

[Report of the Medical Officer of Health for Ealing].

Contributors

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LIST OF CONTENTS



Forward 2
 Committees and Staff 4
 1. Vital Statistics 8
 2. Infectious Diseases 10
 3. Health Centres 12
 4. Care of Mothers and Young 14
 5. Health Centres 15
 6. Day Care 18
 7. Care of the Unsupported Man 21
 8. Co-ordination of Social Services 22
 9. Family Planning 23
 10. Cervical Cytology 25
 11. Midwifery 26
 12. Health Visiting 27
 13. Home Nursing 28
 14. Vaccination and Immunisation 30
 15. Health Education 31
 16. Recreative Holidays 32
 17. Chirophy 33
 18. Tuberculosis Service 36
 19. Mental Health 37
 20. Home Help Service 41
 21. Care of the Elderly 43
 22. Immigration 45
 23. School Health Service 56
 24. General Environmental Health Measures 72

The
Health of
the London Borough
of Ealing
 in the year
 1966
 BEING THE
ANNUAL REPORT
 OF THE
Medical Officer of Health
 AND
Principal School Medical Officer

I. H. SEPPELT, M.A., M.B., B.Chir., D.P.H.,

Medical Officer of Health
 and Principal School Medical Officer

Town Hall Annexe

Ealing, W.5

Telephone: 01-567 3456

LIST OF CONTENTS

	Page
Foreword	3
Committees and Staff	4
1. Vital Statistics	8
2. Infectious Diseases	10
3. Health Centres	13
4. Care of Mothers and Young Children	14
5. Health Clinics	15
6. Day Care of Children	18
7. Care of the Unsupported Mother and Her Child	21
8. Co-ordination of Social Services	22
9. Family Planning	23
10. Cervical Cytology	25
11. Midwifery	26
12. Health Visiting	27
13. Home Nursing... ..	28
14. Vaccination and Immunisation	30
15. Health Education	31
16. Recuperative Holidays	32
17. Chiropody	33
18. Tuberculosis Service	35
19. Mental Health... ..	37
20. Home Help Service	41
21. Care of the Elderly	43
22. Immigration	45
23. School Health Service	56
24. General Environmental Health Measures	72

	Page
25. Water Supplies, Swimming Baths and Sewage Disposal	80
26. Meat Inspection and Animal Protection	83
27. Housing	85
28. Clean Air	91
29. Food Hygiene and Food and Drugs Administration	96
30. Registration of Premises used for Medical Purposes	103
31. Mortuary and Burial Arrangements	105
32. Medical Examination and Welfare of Staff	106
33. Medical Aspects of Council Housing	109
Tables	110
Index	131
10. Cervical Cytology	25
11. Midwifery	26
12. Health Visiting	27
13. Home Nursing	28
14. Vaccination and Immunisation	30
15. Health Education	31
16. Recuperative Holidays	32
17. Chiropody	33
18. Tuberculosis Service	35
19. Mental Health	37
20. Home Help Service	41
21. Care of the Elderly	43
22. Immigration	45
23. School Health Service	58
24. General Environmental Health Measures	72

Mr. Mayor, Aldermen and Councillors,

In my previous report to you I recorded that after a period of consolidation we were in a position to proceed to the stage of improving the service and remedying deficiencies. This has indeed taken place during 1966.

Improvements have been made in many parts of our existing service and at the same time various projects for the future have proceeded satisfactorily. These include a hostel for the mentally handicapped, a day club for the mentally ill, and a new day nursery. In addition, although at a preliminary stage, discussions concerning health centres have been encouraging. I look forward to continued progress next year.

I would like to thank the members of those Committees of the Council concerned with its health services, together with the staff of the department for their help during the year.

Your obedient servant,

I. H. Seppelt,
Medical Officer of Health.

- EDUCATION (SPECIAL SERVICES) SUB-COMMITTEE
- Chairman - Alderman Mrs. M. Lorde, J.P.
 - Vice-Chairman - Councillor J. Heigh, J.P.
 - Councillor R. Hetherington
 - Councillor T. W. Newson, J.P.
 - Councillor Mrs. E.L. Froham
 - Councillor Mrs. A.J. Sanderson
 - Councillor E.G. Southey
 - Co-opted Members
 - Mrs. G. Barnes, B.A.
 - Mr. J.H. Munnay, J.P.
 - Rev. Mr. Parsons, M.A.

MEMBERSHIP OF COMMITTEES AT 31st DECEMBER, 1966

ENVIRONMENTAL HEALTH COMMITTEE

Chairman - Councillor J.F. Barlow

Vice-Chairman - Councillor A.K. Schollar

The Mayor (Councillor A.J. McCallum, J.P.) (*ex officio*)

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Councillor Mrs. N.R. Law

Councillor R.R. Clay

Councillor A.W. Morbey

Councillor D.J. Cousins

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Councillor E.W.J. Everett

Councillor E.J. Sheil

Councillor W.G. Hill

Councillor Mrs. E.M. Stephens, M.A.

Councillor W.G. Lamb

Councillor A.W. Surry

PERSONAL HEALTH SERVICES COMMITTEE

Chairman - Councillor D.J. Cousins

Vice-Chairman - Councillor Miss A.J. Saunders

The Mayor (Councillor A.J. McCallum, J.P.) (*ex-officio*)

Alderman Mrs. M.T. Elliott

Councillor C.C. Headey, J.P.

Councillor J.F. Barlow

Councillor W.G. Lamb

Councillor C.B. Cripps

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Councillor E.W.J. Everett

Councillor A.W. Morbey

Councillor W. Feldman, LL.B.

Councillor Mrs. E.L. Prodham

Councillor H.R. Hayselden

Councillor A.K. Schollar

Co-opted Members

Dr. M.B. Clyne

Dr. M. Murray

Non-Council Members in an advisory capacity

Miss M.M. Bark (appointed in her capacity as Matron, King Edward Memorial Hospital)

Dr. E.I. Boxer (nominated by Middlesex Local Medical Committee)

Miss M. Hillier (appointed in her capacity as Matron, Perivale Maternity Hospital)

Mrs. W.E. Riddell (nominated by Ealing Association for Mental Health)

Mr. A. Shotts (nominated by Middlesex Local Dental Committee)

Mr. S. Simons (nominated by Middlesex Local Pharmaceutical Committee)

EDUCATION (SPECIAL SERVICES) SUB-COMMITTEE

Chairman - Alderman Mrs. M. Lorde, J.P.

Vice-Chairman - Councillor J. Haigh, J.P.

Alderman J. Johnston

Councillor R. Hetherington

Councillor F. Bavister

Councillor T. W. Newson, J.P.

Councillor R.A.H. Eggleton

Councillor Mrs. E.L. Prodham

Councillor F.G. Errington

Councillor Miss A.J. Saunders

Councillor S.A. Goodman

Councillor P.G. Southey

Co-opted Members

Mrs. G. Barnes, B.A.

Mrs. M.K.F.M. Summers

Mr. J.H. Murray, J.P.

Mrs. J. Thrift

Rev. M.R. Parsons, M.A.

Mr. R.F. Turnham

SENIOR STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1966)

*Medical Officer of Health and
Principal School Medical Officer
Deputy Medical Officer of Health
Senior Principal Medical Officer*

I.H. Seppelt, M.B., B.Chir., D.P.H.
I.O. Taylor, M.R.C.S., L.R.C.P., D.P.H.
Catharine E. Hollman,
M.B., B.S., D.R.C.O.G., D.P.H.
G.E.B. Payne, M.D., B.S., D.P.H.
K.F. Maplesden

*Consultant Medical Officer
Chief Administrative Assistant*

DENTAL SECTION

*Chief Dental Officer and
Principal School Dental Officer
Senior Dental Officer
Dental Officers - Full-time*

L.C. Mandeville, L.D.S., R.C.S.
Miss I.M.M. Cameron, L.D.S., R.C.S.
J.C. Robertson, L.D.S., R.C.S.
Miss E.S. Cosh, B.D.S.
D.J. Hughes, B.D.S.
Miss D.T. Matlach, L.D.S., R.C.S.
Miss K.M.F. Robinson, L.D.S., R.C.S.
Mrs. A.H. Daniels, L.D.S.
H.R. Phillips, L.D.S., R.C.S.
M.J. Skillicorn, B.D.S., L.D.S., R.C.S.
J.K. Chmielewski, D.C.D. et. S. (Paris)
Mrs. S.A. Law, B.D.S.
R.A.S. Tipper, L.D.S., R.C.S.
Mrs. E.G. Lindon, L.D.S., R.C.S.

Dental Officers - Part-time

*Orthodontists
- Part-time*

ENVIRONMENTAL HEALTH SECTION

*Chief Public Health Inspector
Deputy Chief Public Health Inspector
Divisional Inspectors*

A.E. Pooley, M.A.P.H.I.
M. Dowie, M.A.P.H.I.
R.W. McDonald, M.A.P.H.I.
G.W. Burden, M.A.P.H.I.
S. Sadler, M.A.P.H.I.
A.C. Bamping, M.A.P.H.I.
E.W. Budd, M.A.P.H.I.
D.A. Parker, M.A.P.H.I.
J. James

Senior Administrative Assistant

COMMUNITY CARE SECTION

*Principal Medical Officer
Principal Mental Health Social Worker
Deputy Principal Mental Health
Social Worker
Home Help Organiser*

Margaret Heller, M.D. (Vienna)., D.C.H.
R.R.P. Mundon, R.M.N.
Z.R. Sliwinski
Miss A.M. Choat

Community Care Section /Contd.
Chest Physician - Chest Clinic
Senior Administrative Assistant

H. Climie, M.D., Ch.B., D.P.H.
D.E. Storr

**SCHOOL HEALTH AND MATERNAL
AND CHILD HEALTH SECTIONS**

*Principal Medical Officer -
Maternal and Child Health*

Catharine E. Hollman, M.B., B.S.,
D.R.C.O.G., D.P.H.

*Principal Medical Officer -
School Health*

Kathleen M. Hart, M.D., B.S., D.P.H.

Assistant Principal Medical Officer

Margaret R. McDonald, M.B., B.S., D.P.H.

Assistant Medical Officers - Full-time

Margaret F. Fry, M.B., B.Ch., B.A.O., D.C.H.

R.D. Gross, M.D., D.P.H., D.T.M. & H.

Teresa J. Posmyk, M.B., B.Ch., D.P.H.

Grace A.M. Webster, M.B., Ch.B., D.P.H.
D.R.C.O.G.

Norma C. Theobalds, M.B., B.S., M.R.C.P.
(Glas.), D.C.H.

Theresa Sebestyen, M.D., (Budapest),
L.R.C.P., L.R.C.S., D.C.H.

- Part-time

Barbara A. Thomas, M.B., B.Chir., D.R.C.O.G.

Sarah E. Neech, M.D. (California)
M.R.C.S., L.R.C.P.

Elizabeth Shindler, M.B., B.S.

Hannah Mushin, M.R.C.S., L.R.C.P., D.C.H.

Miss A.M. Beck-Slinn, S.R.N., S.C.M.,
R.F.N., H.V.Cert.

*Chief Nursing Officer - Health
Visiting*

Miss C.M. Gwynne, S.R.N., S.C.M.,
H.V.Cert.

*Deputy Chief Nursing Officer -
Health Visiting*

Miss J.D. McFarlane, S.R.N., S.C.M.,
H.V.Cert.

Senior Divisional Health Visitor

Mrs. J.M. Noble, S.R.N., S.C.M.,
H.V.Cert.

Divisional Health Visitors

Mrs. N. Zinkin, S.R.N., S.C.M., H.V.Cert.

*Chief Nursing Officer -
Home Nursing and Midwifery*

Miss H.G. Lovell, S.R.N., S.C.M.

*Deputy Chief Nursing Officer -
Home Nursing*

Miss W.E. Lawrence, S.R.N., S.C.M.

*Deputy Chief Nursing Officer -
Midwifery*

Miss W.E.A. Sanders, S.R.N., S.C.M.

Medical Social Worker

Mrs. E.A. Thorne, A.I.M.S.W.

Matron - Mother and Baby Home

Miss M.N. Cuddiford, S.R.N., S.C.M.

School Health and Maternal and Child Health Sections /Contd.

Supervisory Matron - Day Nurseries

Miss H.L. Ogden, R.S.C.N.

Senior Administrative Assistants -
School Health Section

P.V. Wallis

Maternal and Child Health Section

Miss A.I. Coyle-Williams

GENERAL ADMINISTRATION SECTION

Deputy Chief Administrative Assistant

H.J. Reed

Senior Administrative Assistant

J. Burrows

	1961	1962	1963	1964
Maternal mortality (including abortion):	112	171	171	112
Number of deaths	112	171	171	112
Rate per 1,000 live and still-births	112	171	171	112
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live and still-births)	112	171	171	112
Early neonatal mortality rate (deaths under one week per 1,000 total live births)	112	171	171	112
Neonatal mortality rate (deaths under four weeks per 1,000 live births)	112	171	171	112
Legitimate infants per 1,000 legitimate live births	112	171	171	112
All infants per 1,000 live births	112	171	171	112
Deaths of infants under one year of age:	112	171	171	112
Legitimate males - 50	50	50	50	50
Legitimate females - 11	11	11	11	11
Deaths - 242	242	242	242	242
Males - 278	278	278	278	278
Females - 64	64	64	64	64
Rate per 1,000 total births (live and still-births)	242	242	242	242
Stillbirths - 29	29	29	29	29
Males - 27	27	27	27	27
Females - 2	2	2	2	2
Birth rate per 1,000 of estimated population	242	242	242	242
Legitimate males .. 277	277	277	277	277
Females .. 251	251	251	251	251
Total .. 528	528	528	528	528
Live births -	528	528	528	528
Population (estimated for April, 1964)	528	528	528	528
Population (Census, 1961)	528	528	528	528
Area (in acres)	528	528	528	528
SUMMARY OF STATISTICS	528	528	528	528
TOTALS	1,785	1,814	1,814	1,785

1. VITAL STATISTICS

SUMMARY OF STATISTICS

Area (in acres) .. .. .	..	..	..	..	13,708
Population (Census, 1961) .. .. .	..	..	..	..	299,762
Population (estimated middle of 1966)	..	..	..	..	303,940
Rateable value, 1st April, 1966 .. .. .	..	..	..	..	£23,173,977
Net product of penny rate, 1966/67 .. .. .	..	..	..	..	£94,500
Live births:-					
Legitimate males .. 2,577		Females .. 2,536		Total	5,113
Illegitimate males .. 276		Females .. 251		Total	527
Birth rate per 1,000 of estimated population .. .. .	..	..	..	..	18.6
Illegitimate live births(per cent of total live births)	..	..	..	..	9.3%
Stillbirths:-					
Males. 47		Females . 43		Total	90
Rate per 1,000 total births (live and still-births) .. .. .	..	..	..	..	15.7
Deaths:-					
Males- 1,765		Females . 1,814		Total	3,579
Death-rate per 1,000 of estimated population .. .. .	..	..	..	..	11.8
Deaths of infants under one year of age:-					
Legitimate males 50		Females . 41		Total	91
Illegitimate males 8		Females . 4		Total	12
Death-rates of infants under one year of age:-					
All infants per 1,000 live births .. .. .	..	..	..	..	18.3
Legitimate infants per 1,000 legitimate live births .. .. .	..	..	..	..	17.8
Illegitimate infants per 1,000 illegitimate live births .. .. .	..	..	..	..	22.8
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) .. .. .	..	..	..	..	13.1
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) .. .. .	..	..	..	..	11.0
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live and still-births) .. .. .	..	..	..	..	26.5
Maternal mortality (including abortion):-					
Number of deaths .. .. .	..	..	..	..	Nil
Rate per 1,000 live and still-births .. .. .	..	..	..	..	Nil

CAUSES OF DEATH

S. INFECTIOUS DISEASES

Cause of Death	Deaths 1966			Total Deaths 1965
	Male	Female	Total	
Tuberculosis, respiratory	6	8	14	10
Tuberculosis, other	-	-	-	3
Syphilitic disease	1	2	3	2
Diphtheria	-	-	-	-
Whooping-cough	1	-	1	1
Meningococcal infections	-	-	-	-
Acute poliomyelitis	-	-	-	-
Measles	-	-	-	- 1
Other infective & parasitic diseases	1	4	5	6
Malignant neoplasm, stomach	48	37	85	77
Malignant neoplasm, lung, bronchus	194	52	246	209
Malignant neoplasm, breast	-	75	75	67
Malignant neoplasm, uterus	-	19	19	23
Other malignant & lymphatic neoplasms	188	154	342	314
Leukaemia, aleukaemia	13	9	22	24
Diabetes	11	17	28	22
Vascular lesions of nervous system	156	258	414	368
Coronary disease, angina	465	326	791	727
Hypertension with heart disease	11	28	39	57
Other heart disease	113	191	304	346
Other circulatory disease	71	123	194	226
Influenza	1	6	7	2
Pneumonia	106	187	293	267
Bronchitis	134	40	174	201
Other diseases of respiratory system	18	13	31	34
Ulcer of stomach and duodenum	18	13	31	31
Gastritis, enteritis and diarrhoea	7	13	20	20
Nephritis and nephrosis	10	8	18	19
Hyperplasia of prostate	4	-	4	7
Pregnancy, childbirth, abortion	-	-	-	-
Congenital malformations	8	14	22	30
Other defined & ill-defined diseases	112	171	283	233
Motor vehicle accidents	31	13	44	35
All other accidents	14	22	36	52
Suicide	18	11	29	36
Homicides and operations of war	5	-	5	-
TOTALS	1,765	1,814	3,579	3,450

2. INFECTIOUS DISEASES

CAUSES OF DEATH

Details of the incidence of the various notifiable infectious diseases and the action taken during the year to prevent their spread are as follows:

Anthrax

No cases were notified during the year.

Cholera

No cases were notified during the year.

Diphtheria

No cases were notified during the year.

Dysentery

This disease is usually spread by reason of faulty personal hygiene. During the year, 296 cases were notified. A number of these occurred as part of small local outbreaks.

Towards the end of April, a notification was received from the Westminster City Council that a child attending an Ealing day nursery had been admitted to hospital with a diagnosis of Sonne dysentery. The 15 members of the staff and the remaining 44 children who attended the nursery were asked to submit faecal specimens. From these, a further eight children were found to be positive for this infection and were referred to their own doctors for treatment and allowed to return to the nursery only after three negative specimens had been received from each.

In July, a notification of dysentery was received from a general practitioner of a two-year-old boy who attended another Ealing day nursery. Here again, faecal specimens were taken from the staff and remaining children, and another 14 cases, including a member of the staff, were discovered. After treatment by their doctors and the submission of three negative specimens all were allowed to return to the nursery. One resistant case required treatment in hospital before the stools became negative.

At the end of September, the head teacher of a local school reported that a number of children were absent with symptoms of diarrhoea. Preliminary investigations by means of specimens showed that two of the children were suffering from Sonne dysentery. In view of this, a further 66 specimens were taken from the classes which contained the positive cases and a further 6 affected children were found. As the incidence of this mild but troublesome infection did not quickly abate it was decided to put into operation a regime of hand washing and disinfection of toilets and wash-basins. Each classroom was supplied with a plastic bowl and the children were made to rinse their hands in mild antiseptic three times during the school day and after any visit to the toilet. The school caretaker was instructed to swab regularly with disinfectant all lavatory seats, chains, door handles and wash-basin taps. It is considered that this routine, which has been used successfully elsewhere assisted materially in bringing the outbreak to a close.

Erysipelas

Nine cases were notified.

Food Poisoning

There were 31 cases notified but only five were confirmed after bacteriological investigation. The causative agents of these were: *S typhimurium* (2 cases) *Staph. aureus* (1 case), *Salmonellae - Dublin* (1 case) and *Salmonellae - Stanley* (1 case).

Infectious Hepatitis

During the first full year of the Special Order which made the disease notifiable in the Borough, 58 cases were notified. One of these was fatal.

Malaria

There were no cases notified.

Measles

Measles has an interesting pattern of occurrence in that large outbreaks follow smaller ones in alternate years, and as was expected there were relatively few cases notified (1,204) during the year compared with 1965 (3,618). The explanation for this pattern is probably that many children lose during the following year a degree of immunity which they have acquired in the previous epidemic, without themselves having contracted the disease. In addition, a number of children will have been born between one 'measles year' and another and will, therefore, be susceptible.

Measles is an acute virus infection which affects mainly young children, although no age group is immune. Whilst the disease itself has not changed in character in recent years, the advent of antibiotics has very much reduced the incidence of dangerous complications. It is, nevertheless, a cause of considerable distress in young children and also expensive in general practitioner time. The possibility of immunising against the disease has, therefore, been considered in recent years.

In October 1964, the constituent authorities of the London Borough of Ealing, together with 15 other boroughs in various parts of the country took part in a trial organized by the Medical Research Council to test the efficiency of a vaccine against measles. Some 1,200 of the Borough's children received the vaccine and it was found that they were, depending on the type of vaccine, between five and eight times less likely to catch measles than unvaccinated children. In addition, three-quarters of those who did subsequently catch measles had attacks which were less severe than usual. A small percentage of children vaccinated developed some reaction.

In February, 1966, however, the Council was advised by the Ministry of Health that, although vaccines would be available to doctors who wished to use them for any of their patients, they considered it premature to embark on any programme of general measles vaccination. They considered that further studies were needed before advice could be offered on the use of this vaccine in the routine immunisation of children or on measles vaccine campaigns. The Ministry pointed out that the duration of protection is not at present known and is the subject of further study.

The Council accepted this advice from the Ministry.

Membranous Croup

No cases were notified during the year.

Acute Encephalitis and Meningococcal Infection

There were three cases of acute encephalitis and three cases of meningococcal infection notified during the year.

Ophthalmia Neonatorum

No cases occurred during the year.

Plague

No cases occurred during the year.

Pneumonia

There were 36 cases notified during the year.

Poliomyelitis

As in the previous year, no case of this disease was notified. There seems little doubt that this happy state of affairs owes much to the introduction of immunisation.

Puerperal Pyrexia

There were 38 notifications, three of which occurred in home confinements and 35 in hospital confinements. In order to make a true valuation of these figures it must be remembered that the number of births in hospital greatly exceeds home confinements and that the cases most liable to suffer from puerperal pyrexia are usually delivered in hospital.

Scarlet Fever

There were 126 cases notified during the year.

Smallpox

There were no cases during the year, although one suspected case was notified. This was seen by a smallpox consultant and diagnosed as a skin condition (papular urticaria).

There were 26 people who arrived by air and seven by sea from smallpox areas without being able to produce valid certificates of vaccination. All these were kept under daily surveillance until the fourteenth day from the last day of possible contact.

Tuberculosis

Despite the general improvement in living standards and the efficacy of new drugs, tuberculosis remains a problem. During the year 131 new cases of pulmonary tuberculosis and 32 new cases of non-pulmonary tuberculosis were notified.

Enteric or Typhoid Fever

There were no cases of typhoid fever during the year. One suspected case was admitted to hospital but on investigation proved to have disseminated lupus erythematosus. Notification of a suspected case of paratyphoid fever was received and this too was unconfirmed after bacteriological investigation.

Whooping-Cough

There were 95 cases notified during the year.

Full statistical information is set out in Table 1 at the end of this Report.

3. HEALTH CENTRES

In my report last year I recorded that a sub-committee of the Personal Health Services Committee was shortly to begin a series of exploratory discussions with interested persons and organisations in the Borough with a view to providing health centres. These discussions took place during the year, and members of the Council met representatives of the British Medical Association, the Local Medical Committee and the Executive Council. These meetings confirmed that there is a real interest in health centres amongst practitioners in the Borough, and they were of great value in eliminating many misconceptions.

It is next planned that there shall be discussions on the feasibility of health centres in specific sites, with the doctors concerned in these areas. The first two meetings will concern proposals relating to the East Acton area and the Hanwell Broadway area.

4. CARE OF MOTHERS AND YOUNG CHILDREN

Mothers and young children constitute a priority group of the community for which the local health authority provides a comprehensive service of medical and social care, the extent of which, under the National Health Service Act, 1946, is as follows:-

	Section of the Act	
1. The provision of health clinics in which ante-natal, post-natal and child welfare sessions are held.	}	
2. The provision of day nurseries.		
3. The care of the unsupported mother and her child.		22
4. The provision of family planning facilities.		
5. A domiciliary midwifery service.	23	
6. A health visiting service.	24	
7. Vaccination and immunisation	26	
8. The provision of cervical cytology.	28	
9. Home help service.	29	

and in addition, the Nurseries and Child-Minders Regulation Act, 1948, provides for the registration and supervision of private day nurseries and child-minders.

Details of these services are contained in their individual sections.

Tuberculosis

Despite the general improvement in living standards and the effectiveness of drugs, tuberculosis remains a problem. During the year 137 new cases of pulmonary tuberculosis and 32 new cases of non-pulmonary tuberculosis were notified.

Extent of Typhoid Fever

There were no cases of typhoid fever during the year. One suspected case was admitted to hospital but on investigation proved to have been erythema infectiosum. Notification of a suspected case of paratyphoid fever was received and this too was unconfirmed after bacteriological investigation.

Whooping-Cough

There were 96 cases notified during the year.

Full statistical information is set out in Table 1 at the end of this Report.

5. HEALTH CLINICS

The Council has 18 health clinics sited to be reasonably accessible to every mother in the Borough. At these clinics sessions are provided for ante-natal and post-natal care, child welfare, vaccination and immunisation, family planning, dental care, speech therapy, chiropody and physiotherapy. They are staffed by a medical officer, a dental officer, health visitors and clinic nurses. In addition, they form the centre from which is carried out the domiciliary work of the surrounding district, namely home nursing, midwifery, and health visiting. Detailed accounts of the various services provided at clinics are given either below or as part of other sections of this report:-

Ante-natal and Post-natal Sessions

Two types of ante-natal sessions are held at clinics:-

1. Midwife's sessions, where a mother is regularly seen by the midwife who will attend her at confinement. The usual practice is for a mother to alternate a clinic attendance with a visit to her family doctor who is responsible for her ante-natal care.
2. Medical Officer's sessions. The pattern today is generally towards ante-natal care being undertaken by family doctors and hospitals. Approximately one in five mothers, however, still attend the clinic for ante-natal care by the Council's medical staff.

The figures for 1966 were as follows:

1,135 mothers attended medical officers' sessions for their ante-natal care

764 mothers attended midwives' sessions for their ante-natal care

757 mothers attended ante-natal relaxation classes.

The Borough is fortunate in the degree of co-ordination that has been achieved with the hospitals. An example of this is the attendance of Ealing domiciliary midwives and medical officers at regular lunch time meetings held at Perivale Maternity Hospital, where cases of clinical interest are discussed. The Council's staff much appreciate the hospital's invitation to attend these, and derive considerable benefit from them.

All expectant mothers having their first babies, whoever may be undertaking their ante-natal care, are invited to take part in the ante-natal classes organised by the Council's health visitors. These provide an occasion for preparation for child-birth and infant care, and for ante-natal exercises.

Post-natal sessions are held for those mothers who find it more convenient to attend the clinic than return to hospital. The purpose of these is to ensure that there are no conditions following confinement that require treatment. The number who attended in 1966 was 400.

Child Welfare Sessions

At these sessions, teaching in infant feeding, general care and mothercraft is given by the medical officer and the health visitor. The medical officer is responsible

for examining all the new babies and being concerned with feeding problems, behaviour difficulties, and the follow-up of all children needing medical supervision.

When children reach their first birthday, then and on subsequent birthdays until the age of five, they are sent an attractively designed birthday card. This contains a request for the mother to bring the child to the clinic for a 'birthday check'. By this means the medical officer is able to determine the developmental progress of each child and to assess if there is any departure from normal.

Apart from routine work of this sort, other important screening procedures are carried out:-

1. It is known that there is a much higher incidence of some abnormalities following certain ante-natal and post-natal conditions. A very well known example of this is, of course, german measles during pregnancy. In such cases the child is placed on an observation register kept at each clinic, and given the benefit of particularly careful surveillance. By this means it is hoped that should there be any impairment of development this is detected at the earliest stage and the child referred to a specialist unit for complete assessment. During the year, 771 children were added to the observation register, being 13.7 per cent of all live births in the Borough. The total at the end of the year was 3,225.
2. Phenylketonuria test. This test of the baby's urine is able to detect one form of mental subnormality which is correctable by diet. There were 5,659 babies tested in this way during the year, but no positive cases were detected.

During the year, 14,207 children were brought to child welfare clinics.

Maternal and Child Health Dental Service (Priority Dental Service)

The priority dental groups comprise expectant and nursing mothers and pre-school children.

The figures for attendance of these groups in 1966 were:-

Expectant and Nursing Mothers

Examined	224
Required treatment	208
Teeth filled	761
Teeth extracted	163
Dentures provided	37

Pre-School Children

Examined	1,239
Required treatment	864
Teeth filled	1,657
Teeth extracted	731

There is no doubt that all pre-school children benefit from regular dental examination, starting at the age of three years, so that defects are seen early whilst remedial action needed is minimal, and extractions avoidable. All the

Council's health workers coming into contact with this group press this point with parents. Reference is made elsewhere in the report to the increased dental health education programme in clinics and the health education work of the dental auxiliary. It is hoped that these measures will have a special impact on the treatment of pre-school children.

At the end of the year there were 11 registered childminders in the Borough, which included 4 who were registered for the first time during the year. There are certain aspects of child minding which give rise to concern:-

1. Registration is only required by the regulations if more than two children not from the same household are minded. There would seem to be need for legislation requiring registration without any conditions if children are minded for more than two children in the same household for a substantial part of the day or for any longer period not exceeding six days. Under the provisions of the Nurseries and Childminders Regulation Act, 1948, such a person is required to be registered by the Council. On receipt of an application to be a child minder an inspection is made to determine whether the premises are satisfactory, and those looking after the children are fit and proper persons. If registration is agreed then further inspections are carried out at regular intervals.
2. At the end of the year there were 11 registered childminders in the Borough, which included 4 who were registered for the first time during the year.
3. There are certain aspects of child minding which give rise to concern:-

6. DAY CARE OF CHILDREN

Pre-school Playgroups

A young child's ideal environment might appear easy to attain, but in practice it is often not so. It consists of two loving parents, a home with indoor and outdoor play space, companions of the child's own age and play materials. Pre-school playgroups make an important contribution to the social education of children, particularly when the circumstances of modern living make one or more of these desirables unobtainable. It is important to recognise that they are not organised to allow mothers to go out to work, and indeed, the hours at which most operate (9.30 to 12 noon) would not allow but for the briefest period of employment. Unfortunately at present they tend to be for the children of enlightened parents, and there does seem need for greater facilities. The Council is involved in the subject of playgroups in two ways. Firstly, the Council requires pre-school playgroups to register as private day nurseries and as such they are inspected under the provision of the Nurseries and Childminders Regulation Act, 1948, with the object of safeguarding the health and welfare of the children. Secondly, the Council has decided that such groups should be encouraged, and therefore, subject to adherence to the Council's Code of Practice, playgroups in the Borough are eligible to receive financial assistance. At the end of the year there were 21 playgroups in the Borough which included 6 which were registered for the first time during the year. Of these 6 were in receipt of a Council grant.

Child Minders

In the not uncommon circumstances today of both parents working the problem of the care of the children is solved in a variety of ways. An au pair girl may be employed, a grandmother may care for the children, or a neighbour may help. Alternatively, children may be placed with a registered child minder, and it is in this circumstance that the Council is concerned. A child minder is defined as a person who receives into her home for reward three or more children of whom she is not a relative from more than one household for a substantial part of the day or for any longer period not exceeding six days. Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, such a person is required to be registered by the Council. On receipt of an application to be a child minder an inspection is made to determine whether the premises are satisfactory, and those looking after the children are fit and proper persons. If registration is agreed then further inspections are carried out at regular intervals.

At the end of the year there were 11 registered childminders in the Borough, which included 4 who were registered for the first time during the year.

There are certain aspects of child minding which give cause for concern:-

1. Registration is only required by the regulations if more than two children not from the same household are minded. There would seem to be need for legislation requiring registration without any conditions if a child is minded for reward.
2. Minders may fail to notify the Authorities, and parents are not, in general, particularly concerned whether the minders are complying with the law. Illegal child minding is often detected if the health visitor is already visiting the house to see the minder's own children. If this is not the

case, however, she may be unaware of the situation. Efforts at enforcing the regulations also often make the health visitor's work more difficult in a household. Examples are occurring, particularly amongst immigrant families, of admission being refused to the health visitor who is too persistent in her attempts to investigate the number of children in a household.

The Day Nursery Service

The Day Nursery Service is provided for the care of children aged three months to five years who are in the priority group. The following circumstances constitute a priority:-

1. Where the mother is unsupported or for certain other reasons has to go out to work as an economic necessity.
2. Where home conditions are unsatisfactory from a health point of view or the mother is in ill-health.
3. Where the child is handicapped. Particularly this applies to a physical handicap, impairment of hearing or sight, or when the child is maladjusted.
4. If the parents are deaf and dumb.

The Council has five day nurseries with a total of 224 places, the details of which are given below:-

		Approved places	Maximum number of places
*	1. Stanhope Day Nursery, Mansell Road, Greenford.	50	60
*	2. Culmington Road Day Nursery, 17 Culmington Road, Ealing, W.13.	40	48
*	3. St. Dunstan's Day Nursery, Friars Place Lane, Acton, W.3	45	54
	4. Longcot Day Nursery, Newton Grove, W.4.	54	65
	5. Bollo Bridge Day Nursery, 169 Bollo Bridge Road, Acton, W.3	35	42

* Training nurseries.

The day nurseries are open from 7.30 a.m. to 6. p.m. Mondays to Fridays.

Three of the day nurseries are recognized as training nurseries, student nursery nurses receiving their theoretical training at Chiswick Polytechnic, where they attend two days per week over two years. Four students completed their training during the year.

The number of staff at each nursery is determined by an overall ratio of staff/children of 1 : 5. Charges are assessed on the family income, the maximum charge being 17s. 7d. per day per child, with the average charge much lower than this. Handicapped children over the age of two years are admitted free.

During the year, 249 new admissions were made to the day nurseries, of which six children were handicapped.

Six children were also placed in day nurseries in the adjacent boroughs of Harrow, Hounslow and Hillingdon; 10 children from the Hounslow area were admitted to Longcot Day Nursery.

This year has seen an increase in the number of priority cases, especially for children under two years and has resulted in waiting lists for all nurseries. Lack of a day nursery in Hanwell has also thrown an added burden on the Ealing and Acton day nurseries.

7. CARE OF THE UNSUPPORTED MOTHER AND HER CHILD

Under Section 22 of the National Health Service Act, 1946, the Council is responsible for the care of the unsupported mother and her child. The majority of these mothers are unmarried but a few are separated or homeless. A medical social worker is employed to advise such mothers and their families of the services available to support them in planning the future for themselves and their children. The mother, her parents and sometimes the putative father are offered a personal casework service to enable them to understand something of the causes of the present situation and to prevent further social breakdown in the future. The medical social worker has a responsibility for the care of girls needing help who reside in the Borough and also, by a special arrangement, for those living in the Boroughs of Hounslow and Hillingdon. They are referred to the department's medical social worker by medical social workers in hospitals, health visitors, general practitioners, and other social workers, including the staff of the National Council for the Unmarried Mother and her Child, to whom many unmarried mothers write for help in the first instance. As the service is becoming more widely known some girls contact the medical social worker themselves or are referred by their employers or families.

During the ante-natal period the medical social worker advises on employment, accommodation, finance and adoption procedure. If required she will arrange a mother and baby home booking and will co-operate with the general practitioner and the hospital where the confinement will take place. Following the delivery, while the mother is resident in the mother and baby home the medical social worker will make arrangements for adoption or alternatively help the girl to make constructive plans to keep her baby. Preventive after-care following the girl's return home is carried on wherever possible, but since a full-time social worker was not available for part of the year, little in this direction could be undertaken. During the year, the department helped 182 unsupported mothers from Ealing, 82 from Hounslow, and 80 from Hillingdon.

The Council has its own mother and baby home to which the unsupported mother can be admitted, usually six weeks before confinement and for six weeks after delivery. It can accommodate 12 ante-natal patients and 14 post-natal patients and babies. The home is staffed by a matron who is a state certified midwife, a deputy matron, a part-time staff nurse, and four attendants. Ante-natal and post-natal sessions are conducted in the home every week by the Principal Medical Officer (Maternal and Child Health); all new babies are also examined regularly and a close liaison is maintained with the maternity hospitals. Ante-natal and mothercraft classes are given by the matron and, since many girls lack knowledge of the basic domestic skills, instruction in these is given as part of the normal routine of the staff. Occupational therapy classes are held weekly and the girls learn dressmaking, knitting and other handicrafts. During the year, 123 mothers were accommodated in the home and 58 of these were resident in the Borough.

To date, the Council's mother and baby home has been used for the more difficult, emotionally disturbed or backward girl, and in return by arrangement with the Boroughs of Haringey and Brent the medical social worker has been able to place other girls in the homes in these Boroughs.

8. CO-ORDINATION OF SOCIAL SERVICES

It is possible for the Council's Health, Welfare, Children's and Education Departments to be actively and concurrently involved with one family. In cases involving Council tenants with rent arrears, the Town Clerk's and Borough Treasurer's Departments will also be involved. It is the function of the Co-ordinating Committee of chief officers to ensure unified action. For this purpose a sub-committee of officers, under the chairmanship of the Principal Medical Officer (Maternal and Child Health) meets weekly to allow discussion of management of cases between the appropriate field workers. Verbal reports are received from the field workers involved and a decision made as to who will be the key worker for each family. If a social worker from either the Children's or Welfare Departments is the case worker the appropriate committee will, if necessary, guarantee the rent during the period of intensive casework. Successful casework leads to payment of the arrears and organization of the family's affairs for the future.

9. FAMILY PLANNING

During the year the Council took important decisions in relation to its Family Planning Service as a result of Ministry of Health Circular 5/66.

The existing provisions which the Council has made under Section 22 of the National Health Service Act, are as follows:-

- a) The Health Department provides a birth control clinic at Cherington House Clinic, Hanwell, to which local authority doctors, general practitioners and health visitors may recommend women for family planning advice on medical grounds. Two sessions are held per month with an average attendance of 20 per session. Women are advised and taught a method and issued with appliances or the Pill. Appliances can subsequently be obtained through any of the Council's health clinics by a patient who has attended the birth control clinic. In 1966 36 new patients were seen and a total of 429 visits were made to this clinic.
- b) Per capita payments are made to the local branch of the Family Planning Association for any women referred on medical grounds by the local authority doctors. During the year, 21 such cases were referred.
- c) The provision of free accommodation and free lighting, heating, cleaning, etc., in the health clinics is granted to the local branch of the Family Planning Association.
- d) Financial support by the donation of an annual grant to local branch of the Family Planning Association.
- e) Distribution of leaflets/clinic times, and details of the activities of the local branch of the Family Planning Association are made through the health clinics, health visitors, midwives, and other local health authority staff.

The following improvements in the service were agreed by the Council as a result of the circular:-

- i Notices indicating the times and places of the voluntary clinics in the area will, in future, be prominently displayed in all health clinics.
- ii In future all advice and treatment, including supplies, will be provided free at clinics for women who need advice on family planning on medical grounds.
- iii The Council has agreed to support the local branch of the Family Planning Association in providing a domiciliary service. There is a great need to take the Family Planning service into the homes of those women who should have this help, but who, for varying reasons, fail to attend normal birth control sessions. Comparison of figures from the Council's own clinics of women referred for advice and women who actually attend shows a failure rate varying from 20% to 40% in recent years. It has been shown elsewhere that these 'failure to attend' cases can be effectively helped by a domiciliary service. Such a domiciliary service provided by the local branch of the Family Planning

Association supported by the local health authority and working with the Co-ordinating Committee of the Council could play an important part in the rehabilitation of problem families and families in temporary welfare accommodation.

- iv Agreement in principle has been given to the support of a Family Planning Clinic using premises at Hillingdon Hospital, as an extension of the routine post-natal clinic. This will provide for the fitting of the intra-uterine contraceptive device.
- v Approval was given for certain cases where, on medical grounds, another pregnancy would be detrimental to health, for a mother in the Council's mother and baby home to be given family planning advice at the Council's own clinic. By doing so it is hoped that a succession of illegitimate pregnancies and repeated admissions to the mother and baby home can be prevented. This service will form part of the general after care of such unsupported mothers.
- vi The Council expressed its concern at the number of illegal abortions and illegitimate births, noted the approach of the Brook Advisory Centres to this problem, and decided to investigate this matter further.

10. CERVICAL CYTOLOGY

This service, under Section 28, which was inaugurated at the end of last year, has developed during 1966, and 762 smears were taken.

During the year two more clinics were started by the Council and facilities are therefore now available at Cherington House, Ravenor Park and Pierrepont Road clinics. The smears are taken by a doctor on the Council's staff, and the cytological work is undertaken by King Edward Memorial Hospital.

At present it is necessary for patients to be referred by their own doctor but it has been represented to me during the year that the local practitioners would prefer the service to be available by direct application to a clinic. It is hoped to arrange this in the future for all women in the age group at maximum risk (over 35 years). The general practitioner will of course, as at present, be sent the result of all smears taken of his patients. Of the 762 smears taken during the year one was positive and required further investigation.

11. MIDWIFERY

In accordance with Section 23 of the National Health Service Act the Council provides a staff of midwives to undertake home confinements and to care for those mothers discharged early from hospital. The arrangement whereby this work is undertaken by the Council's own midwives in Ealing and Southall, and by Queen Charlotte's Hospital midwives in Acton, continued in 1966.

The Council is also the supervising authority under the Midwives Act, 1951, and as such is responsible for the supervision of all midwives practising in the Borough, including those working in hospital.

The Council's midwifery staff consists of a Chief Nursing Officer, (Midwifery and Home Nursing) her deputy, and the equivalent of 20 full-time midwives. Whilst working in close collaboration with general practitioners they are based on health clinics where they hold weekly ante-natal sessions.

10 of the Council's midwives are approved teachers, and are responsible for the Part II training of pupils from Hillingdon Hospital. During the year 23 pupils were trained, 3 of whom were subsequently recruited to the Council's staff. I look forward to the inauguration next year of the Part II Midwifery Training School at Perivale Maternity Hospital, for which the Council will be responsible for the district training. This, I am sure, will strengthen the already close liaison with this hospital. The number of home and hospital confinements in the area of the London Borough of Ealing over the last few years is as follows:-

<i>Year</i>	<i>Domiciliary</i>	<i>Hospital</i>	<i>Total</i>
1962	1255	4093	5348
1963	1071	4475	5546
1964	1051	4744	5795
1965	942	4728	5670
1966	626	5039	5665

The increase in the proportion of hospital confinements is clearly shown, and is in conformity with National trends.

The Council has agreed with Perivale Maternity Hospital to provide nursing care and home help service for mothers discharged from hospital after 48 hours. Before arrangements are made for a mother to be accepted on this scheme the health department has to be satisfied that the home conditions are suitable, and that there will be facilities for sufficient rest on return home. The growth of this service over the last few years is shown by the figures given below:-

1962	1963	1964	1965	1966
67	151	306	511	718

12. HEALTH VISITING

The Council's health visiting staff consists of a Chief Nursing Officer (Health Visiting) her deputy, 3 divisional health visitors, and the equivalent of 40 health visitors. They work from 16 of the Council's health clinics, each having her own district and being responsible for all the families living in that area.

The health visitor is in an unique position in relation to the family, in that she is often advisor to the mother during the ante-natal period. Even if this is not the case she will visit within 10 days of the baby's birth and will continue to give any support necessary to the family thereafter. Her purpose is to prevent ill health, both physical and mental, and by giving support when difficulties arise to help in the maintenance of family life. She is involved with the organization of child welfare sessions at clinics, taking relaxation and mothercraft classes, and the follow-up of handicapped children. She is active in the field of health education, including group discussions with mothers, film shows, teaching in schools and talks to various local organizations on health matters. She also works in co-operation with the family's general practitioner and with other social services in a wide variety of ways.

I have referred elsewhere to the trend for the attachment of health visitors and nursing and midwifery staff to general practitioners and in my view this should be developed. During the year a pilot scheme was started by attaching one health visitor to a three doctor group practice. In this scheme she visits only the patients of this practice, instead of working in a geographical area. It is hoped that the knowledge gained by this trial will enable us to proceed smoothly with a wider attachment scheme.

Five health visitor students sponsored by the Council qualified during the year and are now on the health visiting staff.

Four student nurses taking the integrated course of training at Hillingdon Hospital and Chiswick Polytechnic came to the Borough for practical training, and 62 student nurses from the local hospitals came to the Borough for a few day's experience in the work of health visitors. I am very glad that the department has this opportunity to help the next generation of nurses gain a better knowledge of community services.

Two health visitors took the training course in teaching methods organised by the Health Visitors Association to enable them to teach health education in schools.

During the year, the following visits were made:

Children under five years	60,357
Expectant mothers	2,935
School children	2,625
Elderly persons aged 65 or over	3,015
For other purposes	3,392

13. HOME NURSING

This service is provided under Section 25 of the National Health Service Act, 1946, for sick and aged persons living in their own homes. The Council's Home Nursing staff consists of a Chief Nursing Officer (Midwifery and Home Nursing) a deputy, and a full-time equivalent of 45 nurses. 12 nurses are part-time, which is a high proportion of the total, but this works satisfactorily, and is an effective way of utilising the services of married nurses. 3 of the staff are male nurses who prove extremely useful in appropriate cases.

Patients are referred to the department almost entirely from hospitals (70%) and general practitioners (20%). The type of work ranges through short term care of acutely ill patients, post operative dressings and injections, the regular care of the aged and chronic sick, and finally to terminal care.

The Home Nursing Service works in collaboration with two voluntary organizations in a most effective way:-

Firstly, the Council acts as the local agent for the Marie Curie Foundation, which provides without charge, day and night assistance to patients with terminal cancer. A register of nurses willing to provide a night sitting service is kept in the department, and I am authorized to engage them for this work on behalf of the Foundation. This is a most valuable service, and during the year 17 patients were nursed in this way.

Secondly, the British Red Cross Society act as the Council's agent under Section 28 of the National Health Service Act, for the loan of nursing equipment. A small charge is made to the patient to cover replacement of equipment as required, but if this is unable to be met, the charge is paid by the Council. The Health Department arranges for the transport of heavy equipment. There were 2,291 articles loaned to patients during the year.

There were two developments which affected the Home Nursing Services:-

- 1) Whilst I have noted above that with the help of the Marie Curie Foundation we are able to provide a night nursing service for cancer sufferers, we have not up till now had such a service for other types of patient whose need is often equal, examples are those suffering from severe heart disease or strokes. Towards the end of the year an increase in establishment of 4 State Enrolled nurses has enabled us to plan such a service which it is hoped to put into operation early in 1967. This, it is worth noting, will be the first occasion that State Enrolled Nurses have been employed in the Council's nursing service, and is in conformity with Ministry wishes that the more practical parts of nursing are carried out by such staff. This should enable the State Registered Nurses to undertake the more technical duties.
- 2) Ministry of Health Circular 14/66 was received towards the end of the year and commends the provision of incontinence pads and protective clothing by all local authorities to an extent which ensures that they are made available for all those to whom they can be of benefit. A limited scheme is already in existence in the Borough but this is on a small scale, and restricted to persons in receipt of home nursing. The

Ministry is now asking local authorities to note that it is not now necessary to make this restriction. I feel this circular is most opportune as I have for some time been disturbed by the very poor state of the bedding being laundered by the Council's laundry service for the incontinent. Indeed, some articles described as draw-sheets are in fact little more than rags, and I have felt that the provision of disposable material would be far more satisfactory than washing such articles. The Personal Health Services Committee will be considering this circular early in the New Year.

Triple vaccine immunisation at Northcote Clinic

75.1
68.2
68.2

14. VACCINATION AND IMMUNISATION

Under Section 26 of the National Health Service Act, 1946, the Council provides vaccination and immunisation against the following diseases:-

Diphtheria	Poliomyelitis
Whooping-cough	Smallpox
Tetanus	Tuberculosis

The schedule of immunisation used in the clinics for infants and young children is the following:-

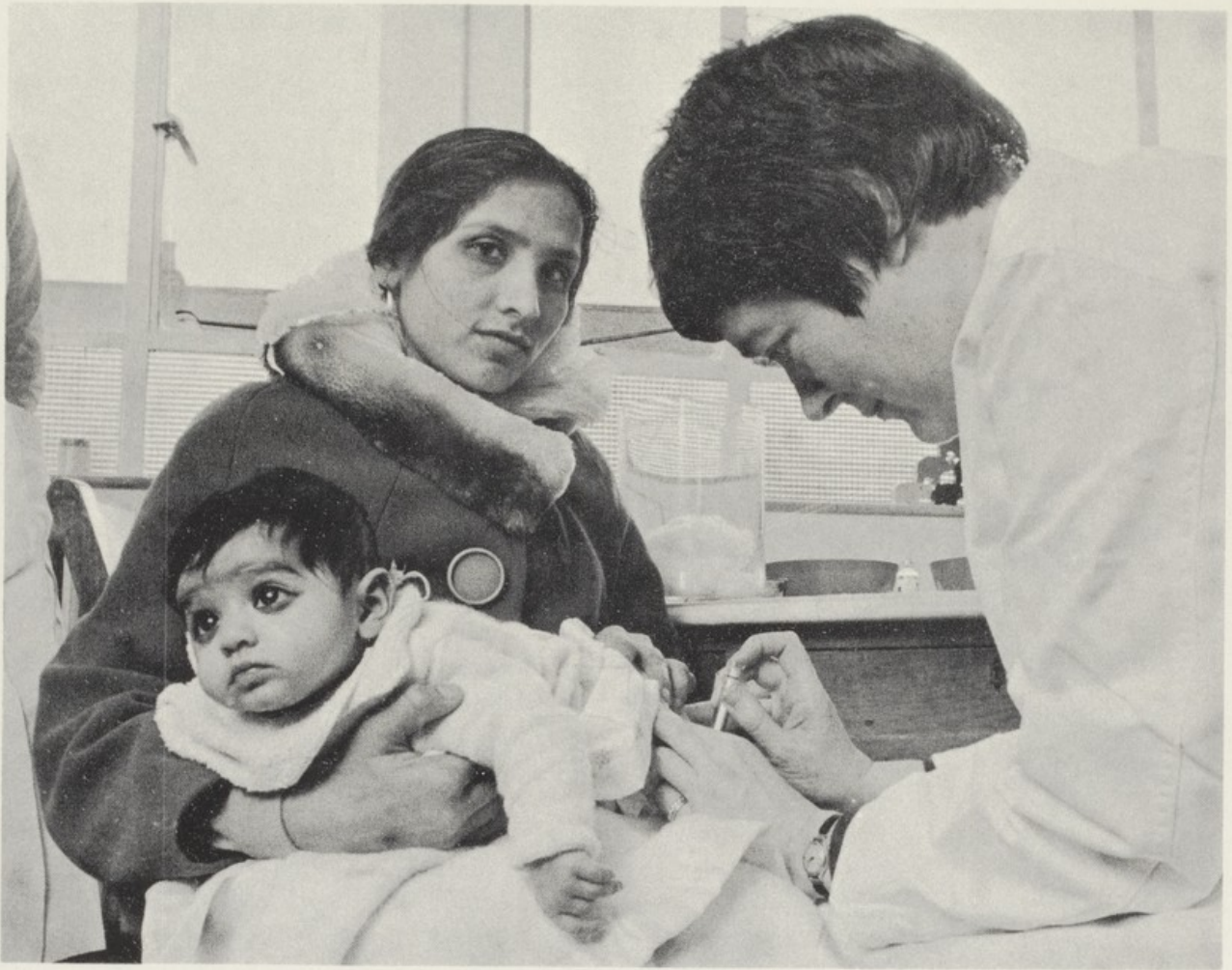
Age	Vaccine	
3 months	diphtheria, whooping-cough and tetanus	1st injection
4 months	diphtheria, whooping-cough and tetanus	2nd injection
5 months	diphtheria, whooping-cough and tetanus	3rd injection
6 months	poliomyelitis	1st dose
7 months	poliomyelitis	2nd dose
8 months	poliomyelitis	3rd dose
Soon after first birthday	smallpox vaccination	
16 months	diphtheria, whooping-cough and tetanus	booster
5 years or school entry	(diphtheria and tetanus (poliomyelitis)	booster booster
10 years	diphtheria and tetanus	booster

Medical officers and health visitors use every opportunity, during their course of work, to encourage parents to have their children protected by immunisation and vaccination.

The acceptance rates during the year (expressed as a percentage of total births) were:-

Immunisation against diphtheria, whooping-cough and tetanus	72.1
Immunisation against poliomyelitis	69.2
Vaccination against smallpox	59.2

Full details of immunisation carried out during the year are contained in table 4.



Triple vaccine immunisation at Northcote Clinic

15. HEALTH EDUCATION

Health Education is part of the arrangements the Council makes under Section 28 of the National Health Service Act for the prevention of illness. A substantial part of the everyday work of the department's doctors, nurses, social workers and health inspectors is educative in nature, but in addition a specific health education programme is in operation in the Borough. A divisional health visitor, with special responsibilities for health education, is in charge of the day to day work and I give below subjects which have received special attention during the year:-

Flameproof material

In conjunction with a local store an exhibition of flameproof garments and piece goods was displayed at Northcote Clinic. This was reinforced by talks and the showing of film strips on fire prevention.

Cervical Cytology

To coincide with the opening of the cervical cytology clinics talks illustrated by slides were given at Mattock Lane, Ravenor Park and Avenue Road clinics. These meetings had been advertised in the local paper and were well attended.

Mother and Baby Home discussions

Weekly discussions were held with the mothers on health matters ranging from personal hygiene to birth control. These were illustrated by films or film strips.

Co-operation with Central Middlesex Hospital

Arrangements have been made for health posters to be exhibited in various departments of this hospital. This is a very welcome gesture by the hospital since it demonstrates an appreciation of the part played by the local authority services.

In addition the health education programme in schools has developed during the year, details of this being given under the chapter headed 'School Health Service'.

Free for expectant and nursing mothers. The Southall Old People's Welfare Association provides treatment for old age pensioners only and no charges are made.

Treatment is obtained by application to the Health Department or to one of the voluntary organisations. Subsequent appointments are made at intervals recommended by the Chiropodist, normally between four and six weeks.

For patients who are house-bound the domiciliary service is provided, and for those who, although not house-bound, are too incapacitated to attend a clinic session, transport by ambulance is arranged. A doctor's certificate is required for the ambulance service and for the domiciliary service provided by the Council and the British Red Cross. In the case of patients receiving the Southall Old People's Welfare Association service no certificate is required.

Details of attendances for the year are shown in the following table:-

16. RECUPERATIVE HOLIDAYS

Recuperative holidays are provided under Section 28 of the National Health Service Act, 1946, at the request of general practitioners where it is felt that a patient who has recovered from a recent illness would benefit from a holiday before resuming his normal occupation. The patient must be fit to travel and not in need of medical or nursing care. The normal recuperative holiday period is two weeks and in some cases this is extended if the doctor attending the home recommends that it would be beneficial to the patient.

Arrangements are made for the persons approved to stay in a home chosen from approved lists. The home must be run by a state registered nurse and a doctor is required to be available in the event of emergencies. Arrangements are made for transport to be available to and from the main line station if this is recommended by the general practitioner.

The cost of the service to the patient is £5. 15s. 0d. per week but the recipients may be assessed according to income if they feel unable to pay this amount. Details of arrangements made during the year are given below:-

Number of applications received	100
Number of patients sent on recuperative holiday	79
Number of patients who did not avail themselves of the vacancy offered	16
Number of applications not approved	5

17. CHIROPODY

Chiropody is provided under Section 28 of the National Health Service Act both directly by the Council and by using the British Red Cross and the Southall Old People's Welfare Association as agents. The Council has an establishment of six chiropodists, which is filled by two full-time officers, the remainder being met by private chiropodists working part-time for the Council.

It is the Council's ultimate aim to provide a comprehensive chiropody service based on clinics throughout the Borough and staffed by its own chiropodists. However, the national shortage of state registered Chiropodists has meant that it has only been possible to proceed gradually with this programme.

The following are eligible for the chiropody service:-

- a) Old age pensioners.
- b) Handicapped persons, i.e. registered disabled persons, holders of disablement pensions, or persons specially recommended by a doctor.
- c) Expectant and nursing mothers. A mother may continue to attend for one year after the birth of her baby.

The service operates from certain health clinics, community centres, and old people's homes, details being contained in table 5. In addition a domiciliary service is provided.

For old age pensioners attending a Council chiropodist or a Red Cross chiropodist the maximum charge is 4s. 0d., this being reduced or waived according to an assessment scale which is used by both organisations. In practice the service is free in approximately 75% of these cases. For handicapped persons the standard charge is 8s. 0d., which is also subject to assessment. In this type of case, since the person is normally working, it is usual for the full charge to be made. The service is free for expectant and nursing mothers. The Southall Old People's Welfare Association provides treatment for old age pensioners only and no charges are made.

Treatment is obtained by application to the Health Department or to one of the voluntary organisations. Subsequent appointments are made at intervals recommended by the Chiropodist; normally between four and six weeks.

For patients who are house-bound the domiciliary service is provided, and for those who, although not house-bound, are too incapacitated to attend a clinic session, transport by ambulance is arranged. A doctor's certificate is required for the ambulance service and for the domiciliary service provided by the Council and the British Red Cross. In the case of patients receiving the Southall Old People's Welfare Association service no certificate is required.

Details of attendances for the year are shown in the following table:-

	<i>British Red Cross Society</i>	<i>Southall Old People's Welfare Association</i>	<i>London Borough of Ealing</i>	<i>TOTAL</i>
Total number of patients	479	131	2,650	3,260
Total number of new patients	51	15	707	773
Total number of treatments at clinic	1,605	-	6,721	8,326
Total number of treatments at private surgeries	-	572		572
Number of patients receiving domiciliary treatment	197	114	473	720
Number of domiciliary treatments	1,087	1,076	2,788	4,951
Expectant and Nursing mothers	-	-	12	12
Physically handicapped persons	7	-	39	46

The figures indicate that during the year there was an appreciable increase in the number of domiciliary treatments. In particular these provide a large proportion (approximately 50%) of the work of the voluntary association chiropodists. Less domiciliary work (20%) is undertaken by the Council's own chiropodists but this proportion too has risen in the last year. These figures may well require further investigation since they do raise important points concerning the efficiency and economics of the service. It is, of course, vital that where it is impossible for an old person to come to a clinic then a domiciliary service must be provided. It is, however, expensive both of chiropodists' time and in chiropodists' fees compared with clinic attendances.

18. TUBERCULOSIS SERVICE

The responsibility for the Tuberculosis service in the Borough is divided between the Council and the Regional Hospital Board. The Board is responsible for the provision of treatment at chest clinics, while the Council is responsible for the visiting and welfare services under Section 28 of the National Health Service Act. The Borough is served by two chest clinics, the greater part being covered by Ealing Chest Clinic, the Southall area being catered for by Uxbridge Chest clinic. This has resulted in there being different arrangements for the Council's service in the two catchment areas. The work in the area of Ealing Chest Clinic is undertaken by the Council's own staff, which consists of an establishment of six tuberculosis visitors, a medical social worker, and a part-time occupational therapist. The work in the catchment area of Uxbridge Chest Clinic, i.e. Southall, is undertaken by the London Borough of Hillingdon on behalf of the Council. The Borough's medical social worker does, however, attend Uxbridge Chest Clinic. As well as tuberculosis work the chest clinic undertakes the care of other chest conditions, notably cancer of the lung and bronchitis.

Details of the work during 1966 are as follows:

	<i>Acton & Ealing (Ealing Chest Clinic)</i>	<i>Southall (Uxbridge Chest Clinic)</i>
<i>Tuberculosis Health Visitors</i>		
Number of new tuberculosis cases	89	64
Number of old tuberculosis cases	4,253	1,054
Transfers into Borough	26	9
Transfers out of Borough	24	2
Number of contacts of new cases	364	419
Successful visits to tuberculosis households	4,388	1,125
Unsuccessful visits to tuberculosis households	655	25
Successful visits to other patients	487	84
Unsuccessful visits to other patients	26	7

Medical Social Worker

The statistics of the cases seen by the Medical Social Worker relate only to her duties at Ealing Chest Clinic. Details of cases and action taken at Uxbridge Chest Clinic for Southall residents are included in those for the whole catchment area of that Chest Clinic, and I am not in a position to record them separately.

Details of cases

Cases first referred during the year	133
Total cases	323
Tuberculosis patients	189
Cancer patients	60
Bronchitis & others	74

Action taken

Referred for employment	14
Found employment	4
Referred to Social Security for maintenance	30
" bedding	1
" clothing	4
" extra nourishment	16

The mass radiography unit of the North West Metropolitan Regional Hospital Board carried out surveys in eight sites in the borough between February and July. The health department worked closely with the unit and gave assistance in finding sites and publicising the surveys. This included approaching many of the larger firms in the borough requesting co-operation in encouraging employees to attend, and in Southall with the assistance of the Indian Workers Association, the Council distributing 2,000 leaflets in Punjabi and Urdu, giving times and details of sessions.

This resulted in 31,802 people being X-rayed, of whom 30 had active pulmonary tuberculosis, and 17 cancer of the lung. A further 34 cases required to be kept under observation.

19. MENTAL HEALTH

The legislation under which the mental health services of the Borough operate is the Mental Health Act, 1959, which aims to move the emphasis away from hospital towards community care and when hospital treatment is essential to provide this on a voluntary admission basis.

The services are divided into those dealing with the mentally ill and those dealing with the mentally subnormal. The past year has been one of improvement and expansion of the facilities for both types of patient.

MENTAL ILLNESS

Social Work

The social work for the mentally ill is carried out by the department's 11 mental health social workers. Mental health social workers may be obtained during working hours by contacting the health department and in cases of emergency after office hours general practitioners can contact the duty officer through the control service at King Edward Memorial Hospital.

Progress has been made during the year in two important fields. Firstly, a start has been made in improving the training of staff, both by in-service courses and by secondment. One mental health social worker has commenced a year's course and arrangements have been made for a senior psychiatric social worker, who shares her time equally between the mental health service and the Child Guidance Clinic, to act as case work supervisor. This has made it possible to provide newly engaged officers with improved training and supervision. In addition, one mental health social worker has attended regular sessions at the Drug and Alcoholic Unit of St. Bernard's Hospital. It is only by the provision of training and supervision that the intentions of the Mental Health Act can ultimately be implemented. The second development concerns co-operation with the psychiatric hospitals for this area. The consultant psychiatrist at Springfield who is in charge of admissions to that hospital from the Ealing area has paid regular visits to the mental health section and monthly conferences have taken place. In addition, better mutual understanding of the work of the hospital and the local authority has been achieved by including a short period of training at Shenley and Leavesden Hospitals for mental health social workers.

Social and Therapeutic Centre

In July the Council gave approval to a scheme to provide a social and therapeutic centre in an adapted premises in Windmill Lane, Greenford. The Centre, the object of which is to assist patients to make the transition between hospital and life in the community, will be opened in 1967. It will accommodate between 25 and 30 people and consist of two elements - a therapeutic centre, which patients will attend daily, and a social club, which will be open mainly in the evenings. Attendance at the therapeutic centre will be on the recommendation of a psychiatrist, whilst those attending the club will be referred by their general practitioners, hospitals and the Council's mental health social workers.

In addition to helping those who have been in-patients, it is planned that the Centre will undertake preventive work and avoid the necessity of many admissions to hospital.

Hostels

At present the Borough has no hostel for the mentally ill but 23 patients are living either in other local authorities hostels or those run by various voluntary organisations.

Hospitals

Ealing is served by three psychiatric hospitals. These are:-

Springfield Hospital, Upper Tooting	- Ealing area
Shenley Hospital, St. Albans	- Acton area
St. Bernard's Hospital, Southall	- Southall area

In addition, Central Middlesex and West Middlesex Hospitals have small psychiatric units to which patients can be admitted for observation or short term treatment. It is to be hoped that in the future reorganisation of the hospital catchment areas can be arranged to eliminate the use of hospitals which are some distance outside the Borough boundaries.

Voluntary Associations

The Ealing Association for Mental Health has continued to be active. It runs a weekly bus service to Springfield Hospital to facilitate the visiting of patients and it organises shopping expeditions for in-patients. During the Mental Health Week in June the Association arranged for displays of work by patients to be shown in clinics and other Council establishments.

MENTAL SUBNORMALITY

Subnormal patients are referred to the department through many agencies. Some are ascertained under Section 57 of the Education Act as being unable to benefit by education in school, whilst others are referred on leaving a school for educationally subnormal children if they are in need of supervision. Others are notified to the mental health section by health visitors, general practitioners or hospitals. All new cases are seen by a Principal Medical Officer and a recommendation made as to the best way of caring for them. Supporting visits are then made by mental health social workers and two clinics are held monthly for parents who need help and advice. The Principal Medical Officer also holds discussion groups for parents of mentally handicapped children and arrangements have been made through the Kennedy Galton Centre at Harperbury Hospital for certain parents to be given genetic counselling. Small numbers of very young mentally handicapped children now attend play groups or are admitted to day nurseries. This greatly assists parents and relieves much of the strain in caring for a handicapped child during the day. In addition, the presence of a mentally handicapped child in a group of normal children leads to better mutual understanding. It is proposed to investigate to what extent these numbers can be increased without throwing an undue strain on the staff.

Junior Training Schools

There are at present no junior training schools in the Borough and arrangements are made for children to be placed in schools belonging to neighbouring local authorities as follows:

Junior Training School

Number Attending

London Borough of Hounslow

The Isleworth Junior Training Centre, 60
Bridge Road,
Isleworth,

The Hanworth Junior Training Centre, 2
Bear Road,
Feltham.

London Borough of Hillingdon

The Hillingdon Junior Training Centre, 24
Harlington Road,
Hillingdon.

London Borough of Harrow

The Harrow Junior Training Centre, 9
Whittlesea Road,
Harrow,

London Borough of Brent

Neasden Junior Training Centre, 1
Neasden Lane,
London, N.W. 10

All junior training schools arrange holiday camps during the summer for suitable children.

Adult Training Centre

There is one adult training centre in the Borough and this is situated in Jubilee Gardens, Southall. It is for 60 trainees and is open from 9 a.m. to 5 p.m. daily. Work is obtained from local firms on a contract basis and includes assembling electrical and television parts and trimming rubber components for motor vehicles. Trainees are also instructed in general gardening work and several have obtained work in the past as nurserymen. Three trainees were successfully placed in employment during the year.

Every effort is made to simulate the conditions of open industry, trainees being required to clock on and off, and monetary award systems operate. Similarly, the mid-day meal, which is prepared on the premises, is purchased in the canteen as in industry. Also trainees living within two miles of the Centre are expected to travel there by themselves, transport being provided for those who live at a greater distance. Travelling alone is a valuable training in itself but the purpose of insistence on this is sometimes misunderstood.

Holidays are arranged for all suitable people attending adult training centres. The London Borough of Hounslow was responsible for arranging two camps during August and September, each for a period of 10 days at which a total of 17 Ealing trainees attended.

Instruction in drilling at the Adult Training Centre.

In conjunction with the Education Department, arrangements are in hand for an important innovation, namely the appointment to the Centre of a part-time teacher for three sessions per week. This will enable trainees to continue their basic education after leaving junior training schools, particular emphasis being placed on practical matters such as telling the time, learning money values and shopping.

Residential Accommodation

Two patients were accommodated in hostels belonging to other local authorities and three in hostels run by voluntary organizations.

During the year, the Ministry of Health approved plans for a hostel to be built on the Brenthill Nursery site in Hanwell. This will provide 25 places for men and women who are able to work in open industry or attend adult training centres. This should be opened in 1968 and will remedy a deficiency in the Council's services.

Hospitals

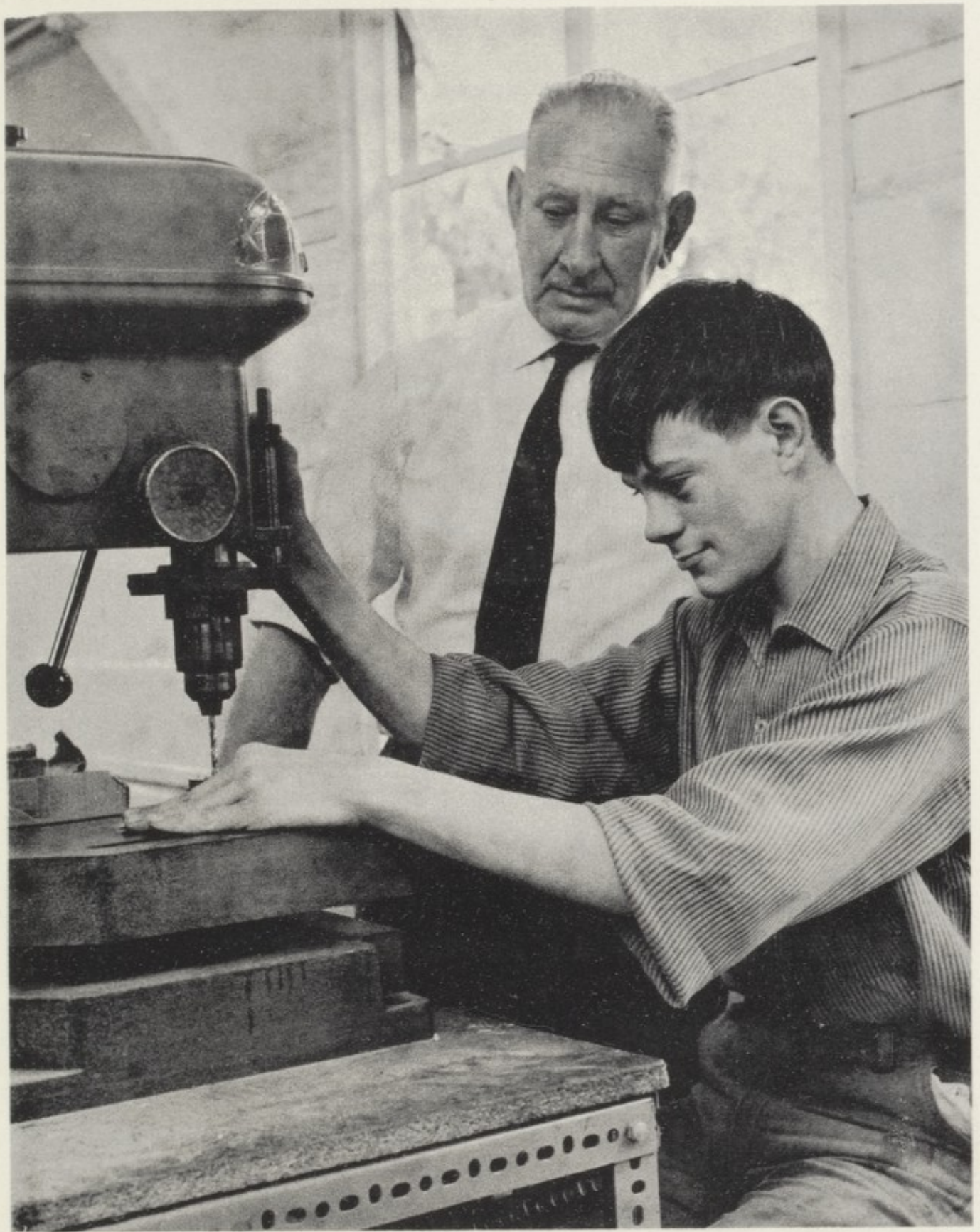
The Borough is entirely within the catchment area of Leavesden Hospital at Abbots Langley, near Watford, which accommodates both severely subnormal children and adults. During the year, 18 patients were admitted to hospital, of these 15 were admitted informally. Obtaining hospital care remains a problem, particularly when the disability is so great that the only satisfactory solution is permanent care in hospital. The waiting list of such cases is 30 and many of these have been waiting for years.

Short term admission is easier to obtain and does provide a measure of relief for the families. It is at present the Council's policy that advantage should be taken of the availability of short term care placements in the hospital caring for the severely subnormal and if provision cannot be obtained in this way then by placement in private establishments. During the year, arrangements were made through the hospital for short term care of up to eight weeks for 32 patients and two patients were accommodated in private establishments.

Voluntary Organizations

The Ealing Society for Mentally Handicapped Children is also an active organization and, amongst its activities, it provides a sitters-in service to enable parents of severely subnormal children to leave them at home under supervision. The Society is also planning to build a youth centre on land provided by the Council.

Statistical information on the work of the mental health service is contained in tables 6 and 7.



Instruction in drilling at the Adult Training Centre.

20. HOME HELP SERVICE

The Home Help Service is provided by the Council under Section 29 of the National Health Service Act. Four types of service are provided:-

- 1) **The Standard Service**
This provides help in acute illness, at home confinements, for tuberculosis cases, and for the chronic sick and aged. The major part of the case load is composed of the chronic sick.
- 2) **Family Help Service**
This is to support the family when the mother is either temporarily absent from home, or due to fecklessness or some other reason is unable to cope with her family duties. The family help service may be residential or non-residential.
- 3) **The Good Neighbour Service**
This is an arrangement by which regular help is given by a neighbour working under the Home Help scheme.
- 4) **The Night Service**
This operates from 11 p.m. to 7 a.m. to give relief to the family of seriously ill patients.

The case load of the service during the year was as follows:-

Types of patients assisted	No.
Chronic sick, aged and tuberculosis	2,453
Maternity	230
Others	224
Family help	1

The establishment of home helps is 260 which is partly filled by 329 part-time and 11 full-time staff to give an equivalent of 208 full-time home helps. Recruitment has always been a problem, and during the year a re-organization of the service was agreed by the Personal Health Services Committee, which it is hoped will begin to have a beneficial effect next year.

The re-organization is designed to ensure the most efficient utilization of the limited labour available by the modernization of methods. At the same time it is intended to increase the flexibility of the service to meet the future needs not only of the health department, but of the allied social service departments of Welfare and Children.

The following measures have been agreed:-

- 1) The creation of posts of Home Assistants at a higher grade of salary so that a nucleus may be formed of the most capable home helps, to undertake the more difficult cases and control the other home help staff where occasion arises. It is hoped that this promotion structure

will provide an incentive to the best of our existing staff to remain in the service.

- 2) More favourable rates of pay to all grades of home helps to bring their remuneration on a par with comparable posts in industry. In particular, the salary of the Family Helps has been considerably raised in recognition of the particularly arduous nature of their duties.
- 3) The formation of a Mobile Home Help Unit. This is to be staffed by a male home help/driver and a team of home helps equipped with modern cleaning apparatus. This will allow them to visit a large number of premises for short periods for intensive cleaning.
- 4) Arrangements are to be made to overcome the recruiting problem by bringing home helps from areas where they can be most easily recruited to areas where they are particularly needed. It has always been one of the difficulties that the need has been greatest in those areas where recruitment is most difficult. Inadequacies of public transport in the Borough have prevented the use of the services of many women who would otherwise be prepared to be home helps. It is hoped that by providing our own transport we will overcome this difficulty.

The case load of the service during the year was as follows:-

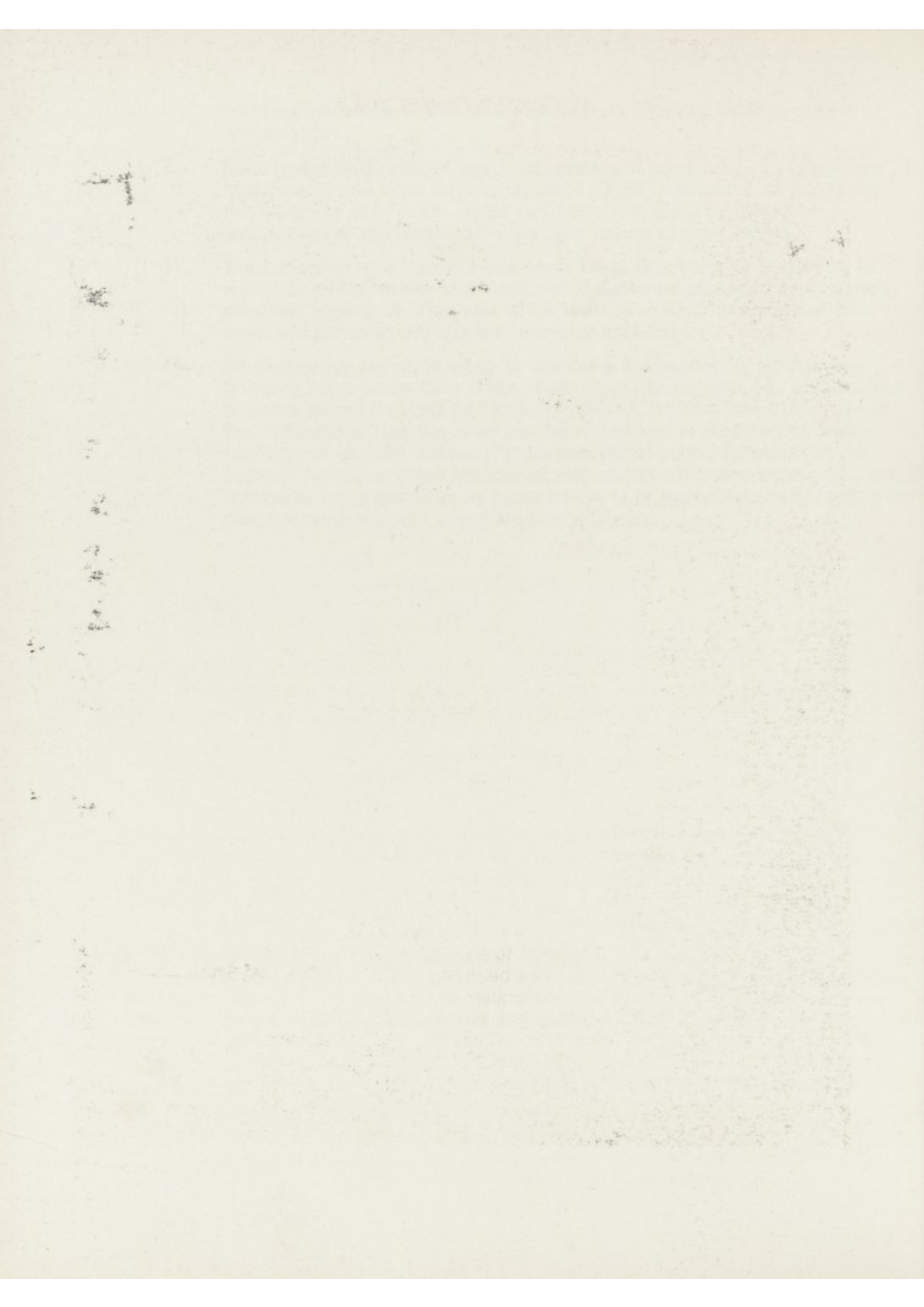
No.	Types of patients assisted
2,453	Chronic sick, aged and tuberculous
230	Maternity
224	Others
1	Family help

The establishment of home helps is 200 which is partly filled by 329 part-time and 11 full-time staff to give an equivalent of 209 full-time home helps. Recruitment has always been a problem, and during the year a re-organization of the service was agreed by the Personal Health Services Committee, which it is hoped will begin to have a beneficial effect next year.

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21. CARE OF THE ELDERLY

Ealing Day Treatment Centre Association

The Ealing Day Treatment Centre for the daily care and treatment of elderly is supported by donations from local organizations and a grant from the Council under Section 136 of the Local Government Act, 1948. The Centre is for 20 patients, and is staffed by a Sister-in-Charge and nursing staff. The services available include a full medical examination by the Centre's geriatrician, physiotherapy, occupational therapy and chiropody. The number of patients attending during the year was 132 which is a slight increase compared to last year. The average duration of stay was 9.8 weeks which compared with 9.7 weeks last year.

The types of disability which brought patients to the Centre were as follows:-

Diseases of the musculo-skeletal system	36
Diseases of the cardiovascular system	26
Diseases of the respiratory system	7
Diseases of the central nervous system (includes: hemiplegia 33)	39
Diseases of the alimentary system	2
No major diagnosis or senility only	16
Others	6
	132

As before, referrals have been mostly from areas nearest to the Centre but a welcome change has been the marked increase in referrals from Southall. The following table shows the distribution of referrals during the year from the various parts of the Borough:-

Hanwell, W.7.	29
Ealing, W.13	27
Ealing, W.5	24
Greenford	12
Northolt	12
Perivale	1
Southall	25
Acton	2

In my report last year I referred to the lack of follow-up facilities. I am glad to record that during the year this has been remedied. Firstly an extension to the building was brought into use in November, which includes a physiotherapy room and a day room for 12 patients. This has enabled us to provide a follow-up clinic whereby patients who have been discharged are seen periodically at the Centre for re-assessment and continued rehabilitation. Secondly, in September a Geriatric Visitor was appointed to visit the homes of those patients who had been discharged. In this way it is hoped that any signs of deterioration will be seen early so that the patient may again be referred to the Centre for examination and possible re-admission.

In previous years I have referred to difficulties with the Ambulance service, and I am glad to report this year that, despite a continuing shortage of staff, it has been able to provide us with much better transport facilities for patients.

Social activities are of great benefit to the patients. The usual summer outing took place, on this occasion being to Eastbourne. Harvest Festival gifts were received from the children of Oaklands School and a carol concert was given by the choir of St. Thomas's Church, Hanwell, at an entertainment attended by the Mayor and Mayoress.

Financial assistance was given to the Association by the Hanwell Carnival and Fete Society and by Aladdin Industries.

The Association is grateful for all these examples of interest shown by the local community.

The members of the Association for 1966 were:-

<i>President</i>	The Worshipful the Mayor of Ealing (Councillor D.J. Cousins)
<i>Chairman</i>	Councillor A.J. McCallum
<i>Vice-Chairman</i>	Councillor Miss A.J. Saunders
<i>Council Representatives</i>	Councillors Barlow, Mrs. Law, Morbey and Mrs. Prodham.
<i>Ealing Division, British Red Cross Society</i>	Mrs. D.M. Collins.
<i>Ealing Division, St. John Ambulance Brigade</i>	Mr. G. Hosking
<i>Ealing Division of the Women's Royal Voluntary Service</i>	Miss E. Tippetts
<i>Ealing Division of the British Medical Association</i>	Drs. Barbara Bailey, C.A. Osborn and F.H. Scoones.

Fuel for the Elderly

The Department maintains a small stock of bagged fuel for delivery to elderly persons when their usual service breaks down. Normally the cost is met by the recipient. In necessitous cases the Mayor will consider meeting the cost from his fund.

Difficulties with fuel supplies are usually brought to our notice by Health Visitors, Home Nurses, Home Helps, or Old People's organizations. During the year 17 bags of fuel were delivered to 9 elderly people.

Persons in need of Care and Attention

The Council has powers under Section 47 of the National Assistance Act, 1948, to remove persons in need of care and attention to hospital or other suitable place. I am glad to report that during last year this was only necessary in two instances. On all other occasions persuasion succeeded in obtaining agreement to voluntary admission.

22. IMMIGRATION

There are immigrants of many nationalities in the Borough; Indian, Pakistani, West Indian, Polish, Irish, and one family each from Persia, Thailand and Fiji. Most of these integrate easily into the community and present no particular problem, and it is only the concentration of Asian immigrants in the Southall part of the Borough which calls for special help. It is largely with them that this section of my report is concerned.

For some years this area has formed an attractive target for immigrants from India and Pakistan. It has the advantage of close proximity to London Airport with many different types of work available. Indians form the majority of immigrants in Southall and most of them are Punjabi Sikhs but a small number come from Kenya. There is a small percentage of Pakistanis, estimated to be in the region of 10% of the Asian population.

There is a local belief that the arrival of Indian immigrants began with one Indian ex-soldier who sought and obtained work from his former British officer, by then working in a nearby rubber factory. During 1950/51 the wages and standard of living obtainable attracted some of this Indian's friends and relatives who in turn influenced other compatriots. Finding it difficult to rent accommodation they gradually purchased many houses of the gabled Victorian villa type south of the Uxbridge Road. By 1961 the census showed there to be 1,780 Indian or Pakistani immigrants.

The 1966 census, a 10% sample, does not give the populations of the former boroughs separately but it shows an estimated total Indian and Pakistani population in the whole Borough of 9,327.

Since that Census there has been a further influx of immigrants, some coming as additional separate families or parts of families, and others to join relatives who were already established in the area. These immigrants can mainly be placed into three categories:

- 1) **Permanent**
The immigrant who comes to Southall, obtains a local job, buys a house, settles down, and is inclined to remain there with his family.
- 2) **Originally temporary, but remaining permanently**
It is a traditional obligation to supply accommodation to relatives and friends when they arrive in this country and this tradition is practised frequently. Some immigrants taking advantage of this system find employment in the area and eventually find permanent homes of their own in Southall, Hillingdon or adjoining districts.
- 3) **In transit**
This group also takes advantage of the traditional obligation, but stay with friends or relatives in Southall for only a short period before moving off to other parts of the country. A great number find employment in industry in the Birmingham area and others in the brick-fields of Bedford.

The immigrants coming under categories 2 and 3 make it difficult for an accurate assessment of numbers to be made unless a complete Census is taken. From Health Department housing records, however, it is estimated that the total Asian population is now in excess of 11,000.

NOTIFICATION OF ARRIVAL AND MEDICAL EXAMINATION

A Commonwealth citizen who wishes to work and settle down in the United Kingdom must first obtain a Ministry of Labour voucher. Applicants for vouchers are placed in one of two categories:-

- 'A' For application by employers in this country who have specific jobs to offer particular Commonwealth citizens; and
- 'B' For applications by Commonwealth citizens without a specific job to go to but with certain professional qualifications.

There is a statutory right that the wife and the children, under 16 years of age can accompany or follow an immigrant to this country without they themselves possessing a voucher.

All voucher holders are given a medical examination at the port of entry, 99% of these being X-rayed. A large number of arrivals, however, are relatives of immigrants already established in this country and are not compelled to have medical examinations.

All voucher holders are notified to the health department of the local authority into whose area they are proceeding. These immigrants are visited by health visitors who inform them of the medical facilities available, advise them to register with a general practitioner, and encourage them to have a chest x-ray if this has not already been done. The figures for notifications in 1966 are given below:-

Country of Origin	No. of Persons	
	Number Notified	Contact Established
Commonwealth Countries		
India	404	289
Pakistan	73	64
Other Asian	42	35
Caribbean	211	194
African	33	19
Other	30	4
Non-Commonwealth Countries		
Europe	33	26
Other	25	16
Totals	851	647 (74.7%)

The ports of arrival were as follows:-

Country of Origin	No. of Persons	
	London Airport	Other ports
Commonwealth Countries		
India	380	24
Pakistan	72	1
Other Asian	32	10
Caribbean	167	44
African	33	-
Other	21	9
Non-Commonwealth Countries		
Europe	1	32
Other	15	10
Totals	721	130

TYPES OF WORK AVAILABLE

The majority of Asian immigrants are engaged on manual work in factories, most of them being semi-skilled or unskilled. Many of these are employed in food factories, others work for London Transport or are self-employed in various forms of trade mainly within their own community. A few are employed in office work. The industrialization of the Southall area may not be apparent to the passing traveller as it consists of smaller type factories, mainly away from main roads and in the area immediately south of the railway. It is true to say that many of the unskilled and labouring jobs taken by Asian immigrants would not otherwise be filled by the indigenous population. A small proportion have found employment of a higher grade, in the post office, at London Airport or as school teachers, but nevertheless a large number of well-educated immigrants are doing manual work in factories and are frustrated by this fact. A proportion of the female population also goes out to work but no statistics are available as to the percentage involved.

LANGUAGE PROBLEMS

The majority of Indian immigrants come to this country with no knowledge of the English language. Fortunately, however, there is usually one person, often the landlord of a multi-occupied house, who can speak English and this is useful in making contact. The staff of the health department includes the full time equivalent of 1¼ Indian interpreters, an Indian health visitor, and a Kenyan public health inspector. In addition we have an English medical officer, a health visitor and clerk who speak various Indian dialects. These officers between them enable us to communicate in Hindi, Punjabi, Urdu and Gujrati.

As the language most commonly spoken is Punjabi, a course of lectures given by a member of the teaching staff of Ealing Technical College was arranged and

attended by 15 medical, nursing and administrative staff of the department. The lectures aimed to give an outline knowledge of the Punjabi language and general information on the customs of the country.

Indian names present a difficult problem as there is no system comparable to that used in this country, 'Singh' and 'Kaur' are Sikh titles which denote male and female respectively and may appear at the end of other names or in between other names. Surnames may be similar to our own or may be given as the name of a village from which the person comes. It is thus possible for members of the same family to have different surnames.

The titles of 'Singh' and 'Kaur' are so common as to be a source of great confusion and appear to be best omitted when possible. At Clinics, in order to avoid such confusion, Indians attending are asked for their 'family' name. If this is not forthcoming at the first visit they are told that no name will be recorded on the card until they can give the information required. Health visiting cards made out for new births have the name omitted if the family name is not given on the birth notification. When a copy of the birth registration card is received, this is sent to the clinic and in most cases it contains the family name. As a result of this system, no names of 'Singh' or 'Kaur' have been recorded at Clinics for the last two years.

HEALTH EDUCATION

Language difficulties are responsible for many of the problems of health education. The usual media are used but there is an emphasis on pictures as many of the immigrants are illiterate.

At local clinics filmstrips are shown to mothers attending the ante-natal, welfare and immunisation sessions, and explained with the help of interpreters. The subjects included are hygiene in the home, prevention of accidents, care of oil heaters, prevention of tuberculosis, immunisation, vaccination and dental care. A single concept projector has been purchased. This is similar to a television in appearance, the pictures being produced from a continuous loop of film. Any part of this can be repeatedly shown in order to emphasize the message. This apparatus is particularly useful in health education amongst immigrants where repetition is the main way of making the point.

Demonstrations are also given. The subjects include the preparation of bottle feeds and simple diets, the latter being of particular importance since the Indian diet is low in protein.

Leaflets in Hindi and Urdu are available at clinics on the subjects of tuberculosis, food preservation, general hygiene, the laying of rat poison and the correct use of oil heaters.

During the first half of 1966, the Mass X-ray Unit of the North West Metropolitan Regional Hospital Board visited the Borough and extra sites were used in the Southall area to encourage a full attendance. Leaflets printed in Hindi and Urdu were distributed at the Dominion Cinema, Southall. 10,438 persons attended this mass X-ray, which is considered by the Unit to be a good response.

HOUSING AND GENERAL HYGIENE

Housing presents a great problem to the Asian immigrant both by reason of low availability and high cost. Thus most of the houses available to the Asians are in multiple occupation. Elsewhere in this Report a full account of this subject is given and indicates that dwelling houses are of two kinds; those which can be satisfactorily adapted for multiple occupation, and those that cannot. Unfortunately the houses in Southall occupied by immigrants largely fall into the latter category.

Broadly speaking, general hygienic standards in the area are satisfactory. There are of course some exceptions to this but it must be remembered that extremes may be found in all areas. From time to time there are complaints about the dumping of rubbish in back gardens and in rear alleys. These are always investigated and rubbish removed by the Borough Surveyor, in accordance with an arrangement between the two departments. Infestations of mice in houses in the area occupied by Asian immigrants are fairly common, and it is thought that this may be due to the habit of storing flour and other cereals in bulk and to the failure of the occupiers to lodge early complaints in the proper quarter.

INFECTIOUS DISEASE

It is fair to say that the problems of infectious disease presented by Asian immigrants are somewhat exaggerated in the public mind. Certain diseases, however, are a cause of concern to the health department and these are dealt with below.

Smallpox

Owing to the speed of international travel, it is possible for a person to be in contact with a case of smallpox on one day and to arrive in the Borough of Ealing on the next. There is a requirement that immigrants from countries where smallpox is endemic shall bring with them evidence of recent vaccination. Some of the vaccination certificates, however, are suspect as it is known that there is a trade in certificates given without the person undergoing vaccination. A small number of immigrants arrive in this country without a valid vaccination certificate and these are vaccinated at the port of entry and notified to the local authority of the area to which they are proceeding. There they are kept under surveillance until such time as there is no danger of the disease developing. During the period from the 1st April, 1965 to the present time there has been no confirmed case of smallpox in the Borough. The major factor in preventing an outbreak of smallpox arising from an imported case will always be a high vaccination state in the indigenous population of this country.

Typhoid Fever

Outbreaks of typhoid fever are generally traced back to carriers who although in normal health are capable in infecting others. Immigrants are intrinsically no more prone to be carriers than the indigenous population, but because they have had greater opportunity to have been in contact with the disease there is a higher proportion of carriers amongst them. All known carriers are kept under surveillance and are prevented from being employed in the food trade or water undertakings, this being the way extensive spread can occur.

Tuberculosis

It is sometimes thought that tuberculosis is widely imported into this country by Asian immigrants. It seems as likely, however, that Asians are a susceptible population who more commonly contract the disease after their arrival here. It must also be borne in mind that a level in excess of the present rate for Asians was found in the indigenous population not so many years ago. This responded to the measures that were taken and there is no reason why the same success cannot be achieved with the immigrant population.

Given below are certain figures relating to tuberculosis in the borough over the last five years. Although the number of cases is obtained from official notifications, the rates in different parts of the borough since 1965 are calculated from estimated populations. Similarly for the whole of the period under review the calculation of the differing incidence in the immigrant and indigenous population is based on estimates of the size of these communities. Nevertheless they are sufficiently accurate to give a broad indication of the pattern of tuberculosis in the borough.

NEW CASES OF PULMONARY TUBERCULOSIS - SHOWING RATE PER 1,000 OF THE POPULATIONS OF THE FORMER BOROUGHS

Area	1962		1963		1964		1965*		1966*	
	No. of Cases	Rate per 1,000 pop.	No. of Cases	Rate per 1,000 pop.	No. of Cases	Rate per 1,000 pop.	No. of Cases	Rate per 1,000 pop.	No. of Cases	Rate per 1,000 pop.
SOUTHALL	59	1.09	76	1.40	83	1.45	35	0.59	51	0.86
ACTON	69	1.06	64	0.98	50	0.77	23	0.36	33	0.52
EALING	70	0.38	89	0.49	47	0.26	71	0.39	47	0.26
TOTALS	198	0.65	229	0.75	180	0.59	129	0.43	131	0.43

NEW CASES OF PULMONARY TUBERCULOSIS IN THE FORMER BOROUGH OF SOUTHALL SHOWING RATE PER 1,000 OF THE POPULATION

Year	Total cases notified		Indians & Pakistanis (Based solely on names)		Others	
	No. of Cases	Rate per 1,000 population	No. of Cases	Rate per 1,000 of estimated population	No. of Cases	Rate per 1,000 of estimated population
1962	59	1.1	14	7.9	45	0.9
1963	76	1.4	24	8.0	52	1.0
1964	83	1.5	34	7.5	49	0.9
1965*	35	.6	25	4.2	10	0.2
1966*	51	.9	33	3.6	18	0.4

* 1965 and 1966.

The rate per 1,000 for these years is based upon an estimated 'breakdown' of the total Borough population.

Venereal Disease

It has been observed that new cases of gonorrhoea in males are proportionately higher among Asians. There is a need for health education in this respect. Any community whose structure consists of a large number of men without their families can be expected to have a high venereal disease rate. The immigrant community in Southall in its early days was of such a structure. Latterly the arrival of families is producing a more normal structure, and with this a fall in the venereal disease rate can be anticipated.

MATERNAL AND CHILD HEALTH

The Clinic Service

The bulk of the Asian population attends Northcote Clinic, Southall, which is the nearest to the main Asian housing area. Substantial numbers however attend other clinics in Southall and are represented at all clinics in the Borough. The presence of a high proportion of Asian immigrants among attenders slows down the pace of the work undertaken due to language difficulties, confusion about names and also problems of unpunctuality. The Asian concept of time differs from that of the Northern European races; not only do they have difficulty in keeping appointments at the right time of day, but they become confused over the days of the week and the weeks of the month.

In general, immigrants are anxious to secure the maximum benefits available to their children and, in their eagerness, do not clearly distinguish the different roles of the members of the clinic staff but endeavour to ask an opinion on the same subject from everyone that they meet there.

Problems of communication require adjustment on the part of the clinic staff who need to become used to receiving intimate details of a female patient's medical history from her husband and to talk to him about her as a child might be talked about, rather than in the way an adult European woman would expect. Although language barriers have been broken down by the appointment of interpreters the health visitors are still handicapped in their dealings with Asian mothers as they are unable to establish the same degree of rapport that they would obtain by direct communication. The level of discussion is thus more simple than that which obtained with the English population. It is not possible to discuss emotional difficulties in the mother or the finer psychological points of child management through an interpreter.

English Mothers

There is a tendency for English mothers in Southall to think that all our efforts are being devoted to the immigrants. In order to remove this impression it is intended to set Northcote Clinic aside for them at regular intervals for talks, discussions and demonstrations. English speaking immigrant mothers will be welcome but the invitations are being extended to the 'minority mothers' first.

Maternity Services

The home conditions in Asian households are generally unsuitable for domiciliary confinement because of lack of space and facilities. During 1966, there were 424 Asian babies born, of which only two were born at home. The reasons for hospital bookings were medical in 98 cases and social in 324.

The normal pattern of ante-natal classes used in the Borough is unsuitable for the Southall Asians. They find lying on the floor in groups undignified and do not in any case see the need for ante-natal exercises. Some progress in teaching preparation for child-birth is, however, being made by one of the Indian health visitors.

Health Visiting

The health visitor can wield great influence, providing the family is visited as soon as possible after arrival in this country. She is able to explain the facilities available from local and national authorities and can sort out health problems about which the family is concerned. There is little chance of influencing Asian immigrants at the port of arrival as they are naturally excited and possibly worried at this time, and it is in their own homes that they are most susceptible to advice. If however the visit is unduly delayed, and this means a gap of perhaps seven to ten days, it is possible that the family will have moved to another area often without leaving an address and are thus 'lost'.

Family Planning

A family planning clinic is held at Northcote Clinic weekly and the average attendance is 15, of which about half are Asians. The choice of method is an individual matter and no distinct racial pattern is evident. Apart from the language difficulty, which is overcome by the services of interpreters, the presence of a high proportion of Asians does not present any particular problem. With financial assistance from the Council the Family Planning Association opened a clinic in Hillingdon Hospital premises. It is anticipated that Asian mothers will make use of this following their post-natal examinations.

Day Care of Children

I have noted elsewhere in this report that there are certain aspects of child minding which give cause for concern and this is particularly so in the case of immigrant children. Both illegal minding and unsatisfactory minding falling within the present law are common. Supervision and control, however, is difficult to enforce. Often the minder does not know the full names and addresses of the children being minded and if health visitors persist in probing, admission is refused at subsequent visits. The rapid transfer of the children to other families within the house or next door will guard against follow up visits made by other authorized staff. The health and safety of these minded children are the main worries of the department, but such practices as leaving toddlers all day in prams or cots without toys or play materials are also a cause for concern.

The more enlightened mothers use play-groups, of which there are a large number of well managed examples in the Borough. Many of these have children of all nationalities in them, but of particular interest is the multi-racial play group held at Southall Community Centre. This was started with support from the Council with the definite object of fostering integration. This group keeps an equal number of places for Indian and European children, and aims to teach the children at an early age something of each other's way of life.

Home Nursing Service

Because of difficulties experienced in arranging for immigrants to stay at home on specific times and days in order to receive injections from home nurses, a special service for ambulant patients is provided at Northcote Clinic. This has proved to be

a satisfactory arrangement and there has been an average attendance of 16 patients at each of the two weekly sessions held. Treatment by injection is a more popular form of therapy with Indians than it is with Europeans.

SCHOOL HEALTH

The immigrant school child population of the whole Borough at the end of the year was as follows:

Total school population	38,706
Total immigrant children	5,054
Indians and Pakistanis	2,670
West Indians	1,439
Others	945

The immigrant school child population produces a variety of problems, and solving these is made harder by the fact that their parents do not usually attend routine medical inspections. This is especially the case where in order to avoid a high concentration in any one school the children are dispersed at considerable distance from their homes. A random sample taken from two schools in Southall revealed that for Asian children only 45% of the parents were present compared with 93% of other children. In three schools in Northolt and Acton only 5% of the parents of Asian children attended compared with 72% of parents of other children. In order to overcome this difficulty some experimental routine medical inspection sessions for 'dispersed' children in reception classes are planned to be held at Northcote Clinic. This will have the added advantage of enabling an interpreter to be present, which would not be possible with examinations taking place at various widely scattered schools.

Routine medical inspection of these children since the amalgamation has not shown anything untoward, but there is a need to make specific surveys to verify that this is indeed the case.

Immigrant parents are usually keen to ensure that their children miss as little school as possible, and it is sometimes difficult to dissuade them from sending children to school when they are unwell, or from returning them to school before they have completely recovered from an illness.

There is difficulty too in convincing parents that infestations require to be taken seriously, and that children should remain at home until they have been cleared. A survey in a small number of schools during the year indicated that the immigrant school population does have a higher rate of infestation than the indigenous, (1.29% compared with .54%). It must be borne in mind however that a level in excess of that at present found amongst the immigrants, was general not so many years ago, and I see no reason why within a short time there should not be a universal low incidence.

As part of the Council's tuberculosis prevention service all immigrant children are Heaf tested on admission to school. There is a high number of positive reactors amongst them which means one of three things; either that they have been immunised against tuberculosis - a common practice in India and Pakistan, or that they have been in contact with tuberculosis, or that they have themselves suffered from the disease. It is difficult to ascertain whether past immunisation is the cause, due to language difficulty and therefore positive reactors are referred to the chest clinic for investigation. The figures for the year are as follows:

	Immigrants	Others	Total
Number tested	321	1,281	1,602
Number found positive	175	39	214
Percentages of number tested found positive	54.52	3.04	13.36

During 1966 two Asian immigrant children were found to have active tuberculosis, and since 1960 a total of five.

The position regarding educational subnormality in immigrant children is not clear cut. The percentage of educationally sub-normal children in the Borough as a whole is 0.7% and the percentage in Asian children is estimated as 0.4%. It is difficult to draw valid conclusions from these figures since it is possible that they are not referred for special education on account of their language difficulty but are retained in normal schools for instruction in the English language. It may well be that difficulty in distinguishing between language difficulty and backwardness results in a longer period of normal school being necessary before the two are differentiated. If there is uncertainty on this point, it is the practice in Ealing schools to give Asians the benefit of the doubt.

In contrast, West Indian children have more than double the average percentage of educationally sub-normal pupils. The situation here, however, is different in that although they are English speaking, they have not had the same educational facilities in their country of origin.

There is little evidence of any major psychiatric problem in the immigrant children, but there is, however, an unhappy tendency towards the isolation of the non-English speaking mother from her family. The father and children eventually learn to speak English but the mother may not, particularly if she does not go out to work. In the long term this could be an undesirable trend as the mother may eventually be cut off from the school and unable to take part in any decisions made about her child.

DENTAL HEALTH

The pattern of dental disease in the children is not dissimilar from that of European children. Indeed, overall, they seem to have rather less caries, probably because their diet contains a lower proportion of sugar. There is a need for improvement however in the standard of oral hygiene.

The immigrant mothers offer a rather different clinical picture from the same group of young English women. Whilst a large number of the immigrants are caries-free because of their rather different dietetic habits, paradontal disease of an advanced nature and its precursor, salivary calculus, are a common occurrence. This all too often leads to premature teeth loss. It is of interest that the number of immigrant mothers referred to the Southall dental clinics by general medical practitioners is a much higher proportion than in any other part of the Borough.

Orthodontic treatment for immigrant children presents certain unusual aspects. Firstly, as always, communication is difficult and it is a problem to make the parent understand what is involved. Parents often willingly give their consent to orthodontic treatment but it is only later that it becomes obvious that they have really failed to

understand that their personal involvement and co-operation is of great importance.

Secondly, the facial pattern of the immigrant differs from that of Europeans, especially among the people of African origin, and the orthodontist has to be very alert to these difficulties and to modify any preconceived notions about the ideal facial and dental pattern accordingly.

Although the average immigrant's attitude to appointment keeping is rather lackadaisical, both children and mothers make co-operative and grateful patients.

MENTAL HEALTH

The impression is that the incidence of mental illness among Asian immigrants is no higher in proportion to that amongst the remainder of the population. We do not however have any figures to confirm this because of lack of uniformity in referrals. During the year ended 31st December, 1966, 941 patients were referred, of which 47 were Indians or Pakistanis and 23 were West Indians. It is suspected that mentally ill relatives are contained longer within their own community than is the case with English people. When mental illness is found, it may present florid and bizarre symptoms not usually seen in our culture. During the year ended 31st December, 1966, there were 61 severely sub-normal children referred, of which 7 were Indian or Pakistani, and 4 were West Indian.

23. SCHOOL HEALTH SERVICE

During the year a comprehensive review of the School Health Service in the Borough took place, and the resultant recommendations were accepted by the Education (Special Services) Sub-Committee at the end of the year. They aim to achieve a closer integration of the teaching, child guidance, and school health staff, and to increase the effectiveness of the various components of the school health service. In addition they include a 10 year programme of improvement of school medical room facilities and the starting of a pilot scheme of selective medical examination.

It is hoped that during the course of next year a substantial start will have been made in implementing these recommendations.

Routine School Medical Inspection

At the present time a minimum of three examinations are carried out during a child's school life, these being at the ages of 5 years (infant school entrants) 9½ years (junior school) and 14 - 14½ years (secondary school leavers). The total school population at the end of the year was 38,706 and the details of the examinations carried out are as follows:

First age group	3,895
Second age group	3,269
Third age group	3,314
	<u>10,478</u>

Classification of general condition:

Satisfactory	10,452	-	99.75%
Unsatisfactory	26	-	.25%

Defects requiring treatment found at routine medical inspection:

Skin	161
Vision	510
Squint	62
Hearing	44
Middle ear	32
Nose and throat	97
Speech	62
Enlarged glands	3
Heart	12
Lungs	39
Hernia	6
Orthopaedic:	
Postural	13
Feet	106
Epilepsy	8

One of the changes recommended by the review was that there should be a pilot scheme of selective medical examination, a system which has been introduced in many areas. It consists of omitting the intermediate examination, since it is considered that the provision of general practitioner and hospital services, combined

with the general increase in health of the population, has reduced the need for routine medical inspection. It is felt that selective medical examination allows more time to be given to those children who really need assistance, by reducing the time spent in the relatively unprofitable examination of fit children.

The system involves parents of children of this age group filling in a questionnaire, and the school medical officer assessing whether an examination is indicated. In addition to the questionnaire, such selection methods as referral by teachers, weekly visits to the school by the school nurse, and attendance by the school doctor at physical education classes are used. It should be emphasized that such schemes are not economical of doctor and nurse time, and nor are they intended to be. The object is to provide a better service for children who are actually in need of it. I look forward with interest to the outcome of this scheme in Ealing.

School Medical Rooms

As part of the review of the service the facilities provided for school medical rooms were assessed and the results are summarized below:

Group 1	Schools with designated medical rooms in which satisfactory arrangements exist	31
Group 2	Schools with medical rooms with some defect	22
Group 3	Schools without medical rooms, but where arrangements are reasonably satisfactory	6
Group 4	Schools without medical rooms, and where arrangements are not satisfactory	43
Group 5	Schools where no medical facilities are available and inspection is carried out at a clinic	7
	Total	109

A 10 year programme of improvement has been agreed.

SCREENING PROCEDURES

An important adjunct to the routine inspection of children is the frequent visiting of schools by nursing or medical auxiliary staff for the purpose of screening large numbers of children for defects. Such visits are made for the following purposes:

- 1) Audiometry
- 2) Foot Health
- 3) Head Inspections
- 4) Vision Testing

Audiometry

This is devised to detect even a slight loss of hearing at the earliest possible opportunity. The first test is carried out shortly after admission to school and thereafter at two to three yearly intervals. Any loss of hearing is reported to the school doctor who will examine the child to exclude some minor or temporary condition.

Should he suspect some more serious cause of deafness the child is referred either to his own doctor, to the ear, nose and throat consultants, who hold sessions at the Council's clinics, or to the audiology unit at Heston. The figures for testing during the year were:

Children tested	13,959
Schools visited	96
Children with hearing loss	514
Children referred to specialist	134

Foot Health

The special sessions for foot inspections at schools have been discontinued due to lack of staff. This is much to be regretted since the regular inspection of children's feet for early defects and the opportunity this gives to spread propaganda emphasizing the need for wearing of sensible shoes is of the greatest value. These inspections will be resumed as soon as possible, meanwhile, foot examination is of course part of the routine medical inspection.

Head Inspections

The Council's policy of inspection of children's heads for infestation is that examination takes place at six monthly intervals except that, where a junior or secondary school has been entirely free from infestation for two years, further examinations take place less frequently at my discretion.

During 1966, 48,071 examinations were carried out, 413 cases of infestation were found representing 0.86% of the children examined.

Vision Testing

Vision testing is carried out normally on five occasions during the child's school life, namely at five, seven, nine, twelve and fourteen years of age. Three of these examinations are linked with the routine medical examination, and school nurses make special visits to school for the other two.

Defective colour vision could influence the choice of career and, for this reason, colour vision testing is carried out in junior and senior schools.

SCHOOL CLINICS

The following school clinics are provided:

- General
- Asthma
- Chiropody
- Foot Health Advisory
- Speech Therapy
- Ophthalmic
- Orthopaedic
- Ear, Nose and Throat
- Child Guidance

General School Clinics

To these clinics any parent or teacher may refer a child whose health or progress

at school is causing concern. They also provide the school medical officer with a further opportunity to investigate any defect noted at routine medical examinations at school.

Sessions are held at each of the Council's clinics at least once a week.

Attendances during the year were:

Avenue Road	613	Laurel House	338
Abbey Parade	128	Mattock Lane	507
Brentside	106	Northcote	514
Cherington House	772	Northolt Grange	435
Cloister Road	119	Perivale	260
Greenford Green	138	Pierrepont Road	471
Islip Manor	309	Ravenor Park	743
Jubilee Gardens	156	Trinity Way	215
King Street	420		

Asthma Clinic

Special sessions for children suffering from asthma and bronchitis are held at five of the Council's clinics, where group therapy is given under the guidance of a physiotherapist. These children have not developed good breathing habits and breathing exercises have been found to reduce the attacks of asthma and bronchitis. Asthmatic attacks understandably give rise to parental anxiety which often unfortunately cause the child to be over clothed, over protected, and to have unnecessary limitations placed on his activities. At the Asthma Clinic parents are advised on the best needs of an asthmatic child.

During the year, 1045 attendances were made.

Chiropody Clinics

In so far as school children are concerned, chiropody is almost exclusively the treatment of verrucae. This persistent and widely spread condition among school children is a type of wart which forms on the sole of the foot and if untreated becomes very painful. The treatment, although not difficult, is time-consuming.

Six sessions a week are held at clinics throughout the Borough.

Details of attendances during 1966 are:-

New cases seen	342
Re-examinations	2,720
Total attendances	3,062

Foot Health Advisory Clinics

These are complementary to the screening procedure for feet already mentioned, and have similarly had to be discontinued due to staff shortage.

Speech Therapy Clinics

It will be readily appreciated that defective speech, even of a minor degree, by virtue of its interference with communication presents considerable difficulty in the education of a child.

As in the case of all handicaps, the aim is to discover this before school life begins..This is usually achieved since, if a toddler's speech is not developing normally, he is generally brought by his mother to a Child Welfare Clinic. It may be, however, that a child does reach school age with defective speech, in which case he will probably be referred by his teacher or be discovered at the initial medical examination. The child is then seen by one of the Council's medical officers who has particular experience in this field. A full investigation will be carried out to ensure that the correct diagnosis is that of defective speech, and is not complicated by such features as deafness or low intelligence, both of which can first come to light as a 'speech defect'. The child will then be referred to one of the Council's speech therapists, sessions being held at most clinics.

Should a child's speech defect be of such a severe nature as to interfere with his education, he may be admitted to Brentside Speech Class which is at Brentside Infants' School. This is a special class within an ordinary school and caters for up to 10 pupils at ages ranging from approximately four to seven years. Two speech therapists attend the class for a total of four sessions per week. The children are treated individually and tape recordings are made regularly as a record of progress. Also a written speech analysis is made once a term. The class teacher and speech therapists work closely together, and speech work is incorporated into every aspect of learning. This class has been very successful in helping children to enter or return to normal school with greatly improved speech.

Diagnosis

The following types of defect were encountered during the year:-

1)	Simple and multiple defects of articulation (Dyslalia)	289
2)	Delayed or absent speech (Developmental aphasia and dysphasia)	36
3)	Delayed speech associated with mental subnormality (Aphasia)	2
4)	Disorder arising from deafness (Dyseneia)	1
5)	A neuromuscular defect of the speech organs (Dysarthria)	9
6)	Disorder of phonation and/or resonance (Dysphonia)	4
7)	Stammering	47
8)	Lisp	4
9)	Cleft palate	3
10)	Sigmatism	14
11)	Slow development	8
	Total	<u>417</u>

Ophthalmology Clinics

Ophthalmic sessions are carried out in the Borough as follows:

Avenue Road Clinic	Dr. B. Bradley, M.D., D.O.M.S.
Mattock Lane and Northcote Clinics	Dr. Marie A. Woodhouse, M.B., B.S., D.O.
Ravenor Park Clinic	Dr. Margaret Billinghamurst, M.B., B.S., D.O.M.S.

Dr. Billinghamurst and Dr. Woodhouse were newly appointed during the year and commenced their duties in April and May respectively.

Sessions are held weekly at Avenue Road and at the remaining clinics a double session is held on alternate weeks. Dr. Bradley and Dr. Billinghamurst are members of the staff at Central Middlesex Hospital and Dr. Woodhouse is a member of the staff at King Edward Memorial Hospital. There is thus a close link between our clinics and the local hospitals and any operative or other treatment required can be readily obtained without a break in continuity.

The figures for attendance are as follows:

New cases seen	630
Re-attendances	1,902
Total attendances	2,532
Glasses prescribed	859

In addition to the consultant sessions, an orthoptic clinic at Avenue Road functions for four sessions a week. An additional orthoptic clinic at Ravenor Park started on the 8th November, 1966, and is held every other week.

The figures for attendance are:

	New cases	Total Number of attendances at clinic	No. referred back to Ophthalmic Surgeon
Avenue Road	16	407	32
Ravenor Park	16	17	1
	<u>32</u>	<u>424</u>	<u>33</u>

Orthopaedic Service

Orthopaedic sessions are carried out in the Borough as follows:

Mattock Lane Clinic	Monthly	} Mr. J.A. Cholmeley, F.R.C.S.
Ravenor Park Clinic	Alternate Weeks	
Northcote Clinic	Monthly	Mr. P.I. Busfield, F.R.C.S.

Mr. Cholmeley is an Orthopaedic Surgeon to the Royal National Orthopaedic Hospital and its branch at Stanmore, and Mr. Busfield is an Orthopaedic Consultant at Hillingdon Hospital.

Hospital facilities which include operative treatment, x-ray, provision of appliances and pathological investigations, are, therefore, freely available to the children attending our clinics and who thus remain under the same consultant surgeon throughout their treatment. Admission to hospital can be arranged promptly and subsequently follow-up by consultant and physiotherapist at the local clinic does not involve undue travelling.

Referrals to these clinics are usually from routine medical inspection at schools, the general school clinic, family doctors and a small number from other hospitals.

The figures for attendance during 1966 are given below:-

New cases	241
Re-attendances	553
	<u>794</u>

Physiotherapy is provided at the following clinics:

Greenford Green	Ravenor Park
Mattock Lane	Northcote
Islip Manor	

Ear, Nose and Throat Service

Ear, nose and throat sessions are carried out at Ravenor Park and Mattock Lane on alternate weeks by Mr. R.M. Savage, F.R.C.S., (Edin.) D.L.O. and the figures for attendance during the year were:-

New cases	136
Re-attendances	335
Medical treatment	210
Operative treatment	67

There is an arrangement by which children requiring operative treatment for tonsils and adenoids can be admitted to the Royal Hospital, Richmond.

Children whose hearing defect cannot be rectified by treatment are referred to the Audiology Unit at Heston where the otologist assesses the degree of hearing loss in regard to the child's ability to receive education. He may recommend admission to a special school and he may recommend provision of a commercial hearing aid, for which the Council assumes financial responsibility.

It has been argued that these consultant services are a duplication of those provided at hospital out-patients departments and there is a danger that in the near future these services, other than ophthalmic services, may be discontinued. There are, in my opinion, strong reasons in favour of their retention and these reasons are:-

1. Children should be regarded as a priority class.
2. As such, the services available to them should be easily accessible and the waiting time both for appointments and during attendance at the clinic should be reduced to a minimum. The Council's clinics are able to provide these favourable circumstances.
3. The consultants attending the Ealing clinics are in sympathy with the concept of a preventive specialist service. This has resulted in an integration of their work with the screening services provided by the Council's medical and nursing staff.

It would be much regretted if these services, built up over many years, were discontinued.

CHILD GUIDANCE

The Consultant Psychiatrist to the Child Guidance Centre is Dr. Portia Holman, M.D., F.R.C.P., D.P.M., who is, together with her two registrars, an officer of the North West Metropolitan Regional Hospital Board, the remaining staff are Council officers of the Education Department. The service is conducted from the main clinic at Madeley Road, Ealing, and from 3 sub-clinics, Avenue Road, Acton, Northolt Grange and Villiers Road, Southall.

Details of the work carried out during the year are given below:-

Referrals

Number of cases on waiting list at 31st December, 1965	77
Number of cases referred to Centre during 1966	328
Number of cases seen by the Psychiatrists during 1966	315
Number of cases on waiting list at 31st December, 1966	90

Recommendations by Psychiatrists

Treatment or remedial teaching or follow-up	227
Residential school for maladjusted	26
Residential school for educationally sub-normal	2
Day school for educationally sub-normal (or training centre)	6
Day school for maladjusted	
Aston 9	
Newlands 11	20
Infant assessment classes	8
Other day schools or classes	7
Miscellaneous	19

Placement in residential schools for the maladjusted

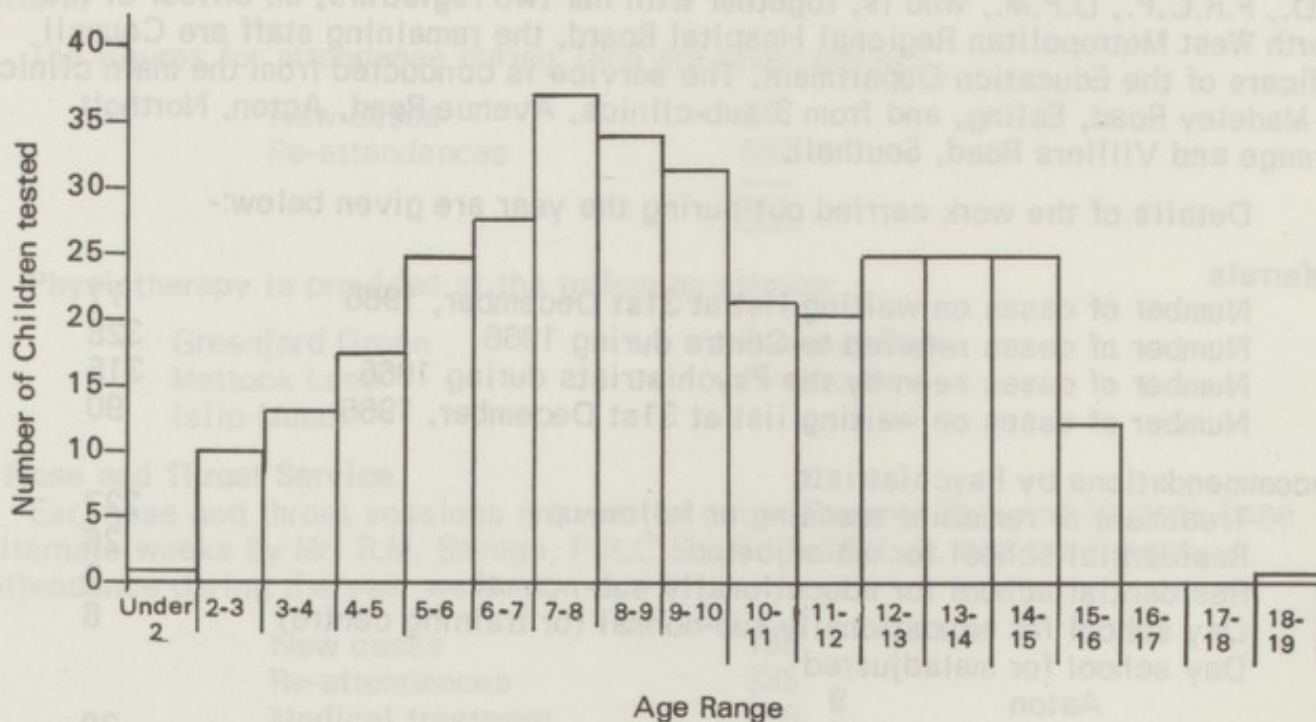
Number of children awaiting placement at 31st December, 1965	9
Number of children recommended during the year	26
Children placed	22
Recommendations withdrawn	4
Awaiting placement at 31st December, 1966	9

Recommendations for psycho-therapy or remedial treatment

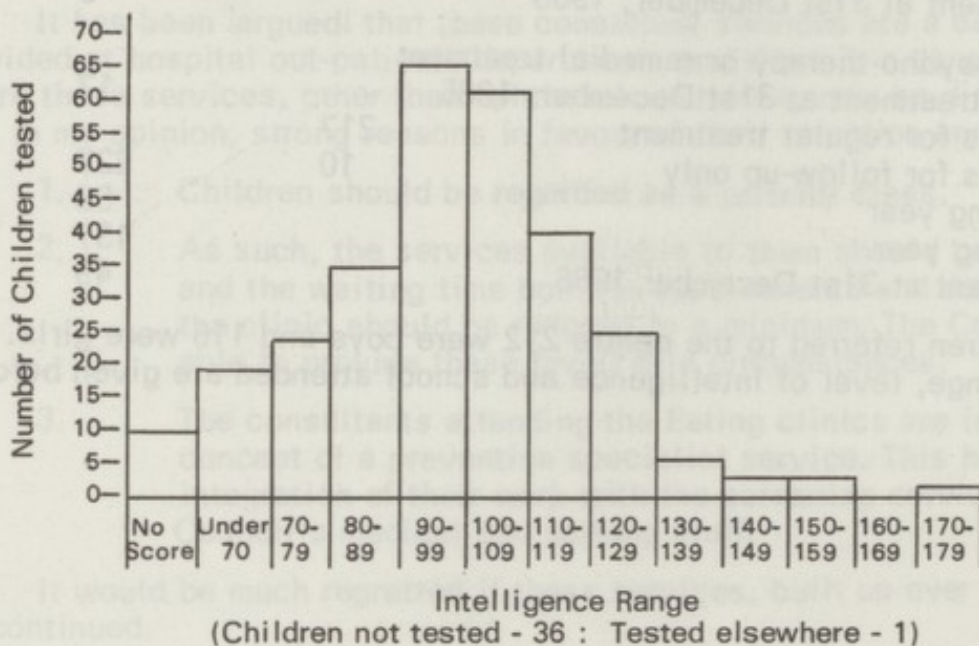
Cases awaiting treatment at 31st December, 1965		17
Recommendations for regular treatment	217	
Recommendations for follow-up only	10	227
Discharged during year		58
Treatments during year		137
Awaiting treatment at 31st December, 1966		49

Of the 328 children referred to the centre 212 were boys and 116 were girls. details of their age range, level of intelligence and school attended are given below:

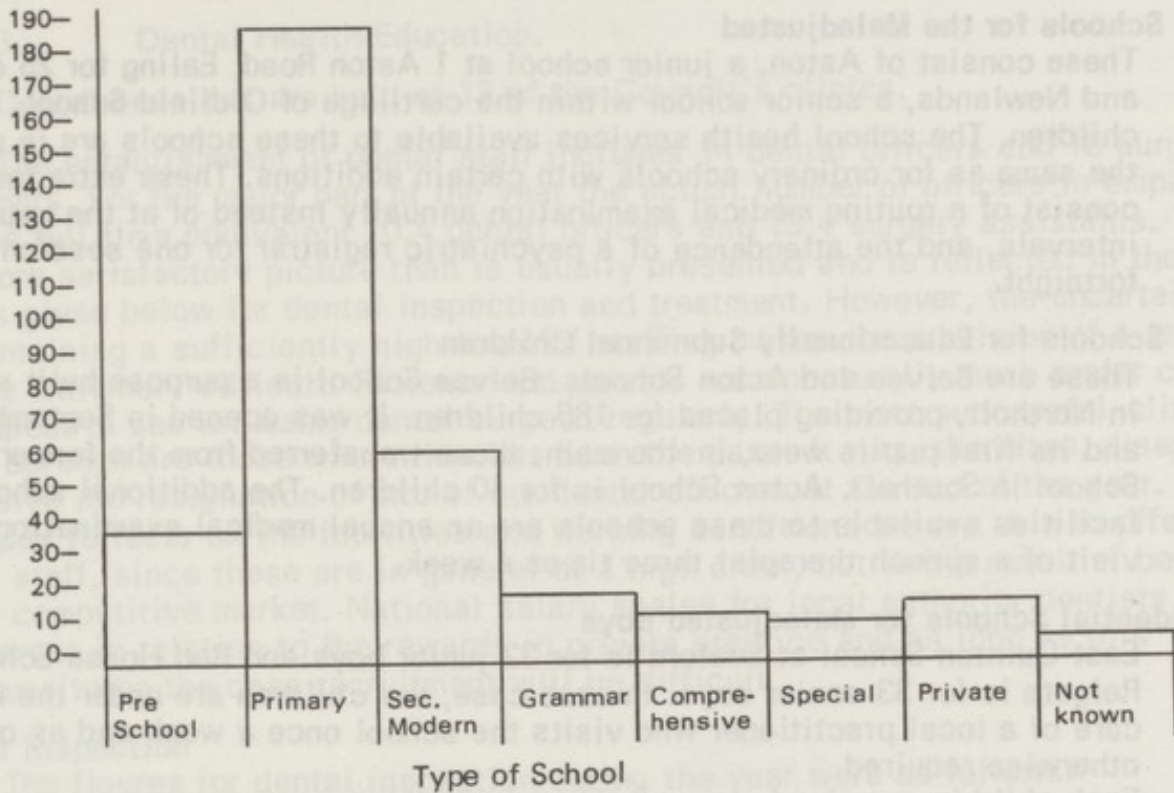
Age Structure of Children Referred



Intelligence Range of Children Tested



Schools from which children were tested



Parents and their children obtain the services of a Child Guidance Clinic either by asking for an appointment on their own initiative, or as a result of a referral which may be from a wide variety of sources; these include head teachers, school medical officers, general practitioners, the Youth Employment Bureau and the Juvenile Court.

HANDICAPPED CHILDREN

The object of the School Health Service in relation to the handicapped child is to ensure that the handicap interferes as little as possible with the child's education. Section 34 of the 1944 Education Act requires the Council to ascertain children likely to need special education at the age of 2 years, but the procedure in the Borough is that medical officers and health visitors report handicapped children to the School Health Service at the earliest age they become known to them. By this means we have a fairly complete record of all disabled children in the Borough in advance of the time when we are required to assist them. When such a child approaches school age he is examined by the school medical officer who decides whether he should be classified as handicapped in the statutory sense. If this is the case the child is 'ascertained' as in need of special education. Various types of special education are available including special classes at ordinary schools, home tuition, or education at special schools.

The Borough's own special schools and classes are as follows:-

Brentside Speech Class

Reference has already been made to this class at Brentside Infant's School for ten children aged four to seven years who have speech defects of such a severe nature as to interfere with education.

Day Schools for the Maladjusted

These consist of Aston, a junior school at 1 Aston Road, Ealing for 25 children, and Newlands, a senior school within the curtilage of Oldfield School, for 25 children. The school health services available to these schools are in general the same as for ordinary schools with certain additions. These extra facilities consist of a routine medical examination annually instead of at the usual intervals, and the attendance of a psychiatric registrar for one session every fortnight.

Day Schools for Educationally Subnormal Children

These are Belvue and Acton Schools. Belvue School is a purpose built school in Northolt, providing places for 180 children. It was opened in September, 1966 and its first pupils were, in the main, those transferred from the former Talbot School in Southall. Acton School is for 40 children. The additional school health facilities available to these schools are an annual medical examination and the visit of a speech therapist three times a week.

Residential Schools for Maladjusted Boys

East Quinton School at Seaford is for 32 junior boys and Red House School near Reigate is for 33 senior boys. In each case, the children are under the medical care of a local practitioner who visits the school once a week and as often as otherwise required.

Each child is examined, as a routine, once a term.

A psychiatrist, Dr. M. Main, attends both schools once a month and a psychologist visits twice weekly.

The following table sets out, in their various categories, the number of handicapped pupils as at 31st December, 1966.

Category of pupils	In Special Day Schools		In Special Residential Schools		In maintained Primary and Secondary Schools		Not at School		Total	
	M	F	M	F	M	F	M	F	M	F
Blind	1	4	3	2	-	-	-	-	4	6
Partially sighted	4	9	-	-	-	-	-	-	4	9
Deaf	3	5	5	2	-	-	-	-	8	7
Partially deaf	16	3	2	3	2	1	-	-	20	7
Educationally sub-normal	112	70	21	11	24	20	-	-	157	101
Epileptic	-	1	-	3	-	-	-	-	-	4
Maladjusted	41	15	77	19	13	5	1	-	132	39
Physically handicapped	37	18	3	7	6	5	-	1	46	31
Defective speech	10	1	-	-	-	-	-	-	10	1
Delicate	30	10	14	7	5	2	-	-	49	19
Total	254	136	125	54	50	33	1	1	430	224

SCHOOL DENTAL SERVICE

The School Dental Service has the following functions:-

1. The routine dental inspection of children at school.
2. Ensuring that any necessary dental treatment is received, either from the Council's own dentists or by attendance at a private dentist.
3. Dental Health Education.

Dental sessions are held at 13 of the Council's clinics.

The establishment of dental staff includes 14 dental officers and 18 surgery assistants. For the major part of the year the actual number of officers in employment was the full time equivalent 10.4 dental officers and 13.4 surgery assistants. This is a more satisfactory picture than is usually presented and is reflected in the figures given below for dental inspection and treatment. However, the uncertainty of maintaining a sufficiently high level of staffing makes the provision of a stable service extremely difficult. Patients and parents not unnaturally much prefer continuity, and expect to see the same dental surgeon regularly. The most successful clinics in the Borough are those where this has been the case. It was, therefore, disappointing to receive the resignation of two of our dental officers at the end of the year. This in no way reflects on the facilities and working conditions we are able to offer our dental staff, since these are in general of a high order, but is the result of being in a very competitive market. National salary scales for local authority dentists are ungenerous in relation to the rewards in private practice and as long as this continues to be the case recruitment will be difficult.

Dental Inspection

The figures for dental inspection during the year were as follows:-

Routine dental inspections during 1966	83% of school population
Found to require treatment	62%
Sessions devoted to inspection	4.7%

This is a markedly higher percentage of pupils inspected compared with last year when the figure was 66%.

Dental Treatment

The figures for dental treatment during the year were:-

Total visits to clinics	28,854
Teeth filled	22,264
Teeth extracted	6,127
General anaesthetics	2,548
Emergencies	1,386
Sessions devoted to treatment	3,651

Dental Health Education

During the year a dental auxiliary from the New Cross School began work at Ravenor Park Clinic where she undertakes a limited range of treatment under strict dental supervision. Equally, if not more important is her health education work for which she has been specially trained. The experiment so far has been very successful, and she has given talks and film shows on dental care to children at school and

at school dental inspections. Her efforts have been well received and favourably commented on by head teachers.

During the year, an inspection of the Council's dental services was carried out by a Dental Officer of the Department of Education and Science. He was in general satisfied with the service, but drew attention to the variation in standard of accommodation and equipment, the low percentage of dental inspections, the need to use surgery assistants less on clerical duties, and the absence of x-ray units in some clinics. The Council's plans for the dental service already coincide with the various recommendations of the Inspector, with the exception of the provision of increased x-ray facilities. At present x-ray facilities are available at four clinics which are staffed by experienced officers. Increasing these facilities could lead to the installation of expensive equipment which was not fully used, and which might have to be operated by officers whose experience was limited.

PREVENTION OF INFECTIOUS DISEASE

The School Health Service, in conjunction with the Council's other health services, is responsible for the control of all infectious disease in schools. In practice those which most frequently call for action are as follows:

1) **Gastro-intestinal infections**

The most usual infection is dysentery, which is not uncommon in schools, and in the case of infants schools it is usually difficult to control. The type of disease, however, is rarely serious, although it is usually confused in the minds of parents with much more serious types of dysentery.

Reference is made to an outbreak of this condition in an infants school earlier in this report.

The routine food hygiene work of the department continued during the year. Of the 50 school kitchens in the Borough 17 have been awarded the Food Hygiene Certificate of the Clean Food Scheme. 43 kitchen and serving staff attended courses of nine lectures given by public health inspectors.

2) **Winter Vomiting**

This is a disease characterized by a sudden onset of nausea, vomiting and giddiness. It is thought to be a virus condition and probably spread by droplet infection. An outbreak occurred at two schools during the year, involving approximately 78 children.

3) **Infectious Hepatitis**

The London Borough of Ealing is one of the few areas in the country where this disease is notifiable. In the event of a case being notified in a school-child, class contacts are offered gamma globulin, which is a serum extract which gives some measure of protection against the disease. Six cases were notified in five schools during the year, and a total of 58 children were given gamma globulin. None of these children subsequently developed infectious hepatitis.

4) **Tuberculosis**

The School Health Service is actively concerned in preventing tuberculosis. On the child's entry into school, subject to the parent's

consent, a tuberculosis skin test is carried out and the children with a positive reaction are referred to the chest clinic for x-ray to exclude active disease.

At the age of 13, parents are again invited to allow the child to have a tuberculosis skin test and if the reaction is negative, showing that the child has not yet acquired a natural immunity, a protective vaccination called B.C.G. is given.

The figure for B.C.G. vaccination in 1966 were:-

Number of children tested	2,420
Number of children vaccinated	2,161
Number of children positive	214

On notification of a case of active pulmonary tuberculosis in a school-child, an investigation is carried out on all school contacts. In the case of young children it takes the form of giving the skin test and a subsequent x-ray at the chest clinic, of those who give a positive reaction. The skin test is omitted for older children and adults and all are offered an x-ray. There were 4 cases of pulmonary tuberculosis notified in school children during the year, and investigations on the above lines were carried out.

Regulations as to Infectious Disease

These Regulations are based on current Ministry of Health policy and set out the types of infectious disease together with exclusion periods. All head teachers have a copy.

HEALTH EDUCATION IN SCHOOLS

In addition to the everyday work of the School Health Service, which is largely educative in nature, health visitors have for many years been playing an active part in a specific health education programme in operation in the Borough. In order to equip themselves for this work, two health visitors have attended a course extending over 42 weeks on 'Modern Methods of Health Education'.

The programme is as follows:-

- 1) A series of talks to senior girls on all aspects of preparation for adult life. The course consists of 12 one hour lessons and the subjects include sex education, venereal disease and the harmful effects of smoking. Ten senior schools participated in this programme. During the year 120 talks were given to 315 children.
- 2) A series of talks to junior schools, consisting of two or three lessons of one hour, on anatomy and physiology, particularly in relation to changes at puberty. Ten junior schools are participating. During the year 30 talks were given to 500 children.
- 3) In infants schools health education is confined to talks on dental hygiene, illustrated by visual aids and a 'Noddy' film. This is now largely undertaken by the recently appointed dental hygienist. During the year 2 talks were given to 474 children.

- 4) Talks to school leavers on food hygiene are given by public health inspectors. During the year 10 talks were given to 400 children. A total of 28 out of 132 schools in the Borough now have health education programmes as follows:-

	No. of Schools in Borough	Schools with Health Education Programmes
Secondary Girls	9	7
Secondary Boys	9	4
Secondary Mixed	13	5
Juniors	49	10
Infants	50	2
Junior & secondary mixed	2	-

INDEPENDENT SCHOOLS

The School Health Service is not generally available to children attending non-maintained schools, although Section 78 of the Education Act, 1944, provides for the extension of all or part of the service to such schools, subject to agreement between the proprietors and the local authority. There are certain facets of the School Health Service, however, in which private schools are included. They are:-

- 1) The consultant orthopaedic, ear, nose and throat, ophthalmology and psychiatric services are available to all school children since the consultants are officers of the Regional Hospital Board working under the National Health Service Act which does not differentiate between state-maintained and non-state-maintained school children.
- 2) Under Section 28 of the National Health Service Act the Council is responsible for providing immunisation against infectious disease, including B.C.G. vaccination, to all school children. During 1966, 330 children attending private schools were immunized against tuberculosis by the School Health Service.
- 3) Section 34 of the Education Act requires that all children in the Borough needing special educational treatment should be the responsibility of the Council.

The last requirement has given the Education Committee some concern since during the year it was asked to assume responsibility for two children aged 15 years and 14 years respectively needing special education abroad. These handicapped children had, until shortly before the request been unknown to the School Health Service. The Council's medical staff can only be in a really satisfactory position to advise on the merits of such request if they have had an opportunity to observe such children from an early stage in their school careers. Following the review of the School Health Service, the possibility is being investigated of extending it at least in some measure to private schools.

SCHOOLGIRL MOTHERS

Until a few years ago the pregnant schoolgirl was a sufficiently rare occurrence to call for no special consideration by the Health Department other than that given to any unsupported mothers. In my review of the School Health Service

I drew attention to an increase in this problem and the need for an enquiry into the completeness of the Council's service for schoolgirl mothers. This will proceed during next year.

CHILDREN UNABLE TO BENEFIT FROM EDUCATION AT SCHOOL

Under Section 57 of the Education Act children who are so mentally handicapped that they are unable to benefit by education at school are referred to the Council's Mental Health Service for further care. There is no arbitrary 'score' which decides the issue, but the generally accepted standard is as follows:-

Normal schooling	above 75
Education at a school for the educationally sub-normal	75 - 50
Unable to benefit from education	below 50

The purpose of this is to ensure that if suitable they shall receive alternative training at junior training schools. The number of children who were assessed as unable to benefit from education during the year was three. There is a total of 98 children of school age in Junior Training Schools.

RECUPERATIVE HOLIDAYS

Under Section 48 of the Education Act arrangements are made on the recommendation of a doctor, for convalescent holidays for school children. No charge is made.

During 1966, recuperative holidays were arranged for 34 school children.

24. GENERAL ENVIRONMENTAL HEALTH MEASURES

NUISANCES AND COMPLAINTS

During the year, 5,988 complaints were received, the main categories of complaint being as follows:-

Housing defects	1,404
Dustbins and refuse	773
Drainage	790
Animals	27
Insects and wasps	212
Food	348
Smoke emissions and bonfires	178
Overcrowding and multiple occupation	120
Noise	120
Rats and mice	1,562
Miscellaneous	454
	<u>5,988</u>

Action taken as a result of complaints resulted in 4,289 initial inspections of premises of all types and the service of 1,510 informal notices under the Public Health Acts and allied legislation. This informal action generally brought a satisfactory response and most requirements of the notices were dealt with in a reasonable time by the persons responsible. It was necessary, however, to serve 533 statutory notices in cases where action to remedy defects was not readily forthcoming and in the case of 13 premises, legal proceedings were taken. Of these 13 cases, 3 were adjourned to enable owners to carry out the works, and Nuisance Orders were made in the remaining 10 cases. Total costs payable to the Council amounted to £55. 3. 0d. A total of 4,580 repairs and improvements were carried out as a result of informal and formal action under the Public Health and Housing Acts. The most numerous items involved were the cleansing and repair of 1,015 drains and water closets, abatement of dampness in 373 cases, the removal of 343 accumulations of refuse and the repair of 337 walls and ceilings.

DESTRUCTION OF PIGEONS - Public Health Act, 1961

The contract with a firm specialising in the destruction of pigeons was renewed and the continuation of this work resulted in the destruction of 2,847 feral pigeons.

The usual pattern of behaviour of pigeons is for them to roost in belfries, etc., during the night and to perch on roofs or gather in open spaces during the day. Larger numbers can, therefore, be caught by night with relative ease, but trapping in daylight has to be confined to the early morning if adverse public reaction is to be avoided.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

One application for the renewal of a site licence for the use of a caravan on a sports ground was granted for a period of one year, expiring on 31st March, 1967.

The illegal occupation of open land and service roads in the extreme western edge of the Borough as camping sites by gipsies and other itinerant travellers continued to present problems. Several sites available in earlier years became

inaccessible owing to housing development schemes in the favoured areas and the problem has therefore been reduced considerably in extent. The district public health inspectors again co-operated with the Council's warden and in 16 instances served notices under Section 93 of the Public Health Act, 1936, requiring the removal of caravans within 24 hours in order to abate nuisances caused by lack of sanitary accommodation and depositing of refuse.

RENT ACT, 1957

The number of applications for certificates of disrepair from tenants of properties still under control remains small. The following table gives details of action during the year.

Part I - Applications for Certificates of Disrepair		
1.	Number of applications for certificates	21
2.	Number of decisions not to issue certificates	1
3.	Number of decisions to issue certificates -	
	a. in respect of some but not all defects	12
	b. in respect of all defects	8
4.	Number of undertakings given by landlords under paragraph 5 of the First Schedule	9
5.	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	-
6.	Number of certificates issued	13
Part II - Application for Cancellation of Certificates		
7.	Applications by landlords to Local Authority for cancellation of certificates	7
8.	Objections by tenants to cancellations of certificates	4
9.	Decisions by Local Authority to cancel in spite of tenants' objection	1
10.	Certificates cancelled by Local Authority	4

RADIOACTIVE SUBSTANCES ACT, 1960

Persons who keep or use radioactive material, unless specifically exempted, are required to be registered by the Minister of Housing and Local Government, who authorises the accumulation or disposal of such material. The Minister notifies local authorities of any Certificate of Registration which he issues. During the year, two notifications were received in respect of newly registered premises, and four notifications in respect of premises where revised certificates had been issued. One certificate was withdrawn.

In all these cases, visits were made to the premises concerned to obtain information about safety precautions and other measures of control. Although the Council has no special responsibility for control, such visits were made to ensure that some detailed information was available locally in case of accident.

At the end of the year, 20 premises within the Borough were registered under the Act.

INSPECTION OF FACTORIES AND OUTWORKERS' PREMISES - Factories Act, 1961

This act and various regulations made under it places on local authorities the responsibility for the enforcement of provisions relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in respect of any factory where mechanical power is not used, and the provisions concerning sanitary conveniences in powered factories. In accordance with Section 8 of the Act, a register of all factories in the Borough is kept and at the end of the year 1,119 premises were registered. Routine inspections were carried out at 430 factory premises and, although a number of defects were found, most of these were remedied during the year and in no case was it found necessary to institute proceedings.

Section 133 of the Act required occupiers of factories to notify local authorities of the names and addresses of persons employed by them in their own houses when they are engaged on certain classes of work. 61 visits of inspection were made to outworkers' houses and in all cases conditions were found to be satisfactory.

Statistical information is given in Tables 8, 9, and 10.

COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

At the end of the year, 11 premises in the Borough were registered under this Act, which is designed to secure the use of clean filling and lining materials in upholstered articles, and other articles which are stuffed or lined.

Conditions were found to be satisfactory in all cases.

THE NOISE ABATEMENT ACT, 1960

Noise Complaints

The number of complaints received during the year about alleged noise nuisances was 119. This figure is an increase of 17% above the number of complaints received during 1965 and again points to the greater reaction of the general public to the whole problem of noise.

The complaints referred to noise from commerce and industry, noisy neighbours, traffic, road drills and the keeping of animals. As would be expected from the mixed development of parts of the Borough, approximately half of the complaints related to noise from factories or commercial premises. Of these it was found that about 65% could be held to be nuisances. In the case of the complaints about noise from other sources, the position was reversed, and only 35% were found to be justified. Once again, the Council did not require to use formal statutory action to achieve the necessary reductions in noise emissions.

In the autumn, the attention of the Public Utility companies was drawn to the number of complaints being received in the department regarding excessive noise from road drills and pointing out that the Borough Engineer and Surveyor had undertaken to equip the Council's drills with the appropriate noise converters or mufflers. The response to this appeal was generally favourable, although one company pointed out that there was a loss of efficiency with some types of muffle. It was noticed

over the latter months of the year that there was an increase in the use of converters and muffles by contractors, with a satisfactory decrease in nuisance.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act is designed to raise standards of working conditions in offices, shops, warehouses, canteens, catering establishments and fuel storage depots so as to promote the health, welfare and safety of the employees.

At the end of the year, 2,964 premises were registered by the Council under this Act, there having been 204 additions to the register, and 56 deletions. There were still some areas of the Borough which had not been fully surveyed by the end of 1966, and it cannot be said that the register was fully accurate or complete.

Inspection of premises to which the Act applied continued at a very satisfactory pace with 1,607 general inspections and a total of 2,802 visits of all kinds. With the appointment of an additional full-time technical officer in October it was possible to intensify the extent of registration and reinspection by the end of the year. Although there were some difficulties with a number of occupiers who were initially reluctant to comply with the requirements of the Act, there was a general acceptance of the Council's requirements for securing compliance.

Occupiers are responsible for notifying accidents to their employees which result in absences of three days or more from normal work. During 1966, 108 accidents were reported - an increase of 11 over the figures for 1965. A leaflet giving details of the regulations relating to accidents was sent out to occupiers with all correspondence relating to their premises because it was felt that many accidents were still not being notified. Fortunately there were no fatal accidents during the year, but there was one prosecution in a case where serious injury was caused to an employee who fell through an unguarded trap door in a shop floor. There were two contraventions of Section 16 of the Act. The opening of the trap door was not securely fenced and steps leading to the basement were not provided with handrails or handholds. The magistrate found both charges proved and imposed total fines of £30 with 20 guineas costs. The following table gives an analysis of reported accidents according to their primary cause:

Primary Cause	Adults 18 & over		Young persons under 18		Total
	M	F	M	F	
Non-power machinery in motion	1				1
Power machinery in motion	3	3			6
Vehicles moved by power	1	1			2
Vehicles moved by non-power	1				1
Falls on or from stairs	3	5			8
Falls on or from ladders	1	5			6
Other falls from one level to another	9	3	1		13
Falls on same level	5	12	1	3	21
Stepping on or striking object or person	2	5		1	8
Handling goods	9	7	3		19
Struck by falling object	1	2		1	4
Use of hand tools	4	1	1	1	7
Fire	1	2			3
Electrical		1			1
Lifts and hoists	5	1	2		8
Totals	46	48	8	6	108

A second successful prosecution taken under the Act concerned shop premises occupied by a furniture retailing firm. There were six offences relating to the absence of thermometers, absence of hot and cold running water, dirty store and wash room, absence of a handrail or handhold to the staircase to the first floor, a defective sanitary convenience and the absence of an adequate first aid box. The company occupying the premises pleaded guilty to all charges and was fined a total of £120 with 10 guineas costs.

During the year, the Council received two applications for exemption from the requirements of Section 24 of the Act relating to the provision of first aid boxes on the grounds that first aid rooms were to be provided. In one case a satisfactory room had been prepared and equipped and the application was granted. The second application related to a newly constructed warehouse and office building, in which a specially designed first aid suite had been constructed but, as work had not been completed at the end of the year, consideration of the application was deferred.

One application for exemption from the requirements of Sections 9 and 10, relating to sanitary conveniences and washing facilities, was received and granted for a period of six months. One exemption granted in 1965 under Sections 9 and 10 lapsed during the year when the premises changed hands.

The following tables summarize the work done under the Act during the year:-

In the autumn, the attention of the Public Utility Companies was drawn to the number of complaints being received in the department regarding excessive noise from road drills and pointing out that the Borough Engineer and Surveyor had undertaken to equip the Council's drills with the appropriate noise converters or muffles. The response to this appeal was generally favourable, although one company pointed out that there was a loss of efficiency with some types of muffles. It was noticed

Registrations and General Inspections:

Class of Premises	No. of premises registered during year	Total No. registered at end of year	No. of general inspections
Offices	53	815	277
Retail shops	128	1880	1087
Wholesale shops, warehouses	14	104	98
Catering establishments open to public, canteens	9	161	145
Fuel storage depots	-	4	-
Totals	204	2964	1607

No. of visits of all kinds by Inspectors to registered premises

2,802

Analysis of persons employed in registered premises by workplace:-

Class of workplace	Number of persons employed
Offices	13,412
Retail shops	10,759
Wholesale departments, warehouses	1,580
Catering establishments open to public	1,339
Canteens	183
Fuel storage depots	54
Total	27,327
Total males	12,840
Total females	14,487

Contraventions remedied

Items	No. of Improvements
Premises cleansed	137
Overcrowding abated	10
Temperature improved	52
Thermometers provided	119
Ventilation provided or improved	40
Lighting improved	23
Windows and skylights cleaned	6
Lighting apparatus repaired	8
W.C. accommodation increased	21
Washing facilities increased (basins)	50
Hot and cold water provided	80
Soap provided	19
Towels provided	19
Drinking water provided	6
Drinking vessels provided	2
Accommodation for clothing provided or improved	53
Facilities for drying clothing provided	14
Sitting facilities provided or improved	31
Meal facilities provided or improved	14
Floors, stairs, passages, etc., repaired	48
Handrails provided	21
Staircase guards provided	11
Machinery guarded	47
First aid boxes provided or refilled	157

Fairs and Circuses

The Council gave consideration during the year to the question of sanitary conveniences at fairs and similar events. It was decided that strict conditions should be specified in the Council's contracts with showmen, and this decision was implemented during the Fair Season this year. These include provisions relating to the number, type, lighting, condition and location of trailers used as sanitary conveniences.

The Agreement also detailed arrangements which were to be made to ensure that regular emptying and cleansing of closets could be carried out by the Borough Engineer and Surveyor's Department.

Fairs were held on Ealing Common, in Acton Park, and at Northolt, and frequent inspections showed compliance with the conditions imposed.

Food stalls were numerous on the sites and the standard of hygiene was found to be reasonable.

DISINFECTION AND DISINFESTATION

The amount of work connected with disinfestation for the eradication of bed bugs continues to decline and heavy infestations are now rarely found. Disinfestation measures were taken in 89 houses, following complaints of bed bugs and other insects.

Nearly 400 items were disinfected by formalin spray, and these were mainly articles of clothing despatched to various European countries by relatives and friends. Import of such clothing to certain countries is only permitted on production of a certificate of disinfection.

Routine terminal disinfection of 133 houses, after cases of illness, was carried out, mainly as a result of special requests from the occupiers.

Articles disinfected by steam are dealt with at the Cleansing Station at Scott's Road, W.12., by arrangement with the London Borough of Hammersmith; but it was only necessary to use these facilities on one occasion during the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work carried out by the rodent operatives:-

Complaints received	1,562
Premises inspected	1,949
Premises found to be infested with:	
1) Rats	847
2) Mice	452
Re-visits to infested premises	4,978
Fees received for treatment	£1,904

RODENT CONTROL IN SEWERS

During the year, approximately 2,000 sewer manholes were baited with fluoracetamide for controlling rats in the sewers in accordance with the recommendations of the Ministry of Agriculture, Fisheries and Food. The initial treatment of the Borough has almost been completed and the information gained over the last two years, together with improved methods of recording infestations and increased transport facilities, will enable the operatives to deal more effectively with both sewer and surface infestations.

BYELAWS RELATING TO HAIRDRESSERS

On 1st September, new byelaws as to hairdressers and barbers, made under Section 77 of the Public Health Act, 1961, came into force in the Borough. Copies of the byelaws were sent to approximately 250 hairdressers and barbers and, by the end of the year, 69 premises had been inspected. These inspections were normally combined with inspection under the Offices, Shops and Railway Premises Act, 1963. At all the premises inspected, any defects found were dealt with either under the Act or the byelaws.

25. WATER SUPPLIES, SWIMMING BATHS AND SEWAGE DISPOSAL

WATER SUPPLIES

Four water undertakings supply the Borough with mains water. The Colne Valley Water Company supplies small parts of Perivale and Horsenden Wards. The Rickmansworth and Uxbridge Valley Water Company supplies the remainder of Perivale and Horsenden Wards, part of Waxlow Manor Ward and the whole of Ravenor, Mandeville and West End Wards. The South West Suburban Water Company supplies the whole of Dormers Wells and Northcote Wards, the remainder of Waxlow Manor Ward and part of Glebe Ward. The Metropolitan Water Board supplies all other areas of the Borough not already mentioned.

These public supplies have been satisfactory in quality and quantity and are not subject to plumbo-solvent action. Water from public mains was supplied to 89,524 dwellings with a mid-1966 estimated population of 303,940.

Private supplies are derived from wells at 11 factories in the Borough. In these factories water is obtained from deep borings ranging in depth from 300 to 600 feet. Of 32 samples of water from these wells submitted for bacteriological and chemical examination during the year, two were found to be unsatisfactory. After thorough cleansing and sterilization of supply pipes repeat samples proved to be satisfactory.

As a result of complaints, nine samples of tap water from public supplies were taken, three of which proved to be unsatisfactory. In these cases, storage tanks had become contaminated. After the tanks had been thoroughly cleaned and properly covered, satisfactory repeat samples were obtained.

Water Samples, 1966.

	Samples	Satisfactory	Doubtful	Unsatisfactory
Well supplies	32	30	-	2
Public supplies	9	6	-	3
Totals	41	36	-	5

FLUORIDATION OF WATER SUPPLIES

In the latter part of 1965 the Council considered the advice given in Ministry of Health Circular 15/65 on the subject of fluoridation and passed a resolution in which it approved the addition of fluoride to the public water supplies in the Borough. Water undertakers serving the Borough were notified of the Council's decision, and, in accordance with the Minister's approval under Section 28 of the National Health Service Act, 1946, were asked to make the necessary arrangements.

In an area such as Greater London with its 33 local health authorities and with public water supplies provided by eight separate water undertakings, agreement on fluoridation by all parties concerned has proved difficult. The problem was considered by the London Boroughs Committee in May 1966, when it was reported that an approach had been made to the Minister of Health with a view to the introduction

of legislation enabling fluoridation of water supplies to be directed nationally. The Council supported the views of the London Boroughs Committee. The Minister, however, remained of the opinion that every possible step should be taken to secure fluoridation by the use of existing powers and that the taking of further powers at present would be premature.

Attempts are still being made to secure agreement amongst all local authorities in the area.

SWIMMING BATHS

The Council has four indoor public swimming pools at Ealing, two indoor pools at Acton and an outdoor pool and paddling pool at Southall. At four of the Council's schools there are swimming pools and there is also a pool at one direct grant school. A local industrial firm operates an outdoor swimming pool at its sports ground at Greenford and a private swimming pool is provided for the residents of a privately owned housing estate.

The Department took samples of water from each pool at regular intervals throughout the year and these were submitted for bacteriological examination.

A total of 415 samples was taken of which only eight were unsatisfactory. In the latter cases repeat samples were found to be acceptable and advice was given where necessary.

The results are given below:-

	No. of Pools	Satis- factory samples	Unsatis- factory samples	Total samples
Public baths	8	289	-	289
School baths	5	94	5	99
Private baths	2	24	3	27
Totals	15	407	8	415

The Council's analyst also carried out detailed chemical and bacteriological examination of swimming bath water at intervals with the following results:-

	No. of Pools	Satis- factory samples	Unsatis- factory samples	Total samples
Public baths	8	67	1	68
School baths	5	15	2	17
Private baths	1	4	1	5
Totals	14	86	4	90

The unsatisfactory sample from the public bath was obtained at a time when the plant was undergoing repair.

The unsatisfactory results from the schools were due to the presence of B coli Type II, and the dichloramines, permanganate value and albuminoid nitrogen being too high. The reason for the unsatisfactory result from the private bath was that the pH value was too low.

When these results were notified to the appropriate authorities, the necessary action was taken so as to ensure that satisfactory samples were obtained.

DRAINAGE AND SEWERAGE

The Greater London Council is responsible for the treatment of soil sewage at its Disposal Works at Mogden and Barking. The surface water drainage, where it is not combined with soil drainage, is discharged to water courses or the River Brent.

30 premises, not connected to the main sewers, are drained to cesspools or septic tank installations and four premises have pail closets.

Total samples	Factory samples	Factory samples	No. of Pools	
288	22	288	8	Public baths
27	3	24	2	School baths
		24	2	Private baths
415	8	407	12	Totals

The Council's analyst also carried out detailed chemical and bacteriological examination of swimming bath water at intervals with the following results:

Public baths	School baths	Private baths	Total
8	2	2	12
288	24	24	407
22	3		25
			27
			288

26. MEAT INSPECTION AND ANIMAL PROTECTION

MEAT INSPECTION REGULATIONS

The large factory slaughterhouse at Acton is engaged in the slaughtering and processing of pigs by a moving line system dealing with approximately 327 carcasses an hour. The Council maintains a staff of authorised meat inspectors and assistants to carry out the provisions of the Meat Inspection Regulations, 1963, as amended by the Meat Inspection (Amendment) Regulations, 1966. These amending Regulations came into operation in September and provide further measures necessary to bring about full inspection of all home-killed meat before it leaves the slaughterhouse. They empower local authorities to fix the times at which slaughtering may take place in any private slaughterhouse; prohibit the removal of meat from a slaughterhouse until it has been inspected and stamped and make certain changes in the inspection procedure in the principal Regulations.

With the change in the detailed inspection of pigs as required by these Regulations, it was found necessary to increase the inspection team to 10. The work still remained exacting and tiring but, with 12 authorised meat inspectors, it was possible to commence a system of rest days in October when summer leave had finished. This resulted in a reduction in the amount of overtime worked and an appreciation of this facility by the staff concerned.

The Slaughterhouse (Hygiene) (Amendment) Regulations, 1966, were made in October and will come into operation in February, 1967. They prohibit the retention in a slaughterhouse of any carcass of an animal slaughtered elsewhere unless special conditions are complied with; limit, except where an authorised officer gives his consent, and subject to certain conditions, to 72 hours the period which any animal intended for slaughter may be kept in a slaughterhouse; impose an obligation on an occupier of a slaughterhouse to keep the lairage clean; and prohibit the use of wiping cloths in dressing of carcasses but until 1st November, 1968 a wiping cloth may be used on any carcass or offal, if it is sterilised before use, and used on only one carcass and its associated offal before re-sterilisation.

Tables 15 and 16 give details of meat inspection carried out during the year.

POULTRY INSPECTION

There are no poultry processing and packing premises in the Borough.

DISEASES OF ANIMALS ACT, 1950

The Borough remained free of notifiable diseases throughout the year. No prosecutions or official cautions under the Act were made.

In August and September foot and mouth disease occurred in Northumberland, whilst an isolated outbreak was notified in West Sussex. In neither instance was the Borough involved in any licensing procedure.

Mr. J. A. Morris, M.R.C.V.S., continued in his duties under the Act at Southall Market, and authorised 52 market sales under the Regulation of the Movement of Swine Order, 1959, and issued 574 movement licences authorising 12,548 pigs to be moved out of the market. Of 22 vehicles inspected, no contraventions were found.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

Five plants are still in operation and are working satisfactorily.

SLAUGHTER OF ANIMALS ACT, 1958

Four new applications for licences were received and approved whilst 13 applications for renewal of existing licences were received and granted.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Four applications for the renewal of licences were received and granted. The premises concerned were inspected on five occasions during the year.

PET ANIMALS ACT, 1951

Licences in respect of 20 premises were renewed and one new application for a licence was received and granted. The number of routine visits made was 37.

RIDING ESTABLISHMENTS ACT, 1964

A licence in respect of one establishment was renewed and one new application was received and a licence granted after reports from the Council's veterinary adviser. Routine visits were made on 16 occasions.

27. HOUSING

The principal housing work of the department is concerned with unfit houses and houses in multiple occupation.

UNFIT HOUSES

a) Clearance Areas

The following progress was made during the year in connection with the Council's programme for 1965 - 1970 which has been submitted to the Minister of Housing and Local Government:-

1 - 9 (consecutive) Vine Cottages, Lower Boston Road, W.7	Demolition completed
1 - 23 (consecutive) Adelaide Cottages, W.7	Demolition completed
18 - 26 (evens) Church Road, W.7	Remaining two families to be rehoused early 1967.
1 - 6 (consecutive) Williams Passage; 1 / 26 (consecutive) Green Man Lane, and 1,3,5 & 7 St. John's Road, W.13	Compulsory Purchase Order made. Confirmed after public inquiry. Some families rehoused.
1 - 14 Buckingham Terrace and 1,2 and 3 Clearview Cottages, Southall.	Compulsory Purchase Order made. Public inquiry held.
89 - 99 (odds) High Street, & 1,2,3,& 4 Park View Road, Southall	Clearance Order made. Public inquiry held.

b) Individual Unfit Houses and Parts of Houses

139B The Grove, W.5	Closing Order made, and premises vacated.
92 and 94 Boston Road, W.7	Demolition Orders made, and some tenants rehoused.
3 and 5 Norwood Road, Southall.	Demolition Orders made.
15, 17, 27, and 29 Norwood Road, Southall.	Remaining occupants rehoused following Demolition Orders made in 1964 and premises demolished.
8 Green Man Lane, W.13	Premises vacated following Closing Order made in 1965.
145/147 Boston Road, W. 7	Demolished following Closing Order made in 1934, in respect of No. 145.

c) **Underground Rooms**

New regulations for the London Borough, made in 1965, were confirmed by the Minister of Housing and Local Government in 1966. The following action was taken during the year in respect of underground rooms at the premises listed:-

83 Church Road, W.3 (Basement)	Closing Order made and tenant rehoused. Premises later made fit and Order determined except in respect of one room approved for storage.
11a Hardwicke Road, W.4 (Basement)	Closing Order made and tenant rehoused.
55 Mount Avenue, W.5. (Basement)	Premises made fit and Closing Order made in 1956 fully determined.

HOUSES IN MULTIPLE OCCUPATION

The powers available to the Council for use in connection with houses in multiple occupation are as follows:-

- 1) **Housing Act, 1957, Section 90, Abatement of Overcrowding.**
This empowers the Council to prosecute when the 'permitted number' for a house or part of a house in multiple occupation is exceeded. The legal standard is laid down in Section 77, and in the 6th Schedule of the Act, and it is related to the number of available living rooms and bedrooms, and their respective floor areas. The number of persons permitted is calculated in terms of equivalent adults, children under one year being disregarded, and children between 1 and 10 years counted as half an equivalent adult.
- 2) **Housing Act, 1961, Section 19 - Directions.**
Under this Section the Council may give a Direction limiting the number of individuals, who in the Council's opinion should occupy a house in multiple occupation. A Direction does not require the surplus occupants to leave immediately but it is an offence to allow further individuals to take up residence, or to replace any who leave, until the number has been reduced to below that fixed by the Direction.
- 3) **Housing Act, 1961, Sections 15 and 16 (Improvement to Amenities and means of escape from fire)**
Under Section 15 certain additional facilities may be required to be provided in houses in multiple occupation according to the Council's standards. The improved amenities include ventilation, water supply, sanitary conveniences, and facilities for storage of food.
Under Section 16 improvements of means of escape from fire can be required, the code of practice followed being that laid down by the Greater London Council.
- 4) **Housing Acts, 1961 and 1964, Registration Schemes**
Local Authorities may submit schemes for the registration of houses in multiple occupation for the approval of the Ministry of Housing and Local Government.

5) **Housing Act, 1961, Section 12**

Contains the power to make an Order applying a Code of Management of any house in multiple occupation.

6) **Housing Act, 1964 - Control Orders**

This empowers the Council, short of becoming the actual owners, completely to control the house.

There are in general, two types of houses in the Borough in multiple occupation:

- 1) Large several storied Victorian houses, often standing in their own grounds. Such properties are capable of providing satisfactory accommodation for several families providing the necessary adaptation is carried out. The Council in these circumstances therefore use the legislation that requires such increased amenities to be provided, i.e. Section 15.
- 2) Small terraced or semi-detached houses, built usually after the turn of the century. These commonly have two rooms and a kitchen on the ground floor, and three bedrooms and sometimes a bathroom on the first floor. Many of these have one W.C. only on the ground floor, but some do have an additional W.C. on the first floor level. No amount of increased amenities can make such property satisfactory for multiple occupation, and it is therefore not the Council's policy to require the provision of improvements. To do so would be, in effect, to sanction unsatisfactory multiple occupation. In this type of property, therefore, the Council's policy is to make Directions under Section 19, with the object of reducing the number of occupants.

In addition on any type of property the Council uses Section 90 of the Housing Act, 1957 (Abatement of Overcrowding) and Section 16 of the Housing Act, 1961, (Improvement of means of escape from fire).

The Council has not made any Control or Management Orders, the procedure laid down being extremely involved. There is, however, one Management Order which was made by the former Municipal Borough of Ealing which is still in force.

Nor has the Council submitted a scheme for registration of houses in multiple occupation. It has felt that whereas licensing prior to use might be of value, powers which merely provided for registration once such misuse had begun, would not be helpful in dealing with the problem.

General Legal position

The existing powers for dealing with houses in multiple occupation are unsatisfactory and inadequate in certain respects, the main deficiencies being as follows:-

- 1) The fines imposed by the local Magistrates Court when cases for contraventions of Directions are heard are normally small and it is suspected that they are regarded by some owners as being part of their overhead expenses in letting their houses to an excessive number of individuals. Once the Council has prosecuted for a contravention no further action can be taken so long as the same individuals remain the house. If there were to be a daily penalty for a continuing offence this would act as a strong deterrent and

would eventually result in a considerable thinning down of the number of individuals living in the area.

- 2) A house in multiple occupation is one which is occupied by members of more than one family or which is let in lodgings. There is however, a lack of precise definition in the Housing Acts of the term 'family'. This has always caused difficulty which has been accentuated by a recent interpretation by the Court of Appeal in the case of the Royal Borough of Kensington and Chelsea v. Holm. Until a more positive definition of 'family' can be established the Council will continue to have difficulty especially in houses occupied by Asian immigrants. It is found that there is an almost indefinite degree of inter-relation between individual families in a house owing to the customs of the communities from which they come and the fact that they frequently originate from the same villages.
- 3) Any scheme of registration similar to that envisaged by the Housing Acts 1961 and 1964, or to the scheme operating in Birmingham under the Birmingham Corporation Act, 1966, would not help to solve the housing problem in Southall. The normal exemption of a house with up to two families or up to four lodgers would certainly take many of the houses in Southall out of such a scheme completely.

All these deficiencies have been considered frequently by the Environmental Health Committee and the Council, and representations have been made from time to time to the Minister of Housing and Local Government. At the end of the year an interview with the Ministry of Housing and Local Government was being sought with a view to obtaining more extensive powers to deal with houses in multiple occupation. Details of action taken to enforce the provisions of the Housing Acts relating to houses in multiple occupation are given in the following tables:

Houses in multiple occupation - action taken	Totals for years 1963-1965			1966			Totals
	Acton	Ealing	Southall	Acton	Ealing	Southall	
Directions given (Section 19 Housing Act 1961)	1	3	835	7	32	149	1,027
Prosecution for contravention of Directions	-	-	7	-	-	66	73
Notices to improve facilities and means of escape from fire (Sections 15 and 16 Housing Act, 1961)	24	22	-	58	50	-	154
Overcrowding notices (Section 90 Housing Act 1957)	1	-	20	1	1	6	29
Prosecution for contravention of overcrowding notices	-	-	93	-	-	2	95
Notices requiring information as to occupants (Section 19 Housing Act 1961)	-	2	947	-	3	383	1,335
Prosecution for failure to supply information	-	-	7	-	-	1	8
Prosecutions for false information	-	-	-	-	-	1	1
Control Orders made (Housing Act 1964)	-	-	-	-	-	-	-
Management Orders made (Section 12 Housing Act 1961)	-	1	-	-	-	-	1
Total visits and inspections of houses in multiple occupation during 1966							2,857

Overcrowding - Section 90 of the Housing Act, 1957

Number of dwellings overcrowded at end of year		20
Number of families occupying these houses		58
Number of individuals living in these houses		229
Number of new cases overcrowding reported during the year		8
Overcrowding relieved during the year (a) Number of cases		20
(b) Number of individuals involved		102

Of the 66 prosecutions for contraventions of the terms of direction given under Section 19 of the Housing Act, 1961, 63 were successful. Fines amounting to £587. 7. 0d. were imposed in these 63 cases, and a total of £169. 1. 0d. costs awarded to the Council. The fines ranged from £5 to £25, and the costs from £2. 2. 0. to £5. 5. 0.

In two cases of failure to abate overcrowding following the service of notices under Section 90 of the Housing Act, 1957, the magistrates imposed total fines of £35. 0.0d. with £4.4.0d. costs to the Council.

For failure to give information contrary to Section 170 of the Housing Act, 1957 in one case, and for giving false information in another case, there were fines of £3. 0.0d. and £10. 0.0d. respectively with costs to the Council of £1.1.0d. and £2. 2.0d.

Overcrowding notices (Section 90 of the Housing Act, 1957) are served on the owner of a house if it is found to be overcrowded. The normal exemption of a house with up to two families or as to four or five persons would certainly take many of the houses in Sothly out of consideration completely.

All these deficiencies have been considered by the Council and the Council has been in contact with the Ministry of Housing and Local Government. At the end of the year the Council has been in contact with the Ministry of Housing and Local Government to obtain more powers to deal with overcrowding. Details of action taken to enforce the provisions of the Housing Act, 1957, are given in the following table:

Total visits and inspections of houses in multiple occupation during 1966	
1	2,287

Overcrowding - Section 90 of the Housing Act, 1957	
102	Number of individuals involved
5	(a) Number of cases
8	Number of new cases overcrowding reported during the year
228	Number of individuals living in these houses
88	Number of families occupying these houses
20	Number of dwellings overcrowded at end of year

28 CLEAN AIR

The Council's policy of establishing Smoke Control areas to cover the whole Borough by 1972 was continued and during the year four further Orders were made. These related to Areas Nos. 26, 27, 28 and 29 covering 825 acres and including 4,970 dwellings and 145 other buildings. Of these Orders Nos. 26 and 27 were confirmed by the Minister of Housing and Local Government and come into operation on 1st June and 1st July, 1967, respectively. Orders Nos. 28 and 29 were submitted to the Minister and were awaiting confirmation at the end of the year. Order Nos. 21, 22, 23, 24 and 25 made in 1965 became operative during 1966. Surveys of Areas Nos. 30 and 31 were almost complete at the end of the year and preliminary work on Areas Nos. 32 and 33 had been commenced.

Figures which indicate progress made in this Borough compared with Greater London and the total 'black areas' of the whole country are given in the following table:

Region	No. of acres covered by Smoke Control Orders.	Percentage of total 'black area' acreage so covered.	No. of premises covered by Smoke Control Orders	Percentage of total 'black area' premises so covered
Whole Country 'black areas'	517,740	24.13	2,926,810	35.66
Greater London	173,240	52.97	1,537,980	58.03
London Borough of Ealing.	8,349	60.92	59,173	58.89

The following table and map give details of progress made in Ealing up to 31st December, 1966:

Progress of Smoke Control Programme

	No. of Smoke Control Orders	Acres	No. of dwellings		No. of other buildings	Total Premises
			Private	Local Authority		
In operation	42	7524	44,451	6,921	2,686	54,058
Confirmed but not yet in operation	2	537	1,500	679	24	2,203
Awaiting confirmation	2	288	2,529	262	121	2,912
Totals	46	8349	48,480	7,862	2,831	59,173

London Borough of Ealing - Smoke Control Areas (coloured yellow on map)

Smoke Control Orders Year of operation

Acton Nos. 1 - 9

Ealing Nos. 1 - 17 1960 - 1964

Southall Nos. 1 - 5

Acton Nos. 10 & 11

Ealing Nos. 18, 19 & 20 1965

Southall No. 6

Ealing Nos. 21, 22, 23, 24 & 25 1966

Ealing Nos. 26 & 27	Made and confirmed in 1966 but not coming into operation until 1st June and 1st July, 1967, respectively.
Ealing Nos. 28 & 29	Made in 1966, but awaiting confirmation by the Minister of Housing and Local Government.
Ealing Nos. 30 & 31	Surveys almost complete.

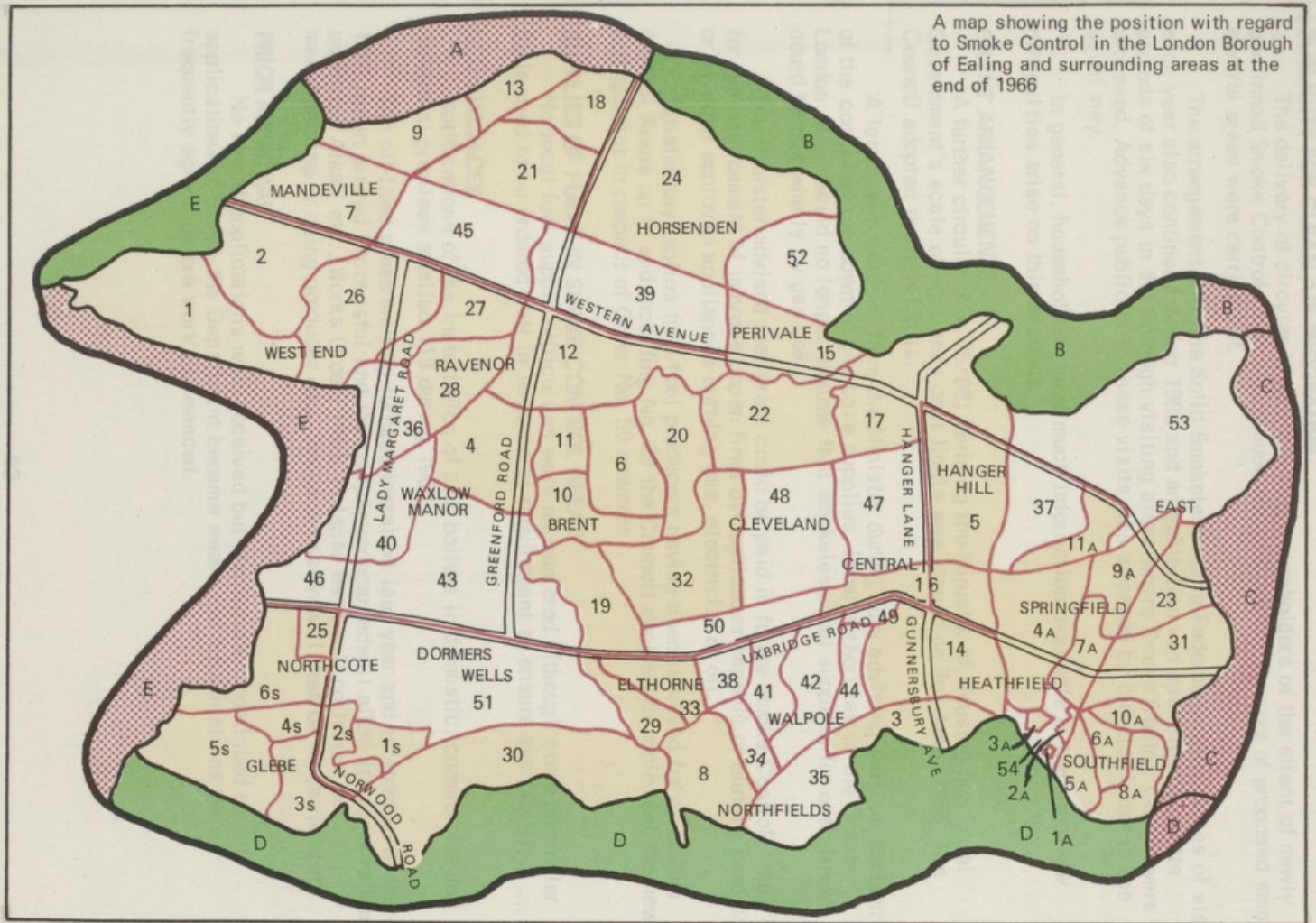
Ealing Nos. 32 & 33 Surveys in progress.

Smoke Control Areas in adjoining districts.

Areas where Smoke Control Orders are in operation are shown in red on the map, and areas where Orders are proposed for future years are shown in green.

London Boroughs.		Local Authority	Private	Area	Control Order	Status
A.	Harrow.	8,821	49,421	58,242	42	In operation
B.	Brent.					Confirmed but not yet in operation
C.	Hammersmith.	27,700	7,700	35,400	2	Yet in operation
D.	Hounslow.					Awaiting confirmation
E.	Hillingdon.	292	2,028	2,320	2	Awaiting confirmation
		7,821	48,140	55,961	48	Total

A map showing the position with regard to Smoke Control in the London Borough of Ealing and surrounding areas at the end of 1966



Yellow - Smoke Control Areas in the London Borough of Ealing. Red - Smoke Control Areas in adjoining districts.
 Green - Proposed Smoke Control Areas in adjoining districts.

PUBLICITY FOR CLEAN AIR PROGRAMME

The delivery of circular letters advising householders of the effect of newly confirmed Smoke Control Orders continued and preliminary surveys of proposed smoke control areas were carried out.

The arrangement with the Solid Smokeless Fuels Federation for a series of visits each year also continued during 1966 and an exhibition van spent four separate periods of six days in the Borough visiting areas where Smoke Control Orders were proposed. Advance publicity of these visits was arranged by circular letter in the usual way.

In general, householders have much information available to them and few difficulties arise on this account.

GRANT ARRANGEMENTS

A further circular (No. 25/66) revising the Minister of Housing and Local Government's scale of appliance cost limits was issued on 3rd June, 1966. The Council adopted the new limits.

A letter was received from the Minister during July advising that, on account of the continued run down in gas coke supplies, local authorities in the Greater London Area should no longer assume that smokeless fuel supplies for open fires could be met wholly by gas coke.

The Minister advised that grant could be paid in future Smoke Control Areas for the replacement of improved open fires by appliances capable of burning hard coke or by other approved appliances burning gas, electricity or oil.

Satisfactory replies from fuel producers having been received for all Smoke Control Areas up to and including No. 29 the Council decided to implement the new arrangement in respect of Order No. 30 onwards.

SUPPLIES OF FUELS IN SMOKE CONTROL AREAS

No local fuel supply difficulties were encountered although some particular fuels need to be ordered well in advance of requirement to ensure availability.

NEW FURNACES

Notifications of the installation of new boilers in domestic, commercial and industrial premises totalled 119 during 1966.

The oil-fired glass melting furnace installed last year and referred to in the 1965 report proved successful and the company concerned will allow its registration under the Alkali etc., Works Order, 1966, to lapse as it will no longer be manufacturing or using producer gas. Smoke emission will thus be much reduced.

PRIOR APPROVAL

No formal applications were received but consultation continued on all applications of which the Department became aware and modifications were frequently agreed before work commenced.

HEIGHTS OF CHIMNEYS

Applications under the Building Regulations, 1965, in respect of new chimneys totalled 84, a considerable increase over last year's total of 19. This increase was partly accounted for by the greater emphasis given to chimneys and flues in the Building Regulations by comparison with the former Building Byelaws. New oil-fired warm air heaters for factories, warehouses and garages are proving popular and also contributed to the increase.

The full fume arrestment plant for the British Bath Works, Greenford, was commissioned late in the year after some delays due to late delivery of equipment and unforeseen difficulties in supporting the new equipment on the existing cupolas. Regular use of the new plant had not commenced by the end of the year but the commissioning trials suggested that a considerable improvement will be achieved which will be most welcome in the neighbourhood surrounding the works.

MEASUREMENT OF AIR POLLUTION

The six daily volumetric instruments for measuring smoke and sulphur dioxide in the air and the six deposit gauges (including one operated by the North Thames Gas Board) for monitoring local emissions were maintained in operation during the year. The complete results for the year are given in Tables 11, 12 and 13.

The overall figures for the daily volumetric instruments show average reductions, compared with 1965, of 25% in the amount of smoke and 12% in the amount of sulphur dioxide in the air. The reduction in the amount of smoke is not quite so great as that noted between 1964 and 1965, but the reduction in sulphur dioxide is three times greater than that observed between those two years.

The deposit gauge figures, which are subject to irregular fluctuations due to varying weather conditions, show an overall rise in deposit of 16%. The trend lines, obtained from using five year moving averages, show slight rises for the stations at Bashley Road, Acton, Birkbeck Avenue, Greenford, and Longfield Depot and decreases at the other stations. The dieselisation of the Western Region engines would appear to have had a marked effect on the gauge at Park Avenue, Southall, as this gauge has given successively lower deposits over the past five years.

CONTRAVENTIONS OF SMOKE CONTROL ORDERS

No formal action was necessary during 1966 to enforce Smoke Control Orders. Advice was given in several cases where minor contraventions were observed.

DARK SMOKE FROM INDUSTRIAL PREMISES

Waste burning in the open remained the usual cause of complaint in this case but no formal action was required.

SMOKE FROM INDUSTRIAL CHIMNEYS

There were 47 complaints of smoke from industrial chimneys and 422 observations were made by the inspectors during 1966.

Smoke emission from oil-fired plant is commonly quickly overcome by adjustment of controls but incinerators burning variable materials and often with unskilled attendants are a more difficult problem. Even a costly incinerator with adequate draught control and an afterburner has been found to emit smoke if the combustion chamber is over-loaded.

Co-operation with the Council's Consultants and with the National Industrial Fuel Efficiency Service continued and was most helpful in difficult cases.

CLEAN AIR INFORMATION SERVICE

This service continued to be a valuable source of technical information and advice. The Principal of the College of Fuel Technology which provides the service is available in a consultative capacity at short notice which is of great help if an unusual process is under discussion.

Food & Drugs Act, 1955 - Inspection of milk bottling plant

29. FOOD HYGIENE AND FOOD AND DRUGS ADMINISTRATION

CLEAN FOOD SCHEME

The Council's Clean Food campaign was continued during the year, 14 lectures being given to a total of 85 food handlers, and certificates of attendance awarded to those who completed the courses. In addition, two lectures were given by public health inspectors to 80 members of women's organisations, and 10 to approximately 400 children approaching school leaving age in secondary schools.

56 Food Hygiene Certificates awarded to school meals canteens and other food premises were renewed for a further year.

Four further copies of the Council's Clean Food film strip were sold to other local authorities.

INSPECTION OF FOOD PREMISES

A total of 4,011 visits was made to the 2,282 premises in the Borough and 2,077 improvements were effected as a result of these visits. It was not found necessary to take any legal proceedings under the Food Hygiene (General) Regulation 1960, in respect of these visits as the traders concerned all responded to informal notification of the works required.

Table 14 gives details of food premises in the Borough.

MILK AND DAIRIES (GENERAL) REGULATIONS) 1959

During the year, 15 persons were registered as distributors of milk in accordance with the provisions of Regulation 8. There remained on the register at the end of the year one dairy and 159 distributors of milk in respect of 228 separate premises. One pasteurising and bottling plant ceased operation.

The one dairy still operating in the Borough has up-to-date bottle washing equipment, and 38 samples of washed bottles taken at random from the bottling plant immediately before the filling machine were found on bacteriological examination to be satisfactory.

In spite of all the precautions taken by dairy firms 16 complaints were received from members of the public concerning the sale of milk in dirty bottles or in bottles containing foreign bodies. There were nine prosecutions during 1966 for such offences. One case was dismissed but in the remaining cases the magistrates convicted and imposed fines and awarded costs to the Council. It is unfortunate that milk bottles are frequently misused by the public so that adequate cleansing is made difficult and often impossible by the normal bottle washing system.

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 and 1965

During the year, 15 new Dealer's (pre-packed Milk) Licences were issued, and on 31st December, 1966, 158 distributors and one pasteuriser, involving 224 premises, were on the licence register.

Informal samples of milk taken for chemical analysis, to ensure that the samples were genuine and reached the required standards for fat and milk solids other than fat, were also examined by the tests prescribed for designated milks. All samples examined were found to satisfy these tests, as shown in the following table:-



Food & Drugs Act, 1955 - inspection of milk bottling plant

Class of Milk	No. of samples	Phosphatase test		Methylene Blue test		Turbidity Test		Colony Count test	
		Passed	Failed	Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	50	50	-	50	-	-	-	-	-
Sterilised	12	-	-	-	-	12	-	-	-
Untreated	11	-	-	11	-	-	-	-	-
Ultra Heat Treated	3	-	-	-	-	-	-	3	-
Totals	76	50	-	61	-	12	-	3	-

RAW MILK SUPPLIES - BRUCELLA ABORTUS

The only farm engaged in milk production in the Borough lies on the boundary adjoining the London Borough of Hillingdon. The sampling of raw milk for examination and for the detection amongst other things of brucella abortus organisms was carried out by officers of that Borough. This is a convenient arrangement for both authorities, since all milk produced at the farm was sent for treatment at a milk processing plant in Hillingdon.

ICE CREAM

During the year, 14 premises were added to the register for the sale and storage of ice cream, leaving a total at the end of the year of 524 premises registered for sale and storage and five premises for manufacture.

Throughout the year, routine inspections at regular intervals were made to manufacturers' premises to ensure compliance with the requirements of the Food Hygiene and Ice Cream (Heat Treatment) Regulations. Systematic sampling of ice cream and ice lollies was carried out, details of which are as follows:

Commodity	No. of Samples	Methylene Blue Grade				Not graded	Grades I & II Satisfactory	Grade III doubtful	Grade IV unsatisfactory
		I	II	III	IV				
Ice cream (local manufacturers)	249	203	19	15	12	-	222	15	12
Ice cream (other manufacturers)	41	14	3	7	17	-	17	7	17
Ice lollies (local manufacturers)	42	-	-	-	-	42	42	-	-
Ice lollies (other manufacturers)	10	-	-	-	-	10	10	-	-
Totals	342	217	22	22	29	52	291	22	29

The table above includes:

Ice cream samples from vans.	7	6	-	1	-	-	6	1	-
Soft ice cream samples.	34	6	4	7	17	-	10	7	17

Most of the unsatisfactory samples were from soft ice cream dispensing machines. These machines require very careful cleaning and sterilizing at the end of each day, but the need for this was not always appreciated by the operatives. Visits by inspectors were made in order to improve the standard and this resulted in more satisfactory samples being obtained.

IMITATION CREAM

There are two manufacturers of this product in the Borough. Imitation cream is used largely by the confectionery trade and is produced by an emulsion of edible oils or fats with water, and the mixture is then pasteurised. The bacteriological examination of 77 samples was made and all were found to be satisfactory. The two producers concerned continued to maintain a high standard of hygiene and quality control.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no pasteurising plants in the Borough and no samples of liquid egg were taken from any other premises.

SURRENDER OF UNSOUND MEAT AND OTHER FOODS (excluding meat at slaughterhouse)

The following foodstuffs were condemned by the public health inspectors as unfit for human consumption and were surrendered for destruction:-

	Lbs.
Meat and meat products	2,982
Fish and fish products	1,660
Flour and confectionery	363
Fruit and vegetables	1,027
Groceries	2,458
Foodstuffs not calculated by weight:	
Assorted tins, packets, jars, bottles, articles, casks and boxes	41,174

IMPORTED FOOD REGULATIONS - EXAMINATION OF TEA

The examination and sampling of tea taken over from H.M. Customs and Excise in 1959 continued during 1966. Imports of teas from all parts of the world arrived at a large tea blending and packing factory in Greenford and came direct from the London docks without inspection on landing. This places on the Council the responsibility of ensuring that these teas are fit for human consumption in accordance with the provisions of the Food and Drugs Act, 1955, and the Public Health (Imported Food) Regulations, 1937.

During the year, a total of 655 samples which were representative of all consignments received at the factory was taken. Experience over the last few years has shown that greater attention must be paid to teas from certain areas, and sampling is therefore selective.

Of these 655 samples, 30 were found to be of doubtful quality after initial tests had been carried out locally and were referred to the Council's analyst for more detailed examination and report.

The samples taken during the year were from a total stock of 54,210 cases received at the factory direct from the docks.

REGISTRATION OF HAWKERS OF FOOD AND THEIR FOOD PREMISES

In accordance with the requirements of Section II of the Middlesex County Council Act, 1950, seven hawkers were registered during the year leaving a total of such traders on the register at the end of the year at 48. Each of these traders was notified in writing of the principal provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, due to come into operation on 1st January, 1967, and advised to contact the Health Department if there was any doubt as to their responsibility under these Regulations.

PREMISES REGISTERED FOR PREPARATION OF SAUSAGES AND PRESERVED FOODS

Five premises were registered in accordance with Section 16 of the Food and Drugs Act, 1955, during the year, at the end of which there were 181 premises on the Council's register.

SAMPLING OF FOOD AND DRUGS - CHEMICAL ANALYSIS

Food and Drugs samples are examined by the Council's Public Analyst, Mr. W.B. Chapman, B.Sc., F.R.I.C., and his Deputy, Mr. E.H.W.J. Burden, B.Sc., F.R.I.C. They are both officers of the Scientific Branch of the Greater London Council, and an annual block payment is made by the borough to cover these services. The analytical work is carried out in laboratories which are staffed and equipped to undertake a wide

variety of investigations. Apart from food and drugs these include water pollution and sewage treatment, sampling of water from swimming pools, air pollution, ventilation, noise and vibration, fire precautions, petroleum, fertilizers and feeding stuffs, radiochemistry and general supplies and services.

Some years ago the Ministry of Health recommended that the level of food and drugs sampling should be approximately three samples per 1,000 population per annum. During the year, exactly 1,000 samples comprising 11 formal and 989 informal samples of food and drugs were taken and submitted to the Public Analyst for examination, and it will be noted that this is in accordance with the Ministry recommendation.

Of the 1,000 samples examined, 65 were found to be unsatisfactory. Cases worthy of mention where compositional standards were not satisfied included a marmalade prepared according to a special formula which failed to meet the minimum requirements for sugar; formalin and mint tablets affected by long storage; canned fish containing prohibited preservatives; vitamin tablets which failed to satisfy fully the B.P. requirements in respect of disintegration; and meat pies, sausages and hamburgers all with low meat content. All unsatisfactory results were discussed with the manufacturers and importers concerned. In some cases where commodities had been imported all available stocks were withdrawn and returned to the country of origin. Manufacturers in other cases agreed to examine their methods in order to bring their products up to at least minimum requirements.

LABELLING OF FOOD ORDER

Samples of food and drugs subjected to chemical analysis were also scrutinised to determine whether or not they complied where necessary with the requirements of the Labelling of Food Order, 1953. Irregularities in labelling were discovered in 67 instances and in all cases the attention of manufacturers and packers or importers was drawn to the infringements. In the majority of cases arrangements were made to print new labels for stocks immediately or undertakings were accepted that new labels would be designed and used as soon as existing stocks became exhausted. A summary of the irregularities found is as follows:-

Incorrect or inadequate description	..	6
No name and address	..	11
Incorrect or inadequate list of ingredients		10
No list of ingredients	..	19
Misleading statements	..	7
Use of generic terms	..	8
Inadequate size of printing	..	5
Unsatisfactory dosage directions	..	1

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

A total of 320 samples of various types of food was submitted to the laboratory for bacteriological examination including 211 samples of frozen sea foods released from the port without examination and 48 cans of meat packed and processed at canneries in the district. Consumer complaints of articles of food, and specimens obtained in the investigation of suspect cases of food poisoning and other infections numbered 14 but no harmful organisms were found on examination. The seven unsatisfactory samples of sea foods led to re-processing of the product before release.

A summary of the results is given in the following table:

Food	Satisfactory	Unsatisfactory	Total samples
Sea foods	204	7	211
Fish	7	-	7
Canned meats	48	-	48
Raw meat	1	-	1
Milk powder	1	-	1
Other foods (including meal specimens)	15	-	15
Milk bottles	44	-	44
Totals	320	7	327

FOOD COMPLAINTS

Food articles purchased by members of the public were the subject of 139 complaints received by the Health Department and all were thoroughly investigated. Twenty-two of the articles were submitted to the Public Analyst for his opinion.

Complaints of particular interest included such articles as a biscuit containing a human hair 5½ inches long, yoghurt containing iron oxide, jars of cream containing glass, a currant bun with an imbedded bandage, a sponge cake containing a cigarette end and a cake fouled by bird droppings. Full or empty bottles of milk were found to contain mould, sand and cement, and traces of animal hairs. In all cases there was evidence that the bottles had passed through the normal bottle washing process from which it was concluded that the foreign bodies were present in the bottles at the time of filling at the dairy premises. There were a number of cases where bread was found to contain grease, mould, rubber, a nail and a cigarette end.

Prosecutions were taken in 30 cases, of which 28 were successful, fines ranging from £20 to £3 being imposed, and totalling £269. 10s. 0d. with £176. 10s. 0d. costs to the Council.

PESTICIDES SURVEY

During the year, the Council agreed to participate in a systematic survey to detect traces of pesticides in common foods. A number of local authorities are taking part in the scheme, which has been prepared by the Association of Public Analysts in consultation with the Ministry of Agriculture, Fisheries and Food.

The sale and use of pesticides in this country is controlled by a Government voluntary scheme but this, of course, only covers home produced food. The control of pesticides in countries from which food is imported varies considerably.

This survey will make it possible for an assessment to be made of the present extent of pesticides on a variety of foods and could be of considerable assistance in deciding the need for any further action.

The number and type of food samples to be taken by each food and drugs authority participating in the scheme was agreed in advance. In this Borough a total of six samples was purchased before the end of the year. The food articles concerned were specified types of tomatoes, apples, potatoes, currants, white bread and rice. All samples were examined for traces of D.D.T., other organo-chlorine and organo-phosphorus

compounds and also for metal. The only sample showing a significant amount of pesticide was the currants, with a D.D.T. content of one part per million. The analyst considered that this was not unduly high and did not represent a health hazard.

30. REGISTRATION OF PREMISES USED FOR MEDICAL PURPOSES

Nursing Homes

Nursing homes are required to be registered with the local authority under Section 190 of the Public Health Act, 1936, and at the end of the year, seven nursing homes were registered with a total of 262 beds. During the year, alterations were made to one of the homes so that two extra patients could be accommodated.

Visits are regularly made to all nursing homes to ensure that they maintain satisfactory standards.

Details of nursing homes registered by the Council are given below:-

The Lady Margaret Nursing Home, 87 Mattock Lane, W.5	17 beds	Male and female - Geriatric chronic sick and medical.
Methuen Nursing Home, 13 Gunnersbury Avenue, W.5	17 beds	Female - chronic sick and medical
Old Court Nursing Home, 19 Montpelier Road, W.5	14 beds	Male and female - medical and surgical.
St. Anthony's Nursing Home, 40 Mount Park Road, W.5	15 beds	Male and female - chronic sick and medical
St. David's Home, Castlebar Hill, W.5	59 beds	Ex-servicemen - non-profit making, Roman Catholic, taking all denominations. Disabled.
Servite House, Queen's Walk, W.5	42 beds	Male and female - non-profit making, chronic sick and disabled.
Twyford Abbey Nursing Home, Twyford Abbey Road, N.W. 10	98 beds	Males - Non-profit making organisation. Roman Catholic, taking all denominations. Chronic sick and geriatric.

Establishments for Massage and Special Treatment

The Council requires all persons operating an establishment for massage or special treatment to be registered under Part XII of the Middlesex County Council Act, 1944.

All establishments are inspected annually to ensure that they are satisfactory. Byelaws made under the Act state that the licensed person must exhibit a complete scale of all fees or charges, keep records of people employed at the establishment, and keep particulars of cases treated.

There is a total of 31 establishments used by licensed persons in the Borough as follows:

Chiropody only	13
Chiropody and special treatment	12
Massage only	1
Massage and special treatment	2
Physiotherapy only	2
Osteopathy	1

Boards were set up under the Professions Supplementary to Medicine Act, 1960, and registers were compiled of those medical auxiliaries considered to be suitably qualified. People registered are entitled to use the designation 'state registered'.

Inspection of Old People's Homes

All old people's homes in the Borough must be registered with the Council. On behalf of the Chief Welfare Officer, these homes are now regularly inspected by a medical officer and a public health inspector. Their reports and recommendations are passed to the Chief Welfare Officer.

31. MORTUARY AND BURIAL ARRANGEMENTS

Public Mortuary

The public mortuary is situated in Petersfield Road, Acton, W.3, and has a capacity for 40 bodies. The Council is responsible for providing mortuary accommodation when death occurs in the Borough in certain circumstances. These are firstly, when death follows an accident, and secondly, when the cause of death is unknown and the Coroner decrees that a post mortem examination shall be carried out by a Home Office Pathologist.

616 bodies of residents from the following areas were taken to the mortuary.

Ealing	534
Hillingdon	26
Hammersmith	7
Harrow	7
Hounslow	7
Brent	4
Richmond-upon-Thames	3
Others	28
Total	616

One full-time mortuary attendant is employed and arrangements are made with the London Borough of Hammersmith for bodies to be received there when he is absent for any reason.

Burial or Cremation of the Dead - National Assistance Act, 1948, Section 50.

Burials and cremations of the dead are arranged by the Council when relatives of a deceased person are unable to afford the cost of a burial, or when no relative can be found, and no previous provision has been made by the deceased. The Council is required to make these arrangements if the death takes place within the Borough, whether or not the home address is within that area. Application is made to the Ministry of Social Security and the appropriate death grant obtained, and any monies due from insurance policies on the life of the deceased are taken by the Council to offset the cost of the burial or cremation. Any balance remaining after meeting burial costs is passed to relatives if any are found. There were 14 such burials and two cremations carried out during the year.

32. MEDICAL EXAMINATION AND WELFARE OF STAFF

The medical suite in the Town Hall Annexe now consists of three rooms, the plan to add one further room having been implemented during the year. It is now, therefore, possible to provide the full range of facilities which were intended, the suite being used for the following purposes:-

1. As a first aid and rest room.
2. For the vaccination and immunisation of staff.
3. For the medical examination of staff and candidates for employment.

First aid and rest room

The requirements of the Offices, Shops and Railway Premises Act, 1963 include the provision of first aid boxes in office premises, but exemption may be granted where a properly maintained first aid room is in operation.

It was decided that a first aid room for use by members of the staff of all departments in the Town Hall would be the most satisfactory arrangement. Equipment is such as to satisfy the requirements of the Act and a state registered nurse is available at all times. When required, a medical officer of the department is available to see casualties.

During the year, a total of 672 attendances for treatment was made at the medical suite. Cases included minor injuries incurred at work such as sprains, cuts and splinters in the hand, and illness varying in degree from headaches and colds to a sudden heart attack. It is not intended, nor is it possible, with the limited facilities available, to carry out more than first aid, those patients appearing likely to require treatment or continued supervision are referred to their own general practitioners.

Vaccination and Immunisation of Staff

Vaccination against smallpox and immunisation against typhoid fever and tetanus are offered to members of the health department staff who are at risk.

The number of vaccinations and immunisations carried out during 1966 is as follows:-

1.	Vaccination against smallpox	157
2.	Immunisation against typhoid fever	5
3.	Immunisation against typhoid/tetanus	42
4.	Immunisation against tetanus	11
	Total	215

Medical Examination of staff

Prior to their appointment, all staff complete a medical questionnaire. From the information given by the candidate, it is decided whether or not a medical examination is required in order to determine his fitness to carry out the duties of the appointment.

A medical examination is always necessary for candidates taking certain appointments; these include residential staff in children's homes and staff at special risk,

such as those employed for driving motor vehicles and those whose duties involve working at heights.

Employees with a history of illness who are candidates for admission to the manual workers Sickness Pay Scheme are also examined. It is Council policy that, as far as possible, complete exclusion from the scheme shall be avoided, and accordingly in the majority of cases, candidates are accepted subject to benefit not being payable for absence due to any specified disability from which they were suffering at the time of examination.

As a requirement of the Department of Education and Science, all teachers not previously employed as such by a local education authority in the United Kingdom, and all students residing in the Borough who are for admission to a college of education, attend for a medical examination.

Certain candidates are required to attend for a chest x-ray unless they have written evidence of a satisfactory x-ray result during the twelve months preceding their appointment. Staff who come into this category are those whose work in schools or otherwise involve contact with groups of children, those who cook or serve food and those employed as home helps.

At the request of the Chief Officer concerned, a medical examination is arranged for any staff about whom there is doubt as to their medical fitness to continue employment.

Questionnaire Assessments

1.	Total number of questionnaires assessed for fitness for employment	3,042
2.	Total number of medical examinations required following questionnaire assessment	174
3.	Total number of failures as a result of medicals following questionnaire assessment	4

Staff requiring medicals as a routine

1.	Total number of medical examinations for fitness for employment	688
a)	Total number of officers and manual workers examined:	
	Officers	54
	Manual	162
b)	Total number of teachers examined for Department of Education and Science	238
c)	Total number of student teachers examined	234
2.	Total number of these candidates found unfit:	1

Manual Workers Sick Pay Scheme

1.	Total number of manual workers Sickness Pay Scheme questionnaire assessments	1,390
2.	Total number of medical examinations for Sickness Pay Scheme following questionnaire	114
3.	Total number of candidates failed	3
	a) Following medical after questionnaire	2
	b) Following routine medical	1
4.	Total number of candidates with 'exclusions'	30
	a) Following medical after questionnaire	23
	b) Following routine medical	7

Examinations at the request of Chief Officers

1.	Total number of employees examined for fitness to continue employment	14
2.	Total number of employees found unfit for continued employment	13

33. MEDICAL ASPECTS OF COUNCIL HOUSING

Many persons who have applied for Council housing or who wish for a transfer from one Council house to another require special consideration by reason of illness or disability suffered by a member of the family. Such consideration can only be given if a doctor's letter or certificate is furnished. These certificates are usually forwarded in the first place to the Housing Manager who then seeks advice from the health department on the medical implications, at the same time forwarding any relevant information that is to hand in his own department.

A medical certificate alone does not always give sufficient information about a particular case and a visit to the family concerned may be required by a medical officer, health visitor, mental health social worker or public health inspector. Over 100 visits were made in this way by members of the staff during the year. In addition, such visits often bring to light circumstances which lead to the supply of other health department services or referral to another department of the Council in order to help the tenant apart from his housing need.

After assessing the case, the medical officer may recommend the award of a limited number of points on medical grounds, which are added to the general points total of the applicant. In many cases this is sufficient to ensure that the applicant receives consideration within a short time. In cases where the general points total is too low for a medical points addition to make any difference and where, by reason of the medical circumstances, there is great hardship to the persons involved the application may be referred to the appropriate housing sub-committee for discussion and decision.

The figures for the year are as follows:

Number of housing applications	264
Number of cases reported to Committee - 24	
Number of re-housing applications	179
Other cases	30
Total number of cases	473

TABLE 1
ESTABLISHMENT OF THE HEALTH DEPARTMENT
(as at 31st December, 1966)

	Number on Establishment	Number on Strength
MEDICAL STAFF		
Senior Principal Medical Officer	1	1
Principal Medical Officer	2	2
Assistant Principal Medical Officer	1	1
Medical Officer	12	6
Consultant Medical Officer of Health	1	1
ADMINISTRATIVE STAFF		
Chief Administrative Assistant	1	1
Deputy Chief Administrative Assistant	1	1
Senior Administrative Assistant	4	4
Administrative Assistants	15	15
Secretaries	2	2
Clerical Assistants	21	18
Clerks	49	47
Shorthand Typists	10	9
DENTAL STAFF		
Chief Dental Officer	1	1
Senior Dental Officer	1	1
Dental Officers	10	6 10/11
Orthodontists	2	1 3/11
Dental Auxiliary	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants	13	10½
Orthodontic Dental Surgery Assistants	3	2½
PUBLIC HEALTH INSPECTORATE		
Chief Public Health Inspector	1	1
Deputy Chief Public Health Inspector	1	1
Divisional Public Health Inspectors	6	6
Supervisory Meat Inspectors	3	3
Public Health Inspectors	28	15
Authorised Meat Inspectors	12	11
Trainee Meat Inspectors	5	3
Trainee Public Health Inspectors	6	6
Technical Assistants	4	4
Assistant Rodent Officer	1	1
Rodent Operatives	4	4
Senior Meat Inspector's Assistant	1	1
Meat Inspector's Assistants	2	2
Senior Driver/Disinfectors	1	1
Driver/Disinfectors	5	5

	Number on Establishment	Number on Strength	
SOCIAL WORKERS			
Principal Mental Health Social Worker	1	1	
Deputy Principal Mental Health Social Worker	1	1	
Casework Supervisor	1	1	
Mental Health Social Workers	9	5	
Trainee Mental Health Social Workers	2	1	
Medical Social Workers	3	1	
HOME HELP STAFF			
Home Help Organiser	1	1	
Assistant Home Help Organisers	7	7	
Home Helps (full-time equivalent)	260	218	
HEALTH VISITORS AND CLINIC NURSES			
Chief Nursing Officer (Health Visiting)	1	1	
Deputy Chief Nursing Officer (Health Visiting)	1	1	
Senior Divisional Health Visitor	1	1	
Divisional Health Visitors	4	2	
Health Visitors	49	44	6/11
Clinic Nurses	12	* 16	8/11
Student Health Visitors	5	5	
Geriatric Visitor	1	1	
NURSING AND MIDWIFERY STAFF			
Chief Nursing Officer (Home Nursing and Midwifery)	1	1	
Deputy Chief Nursing Officer (Home Nursing)	1	1	
Deputy Chief Nursing Officer (Midwifery)	1	1	
Home Nurses	45	44	
Midwives	22	19	
MEDICAL AUXILIARIES			
Audiometricians	3	3	
Chiropodists	4	4	
Orthoptist (part-time)	1	1	
Physiotherapists	3	1	6/11
Senior Speech Therapist	1	1	
Speech Therapists	3	3	
DAY NURSERY STAFF			
Supervisory Matron	1	1	
Matrons	5	5	
Deputy Matrons	5	5	
Wardens	5	1	
Nursery Nurses	28	23	
Nursery Students	8	8	
Cooks	5	5	
Domestic Assistants	9	9	

TABLE 1

	Number on Establishment	Number on Strength
CLINIC STAFF		
Interpreters	2	1½
Clinic Caretakers	4	4
Clinic Stoker/porter	1	1
Clinic Cleaners	12	12
CHEST CLINIC STAFF		
Chest Physician	1	1
Welfare Officer	1	1
Tuberculosis Health Visitors	5	4
Occupational Therapist (part-time)	1	1
MOTHER AND BABY HOME STAFF		
Medical Social Workers	3	1
Matron	1	1
Deputy Matron	1	1
Nurse	1	1
Attendants	4	4
Night Duty Attendant	1	1
Cook/Housemother	1	1
Assistant Cook	1	1
Handyman	1	1
ADULT TRAINING CENTRE STAFF		
Supervisor/Instructor	1	1
Instructors	4	4
Cook-in-Charge	1	1
Assistant Cook	1	1
Coach Guides	2	2
MORTUARY STAFF		
Mortuary Keeper	1	1
Mortuary Attendant	1	-

* Includes 4 8/11 held against Health Visitor establishment.

TABLE 2
INFECTIOUS AND OTHER NOTIFIABLE DISEASES CLASSIFIED IN AGE GROUPS

	Scarlet Fever		Whooping-cough		Measles		Dysentery		Meningococcal infection	
	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	63	63	37	58	614	603	146	150	2	1
Final numbers after correction:										
Under 1 year	-	-	7	10	32	29	7	5	-	-
1 -	3	-	5	4	83	72	8	8	-	-
2 -	-	1	3	8	97	93	11	7	1	-
3 -	3	5	7	7	83	77	6	4	-	-
4 -	11	10	3	7	121	119	10	10	-	-
5 - 9	31	35	9	16	186	204	23	30	-	-
10 - 14	6	4	2	5	5	5	11	9	1	-
15 - 24	5	4	-	1	-	2	16	16	-	-
25 and over	2	1	-	-	2	1	50	59	-	1
Age unknown	2	3	1	-	2	1	2	2	-	-
Total	63	63	37	58	611	603	144	150	2	1

There were no cases of anthrax, diphtheria, enteric or typhoid fever, malaria, optalmia neonatorum, poliomyelitis, smallpox, and tuberculosis of the meninges and central nervous system.

	Pneumonia		Acute encephalitis				Paratyphoid fevers		Erysipelas		Food Poisoning	
			Infective		Post infectious		M	F	M	F	M	F
	M	F	M	F	M	F						
Numbers originally notified	18	18	3	-	-	-	1	-	4	5	13	18
Final numbers after correction:												
Under 5 years	2	-	-	-	-	-	-	-	-	-	-	1
5 - 14	4	4	2	-	-	-	-	-	1	-	-	-
15 - 44	5	5	1	-	-	-	-	-	1	2	1	1
45 - 64	4	7	-	-	-	-	-	-	1	2	2	-
65 and over	2	2	-	-	-	-	-	-	1	1	-	-
Age unknown	1	-	-	-	-	-	-	-	-	-	-	-
Total	18	18	3	-	-	-	-	-	4	5	3	2

	Tuberculosis				Infectious Hepatitis		Puerperal pyrexia
	Pulmonary		Other		M	F	F
	M	F	M	F			
Numbers originally notified	91	43	12	20	40	18	38
Final numbers after correction:							
Under 5 years	2	4	-	1	2	1	-
5 - 14	2	2	-	-	10	5	-
15 - 24	9	13	1	7	11	5	17
25 - 44	39	17	4	8	8	5	16
45 - 64	27	6	5	1	6	1	-
65 and over	9	1	-	-	3	1	-
Age unknown	-	-	2	3	-	-	5
Total	88	43	12	20	40	18	38

There were no cases of anthrax, diphtheria, enteric or typhoid fever, malaria, ophthalmia neonatorum, poliomyelitis, smallpox, and tuberculosis of the meninges and central nervous system.

TABLE 3
CLINIC SESSIONS

	Abbey Parade	Avenue Road	Brentside	Cherington House	Cloister Road	Greenford Green	Islip Manor	Jubilee Gardens	King Street
Monday A.M.	Dental	G.S.C. Dental Orthopt. Chir. (S.C.)	†Chir. (O.A.P.)	Speech Therapy Dental A.N.	Dental Orthod.	G.S.C. Dental A.N. IMM.	A.N. Ex.		G.S.C. Dental
Monday P.M.	Dental Polio	C.W. Dental Orthopt.	†Chir. (O.A.P.)	Sp. Thpy. Dental C.W.	Dental	Dental A.N. Ex.	G.S.C. Dental C.W. IMM. †Vacc.		Sp. Thpy. Dental *Polio
Tuesday A.M.	A.N.	Sp. Meds. whn. req. Dental		Dental Orthod. †B.C.C. †Polio	Dental Orthod.	Sp. Thpy. Chir. (O.A.P.)	Dental	Sp. Thpy.	Sp. Meds. whn. req. Dental A.N. IMM.
Tuesday P.M.	G.S.C. C.W. IMM. Vacc.	Dental	Mid. A.N.	C.W. Dental Orthod.	Dental Orthod. C.W. *IMM.	C.W.	Mid. A.N.	C.W.	Sp. Thpy. Dental C.W.
Wednesday A.M.	Dental	Ophthal. A.N. Ex. Dental Polio		Dental A.N. Ex. Orthod.	Dental Chir. (O.A.P.)	Physio.	G.S.C. A.N. Dental Polio †IMM.	Sp. Thpy.	Dental
Wednesday P.M.	Dental	Dental A.N. Chir. (O.A.P.) IMM.	C.W. IMM. †Polio G.S.C.	Mid. A.N. Dental Chir. (O.A.P.) Orthod.	Sp. Thpy. Dental		Physio.	Mid. A.N. *Polio	Dental Mid. A.N.
Thursday A.M.		Chir. (S.C.) G.S.C. IMM. Vacc. Dental Orthopt.		Chir. (S.C.) †B.C.C. Dental Orthod. C.C.	Dental Orthod.		Dental		Dental Orthod.
Thursday P.M.	Dental Sp. Thpy.	Dental Orthopt. C.W.	Sp. Thpy.	Dental Orthod. C.W.	Dental Orthod.	Dental Chir. (O.A.P.) A.N. Ex. Mid. A.N.	G.S.C. Dental C.W.	A.N. Ex.	Dental Orthod. Chir. (O.A.P.)
Friday A.M.	Dental	Sp. Thpy. Dental Chir. (O.A.P.)		G.S.C. †P.N. Dental A.N. Ex. †IMM. Orthod.	G.S.C. A.N. Dental Orthod.	Physio. Dental	†Chir. (O.A.P.) Sp. Thpy.	G.S.C. A.N. IMM. *Vacc.	Sp. Thpy. Dental
Friday P.M.	C.W. (no Dr.) Dental	Sp. Thpy. A.N. Dental		Dental	Dental C.W. (no Dr.) Orthod. *IMM. Chir. (O.A.P.)	C.W. Dental	Physio. †Chir. (O.A.P.)	C.W.	Sp. Thpy. C.W. Dental

KEY: Orthopt.—Orthoptic; Sp. Thpy.—Speech Therapy; G.S.C.—General School Clinic; Orthop.—Orthopaedic; Chir.—Chiropody; Physio.—Physiotherapy; whn. req.—when required; Orthod.—Orthodontic; Ophthal.—Ophthalmic; E.N.T.—Ear, Nose and Throat; Sp. Meds.—Speech Medicals; C.W.—Child Welfare; IMM.—Immunisation; Vacc.—Vaccination; A.N.—Ante-natal; A.N. Ex.—Ante-natal exercises; Chir. (O.A.P.)—Chiropody (Old Age Pensioners); Chir. (S.C.)—Chiropody (School Children); Mid. A.N.—Midwives Ante-natal; B.C.C.—Birth control clinic; P.N.—Post-natal; C.C.—Cervical Cytology; Men. Hlth.—Mental Health; Home Nurse. injns.—Home Nursing injections; occ.—occasional; *—monthly; †—alternate weeks.

TABLE 3
CLINIC SESSIONS /Contd.

	Laurel House	Mattock Lane	Northcote	Northolt Grange	Perivale	Pierrepnt. Road	Ravenor Park	Steele Road	Trinity Way
Monday A.M.	†Chir. (O.A.P.)	Sp. Thpy. Dental A.N. Polio	Physio. Dental Chir. (O.A.P.)	Dental	A.N. Ex.	†Polio	Sp. Thpy. Physio. G.S.C. IMM. Dental		Dental
Monday P.M.	G.S.C. C.W. †Chir. (O.A.P.)	Dental A.N. Ex. C.W. Chir. (S.C.)	C.W. Physio. *Orthop. Dental	Orthod.	G.S.C. C.W.	Sp. Thpy.	C.W. Sp. Thpy. Physio. Dental	C.W. (no Dr.) *Polio	C.W. IMM. Vacc.
Tuesday A.M.	Sp. Thpy. Dental †Polio	Dental A.N. Ex.	Dental A.N. IMM. Vacc. Home Nurse. injns.		Chir. (O.A.P.) (occ.)		†Orthop. †Ophthal. Dental Chir. (O.A.P.) Physio. Sp. Meds. whn. req.		B.C.C.
Tuesday P.M.	Sp. Thpy. Dental	Mid. A.N. Dental Physio.	Physio. Dental Mid. A.N. A.N. Ex.	G.S.C. C.W. Vacc.		C.W. IMM. *Polio	Physio. Dental Chir. (O.A.P.) C.W.		B.C.C. (Evening)
Wednesday A.M.	Dental Chir. (O.A.P.) †IMM. *Vacc.	Physio. Chir. (O.A.P.) *Men. Hlth	Dental C.W.	Dental A.N. Ex.	A.N. IMM.	G.S.C. A.N. IMM.	Sp. Thpy. *Men. Hlth Dental A.N. Ex. Chir. (S.C.)		Sp. Thpy. Dental
Wednesday P.M.	Dental Mid. A.N.	Physio. *Orthop. C.W. Chir. (O.A.P.)	Sp. Thpy. Chir. (O.A.P.) Dental A.N. Ex.		Mid. A.N.	C.W.	Chir. (S.C.) C.W. Dental		B.C.C. (afternoon and evening)
Thursday A.M.	Dental A.N.	Sp. Thpy. Dental G.S.C. A.N.	G.S.C. Dental Chir. (O.A.P.) Polio	Sp. Thpy. Dental		C.C.	Physio. Dental A.N. C.C.		G.S.C. A.N.
Thursday P.M.	Dental C.W.	†E.N.T. Dental A.N. Ex. IMM.	F.P. (1.30-2.30) Physio. Dental	Dental Mid. A.N.	G.S.C. C.W. Vacc.		Physio. Dental †E.N.T. Mid. A.N. Sp. Thpy.	C.W. IMM. Vacc.	C.W. (no Dr.)
Friday A.M.	Dental A.N. Ex.	Physio. †Ophthal.	†Ophthal. Dental Home Nurse. injns.	Dental C.W. Polio			Polio †Chir. (O.A.P.) G.S.C. A.N. Ex. Dental		Dental
Friday P.M.	Dental C.W. (no Dr.) †Chir. (Red Cross)	Physio. C.W.	Dental C.W.	G.S.C. A.N. IMM.		C.W.	Dental C.W. †Chir. (O.A.P.)		Chir. (O.A.P.)

KEY: Orthopt.—Orthoptic; Sp. Thpy.—Speech Therapy; G.S.C.—General School Clinic; Orthop.—Orthopaedic; Chir.—Chiropody; Physio.—Physiotherapy; whn. req.—when required; Orthod.—Orthodontic; Ophthal.—Ophthalmic; E.N.T.—Ear, Nose and Throat; Sp. Meds.—Speech Medicals; C.W.—Child Welfare; IMM.—Immunisation; Vacc.—Vaccination; A.N.—Ante-natal; A.N. Ex.—Ante-natal exercises; Chir. (O.A.P.)—Chiropody (Old Age Pensioners); Chir. (S.C.)—Chiropody (School Children); Mid. A.N.—Midwives Ante-natal; B.C.C.—Birth control clinic; P.N.—Post-natal; C.C.—Cervical Cytology; Men. Hlth.—Mental Health; Home Nurse. injns.—Home Nursing injections; occ.—occasional; *—monthly; †—alternate weeks.

**VACCINATION AND IMMUNISATION OF PERSONS UNDER
AGE 16 COMPLETED DURING THE YEAR**

Sub-Table 1 - Completed Primary Courses -
diphtheria, whooping-cough, tetanus and poliomyelitis

Type of vaccine	Administered in clinics	Administered by general practitioners	Totals
Diphtheria/whooping-cough/ tetanus/poliomyelitis	-	112	112
Diphtheria/whooping-cough/ tetanus	3,217	1,389	4,606
Diphtheria/tetanus	312	16	328
Diphtheria	1	1	2
Whooping-cough	-	2	2
Tetanus	399	32	431
Poliomyelitis - Salk	-	142	142
Poliomyelitis - oral	3,585	1,362	4,947

Sub-Table 2 - Reinforcing doses

Diphtheria/whooping-cough/ tetanus/poliomyelitis	-	40	40
Diphtheria/whooping-cough/ tetanus	2,450	898	3,348
Diphtheria/Tetanus	3,303	313	3,616
Diphtheria	110	8	118
Tetanus	483	30	513
Poliomyelitis - Salk	-	306	306
Poliomyelitis - oral	2,085	846	2,931

Sub-Table 3 - Smallpox - vaccination and re-vaccination

	Vaccinated	Re-vaccinated
At clinics	3,090	15
By general practitioners	1,375	159
Totals	4,465	174

TABLE 5
CHIROPODY TREATMENT

Treatment is given at the clinics shown in Table 3 and also at the following premises:-

Surgeries:

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

Private: used by the
British Red Cross Society

50 Minterne Avenue,
Norwood Green.
3 Church Avenue,
Southall.
114 Uxbridge Road,
Southall.

Private: used by the Southall Old
Peoples Welfare Association.

Community Centre:

Manor House, Church Road, Northolt.

Old People's Homes

Kolbe House, Hanger Lane, Ealing, W.5
Torkington House, Creswick Road, Acton, W.3
The Almshouses, Church Gardens, Ealing, W.5
Northolt House, Haydock Avenue, Northolt.
Bethany Eventide Homes, North Common Road, Ealing W.5
'Green Haven', Montpelier Road, Ealing, W.5.
Hanwell House, Boston Road, Hanwell, W.7
'Southfield', 22 Mount Park Road, Ealing, E.5
'Greenfield', 1 Courtfield Gardens, Ealing, W.13.

Ealing Day Treatment Centre

Green Lane, Hanwell, W.7

TABLE 6

MENTAL HEALTH - PATIENTS UNDER LOCAL AUTHORITY CARE AT 31ST DECEMBER 1966

	Mentally ill							Subnormal and severely subnormal				
	Under age 16		Aged 16 and over		Elderly Mentally infirm		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F	M	F		M	F	M	F	
1. Number of patients under care at 31st December, 1966	1	3	362	575	3	4	948	79	67	201	164	511
2. a) Attending day training centre Awaiting entry thereto	-	-	7	3	-	-	10	56	42	58	51	207
	-	-	-	-	-	-	-	19	16	2	5	42
b) Receiving home training Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-
c) Resident in L.H.A. home/hostel Awaiting residence in L.H.A. home/ hostel	-	-	3	1	-	-	4	2	-	2	-	4
Resident at L.H.A. expense in other homes/hostels	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.H.A. expense by boarding out in private household	-	-	11	8	-	-	19	1	3	1	6	11
	-	-	-	1	-	-	1	2	1	11	3	17
d) Receiving home visits and not included in (a) to (c)	1	3	341	562	3	4	914	4	9	132	103	248
3. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.66												
In urgent need of hospital care	-	-	-	-	-	-	-	3	4	-	2	9
Not in urgent need of hospital care	-	-	-	-	-	-	-	7	11	-	4	22
4. Number of admissions for temporary residential care (e.g. to relieve the family) during 1966 -												
To N.H.S. hospitals	-	-	-	-	3	4	7	14	5	5	8	32
Elsewhere	-	-	-	-	-	-	-	-	1	1	-	2

It should be noted that it is possible for persons to be included in more than one of the categories listed under items 2 (a) to (d)

TABLE 7
MENTAL HEALTH - NUMBER OF PATIENTS REFERRED DURING YEAR ENDED 31ST DECEMBER, 1966

Referred by	Mentally ill					Subnormal and severely subnormal				
	Under age 16		16 and over		Total	Under age 16		16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	-	-	125	218	343	-	-	-	-	-
Hospitals, on discharge from in-patient treatment	-	-	35	42	77	-	-	-	2	2
Hospitals, after or during out-patient or day treatment	-	3	36	41	80	2	1	-	-	3
Local education authorities	-	-	2	3	5	2	2	4	1	9
Police and courts	-	-	16	16	32	-	-	-	-	-
Other sources	-	-	93	115	208	22	16	5	5	48
Total	-	3	307	435	745	26	19	9	8	62

TABLE 8
FACTORIES ACT, 1961 - PART I

Inspections for the purposes of provisions as to health (including inspections made by 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 authorities	16	27	1	-
ii) Factories not included in (i) in which section 7 is enforced by the local authority.	1,096	391	38	-
iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises).	7	12	-	-
Total	1,119	430	39	-

TABLE 9

FACTORIES ACT, 1961 - PART I

Cases in which defects were found

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	5	6	-	2	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	3	2	-	-	-
Ineffective drainage of floors	1	-	-	-	-
Sanitary conveniences:					
a) insufficient	11	5	-	7	-
b) unsuitable or defective	18	6	-	2	-
c) not separate for sexes	4	2	-	-	-
Other offences against the Act (not including offences relating to outwork)	14	12	-	-	-
Total	56	33	-	11	-

TABLE 10

FACTORIES ACT, 1961 - PART VIII (SECTIONS 133 and 134)

Outwork

Nature of work	Section 133	
	No. of out-workers in August list required by section 133 (1) (c)	
Wearing apparel: Making, etc.		95
Artificial flowers		3
Carding, etc., of buttons, etc.		2
Cosaques, Christmas stockings, etc.		170
Lampshades		1
Brush making		1
Furniture and upholstery		2
Total		274

During the year, 61 inspections of outworkers' premises were carried out by the public health inspectors. There were no cases of default in sending lists to the Council under section 133 of the Act and no instances of work in unwholesome premises under section 134.

TABLE 11

AVERAGE MONTHLY SMOKE CONCENTRATIONS
(microgrammes per cubic metre)
Daily volumetric instruments

1966	Acton Lane	Chase Road	Eliots Green School	Friars Place Lane	Town Hall Annexe	Walpole Grammar School
January	101	60	78	187	178	-
February	51	73	24	59	66	51
March	68	75	24	51	59	42
Winter average (Oct. 1965 - March 1966)	85	73	54	97	103	57
April	78	74	-	57	71	43
May	28	55	15	27	32	27
June	22	42	-	19	29	33
July	17	36	12	18	19	11
August	33	35	-	26	30	-
September	51	61	15	47	48	29
Summer average (April 1966 - September 1966)	38	50	14	32	38	29
October	42	55	38	37	59	40
November	57	76	-	65	71	74
December	72	64	101	54	58	59
Average for year, 1966	52	59	38	54	60	41
year, 1965	71	74	58	67	73	59

TABLE 12

AVERAGE MONTHLY SULPHUR DIOXIDE CONCENTRATIONS

(microgrammes per cubic metre)

Daily volumetric instruments

1966	Acton Lane	Chase Road	Eliots Grn. School	Friars Place Lane	Town Hall Annexe	Walpole Grammar School
January	297	373	288	253	425	-
February	193	251	168	200	266	192
March	193	269	233	180	267	178
Winter average (Oct. 1965 - March, 1966)	247	315	224	242	315	237
April	227	258	-	216	274	181
May	124	175	79	145	173	101
June	97	143	-	88	136	155
July	83	101	44	95	104	65
August	101	131	-	103	134	-
September	149	178	131	137	153	-
Summer average (April - September, 1966)	130	164	85	131	162	125
October	129	234	137	129	198	134
November	229	283	-	235	276	206
December	241	297	180	182	270	161
Average for year, 1966	172	224	157	164	223	153
year, 1965	192	264	183	191	224	183

TABLE 13

AVERAGE MONTHLY INSOLUBLE DEPOSIT
(milligrammes per square metre per day)

Deposit gauges

1966	Bashley Road	Birkbeck Avenue	Hortus Road	Longfield Depot	Park Avenue	White Street *
January	149	251	74	119	6	14
February	172	412	90	88	65	108
March	218	172	134	256	108	29
Winter Average (Oct. 1965 - March, 1966)	139	175	77	119	54	45
April	121	122	68	371	-	50
May	128	265	68	518	57	68
June	178	314	131	154	41	84
July	330	314	62	137	79	-
August	113	65	47	291	82	23
September	134	175	234	225	82	23
Summer Average (April - September, 1966)	167	209	102	283	68	50
October	111	118	42	64	73	7
November	169	187	65	304	52	38
December	70	150	56	78	43	7
Average for year, 1966	158	212	89	217	63	41

* maintained by North Thames Gas Board.

TABLE 14
LIST OF FOOD PREMISES IN THE LONDON BOROUGH OF EALING

Category of premises	No. of Premises	No. complying with Reg. 16	No. to which Reg. 19 applies	No. complying with Reg. 19
Bakehouses	31	31	31	31
Bakers' shops	73	73	-	-
Butchers	167	167	167	167
Cafes and restaurants	264	264	264	264
Canteens (industrial)	176	176	176	176
School kitchens and dining centres	107	107	107	107
Confectioners	342	342	-	-
Dairies	1	1	1	1
Food factories and stores	57	57	47	47
Food stalls	47	-	-	-
Fish fryers	34	34	34	34
Fishmongers	36	36	36	36
Greengrocers	181	181	167	167
Grocers	419	419	298	298
Hotels, nursing homes and old peoples homes	53	53	53	53
Ice cream manufacturers	5	5	5	5
Licensed premises and clubs	225	225	225	225
Hawkers	47	-	-	-
TOTALS	2,265	2,171	1,611	1,611

TABLE 15
Pigs carcasses and offal inspected and condemned in whole or in part
 (Figures in column (2) in each year indicate the rate per 1,000 carcasses inspected)

	1963		1964		1965		1966	
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
1. No. killed	568,310	-	557,914	-	576,649	-	592,805	-
2. No. inspected	568,910	-	558,486	-	577,229	-	593,399	-
3. Dead on arrival or died in pens	600	0.90	572	1.02	580	1.05	594	1.01
4. All diseases except T.B.								
a) Whole carcasses condemned	1,058	1.90	1,236	2.20	1,777	3.10	2,238	3.77
b) Carcasses of which some part or organ condemned	49,645	87.10	132,384	226.80	170,418	294.90	218,014	367.30
5. Tuberculosis								
a) Whole carcasses condemned	34	0.059	12	0.021	10	0.019	3	0.005
b) Carcasses of which some part or organ condemned	19,991	35.14	23,618	42.27	31,728	54.88	17,442	29.39
6. Total carcasses condemned	1,092	1.92	1,248	2.24	1,787	3.21	2,241	3.77
7. Total heads condemned	12,463	21.91	15,405	27.59	17,776	30.78	18,490	32.84
8. Total weight of plucks (lungs, livers, hearts, lights) condemned in lbs.	126,435	221.70	392,291	702.50	519,022	899.10	736,275	1240.70
9. Total weight of mesenteries, stomachs and intestines condemned in lbs.	137,340	241.00	153,030	280.30	227,720	394.50	263,710	444.40
10. Total weight carcasses condemned (tons)	99.30	0.17	112.95	0.20	150.40	0.26	195.35	0.32
11. Total weight of parts or organs condemned (tons)	253.25	0.45	352.35	0.63	496.90	0.86	726.55	1.22
12. Total weight condemned in tons	352.55	0.62	465.35	0.83	647.30	1.12	921.90	1.54

TABLE 16

ANALYSIS OF DISEASES AND CONDITIONS OF WHOLE CARCASSES CONDEMNED

(Figures in column (2) in each case indicate the rate per 1,000 whole carcasses condemned)
 (Figures in column (3) in each case indicate the rate per 1,000 carcasses inspected)

	(1)	(2)	(3)
Total number inspected	593,399	-	-
Dead on arrival	323	144.2	0.54
Died in pens	271	120.9	0.46
Pyæmia	572	255.4	0.96
Septicæmia	311	138.8	0.52
Acute diffuse septic pleurisy and peritonitis	287	128.1	0.48
Acute diffuse septic pleurisy	170	75.9	0.29
Advanced anaemia	4	1.78	0.0067
Extensive bruising	-	-	-
Pathological emaciation	9	4.02	0.015
Fever	130	58.03	0.22
Acute septic mastitis	-	-	-
Jaundice	21	9.37	0.035
Enteritis	-	-	-
Acute septic pneumonia	6	2.68	0.01
Uraemia	8	3.57	0.013
Generalised oedema	16	7.14	0.026
Leukaemia	4	1.78	0.0067
Melanosis	2	0.09	0.0038
Septic erysipelas	3	1.34	0.005
Moribund	1	0.04	0.0019
Tumours - malignant	4	1.78	0.0067
Acute septic pericarditis	-	-	-
Multiple septic arthritis	84	37.5	0.14
Tuberculosis	3	1.34	0.005
Septic Metritis	8	3.57	0.013
Damaged in dressing	4	1.78	0.0067
Toxaemia	-	-	-
Total	2,241		

Adult Training Centre	39
Air pollution, measurement of	94, 125
Animal Boarding Establishments Act, 1963.	84
Animal protection	83
Ante-natal sessions	15
Anthrax	10
Asthma clinic	59
Audiometry	57
B.C.G. vaccination	69
Birth control sessions	23
Birthday cards	16
Births and birth rate	8
British Red Cross Society... ..	28, 33
Burial of dead	105
Caravan sites	72
Care and attention, persons in need of	44
Care of mothers and young children	14
Care of the elderly	43
Cervical cytology	25
Chest clinics	35
Child guidance clinics	63
Child minders	18
Child welfare sessions	15
Chimneys, heights of	94

Chimneys, industrial, smoke from	94
Chiropody	33, 59, 119
Cholera... ..	10
Circuses	78
Clean Air	91
Clean Air Information Service	95
Clean Air Programme, publicity for	93
Clean Food Scheme... ..	96
Clearance area programme	85
Clinics	15, 116
Common lodging houses	74
Council housing, medical aspects of... ..	109
Cremation of dead	105
Croup, membranous	11
Day care of children	18
Day nurseries	19
Dead, burial or cremation of	105
Deaths and death rate	8, 9
Dental service	16, 67
Deposits, insoluble, in the atmosphere	127
Diseases of Animals Act, 1950	83
Diseases of Animals (Waste Foods) Order, 1957	84
Diphtheria	10
Disinfection and disinfestation	78
Drainage and Sewerage	82
Dysentery	10, 68

	Page
Ealing Day Treatment Centre	43
Ear, nose and throat clinics	62
Early discharge scheme (maternity cases)	26
Elderly, care of	43
Encephalitis	12
Enteric fever	12
Environmental Health measures	72
Erysipelas	10
Establishment of Health Department	110
Factories Act, 1961	74, 122
Fairs	78
Family Help Service (Home Help)	41
Family planning	23
Fluoridation of Water Supplies	80
Food and Drugs administration	96
Food and drugs, chemical analysis of	99
Food and drugs, sampling of	99
Food complaints	101
Food hygiene	96
Food hygiene certificates... ..	96
Food poisoning	11
Food premises, inspection of	96, 128
Food, surrender of unsound	98
Foods, bacteriological examination of	100
Foot health	58

	Page
Fuel for the elderly...	44
Fuel, supply of, in Smoke Control Areas	93
Furnaces, new	93
Good Neighbour Service (Home Help)	41
Grant arrangements - appliances in Smoke Control Areas	93
Hairdressers and Barbers, Byelaws	79
Handicapped children	65
Hawkers, registration of, and premises	99
Health centres	13
Health education	31, 69
Health visiting	27
Hepatitis, infectious	11, 68
Holiday camps (Mental Health)	39
Home Help Service	41
Home Nursing Service	28
Hostel accommodation (Mental Health)	38, 40
Houses in multiple occupation	86
Houses, unfit	85
Housing	85
Ice cream	97
Imitation cream	98
Immigration	45
Immunisation	30, 118
Immunisation of staff	106

	Page
Incontinence pads	28
Infectious diseases	10, 113
Infectious hepatitis	11, 68
Infested children	58
Junior training schools	38
Liquid Egg (Pasteurisation) Regulations, 1963	98
Loan of nursing equipment	28
Malaria	11
Manual Workers' Sickness Pay Scheme, admission to	107
Marie Curie Foundation	28
Massage and Special Treatment, establishments for	103
Maternal mortality	8
Measles	11
Meat Inspection Regulations	83
Meat, surrender of unsound	98
Medical examination of staff	106
Medical social workers	21, 35
Meningococcal infection	12
Mental health	37, 120
Mental illness	37
Mental sub-normality	38
Midwifery Service	26
Milk Regulations	96
Mobile exhibition - Solid Smokeless Fuels Federation	93

	Page
Mortuary, public	105
Mother and Baby home	21
Neo-natal mortality rate	8
Night Service (Home Help)	41
Noise Abatement Act, 1960,	74
Nuisances	72
Nurseries and Child-Minders Regulation Act	18
Nursing equipment, loan of	28
Nursing homes	103
Observation Register	16
Offices, Shops and Railway Premises Act, 1963	75
Old People's Homes, inspection of	104
Ophthalmia neonatorum	12
Ophthalmic clinics	60
Orthopaedic clinics	61
Osteopathy	104
Outworkers' premises	74, 124
Overcrowding - Housing Act, 1957	86
Perinatal Mortality Rate	8
Persons in need of care and attention	44
Pesticides Survey	101
Pet Animals Act, 1951	84
Phenylketonuria Screening	16

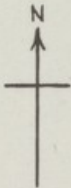
	Page
Physiotherapy...	15, 62
Pigeons, destruction of	72
Plague	12
Pneumonia	12
Poliomyelitis	12
Population	8
Post-natal sessions...	15
Pre-school Playgroups	18
Preserved foods, premises registered for preparation of	99
Prevention of Damage by Pests Act, 1949	79
Priority Dental Service	16
Puerperal pyrexia	12
Queen Charlotte's Hospital	26
Radioactive Substances Act, 1960	73
Rag Flock and Other Filling Materials Act, 1951	74
Rateable Value	8
Recuperative holidays	32, 71
Rent Act, 1957	73
Riding Establishments Act, 1964	84
Rodent control in sewers	79
Routine medical inspections	56
Sausages, premises registered for preparation of	99
Scarlet fever	12
School clinics	58
School Dental Service	67

School Health Service	...	...	...	...	...	...	...	...	...	...	...	56
Sewage disposal	...	...	...	...	...	...	...	...	...	...	...	82
"Sitters-in" service	...	...	...	...	...	...	...	...	...	...	...	40
Slaughter of Animals Act, 1958	...	...	...	...	...	...	...	...	...	...	...	84
Smallpox	...	...	...	...	...	...	...	...	...	...	...	12
Smoke and sulphur dioxide in the atmosphere	...	...	...	...	...	...	...	...	...	...	94, 125	
Smoke Control Areas	...	...	...	...	...	...	...	...	...	...	...	92
Smoke Control Orders, contraventions of	...	...	...	...	...	...	...	...	...	...	...	94
Smoke, dark, from industrial premises	...	...	...	...	...	...	...	...	...	...	...	94
Smoke from industrial chimneys	...	...	...	...	...	...	...	...	...	...	...	94
Social and therapeutic centre (Mental Health)	...	...	...	...	...	...	...	...	...	...	...	37
Social services for problem families, co-ordination of	...	...	...	...	...	...	...	...	...	...	...	22
Soiled linen cleansing service	...	...	...	...	...	...	...	...	...	...	...	29
Solid Smokeless Fuels Federation - mobile exhibition	...	...	...	...	...	...	...	...	...	...	...	93
Special Schools	...	...	...	...	...	...	...	...	...	...	...	66
Special Treatment, establishments for Massage and	...	...	...	...	...	...	...	...	...	...	...	103
Speech class	...	...	...	...	...	...	...	...	...	...	...	60, 66
Speech therapy	...	...	...	...	...	...	...	...	...	...	...	59
Staff, medical examinations and welfare of	...	...	...	...	...	...	...	...	...	...	...	106
Staff, vaccination and immunisation of	...	...	...	...	...	...	...	...	...	...	...	106
Still-births	...	...	...	...	...	...	...	...	...	...	...	8
Swimming baths	...	...	...	...	...	...	...	...	...	...	...	81
Tea, examination of	...	...	...	...	...	...	...	...	...	...	...	99
Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	12, 35, 68
Tuberculosis Visitors	...	...	...	...	...	...	...	...	...	...	...	35
Tuberculosis Medical Social Worker	...	...	...	...	...	...	...	...	...	...	...	35

Typhoid fever	...	...	...	...	...	...	...	...	...	...	12
Underground rooms	...	...	...	...	...	...	...	...	...	...	86
Unsupported mothers	...	...	...	...	...	...	...	...	...	...	21, 70
Vaccination	...	...	...	...	...	...	...	...	...	...	30, 118
Vision testing	...	...	...	...	...	...	...	...	...	...	58
Vital statistics	...	...	...	...	...	...	...	...	...	...	8
Water supplies	...	...	...	...	...	...	...	...	...	...	80
Whooping cough	...	...	...	...	...	...	...	...	...	...	12
Winter vomiting	...	...	...	...	...	...	...	...	...	...	68



School Health Service	80
Sewage disposal	81
"Sitters-in" service	82
Slaughter of Animals Act, 1958	83
Smoking	84
Smoke and sulphur dioxide in the atmosphere	85
Smoke Control Areas	86
Smoke Control Orders, contraventions of	87
Smoke, dark, from industrial premises	88
Smoke from industrial chimneys	89
Social and therapeutic centres (Mental Health)	90
Social services for problem families, co-ordination of	91
Sooted (non-cleaning) service	92
Solid Smokeless Fuels Federation - mobile exhibition	93
Special Schools	94
Special Treatment, establishments for Massage and	95
Speech class	96
Speech therapy	97
Staff, medical examinations and welfare of	98
Staff, vaccination and immunisation of	99
Still-births	100
Swimming baths	101
Tea, examination of	102
Tuberculosis	103
Tuberculosis Visitors	104
Tuberculosis Medical Social Worker	105



ACTON
EALING
GREENFORD

- CLINICS**
1. Avenue Road
 2. Cloister Road
 3. Pierpoint Road
 4. Steele Road
 5. Trinity Way
 6. Abbey Parade
 7. Laurel House
 8. Mattock Lane
 9. Greenford Green

HANWELL
NORTHOLT
PERIVALE
SOUTHALL

10. Ravenor Park
11. Brentside
12. Cherington House
13. Islip Manor
14. Northolt Grange
15. Horsenden Lane
16. Jubilee Gardens
17. King Street
18. Northcote Avenue

- DAY NURSERIES**
- ACTON
EALING
GREENFORD
19. Bollo bridge
 20. Longcot
 21. St. Dunstons
 22. Culmington
 23. Stanhope

- OTHER PREMISES**
- EALING
HANWELL
SOUTHALL
24. Health Dept.
 25. Ealing day treatment centre
 26. Adult training centre

