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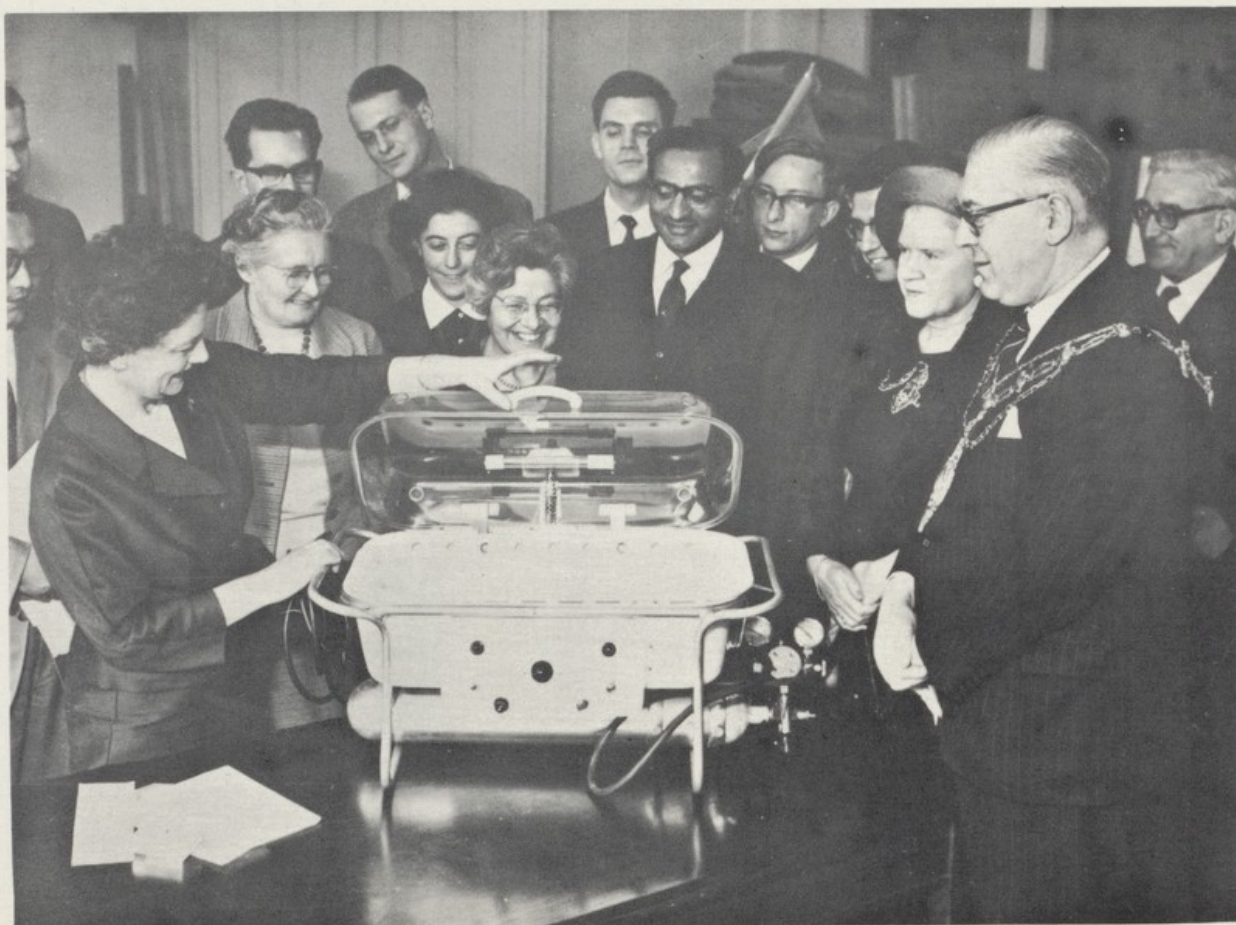


The
Health of Ealing
in the year
1962

BEING THE
ANNUAL REPORT
OF THE
Medical Officer of Health

WILLIAM G. BOOTH, M.D., B.S., D.P.H.,
Medical Officer of Health

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THE MAYOR AND MAYORESS OF EALING PAY A VISIT TO PUBLIC HEALTH STUDENTS IN EALING
These are doctors from many countries who come to Ealing for part of their course for the Diploma in Public Health

INDEX

	<i>Page</i>
Section 1 INFECTIOUS DISEASES	7
Section 2 ENVIRONMENTAL HEALTH OF THE BOROUGH ...	11
Section 3 PUBLIC HEALTH INSPECTION	27
Section 4 OLD PEOPLE'S WELFARE	38
Section 5 GENERAL	49
Section 6 STATISTICAL TABLES	51
Section 7 APPENDIX: REPORT ON SCHOOL HEALTH SERVICE	58
Supplement FOR GENERAL INFORMATION	65

STAFF OF THE PUBLIC HEALTH DEPARTMENT

William G. Booth, M.D., B.S., D.P.H.	Medical Officer of Health
I. H. Seppelt, M.A., M.B., B.CHIR., D.P.H.	Deputy Medical Officer of Health
E. Belfield (Died 28th March) ...	Chief Public Health Inspector
A. E. Pooley (Appointed May) ...	Chief Public Health Inspector
A. C. Bamping (Appointed July) ...	Deputy Chief Public Health Inspector
E. H. Evans	Public Health Inspector
C. W. Baxter	" " "
E. W. Budd	" " "
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A. S. M. Pratt, Barrister-at-Law ...	Chief Administrative Assistant (Part-time)
Miss D. E. McKenzie	Secretary to Medical Officer of Health
D. E. Storr	Senior Clerk
D. R. A. Smith	Clerk
R. S. Leggatt	"
Miss S. Fox	"
N. M. Colwell (Appointed Sept.) ...	"
Mrs. M. G. Byford	Clerk and Shorthand Typist
Mrs. D. Barker	Clerk and Typist
M. L. Aldridge	Trainee Public Health Inspector
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R. S. Cox	Assistant Rodent Officer
R. Lazzolo	Rodent Operative
F. Bedley	" "
L. B. Radford	Driver/Disinfectors
E. Sheldrick	" "

Mr. Mayor, Aldermen and Councillors,

In presenting the annual report upon the health of the Borough for the year 1962, I am glad to report that we have had a satisfactory record with regard to vital statistics. Whilst mortality among the two main killing diseases—heart disease and cancer—have shown an increase during the last ten years from 621 to 817 and from 363 to 434, this would be in line with the ageing of the population. It is not to be expected that we are likely to get a break-through on this front without further results from the lines of research at present being made into the basic causes of these conditions. On the other hand, the deaths from bronchitis, pneumonia and accidents have remained almost unchanged during the last 10 years.

It is pleasant to be able to record an infant mortality rate of 12, a maternal mortality rate of 0.34 and a complete absence of deaths from infectious diseases.

Looking back over the years, there is little doubt that the work of your former Medical Officer of Health, Dr. T. Orr, in the field of milk pasteurisation, of which he was a pioneer, has resulted throughout the country in a universal acceptance of this practice. This has meant the virtual abolition of milk-borne diseases and an enormous reduction of illness, particularly among children. It is a pleasure to know that Dr. Orr is still enjoying a well-earned retirement, and Ealing has, through his work and efforts, also secured a niche in the history of public health progress.

We are now well in the second year of our Day Treatment Centre established in Hanwell in 1961. There seems every reason to believe that we are preparing a firm base from which to tackle the grave problems of disablement in old age. The enormous amount of satisfaction that is secured by a patients' feeling of gratitude for their re-introduction to the routine of their own homes, through daily treatment and follow-up, instead of long hospitalization, must be met to be believed. This is indeed a satisfying service to staff, to relatives, and to the patients. We are learning to feel our way to an organisation for dealing with a social problem which in the past has been impossible to tackle with any real satisfaction. As for social services for the aged, I would unhesitatingly place first our Incontinent Laundry Service, small though the need may be, and secondly our Day Treatment Centre. All other services for the aged seem indeed minor, though often satisfying to individuals. We must face the need for integration into a normal social life for a percentage of the elderly who, whilst disabled to some degree, need to be encouraged to take the fullest possible part in the family life or the functioning of the community. This activity of the mind so often runs parallel with the activity of the body that one is often amazed to see the personality change that takes place among the disabled elderly who have been put into a position of discard for years and then rehabilitated over a month or two by the work of the Day Treatment Centre. A full description of the Centre is included in this report for the information of the members of the Council, and reprinted by permission of the *Lancet*.

I have already informed the Council that I am retiring as Medical Officer of Health of Ealing. I have been in Public Health for 38 years and enjoyed the performance of my work. I hope that I may have done a useful job for the community and kept a small flag of enterprise and initiative flying whenever it has been possible to do so. Ealing is shortly to enlarge its health and welfare functions and will have to enter into some they have never tackled before. As I should in any case be retiring shortly, it is, I think, wise to anticipate the date a little and thus permit the making of plans for this considerable reorganisation in good time. I have no doubt that this will result in a highly efficient and valuable health service when the new borough comes into full operation. I have personally lived and worked through the greatest revolution in social services this country has ever known and have been allowed to see it in the front line of the fight. It has often been a challenge, and sometimes a frustration, but throughout it has given me a sense of satisfaction. One has had the gratification of feeling that one's life work has been given over either to disease prevention, or the amelioration of its effects on illness where one could not yet prevent.

In Ealing I have had the fullest possible assistance in any schemes I have put before the Council, and I hope that the trust they have placed in me has resulted in an efficient service and a good basis for future developments. We have been pioneers in a number of fields such as food hygiene, prevention of foot deformities, care of the disabled elderly, and in the prevention of atmospheric pollution. These schemes have involved much work. Always your staff have been keen and alive to the importance of their job, and I should like to pay a tribute to the splendid spirit they have always shown, not only in the routine work, but also in the organization and drive during the periods of the many exhibitions held in the borough. We are fortunate in having a number of excellent lecturers on our staff, and they have always been most willing to use their abilities at all times on behalf of the Council.

May I finally express my thanks to the Council for their consideration in every way, and acknowledge the help I have received from my fellow Chief Officers whenever I have had occasion to call upon them for their advice and assistance. It has been a happy ship in which to sail.

Your obedient servant,

W. G. BOOTH,

Medical Officer of Health.

SECTION 1

INFECTIOUS DISEASES CONTROL

The diseases notifiable under the Public Health Act, 1936 are smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus, typhoid, enteric and relapsing fever. The Minister of Health has also made regulations under this Act whereby the following diseases are notifiable: plague, poliomyelitis, tuberculosis, puerperal pyrexia, ophthalmia neonatorum, malaria, dysentery, acute primary pneumonia, acute influenzal pneumonia, measles, whooping cough, acute encephalitis and meningococcal infection.

Food poisoning is notifiable under the provisions of the Food and Drugs Act of 1955.

Under the Milk and Dairies (General) Regulations, 1959, the occupier of premises used in the milk trade must notify the Medical Officer of Health if any of his staff are suffering from or have been in contact with any of the diseases enumerated above. In addition to these diseases the occupier of such premises has the same obligations in respect of gastro enteritis.

The Public Health (Infectious Diseases) Amendment Regulations, 1960, provide for the notification of Anthrax.

DIPHTHERIA.

There were no cases to report. This is indeed gratifying.

DYSENTERY

These notifications decreased to 90 compared with 127 in 1961. Again they were all of a very mild type which cleared up within a few days.

ERYSIPELAS

Seven cases were notified.

FOOD POISONING

Of the seven cases notified the causative organism was identified as *Salmonella typhimurium* in two cases, *Salmonella heidelberg* in one case and *Salmonella enteritidis* in one case. In three cases the causative organism was not discovered. Each case was investigated in detail, but no source was discoverable.

MALARIA

There were no cases notified.

MEASLES

286 cases were notified compared with 3,250 cases notified in the previous year. This followed the expected pattern for measles of alternate years of high and low incidence.

MENINGOCOCCAL INFECTION

One case was notified.

OPHTHALMIA NEONATORUM

One case was notified, which cleared up without impairment to vision.

TYPHOID FEVER

A man of 21 years contracted this disease while on a continental camping holiday and was admitted to hospital. Friends who accompanied him gave negative laboratory results as did the rest of his family.

PARATYPHOID FEVER

One case occurred in a woman of 44 years following her return from holiday in France. Faeces examinations were carried out on all the members of her family with negative results.

PNEUMONIA

69 cases were notified compared with 90 in the previous year.

POLIOMYELITIS

There were no cases notified.

PUERPERAL PYREXIA

49 notifications were received. With the exception of eight all occurred in hospitals.

SCARLET FEVER

There were 96 notifications compared with 67 in 1961. The disease appears mild nowadays.

SMALLPOX

During the prevalence of the disease several suspected cases were seen by the department's medical staff but in no case was the diagnosis smallpox.

All travellers from Pakistan arriving in Ealing were, as far as possible, kept under surveillance by the Health Inspectors until the incubation period of the disease had expired. This, however, is not an easy task as most Pakistanis make frequent moves in their early days in this country. The presence of smallpox in the country caused considerable public concern in the Borough and there were a large number of requests for advice and reassurance. I have referred later in this report to the subject of vaccination.

TUBERCULOSIS

There were 70 pulmonary notifications, 46 male and 24 female. This compared with a total of 93 notifications in 1961, of which 64 were male and 29 female. There were six female non-pulmonary notifications. The figures for 1961 were six male and four female non-pulmonary notifications. There were 8 pulmonary deaths and one non-pulmonary death compared with seven pulmonary deaths and no non-pulmonary death in 1961.

WHOOPING COUGH

Only 19 notifications of whooping cough were received compared with 51 in the previous year.

IMMUNIZATION

Immunization is provided in clinics and by general practitioners in the area against the following diseases:

Diphtheria
Whooping Cough
Tetanus
Poliomyelitis
Smallpox

In addition immunization against tuberculosis is offered to 13-year-old school children details of which I include in my report on the School Medical Service.

There has recently been considerable discussion concerning the timing of the various immunization procedures. Particularly, it has been suggested, that vaccination against smallpox be postponed until the second year of life. This does, however, mean that an infant is exposed to risk until this age and in an area, such as Ealing, in close proximity to London Airport I feel that this is a risk which should not be taken. The schedule of immunization used in Ealing clinics is therefore:

<i>Age</i>	<i>Vaccine</i>	<i>Interval</i>
3 months	Triple antigen (Diphtheria Whooping Cough Tetanus)	4 weeks or more
4 months	Triple antigen ditto	4 weeks or more
5 months	Triple antigen ditto	4 weeks or more
6 months	Vaccination against smallpox	4 weeks or more
7 months	Poliomyelitis—ORAL	4 weeks or more
8 months	Poliomyelitis—ORAL	4 weeks or more
9 months	Poliomyelitis—ORAL	4 weeks or more
16 months	Triple antigen	
School Entry	Diphtheria and tetanus booster	

The acceptance rate for immunization of all kinds in the Borough compares favourably with that of the country as a whole. Thus during 1962, 3,093 children under one year of age were immunized against Diphtheria which represents approximately 84% of children in their first year of life. Diphtheria immunization is now normally combined with that against Whooping Cough and Tetanus.

With regard to Poliomyelitis, the number of persons who completed a course during the year is given below. Oral Poliomyelitis immunization was introduced during the year and thus infants who had partially completed a course of injections were able to complete it orally. Infants now starting a course receive all three doses orally.

Children born in the years 1943—1962	...	...	...	...	3,766
Young persons born in the years 1933—1942	...	...	...	...	1,210
Persons born before 1933 who have not passed their 40th birthday	...	...	...	...	2,898
Others	...	...	...	...	479
Total	...	...	...	...	8,353

By the end of the year a total of 64,193 persons in Ealing had completed a course of immunization against Poliomyelitis.

During last year the figure for infant vaccination against smallpox was 3,093 which

represents approximately 74% of children in their first year of life. During the year outbreaks of smallpox in various parts of the country gave an increased demand for primary vaccination of infants. In addition there was a demand for primary vaccination of previously un-vaccinated children and adults and for re-vaccination of these age groups. I consider that vaccination measures of this sort are to be deprecated. I feel personally that the wisest policy is to endeavour to obtain as high as possible a level of infant vaccination. The emergency vaccination of several thousand people in a Borough, such as Ealing, remote from the scene of the outbreak serves no useful purpose and it is to be hoped that should there be any subsequent occurrence of this sort the Ministry will give a strong lead to resist misguided public clamour.

There has recently been considerable discussion concerning the timing of the various immunization procedures. Particularly, it has been suggested, that vaccination against smallpox be postponed until the second year of life. This does, however, mean that an infant is exposed to risk until this age and in an area such as Ealing, in close proximity to London Airport I feel that this is a risk which should not be taken. The schedule of immunization used in Ealing clinics is therefore:

Age	Vaccine
3 months	Triple antigen (Diphtheria, Tetanus, Whooping Cough)
4 months	Triple antigen (diph)
5 months	Triple antigen (diph)
6 months	Vaccination against smallpox
7 months	Polio-myelitis—ORAL
8 months	Polio-myelitis—ORAL
9 months	Polio-myelitis—ORAL
10 months	Triple antigen
16 months	Diphtheria and tetanus booster
School Entry	Diphtheria and tetanus booster

By the end of the year a total of 64,193 persons in Ealing had completed a course of immunization against Polio-myelitis, 19,000 against Whooping Cough and Tetanus, 12,000 against Diphtheria and Tetanus, 12,000 against Smallpox and 1,193 against Measles.



PUBLIC HEALTH INSPECTION

Obsolete running siphon and catch-pit discovered in dealing with drain obstruction.

SECTION 2

ENVIRONMENTAL HEALTH OF THE BOROUGH

WATER

There are three sources of supply in the Borough. The Northolt North, Northolt South, Greenford North, Greenford Central and Greenford South Wards, most of Perivale Ward and part of Hanger Hill Ward are supplied by the Rickmansworth and Uxbridge Valley Water Company with the exception of four roads (in part) in the Perivale Ward and one road (in part) in the Hanger Hill Ward which are served by the Colne Valley Water Company. The remainder of the Borough is supplied by the Metropolitan Water Board. These supplies are not subject to plumbo-solvent action and have been satisfactory both in quantity and quality. Water from public mains is supplied to 54,144 dwellings with a population of 183,151.

Ten samples were taken from supplies derived from wells at five factories in the Borough. In these factories water is obtained from deep borings ranging in depth from 300—600 feet. Of these 10 samples, 8 were found to be of satisfactory quality, but two samples taken late in December were of doubtful quality. Further investigations in these cases were continuing early in 1963.

The sixteen samples of water taken from supplies provided by the Metropolitan Water Board and the Rickmansworth and Uxbridge Valley Water Company, were from houses in multiple occupation where water for drinking and domestic use is derived from storage tanks and not direct from the rising main. In each case where doubtful or unsatisfactory results were obtained it was apparent that storage tanks had become contaminated and required thorough cleansing and covering. In one case investigations were still in progress at the end of the year, and in the other case the owner was considering estimates for making connections direct from the rising main for the supply of water for drinking purposes.

Water Samples 1962

	<i>Samples</i>	<i>Satisfactory</i>	<i>Doubtful</i>	<i>Unsatisfactory</i>
Wells Supply	10	8	—	2
M.W.B. Supply	15	5	1	9
R. & U.V.W.Co.	1	—	1	—
	26	13	2	11

DRAINAGE AND SEWERAGE

The soil sewerage from the district flows to the West Middlesex Drainage Works at Mogden. Surface water finds its way out of the district by the various water courses.

There are still 21 premises not connected to the Council's sewers, mainly because they are in areas not yet served by a main sewer.

RIVERS AND STREAMS

No. of inspections	...	...	...	...	...	...	...	...	61
No. of samples taken by:									
County Engineer	...	...	...	...	...	...	...	...	14
(a) Satisfactory	...	...	...	...	...	...	...	...	5
(b) Unsatisfactory	...	...	...	...	...	...	...	...	9
No. of drainage defects remedied:									
(a) In factories	...	...	...	...	...	...	...	...	1
(b) In houses	...	...	...	...	...	...	...	...	5
(c) In shops	...	...	...	...	...	...	...	...	3
The sources of pollution can be analysed as follows:									
Sinks and handbasins and baths	...	...	...	...	...	...	...	...	6
W.Cs.	...	...	...	...	...	...	...	...	—
Industrial Wastes	...	...	...	...	...	...	...	...	1
Soil sewers and drains	...	...	...	...	...	...	...	...	3

Several complaints were received in June relating to an unusual pollution of the River Brent with waste oil. Investigations revealed that this was diesel oil being discharged into a tributary of the Brent at a point outside Ealing prior to its passage through the Borough. Inspection of the river banks at various points in Ealing showed that there were certain places where the oil had accumulated out of the main flow of the stream and where tree roots and other obstructions were holding it back. A spell of very dry weather had resulted in a low level of water which prevented a flow capable of effecting a satisfactory clearance. The Rivers Department of the Middlesex County Council carried out extensive works in certain areas to clear obstructions in the river bed to facilitate the flow. No further incidents occurred after June, but some considerable time elapsed before the condition of the river and its banks became satisfactory.

Pollution of the river by the discharge of waste water from industrial and domestic premises is most difficult to trace and a great deal of time may be spent in examining surface water sewers, and tracing polluted branches to their source, before any evidence of the actual offending drainage fittings may be found. The persistent efforts of the Inspectors of the Department over a period of many years has resulted in a definite improvement in a number of such sewers which discharge to the river. Additional sinks and other fittings are at times installed in private houses and quite unintentionally drained to surface water gullies instead of to the gullies connected to the foul drainage system. When these are found, no difficulty is experienced in persuading owners concerned to change the connections. The problem is solely one of detection and constant vigilance is required to keep the matter under control.

ATMOSPHERIC POLLUTION

Smoke Control Areas

In 1959 the Minister of Housing and Local Government in Circular No. 5/59 asked the 325 local authorities on the Department's provisional list of black areas in England and Wales to consider their domestic smoke problem as a whole; to decide on the smoke control areas that were needed in order of priority; to decide how many years it was likely to take to complete their programmes, and to prepare phased programmes for establishing smoke control areas over the five years from 1959—1963. This

Council's proposals were submitted to the Minister in accordance with his request, and these proposals indicated that the whole Borough would be included in Smoke Control Orders by 1974, covering a total of 8,781 acres and 59,280 premises.

In Circular No. 4/62 of January 1962, the Minister again approached black area authorities and asked them to consider whether the target dates originally set for completing the programmes could be brought forward, and to prepare programmes for establishing smoke control areas in the five year period 1962—1966. This Council's proposals were submitted to the Minister and these indicated that by the end of 1966, 38,112 premises and approximately 5,948 acres would be included in areas covered by Orders.

In December of 1962, the Command Paper "Smoke Control (England and Wales) 1962—1966" was published. The report listed 34 black area authorities in England which did not submit programmes for publication in 1960 but had now done so for the years 1962—1966. In addition the report included a list of 54 black area authorities which had not by the 1st July 1962 responded to the Minister's invitations to submit programmes. Of the latter number 18 stated that they had programmes in preparation or under consideration, but most of the others maintained either that they did not consider their districts to be black areas or that they had been prevented by administrative difficulties from taking any action.

Detailed information was given in the report in tables drawn up on a regional basis but the following summary shows how much of the black areas in each region had been covered by smoke control orders by 1st July, 1962. Comparative figures for the Borough of Ealing indicate that considerably better progress has been made than in the black areas as a whole, and the figures for Ealing are also better than the average for the Greater London area. The figures for Ealing are for smoke control areas Nos. 1—11 (inclusive) in respect of which Orders were made before 1st July, 1962.

(1)	(2) <i>Black area acreage covered by smoke control orders con- firmed or submitted for confirmation</i>	(3) <i>Percentage of total black area acreage in the region so covered</i>	(4) <i>Black area premises covered by smoke control orders con- firmed or submitted for confirmation</i>	(5) <i>Percentage of total black area premises in the region so covered</i>
		%		%
Northern	8,616	6·9	41,682	7·5
East and West Ridings	42,296	11·2	157,411	13·5
North Midlands	7,819	2·9	30,733	6·0
Greater London	63,483	19·4	588,927	22·3
North Western	49,865	12·4	228,581	13·4
Midlands	13,245	5·3	71,634	6·9
South Western	3,471	13·2	14,472	9·7
Wales and Monmouthshire	43	0·01	651	0·2
Totals	188,838	9·0	1,134,091	13·8
Ealing	2,211	25·2	14,293	23·7

During the year 1962, five further Smoke Control Orders were made by the Council in respect of areas Nos. 9, 10, 11, 12 and 13. The No. 9 Smoke Control Order was confirmed by the Minister of Housing and Local Government and came into operation on 15th November, 1962. Nos. 10 and 11 were confirmed by the Minister and are to come into operation on 1st July, 1963. In the case of the No. 12 Smoke Control Order, an objection on several grounds was lodged by a local resident and the Minister had made arrangements for a public inquiry to be held early in January, 1963. The No. 13 Smoke Control Order made late in 1962 was still awaiting confirmation by the Minister at the end of the year. Survey work on areas Nos. 14 and 15 had been commenced before the end of the year, and preliminary arrangements were also in hand for dealing with areas Nos. 16 and 17.

The following table gives details of the progress of the Council's programme by the end of the year:—

Progress of Smoke Control Programme

	No. of Smoke Control Orders	Acres	No. of dwellings involved		Other buildings involved	Total premises covered
			Private	Local Authority		
In operation	9	1,916	7,807*	4,076	361	12,244
Confirmed, but not yet in operation	2	295	1,797	216	36	2,049
Awaiting confirmation	2	403	2,331	223	156	2,710
Totals	13	2,614	11,935	4,515	553	17,003

* Includes 1,682 L.C.C. properties.

Borough of Ealing—Smoke Control Areas

(coloured yellow)

Smoke Control Order:

Date of Operation:

No. 1	...	...	...	...	1st July, 1960
No. 2	...	...	...	...	1st October, 1960
No. 3	...	...	...	...	...1st July, 1961
No. 4	...	...	...	...	1st September, 1961
No. 5	...	...	...	...	1st November, 1961
No. 6	...	...	...	...	1st June, 1962
No. 7	...	...	...	...	1st September, 1962
No. 8	...	...	...	...	1st November, 1962
No. 9	...	...	...	...	15th November, 1962

Nos. 10 and 11—made in 1962, but to come into operation on 1st July, 1963.

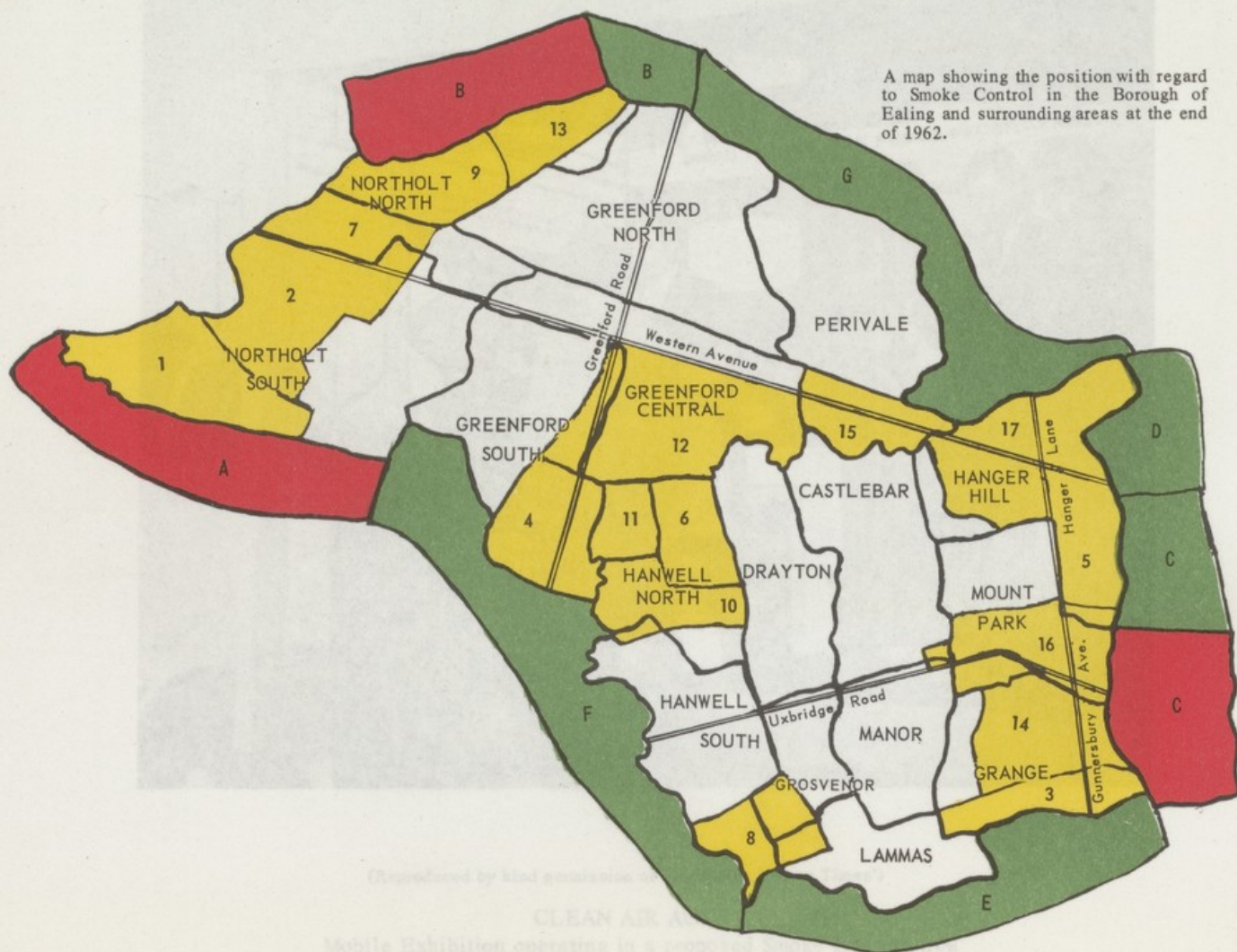
Nos. 12 and 13—made in 1962, but awaiting confirmation by Minister of Housing and Local Government.

Nos. 14 and 15—surveys in progress.

Nos. 16 and 17—next for survey.

Smoke Control Orders in operation in adjoining districts (coloured red)

- A. Urban District of Hayes and Harlington.
- B. Borough of Harrow.
- C. Borough of Acton.





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CLEAN AIR ACT
Mobile Exhibition operating in a proposed Smoke Control Area

Proposed Smoke Control Areas in adjoining districts
(coloured green)

- B. Borough of Harrow.
- C. Borough of Acton.
- D. Borough of Willesden.
- E. Borough of Brentford and Chiswick.
- F. Borough of Southall.
- G. Borough of Wembley.

Mobile Exhibition—Solid Smokeless Fuels Federation

A mobile exhibition vehicle operated and staffed by the Solid Smokeless Fuels Federation made two visits to the Borough during the year. In March one week was spent at the Community Centre at Hanwell and the vehicle was visited by 422 residents from the Nos. 6, 10 and 11 Smoke Control Areas. In November and December two weeks were spent at three sites in Northolt, Greenford and Ealing Common and there was a total of 520 visitors from Smoke Control Areas Nos. 9, 12, 13, 14 and 16. Unfortunately there were poor attendances at Greenford and at Ealing Common owing to severe foggy weather conditions during the second week. The exhibition included a complete range of solid smokeless fuels and a demonstration of approved appliances in use. The staff on duty were available to give advice and information on appliances and fuels and on the operation of the Clean Air Act as it affected the residents concerned. Further arrangements are already being made to bring a larger vehicle into Ealing during 1963 to serve other projected Areas and the Council is indebted to the Federation for the arrangements made. Adequate coverage by way of advertisement in the local press and by the distribution of letters to all households in the areas concerned, ensures that publicity is given to these visits.

Publicity for Clean Air Programme

Fully detailed information on the operation of the Clean Air Act and grants available for the conversion of heating appliances in Smoke Control Areas, is distributed to all householders and property owners as soon as possible after the confirmation of Orders by the Minister of Housing and Local Government. This information is given in addition to that provided by means of personal visits by the Public Health Inspectors in the initial survey of properties involved, and as the result of enquiries and applications for grants. Talks on the Clean Air Programme were also given on six occasions to various women's organisations. All such bodies in the Borough have recently been advised about the availability of such talks, which are illustrated with films, film strips, and other visual aids, and it is anticipated that a greater demand for this facility will help to give more widespread publicity to the Council's efforts.

New furnaces

During the year 18 notifications were received in accordance with Section 3 of the Clean Air Act of the intention to instal new furnaces at various premises in the Borough. Every effort was made in these cases to obtain full information as to the proposed plants, and in some cases the Council's consultant was called upon for his opinion. Section 3 provides that all new furnaces installed should be capable, as far as practicable, of being operated continuously without emitting smoke when burning fuel of a type for which the furnace was designed.

Prior approval

No applications for prior approval under the Section 3 of the Act were received or dealt with during the year.

Heights of chimneys.

Under Section 10 of the Act plans of new buildings, other than residences, shops or offices, must be rejected unless the local authority are satisfied that the proposed height of the chimney will be sufficient to prevent, as far as practicable, the smoke, grit or gases from becoming prejudicial to health or a nuisance. Such plans are passed to me by the Borough Surveyor for comment on this particular aspect and in two instances during the year higher chimneys were agreed after consultation with the architects concerned. It is to be regretted that this is the only provision in the Clean Air Act for reducing the harmful effects of gases from chimneys. As the Section only applies where plans have to be submitted in accordance with building byelaws it follows that buildings which are exempt from byelaw control are also exempt from the provisions of this Section. The Section makes no provision for requiring a higher chimney when a small furnace with a low chimney is replaced by a different type of furnace with much more heavily polluted flue gases. Pressure is being brought to bear from a number of quarters to effect a change in the provisions of the Clean Air Act, and it is to be hoped that amendments will in due course resolve the difficulties now being experienced.

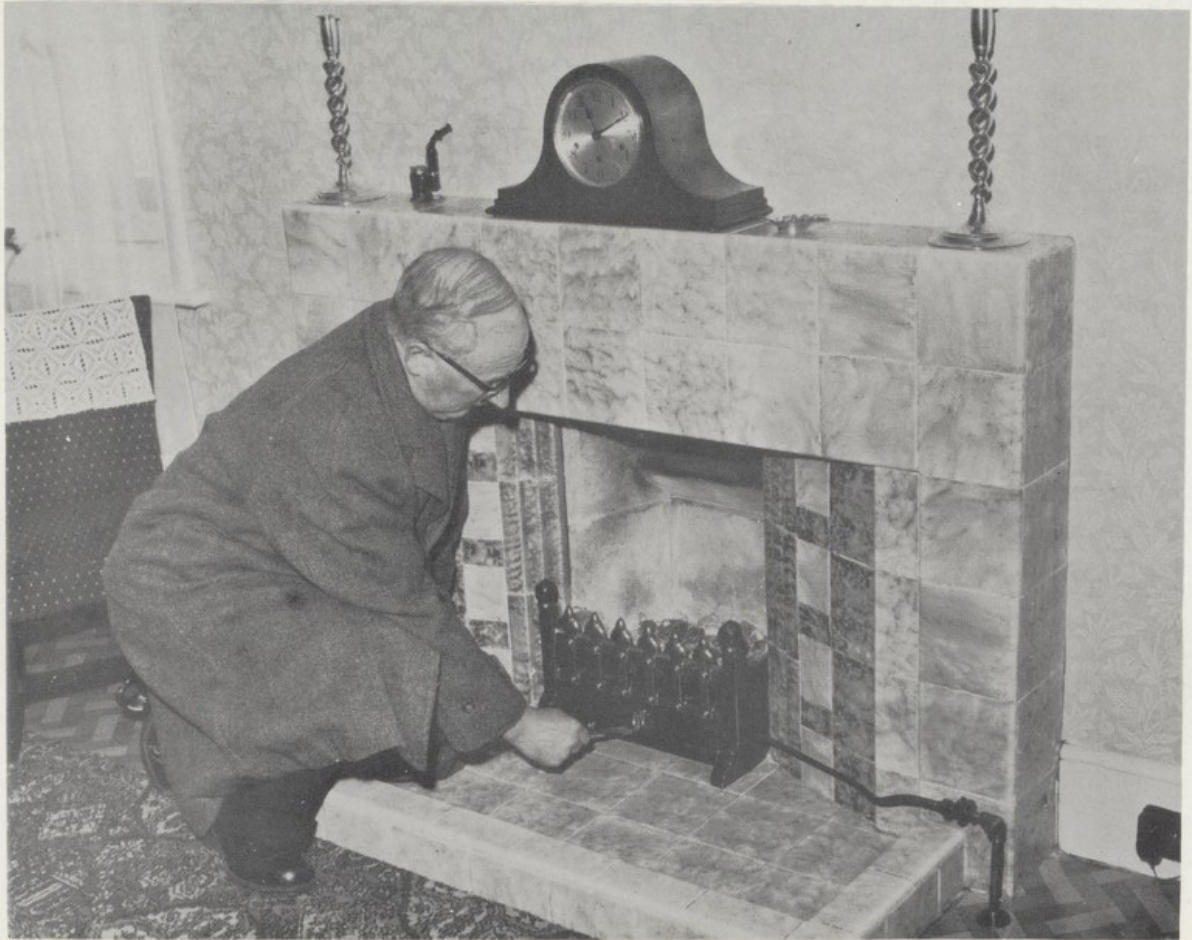
West Middlesex Clean Air Co-ordinating Committee

The three authorities fully represented on the Committee (Ealing, Feltham and Hayes & Harlington), were joined during 1960 by officer representatives from Heston & Isleworth and Southall, thus covering a contiguous area of over 28,000 acres with a total population of nearly 500,000.

At a meeting of the Committee held late in the year, it was decided, having regard to the proposed grouping of local authorities in the new Greater London Boroughs in West Middlesex, to invite the Acton, Brentford & Chiswick, Ruislip Northwood, Uxbridge and Yiewsley & West Drayton authorities to join the Committee. Their replies are awaited with interest.

The Committee met three times during the year and a useful exchange of information took place on progress being made with Smoke Control Orders in the various areas. The Committee also discussed the desirability of achieving some uniformity of action in dealing with applications for prior approval of furnaces under Section 3 of the Clean Air Act, 1956, and recommended that the constituent authorities should require certain information to be supplied and certain conditions to be satisfied in the installation before approval is given. This procedure was adopted by this Council in July. The Committee also considered such questions as the moisture content of solid smokeless fuels and the prices charged for such fuels sold in small quantities in paper bags. At the last meeting held in the year the Honorary Secretary was asked to make enquiries about the legal powers of wholesale suppliers to enforce fixed retail sale prices, and in the light of the information received to contact several of the larger organisations and merchants on this matter.

The formation of this Committee and its continuance, on a somewhat wider basis, has been fully justified and has led to a considerable degree of uniformity of action within the area. There was also one meeting at officer level early in the year.



CLEAN AIR ACT

Inspection of newly installed approved appliance with integral gas ignition which will rank for grant

Measurement of Atmospheric Pollution

The Council maintains Deposit Gauges and Lead Dioxide Candles at Birkbeck Avenue, Greenford, and at Longfield Depot at the rear of the Town Hall. A third set of instruments at Greenford Green Health Clinic was removed at the end of August. These gauges and candles provide information of local interest only and serve to indicate the level of pollution in the immediate areas concerned. The deposit bowls and candles are changed monthly and the results are determined by a private analyst.

In addition, the Council also maintains three sets of equipment which provide daily measurements of smoke and sulphur dioxide by the volumetric system. These are located at the Town Hall, at Eliots Green Grammar School and at Walpole Grammar School. The results obtained from these instruments are submitted to the Warren Spring Laboratory of the Department of Scientific and Industrial Research and form part of the National Survey of Atmospheric Pollution.

The tables and graphs in the following pages give details of the monthly results from the deposit gauges and lead dioxide candles, and the monthly average, which is the means of the "daily average" figures for smoke and sulphur dioxide, obtained from the volumetric apparatus.

The photographs of the deposit gauge, the lead dioxide candle, and the daily volumetric apparatus, which appear on the graphs, are 'Crown Copyright' and are published by permission of the Director of Warren Spring Laboratory of the Department of Scientific and Industrial Research.

Deposit Gauges and Lead Dioxide Instruments (Monthly analysis)

1962	<i>Deposited matter expressed as tons per square mile per month</i>			<i>Sulphur compounds by lead dioxide method expressed as milligrams SO₃/day collected by 100 sq. cm of Batch A PbO₂</i>		
	Birkbeck Avenue	Longfield Depot	Greenford Green	Birkbeck Avenue	Longfield Depot	Greenford Green
Jan. ...	11.17	13.24	10.14	1.31	2.61	1.47
Feb. ...	8.74	5.67	4.74	1.49	3.11	1.28
March ...	16.47	11.14	6.47	1.08	2.30	1.42
April ...	11.67	6.24	3.47	0.92	1.30	0.75
May ...	12.34	9.80	5.07	0.59	1.22	0.50
June ...	8.00	7.30	4.74	0.65	1.06	0.56
July ...	12.51	7.57	6.14	0.50	0.98	0.46
August ...	5.90	6.20	3.37	0.58	0.97	0.45
Sept. ...	22.45	14.95	Discontd.	0.48	0.90	Discontd.
Oct. ...	18.41	10.77		1.00	1.90	
Nov. ...	14.08	7.37		1.30	3.20	
Dec. ...	26.34	18.54		3.00	5.80	
Average for year	14.00	9.90	—	1.08	2.11	—

Average Monthly Concentrations of Smoke and Sulphur Dioxide (Daily Volumetric Instruments)

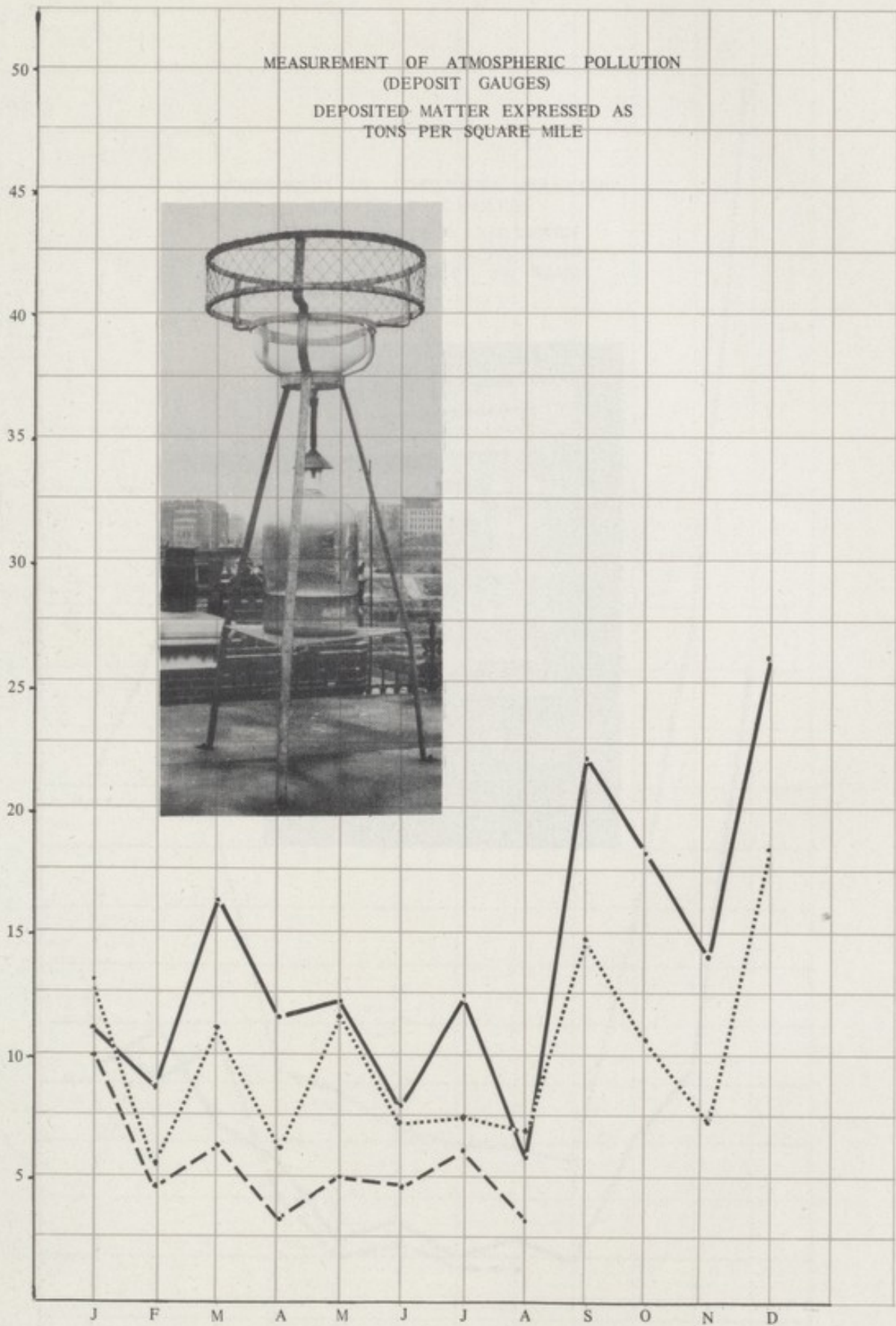
1962	Smoke in Microgrammes per cubic metre			Sulphur Dioxide in Microgrammes per cubic metre		
	Town Hall	Eliots Green School	Walpole Grammar School	Town Hall	Eliots Green School	Walpole Grammar School
Jan. ...	87.7	41.9	63.2	330.4	149.4	174.1
Feb. ...	90.8	97.9	71.3	220.6	167.8	125.0
March ...	117.3	96.5	128.5	238.6	256.3	260.2
April ...	50.8	*	*	164.1	*	*
May ...	35.6	24.9	45.5	100.7	85.8	87.3
June ...	18.2	17.7	18.4	92.3	90.6	126.0
July ...	25.0	41.8	21.4	131.8	85.8	92.0
August ...	22.2	*	*	103.7	*	*
Sept. ...	32.0	58.2	43.8	107.7	95.2	116.0
Oct. ...	108.0	116.0	136.0	353.0	190.0	275.0
Nov. ...	115.2	136.2	213.3	403.5	248.9	338.4
Dec. ...	227.1	252.0	224.1	907.8	730.4	821.7
Average for year ...	77.5	88.3	96.5	262.8	210.0	241.6

*School holidays.

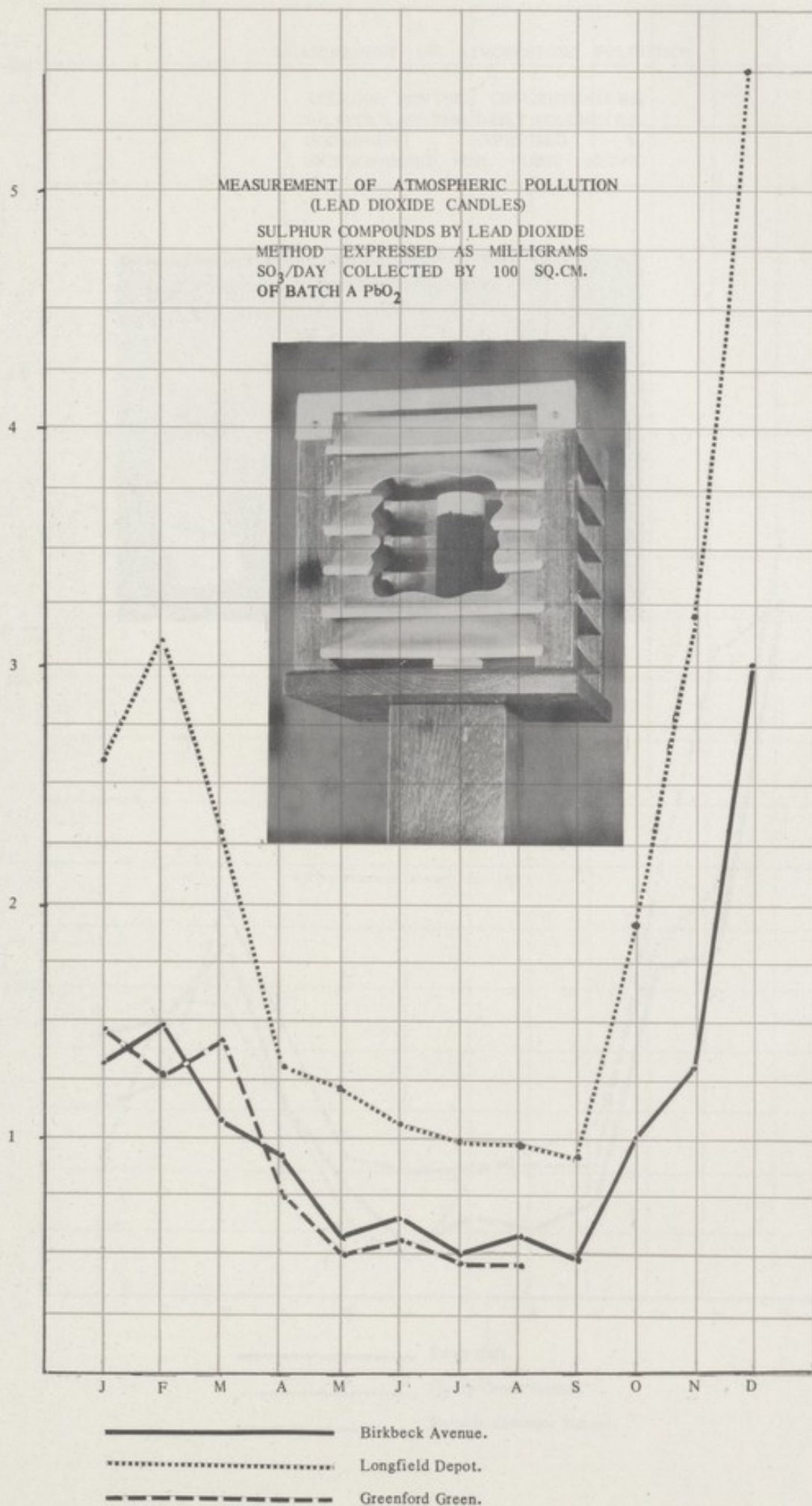
The "Smog" of December, 1962

The information contained in the table given below indicates the increased level of atmospheric pollution measured at the three points at which daily readings are taken, during the four day fog of the 4th to 7th of December. Figures for the preceding and following weeks are given to provide a comparison. It will be seen that the weekly average for smoke varied from two to nine times greater than in normal weather conditions, and sulphur dioxide was from about four-and-a-half to eleven times greater. These increases for Ealing are far less than those widely quoted in the press and by radio and television for the London area during the period. The effect of the Council's Smoke Control programme is not yet becoming apparent, with only nine Orders in operation out of a possible total of 45, but progress in the ensuing years will, it is anticipated, bring about a marked improvement at times when the natural phenomenon of a temperature inversion gives rise to such weather conditions.

MEASUREMENT OF ATMOSPHERIC POLLUTION
(DEPOSIT GAUGES)
DEPOSITED MATTER EXPRESSED AS
TONS PER SQUARE MILE

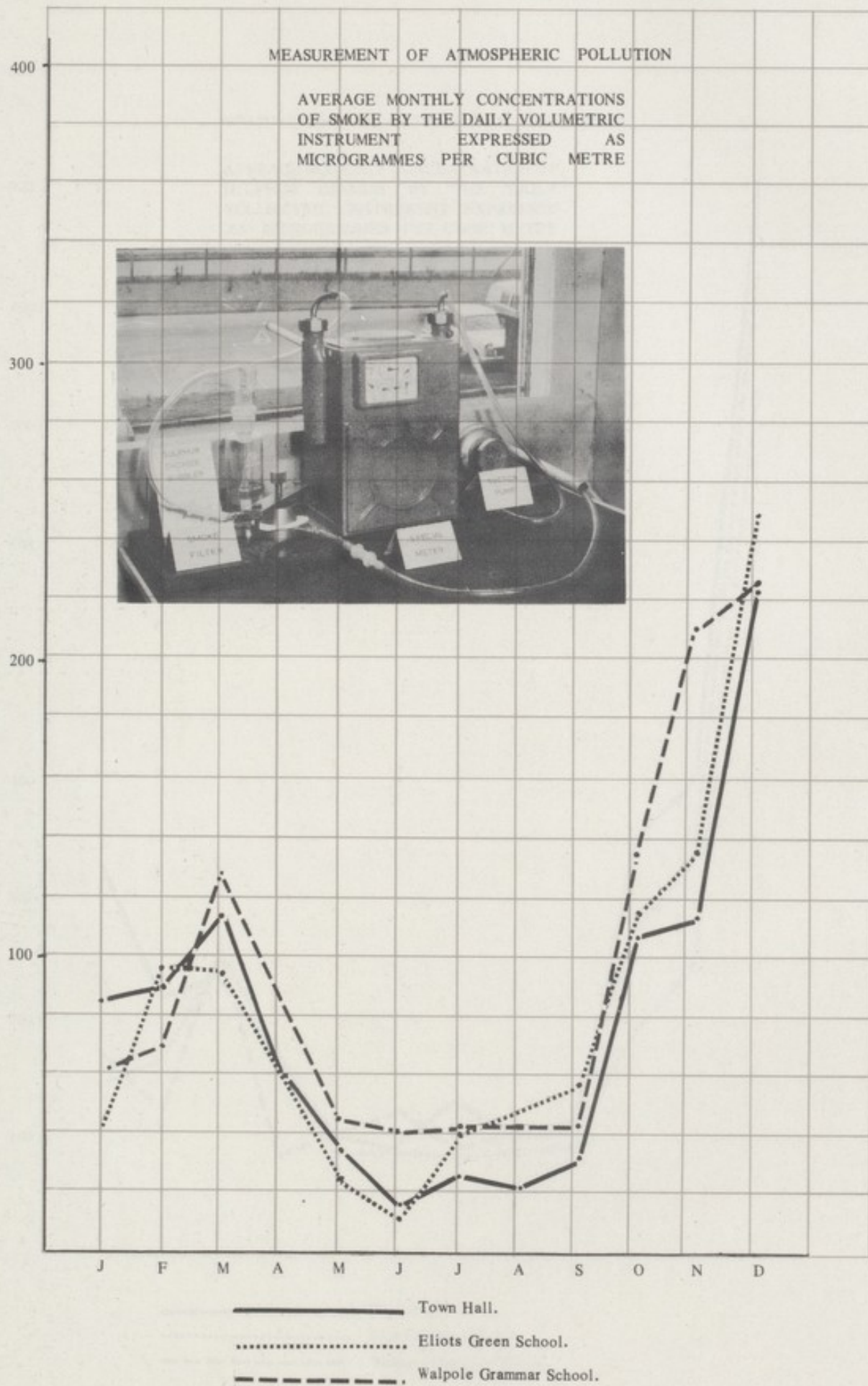
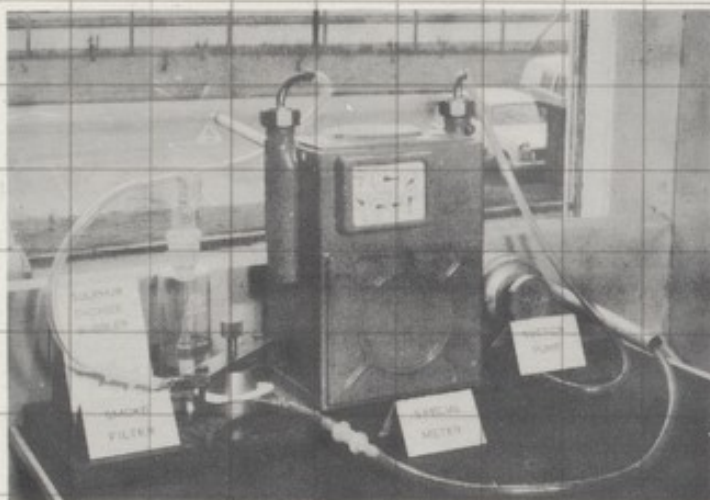


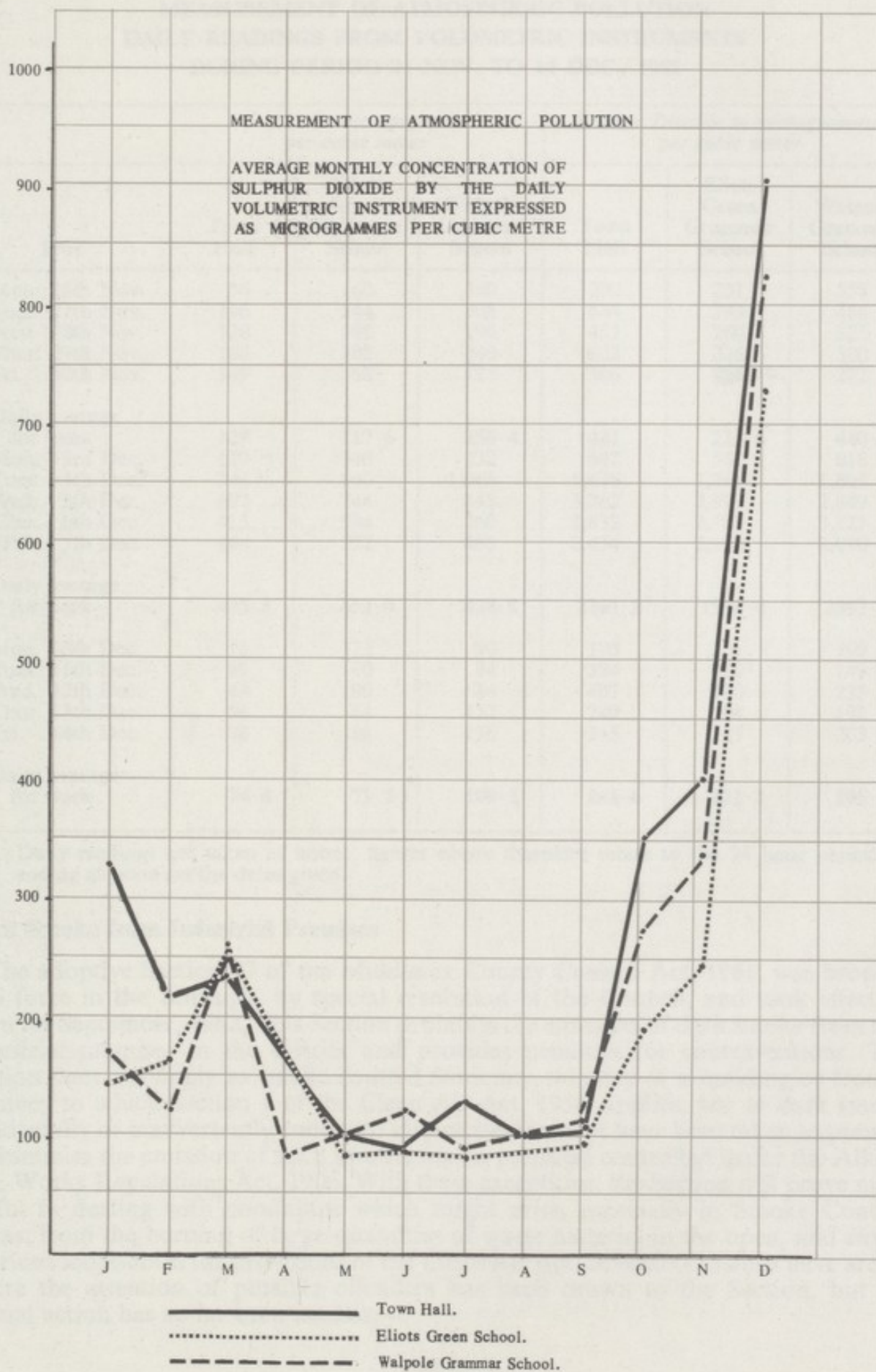
— Birkbeck Avenue.
..... Longfield Depot.
- - - Greenford Green.



MEASUREMENT OF ATMOSPHERIC POLLUTION

AVERAGE MONTHLY CONCENTRATIONS
OF SMOKE BY THE DAILY VOLUMETRIC
INSTRUMENT EXPRESSED AS
MICROGRAMMES PER CUBIC METRE





MEASUREMENT OF ATMOSPHERIC POLLUTION
DAILY READINGS FROM VOLUMETRIC INSTRUMENTS
DURING PERIOD 26 NOV. TO 14 DEC., 1962

1962	Smoke in microgrammes per cubic meter			Sulphur Dioxide in microgrammes per cubic meter		
	Town Hall	Eliots Green Grammar School	Walpole Grammar School	Town Hall	Eliots Green Grammar School	Walpole Grammar School
Mon. 26th Nov.	56	160	380	200	231	559
Tues. 27th Nov.	146	144	308	644	299	456
Wed. 28th Nov.	126	108	196	433	260	525
Thur. 29th Nov.	168	108	240	622	226	390
Fri. 30th Nov.	149	68	128	306	112	272
Daily average for week	129	117·6	250·4	441	225·6	440·4
Mon. 3rd Dec.	129	340	232	642	561	616
Tues. 4th Dec.	344	840	1,066	1,636	1,261	1,808
Wed. 5th Dec.	697	744	148	3,262	2,977	2,849
Thur. 6th Dec.	415	584	260	2,832	2,787	3,125
Fri. 7th Dec.	864	752	488	2,434	2,186	2,090
Daily average for week	485·8	652·0	438·8	2161·2	1934·4	2097·6
Mon. 10th Dec.	76	72	90	173	301	199
Tues. 11th Dec.	80	60	84	374	160	149
Wed. 12th Dec.	64	80	84	497	190	233
Thur. 13th Dec.	56	64	152	249	208	192
Fri. 14th Dec.	96	80	136	315	247	203
Daily average for week	74·4	71·2	109·2	261·6	221·2	195·2

N.B. Daily readings are taken at noon: figures above therefore relate to the 24 hour periods ending at noon on the dates given.

Dark Smoke from Industrial Premises

The adoptive Section 47 of the Middlesex County Council Act, 1961, was brought into force in the Borough, by special resolution of the Council, and took effect as from 1st September, 1962. This Section prohibits the emission of dark smoke from any industrial premises in the district and provides penalties for contraventions. The Section does not apply to smoke emitted from any chimney of a building or from a chimney to which Section 1 of the Clean Air Act, 1956, applies, nor to dark smoke accidentally or inadvertently emitted if all practicable steps have been taken to prevent or minimise the emission of such smoke, nor to premises controlled under the Alkali, etc., Works Regulations Act, 1906. With these exceptions, the Section will prove most useful in dealing with conditions which might arise, especially in Smoke Control Areas, from the burning of large quantities of waste material in the open, and closes a serious loophole in the provisions of the Clean Air Act. Several occasions have arisen where the attention of possible offenders has been drawn to the Section, but no formal action has so far been necessary.

This Section is much stronger in its effect than Section 16 of the Clean Air Act, 1956, which makes it necessary for the local authority to prove that a nuisance is being caused to the inhabitants of the neighbourhood, where smoke, other than that dealt with in other Sections of the Act, is produced.

FOOD HYGIENE

The Clean Food policy of the Ealing Council is a long term one based on regular inspections of food premises, together with talks to food handlers, school leavers and women's organisations. This lecture scheme is regarded as of vital importance and is being pursued with the same energy as during the past 13 years. There is every indication that these talks are appreciated and that they are showing beneficial results.

During 1962, 43 lectures were given to food handlers and 172 received Certificates of Attendance upon completing the course. In addition 19 talks on Food Hygiene were given by the Public Health Inspectors to approximately 760 school-leavers at the Grammar and Secondary Modern Schools in the Borough, and six lectures were given to women's organisations.

Since the inception of the Food Hygiene Scheme in 1949, 572 lectures have been given and 2,482 food traders and food handlers have completed the courses which have been arranged and all have been supplied with Certificates of Attendance. In addition there have been 291 talks to school leavers at the Grammar and Secondary Modern Schools and in the 12 years since this part of the scheme was commenced approximately 11,400 children have attended. A total of 38 talks has also been given to various Women's Organisations.

During the year a new plastic and self-adhesive notice has been produced which is supplied to food traders on request and is suitable for fixing to a shop door or window. The notice is in the name of the Medical Officer of Health and requests customers not to bring their dogs into the food shop.

Food Hygiene Certificates

The current holders of these 59 certificates are:—

School Meals Service

23 school kitchens.

Staff Canteens

Aladdin Industries Ltd., Western Avenue, Greenford.

Hoover Ltd., Bideford Avenue, Perivale.

Hoover Ltd., Wadsworth Road, Perivale.

Metal Box Co. Ltd., Wadsworth Road, Perivale.

Optrex Limited, Wadsworth Road, Perivale.

A. Sanderson & Sons, Horsenden Lane, Perivale.

Taylor Woodrow, Limited, Ruislip Road, Northolt.

Taylor Woodrow Services Ltd., Western Avenue, W.5.

F. H. Rowse Ltd., Broadway, W.13.

Food Factories

Quality Foods Ltd., Park Avenue, N.W.10.—Confectionery.

Quality Foods Ltd., Park Avenue, N.W.10.—Synthetic Cream.

Restaurants

Bentalls, Limited, The Broadway, W.5.

British Home Stores, Ltd., 104/8 Broadway, W.13.

F. H. Rowse, Ltd., Broadway, W.13.



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HOUSING ACT, 1957
Demolition of unfit properties in the Grove Clearance Area

Confectioner

Joy Day, 5 Bond Street, W.5.

Provision Merchants

J. Sainsbury Ltd., 1/4 High Street, W.5.

J. Sainsbury Ltd., 51 The Broadway, W.5.

J. Sainsbury Ltd., 87 Broadway, W.13.

Multiple Store

Marks & Spencer Ltd., 92/94 Broadway, W.13.

Grocers

Champion Tea Co., 366/8 Windmill Lane, W.5.

H. Cradock Ltd., 52/3 Manor Road, W.13.

United Dairies (London) Ltd., 9 shops.

Williams Bros. Ltd., 24 Broadway, Greenford.

Butchers

R. Mathews Ltd., 165 Boston Road, W.7.

G. A. Scott & Son, 2 Eastmead Avenue, Greenford.

L. Shaw, 6 Station Parade, Ealing Road, Northolt.

Sutton & Sons, 34 Haven Green, W.5.

Sutton & Sons, 1 Station Parade, Uxbridge Road, W.5.

2,628 inspections of food premises were made and 719 repairs and improvements were carried out.

The film-strip on Food Hygiene made by the Council in 1954 is still in demand, a further 10 copies having been sold during the year, bringing the total number of copies so far sold to 156.

During the year the Clean Food Booklet, was again widely distributed amongst food traders. This Booklet gives an account of the principles of Food Hygiene for all those concerned with food, but particularly shop keepers, school leavers, restaurant workers and housewives and those who handle food at home. It also gives information to food traders regarding the Council's Food Hygiene lectures and describes the conditions under which Food Hygiene Certificates are issued. It is felt that an attractive Booklet, which we hope this is, is likely to be of considerable assistance in the Clean Food Campaign.

HOUSING ACTS

Underground Room Regulations

47, The Avenue, W.13.

An undertaking given by the owner in 1961 not to relet the basement flat at these premises, was cancelled on completion of the agreed works.

Revised Regulations for Underground Rooms were made by the Council under Section 18 of the Housing Act, 1957, in 1961 and came into operation on the 1st January, 1962.

Clearance Areas

35, 37, 39, 41, 43 and 45,
The Grove, W.5.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10,
Rose Cottages, Western
Road, W.5.

A Compulsory Purchase Order in respect of these properties was made by the Council in 1957, and was confirmed by the Minister of Housing and Local Government in January, 1958, following a public local inquiry. The occupiers were gradually rehoused by the

1, 2, 3 and 4, Providence Place, W.5.

1, 2, 3, 4, 5, 6, 7, 8, 9, and 10, Grove Cottages, W.5.

Council, and all the properties were finally demolished and the site cleared during 1962. This site now forms part of a much larger area known as the Grove Development Area.

Houses in Multiple Occupation—Housing Act, 1961

This important aspect of housing work received active consideration by the Council in 1962, and after much discussion and consultation with other authorities in Middlesex a standard suitable for use in connection with the application of Section 15 of the Act, was adopted by the Council. The extent of the problem of multiple occupation in the Borough is as yet not fully measured, but it is known that there are many houses, especially those of the larger and older types, where several families reside, without adequate management and amenities. The one great difficulty which prevents a serious and sustained attack on the problem is a shortage of staff, but as soon as this is brought up to the proper establishment it is intended to commence by carrying out a survey in a known affected area, and to deal with other particular houses where conditions are known to be unsatisfactory. The standard to be applied in the use of Section 15 is in respect of the provision of natural and artificial lighting, ventilation, water supply, personal washing facilities, drainage and sanitary conveniences, facilities for the storage, preparation and cooking of food and for the disposal of waste water, and installations for space heating or for the use of space heating appliances. This standard, which was approved and adopted by the Council in December, is as follows:—

HOUSING ACT 1961—SECTION 15

General Standards of accommodation for houses to which Section 15 of the Housing Act applies

1. Natural Lighting

Every room used or intended to be used for living or sleeping purposes shall be provided with one or more windows in the external walls of the building. Such windows to have an aggregate area of glass amounting to not less than one-tenth of the area of the floor of the room.

Every kitchen, scullery, bathroom, water closet, staircase, landing, corridor and passage where the construction of the building so permits shall be provided with one or more windows in the external walls in order to provide natural lighting therefor.

2. Artificial Lighting

Every living and sleeping room and every kitchen, scullery, bathroom, water closet, staircase, landing, corridor and passage shall be provided with artificial lighting and the means of operating such lighting shall be available in respect of each of the said rooms to all persons using such premises.

3. Ventilation

Every living and sleeping room and every kitchen, scullery, bathroom and water closet shall be provided with one or more windows capable of being opened directly into the air outside the building so as to provide adequate means of natural ventilation. In the case of living and sleeping rooms the windows shall be capable of being opened for an area equal to not less than one-twentieth of the floor area of the room.



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HOUSING ACT, 1957
Demolition of unfit properties in the Grove Clearance Area

In every water closet used in common there shall be in addition to the above requirements as to window ventilation some means of permanent ventilation. Where the provision of natural means of ventilation for any water closet or bathroom is too difficult or expensive to be practical alternative ventilation by mechanical means may be deemed to be sufficient.

4. Water Supply

A sufficient and separate supply of water direct from the rising main for drinking purposes shall be provided and maintained within each unit of accommodation separately occupied.

5. Personal Washing Facilities

Suitable and sufficient facilities for personal washing shall be provided and maintained for the use of each unit of accommodation separately occupied. Such facilities shall be deemed to be insufficient if they fail to provide:—

- (a) A wash hand basin or sink provided with hot and cold water supplies within each unit of accommodation separately occupied.
- (b) A fixed bath or shower provided with hot and cold water supplies for every eight persons occupying a building under one management, excluding any children under the age of one year, such bath or shower to be in a separate bathroom and accessible at all times when not in use to persons living in the building.

6. Drainage and Sanitary Conveniences

Every sink, wash hand basin, bath, shower and water closet shall be properly drained and shall discharge to the foul drainage system.

One water closet shall be provided for every four rooms used or intended to be used for living or sleeping purposes, or for every eight persons irrespective of age, occupying a building under one management, whichever standard is the higher. Each water closet must be readily accessible to those persons likely to use it and must not be more than one floor distant from any room comprised in a unit of accommodation separately occupied which it serves.

7. Facilities for storage, preparation and cooking of food and for the disposal of waste water

The following facilities shall be provided for each unit of accommodation separately occupied on one of the floors where part or the whole of each unit of accommodation separately occupied is situate:

- (a) A ventilated food store of at least six cubic feet capacity.
- (b) Sufficient space for the placing of a table to be used for the preparation of food;
- (c) Adequate facilities for the cooking of food by means of a cooking stove;
- (d) A sink with a suitable waste pipe shall be provided beneath each drinking water supply as described in Paragraph 4.

These facilities shall not be installed on any landing, staircase or passage used in common. Where the facilities are provided in any kitchen used in common by the occupants of any two or more units of accommodation separately occupied there shall be separate food stores and cooking facilities for each unit of accommodation separately occupied. In such kitchens used in common the requirements of this standard shall be satisfied if there is at least one sink within the kitchen for the inhabitants of every two units of accommodation separately occupied using the kitchen.

8. Installations for space heating or for the use of space heating appliances

Within every living or sleeping room which is not provided with adequate heating from a central heating system there shall be provided:—

- (a) A fixed appliance for heating the room by the use of solid fuel or gas; a gas heating appliance shall be connected to a gas supply. Slot meters shall not be deemed to disconnect the gas supply; or
- (b) Suitably placed electric points to which electric heating appliances are capable of being connected, such points shall be connected to an electricity supply. Slot meters shall not be deemed to disconnect the electricity supply.

N.B. A house in multiple occupation to which these standards are applicable is a house which, or a part of which, is let in lodgings, or which is occupied by members of more than one family. (Section 15, Housing Act, 1961.)

These provisions merely provide a general guide to the type of work which may be required. Each case will be considered on its own individual merits.

IMPROVEMENT GRANTS

Consideration was given during the year to Ministry of Housing and Local Government Circular No. 42/62 which asked local authorities to make a determined and sustained effort to bring about an increase in the number of houses being improved with the aid of improvement grants. The Ministry were proposing to organise further demonstrations and publicity to draw the attention of landlords and tenants to the possibility of improvements and the grants available, but were of the opinion that to achieve even greater results local authorities must be prepared to make a systematic approach by dealing with houses area by area. The difficulty was again one of availability of manpower capable of carrying out such work and of negotiating with property owners on these questions, and although the Council were willing and anxious to implement the Ministry's proposals, no firm programme had been arranged by the end of the year. Inter-Committee and inter-Departmental discussions were still proceeding.

Bucknell's House

Early in 1962, the B.B.C. purchased an old house in The Grove, Ealing, and arranged a series of television programmes to show what might be done to improve old and dilapidated properties. The house concerned was a little over 100 years old, had been much neglected, and was suffering from dampness, decaying floors and timbers generally, perished plasterwork, in addition to general disrepair due to age. The rooms in the basement of the house were particularly below standard in many ways and the whole house lacked modern amenities of any kind.

The Council was approached by the B.B.C. for assistance in presenting the programmes and arrangements were finally made for several members of the Council's staff to appear and to discuss with Barry Bucknell the problems to be faced. In one programme an officer of the Public Health Department discussed the methods normally used to overcome dampness and for dealing with flooring in basement rooms, and also the extent to which these and other basement rooms in similar premises are affected by the requirements of the Regulations for Underground Rooms. Reference was also made to the Improvement Grants available to property owners. In other programmes officers from the Borough Surveyor's Department dealt with Town Planning and Byelaw requirements, with special reference to the



B.B.C. Television Broadcast from 'Bucknell's House'.
(Reproduced by permission of A. John Cura 'Tele Snap')



PUBLIC HEALTH INSPECTION
Routine sampling of swimming bath water

change of use involved in converting the premises into a maisonette and a flat.

This co-operation with the B.B.C. in producing a programme of great public interest was a valuable opportunity for these officers to discuss the Council's duties and responsibilities in a straightforward and helpful manner, and brought these aspects of the Council's functions to the public notice.

PUBLIC HEALTH ACT, 1961

This Act, which came into force in October, 1961, is mainly intended to amend the provisions of the Public Health Act, 1936, relating to building regulations and trade effluents, and to deal with public health matters formerly included in local Acts.

Pigeons

Section 74 of the Act gives local authorities new powers to deal with nuisances caused by the congregation of pigeons and other birds in the built-up areas. As a preliminary step the Council entered into a contract with a specialist firm, to deal with two railway bridges in Perivale, which were very heavily infested with pigeons. The work in this scheme was completed successfully and at the end of the year these bridges had been cleared. A further contract for six months was then arranged to commence in October, for the reduction of the pigeon population in all areas in the Borough known to be infested to the extent that action was considered desirable. At the end of the year, the efforts in connection with both contracts resulted in the destruction of 818 birds.

The methods used are mainly trapping and shooting with the occasional use of repellents, and all the work is carried out in accordance with the Protection of Birds Act, 1954, and to the satisfaction of the Royal Society for the Prevention of Cruelty to Animals and the local police. The use of narcotics is excluded, owing to the difficulties associated with the recovery of narcotised birds in such a built-up area.

Rubbish on vacant sites

Section 34 of the Act gives the local authority power to deal with accumulations of rubbish on any vacant site in a built-up area, where such rubbish is seriously detrimental to the amenities of the neighbourhood. There is no provision in the Section making it necessary for the authority to prove the existence of a public health nuisance. Two sites have been dealt with during the year, under this Section, and satisfactory clearance has been obtained, where former powers had been inadequate.

BATHS AND SWIMMING POOLS

The Council's baths in Longfield Avenue contain four indoor swimming pools. The water is drawn from the mains of the Metropolitan Water Board and is completely circulated in all four pools every four hours. The treatment plant provides for flocculation with alum and soda ash prior to filtration, combined with continuous marginal chlorination of the water as it is drawn from the pools and on its return. The Baths Manager makes tests at frequent intervals each day to ensure that a satisfactory level of residual chlorine is maintained. In addition 14 samples were taken by the Department during the year and sent for bacteriological examination. Results were generally satisfactory, but tended to indicate that the present chlorinating equipment is not entirely adequate and should be replaced in the near future with modern plant capable of providing chlorination by the breakpoint method.

PUBLIC MORTUARY

As there is no Public Mortuary in this Borough, existing arrangements continued with the Acton Borough Council for the use of the mortuary at Acton. The number of bodies taken there was 327 and post-mortem examinations were carried out in all cases. Similar arrangements were also continued with the Uxbridge Borough Council for the use of their mortuary and 36 bodies were dealt with at Uxbridge and post-mortem examinations made.

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Pigeons

Section 74 of the Act gives local authorities new powers to deal with nuisances caused by the congregation of pigeons and other birds in the built-up areas. As a preliminary step the Council entered into a contract with a specialist firm to deal with two railway bridges in Pinner, which were very heavily infested with pigeons. The work in this scheme was completed successfully and at the end of the year these bridges had been cleared. A further contract for six months was then arranged to commence in October, for the reduction of the pigeon population in all areas in the Borough known to be infested to the extent that action was considered desirable. At the end of the year, the efforts in connection with both contracts resulted in the destruction of 818 birds.

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PUBLIC HEALTH INSPECTION

Newly-opened restaurant premises equipped and constructed with advice given by the Public Health Inspector thus ensuring a satisfactory high standard

SECTION 3

PUBLIC HEALTH INSPECTION

THE WORK OF THE PUBLIC HEALTH INSPECTORS IN 1962

A report to the Medical Officer of Health by the Chief Public Health Inspector giving details of the work of the Public Health Inspectors during the year is as follows:—

PUBLIC HEALTH ACT, 1936

Inspections

Premises inspected on complaint	1,861
Nuisances observed by Inspectors	77
Premises inspected in connection with infectious disease	655
Smoke observations	199
Houses without water supply	90
Inspections of moveable dwellings	53
Other visits	1,816
Re-inspections... ..	4,131
Intimation Notices served	592
Statutory Notices served	136
Letters written	1,631
Proceedings before Magistrates	1

Legal Proceedings

Public Health Act, 1936, Section 93 Non-compliance with Statutory Notices

Costs of £3 3s. 0d. were awarded to the Council in connection with the issuing of three complaints alleging non-compliance with Notices served under Section 93 of the Public Health Act, 1936. In this case a persistent offender had carried out the necessary works after the expiration of the time allowed by the Notices, but prior to the hearing of the complaints.

CLEAN AIR ACT, 1956

Inspections and visits in connection with Smoke Control Areas	5,904
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FOOD AND DRUGS ACT, 1956

Food Hygiene (General) Regulations, 1960 and 1962 Milk and Dairies (General) Regulations, 1959

Complaints received	94
Inspection of Milk Purveyors' Premises	104
Inspections of Ice Cream Premises	230
Food Inspections	504
Inspections of other Food Premises	2,294
Contraventions found	282

Notices served	282
Proceedings before Magistrates	3
Samples of Ice Cream taken	59
Samples of Synthetic Cream taken	42
Samples of other foods taken	17
Samples of tea taken	633
Samples of domestic water taken	26
Samples of swimming bath water taken	14

Legal Proceedings

Food and Drugs Act, 1955

In the following three cases proceedings were instituted under this Act:—

Sale of fruit malt loaf, containing a piece of mutton cloth—	fined £5, with £3 3s. 0d. costs.
Sale of wrapped sliced loaf containing a metal staple—	fined £5, with £3 3s. 0d. costs.
Sale of Danish Pastry containing a stone—	fined £5, with £5 5s. 0d. costs.

In the following case proceedings were instituted under the Food Hygiene (General) Regulations, 1960:—

Sale of Hot Dogs from a mobile vehicle—	convicted on two summonses, total fines £50.
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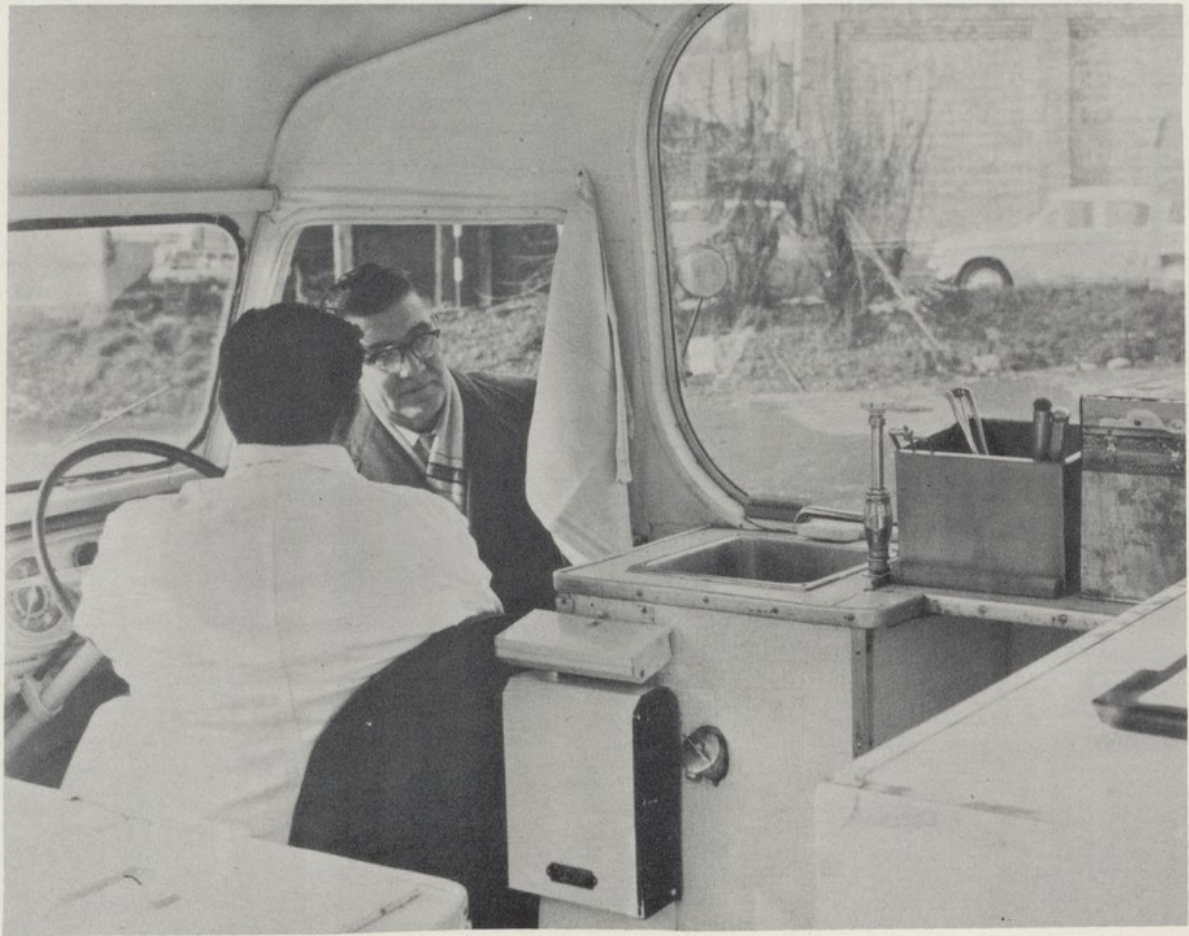
List of Food Premises in the Borough of Ealing

Bakehouses	19
Bakers' shops	52
Butchers	118
Cafes and Restaurants	168
Canteens—factory	87
Canteens—school	30
Confectioners	242
Dairies and Milk Sellers	105
Fish Fryers	22
Fishmongers	31
Greengrocers	144
Grocers	292
Hotels and Licensed Clubs	50
Ice Cream Manufacturers	3
Public Houses	64
Premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food	118
Premises registered for the sale of ice cream	401

Milk Supply

There are 62 registered distributors of milk in the Borough.

The issue of licences under the Milk (Special Designations) Regulations, 1960, is now the responsibility of the Middlesex County Council and during the year 123 samples of milk were taken in the Borough of Ealing by officers of the County Council.



PUBLIC HEALTH INSPECTION
Inspection of mobile ice-cream vehicle

Ice Cream

There are 401 premises in the Borough registered for the sale of ice cream.

There are only three registered premises in the Borough manufacturing ice cream, and all are equipped in accordance with the Ice Cream (Heat Treatment) Regulations, 1959.

Ice cream is obtained from these three manufacturers in the Borough or from five manufacturers outside the Borough. A total of 59 samples from these manufacturers was taken during the year and submitted for bacteriological examination.

The results were as follows:—

Commodity	Samples	Grade				Not Graded
		1	2	3	4	
Ice Cream— (Local Manufacturers)	45	34	6	—	5	—
Ice Cream— (Other Manufacturers)	10	2	5	—	3	—
Ice Lollies	4	—	—	—	—	4
	59	36	11	—	8	4

The five local samples placed in Grade 4 were followed by an inspection of the factory and plant, and repeat samples proved to be satisfactory.

The three samples of ice cream in Grade 4 taken from products manufactured outside the Borough, were followed up with the firms concerned, and subsequent samples proved to be satisfactory.

The four samples of ice lollies were reported upon satisfactorily, but were not placed in the grades used for ice cream.

Synthetic Cream

A total of 42 samples of synthetic cream was taken during the year and all were from local manufacturers. In all cases reports from the laboratory indicated that the samples were of excellent or satisfactory quality.

Inspection of Meat and Other Foods

The following foodstuffs were condemned by the Public Health Inspectors as unfit for human consumption and were surrendered for destruction:

	<i>lbs.</i>
Apples...	47
Bacon ...	68
Beef ...	1,797
Cereal ...	21
Cheese...	144
Corned beef ...	26
Edible fats ...	5
Eggs (frozen) ...	84

Fish	137
Fresh fruit	14
Lamb	975
Luncheon Meat	29
Offal	286
Pork	309
Poultry	172
Preserves	2
Rabbit... ..	44
Sausages	73
Tea	68,717
Tea Sweepings	2,141
Veal	82
Foodstuffs not calculated by weight:	
Assorted tins, packets and jars	2,008

Tea

The examination and sampling of tea, taken over from H.M. Customs & Excise in 1959 continued throughout the year.

There is a very large tea packing factory and bonded warehouse in the Borough, to which, by arrangement with the Commissioners of Customs & Excise, quantities of tea are delivered direct from the docks. The initial point of inspection in this country is therefore at the bonded warehouse. This places on the Council the responsibility of inspecting this tea to ensure that it is fit for human consumption, in accordance with the provisions of the Food & Drugs Act, 1955, and the Public Health (Imported Food) Regulations, 1937.

During 1962, 633 samples representative of all consignments received at the warehouse were taken by the District Public Health Inspector. This entailed three to four visits a week to the warehouse for routine testing for unfitness or adulteration with foreign matter. Experience has now shown that teas originating from certain countries are more likely to be contaminated than others and therefore greater attention is given to these.

Of the 633 samples taken during the year, 42 were found to be of doubtful quality after initial tests were carried out and were referred for further examination to the Public Analyst. He reported that 25 samples were from consignments of tea considered to be unfit for human consumption mainly because of the presence of excess quantities of metallic dust.

Some consignments of tea certified as unfit are re-exported under guarantee, usually to Holland, for industrial purposes. The Medical Officers of Health for the Port of London and the Port of Rotterdam are notified to enable them to check this procedure.

In other cases such tea is blended with larger quantities of other good tea on the advice of the analyst, and samples of the resultant product have proved to be satisfactory.

Other Food Samples

Seventeen other food samples were submitted for laboratory examination following complaints, and all but three proved to be satisfactory. These included: Smoked Cod (2); Canned Fish; Vegetable Salad; Salad Cream; Cooked Potatoes; Fruit Pudding;

Custard; Canned Vegetables; Minced Beef Roll; Bacon; Ham (5); Cooked Beef. In the case of the three samples which were not completely satisfactory, the food-stuffs concerned were surrendered for disposal by the Department.

MIDDLESEX COUNTY COUNCIL ACT, 1950, SECTION 11

Under this Section, four persons were registered during the year for the sale of food from carts, barrows, other vehicles, etc., bringing the total number on the Register at 31st December, 1962, to 39.

HOUSING STATISTICS

1. Inspection of dwelling-houses during the year:	
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,675
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Act, 1957	2
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	940
2. Remedy of defects during the year without service of formal notices:	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	635
3. Action under Statutory Powers during the year:	
A—Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices:	
(a) by Owners	—
(b) by Local Authority in default of owners	—
B—Proceedings under Public Health Act:	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	111
(2) Number of dwelling-houses in which defects were remedied after service of formal notice:	
(a) by Owners	90
(b) by Local Authority in default of owner	7
C—Proceedings under Sections 16, 23 and 24 of the Housing Act, 1957	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	30
(3) Number of houses concerning which action has been taken by the Local Authority under Section 16, and with respect to which Owners	

have given an undertaking that they will not be used for human habitation —

D—Proceedings under Sections 17, 18 and 27 of the Housing Act, 1957

- | | | |
|---|--------|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... .. | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... .. | 1 |

**CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960
MIDDLESEX COUNTY COUNCIL ACT, 1944**

An application for a site licence in respect of the use of a caravan on a vacant site in Perivale was granted for a period of six months. Town Planning permission and consent under Section 345 of the County Council Act, 1944, were also obtained. In this case the caravan was occupied by a student completing a course at London University.

The position as to itinerant or gipsy caravan dwellers has greatly improved during the last year. These people still visit the Borough but it has proved far more easy to control them, as the Council's warden is now equipped with a special four-wheel drive vehicle which enables him to patrol the Borough constantly and tow off caravans on road verges, and Corporation land. Assistance is also rendered by the warden to owners of private land on which gipsies are trespassing.

In February, 1962, the Minister of Housing and Local Government issued a circular to all local authorities, urging them to help and encourage gipsies to attempt to find a settled way of life and asking County Councils to make a survey of the gipsies within their areas. On the 13th June, 1962, a conference was held at the Guildhall, Westminster, at which representatives from most of the Middlesex District Councils were present. The conference discussed the Ministry's circular and decided to institute a survey of all gipsy or itinerant caravan dwellers within the County. This survey revealed that there were on the survey day six caravans in Ealing containing thirteen adults and five children.

A further meeting of this conference is to be held to discuss the methods which might be adopted to provide a permanent settlement for these caravan dwellers.

In the meantime the normal methods of control by the Public Health department and the warden are continuing to prove effective.

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair

- | | | |
|---|--------|----|
| (1) Number of applications for certificates | ... .. | 27 |
| (2) Number of decisions not to issue certificates | ... .. | — |
| (3) Number of decisions to issue certificates:— | | |
| (a) in respect of some but not all defects | ... .. | 8 |
| (b) in respect of all defects | ... .. | 19 |
| (4) Number of undertakings given by landlords under paragraph 5 of the First Schedule | ... .. | 25 |

(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
(6) Number of Certificates issued	...	...	...	3

Part II—Applications for Cancellations of Certificates

(7) Applications by landlord to Local Authority for cancellation of certificates	...	...	...	...	...	6
(8) Objections by tenants to cancellation of certificates	...	...	...	...	...	1
(9) Decisions by Local Authority to cancel in spite of tenants' objection	...	...	...	...	...	—
(10) Certificates cancelled by Local Authority	...	...	...	...	...	5

NEW DWELLINGS, 1962

Completion figures for the 12 months period ending 31st December, 1962 were:

Houses (3 bedrooms)	...	28
Flats (1 bedroom)	...	8
Flats (2 bedrooms)	...	24

FACTORIES ACT, 1961

Part I of the Act

1. Inspections for the purposes of provisions as to health (including inspections made by the Public Health Inspectors):

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	91	22	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	398	306	68	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total	489	328	68	—

2. Cases in which defects were found:

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	9	10	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	4	1	—	—
Ineffective drainage of floors	—	3	—	—	—
Sanitary Conveniences:					
(a) Insufficient	2	2	1	—	—
(b) Unsuitable or defective	13	13	—	1	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to outworkers	16	16	—	—	—
Total	42	50	2	1	—

Part VIII of the Act Outwork (Sections 133 and 134)

Nature of Work	Section 133	Section 134
	No. of out-workers in August list required by Sect. 133 (1) (c)	No. of instances of work in unwholesome premises
Wearing apparel:		
Making, etc.	162	—
Cleaning and washing	—	—
Furniture and upholstery	2	—
Paper bags	6	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—
Carding, etc., of buttons, etc.	29	—
Stuffed toys	18	—
Cosaques, Christmas stockings, etc.	101	—
Lampshades	4	—
Brass and brass articles... ..	2	—
Woodwork	1	—
Jewellery	19	—
Total	345	—

During the year 124 inspections of Outworkers' premises were carried out by the Public Health Inspectors.

SHOPS ACT, 1950

Improvements under Section 38 of the Shops Act, 1950, relating to the health and comfort of shop workers were carried out as follows:—

Lighting improved	...	...	...	...	...	...	30
Sanitary accommodation improved	...	...	...	...	...	...	50
Temperature improved...	...	...	...	...	...	...	34
Washing facilities provided	...	...	...	...	...	...	29

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work carried out by the Rodent Operatives acting under the supervision of the Chief Public Health Inspector.

Complaints	...	...	...	...	...	...	710
Premises inspected	...	...	...	...	...	...	982
Premises found to be infested with:							
1. Rats	...	...	...	...	...	...	819
2. Mice	...	...	...	...	...	...	170
Re-visits to infested premises	...	...	...	...	...	...	3,408
Fees received for treatment	...	...	...	...	...	...	£699.11.0d.

RODENT CONTROL IN SEWERS

The new system of rodent control in sewers recommended by the Ministry of Agriculture, Fisheries and Food with the use of fluoracetamide as a direct point bait was again in operation in the Borough during the year. In February 484 sewer manholes were treated with this poison, and the methods adopted proved that there is a very considerable saving in labour and transport with only one visit per manhole, compared with the use of warfarin, where three visits to each manhole are necessary. In view of the fact that the use of fluoracetamide means that there is no direct evidence available at the time of the treatment that it has been successful, a further control treatment was carried out in May with Warfarin, at 529 manholes treated on three separate occasions previously with fluoracetamide. Excellent results were obtained, with a total of 29 takes and partial takes, which was remarkably satisfactory, and of great interest to the Department and also to the Ministry. A third treatment at 298 manholes was carried out with the use of fluoracetamide in October.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Seven premises in the Borough were registered under the Act and in only three of these premises is work within the scope of the Act being carried on. In all cases only materials carrying the Certificate of the British Standards Institution are used.

PET ANIMALS ACT, 1951

Licences in respect of 12 premises were renewed by the Council during the year after inspection by the Public Health Inspectors.

DISINFECTION

Number of houses where disinfection was carried out	...	...	...	...	89
Number of houses disinfested of vermin	...	...	...	...	27
Number of articles disinfected by steam	...	...	...	...	12
Number of articles disinfected by formalin spray	...	...	...	...	164
Number of articles voluntarily destroyed	...	...	...	...	180 plus 3 sacks of rubbish

The arrangement made with the Hammersmith Metropolitan Borough Council in 1952, whereby articles to be disinfected by steam are dealt with at the Scotts Road Depot, W.12, was continued during the year.

SUMMARY OF SANITARY DEFECTS REMEDIED AS A RESULT OF NOTICES SERVED AND LETTERS WRITTEN

Animals—nuisances abated	...	...	...	...	...	...	...	12
Cesspools—Cleansed	...	...	...	...	...	...	...	1
Damp proof courses inserted in walls	...	...	...	...	...	...	...	11
Dampness—other forms remedied	...	...	...	...	...	...	...	178
Drains—cleared and cleansed	...	...	...	...	...	...	...	321
Drains reconstructed	...	...	...	...	...	...	...	21
Drains—repaired	...	...	...	...	...	...	...	154
Drains—new soil and ventilating pipes provided	...	...	...	...	...	...	...	31
Dustbins provided	...	...	...	...	...	...	...	109
Firegrates—repaired or renewed	...	...	...	...	...	...	...	78
Floors—sub-floor ventilation provided	...	...	...	...	...	...	...	30
Floors—repaired or renewed	...	...	...	...	...	...	...	61
Food cupboards ventilated	...	...	...	...	...	...	...	11
Rainwater eaves gutters, downpipes repaired	...	...	...	...	...	...	...	168
Refuse—accumulations removed	...	...	...	...	...	...	...	110
Roofs repaired	...	...	...	...	...	...	...	159
Sinks repaired or renewed	...	...	...	...	...	...	...	34
Sink waste pipes repaired or renewed	...	...	...	...	...	...	...	56
Staircases repaired	...	...	...	...	...	...	...	29
Walls and ceilings repaired or cleansed	...	...	...	...	...	...	...	203
Water supply reinstated	...	...	...	...	...	...	...	90
Water supply—draw taps fixed to main supply	...	...	...	...	...	...	...	5
Water closets—repaired, reconstructed or improved	...	...	...	...	...	...	...	108
Windows and doors repaired	...	...	...	...	...	...	...	170
Yards paved or repaired	41
Other defects remedied or nuisances abated	170



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PUBLIC HEALTH INSPECTION
Disinfestation of premises infested with bed-bugs

SUMMARY OF WORK DONE AND IMPROVEMENTS CARRIED OUT AT FOOD PREMISES

Walls and ceilings repaired and cleansed	...	...	...	...	...	224
Floors repaired	...	...	...	...	...	61
Lighting and ventilation improved	...	...	...	...	...	55
Washing facilities provided	...	...	...	...	...	29
Hot water provided	...	...	...	...	...	48
Sinks provided	...	...	...	...	...	48
Storage accommodation improved	...	...	...	...	...	34
Water supply provided	...	...	...	...	...	3
Water closets cleansed or repaired	...	...	...	...	...	43
Refrigeration installed or improved	...	...	...	...	...	9
Equipment improved	...	...	...	...	...	18
Other defects remedied	...	...	...	...	...	144
First Aid Equipment provided	...	...	...	...	...	1
Accumulations of refuse removed	...	...	...	...	...	2

WORK CENTRES

The Ealing Committee for the Employment and Recreation of Elderly Citizens has continued its valuable work during the year in the organisation of the Borough's Work Centres. The Committee employ one paid Organiser, responsible for general administration and obtaining work for the Centres, and one paid Supervisor at each Centre, the remaining staff being voluntary. There are now three Centres in Ealing situated as follows:—

T.A. Drill Hall, Churchfield Road, Ealing, W.12.
Methodist Church Hall, Ruslip Road, Greenford.
and Parkway Room, Mandeville Road, Northolt.

The West Ealing Centre caters for 60 old people, the Greenford Centre for 35 and the Northolt Centre for 30, making a total of 125 places. During the year a wide selection of work has been obtained and I think it is of sufficient interest to give details:—

Enclosed many thousands of circulars for three different firms.
Applied "3d. off" Solotape labels to cartons.
Coloured Instruction Manuals and leaflets for Electronic firms.
Strung 64,000 labels.
Assembled Ball point pens.
"Jigged" Badges ready for plating.
Needlework of various kinds.
Made plush balls for a toy firm.
Filed bakelite parts.
Affixed buttons to cards.

OLD PEOPLES WELFARE

The care of old people has continued to form an increasing and rewarding part of the Department's work. I have in the past often drawn attention to the difficulties of the present arrangement, whereby a diversity of agencies are responsible for the care of old people. Thus if one imagines a single old person in Ealing in need of help the responsibility for providing this is at present divided between his General Practitioner, the Geriatric Service of the Regional Hospital Board, the County Council's Welfare Service, the County Council's Health Service, the County Council's Mental Health Service and finally the Borough Council Services.

The present re-organization gives an opportunity of unifying at least some of these services and I fervently hope that this will not be lost. I will never be convinced that the medical and social needs of the elderly are anything but indissolubly intertwined and therefore I am at a loss to understand the argument which suggests that the two organisations responsible for these respective needs, namely, the Health and Welfare Departments should be separated.

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and Parkway Room, Mandeville Road, Northolt.

The West Ealing Centre caters for 60 old people, the Greenford Centre for 35 and the Northolt Centre for 20, making a total of 115 places. During the year a wide selection of work has been obtained and I think it is of sufficient interest to give details:—

Enclosed many thousands of circulars for three different firms.
Applied "2d. off" Selotape labels to cartons.
Collated Instruction Manuals and leaflets for Electronic firms.
Strung 64,000 labels.
Assembled Ball point pens.
"Jigged" Badges ready for plating.
Needlework of various kinds.
Made plush balls for a toy firm.
Filed bakelite parts.
Affixed buttons to cards.



EALING DAY-TREATMENT CENTRE

Made many thousands of Manilla Folders.

Packed soap.

Made soap cartons.

Sorted screws.

Collated Christmas Greetings tags.

Made padded coat-hangers.

Made curtains.

Strung washers for plating.

Boxed plastic curtain wire.

It will be appreciated that the type of work given to any one individual will vary very much on their degree of handicap. In practice the most difficult item has been found to be collating the Christmas Greetings tags. Here there are 20 in a folder which have to be put in in different numbers (three of one, two of one, four of another), the difficulty here being that the correct proportions tend to be forgotten, a very understandable error.

The types of work differ in their appeal to the old people. No particular work has a reputation for outstanding popularity, but the reverse is true in that sewing buttons on cards rates very low.

Whilst the financial aspect of the work is not of prime importance it is one of the essentials of a Work Centre Scheme that income should be kept at as high a level as possible in order to produce a sense of usefulness amongst the workers. Again different types of work are more financially rewarding, thus needle-work and some folder making has been the most profitable. The position in the Ealing Centres during the year was that for every £1 in wages 11/4d. was recovered. This is a very satisfactory result considering the type of work undertaken. It is of course higher in some areas but this is largely in parts of the country where there is a traditional craft which the workers are able to continue into retirement, for example in the East end of London tailoring represents a fair portion of the work and in some Centres there practically the entire wages are recovered.

I am glad to be able to report that we have been able to get a continuous supply of work during the year; without this any Work Centre Scheme must founder. An important feature of the Work centres has been out-of-work activities and during the year there was an annual outing to Eastbourne and a very enjoyable Christmas Party.

Although it would be invidious to single out any one of the services for Old People in Ealing as being particularly successful there is no doubt that the beneficial effect of these centres has exceeded our most optimistic hopes.

EALING DAY TREATMENT CENTRE

I think I can do no better in reporting on the work of the Ealing Day Treatment Centre for the year than to include an account of the Centre which has been published in *The Lancet* and for whose reproduction I am grateful to the Editor.

A DAY-TREATMENT CENTRE FOR THE ELDERLY

W. G. BOOTH, M.D.LOND, D.P.H.
MEDICAL OFFICER OF HEALTH, EALING

I. H. SEPPELT, M.A., M.B.CANTAB., D.P.H.
DEPUTY MEDICAL OFFICER OF HEALTH, EALING

I. O. TAYLOR, M.A.CANTAB., M.R.C.S., D.P.H.
HONORARY MEDICAL OFFICER, EALING DAY-TREATMENT CENTRE

Among the many services, both statutory and voluntary, for old people in the borough of Ealing are meals on wheels, chiropody, holidays, work centres, and a laundry service for the incontinent. In addition the borough, with an area of about 14 square miles and a population of 183,000, is as well served as most with general-practitioner, hospital, and welfare services. Nevertheless, experience suggested that many old people were not gaining full benefit from the services. These were the house-bound, or nearly so, who lived alone or with relatives out at work during the day. The home-help service knew of many who had not been outside the house for months or years.

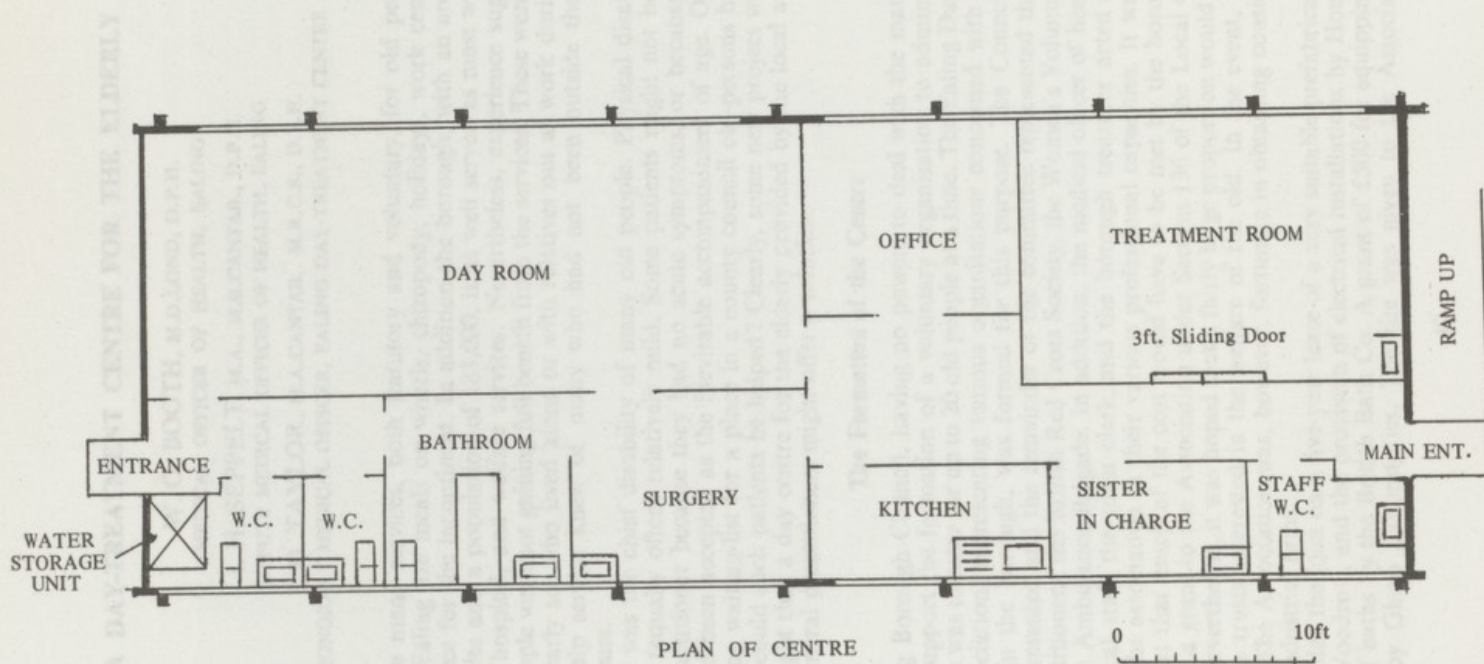
Loneliness was the chief disability of many old people. Physical disability might be severe or (equally often) relatively mild. Some patients might not be under the care of a practitioner because they had no acute symptoms, or because increasing disability had been accepted as the inevitable accompaniment of age. Others might be on the long waiting-list for a place in a county council old-persons home.

How best could such patients be helped? Clearly, some new project was required, and we thought that a day centre for the elderly provided by the local authority for the use of general practitioners might offer a solution.

The Formation of the Centre

The Ealing Borough Council, having no powers to deal with the matter directly, decided to support the formation of a voluntary organisation to administer a pilot scheme. This was to cater for up to 20 old people at a time. The Ealing Day Treatment Centre Association, representing various organisations concerned with the care of old people in the borough, was formed for this purpose. The Council itself was strongly represented and the remainder of the committee represented the borough's general practitioners, the British Red Cross Society, the Women's Voluntary Services, and St. John Ambulance Brigade. In addition, the medical officer of health and two of his medical staff, the town clerk, and the borough treasurer acted as honorary advisers to the association in their various professional capacities. It was envisaged from the start that much of the cost would have to be met by the borough council by means of a grant to the Association under Section 136 of the Local Government Act, 1948. Nevertheless, it was hoped that a fairly large proportion would be provided by charitable trusts interested in the welfare of the old. In the event, this did not materialise. The Association was, however, fortunate in obtaining considerable help from local industrial firms.

This included the loan on a five-year lease of a very suitable prefabricated building by Taylor Woodrow, and the provision of electrical installations by Honeywell Controls, and of baths by the British Bath Co. A grant of £500 for equipping the centre was made by Glaxo Laboratories. The site was given to the Association by the



borough council, whose financial contribution in the first year was £1,500 towards the initial costs and £3,500 towards the running expenses.

The site, although in the centre of the older part of the borough, is eccentric to the borough as a whole, because of many new estates in the periphery. There is accommodation for 20 old people. The centre (fig. 1) consists of a day room, treatment room, surgery, sister's office, general office, kitchen, bathroom, and toilet accommodation. The building itself is a Swift-plan factory-made structure, assembled in sections. The colour scheme inside is white with yellow doors, the whole having a light, clean, and pleasing appearance. Heating is by tubular electric heaters, their safety being a large consideration in the decision to instal them. The kitchen is equipped with an electric cooker, and water is heated by an immersion heater in a 50-gallon tank. This type of building is particularly convenient for a purpose of this sort, in that considerable freedom is given to the occupier to plan the partitioning for his particular needs.

The staff of the centre comprises a sister-in-charge, an assistant nurse, and a clerk. Careful choice of staff is of the utmost importance in a scheme of this kind. We were fortunate in obtaining the services of a sister with a wide background of general and social medicine, whose experience included health visiting and home nursing as well as hospital appointments.

The clerk has given willing assistance in helping patients to and from the ambulance, in distributing meals, and in many other ways besides her clerical duties. This has contributed greatly to the success of the staffing arrangements and to the smooth running of the centre. In addition, a part-time cleaner is employed after the centre is closed. It need hardly be said that a genuine understanding of old people and a desire to help them is the overall consideration when engaging staff for such a centre.

The Routine of the Centre

The centre was opened in May, 1961. Patients are admitted exclusively through their general practitioner. This is done by application to the honorary medical adviser, who decides on their suitability. As a general rule the decision has been to admit all applicants at least on a trial basis, rather than to refuse admission in the first instance. But three categories of patients who cannot be catered for, have been refused admission:

1. Incontinent patients.
2. Patients with mental illness. This, of course, does not bar those with some degree of mental confusion—a common component of ageing. Indeed, the foibles of such patients often prove endearing to the staff and other patients.
3. Patients who are not well enough to spend most of the day sitting in a chair.

Although admission is only by request of the patient's general practitioner, it often occurs first to the home-help service or home nursing service that a particular old person would benefit from a period at the centre. When this happens the patient's doctor is informed, and he invariably agrees to apply for his patient's admission. After a patient has been accepted, a letter is sent to him informing him of the date and time of admission and enclosing a sketch map of the area. If transport has been requested the patient is asked to be ready at the required time. The county ambulance service supplies the transport under Section 27 of the National Health Service Act; a sitting car is usually employed. About 60% of attendances have been by ambulance.

The centre is open between 8.30 a.m. and 6 p.m. from Monday to Friday.

Diagnosis

The total number of patients admitted during the first year was 104—76 women and 28 men, including four readmissions. The average age was 75. Some of the patients came with multiple diagnoses, and some on mainly social grounds. Taking the diagnosis which brought the patient to the centre (usually the main diagnosis) the disabilities may be grouped as follows:

Arthritis and allied complaints	...	...	...	...	...	37
Neurological diseases (hemiplegia 13, Parkinson's disease 5, disseminated sclerosis 3)	...	...	...	...	...	21
Diseases of the cardiovascular system	...	...	...	...	...	15
Diseases of the respiratory system	...	...	...	...	...	5
Skin diseases	...	...	...	...	...	1
No major ailment, or senility only	...	...	...	...	...	16
Others (including diabetes in 3)	...	...	...	...	...	9

Facilities

Medical Examination and Investigation

A well-equipped surgery is provided for general practitioners to examine their patients at the centre. They are assisted by the nursing staff. Besides a physical examination, some routine investigations are carried out on all patients on admission:

1. A specimen of urine is tested for albumin and sugar.
2. Haemoglobin is estimated by the sister-in-charge using a portable Eel colorimeter.
3. The erythrocyte-sedimentation rate is measured by the sister if requested by the practitioner.

Specialist Services

The practitioner has at his disposal a consultant ophthalmologist, an ear, nose, and throat surgeon, and a dental surgeon. The first of these are normally the consultants at maternity and child-welfare clinics in the area, and they kindly agreed to give the necessary time to this project. The dental surgeon is the area dental officer.

The *ophthalmologist* attends for one session a month to examine all new patients and, where necessary, to supply a prescription for glasses. This is normally taken by the patient to his own optician, but in case of difficulty a local optician has agreed to see patients at his premises nearby or at the centre itself. The ophthalmologist is able to secure the usual fees for his services by submitting form O.S.C.2 to the executive council.

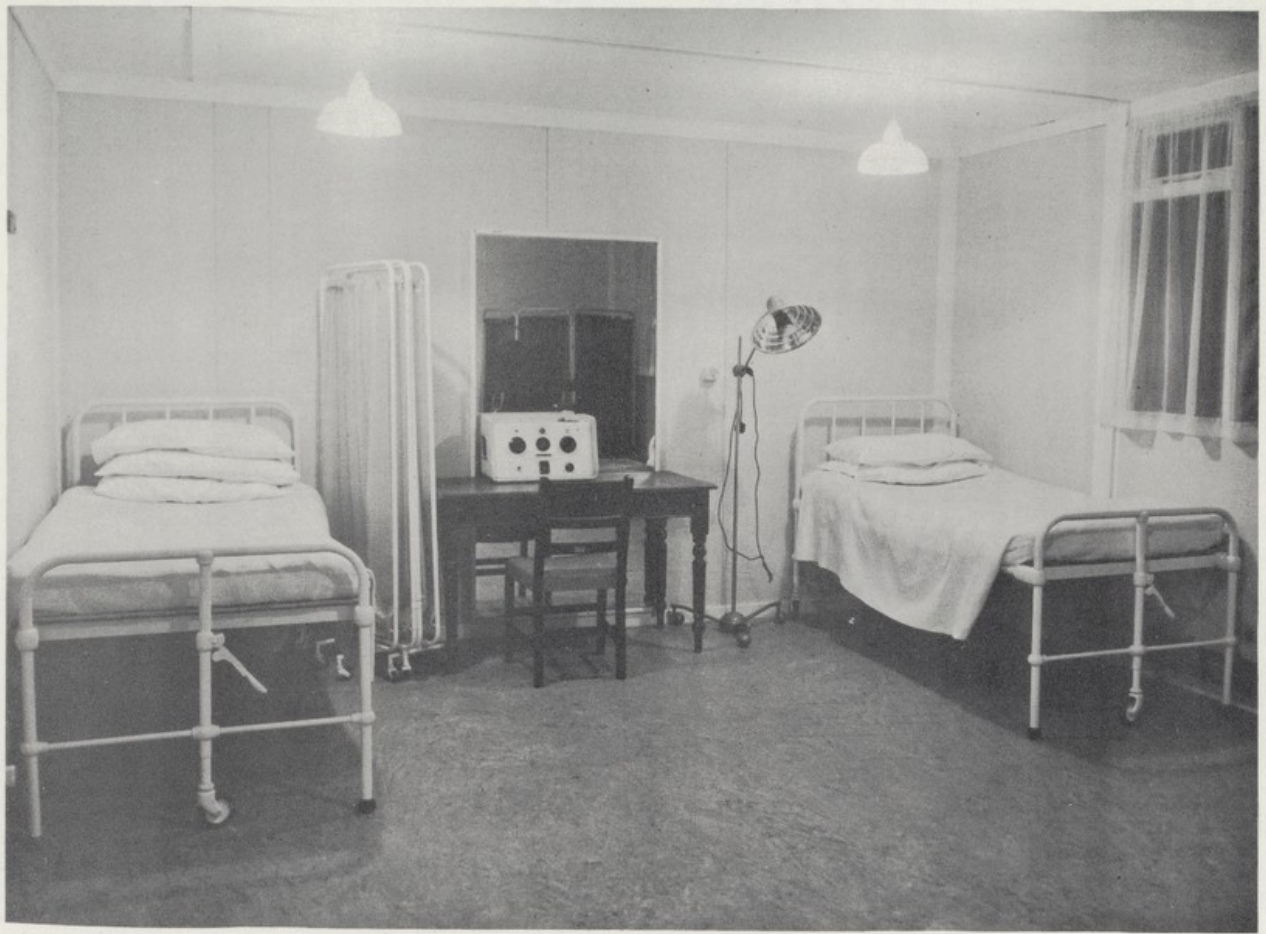
The *ear, nose and throat surgeon* attends as necessary, usually once a month or once a fortnight. He examines all new patients. An audiogram will previously have been done. If a hearing-aid is required, an appointment is made for the patient to attend the hearing-aid centre at a local hospital for testing and fitting.

The hearing-aid can usually be provided when the patient is at the centre, thus enabling the staff to encourage the old person to persevere with its wearing. During the year eight patients were supplied with hearing-aids; one had a very heavy apparatus exchanged for a more suitable type; and three who required an aid refused to have one. We have, unfortunately, been unable to remunerate the ear, nose and throat specialist.



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SURGERY



TREATMENT ROOM

Dental inspections are carried out by the area dental officer, who attends the centre monthly for this purpose. There are no facilities for treatment at the centre; patients are advised and encouraged to consult their own dentist. Where a patient has no dentist of his own, a local dentist has agreed to accept patients at his nearby surgery. Ill-fitting dentures have been the main finding; many of the patients were found to have been wearing the same set for fifteen years or more.

Treatment

Drugs, dressings, or injections ordered by the practitioner can be given by the nursing staff at the centre.

A physiotherapist is employed for two mornings weekly, and at each session she sees all patients who need physiotherapy. We knew that in providing physiotherapy for this type of patient there was an inherent risk of producing physiotherapy addiction. The patients eventually accepted that physiotherapy was not an indefinite process but only a part of their general treatment given for a limited time. Apart from the physical benefit of this form of treatment, it has certainly helped greatly to restore the morale of the elderly arthritic, who was enabled to feel that something practical could be, and was being, done to alleviate his disability. The physiotherapy equipment at the centre includes two beds each equipped with a Balkan frame, an infra-red lamp, a faradic battery, and a wax bath. A platform with three steps up and down and a hand-rail, constructed in the department, has proved useful for re-education in walking.

The occupational therapist attends for five sessions a week. The work includes basket-work, embroidery, weaving, stool-seating, and leather work. Simple carpentry is also available for the male patients, and a set of bookshelves has been made for the centre's day room by the patients themselves. A specially designed gas cooker has been obtained from the gas board at a nominal rent for rehabilitating the handicapped in simple cooking.

A chiropodist is employed by the Association and attends for one session a month at which all new patients are seen.

General Management

First place among the measures for general rehabilitation must be the companionship provided both between the patients themselves and between patients and staff.

A midday meal is provided by the meals-on-wheels service, which in Ealing is shared by the British Red Cross Society and Women's Voluntary Services. Meals are brought to the centre already cooked and are served out in the centre's kitchen, where any additional warming can be done. All meals are cooked without added salt so that they are suitable for most cardiac patients, and in addition to the standard meal a 1,200-calorie meal is supplied for patients who are on a reducing diet. Diabetic diets can also be provided.

The centre is equipped with a 'Vogue Harmony' bath, which has been kindly loaned by the British Bath Company (fig. 2). This is low and is equipped with a hoop handle and hand rails. A swivel seat fixed into the floor at the side enables the patient to be trained to get in himself by swinging his legs over the side and lowering himself on to a plastic seat within the bath and thence into the bath itself. Experience with different types of baths may lead to the development of a suitable standard type which could be installed in council houses and easily adapted to the needs of old people. The bathing is carried out by the nurses and, although time consuming, has proved generally popular with the patients.

Reports to Practitioners

If the general practitioner has not visited his patient during the first two weeks, a preliminary report on the investigations and treatment is sent to him. This enables him either to visit the centre or to give instructions over the telephone about the further management of the patient. If the practitioner is visiting the centre and supervising treatment, then this report is of course unnecessary.

As soon as possible after the patient has been discharged the practitioner is sent a summary of the patient's investigations and treatment.

Discharge

It was originally planned that patients should attend daily for up to a month; but after the opening of the centre some patients were allowed to stay longer, and it became apparent that this longer stay was often more appropriate to their needs. At present therefore the average length of stay is about two months, which allows a reasonable time for the completion of investigations and treatment.

The possibility of readmission at the request of the patient's own doctor was taken into account when the centre was planned, and this has been done with four patients. This possibility is always mentioned at the time of discharge in order that the patient should not feel that interest in him ceases when he leaves the centre. Before a patient leaves, the opportunity is always taken to discuss his needs at home and to ensure that, if they are required, the various services provided by the local authority are made available to him. These particularly include the meals-on-wheels service, the provision of a home help, assessment of suitability for work-centre employment, and contact with social clubs.

Follow-up

The health visitor in whose area the patient lives is told of his discharge and is given all relevant information, and arranges to visit within a week. There is a great need for follow-up after leaving a centre of this sort if the improvement achieved is to be maintained. But, owing to the shortage of health visitors a permanent regular visiting service is not feasible, and the ideal system—namely, that the general practitioner who initially referred his patient to the centre should be responsible for the follow-up—may prove difficult by reason of insufficient time for frequent follow-up visits.

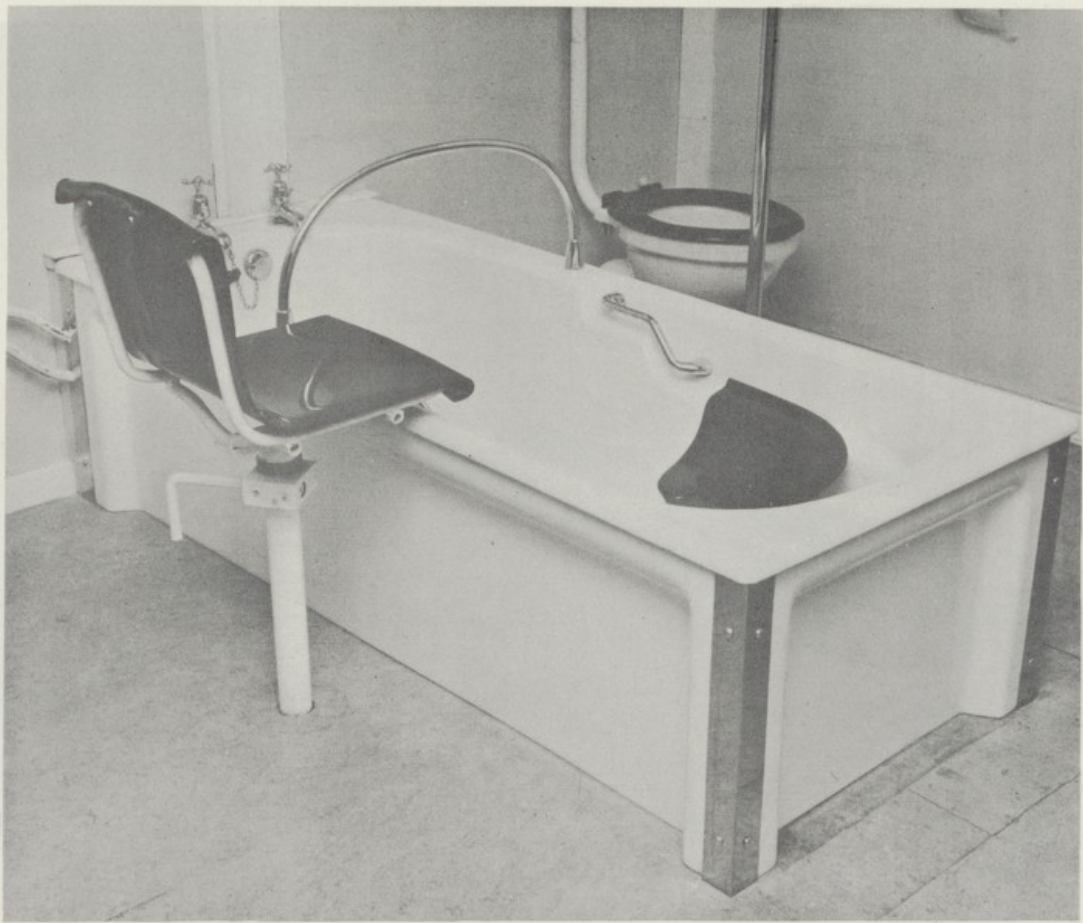
Benefits

Experience has shown over the year that comparatively simple measures may produce a great deal of benefit. For example, the provision of a hearing-aid or reading-glasses can make a pronounced difference to patients' lives when they return home, merely by enabling them to hear the wireless again and to read without strain. Such is the apathy of many old people that unless there is an organisation of this sort to take the initiative they themselves tend to accept their disabilities and the restriction that these entail.

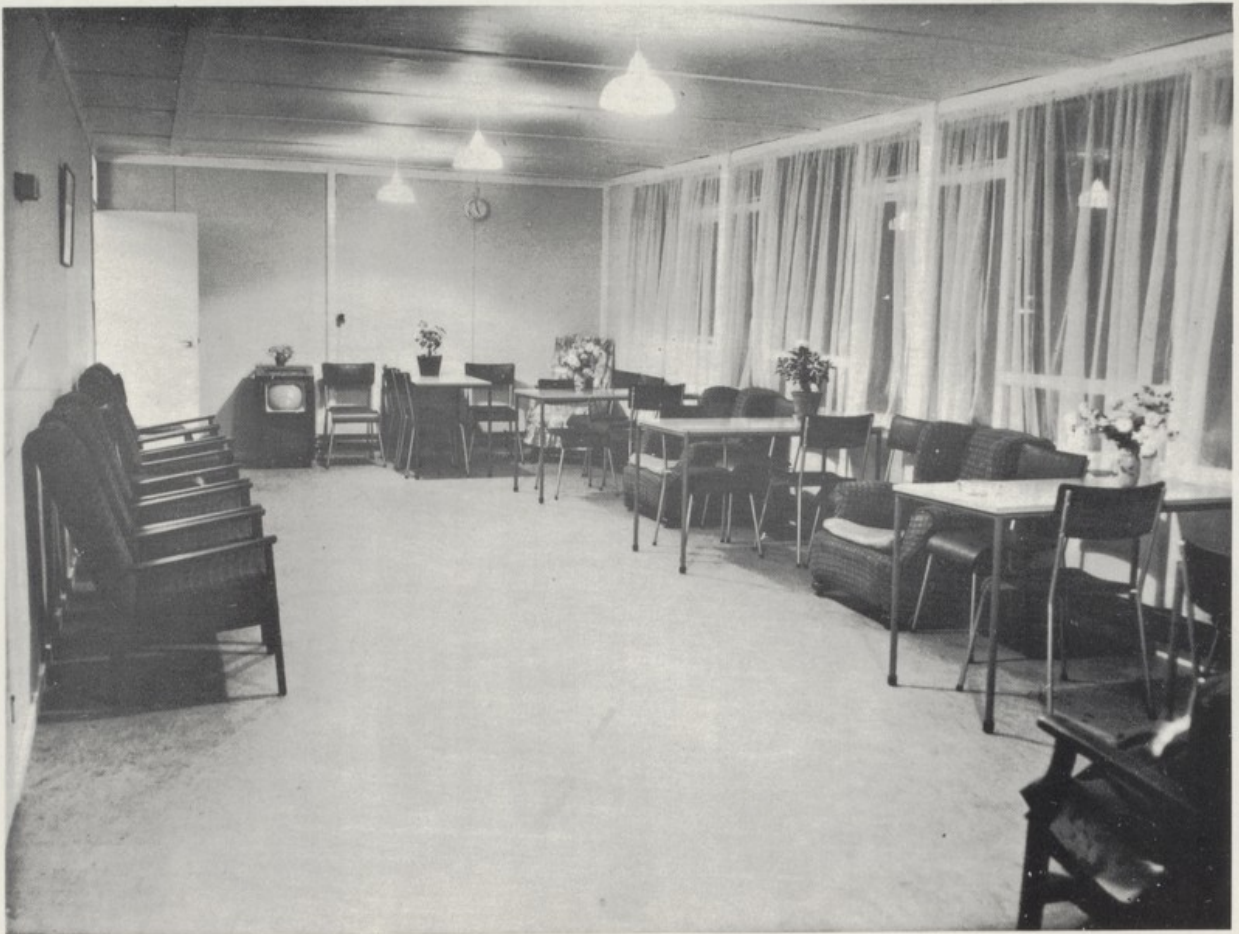
All those who work with old people know how appreciative they are of congenial companionship, how quickly they become acclimatised to social life, and how grateful—sometimes absurdly so—they are that someone is taking an interest in them.

Discussion

As the centre was not running to capacity during the early months it is difficult to estimate the cost per head during the first year. We hope that during the second year the cost of keeping a patient in the centre will be about £4 10s. a week.



VOGUE HARMONY BATH FOR ELDERLY DISABLED PATIENTS



DAY ROOM

By and large, the centre has followed the course planned for it when it was opened. There have been several minor difficulties and a major one. The minor difficulties have been these:

The ambulance service tended to be erratic. Late arrival and early departure were common, and meant a reduction in the time that the old people were at the centre. This also had an unsettling effect on them, because they spent much of the day waiting anxiously to be collected in the morning and taken home in the afternoon. As the centre became established, the transport position improved and despite low priority it has now been found possible to keep to fairly regular times.

Some patients appear to have misunderstood the purpose of the centre. Some, despite previous explanation, expected to attend only for treatment and consequently discharged themselves after a day or two. These were usually self-sufficient people active enough to be able to get about by themselves, and therefore probably not the type of patient we were intending to cater for. One or two patients have said they were too ill to attend, and again were not really suitable patients for the centre in the first place.

The main difficulty has been that of medical supervision. The original plan was for practitioners to refer patients to the centre, and there to order and supervise their treatment. Some practitioners have done just this. Others have preferred to treat the centre as a kind of hospital to which patients could be sent for treatment and not seen again until shortly after discharge. This has created difficulties for the physiotherapist and occupational therapist, who have lacked detailed instructions. Nor have practitioners always had the time to give to the slow and painstaking rehabilitation of the old. This was particularly noticeable during the very busy period in general practice during the latter half of January and in February when referrals dropped sharply. There seems, therefore, a place for a part-time visiting geriatrician at the centre, and this possibility is being explored. The practitioner could thus have expert advice if he desired it, and, through contact with the hospital services, facilities for investigation and treatment could be extended. The practitioner who wished to handle his patient's case himself would remain free to do so.

Despite these difficulties the centre is a going concern. It serves as a focal point for the ascertainment of the aged handicapped, and for the provision to them of the many other services that the borough can offer to old people. It has stimulated lively discussion and exchange of ideas with many visitors to the centre from all parts of the country. This report is of the first year's working of a five-year experiment. The final pattern that day-treatment centres for old people should take may not yet be clear, but this centre represents one authority's attempt to deal with its ailing and lonely old people. The care of the elderly disabled is so largely a matter of social rehabilitation rather than medical treatment that such centres seem inevitably to be the direct concern of the local authorities. It would therefore be helpful if legislation could be introduced to enable local authorities to provide treatment facilities for the aged, and thus avoid the subterfuge of raising funds for a charitable object.

SUMMARY

A day-treatment centre for the elderly, established and managed by a voluntary body and set up by a local authority at the instigation of its medical officer of health, has been organised. A wide range of medical and ancillary services is provided. All patients are referred by their general practitioners, in whose care they remain throughout.

A combination of medical care and social activity is proving an effective way of dealing with most of the problems of the elderly handicapped. This work would be greatly facilitated by legislation to enable local authorities to operate such centres themselves rather than relying on charitable agencies.

The members of the Committee of the Ealing Day Treatment Centre for 1962 are:—

Alderman Mrs. D. Gundry.
 Councillor J. F. Barlow.
 Councillor J. T. Bartlett (*Vice-Chairman*).
 Councillor R. R. Clay (*Chairman*).
 Councillor K. G. Reeves and
 Councillor Mrs. D. I. Williams.
 Dr. Barbara Bailey.
 Dr. C. A. Osborn.
 Dr. F. H. Scoones.
 Mrs. D. M. Collins—British Red Cross Society.
 Mr. L. G. Love—St. John Ambulance Brigade.
 Miss E. Tippetts—Women's Voluntary Services.

MEALS ON WHEELS

The whole of the Borough is covered by a Meals on Wheels service which comprises a hot two course lunch to house-bound old people. The British Red Cross Society supply the Ealing and Hanwell area while the rest of the Borough, namely, Greenford, Perivale, and Northolt are supplied by the Women's Voluntary Services. The total number of meals served during the year was 25,300, of these the British Red Cross Society supplied 15,645 and the Women's Voluntary Services 9,655. The question of frequency of meals has long been discussed. Ideally, of course, everyone, be they young or old, should have three hot meals a day. In the case of old people it is not always appreciated that appetite usually falls off very much and they cannot cope with large meals. Many Meals on Wheels Services throughout the country supply an average of two hot meals a week to each individual, and the value of this relative infrequency has been questioned. I am sure, however, that even two good meals a week do supply the minimal nutritional requirement of an old person. In addition it encourages them to maintain a similar standard in their own catering. To the purely nutritional benefits, of course, must be added the value of somebody calling and taking an interest in them and giving them the feeling of still being wanted in the community. During the year meals were distributed as follows:—

British Red Cross Society	...	...	...	...	...	15,645
Women's Voluntary Services	...	...	...	...	...	9,655
Total number of meals	...	...	...	...	...	25,300

			B.R.C.S.	W.V.S.
Average number of meals served per day	...	...	60	50
Average number given 2 meals per week	...	...	17	32
Average number given 3 meals per week	...	...	31	—
Average number given 4 meals per week	...	...	34	—
Average number given 5 meals per week	...	...	37	—

Both the British Red Cross Society and Women's Voluntary Services cook their meals centrally in their respective kitchens. The cooked meals are then transferred to charcoal heated containers which are delivered by van.

It will be appreciated that in a large Borough like Ealing, where the distances involved are great, considerable effort is required to ensure that meals are hot on delivery. Notwithstanding this difficulty, hot meals of a high standard are provided.

In addition to the domiciliary service provided, the British Red Cross Society and the Women's Voluntary Services have co-operated to provide 20 meals a day for the Day Treatment Centre.

NATIONAL ASSISTANCE ACT, 1948

Section 47

This section provides for the removal to a suitable hospital or other place of persons who:—

- (a) are suffering from grave chronic diseases or, being aged, infirm or physically incapacitated are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

I am glad to report that it has not proved necessary to use these powers during the year. Old people are no different from other age groups in their love of independence, indeed, it is probably a larger component in their outlook than in younger people. There are many old people in the Borough who would, I am sure, be more comfortable in an Old Persons Home, but would only be happier there if they themselves could be convinced of the wisdom of entering a home.

DAY CLUB FOR OLD PEOPLE

It will be recalled that in 1961 the Borough Council expressed their interest in the proposed Women's Voluntary Services Day Club for Old People and that they had offered a site off the Greenford Road for the establishment of this club. This site, it is hoped, would, in addition to the Club, house the central kitchen for the Women's Voluntary Services Meals on Wheels Service.

During the year certain difficulties have arisen in carrying out this plan, but it is to be hoped that these will eventually be overcome and that this very useful addition to services for old people in the Borough will materialise.

HOLIDAYS FOR OLD PEOPLE

The Women's Voluntary Service and the Greenford Philanthropic Society, with the aid of grants from the Borough Council, again arranged for elderly people, who would not otherwise have the opportunity to have a holiday by the sea. I have no doubt in my own mind that a holiday of this sort is a simple measure which has kept many an old person out of hospital.

In 1962 the Women's Voluntary Services took 240 to Bexhill-on-Sea and the Greenford Philanthropic Society took 45 to Ramsgate, including 12 disabled and blind people. As in previous years, great appreciation was expressed by those who attended.

OLD PEOPLE'S LIAISON COMMITTEE

This Committee is a joint one between the Council and those voluntary organisations which are running services for old people on the Council's behalf under

Section 31 of the National Assistance Act, or under the Local Government Act. This Committee has proved most valuable in co-ordinating these voluntary services. At its meetings the representatives of the voluntary organisations can bring their difficulties to the notice of the Council and can suggest possible improvements and extensions of their services. At the same time the Council representative can express the Council's views as to the need in the Borough. The work that the Council has been doing in the field of Old People's Welfare has been considerable and this Committee has been effective in maintaining an overall view of the position.

The members of the Committee are as follows:—

Councillor	J. F. Barlow	
"	J. T. Bartlett	
"	P. B. Burke	
"	R. R. Clay (<i>Chairman</i>)	
"	D. J. Cousins	
"	H. R. Hayselden.	
Mrs. D. M. Collins	...	British Red Cross Society
Mrs. E. M. Doughty	...	" " " "
Miss D. Nourse...	...	Ealing Committee for the Employment and Recreation of Elderly Citizens
Mrs. M. Hill	...	" " " "
Mr. F. A. Holtham	...	Greenford Philanthropic Society
Mr. F. W. Tomlin	...	" " " "
Miss E. Tippetts	...	Women's Voluntary Services.
Mrs. H. W. Corey	...	" " "

LAUNDRY SERVICE FOR THE INCONTINENT

Although this service is for the incontinent of all ages, it is amongst old people that the greatest problem arises when sheets or clothing have been soiled.

The service is run by the Public Health Department in conjunction with the Baths Laundry Service. Collection is made twice weekly by the Public Health Department's Driver/Disinfectors in the department's vans, special containers being used. The Disinfectors undertake the initial cleansing, and the subsequent laundering is in the Baths Laundry separate from its normal work. The Catholic Women's Guild has very kindly continued to undertake the essential auxiliary service of repairing worn garments and bed linen. The following table shows the use made of the service during the last six years.

	1957	1958	1959	1960	1961	1962
No. of new cases dealt with during the year	70	56	67	83	69	86
No. of cases remaining at end of year	39	38	39	42	34	41
No. of cases that died	48	35	31	48	30	42
No. of cases removed to hospital	14	22	41	30	22	31
No. of cases where other arrangements were made	4	2	3	—	16	3
Total number of articles dealt with	44,466	36,723	59,004	48,847	34,727	38,211
Total number of collections	3,333	2,766	4,822	2,954	3,058	3,041
Average number of articles per collection	13.3	13.3	12.2	16.5	11.0	12.6

SECTION 5

GENERAL

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

There are 24 establishments registered in the Borough. In addition four exemptions were granted in respect of establishments run by members of the Chartered Society of Physiotherapists.

During 1962 further provisions of the Professions Supplementary to Medicine Act, 1960, have been brought into operation.

The Act provides for the establishment of Boards to promote a high standard of professional education and conduct for Chiropodists, Dietitians, Medical Laboratory Technicians, Occupational Therapists, Physiotherapists, Radiographers and Remedial Gymnasts. These Board will have the function of maintaining a Register of those who have attended courses of training approved by the Board, or in the case of existing practitioners those who are considered suitably qualified by reason of practical experience before the appointed day. Registered persons will be entitled to use the title of State Registered Chiropodist, etc. A Council for Professions Supplementary to Medicine is to co-ordinate and supervise the activities of the Boards.

During 1961 the provisions of the Act which were brought into operation were the establishment of the Council and Boards for the various professions, and during 1962 the preparation of registers began and qualifications for registration were prescribed. In addition, under the National Health Services (Medical Auxiliaries) Regulations, 1962, registration under the Professions Supplementary to Medicine Act became a qualification for employment as a medical auxiliary in the National Health Service.

Ealing has long endeavoured to ensure that the qualifications of Chiropodists and Physiotherapists in private practice in the Borough are as high as those who are employed by the County Council in its clinics and by hospitals in the Borough under the National Health Service Act. It has never seemed reasonable, in my opinion, that persons having treatment from private chiropodists or physiotherapists should be receiving it from a person whose qualifications are not sufficient to enable him to get employment in the National Health Service.

It is hoped that in due course the new Act will have the result of regulating these professions so that the public can be assured with confidence that they are receiving treatment from a chiropodist or physiotherapist who has had a sound theoretical training backed by practical experience. This is far from the case at present.

NATIONAL ASSISTANCE ACT, 1948

Section 50—Burial of the Dead

During the year seven burials were carried out. The cost of three had to be written off as irrecoverable. Part of the cost was recovered in two instances and in the other two the total cost was recovered by means of Death Grants.

REGISTRATION OF NURSING HOMES

There are 7 Nursing Homes in the Borough, with a total number of 162 beds. They are registered by the Borough Council under the Public Health Act, 1936, and are inspected regularly in order to ensure that as high a standard as possible is maintained.

MEDICAL EXAMINATIONS

Candidates for permanent appointment to the Council's service are required to pass a medical examination on appointment as are manual staff for admission to the Sickness Pay Scheme of the National Joint Industrial Council for Local Authorities Non-Trading Services.

During the year the following examinations were carried out:—

Administrative, Technical and Clerical Staff	...	...	...	...	...	60
Sickness Pay Scheme (Servants)	...	...	...	...	...	164
Gunnersbury Park Joint Committee Employees	...	...	...	...	...	6
						<hr/> 230

The Council has amended the Sickness Pay Scheme so that staff who would previously have been excluded from benefit due to some particular condition may now be passed with reservations. These employees are paid for all absences due to conditions other than the disability specified at their examination. The results of the examinations have been as follows:—

No. examined	Passed without reservation	Passed with reservations
164	142	22

The conditions for which these reservations have been made are as follows:—

Complications of Injury	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	1
Extensive operations pending	...	...	...	...	...	...	1
Heart Disease	...	...	...	...	...	...	2
High Blood Pressure	...	...	...	...	...	...	4
Hernia	...	...	...	...	...	...	3
Lung disease	...	...	...	...	...	...	1
Mental Illness	...	...	...	...	...	...	2
Peptic Ulcer	...	...	...	...	...	...	3
Spinal Disease	...	...	...	...	...	...	1
Tuberculosis	...	...	...	...	...	...	2
Tuberculosis and Peptic Ulcer	...	...	...	...	...	...	1

SECTION 6

STATISTICAL TABLES

SUMMARY OF STATISTICS

Area (in Acres)...	...	...	...	...	...	...	...	...	8,781
Population (Census, 1961)	...	...	...	...	...	...	...	...	183,151
Population (estimated middle of 1962)	...	...	...	...	...	...	...	...	183,300
Rateable Value, 1st April, 1962	...	...	...	...	...	...	...	...	£3,843,000
Net Product of a Penny Rate, 1962/63 (Est.)	...	...	...	...	...	...	...	...	£15,750

Live Births:—

Legitimate Males	...	1,399	Females	...	1,375	Total	...	2,774
Illegitimate Males	...	88	Females	...	97	Total	...	185

Birth-Rate per 1,000 of Estimated Population 16

Illegitimate Live Births (per cent of total live births) 6.3%

Still-Births:—

Males	17	Females	...	18	Total	...	35
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Rate per 1,000 total Births (Live and Still Births) 12

Deaths:—

Males	1,038	Females	...	1,026	Total	...	2,064
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Death-Rate for 1,000 of Estimated Population 11

Deaths of Infants under one year of age:—

Legitimate Males	...	14	Females	...	19	Total	...	33
Illegitimate Males	...	1	Females	...	2	Total	...	3

Death-Rates of Infants under one year of age:—

All Infants per 1,000 Live Births. 12

Legitimate Infants per 1,000 Legitimate Live Births 12

Illegitimate Infants per 1,000 Illegitimate Live Births 15

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) 9.5

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) 8.5

Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still births) 20

Maternal Mortality (including Abortion) 1

Rate per 1,000 Live and Still Births 0.34

Cases of Infectious and Other Notifiable Diseases notified in the Borough

Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	2	—	—	1	—	—	—	—	—	—	1	—
Scarlet Fever	203	402	238	287	108	159	95	232	269	117	67	98
Enteric Fever (including Paratyphoid)	3	2	3	5	7	—	1	—	—	1	1	2
Puerperal Pyrexia	38	70	61	54	44	71	77	67	37	63	44	49
Pneumonia:												
Primary	162	100	157	152	135	113	72	94	97	30	37	45
Influenzal	38	28	74	52	56	48	99	57	57	16	33	24
Acute Poliomyelitis	10	21	13	5	61	46	2	2	—	—	2	—
Meningococcal Infection	2	—	—	6	3	2	2	3	2	2	1	1
Malaria	1	1	3	1	1	—	—	1	—	—	1	—
Dysentery	542	179	132	225	149	193	252	244	194	261	127	90
Erysipelas	17	26	18	18	12	12	13	19	9	17	6	7
Tuberculosis:												
Pulmonary	210	211	205	132	119	134	113	97	109	89	93	70
Non-Pulmonary	24	29	20	17	24	13	16	8	10	18	10	6
Ophthalmia Neonatorum	6	—	—	2	2	2	5	6	3	3	2	1
Measles	3,296	993	2,558	132	2,422	726	1,854	975	1,928	50	3,250	286
Whooping Cough	550	77	491	116	156	67	131	85	90	258	51	19
Food Poisoning	86	26	31	78	36	26	20	18	39	20	15	7
Totals	5,190	2,165	4,004	1,284	3,335	1,612	2,752	1,908	2,844	945	3,741	705

The number of cases of infectious disease originally notified sometimes varies due to changes of diagnosis and the following table is therefore given to show the final numbers after correction.

Disease				Disease			
Smallpox	...	...	—	Malaria	...	...	—
Diphtheria	...	...	—	Dysentery	...	...	89
Scarlet Fever	...	...	95	Erysipelas	...	...	7
Enteric Fever (including Paratyphoid)	...	...	2	Tuberculosis:			
Puerperal Pyrexia	.....	...	49	Pulmonary	...	...	70
Pneumonia:				Non-pulmonary	...	...	6
Primary	...	...	45	Ophthalmia neonatorum	...	...	1
Influenzal	...	...	24	Measles	...	...	286
Acute Poliomyelitis	...	...	—	Whooping Cough	...	...	19
Food Poisoning	...	...	7				
Meningococcal Infection	...	...	1	Total	...	...	701

Infectious and Other Notifiable Diseases Classified in Age Groups

	Scarlet Fever		Whooping Cough		Poliomyelitis				Measles		Diphtheria		Dysentery		Meningococcal Infection	
	M	F	M	F	Paralytic		Non-Paralytic		M	F	M	F	M	F	M	F
					M	F	M	F								
Numbers originally notified	55	43	13	6	—	—	—	—	138	148	—	—	47	43	—	1
FINAL number after correction:																
Under 1 year	—	—	1	—	—	—	—	—	5	5	—	—	2	—	—	—
1—	—	—	4	—	—	—	—	—	12	10	—	—	5	1	—	1
2—	1	3	1	1	—	—	—	—	15	15	—	—	3	2	—	—
3—	4	1	3	1	—	—	—	—	16	19	—	—	1	2	—	—
4—	6	4	2	2	—	—	—	—	16	26	—	—	—	1	—	—
5—9	21	20	2	2	—	—	—	—	68	69	—	—	4	4	—	—
10—14	15	7	—	—	—	—	—	—	4	2	—	—	—	—	—	—
15—24	4	5	—	—	—	—	—	—	2	2	—	—	5	6	—	—
25 and over	2	2	—	—	—	—	—	—	—	—	—	—	26	27	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	53	42	13	6	—	—	—	—	138	148	—	—	46	43	—	1

	<i>Pneumonia</i>		<i>Smallpox</i>		<i>Acute Encephalitis</i>				<i>Enteric or Typhoid Fever</i>		<i>Paratyphoid Fevers</i>		<i>Erysipelas</i>		<i>Food Poisoning</i>	
	M	F	M	F	<i>Infective</i>		<i>Post-Infectious</i>		M	F	M	F	M	F	M	F
					M	F	M	F								
Number originally notified	30	39	—	—	—	—	—	—	1	—	—	1	4	3	3	4
FINAL numbers after correction:	5	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Under 5 years	3	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1
5—14	9	8	—	—	—	—	—	—	1	—	—	1	—	—	—	2
15—44	9	13	—	—	—	—	—	—	—	—	—	—	4	2	—	1
45—64	4	13	—	—	—	—	—	—	—	—	—	—	—	1	—	—
65 and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	30	39	—	—	—	—	—	—	1	—	—	1	4	3	3	4

	<i>Tuberculosis</i>						<i>Other Notifiable Diseases</i>			
	<i>Respiratory</i>		<i>Meningitis & C.N.S.</i>		<i>Other</i>		<i>Original</i>		<i>Other</i>	
	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	46	24	—	—	—	6	—	—	Puerperal Pyrexia	—
FINAL numbers after correction	1	—	—	—	—	—	—	49	—	49
Under 5 years	1	1	—	—	—	—	—	—	—	—
5—14	6	3	—	—	—	—	—	—	Ophth. Neonatorum	1
15—24	14	13	—	—	—	1	—	1	—	—
25—44	19	5	—	—	—	2	—	—	Malaria	—
45—64	5	2	—	—	—	3	—	—	—	—
65 and over	—	—	—	—	—	—	—	—	—	—
Total	46	24	—	—	—	6	—	—	—	—

TUBERCULOSIS

Age Periods	NEW CASES																							
	Pulmonary												Non-Pulmonary											
	1957		1958		1959		1960		1961		1962		1957		1958		1959		1960		1961		1962	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 5	4	1	1	2	1	2	—	—	3	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—
5—14	4	1	1	1	4	—	—	3	3	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—
15—24	16	12	16	10	10	10	9	5	10	9	6	3	1	1	—	1	1	—	2	2	1	—	—	—
25—44	18	12	20	12	24	11	13	22	17	6	14	13	2	6	3	1	—	1	2	8	2	2	—	1
45—64	26	5	23	5	31	4	21	6	24	8	19	5	3	1	2	1	3	—	3	2	1	2	—	2
Over 65	12	2	4	2	3	5	5	3	8	2	5	2	—	—	—	—	1	3	—	—	—	—	—	3
Total	80	33	65	32	73	32	48	39	65	28	46	24	6	9	5	3	5	5	6	12	5	5	—	6

Age Periods	DEATHS																							
	Pulmonary												Non-Pulmonary											
	1957		1958		1959		1960		1961		1962		1957		1958		1959		1960		1961		1962	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—24	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
25—44	1	2	1	1	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45—64	6	3	2	2	1	2	3	1	2	2	4	1	1	—	—	—	—	1	—	—	—	—	—	1
Over 65	6	2	2	2	1	1	3	1	2	—	2	1	—	1	—	—	1	—	—	—	—	—	—	—
Total	13	7	5	5	2	3	8	2	4	3	6	2	2	1	—	—	—	1	1	—	—	—	—	1

DEATHS

Causes of Death, 1962

Cause of Death	Deaths, 1962			Total Deaths 1961
	Male	Female	Total	
Tuberculosis, Respiratory	6	2	8	7
Tuberculosis, Other	—	1	1	—
Syphilitic Disease	4	5	9	7
Diphtheria	—	—	—	1
Whooping Cough	—	—	—	—
Meningococcal Infections	—	—	—	—
Acute Poliomyelitis	—	—	—	—
Measles	—	—	—	—
Other Infective and Parasitic Diseases	1	—	1	1
Malignant Neoplasm, Stomach	21	31	52	34
„ „ Lung, Bronchus	85	19	104	120
„ „ Breast	1	48	49	45
„ „ Uterus	—	15	15	20
Other Malignant Lymphatic Neoplasms	100	107	207	208
Leukamia, Aleukaemia	2	5	7	3
Diabetes	8	6	14	7
Vascular Lesions of Nervous System	94	131	225	277
Coronary Disease, Angina	276	188	464	398
Hypertension with Heart Disease	12	12	24	38
Other Heart Diseases	95	145	240	230
Other Circulatory Disease	40	59	99	96
Influenza	2	5	7	7
Pneumonia	66	66	132	108
Bronchitis	78	48	126	105
Other Diseases of Respiratory System	10	6	16	20
Ulcer of Stomach and Duodenum	9	8	17	20
Gastritis, Enteritis and Diarrhoea	3	8	11	6
Nephritis and Nephrosis	1	3	4	10
Hyperplasia of Prostate	13	—	13	10
Pregnancy, Childbirth, Abortion	—	1	1	1
Congenital Malformations	9	8	17	15
Other Defined and Ill-defined Diseases	59	70	129	139
Motor Vehicle Accidents	18	4	22	19
All other Accidents	19	14	33	39
Suicide	6	11	17	23
Homicides and Operations of War	—	—	—	3
Totals	1,038	1,026	2,064	2,017

SECTION 7

SCHOOL HEALTH SERVICE

The School Health Service continued the trend of recent years to become more a matter of examination and early diagnosis rather than treatment.

A case of active tuberculosis occurred affecting one of the largest private schools in the Borough which involved the department in a considerable amount of work investigating contacts and arranging X-ray examinations, etc. No further cases, however, were discovered.

A child suffering from malnutrition, fortunately, is now rarely found. Unfortunately, however, some children are found to be overweight; this too is regarded as unsatisfactory and is reflected in our figures under that heading.

My Medical Officers are campaigning against this condition as vigorously as they did in cases of malnutrition.

There follows a more detailed report concerning particular aspects of the work of the School Health Service.

ROUTINE MEDICAL INSPECTIONS

Details of the three routine medical inspections carried out in schools are set out below. These are normally carried out during the first and last years at school and at the last year in primary school.

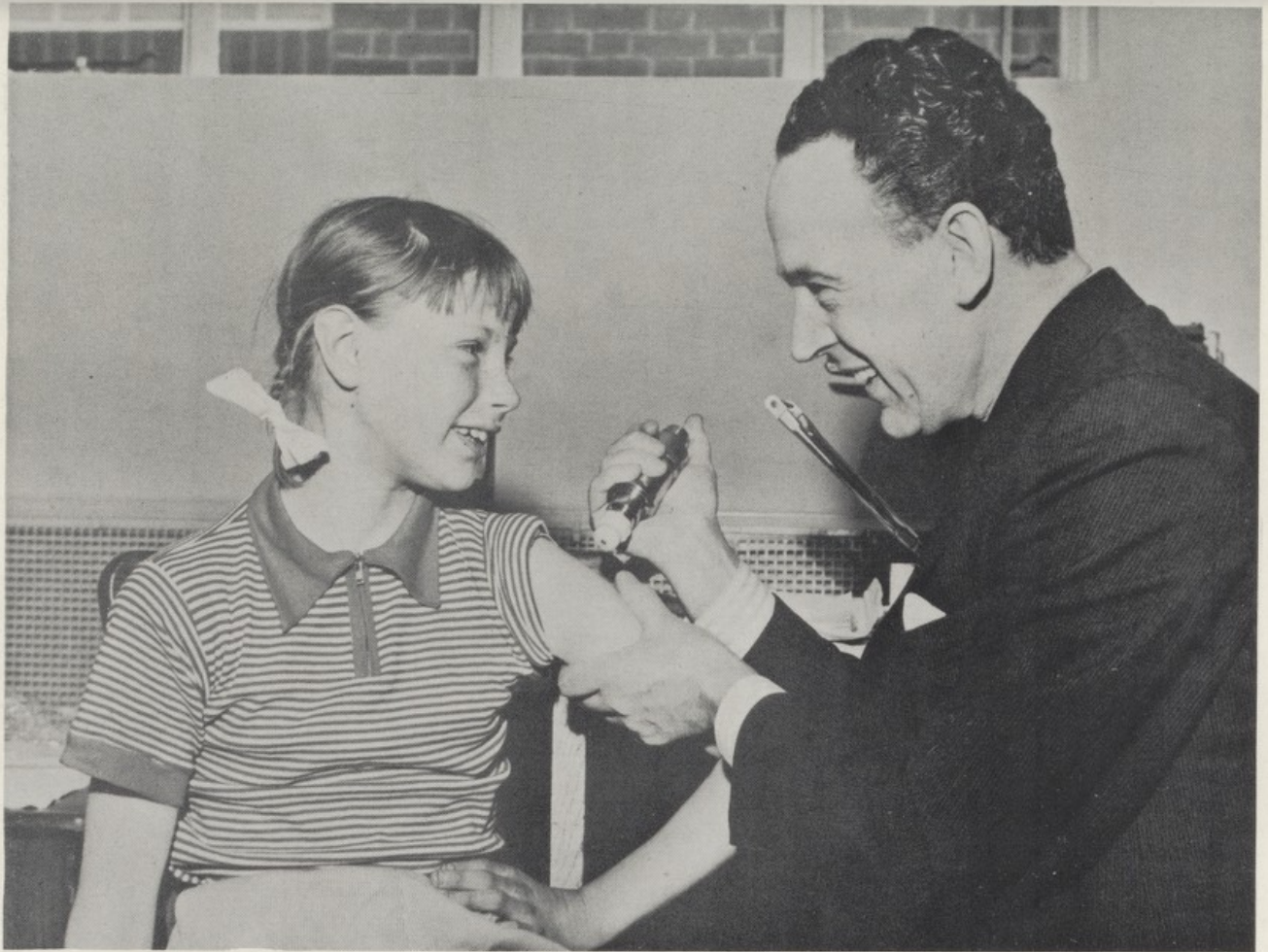
				Numbers Examined		
				1960	1961	1962
First age group ...	...	...	...	1,763	2,284	2,071
Second age group ...	...	...	...	2,369	1,754	1,989
Third age group ...	...	...	...	2,136	3,200	3,246
Total ...	...	...	...	6,268	7,238	7,306

Classification of General Condition

Satisfactory ...	7,284
Unsatisfactory ...	22

Defects requiring Treatment found at Routine Medical Inspection

				1960	1961	1962
Skin Diseases ...	...	...	...	712	562	445
Defective Vision ...	...	...	...	433	562	699
Squint ...	...	...	...	22	42	36
Defects of Hearing ...	...	...	...	41	43	135
Middle Ear Diseases ...	...	...	...	8	12	10
Nose and Throat Diseases ...	...	...	...	69	79	127
Speech Defects ...	...	...	...	28	39	45
Enlarged Glands ...	...	...	...	1	3	5
Heart—Circulation conditions ...	...	...	...	8	11	24
Lung Diseases ...	...	...	...	41	39	38
Hernia ...	...	...	...	2	5	2
Postural Defects	15	13	18
Orthopaedic Foot Defects	73	58	113
Epilepsy	2	6	2



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IMMUNIZING SESSION USING THE 'NEEDLELESS INJECTOR'

This interesting invention, which would appear to have great possibilities, is being tried out at an Ealing Clinic. It is hoped that the hyperdermic needle may eventually be a thing of the past.



MINOR AILMENT CLINICS

The examinations carried out at these clinics include a variety of cases in which medical opinion is required. Cases of poor school attendance, freedom from infection examinations, recommendations for recuperative treatment, etc., are among the things dealt with. They also provide a means for a more detailed investigation into any defect observed at the school inspection.

Total attendances 660

HANDICAPPED CHILDREN

The following table sets out in their various categories the number of handicapped pupils as at 31st December, 1962.

	<i>In Special Day Schools</i>		<i>In Special Residential Schools</i>		<i>In maintained Primary & Secondary Schools</i>		<i>Not at School</i>		<i>Total</i>	
	M	F	M	F	M	F	M	F	M	F
Blind Pupils	—	—	5	2	—	—	1	—	6	2
Partially-sighted Pupils	4	7	—	1	—	—	—	—	4	8
Deaf Pupils	5	4	—	3	—	—	—	—	5	7
Partially Deaf Pupils	11	4	1	1	—	—	2	—	14	5
Educationally sub-normal Pupils	46	33	9	6	8	2	1	1	64	42
Epileptic Pupils	—	—	—	1	—	—	—	—	—	1
Maladjusted Pupils	17	5	47	17	11	3	1	1	76	26
Physically Handicapped Pupils	7	7	6	1	—	2	1	—	14	10
Pupils with Speech Defects	—	—	—	—	7	1	—	—	7	1
Delicate Pupils	10	5	9	4	8	2	1	1	28	12
Pupils with Multiple Defects	—	—	—	—	—	—	—	—	—	—
Total	100	65	77	36	34	10	7	3	218	114

EDUCATION ACT, 1944

Section 57

Cases dealt with under Section 57, Education Act, 1944 7
 Cases de-notified under Section 8, Education (Miscellaneous Provisions) Act, 1948 1

INFESTATION WITH VERMIN

Number Examined 33,181
 Number Infested 106

B.C.G. VACCINATION

Details of school children offered B.C.G. vaccination through the approved arrangements under Section 28 of the National Health Service Act, 1946, during the year ended 31st December, 1962, are as follows:—

1. Number of children whose parents consented to participate ...	1,938
2. Number of those who were tested and found to be	
(a) Negative ...	1,816
(b) Positive ...	117
3. Number of those who were given B.C.G. vaccination ...	1,816

SPEECH THERAPY

The number of children treated during the year are as follows:—

Number on roll at 1st January, 1962...	225
New cases during the year ...	89
Number discharged ...	111
Number on roll at 31st December, 1962 ...	203
Number of attendances at Speech Therapy Clinics ...	3,704

The types of speech defect encountered were as follows:—

1. Dyslalia—omission or substitution of consonants ...	114
2. Developmental aphasia—delayed or absent speech ...	46
3. Stammering ...	29
4. Dysarthria—physical defects of the speech organs ...	8
5. Aphasia associated with mental subnormality ...	6
6. Disorder arising from deafness ...	—

Speech therapy sessions are held regularly at most of the clinics in the borough. Children may receive treatment where indicated from the age of about three and a half years.

The end of the year brings a change of venue to the Speech Class which is to move to more spacious premises at Brentside Infants' School. While believing that this move will be of benefit, we are sorry to have to break a happy association with Stanhope Infants' School and its Head Teacher, Miss R. F. Gosden, who has been keenly interested in the class since its inception in 1954.

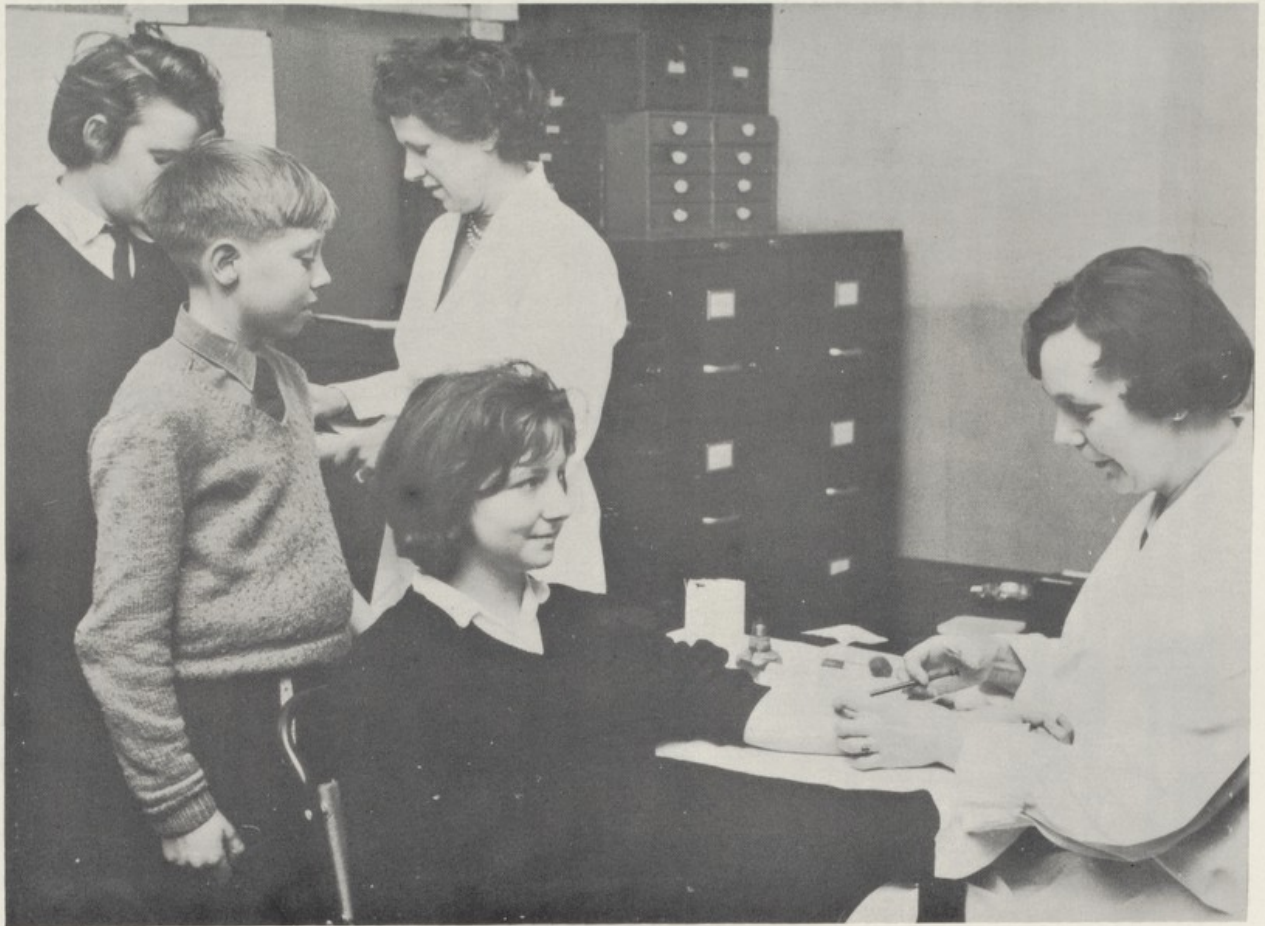
We are also sorry to lose the services of Miss E. I. Mears, the class teacher, who is taking up employment elsewhere. The success of the class has been largely due to her hard work and her interest in and sympathy with these young handicapped children.

Seven children were admitted and 10 discharged from the Speech Class during 1962.

ASTHMA CLINIC

The Asthma Clinic continued its useful function during the year, and there were 1,184 attendances. The object of this clinic is to support asthmatic children through their school lives, particularly by such measures as breathing exercises and encouragement.

The recent article by Dr. Ogilvy published in the journal *Thorax* deals with the follow-up of asthmatic children who had attended a clinic 25 years previously. From his findings he has demonstrated that the outlook for asthmatics who start symptoms in childhood is by no means gloomy. This has enabled us to reassure parents of these children as to the future.



B.C.G. IMMUNIZATION AT SCHOOL

FOOT HEALTH

Ealing has for many years provided Foot Health Clinics for children as part of the School Health Service. This important, though until recently unique, service enables children and their parents to obtain advice from the Medical Officer in charge about the care of growing feet and the choice of shoes.

Some of the children who attended the Foot Clinics during 1962 did so after they had been found to have defects by the Foot Health Nurse during her inspections at schools. The nurse saw 9,614 children during the year and referred 136 to the Foot Clinics for advice. Others came because parents had discovered foot troubles in their children and felt the need for advice.

That Ealing provides this service and has knowledge of the cause and prevention of foot troubles has been shown in two ways. Firstly by the invitation of the Children's Hospital, Helsinki, Finland, for Dr Hollman to lecture on "The Prevention of Foot Deformities". This she did in July and found that the choice of suitable shoes for children as much a problem in that country as it is here. Secondly I was asked to send a representative to speak at a conference on "The Foot Health of the Adolescent" organised by the Committee of Medical Science, Education and Research of the British Medical Association. This was held in September and since then Dr Hollman has been asked to serve on a newly created Foot Health Advisory Panel of the British Medical Association.

After some delay, the health educational film on children's feet was started in September. This project has of necessity had to be fitted into the routine work of the department. However, nearly all the location shots were completed by the end of the year and the film should be finished by the spring of next year when it will be available for use in all schools in Middlesex.

Children inspected	...	...	9,614
Referrals to Doctor	...	...	136
Referrals to Chiropodist	...	...	121
Verrucae	...	...	120
Defective shoes	...	...	2,834
Everted ankles	...	...	101
Hallux Valgus	...	...	2,234
Tinea	...	...	104

ORTHOPÆDIC CLINIC

Mr. J. A. Cholmeley, the Orthopaedic Consultant, reports that the work of this clinic has continued satisfactorily throughout the year. The object of this service is to facilitate the earliest possible diagnosis and treatment of deformities, therefore it is not confined to school children but includes those under school age. By this means it is hoped that foot deformities amongst Ealing school children are reduced to a minimum.

During the year attendances were as follows:—

Pre-School Children

New Cases		Re-examinations		Total Attendance	
1961	1962	1961	1962	1961	1962
84	75	165	178	249	253

School Children

New Cases		Re-examinations		Total Attendance	
1961	1962	1961	1962	1961	1962
78	69	299	260	377	329

EAR, NOSE AND THROAT SERVICE

Mr. Savege, Consulting Otologist, reports that there has been a small decrease in the number of children referred to him by the School Medical Officers, indicating a better degree of Ear, Nose and Throat health.

The discovery and treatment of hardness of hearing in children continues with good results and in this he is greatly assisted by the Audiometric Service.

The statistical report is as follows:—

	1960	1961	1962
Number of new cases ...	194	172	141
Number of re-inspections ...	398	313	319
Total attendances ...	592	485	460
Medical Treatment advised ...	306	253	199
Surgical Treatment advised ...	87	105	77

Audiometry Report

	1960	1961	1962
Number of schools visited...	54	32	57
Number of children tested...	6,338	4,571	6,242
Number of children with hearing loss ...	289	134	183
Number referred to E.N.T. Specialist ...	101	78	84

OPHTHALMIC SERVICE

Mr. G. Freeman-Heal, Consultant Ophthalmologist, reports that the work of this service has continued satisfactorily in 1962. The importance of early detection and remedy of visual defects in children cannot be over-stressed.

The attendances during the year were as follows:—

	1961	1962
Total cases seen ...	1,261	907
New cases ...	206	145
Re-inspections ...	1,055	762
Glasses prescribed ...	708	527

Abnormal Eye Conditions other than Errors of Refraction were as follows:—

Congenital Abnormalities							New Cases	Old Cases
Squint	...	...	...	...	...	...	51	166
Congenital Nystagmus	...	...	...	...	...	...	—	3
Ptosis	...	...	...	...	...	...	1	2
Congenital Cataract	...	...	...	...	...	...	—	2
Stenosis of Punctum	...	...	...	...	...	...	—	1
Marfans syndrome—Ectopia Lentis	...	...	...	...	...	...	—	1
Progressive Myopia	...	...	...	...	...	...	—	3
Abnormalities due to Infection								
Conjunctivitis	...	...	...	...	...	...	—	1
Hordeolum...	...	...	...	...	...	...	1	—
Blepharitis	...	...	...	...	...	...	1	1
Mucocele	...	...	...	...	...	...	1	—
Toxoplasmosis	...	...	...	...	...	...	—	1
Abnormalities due to Trauma								
Cataract	...	...	...	...	...	...	1	—
F.B. Cornea	...	...	...	...	...	...	1	—
Abnormalities of Unknown Etiology								
Choroiditis	...	...	...	...	...	...	1	—

EALING CHILD GUIDANCE CENTRE

Dr Holman, Consultant Psychiatrist, reports that 168 patients were referred to the Centre in 1962 compared with 188 in the previous year. Twenty children were placed in residential schools for maladjusted children and nine were awaiting placement at the end of the year. The slight decrease in the number of cases referred is probably of no significance.

There were staffing difficulties during the year, not the least of which was the departure of Mr Kelsall who had been Educational Psychologist for six years.

Aston School has continued its useful function. Experience has shown that it is of particular value in catering for children whose maladjustment is due in part to physical handicaps. These children are not suited to life in large groups and are unlikely to profit from the education provided in ordinary schools.

During 1962 three children at the school reached secondary school age. Of these one moved to a secondary modern school where she settled down well, one moved to a boarding school for maladjusted children, whilst the third was clearly still in need of further primary education and remained at Aston. There is to be opened in 1963 a secondary department of Aston School which will be closely linked with the primary department, although separately housed. It will be of value in allowing the primary school children who still require special schooling when they reach secondary school age to receive this, and it will also cater for some maladjusted children whose disability only comes to light at a later stage.

REPORT ON THE SCHOOL DENTAL SERVICE IN EALING 1962

The flow of school child patients to the private practitioner has continued during the year and whilst this may be deplored from a purely personal point of view, it is quite obvious from examining children of all ages that an enormous amount of work has been completed by the private practitioner. The School Service with its present facilities could not possibly have coped with the demands without a phenomenal increase in premises and staff. It would seem too, that some private practitioners treat a very high proportion of school children and are very popular with their patients. It might be said that they almost specialize in the treatment of children. The standard of work done appears to be high. This diversion of children, particularly the older ones, to the private practitioner leaves the clinics with an increasingly higher proportion of very young, difficult and reluctant patients. In terms of productivity, work done per session has fallen by almost 10% during the year.

One full-time officer retired in December 1961 and his place has been taken by a "floating portion" of newly qualified part-timers. A few years ago the part-timers we were getting had completed their National Service in the forces and had to some considerable extent learned their job. Now the young people we get come straight from the final examinations hall to the school clinic and they are relatively slow and have very much to learn. The school clinic is an excellent place to do this from their point of view but it is not ideal from ours.

In view of the increasing number of children treated privately and the increasing number of notes from parents saying that they do not wish children to be inspected as they are already having treatment and the likelihood that it may be possible in the immediate future to examine more children twice a year, it would seem that the present method of school inspection needs revision.

<i>Attendances</i>	<i>Completing Treatment</i>	<i>Fillings Permanent Teeth</i>	<i>Fillings Temporary Teeth</i>	<i>Extractions Permanent Teeth</i>	<i>Extractions Temporary Teeth</i>	<i>Orthodontic Treatment New Cases</i>
22,553	8,119	13,464	5,835	1,125	3,658	290

MEDICAL EXAMINATION OF TEACHERS

Number of Teachers examined as to fitness for appointments ... 59

SUPPLEMENT—FOR GENERAL INFORMATION

HEALTH SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY

In Middlesex the Local Health Authority under the National Health Service Act is the Middlesex County Council. They have formed ten areas in the county, Ealing and Acton forming Area No. 7. In Ealing the local administration is carried out at the Town Hall, Ealing.

MATERNITY AND CHILD WELFARE CLINICS

Regular sessions for expectant mothers are held at ten Health Clinics by doctors and midwives. Arrangements are made for blood testing, chest X-ray and for distribution of iron and vitamins. Mothers are also given the opportunity of attending ante-natal exercises and mothercraft classes. During the year 2,094 expectant mothers attended clinics in Ealing. Advice to mothers on the care of their children is given at Health Clinics by doctors and health visitors. Children are weighed at each attendance and a careful watch kept on all aspects of their progress. Welfare and other foods are distributed. During the year 7,465 children attended clinics in Ealing.

The following are the addresses of the Maternity and Child Welfare Clinics in Ealing. There are 23 Health Visitors in Ealing. In addition to the clinic work, home visiting to advise mothers on the care of their children forms a useful link with the Clinic, 8,702 families being visited during the year.

Ante-Natal Clinics

(Interview by Appointment)

Address	Times
Abbey Parade, North Circular Road, Ealing, W.5 ...	Tues. mornings
Brentside, Westcott Crescent, Hanwell, W.7 ...	Thurs. mornings
Cherington House, Cherington Road, Hanwell, W.7 ...	Mon. Tues. mornings
Greenford Green, Wadham Gardens, Greenford ...	Tues. Fri. mornings
Islip Manor, Eastcote Lane, Northolt ...	Wed. mornings
Laurel House, Windmill Road, Ealing, W.5 ...	Wed., alt. Thurs. mornings
Mattock Lane, 13 Mattock Lane, Ealing, W.5 ...	Mon. Wed. Fri. mornings
Northolt Grange, Edward Road, Northolt ...	Fri. mornings
Perivale, Horsenden Lane, Greenford ...	Wed. mornings
Ravenor Park, Oldfield Lane, Greenford ...	Thurs. mornings

Child Welfare Clinics

Address	Times
Abbey Parade, North Circular Road, Ealing, W.5 ...	Tues. Fri. 2—4 p.m.
Brentside, Westcott Crescent, Hanwell, W.7 ...	Thurs. 2—4 p.m.
Cherington House, Cherington Road, Hanwell, W.7 ...	Mon. Tues. Thurs. 2—4 p.m.
Greenford Green, Wadham Gardens, Greenford ...	Tues. Wed. Fri. 2—4 p.m.
Islip Manor, Eastcote Lane, Northolt ...	Mon. Thurs. 2—4 p.m.

Northolt Grange Community Centre, Northolt	...	Tues. 2—4 p.m.
Laurel House, Windmill Road, Ealing, W.5	...	Mon. Thurs. 2—4 p.m.
Mattock Lane, 13 Mattock Lane, Ealing, W.5	...	Mon. Wed. Fri. 2—4 p.m.
Perivale, Horsenden Lane, Greenford	...	Mon. Thurs. 2—4 p.m.
Ravenor Park, Oldfield Lane, Greenford	...	Mon. Wed. Fri. 2—4 p.m.

Ravenor Park Clinic has been closed since early in the year for rebuilding, and ante-natal and child welfare sessions are being held in the Methodist Church Hall, Greenford.

HOME NURSING SERVICE

There are 21 full-time Home Nurses and 8 part-time Home Nurses in Ealing, including two male nurses. During the year a total of 63,942 visits was made to 2,901 patients.

The object of the service is to supply nursing care for those whose illness can be as well, or even sometimes better treated at home as in hospital. An increasing amount of the work is concerned with the elderly in helping to keep them in the community.

Last year 56% of patients were over 65 years of age and this, together with the increasing number suffering from cardio-vascular disabilities has resulted in the need for lengthier visits. A further time consuming, although rewarding task, is the rehabilitation of disabled patients, a task which has increasingly fallen to home nurses.

The services of a home nurse are available at the request of the patient's medical practitioner or hospital medical officer. Application should be made to the Area Medical Officer, Town Hall Annexe, Ealing, W.5.

DOMICILIARY MIDWIFERY SERVICE

There is a staff of 14 midwives in Ealing.

There were 846 home confinements in Ealing in 1962 compared with 787 in 1961, which is in keeping with the National trend. The number of pupil midwives who received district training during the year was 27.

Patients suitable for home confinement are those who it is expected will have an uncomplicated delivery and whose home circumstances are satisfactory. Because of the extra demand for maternity hospital beds a part-time domiciliary midwife has been appointed to nurse midwifery patients who can be discharged from hospital 48 hours after delivery. These patients are very carefully selected and are discharged only if both mother and baby are fit.

This arrangement has reduced the number of maternity patients who have to be admitted to hospital through the emergency bed service.

Consideration has recently been given to the care of babies born prematurely at home and a heated portable incubator, with facilities for the administration of oxygen, is now available to transport premature infants from home to hospital. The incubator is kept at the Boston Road Ambulance Station from where it can be sent to any part of the Borough where it is required.

Applications for the services of a midwife should be made through a Maternity and Child Welfare Clinic.

HOME HELP SERVICE

The Home Help Service provides domestic help in time of illness. All normal household duties, including shopping, cooking, washing, cleaning, and looking after children are undertaken. There is an equivalent of 149 full-time home helps in Ealing. At the end of the year there were over 886 cases receiving help. The order of priority is acute sick, maternity cases, tuberculosis and chronic sick and aged. Nevertheless, over 75% of those helped were old people. Payment is based on the patient's resources and ranges from no charge to 4s. 6d. per hour. The object of the service is to supplement assistance available from relatives, etc., and to tide patients over in emergency rather than supply permanent domestic help. During the year the night service was continued. Attendance is from 11 p.m. to 7 a.m. and the duties of the helper consist of sitting with and giving general care to the patient. This has proved most valuable.

Applications for the services of either a day or night home help should be made, accompanied by a medical certificate, to the Area Medical Officer, Town Hall Annexe, Ealing, W.5.

Family Help Scheme

This service was inaugurated in May 1959 to deal with three categories of cases.

- (1) The family help takes the place of the mother in her absence, assumes responsibility for the home, the children and the finances and resides at the home.
- (2) The family help takes the place of the mother in her absence, assumes responsibility for the home, the children and the finances in the day time only, but is non-resident. The father or other relative takes over at night.
- (3) The family help is employed for some part of the day to assist and advise the mother who, although resident with her family, requires to be taught how to manage her household affairs and to budget sensibly.

The total number of cases dealt with during the year was 12 and these have been made up as follows:—

In category (1)	...	...	2
In category (2)	...	...	8
In category (3)	...	...	1

A charge is made on a weekly basis according to the applicant's income and expenditure.

Applications for the service should be made to the Children's Officer, 4 Newburgh Road, Churchfield Road, Acton, W.3.

Good Neighbour Scheme

This service was inaugurated to help cases that required attention outside the normal Home Help hours of duty. The Home Help who acts as a good neighbour attends a patient without fixed times so that assistance is given when needed. The Good Neighbour is paid according to the time involved up to a maximum of £2 a week. The full charge to the patient being the same amount paid to the Good Neighbour but this can be reduced if the patient is unable to meet this full amount. At the moment we have 14 Good Neighbours. It will be appreciated that it is not

a job which is lightly taken on, implying as it does considerable responsibility for the patient. It also means that the Good Neighbour commits herself to being available during evenings and nights. The scheme has proved most helpful in cases where a suitable Good Neighbour who lives nearby has been prepared to undertake this work.

DAY NURSERIES

There are two Day Nurseries in Ealing for the care of children under five years of age. One nursery is situated in Culmington Road, and has accommodation for 40 children. The other nursery is in Greenford and has accommodation for 50 children. Both the Day Nurseries are recognised training centres, and girls of sixteen are accepted for a two years' training for the National Nursery Examination Board's Diploma. Admission of children is restricted to:—

- (i) Those whose mothers have of necessity to go out to work because they are the sole supporters, e.g. if they are widowed, divorced, separated or unmarried.
- (ii) Where the home conditions are unsatisfactory.
- (iii) Admission is arranged to include children who are physically handicapped, particularly those who are deaf or partially deaf, maladjusted, or partially sighted. Similarly, children whose parents are deaf or dumb and who would therefore lack the normal talking environment in the home, are admitted. In all these instances there is no charge to the parents.

The nurseries are open from 7.30 a.m. to 6 p.m. A charge is made for this service on a sliding scale based on the parents' income.

All applications for admission to a Day Nursery should be made to the Area Medical Officer, Town Hall Annexe, Ealing, W.5.

CHIROPODY

The County Council operate a Chiropody Service under Section 28 of the National Health Service Act in conjunction with the British Red Cross Society.

Provision is made for a charge of 4/- to be made, but in most instances this is waived.

Treatment given during the year was as follows:—

	British Red Cross Society				County Council
Total number of individual patients	380	285
Total number of treatments	2,280	2,423
Number of patients receiving domiciliary treatment	275	12
Number of domiciliary treatments	1,650	63
Additional patients seen under Section 28:					
Expectant and nursing mothers	—	7
Physically handicapped persons	—	16

Treatment is given in the following places:—

Clinics

Cherington House, Cherington Road, Hanwell, W.7.
Greenford Green, Wadham Gardens, Greenford.
Islip Manor, Eastcote Lane, Northolt.
Laurel House, Windmill Road, Ealing, W.5.
Mattock Lane, 13 Mattock Lane, Ealing, W.5.
Ravenor Park, Oldfield Lane, Greenford.
Brentside, Westcott Crescent, Hanwell, W.7.

Community Centres

Northolt—Manor House, Church Road, Northolt, Greenford.
Northfields—71 Northcroft Road, Ealing, W.13.
Perivale—Horsenden Lane South, Perivale, Greenford.

Surgeries

120 Uxbridge Road, Hanwell, W.7.
234 Northfield Avenue, Ealing, W.13.
129a Greenford Avenue, Hanwell, W.7.

Almshouses

St. Mary's Almshouses, Church Gardens, Ealing, W.5.

Old People's Home

Greater Ealing Old People's Homes, Northolt House, Haydock Avenue, Northolt.

