—	1	74	302	26	21	429	—	19	5	223	310	18	17	—	17	4	—	4	3	—	3
Division 6																																																				
Deptford	—	—	6	—	1	—	—	—	6	—	—	—	—	—	—	—	172	*	7	—	—	—	—	—	15	21	—	—	—	2	—	560	107	84	201	—	—	—	102	200	8	8	—	8	2	—	2	2	—	2
Greenwich	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	—	—	—	—	—	2,011	1,802	64	52	944	—	—	—	98	233	10	9	1	10	3	—	3	—	—	—
Woolwich	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	108	—	—	—	2	26	33	89	188	177	1	1	—	165	331	18	16	1	17	2	—	2	—	—	—
Division 7																																																				
Camberwell	—	—	28	—	—	—	—	—	—	—	—	—	—	—	—	—	28	—	—	—	—	—	—	—	2	7	184	215	—	—	2	579	70	171	14	557	—	4	—	215	529	21	16	1	17	4	—	4	3	—	3
Lewisham	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	2	2	1	3	—	—	4	—	15	34	218	185	—	—	—	127	367	20	20	—	20	4	—	4	—	—	—
Division 8																																																				
Bermondsey	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	8	11	141	—	—	1	—	50	20	5	324	—	8	1	119	209	11	10	—	10	1	—	1	1	—	1
Lambeth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	42	—	—	—	—	—	—	3	8	23	207	—	—	4	—	94	42	190	693	—	1	—	286	614	20	16	1	17	3	1	4	2	—	2
Southwark	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	11	172	8	—	—	—	587	377	92	1,541	—	2	5	145	296	20	15	1	16	4	—	4	2	—	2
Division 9																																																				
Battersea	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	7	—	—	—	—	5	—	25	263	1	—	—	—	—	152	219	1,054	132	—	2	—	133	280	13	12	1	13	3	—	3	2	—	2
Wandsworth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	6	66	332	—	—	1	—	26	10	153	248	—	—	—	331	721	22	20	—	20	3	—	3	—	—	—
LONDON	—	—	225	61	25	—	1	—	19	—	—	—	1	—	—	—	610	305	42	102	136	—	—	59	263	1,346	4,620	6,583	30	11	37	3,494	8,282	2,291	3,708	13,379	3	62	22	4,322	8,208	457	396	13	409	71	3	74	30	2	32

‡90 houses after informal action.

**36 houses after informal action.

§Two prosecutions.

*Number not known.

INDEX

References to local activities in the sphere of chiropody, health education, mental health education, home making courses, problem families, prophylaxis, etc., will be found in the divisional medical officers' reports, pages 98-111.

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