

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

Contributors

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The Health of the London Borough of Ealing

in the year
1967

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
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Ealing, W.5
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Mr. Mayor, Aldermen and Councillors,

During the year the development of the Borough's health services continued, and whilst progress during 1967 did not include any spectacular projects there have been several noteworthy advances.

Perhaps most cause for satisfaction was the inauguration of a night nursing service, up till now a much felt want in our home nursing facilities. Important too, was the improvements in the Home Help Service including the formation of a mobile squad. Also during the year the Council, for the first time, exercised its power to adapt a home to permit the installation of an artificial kidney machine by the hospital authorities. It is pleasing to feel that Local Authorities have a part to play in such great advances in medicine. Of the new premises in the course of construction, one, the Day Club for the Mentally ill came into operation. I anticipate that it will be a considerable asset to the Council's Mental Health Service.

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

MEMBERSHIP OF COMMITTEES AT 31st DECEMBER, 1967

ENVIRONMENTAL HEALTH COMMITTEE

Chairman - Councillor J.F. Barlow

Vice-Chairman - Councillor A.K. Schollar

The Mayor (Councillor P.G. Southey, J.P.) (ex-officio)

Councillor M.J. Barber

Councillor R.R. Clay

Councillor E.W.J. Everett

Councillor S.A. Goodman

Councillor C.C. Headey, J.P.

Councillor W.G. Hill

Councillor W.G. Lamb

Councillor Mrs. N.R. Law

Councillor A.W. Morbey

Councillor E.J. Sheil, B.E.M.

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

Councillor A.W. Surry

PERSONAL HEALTH SERVICES COMMITTEE

Chairman - Councillor D.J. Cousins

Vice-Chairman - Councillor Mrs. A.J. Parmenter

The Mayor (Councillor P.G. Southey, J.P.) (ex-officio)

Councillor J.F. Barlow

Councillor C.B. Cripps

Councillor E.W.J. Everett

Councillor W. Feldman, LL.B.

Councillor H.R. Hayselden

Councillor C.C. Headey, J.P.

Councillor W.G. Lamb

Councillor Mrs. N.R. Law

Councillor A.J. McCallum

Councillor A.W. Morbey

Councillor Mrs. E.L. Prodham

Councillor A.K. Schollar

Co-opted Members

Dr. M.B. Clyne

Dr. M. Murray

Non-Council Members in an advisory capacity

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

Mr. H.H. Hall (nominated by Middlesex Local Pharmaceutical Committee)

Mrs. M. Heywood, J.P. (nominated by Family Planning Association)

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

Miss M.A.M. Peebles (appointed in her capacity as Matron, Acton Hospital)

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

EDUCATION (SPECIAL SERVICES) SUB-COMMITTEE

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

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

Councillor F. Bavister

Councillor R.A.H. Eggleton

Councillor M.N. Elliott

Councillor S.A. Goodman

Councillor R. Hetherington

Councillor T.W. Newson, J.P.

Councillor W.L. Page

Councillor Mrs. A.J. Parmenter

Councillor Mrs. E.L. Prodhon

Co-opted Members

Mrs. G. Barnes, B.A.

Mr. T. Callery

Mrs. R.M. High, B.Sc.

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

Reverend M.R. Parsons, M.A.

Mrs. M.K.F.M. Summers, B.Sc.

Mrs. J. Thrift

SENIOR STAFF OF THE HEALTH DEPARTMENT (as at 31st December, 1967)

*Medical Officer of Health and
Principal School Medical Officer*

I.H. Seppelt, M.B., B.Chir., D.P.H.

Deputy Medical Officer of Health

I.O. Taylor, M.R.C.S., L.R.C.P., D.P.H.

Senior Principal Medical Officer

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

Chief Administrative Assistant

K.F. Maplesden

DENTAL SECTION

*Chief Dental Officer and Principal
School Dental Officer*

L.C. Mandeville, L.D.S., R.C.S.

Senior Dental Officer

Miss I.M.M. Cameron, L.D.S., R.C.S.

Dental Officers - Full-time

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.

Dental Officers - Part-time

Mrs. A.H. Daniels, L.D.S.
 Mrs. T. Hernet, B.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. H.J. Smith, B.D.S., L.D.S.

Orthodontists -**Part-time**

R.A.S. Tipper, L.D.S., R.C.S.
 Mrs. E.G. Lindon, L.D.S., R.C.S.

ENVIRONMENTAL HEALTH SECTION**Chief Public Health Inspector**

A.E. Pooley, M.A.P.H.I.

Deputy Chief Public Health Inspector

M. Dowie, M.A.P.H.I.

Divisional Inspectors

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.

Senior Administrative Assistant

J. James

COMMUNITY CARE SECTION**Principal Medical Officer**

Margaret Heller, M.D. (Vienna), L.R.C.P.,
 L.R.C.S., D.C.H.

Principal Mental Health Social Worker

R.R.P. Mundon, R.M.N.

**Deputy Principal Mental Health
Social Worker**

Z.R. Sliwinski, S.R.N., R.M.N., C.S.W.

Home Help Organiser

Miss A.M. Choat

Chest Physician - Chest Clinic

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

Senior Administrative Assistant

P.V. Wallis

SCHOOL HEALTH AND MATERNAL AND CHILD HEALTH SECTIONS

*Principal Medical Officer -
School Health*

Kathleen M. Hart, M.D., 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.

D.C. Simpson, F.R.C.S., M.R.C.O.G.

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

Elizbitea M. Biel, M.B., B.S.

Mary Robertson, M.B., B.S.

*Chief Nursing Officer - Health
Visiting*

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

*Deputy Chief Nursing Officer - Health
Visiting*

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

Divisional Health Visitors

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

Miss J.A. White, S.R.N., S.C.M., H.V.Cert.

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

**Chief Nursing Officer - Home Nursing
and Midwifery**

**Deputy Chief Nursing Officer - Home
Nursing**

Deputy Chief Nursing Officer - Midwifery

Medical Social Workers

Matron - Mother and Baby Home

Supervisory Matron - Day Nurseries

**Senior Administrative Assistants -
School Health Section**

Maternal and Child Health Section

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

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

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

Miss M.E. Newns, B.A., A.I.M.S.W.
Mrs. E.A. Thorne, A.I.M.S.W.

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

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

D.E. Storr

Miss A.I. Coyle-Williams

GENERAL ADMINISTRATION SECTION

Deputy Chief Administrative Assistant

Senior Administrative Assistant

H.J. Reed

J. Burrows

1. VITAL STATISTICS

SUMMARY OF STATISTICS

Area (in acres)	...	...	...	...	...	...	...	...	...	13,708
Population (Census, 1961)	...	...	...	...	...	...	...	...	...	299,762
Population (estimated middle of 1967)	...	...	...	...	...	...	...	...	...	302,570
Rateable value, 1st April, 1967	...	...	...	...	...	...	...	...	...	£23,704,000
Net product of a penny rate, 1967/68	...	...	...	...	...	...	...	...	...	£96,000
Live births:-										
Legitimate males	...	2,552	Females	...	2,491	Total	...	...	...	5,043
Illegitimate males	...	298	Females	...	271	Total	...	...	...	569
Birth-rate per 1,000 of estimated population	...	...	...	...	...	...	...	...	...	18.5
Illegitimate live births (per cent of total live births)	...	...	...	...	...	...	...	...	...	9.9%
Still-births:-										
Males	...	33	Females	...	41	Total	...	...	...	74
Rate per 1,000 total births (live and still-births)	...	...	...	...	...	...	...	...	...	13.0
Deaths:-										
Males	...	1,717	Females	...	1,621	Total	...	...	...	3,338
Death-rate per 1,000 of estimated population	...	...	...	...	...	...	...	...	...	11.0
Deaths of infants under one year of age:-										
Legitimate males	...	62	Females	...	43	Total	...	...	...	105
Illegitimate males	...	7	Females	...	9	Total	...	...	...	16
Death-rates of infants under one year of age:-										
All infants per 1,000 live births	...	...	...	...	...	...	...	...	...	22.0
Legitimate infants per 1,000 legitimate live births	...	...	...	...	...	...	...	...	...	20.8
Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	...	...	...	...	28.1
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	...	...	...	...	...	...	...	...	...	15.3
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	...	...	...	...	...	...	...	...	...	12.8
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live and still-births)	...	...	...	...	...	...	...	...	...	27.0
Maternal mortality (including abortion):-										
Number of deaths	...	...	...	...	...	...	...	...	...	Nil
Rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	...	Nil

CAUSES OF DEATH

Cause of death	Deaths, 1967			Total Deaths, 1966
	Male	Female	Total	
Tuberculosis, respiratory	4	1	5	14
Tuberculosis, other	1	1	2	-
Syphilitic disease	2	1	3	3
Diphtheria	-	-	-	-
Whooping-cough	-	-	-	1
Meningococcal infections	-	-	-	-
Acute poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other infective and parasitic diseases	1	3	4	5
Malignant neoplasm, stomach	50	28	78	85
Malignant neoplasm, lung, bronchus	164	22	186	246
Malignant neoplasm, breast	-	75	75	75
Malignant neoplasm, uterus	-	28	28	19
Other malignant and lymphatic neoplasms	204	152	356	342
Leukaemia, aleukaemia	8	7	15	22
Diabetes	6	16	22	28
Vascular lesions of nervous system	140	198	338	414
Coronary disease, angina	470	297	767	791
Hypertension with heart disease	12	30	42	39
Other heart disease	109	212	321	304
Other circulatory disease	81	103	184	194
Influenza	-	-	-	7
Pneumonia	100	163	263	293
Bronchitis	117	43	160	174
Other diseases of respiratory system	12	10	22	31
Ulcer of stomach and duodenum	16	8	24	31
Gastritis, enteritis and diarrhoea	5	11	16	20
Nephritis and nephrosis	8	9	17	18
Hyperplasia of prostate	5	-	5	4
Pregnancy, childbirth, abortion	-	-	-	-
Congenital malformations	24	19	43	22
Other defined and ill-defined diseases	107	142	249	283
Motor vehicle accidents	32	13	45	44
All other accidents	22	13	35	36
Suicide	15	16	31	29
Homicides and operations of war	2	-	2	5
Totals	1,717	1,621	3,338	3,579

2. INFECTIOUS DISEASES

Details of the incidence of the various notifiable infectious diseases and the action taken during the year to prevent their spread is 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

333 cases were notified during the year, of which 39 were confirmed bacteriologically. In all these the organism was shignelli Sonne.

Four moderate outbreaks occurred; one in a day nursery, one in a hostel and two in schools.

At the day nursery several children were suffering from diarrhoea and sickness and specimens obtained from all the children and staff resulted in seven children and one member of staff being positive for Sonne Dysentery.

A child in the Council's hostel for homeless families was notified as suffering from suspected food poisoning. Tests showed that he was suffering from Sonne Dysentery. Faecal specimens were taken from all the other occupants of the hostel, which revealed that 4 adults, 3 schoolchildren, and 4 infants were also positive for Sonne Dysentery. The hostel has a common kitchen and multiple use of lavatories, conditions which are very conducive to the spread of Sonne Dysentery. Immediate steps were therefore taken to interview all the mothers and stress the need for strict personal hygiene, hand washing, thorough cleanliness of food utensils, sinks and lavatories.

At each of the two schools a large number of children attending and some staff were reported to be suffering from diarrhoea and sickness. Laboratory tests revealed that at one school there were 22 positive cases, and at the other 17.

Erysipelas

10 cases were notified during the year.

Food Poisoning

17 cases were notified, of which 6 were confirmed bacteriologically. The organisms were as follows:-

Salmonella Typhimurium	2
Other Salmonellae	4

Infectious Hepatitis

This disease has been notifiable in the borough since November, 1965. The number of cases notified last year was 42 of which 7 were admitted to hospital. In conformity with the Council's control measures public health inspectors visited the households and gave advice on the appropriate hygiene measures which should be adopted and arrangements were made for the patient's linen and clothing to be disinfected by boiling or autoclaving wherever possible. One contact who was a school meals worker was excluded from work. One contact was an expectant mother, but after consultation with her own doctor it was decided not to give gamma globulin which is available for such cases.

Malaria

One case was notified during the year. This was a 24-year-old Indian who is believed to have contracted malaria whilst on holiday in India.

Measles

3,389 cases were notified during the year, which was a "measles" year.

Membranous Croup

No cases were notified during the year.

Acute Encephalitis and Meningococcal Infection

There was one case of acute encephalitis and five cases of meningococcal infection notified during the year.

Ophthalmia Neonatorum

No cases were notified during the year.

Pneumonia

31 cases were notified during the year.

Poliomyelitis

No cases were notified during the year, this being the third consecutive year which I have to report this happy state of affairs.

Puerperal Pyrexia

14 cases were notified of which 10 were confirmed. Of the confirmed cases, 2 occurred in home confinements and 8 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.

Plague

No cases were notified during the year.

Scarlet Fever

There were 124 cases notified during the year.

Smallpox

No cases were notified during the year. There were 23 people who arrived by air and 6 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

During the year 142 new cases of pulmonary tuberculosis and 49 new cases of non-pulmonary tuberculosis were notified. (The figures for last year were 131 and 32 respectively).

Typhoid Fever

During the year 5 cases of typhoid fever occurred.

The first was a 6-year-old boy who had returned to this country after a holiday in India and was admitted to hospital shortly afterwards. Investigation at his home revealed that another 10 persons were living there, one of whom was employed in the food trade. The usual exclusion measures were carried out and there were no further cases. It seems likely that the infection was contracted abroad.

The second case was an 8-year-old boy, in which the source of infection was not determined. No secondary case occurred however.

The third case was a 28-year-old man who was admitted to hospital shortly after returning from a holiday in India. The patient was employed in the food trade and accordingly his work contacts were excluded until it was considered they were not a potential source of infection. No other cases occurred and again in this instance it appears that the infection was contracted abroad.

The last two cases came from the same household, one being a 26-year-old woman and the other a 14-year-old boy who were both admitted to hospital within a few days of each other. On investigation it became apparent that the residents not only of the household where the two patients lived, but also those of three houses in the borough and one in an adjoining borough, would have to be considered close contacts since the occupants were inter-related and there was frequent inter-visiting. Nearly 100 contacts were traced and the usual control measures instituted, including exclusion of 13 persons from work. Classmates of the 14-year-old boy and teachers who spent a substantial part of their time with this class were not allowed to return to school after the Christmas holidays until they were considered to be free from infection. About half the class was cleared by the date the new term commenced, but the return of some of the teachers was delayed as a number of them had dispersed to various parts of the country for Christmas and communication was therefore difficult.

Specimens taken from contacts resulted in four of them being admitted to hospital as suspected cases. Later tests, however, proved negative. There is little doubt that the source of infection was a known carrier living in the infected household.

Whooping Cough

There were 131 cases notified during the year.

Full statistical information is set out in table 2 at the end of this report.

3. HEALTH CENTRES

Discussions were held during the year on the possible need for health centres at three sites in the Borough. The first concerned a proposed centre in East Acton Lane, which was considered because redevelopment has necessitated the replacement of Trinity Way Clinic. The discussions revealed that whilst there was a keen interest in health centres this site would not be convenient to the general practitioners in that area. This meeting emphasized a difficulty which will always be encountered when planning health centres. Local authority clinics are usually situated in the centre of each of the geographical communities which go to make up the borough. Rarely does it occur however that such catchment areas coincide with general practitioners' practices, and a compromise has therefore to be made. More rapid progress is usually achieved if the unit for planning is in an area covered by a group of doctors' practices, even if this distribution cuts across communities.

The second possible centre discussed was one in Church Road, Hanwell. A sufficient number of doctors in the area expressed an interest for a Centre in this position and in December the Minister of Health approved in principle the Council's proposal.

Discussions also took place concerning the possibility of adapting Ravenor Park Clinic to become a health centre, but whilst not ruling out the possibility in the future, general practitioners in the area did not wish to proceed at the present time.

4. 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, immunisation and vaccination, 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 seven mothers, however, still attend the clinic for ante-natal care by the Council's medical staff.

The figures for 1967 were as follows:-

825 mothers attended medical officers' sessions for their ante-natal care

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

583 mothers attended ante-natal relaxation classes

318 mothers attended post-natal sessions

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:-

- (i) Particularly careful surveillance is given to children with certain ante-natal or peri-natal histories, for example, the child of a mother who has had german measles during pregnancy. An observation register is kept, to which 682 children were added during the year (13.4% of all live births in the borough). The total on the register at the end of the year was 1,249.
- (ii) Phenylketonuria test. This test of the baby's urine is able to detect one form of mental subnormality which is preventable by diet. There were 5,632 babies tested in this way during the year, but no positive cases were detected.

During the year 14,501 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 1967 were:-

Expectant and Nursing Mothers

Examined	211
Required treatment	199
Teeth filled	543
Teeth extracted	131
Dentures provided	29

Pre-School Children

Examined	1,110
Required treatment	790
Teeth filled	1,553
Teeth extracted	749

Liaison with General Practitioners

There is a national trend towards improved co-ordination of the work of the general practitioner and the local authority health visiting, home nursing and midwifery services. A pilot scheme designed to achieve this was started during March for six practices in the area served by Ravenor Park Clinic, Greenford. Instead of working in geographical districts, the health visitors, home nurses and midwives have been allocated case loads consisting of the patients of particular practices. In addition, clinic sessions held by each health visitor are arranged so they are primarily concerned with the children in the practice which she serves.

In September an extension of the scheme was introduced by the attachment of local authority nursing teams to 12 practices in the area served by Islip Manor, Northolt Grange and Greenford Green Clinics.

The scheme appears to be working well and has resulted in the formation of teams with the general practitioner at the head of each. I look forward to an extension of the arrangements throughout the borough.

5. DAY CARE OF CHILDREN

Pre-school Play Groups

Pre-school play groups are now recognised as making an important contribution to the social education of children and therefore, as well as being the registering authority under the Nurseries and Child Minders Regulation Act, 1948, the Council also encourages these groups by financial assistance.

At the end of the year there were 30 play-groups in the borough, which included 9 which were registered for the first time during the year. Of the total, 12 which conformed to the Council's code of practice were in receipt of a Council grant, this being one-third of the rent of the premises used, to a maximum of £100 per annum.

Child Minders

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. If, after inspection, registration is agreed then periodic reinspections are carried out at regular intervals. At the end of the year there were 24 registered child minders in the borough, which included 13 who were registered for the first time during the year.

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

- (i) Registration is only required by the Act if more than two children not from the same household are minded. There would seem to be need for amended legislation requiring registration of all child minders.
- (ii) Minders may fail to notify the Authorities, and parents of minded children 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.

I understand the need for further legislation concerning the minding of children is being contemplated and it is to be hoped that this will materialise at an early date, and that it will remedy the deficiencies I have noted above.

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.		

During the year 234 new admissions were made to day nurseries of which 15 were handicapped children.

Two of the nurseries are due for replacement. The first of these is Stanhope since the present premises is an Infants School which is now required to be returned for education purposes. The other is Bollo Bridge Day Nursery since the present building in addition to being very old is in the centre of a redevelopment area.

At the end of the year the replacement of Stanhope Day Nursery which will be in Windmill Lane, Greenford, was nearing completion. The Bollo Bridge replacement however was only at the stage of informal discussions with the Ministry of Health. The proposed site is in Park Road North, Acton.

6. CARE OF THE UNSUPPORTED MOTHER AND HER CHILD

Under Section 22 of the National Health Service Act, 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. Two medical social workers are 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 workers have 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 workers 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 workers 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 put her in touch with an Adoption Agency 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 181 unsupported mothers from Ealing, 75 from Hounslow and 71 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 six weeks after delivery. It can accommodate 12 ante-natal patients and 14 post-natal patients and babies.

During the year steps have been taken to improve both the furnishing of this home and the facilities available there. Ante-natal and mothercraft classes are given by the Matron since many girls lack the knowledge of the basic domestic skills. Occupational therapy classes are held weekly, where the girls learn dressmaking, knitting and other accomplishments. The Council's medical social workers give support in what is a very difficult time for such mothers.

Preliminary consideration has also been given during the year to the changing needs of these girls. A few years ago it was the exception for an unmarried mother to be allowed to remain within her family circle to have her baby at home, and the health department's problem was to provide short term accommodation for large numbers homeless for this reason. The picture today has changed. It is much more common for an unmarried mother to continue to live with her parents and therefore although often requiring support from a medical social worker, she is not in need of residential accommodation. There still remain however a smaller number of mothers who are on their own, and in today's housing shortage their plight would be very great but for the mother and baby home. The old pattern of admission six weeks before confinement and discharge six weeks afterwards does not however, meet their need. I feel that we should aim to provide such a mother with accommodation until she has succeeded in finding employment, has made arrangements for her baby, and obtained really suitable accommodation of her own. This process of rehabilitation takes much longer than the customary six weeks after delivery and future plans must acknowledge this fact. In addition, the dormitory type of accommodation at present provided appears to be inappropriate and a hindrance to rehabilitation. Consideration is therefore being given to the possibility of providing more bedsitting-rooms. During the year 114 mothers were accommodated in the home, and 53 of these were resident in the borough.

7. 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 and mortgage 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. The Medical Officer of Health is Chairman and the members of the Committee include the Town Clerk, the Chief Education Officer, the Chief Welfare Officer, the Children's Officer and the Borough Treasurer.

The Committee works as follows:-

- (1) The co-ordinating committee itself decides what recommendations regarding policy it will make to the appropriate committee of the Council.
- (2) A sub-committee meets weekly for the purpose of holding case conferences to decide the best way to help individual families. The field workers concerned in each department attend and normally one particular officer is assigned to undertake the care. The purpose of this arrangement is the avoidance of overlap.

The main matters considered by the co-ordinating committee during the year have been firstly the co-ordination of education, health and welfare services for handicapped children and young people, and secondly homeless families and temporary accommodation.

A fair measure of success has been achieved in formulating a unified policy amongst the several departments providing social services. By the end of the year a total of 563 names had been added to the Central Register of problem families, of which 337 had been discussed at the weekly case conferences.

8. FAMILY PLANNING

The provisions which the Council makes under Section 22 of the National Health Service Act are as follows:-

(1) The health department provides a birth control clinic at Cherington House Clinic to which doctors or health visitors can refer women on medical grounds. In accordance with circular 5/66 supplies as well as advice are now free in these circumstances. Two sessions are held per month with an average attendance of 20 per session. In 1967, 63 new patients were seen and a total of 405 visits were made to the clinic.

(2) The Family Planning Association provides the following services:-

(a) Sessions at Cloister Road and Northcote Clinics where the Council assists the Association by the free use of accommodation.

(b) Sessions at Perivale Maternity Hospital.

At all the above sessions advice is given on family planning both for medical and social reasons. The Council meets the cost of any women referred on medical grounds. During the year 24 such cases were referred.

(c) The Family Planning Association run a clinic within the premises of Hillingdon Hospital in conjunction with the hospital's post-natal clinic. The Council meet the cost of the attendance of approved patients at this clinic which was opened in May. During the year one such patient attended.

(d) A domiciliary service designed for those women who fail or who are reluctant to attend normal birth control sessions was started in May. These are usually the very women who it is most important should have advice and those for whom social workers and health visitors are giving active social support. The Council meet the cost of this service which during the year provided for 10 patients.

As noted above, following Ministry of Health circular 5/66, no charge is now made for supplies when family planning is for medical reasons. In addition, in accordance with this circular notices of times and addresses of family planning clinics are prominently displayed in all health clinics and the service has been extended to include mothers from the mother and baby home where medical grounds exist. The Council have also further considered the question of setting up a Brook Advisory Centre during the year but doubt as to the legal position has so far hindered progress.

9. CERVICAL CYTOLOGY SERVICES

This service under Section 28 has developed during the year, 1,796 smears being taken compared with 762 last year.

Cervical cytology facilities are now available at Cherington House, Ravenor Park and Pierrepont Road Clinics. Smears are taken by a doctor on the Council's staff and the cytology work is undertaken by the laboratory staff at King Edward Memorial Hospital. During the year sessions were held in the medical room of a large engineering works for the benefit of female employees.

The service is available by direct application at Health Clinics to all women in the maximum risk age group. The general practitioner is sent results of all smears taken of his patients. Of the 1,796 smears taken during the year 14 were positive. The results of these 14 cases were as follows:-

Invasive carcinoma	3 cases
Carcinoma in situ	11 cases

Seven of the 14 cases had hysterectomies.

10. MIDWIFERY

In accordance with Section 23 of the National Health Service Act, the Council provides a staff of 20 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 1967.

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.

11 of the Council's midwives are approved teachers and during the year 26 pupils were trained. These included the first 6 midwives from the Part II Midwifery Training School at Perivale Maternity Hospital to undertake their district training with the Council. They are accommodated in the Pupil Midwives Hostel in Oldfield Lane, Greenford, which was opened by Sir Alan Moncrieff, Chairman of the Central Midwives Board, in June. This is a small detached house which was adapted to meet the needs of the pupils since suitable accommodation became so difficult to find. It consists of six bedsitting rooms, each with its own fitted unit containing wash basin and wardrobe, a sitting/dining room, two bathrooms and a district utility room. A mid-day meal is provided for pupils but they cater for themselves in the evening. The arrangements have worked well and the accommodation has proved popular.

The number of home and hospital confinements in the area of the London Borough of Ealing over the last few years is as follows:-

Year	Domiciliary	Hospital	Total
1963	1071	4475	5546
1964	1051	4744	5795
1965	942	4728	5670
1966	626	5039	5665
1967	599	5109	5708

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

The Council has an agreement 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:-

1963	1964	1965	1966	1967
151	306	511	718	674

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 has a Midwives' Committee, which is a sub-committee of the Council. It is responsible for the supervision of midwives in the borough, and for the promotion of midwifery. The Committee is composed of representatives of the Council, the Midwives' Society, and the public. It meets regularly to discuss matters relating to midwifery, and to make recommendations to the Council.

The Council has also a Midwives' Training School, which is a day school for the training of midwives. The school is situated in the borough, and provides training for midwives in the theory and practice of midwifery. The school is open to women who have completed their school leaving certificate, and who are at least 17 years of age. The course of training lasts for two years, and includes both theoretical and practical work. On completion of the course, students are eligible for registration as midwives with the Midwives' Society.

The Council has also a Midwives' Hostel, which is a residential home for midwives. The hostel is situated in the borough, and provides accommodation for midwives who are working in the borough. The hostel is open to midwives who are registered with the Midwives' Society, and who are working in the borough. The hostel provides a comfortable and convenient place for midwives to live, and is a valuable asset to the midwifery service in the borough.

The number of home and hospital confinements in the area of the London Borough of Ealing over the last few years is as follows:-

Year	Domiciliary	Hospital	Total
1963	1071	4475	5546
1964	1061	4744	5805
1965	942	4728	5670
1966	828	5039	5867
1967	699	5109	5808

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

The Council has an agreement with Finsbury Maternity Hospital to provide nursing care and home help service for mothers discharged from hospital after 48 hours.



Midwife and pupil set out on round in Council Mini-car



Sister tutor gives weekly refresher lecture



Midwife demonstrates newly-designed district bag



Pupil midwives relax in one of the bed-sitting rooms

11. HEALTH VISITING

The Health Visiting service is operated under Section 24 of the National Health Service Act, and the Council have 39 health visitors. They work from 16 of the Council's health clinics, and are responsible for all the families living in the area.

The Health Visitor is in an unique position in relation to the family, in that she is often adviser 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 works in co-operation with the family's general practitioner and with other social services in a wide variety of ways. These include advising in Child Care within the home, 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.

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

Nine student nurses taking the integrated course of training at Hillingdon Hospital and Chiswick Polytechnic, and 51 student nurses from local hospitals came to the borough for a few days experience in the work of the health visitors.

12. 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 46 nurses, including 2 male nurses.

Patients are almost entirely referred to the department either from hospitals (70%) or 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. 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. I am authorized to engage nurses for this work on behalf of the Foundation. This is a most valuable service, and during the year 12 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 2,296 articles loaned to patients during the year.

The Home Nursing Service was improved in two ways during the year. The most important was the inauguration in June of a night nursing service for types of patients not covered by the Marie Curie scheme. The staff consists of two home nurses who work between the hours of 7.30 p.m. to 12 midnight and 6 a.m. to 9 a.m. It is a five-day service, the staff being off duty each weekend.

This service is amongst the first to be established in the country and has been found to be of great benefit to the community.

The patients cared for by the night service fall into the following categories:-

- (1) Terminal patients requiring nursing care, and pain killing injections at night.
- (2) Elderly invalid people who need help in getting to bed because the relative caring for them is also elderly.

- (3) Patients on injections who are allowed to go to work and leave very early in the morning.
- (4) Chronically disabled people of any age, e.g. multiple sclerosis cases.
- (5) Patients with early hospital appointments unable to get themselves ready.
- (6) Patients attending rehabilitation or day centres.
- (7) Diabetics who go to work and are unable to give their own injections.

This service has filled a gap which existed after the day staff have gone off duty. The aim is that it can help:-

- (a) Relatives who are willing to nurse terminal patients at home. It is often at night that the burden becomes almost insupportable and the nurse's visit can help a great deal.
- (b) Disabled people who are got up by the day staff and being put to bed by the night staff enables them to stay up longer, often a great advantage to the patient. It can also relieve the family of some of the responsibility and this makes life more tolerable for the patient.
- (c) Patients attending day centres are nearly always elderly, and always disabled in some respect. They require help in dressing and this saves the day staff having to make an early start.

Most of the patients attended by the night service are already cared for by the day nurse, thus continuity has been provided by the service. It was considered that the need is greatest during the week and thus a five day service was organized - the day staff taking over at weekend on a rota system to cover the pain killing injections and other very urgent cases.

This extended duty has been found of great value to the patients and relatives - the staff have appreciated it and the general practitioners too have found it of great benefit for their patients.

From the commencement of the scheme in June to the end of the year, 53 patients received 1,826 visits which included:-

964 general nursing care	571 injections given	291 dressings, etc.
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The other improvement was the extension of the scheme for the provision of incontinence pads and protective clothing. These are now issued by the home nursing service to all those patients whom the Supervisor of Home Nursing considers are best helped in this way whether or not they are having other forms of nursing. During the year, 34 "non-nursing" patients were provided with incontinence pads.

13. ARTIFICIAL KIDNEY MACHINES

There has during the year been an increase in the treatment of patients with chronic renal failure by the provision of artificial kidney machines installed in their own homes. Since the treatment is complex it is the view of the Ministry of Health, whether this is undertaken in hospital or in the home, it should be based on a hospital which has full supporting facilities.

Whilst the hospital authorities are responsible for providing and maintaining the necessary equipment, local authorities are able to make arrangements for the adaptation of premises. During the year the first such application in Ealing was received by the Council. This was approved and the Minister gave authority for the adaptation of this and any other premises under Section 28 of the National Health Service Act. The Council decided that its policy would be to make such charge as is reasonable, having regard to the means of the person concerned.

The type of adaptation which is necessary in these cases consists of making the walls and ceiling of the treatment room crack-proof and washable, and the floor waterproof. A sink with a good supply of water must be installed and it is also necessary to provide storage space for sterile dressings and containers of fluid. In some instances, in order to accommodate these requirements and still leave space for a bed, it is necessary to build an extension. The cost of modifications usually varies between £50 - £250.

The limiting factor in the development of this service at present is not a shortage of kidney machines but the need to provide the supporting hospital accommodation and the recruitment and training of hospital medical, nursing and technical staff. The Ministry has assured the Council that it is proceeding as rapidly as possible with these arrangements.

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	69.5
Immunisation against poliomyelitis	69.7
Vaccination against smallpox	59.9

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

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, health visitors, midwives, nurses, social workers and health inspectors is educative in nature but, in addition, a specific health education programme is carried out every year. For the first time, in conjunction with the public relations officer and the road safety officer, a scheme involving all sections of the health department was worked out so that each month the programme concentrated on a particular topic appropriate to the time of the year. The complete programme was as follows:-

- January - Dangers of Oil Fires
- February - Home Safety (Avoidance of falls)
- March - Home Safety (Gas and electrical appliances and medicaments)
- April - Home Safety (Handyman/housewife avoidance injury in the home)
- May - Dental Health
- June - Mental Health
- July - Clean Food
- August - Road Safety
- September - Immunization
- October - Fire Hazards and the dangers of Fireworks
- November - Winter illnesses, including hypothermia
- December - No specific subject

In addition to this, films were shown at various clinics on the subjects of birth control, foot health, child development, V.D., and dental health, whilst film shows on health subjects were also given to such organisations in the borough as Towns-women's Guilds, Youth Clubs, etc. By arrangement with Central Middlesex Hospital posters were displayed in the out-patients, casualty, maternity, mass X-ray, and dental departments. This arrangement is particularly welcome since it demonstrates an appreciation by the hospital of the part that community services play.

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

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 a main line station if this is recommended by the general practitioner.

The cost of the service to the patient is £5. 15s. 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	110
Number of patients sent on a recuperative holiday	76
Number of patients who did not avail themselves of the vacancy offered	32
Number of applications not approved	1
Unable to obtain vacancy	1

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 provide 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 chiropodists, which, in practice, is 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:-

	British Red Cross Society	Southall Old People's Welfare Association	London Borough of Ealing	Total
Total number of patients	413	159	2,503	3,075
Total number of new patients	54	15	795	864
Total number of treatments at clinic	669	-	7,499	8,168
Total number of treatments at private surgeries	907	472	-	1,379
Number of patients receiving domiciliary treatment	160	97	776	1,033
Number of domiciliary treatments	1,018	900	2,990	4,908
Percentage of total work which is domiciliary	39%	65%	28%	34%
Expectant and nursing mothers	-	-	3	3
Physically handicapped persons	22	-	66	88

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 whilst the Council is responsible for the visiting and welfare services under Section 28 of the National Health Service Act. The arrangement since the 1st April, 1965 until this year has been for the Council's part of the work in Ealing and Acton to be discharged through the Ealing Chest Clinic by staff either wholly or partly employed by the Council. The Southall part of the borough has been covered, on the Council's behalf, by staff employed by the London Borough of Hillingdon working from Uxbridge Chest Clinic, and appropriate financial arrangements were made.

During the year the North West Metropolitan Regional Hospital Board decided to close Uxbridge Chest Clinic and transfer the treatment facilities to Hillingdon Hospital. In view of this Hillingdon Borough Council was unable to cover the service in the Southall area and arrangements were made from the 25th July for this to be undertaken directly by this Council. The effect of the reorganization is that the tuberculosis visiting service for the whole of the London Borough of Ealing is now provided by one unit which is based on Ealing Chest Clinic. The patients residing in Southall still, however, need to attend Hillingdon Hospital for investigation and treatment since the Regional Board have been unable to agree that this should be undertaken from Ealing Chest Clinic.

The effect of the reorganisation on staffing is as follows. The chest physician employed by the Regional Hospital Board at Ealing Chest Clinic has continued to be employed part-time by the London Borough of Ealing in respect of the preventive aspects of the work for patients residing in Ealing and Acton. The chest physicians at Hillingdon Hospital are now responsible for the preventive aspect of the work in Southall. They are employed by the Regional Hospital Board, which is reimbursed for that part of the salary which relates to preventive work undertaken for Southall residents.

The Council's medical social worker who previously undertook work at Uxbridge Chest Clinic is available for work with patients in any part of the borough, but the hospital authorities wish that as far as Southall patients are concerned when attending hospital they shall be seen by the hospital's medical social workers. I would expect, however, that any community care work would be referred to the Council's medical social worker for her to carry out.

In the long term it is the Council's policy to integrate the tuberculosis visiting service with the health visiting service. Indeed, tuberculosis visitors as such are no

longer being trained and eventually this designation will disappear. At present, however, only one of the Council's six tuberculosis visitors is a qualified health visitor and therefore able to carry out combined duties.

Details of the work during 1967 are as follows:-

Tuberculosis Health Visitors	Acton & Ealing (Ealing Chest Clinic)	Southall (Uxbridge Chest Clinic)
Number of new tuberculosis cases	121	90
Number of old tuberculosis cases	3,991	727
Transfers into Borough	27	6
Transfers out of Borough	59	8
Number of contacts of new cases	449	392
Successful visits to tuberculosis households	4,104	798
Unsuccessful visits to tuberculosis households	724	84
Successful visits to other patients	384	29
Unsuccessful visits to other patients	10	4

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

Cases first referred during the year	181
Total cases	338
Tuberculosis patients	211
Cancer patients	58
Bronchitis and others	69

Action taken

Referred for employment	17
Found employment	12
Referred to Social Security for maintenance	20
Referred to Social Security for bedding	3
Referred to Social Security for clothing	5
Referred to Social Security for extra nourishment	5

During the year the Mass Radiography Unit of the North West Metropolitan Regional Hospital Board visited nine factories and offices within the area and examined 2,806 workers. 2 cases of active pulmonary tuberculosis were discovered and a further 6 placed under observation.

19. MENTAL HEALTH

The Council is responsible under the Mental Health Act, 1959, for the provision of community care for the mentally ill and the mentally subnormal.

Mental Illness

Social Work

A large part of the support which the mentally ill living in the community require is provided by the borough's 11 mental health social workers who are also responsible for certain legal aspects of the compulsory admission of patients to hospital. A 24-hour service is provided.

Greenford Mental Health Centre

An important addition to the Council's supporting service was made when the Greenford Mental Health Centre was opened in December 1967. It accommodates between 25 and 30 people and is a therapeutic and social day centre. In addition to day activities it is planned to have a social club in the evening.

In order to attend, a psychiatrist's recommendation is necessary and patients include both those discharged from hospital and those whose attendance it is hoped will prevent admission to hospital. There is a close link with psychiatrists from catchment hospitals, general practitioner and social workers.

There is a well equipped kitchen, and as part of the rehabilitation programme patients go to nearby shops to buy provisions and then cook their own mid-day meal. Women patients are advised on make-up and hairdressing, and there is a hair drier at the Centre. This service is much enjoyed and the improved personal appearance helps to restore self confidence.

An occupational therapist organises such activities as needlework, woodwork, typing etc., and one of the first activities was to make curtains for the Centre. Both men and women patients participated in this.

Although the Centre had only been going for a few weeks at the end of the year, an encouraging start had been made, 9 patients being on the roll. Many of these had up till then done nothing more than stay in bed all day without even being able to summon the initiative to get up and go out.

Hostels

Although the borough has no hostel for the mentally ill, 21 patients are living in other Local Authority hostels and those run by voluntary organisations. The Ealing Association for Mental Health provides bed-sitting rooms for 6 women recently discharged but not yet ready to settle in the community.

Hospitals

Ealing is served by 3 psychiatric hospitals:-

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

I have in previous reports referred to the difficulties caused by this division and by the long journey to two of the three hospitals.

Voluntary Organisations

The Ealing Association for Mental Health has continued its valuable activities which include a bus service to Springfield Hospital, shopping expeditions for in-patients, and the organisation of the local Mental Health Week. Note has already been made of the Association's bed-sitting room accommodation.

Mental Subnormality

Advisory and Diagnostic Services

These services are undertaken by the provision of 2 clinics a month held by the Principal Medical Officer at which the services of a consultant psychiatrist in the subnormality field are also available from time to time;

Evening discussion groups which the Principal Medical Officer holds with parents of mentally handicapped children;

Home visits by Medical Officers.

Social Work support is carried out by the Council's Mental Health Social Workers.

Small numbers of very young mentally handicapped children attend play groups or are admitted to day nurseries. This greatly relieves the strain on the parents in caring for handicapped children during the day and gives the child an opportunity of having the company of ordinary children.

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
Isleworth Junior Training School (London Borough of Hounslow)	60
Hillingdon Junior Training School (London Borough of Hillingdon)	22
Harrow Junior Training School (London Borough of Harrow)	10
Neasden Junior Training School (London Borough of Brent)	1

Adult Training Centre

There is one adult training centre in the borough for 60 trainees, sited in Jubilee Gardens, Southall. A wide range of work is obtained from local firms on contract and trainees are also instructed in general gardening work. Every effort is made to simulate conditions of open industry and trainees living within two miles of the centre are expected to travel there by themselves. This is valuable training in itself, but its purpose is sometimes misunderstood.

During the year a teacher provided by the Further Education Section of the Education Department commenced sessions at the Adult Training Centre. Her first task was to assess, in conjunction with staff of the centre, the trainees' social development, and on the basis of this assessment a suitable teaching programme was developed for each trainee. In some instances this included tuition in reading,

writing and simple arithmetic. The teacher has been a great asset to the centre and the trainees have enjoyed their teaching sessions.

A further 59 trainees are placed at Acton Lodge, Uxbridge, Moorcroft and Brentford Adult Training Centres.

Holiday arrangements at two camps in August and September were undertaken by the London Borough of Hounslow and 18 Ealing trainees were able to have a 10-day holiday during this period.

Residential Accommodation

The Council at present has no residential accommodation for the mentally handicapped, but work commenced on a 25 place hostel at the Brenthill Nursery Site during 1967, and at the end of the year had reached first floor brick-work level. It should thus be opened in 1968, and would provide accommodation for men and women who are able to work in open industry or attend Adult Training Centres. One important deficiency in the Council's Mental Health Services will then have been remedied.

Two patients are at present accommodated in other local authority hostels.

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 17 patients 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 24 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 the Council's policy that short term care should be in subnormality hospitals if places are available and in private establishments only if this is not the case. During the year 43 patients had short term care of up to eight weeks and one patient was accommodated in a private establishment when the hospital was unable to provide accommodation for the period required.

Voluntary Organisations

The Ealing Society for Mentally Handicapped Children has a wide range of

activities and is 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.

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 inadequacy 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	2,477
Maternity	241
Others	210
Family help	4

The establishment of home helps is 260 which is partly filled by 369 part-time and 11 full-time staff to give an equivalent of 241 full-time home helps.

In my report last year I outlined the re-organisation of the service which had

been agreed by the Personal Health Services Committee. This was designed to ensure the most efficient utilisation of the limited labour available by the modernisation of methods. It was intended at the same time 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.

Circumstances beyond the control of the Council have prevented full implementation of this re-organisation and I give below the progress which has been made.

- (1) It has not been possible, owing to the Prices and Incomes Policy, to implement the plan for the creation of posts of home assistants. These were to be at a higher grade of salary so that a nucleus could be formed of the most capable home helps to undertake the more difficult cases and control the other home help staff where occasion arose.
- (2) It has been possible to raise the basic rates of pay to bring them more in line with comparable posts in industry and in September the rate was increased to 5s. 7.7/8 d. per hour.
- (3) The mobile squad has been formed but as the minibus was not delivered until November, it has only been in operation for a short time. The team comprises a driver/home help and three home helps which can deal with a greater volume of work in a shorter period of time. It can also deal more efficiently with long neglected households. The concentrated efforts of a group of home helps enables such a situation to be more quickly restored to a condition which can thereafter be maintained by a single home help.
- (4) It has also been possible to implement the scheme whereby transport is provided to bring home helps from areas of good recruitment to areas of poor recruitment but high demand. This has been possible by the replacement of one of the department's general duty vehicles by a minibus and its employment part-time on bringing home helps from Northolt to the Acton and Ealing areas and returning them at the end of the day. This service too only began in November and at present only some 8 home helps are transported in this way. It is hoped, that the scheme can be extended, thus avoiding unproductive travelling time.

21. CARE OF THE ELDERLY

Ealing Day Treatment Centre Association

The Ealing Day Treatment Centre for the daily care and treatment of the elderly is supported by donations from local organisations 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 173 which is an increase compared to last year. The average duration of stay was 8.4 weeks which compared with 9.8 weeks last year.

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

Diseases of the musculo-skeletal system	50
Diseases of the cardiovascular system	14
Diseases of the respiratory system	2
Diseases of the central nervous system	68
Diseases of the alimentary system	3
No major diagnosis or senility only	12
Others	24
Total	173

The following table shows the distribution of referrals during the year from the various parts of the borough: -

Hanwell, W.7	37
Ealing, W.13	25
Ealing, W.5	31
Greenford	21
Northolt	12
Perivale	7
Southall	33
Acton	7
Total	173

The extension of the building which was brought into use at the end of last year 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. The extension includes a physiotherapy room and day room for 12 patients.

In addition, a health visitor who was appointed at the end of last year has, by visiting the homes of those patients who have been discharged, provided a successful follow-up system.

The improvement in the Ambulance Service which I noted last year, has I am glad to say been maintained. This greatly assists the smooth working of the Centre.

The usual summer outing took place, on this occasion as in 1966 to Eastbourne. Harvest Festival gifts were presented by children from St. Mark's and Oaklands Schools.

On the occasion of the Christmas Party carol concerts were given by the choirs of St. Thomas's Church, Hanwell, and the children of Oaklands School. The pupils of this school also presented gifts to the old people. Mr. J. Chamberlain's small band also entertained the old people with music of an appropriate vintage, which was much appreciated. This event was attended by the Mayor and Mayoress.

Generous gifts of money were made by Hanwell Carnival and Fete Society and the staff of Messrs. Taylor Woodrow Ltd.

The members of the Association for 1967 were:-

<i>President</i>	...	...	...	...	...	The Worshipful the Mayor of Ealing (Councillor P.G. Southey, J.P.)
<i>Chairman</i>	...	...	...	...	...	Councillor D.J. Cousins
<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's Ambulance Brigade</i>	...	...	...	...	...	Mr. S.W. Findell
<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 organisations. During the year 8 bags of fuel were delivered to 3 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 three instances. On all other occasions persuasion succeeded in obtaining agreement to voluntary admission.

22. IMMIGRATION

As was observed in my previous report, whilst there are immigrants of many nationalities in the borough the community which calls for particular help is the Asian one in the Southall area. From Health Department housing records it is estimated that this is now in excess of 12,000, and details of admission of voucher holders during 1967 are given below. It should be noted that these only show persons coming here to work and do not include the wife and children under 16 years of age who can accompany or follow an immigrant without they themselves possessing a voucher

Country of origin	No. of Persons	
	Number Notified	Contact Established
Commonwealth Countries		
India	445	372
Pakistan	106	76
Other Asian	45	9
Caribbean	265	203
African	21	15
Other	39	7
Non-Commonwealth Countries		
Europe	31	16
Other	26	12
Totals	978	710 (72.6%)

The ports of arrival were as follows:-

Country of origin	No. of Persons	
	London Airport	Other ports
Commonwealth Countries		
India	380	65
Pakistan	103	3
Other Asian	24	21
Caribbean	215	50
African	12	9
Other	27	12
Non-Commonwealth Countries		
Europe	11	20
Other	14	12
Totals	786	192

Tuberculosis

Given below are figures relating to tuberculosis over the last five years showing the differing incidence in the immigrant and indigenous population in the three main parts of the Borough. It must be emphasized that these rates are calculated from estimated populations, and the incidence in Asians is gauged from the names of those notified. I consider, however, 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	1963		1964		1965*		1966*		1967*	
	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	76	1.40	83	1.45	35	0.59	51	0.86	56	1.05
ACTON	64	0.98	50	0.77	23	0.36	33	0.52	27	0.42
EALING	89	0.49	47	0.26	71	0.39	47	0.26	59	0.32
TOTALS	229	0.75	180	0.59	129	0.43	131	0.43	142	0.48

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

Year	Total cases notified		Indians and Pakistanis (Based solely on names)		Others	
	No. of Cases	Rate per 1,000 of population	No. of Cases	Rate per 1,000 of estimated population	No. of Cases	Rate per 1,000 of estimated population
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
1967*	56	1.1	41	3.4	15	0.4

* 1965, 1966 and 1967

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

Midwifery

Due to inadequate home conditions it has up till now, not generally been the practice for Indian mothers in the borough to have domiciliary confinements. During the year, however, a few cases were looked after by the Council's midwifery service and this experience highlighted certain cultural patterns which are of interest. These were:-

- (1) The Indian mothers were found to be most reluctant to buy baby clothes before the birth of the baby. This led in the early cases to the baby being wrapped literally in a rug until suitable clothes were purchased. As persuasion failed, the midwives, through the help of health visitors, acquired sets of baby clothes which could be used immediately after birth until the family bought their own.
- (2) The midwives who nursed the first cases at home were disconcerted to find that the nappies remained unwashed and on questioning learned that the Indian mothers thought it was the midwives' duty to wash them.
- (3) On occasions certain births remained unregistered and when the health visitor was asked to investigate it was discovered that with certain sects the mothers had to remain in purdah for 40 days after delivery. This then left them only 2 days in which to register the baby's birth as required by the Registration of Births Act of this country.

School Health

The number of immigrant school children at the end of the year in relation to the total school child population was as follows:-

Total school population	40,828
Total immigrant population in schools	6,663
Indians and Pakistanis	3,728
West Indians	1,975
Others	960

As part of the Council's tuberculosis prevention service the heaf testing of all immigrant children on admission to school has continued and the figures for 1967 compared with the previous year were as follows:-

	Immigrants		Others		Total	
	1966	1967	1966	1967	1966	1967
Number tested	321	266	1281	1350	1602	1616
Number found positive	175	179	39	60	214	239
Percentages of number tested found positive	54.29	67.29	3.04	4.44	13.36	14.79

A survey in all Southall schools during the year to detect infested children confirmed the findings of the limited survey carried out in 1966. The relevant figures are as follows:-

	1966	1967
	(Certain Southall Schools)	(All Southall Schools)
% of children infected (Immigrant population)	1.29%	1.29%
% of children infected (Indigenous population)	.54%	.37%

Additional Services provided for the immigrant community in Southall

These can be summarised as follows:-

- (1) All voucher holders are notified to the Health Department and 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.
- (2) With financial assistance from the Council the Family Planning Association operate a clinic in Hillingdon Hospital premises so that Asian mothers may make use of this following their post-natal examinations. This convenient arrangement is designed to minimise the difficulties that such mothers may have in seeking out guidance on family planning. In addition, also with financial aid from the Council, the Family Planning Association operate a domiciliary service for mothers who would otherwise find it difficult to attend a clinic. This is of particular value to Asian mothers.
- (3) With the aid of a Council grant a multi-racial playgroup is held at Southall Com-

munity Centre. Many playgroups in the borough have children of all nationalities in them but this is of particular interest in that it has the specific object of fostering integration. An equal number of places are kept for Indian and European children and it aims to teach them at an early age something of each others way of life.

- (4) Three injection sessions per week are held at Northcote Clinic by the home nursing service. These have been organised since treatment by injection has more appeal to Asians as a form of therapy than it has to Europeans and holding a clinic overcomes the difficulty experienced in arranging for them to stay at home on specific days and times.
- (5) Particular emphasis is given to health education at Northcote Clinic; film strips, demonstrations and leaflets in Hindi and Urdu all being used in a programme designed to deal with particular problems which immigrants encounter when they reach this country. Examples of subjects are the correct use of oil heaters, the need for a high protein diet and for taking advantage of such services as immunisation and vaccination. The usual media are used but there is an emphasis on pictures as many of the immigrants are illiterate. The single concept projector which shows a continuous loop of film is by virtue of this repetition a particularly successful way of making a point.

23. SCHOOL HEALTH SERVICE

Routine School Medical Inspection

At the present time in the London Borough of Ealing 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 (senior school leavers). The total school population at the end of the year was 40,828 and the details of the examinations carried out are as follows:-

First age group	4,235
Second age group	3,922
Third age group	2,906
	<hr/>
	11,063

Classification of general condition:

Satisfactory	11,010	=	99.52%
Unsatisfactory	53	=	0.48%

Defects requiring treatment found at routine medical inspections:

Skin	268
Vision	600
Squint	71
Hearing	57
Middle ear	27
Nose and throat	112
Speech	55
Enlarged glands	17
Heart	16
Lungs	32
Hernia	8

Orthopaedic:

Postural 19

Feet 60

Epilepsy 9

Selective Medical Examinations

The planned introduction of a pilot scheme for selective medical examination has not yet commenced as it was felt this should be held in abeyance until the final pattern of school reorganisation was decided.

School Medical Rooms

During 1967 the gradual improvement of facilities in school medical rooms was commenced. It is intended to carry out a review during 1968 to assess progress made.

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) Head Inspections
- (3) Vision Testing

Audiometry

This is devised to detect even a slight loss of hearing at the earliest possible opportunity which in certain cases may be before the child attends school. Normally 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 10,912

Schools visited	109
Children with hearing loss	426
Children referred to specialist	146

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 1967, 55,436 examinations were carried out, 413 cases of infestation were found representing 0.74% 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 made 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
- 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:-

Abbey Parade	100	Laurel House	370
Avenue Road	757	Mattock Lane	508
Brentside	87	Northcote	469
Cherington House	701	Northolt Grange	487
Cloister Road	183	Perivale	245
Greenford Green	172	Pierrepont Road	542
Islip Manor	506	Ravenor Park	1,041
Jubilee Gardens	704	Trinity Way	215
King Street	346		

Asthma Clinics

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 overclothed, overprotected, 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 1,065 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 1967 are:-

New cases	394
Re-examinations	2,455
Total	<u>2,849</u>

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 an Infant 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:-

Dyslalia (confusion of articulation)	230
Delayed development of speech and/or language	86
Aphasia or dysphasia (absence or disorder of speech and/or language due to neurological causes)	6
Anarthria or disarthria (neuro-muscular disorders of muscles of articulation)	6
Aphonia or dysphonia (disorders of voice)	8
Cleft Palate	10
Stammer	61
Dyseneia (articulatory defect arising from hearing loss)	4
	<hr/> 411 <hr/>

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 Clinic - Dr. Marie A. Woodhouse, M.B., B.S., D.O.

Ravenor Park Clinic - Dr. Margaret Billingshurst, M.B., B.S., D.O.M.S.

Sessions are held weekly at Avenue Road and at the remaining clinics a double session is held on alternate weeks. Dr. Bradley and Dr. Billingshurst are members of the staff at Central Middlesex Hospital and Dr. Woodhouse is a member of the staff of 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	597
Re-attendances	2,063
Total	2,660
Glasses prescribed	693

In addition to the consultant sessions an orthoptic clinic at Avenue Road functions for seven sessions a fortnight and at Ravenor Park there are three sessions a fortnight.

The figures for attendance are:-

	New Cases	Total Number of attendances
Avenue Road	26	427
Ravenor Park	47	282
	73	709

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 at 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 usually follow from routine medical inspection at schools, from the general school clinic, from family doctors and a small number from other hospitals.

The figures for attendance during 1967 are:-

New cases	210
Re-attendances	491
Total	<u>701</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	110
Re-attendances	311
Medical treatment	241
Operative treatment	41

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.

The Council is at present negotiating with the Regional Hospital Board on the question of the continuance of consultant services at school clinics. The Board's policy is that ultimately all this work will be undertaken at hospitals, but they have been asked to receive a deputation of members to discuss this policy. The Education Committee are particularly concerned at the possibility of closure of the orthopaedic clinics.

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, Northolt Grange and Villiers Road, Southall.

Details of the work carried out during the year are as follows:-

Referrals

Number of cases on waiting list at December, 1966	90
Number of cases referred to Centre during 1967	420
Number of cases seen by Psychiatrists during 1967	317
Number of cases seen by other Officers	68
Cases withdrawn	20
Number of cases awaiting at December, 1967	105

Recommendations by Psychiatrists

Treatment or remedial teaching	226
Placed in residential school for maladjusted	25
Placed in day school for maladjusted	
Aston 12	
Newlands 13	25

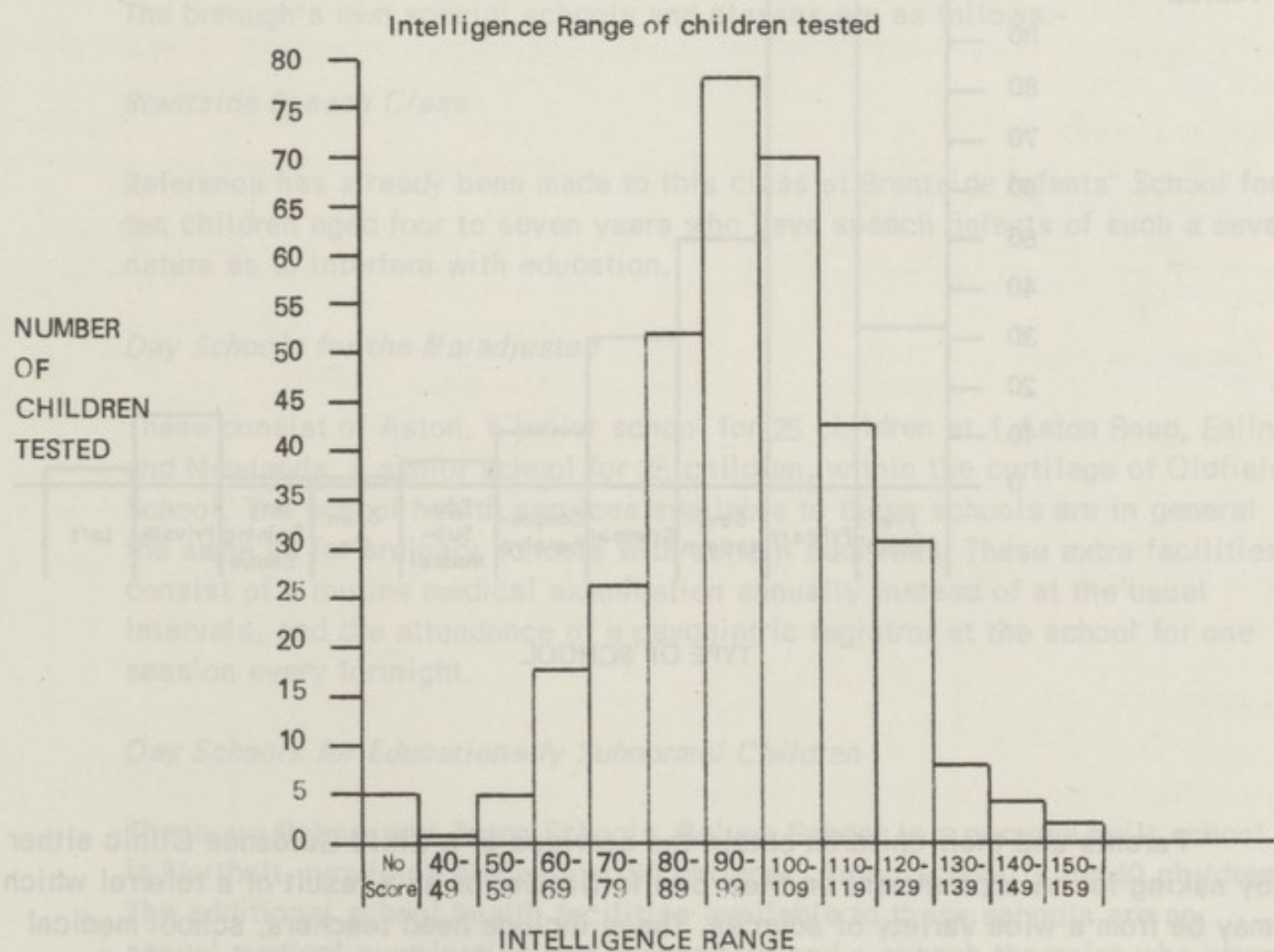
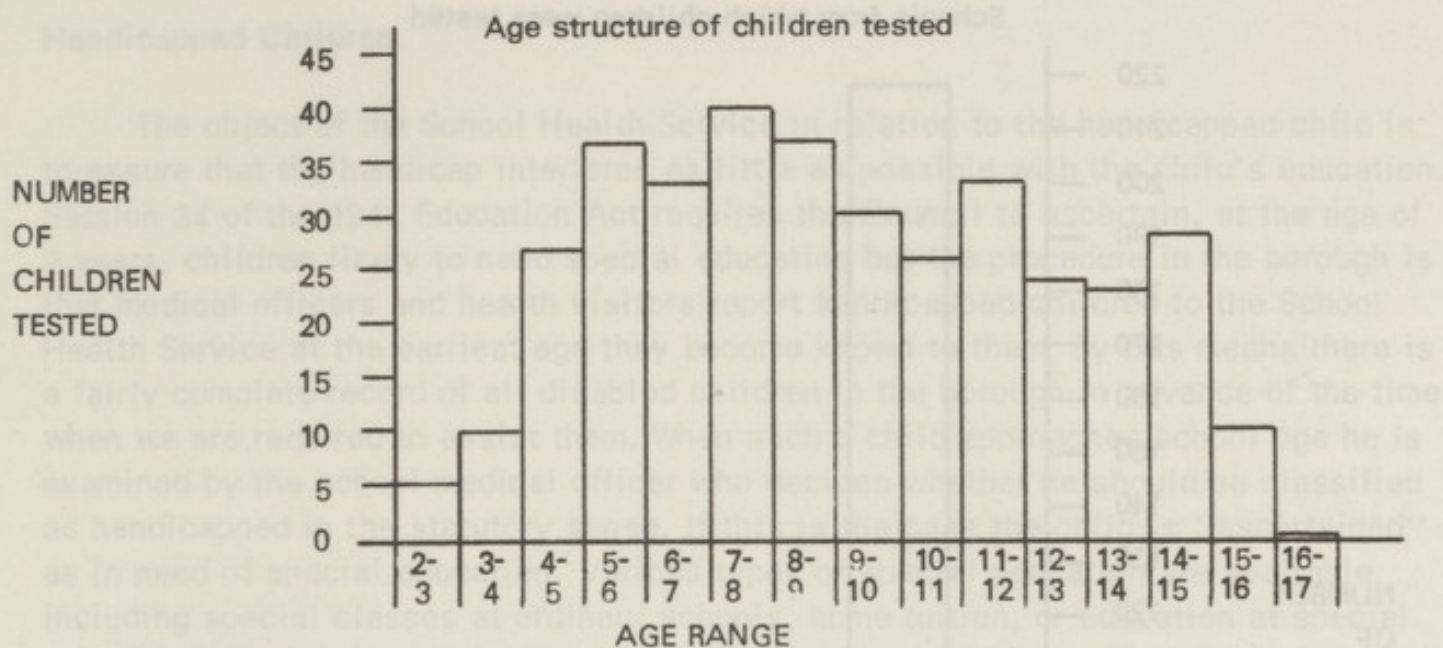
Placement in residential schools for the maladjusted

Number of children awaiting placement at 31st December, 1966	9
Number of children recommended during the year	26
Children placed	25
Awaiting placement at 31st December, 1967	10

Recommendations for psycho-therapy or remedial treatment

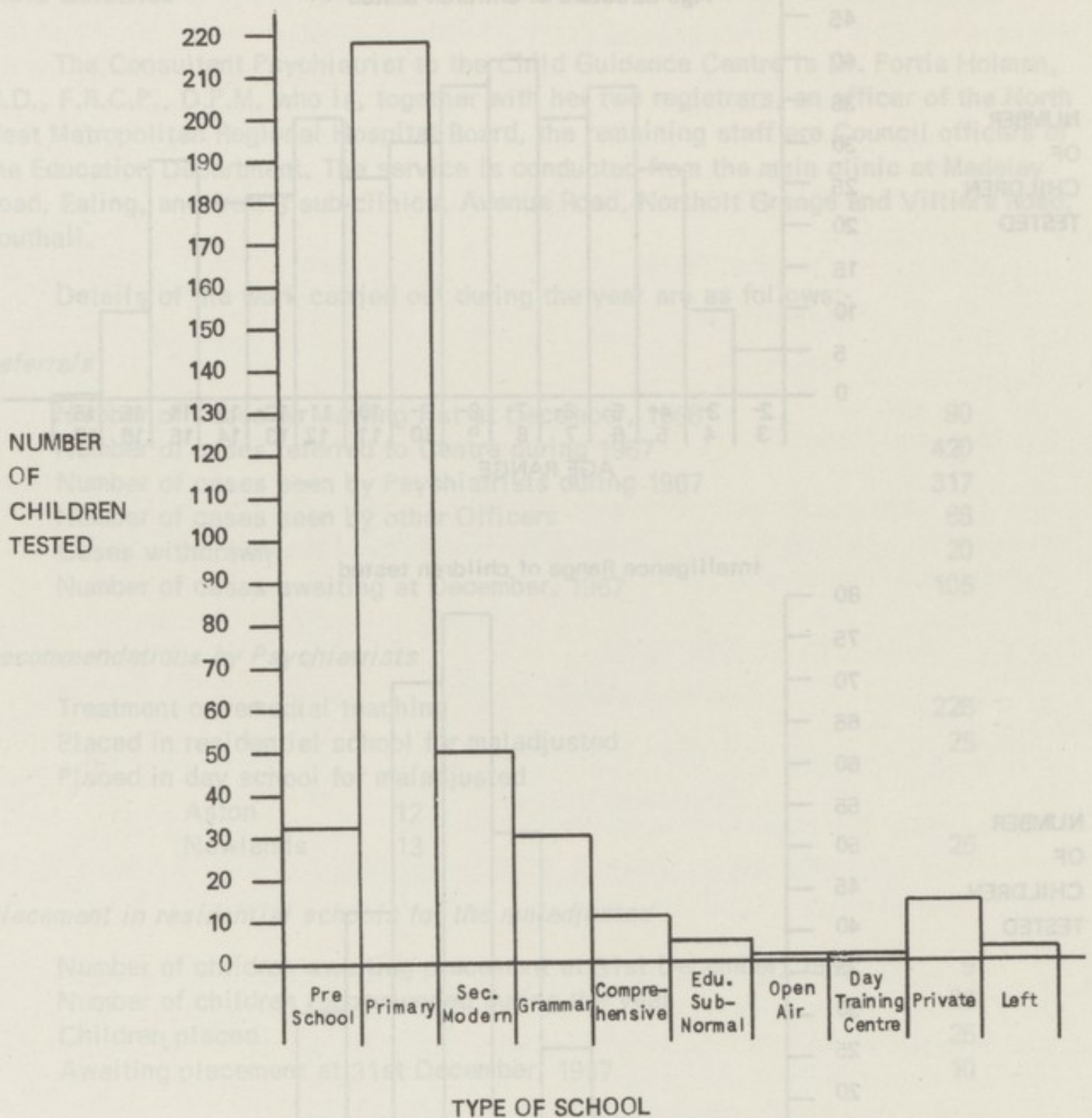
Cases awaiting treatment at 31st December, 1966	49
Recommendations for treatment	226
Discharged during year	16
Treatments during year	228
Awaiting treatment at 31st December, 1967	31

Of the 364 children referred to the centre 244 were boys and 120 were girls.
Details of their age range, level of intelligence and school attended are as follows:-



(Children not tested or tested elsewhere 21)

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, at the age of 2 years, children likely to need special education 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 there is 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 Infants' 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 for 25 children at 1 Aston Road, Ealing, and Newlands, a senior school for 35 children, within the curtilage of Oldfield School. 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 at the school 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, Acton School is for 40 children. The additional school health facilities available to these schools are an annual medical examination and assessment and a speech therapist who attends for 4 sessions weekly at Belvue and 1 session weekly at Acton.

Residential Schools for Maladjusted Boys

During January a fire destroyed East Quinton School at Seaford, which originally accommodated 45 junior boys. The London Borough of Enfield helped by offering the use of part of Wavendon House School at Bletchley until other arrangements could be made. As children of school leaving age were discharged the places were not filled until the numbers were reduced to 30. Temporary accommodation was erected on the East Quinton site and the children returned to Seaford in September. The school is now being rebuilt and enlarged and the new building will accommodate 50 junior boys.

Red House School near Reigate is for 30 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 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, 1967.

Category of pupils	In Special Day Schools		In Special Residential Schools		In maintained Primary and Secondary Schools		Not at School		Totals	
	M	F	M	F	M	F	M	F	M	F
Blind	1	4	3	2	-	-	-	-	4	6
Partially sighted	7	7	-	1	-	-	1	-	8	8
Deaf	6	4	5	2	-	-	1	2	12	8
Partially deaf	16	5	3	3	-	-	-	-	19	8
Educationally subnormal	121	95	28	8	25	20	5	5	179	128
Epileptic	-	-	-	2	1	-	-	-	1	2
Maladjusted	49	17	83	22	15	2	1	1	148	42
Physically handicapped	35	24	4	9	-	1	7	2	46	36
Defective speech	8	1	-	-	1	-	-	-	9	1
Delicate	27	10	17	7	4	1	-	-	48	18
Totals	270	167	143	56	46	24	15	10	474	257

School Dental Service

Mr. L.C. Mandeville, L.D.S., R.C.S., Principal School Dental Officer, reports as follows:-

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. At the end of the year a full-time equivalent of 10 dental officers and 10 surgery assistants was employed but 1 dental officer had been on sick leave for 5 months which reduced the effective strength to 9 during that period. This situation is reflected in the figures given below.

New national salary scales commenced 1st July, and it is hoped that these will help to induce dentists to enter local government and allow a stable and satisfactory service to be given.

Dental Inspections

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

Routine dental inspections during 1967	56.2% of school pop.
Found to require treatment	58.9%
Sessions devoted to inspection	3.1%

This is a markedly lower percentage of pupils inspected compared with last year when the figure was 83%.

Dental Treatment

The figures for dental treatment during the year were:-

Total visits to clinics	24,314
-------------------------	--------

Teeth filled	17,539
Teeth extracted	7,399
General anaesthetics	2,397
Emergencies	1,501
Sessions devoted to treatment	3,397

As was agreed with the Inspector of the Department of Education and Science last year an X-ray machine was installed at Avenue Road Clinic and five clinics now have these facilities.

Dental Health Education

Reference is made in the section dealing with Health Education in schools of the work of the dental auxiliary during the year. It also contains an account of the visit of Pierre the Clown.

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. During the last two weeks of January 46 children and 3 adults at North Ealing School were affected with diarrhoea and sickness. A medical officer visited and gave advice on general hygiene. Specimens were taken from all staff and affected children and a Public Health Inspector visited the school daily. All precautions were taken to prevent the infection spreading.

In June, North Road School had a number of children and 4 staff away with diarrhoea and sickness. Specimens were taken and no further action was required.

At the beginning of July there were several cases of Sonne dysentery in children attending Featherstone Infants School. The infection appeared to be in 3 classes and 6 children were known to be positive Sonne dysentery.

All precautions were taken to prevent spread of infection. Although many children were absent from school because of diarrhoea only 9 were positive dysentery.

The routine food hygiene work of the department continued during the year. Of the 50 school kitchens in the borough 11 have food hygiene certificates awarded under the Clean Food Scheme. 288 kitchen and serving staff attended courses of 3 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, approximately 56 children and 1 teacher were involved.

(3) *Infectious Hepatitis*

The London Borough of Ealing is one of the few areas in the country where this disease is notifiable. 7 cases occurred in 6 schools during the year and 70 children who were contacts were given gamma globulin which is a serum extract that gives some measure of protection against the disease.

(4) *Tuberculosis*

The School Health Service is actively concerned in preventing tuberculosis. On the child's entry to school, subject to the parents' consent, a tuberculosis skin test is carried out and 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 figures for B.C.G. vaccination in 1967 were:-

Number tested	2,831
Number vaccinated	2,418
Number positive	392

On notification of a case of active pulmonary tuberculosis in a schoolchild an investigation is carried out on all school contacts, if considered necessary by the Chest Physician. 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. Four cases of pulmonary tuberculosis were notified but in only one case was it considered necessary to carry out an epidemiological investigation.

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 each year have attended a course extending over 42 weeks on "Modern Methods of Health Education".

The programme given in schools during the year was as follows:-

1. A series of talks to senior girls and boys 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. Eight senior schools participated in this programme. During the year 396 lessons were given. Talks were given on specialised subjects (i.e. Family Planning) to certain other senior and technical schools.
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. Seventeen junior schools are participating. During the year 51 talks were given.
3. A dental auxiliary has been mainly responsible for dental health education on a formal basis and has given talks in primary schools, illustrated with a film. In May, Pierre the Clown gave short talks on dental hygiene to children in a majority of the primary schools in Acton and Ealing. This was a novel and interesting way of conveying health education to young children.
4. Talks to school leavers on food hygiene are given by public health inspectors. During the year 16 talks were given to 640 children.

These courses are, wherever possible, illustrated by films and some of the titles shown during the year have been as follows:-

Drugs and the nervous system
 Quarter of million teenagers (V.D.)
 Smoking and you
 Boy to Man
 Girl to Woman
 That they may live (resuscitation)

The position regarding the number of schools which have health education programmes is as follows:

	Number of Schools in Borough	Schools with Health Education Programmes
Secondary	22	15
Grammar	7	2
Junior	49	17
Infants	50	10
Junior & Secondary Mixed	2	1
	<hr/> 130	<hr/> 46

Also included in the health education programme are two of the six Colleges of Further Education.

In addition to the programme for children talks were given to four Parent Teacher Associations.

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 as follows:-

1. The consultant orthopaedic, ear, nose and throat, ophthalmic 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 the year 306 children attending private schools were immunized against tuberculosis by the School Health Service.

Schoolgirl Mothers

The department's help was sought in six instances.

During the year a start was made, in co-operation with other departments concerned, reviewing the completeness of the council's services for schoolgirl mothers.

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 Intelligence Quotient 'score' which decides the issue, but the generally accepted standard is as follows:-

	I.Q. 'Score'
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, the children shall receive alternative training at junior training schools. The number who were assessed as unable to benefit from education during the year was seven. There is a total of 91 children of school age in junior training schools.

Recuperative Care

Under Section 48 of the Education Act, arrangements are made on the recom-

mentation of a doctor for convalescent holidays, without charge, for school children.

During 1967, recuperative care was arranged for 35 school children.

Where a mother has been ill, arrangements can be made for her to be sent away with her children. In these cases the mother and children under school age are assessed according to the family income and a charge made which is up to £5.15.0. per week for the mother and up to £3.3.0. for the children.

24. GENERAL ENVIRONMENTAL HEALTH MEASURES

Nuisances and complaints

During the year, 5,492 complaints were received, the main categories of complaint being as follows:-

Housing defects	1,097
Dustbins and refuse	482
Drainage	761
Animals, etc.	141
Insects and wasps	438
Food	300
Smoke emissions and bonfires	172
Overcrowding and multiple occupation	125
Noise	105
Rats and mice	1,506
Miscellaneous	365
	<hr/>
	5,492

Action taken as a result of complaints resulted in 4,604 inspections of premises of all types and the service of 2,746 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 551 statutory notices in cases where action to remedy defects was not readily forthcoming and in the case of 11 premises, legal proceedings were taken. Of these 11 cases, one was conditionally discharged, in two cases the work was completed by the date of the hearing, and Nuisance Orders were made in the remaining eight cases. Total costs payable to the Council amounted to £61. 19s. 0d. A total of 3,369 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 1,084 drains and water closets, abatement of dampness in 306 cases, the removal of 197 accumulations of refuse and the repair of 302 walls and ceilings, and 287 roofs.

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 3,258 feral pigeons.

A good idea of the work of pigeon control is contained in the following article which appeared in Municipal Engineering, and which I reprint with the kind permission of the Editor:-

'Pigeon nuisance in Ealing - 7 cu yd of droppings from one house

A small public open space near the centre of a busy shopping centre in West Ealing has been favoured for some time as a day-time feeding place for a large flock of wild pigeons. The director of parks has been concerned because his brightly coloured display of polyanthus and other flowers was being attacked.

During daylight hours the roofs of buildings on the main road facing the open space were being used between feeds as resting-places, and there was a considerable nuisance from fouling of these buildings and their surroundings.

The contractor engaged by the council to reduce pigeon infestations in the borough in accordance with section 74 of the Public Health Act 1961 had been unable to carry out any effective treatment owing to his inability to trace the roosting places.

It was considered that the area was unsuitable for the use of narcotised baits owing to the amount of motor and pedestrian traffic and the restricted size of the area.

Then one day recently the district public health inspector observed a pigeon walking into a hole in the roof of a house about 150 yds from the main road, and he decided to investigate.

He found evidence of a huge and long-standing infestation of pigeons in the second-floor attic rooms of the house, with extensive fouling of the floors, the discarded furniture and other articles which had been left lying about in these rooms. The pigeons had penetrated down to first-floor level, and there was further fouling of the upper staircase and landing and the first-floor bathroom.

The three occupants of the house had long since retreated with their beds to the ground-floor rooms to escape from the noise and smell, but they had forgotten to close the doors of the attic rooms. They had made no complaint to the local authority and had sought neither help nor advice elsewhere.

The council's pigeon contractor was called in immediately, and in a single night's operation removed and destroyed no less than 363 adult pigeons as well as countless eggs and dead birds. A notice under section 26 of the Public Health Act 1961 was then served on the owner/occupier to repair the roof and to cleanse and purify the upper rooms.

No action was taken to comply with the notice, however, and an order was accordingly given to a local builder to carry out the work in default. This entailed replacing approximately 300 slates and renailing the remaining sound slates. The remnants of the ceiling plaster under the mansard roof was taken down to facilitate removal of the droppings. Some 7 - 8 cu yd of droppings and other foul material were finally removed from the premises."

Caravan Sites and Control of Development Act, 1960

The Council's warden continued to deal with gipsies and other travellers who entered the borough from its western boundaries and parked their vehicles on service roads in the Western Avenue and Yeading Lane areas. His co-operation with the local police resulted, in most cases, in a satisfactory removal of the vehicles within a short time. There is no doubt that without this degree of control, the caravans would remain for long periods on sites which are quite unsuitable for camping, with consequent creation of nuisance.

The district public health inspectors co-operated with the warden and in six 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 the 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 taken during the year.

Part I - Applications for Certificates of Disrepair

(1) Number of applications for certificates	...	...	...	...	12
(2) Number of decisions not to issue certificates	...	...	...	...	-
(3) Number of decisions to issue certificates:-					
(a) in respect of some but not all defects	...	...	...	...	6
(b) in respect of all defects	...	...	...	...	6
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	...	7
(5) Number of undertakings refused by Local Authority under proviso of paragraph 5 of the First Schedule	...	...	...	...	-
(6) Number of certificates issued	...	...	...	...	4

Part II - Application for Cancellation of Certificates

(7) Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	...	...	...	5
(8) Objections by tenants to cancellations of certificates	...	...	...	...	...	...	...	3
(9) Decisions by Local Authority to cancel in spite of tenants' objection	...	...	...	...	...	...	...	-
(10) Certificates cancelled by Local Authority	...	...	...	...	...	...	...	2

Radioactive Substances Act, 1960

Persons who use radioactive material, unless specifically exempted, are required to be registered by the Minister of Housing and Local Government, who notifies local authorities. A visit is then made by the public health inspector to obtain detailed information concerning safety precautions so that such information is available locally in the event of an accident. One new premises was registered during the year to bring the total in the borough to 20.

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. During the year, 173 premises were inspected and at the end of the year there were 1,127 on the register. In no case was it found necessary to institute proceedings to remedy the defects found.

The Council is also responsible for the inspection of the houses for outworkers, i.e. persons employed by factories in their own house. 100 visits of inspection were made and in all cases conditions were found to be satisfactory.

Full statistical information concerning the Factories Act 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.

Noise Abatement Act, 1960

Complaints of alleged noise nuisance received during the year totalled 105, a slight decrease (approximately 12%) on the number for the previous year. The complaints again referred to noise from industry, commerce, neighbours, road traffic and road drills, with the addition of one new source - the practice sessions of "pop" groups.

On investigation, it was found that approximately 60% of the complaints referred to noise coming from industrial and commercial premises and that about 53% of these were valid complaints. Of the complaints of noise from other sources, about 62% were complaints which could be supported by the Department.

The number of complaints about noise from road drills increased, probably because of extensive work carried out by one of the public utility companies, but in only a few cases was it noted that silencing mufflers were not in use and in these instances the mufflers were soon fitted when attention was drawn to the deficiency.

Of the total number of complaints, 59 were abated without having to use statutory action, 32 were held not to be nuisances although in most cases efforts were made to achieve a reduction of noise at source. 14 cases were still under investigation at the end of the year.

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, 3,086 premises were registered by the Council under this Act, there having been 179 additions to the register, and 57 deletions.

Inspection of premises to which the Act applied continued at a very satisfactory pace with 1,816 general inspections and a total of 3,188 visits of all kinds.

Occupiers are responsible for notifying accidents to their employees which result in absences of three days or more from normal work. During 1967, 110 accidents were reported.

The following table gives an analysis of reported accidents according to their primary cause.

Primary Cause	Adults 18 and over		Young Persons under 18		Total
	Males	Females	Males	Females	
Non-power machinery in motion	-	-	-	-	-
Power machinery in motion	3	2	-	-	5
Vehicles moved by power	1	-	-	-	1
Vehicles moved by non-power	-	-	-	-	-
Falls on or from stairs	1	2	1	-	4
Falls on or from ladders	2	1	-	-	3
Other falls from one level to another	3	5	-	-	8
Falls on same level	1	11	1	-	13
Stepping on or striking object or person	5	6	2	1	14
Handling goods	21	14	1	-	36
Struck by falling object	3	-	-	-	3
Use of hand tools	6	1	8	1	16
Fire	3	-	-	-	3
Electrical	-	1	-	-	1
Lifts and hoists	1	2	-	-	3
Totals	50	45	13	2	110

Prosecutions

During the year four successful prosecutions were taken under the Act and one case was dismissed. Two cases concerned heating of shops where a fine of £10 with £2. 2s. costs was imposed in one case and £3 with £2. 2s. costs in the other. In a third case a firm which had been convicted and fined previously for contravening the Act, was again summoned under Section 4 for failure to keep a wash room and store room in a clean state, and under Sections 9 and 10 for a defective sanitary convenience and failure to supply hot and cold or warm running water for staff washing purposes. Total fines of £30 were imposed in this case with £10. 10s. costs to the Council.

The proprietor of a retail clothing shop was summoned under Section 4 for dirty walls and ceilings, Section 6 for failure to provide a thermometer, Section 9 for dirty sanitary convenience, Section 10 for insufficient washing facilities, Section 11 for absence of drinking water, Section 24 for absence of first aid box, and Section 50 for failure to provide an abstract of the Act. The work had been carried out immediately prior to the hearing of the case and a plea of guilty was entered. Fines of £11 were imposed with £2. 2s. costs to the Council.

In the fifth case the proprietor of a baker's shop was summoned under Section 4 for failure to keep the store clean, and under Section 6 for not maintaining an adequate temperature. A plea of not guilty was entered and the owner in evidence said that as he sold fresh cream cakes, he considered that the maintenance of a temperature of 60.8°F. was detrimental to his products. After the evidence and representations by the solicitors concerned had been heard, the bench dismissed the charges, but declined to award costs to the defendants.

During the year, the Council received one application 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.

One application for the renewal of exemption from the requirements of Sections 9 and 10, relating to the provision of additional sanitary conveniences and washing facilities, was received and granted for a further period of twelve months to 31st December, 1967.

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

110	2	13	45	50	Totals
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Registrations and General Inspections

Class of Premises	No. of premises newly registered during year	Total No. registered at end of year	No. of registered premises receiving one or more general inspections during the year
Offices	55	757	322
Retail shops	95	2,015	1,252
Wholesale shops, warehouses	19	124	68
Catering establishments open to public, canteens	9	189	171
Fuel storage depots	1	1	1
Totals	179	3,086	1,814

No. of visits of all kinds by inspectors to registered premises - 3,188

Analysis of persons employed in registered premises by workplace

Class of workplace	Number of persons employed
Offices	13,813
Retail shops	11,150
Wholesale departments, warehouses	1,752
Catering establishments open to public	1,334
Canteens	181
Fuel storage depots	10
Total	28,240
Total males	13,412
Total females	14,828

Contraventions remedied

Items	No. of Improvements
Premises cleansed	279
Overcrowding abated	3
Temperature improved	39
Thermometers provided	229
Ventilation provided or improved	94
Lighting improved	34
Lighting apparatus repaired	1
W.C. accommodation increased	28
Washing facilities increased (basins)	54
Hot and cold water provided	107
Soap provided	17
Towels provided	16
Drinking water provided	2
Drinking vessels provided	6
Accommodation for clothing provided or improved	73
Facilities for drying clothing provided	5
Sitting facilities provided or improved	21
Meal facilities provided or improved	5
Floors, stairs, passages etc. repaired	88
Handrails provided	36
Staircase guards provided	18
Machinery guarded	54
First aid boxes provided or refilled	300

Fairs and Circuses

Fairs were held during the year at Ealing Common, Acton Park, and at Northolt. The Council now have as standard in any agreement with fairmen clauses requiring satisfactory sanitary arrangements. These include provisions relating to the number, type, lighting, condition and location of trailers used as sanitary conveniences, and resulted in a satisfactory standard being maintained during the year.

Food stalls were numerous on the sites and standards here were also found to be reasonable.

Disinfection and Disinfestation

The amount of work connected with disinfestations for the eradication of bed

bugs continues to decline and heavy infestations are now rarely found. Disinfestation measures were taken in 42 houses, following complaints of bed bugs and other insects. 194 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 177 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 five occasions 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	1,505
Premises inspected	1,568
Premises found to be infested with:-	
(a) rats	901
(b) mice	512
Re-visits to infested premises	5,486
Fees received for treatment	£1,823

Rodent Control in Sewers

During the year, approximately 2,850 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.

Inspection of Hairdressing Establishments

In September of last year new Bye-laws came into operation concerning Hairdressers and Barbers. These were made under Section 77 of the Public Health Act, 1961. Since then 197 premises have been placed on our register, and all have been inspected. I consider this position is satisfactory in that a total inspection has been made in less than two years. Premises have, on the whole, been found to be satisfactory, and only minor deficiencies discovered.

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 90,067 dwellings with a mid-1967 estimated population of 302,570.

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 62 samples of water from these wells submitted for bacteriological and chemical examination during the year 12 were found to be unsatisfactory and 3 doubtful. After thorough cleansing and sterilization of supply pipes, repeat samples proved to be satisfactory.

As a result of complaints, 15 samples of tap water from public supplies were taken but none proved unsatisfactory.

Water Samples, 1967

	Samples	Satisfactory	Doubtful	Unsatisfactory
Well Supplies	62	47	3	12
Public Supplies	15	15	-	-
Totals	77	62	3	12

Swimming Baths

The Council has public swimming baths at Ealing, Acton, Southall and Northolt, the last named being completed early this year.

In addition, 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 a bath at its sports ground at Greenford, and a private bath is provided for the residents of a privately owned housing estate.

The chlorination of the Council's swimming baths has, over the years, often been a cause for members of the public to approach the health department. The subject of chlorination is not generally well understood nor is the need for modern equipment sometimes appreciated. Put at its simplest, when chlorine is added to the water of a swimming bath it combines with impurities and results in the formation of compounds known as chloramines. These, although not so rapid nor so powerful as free chlorine, are lethal to bacteria. If this method, which is known as marginal chlorination, is relied upon, however, the chloramines are likely to cause some eye irritation to the bathers and a smell of chlorine from the bath.

A better method is for further chlorine to be added which breaks down the chloramines, eventually a point being reached when free chlorine is present. This is known as breakpoint chlorination and has none of the disadvantages described under the marginal method. It does, however, require up-to-date and preferably automatic apparatus. Of the Council's baths, Ealing Central baths has during the year had a modern automatic system installed. This will enable much more efficient chlorination of these baths where, up to now, it has been necessary to chlorinate the four constituent pools to the same level even if they have a widely differing number of bathers in the pool at the time.

The plant at Northolt, although of modern design, is not automatic. Neither the Acton or Southall baths have modern equipment.

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 528 samples was taken of which only 11 were unsatisfactory. In the latter cases repeat samples were found to be acceptable and advice was given where necessary.

The results are given overleaf.

	Number of pools	Satisfactory samples	Unsatisfactory samples	Total samples
Public baths	10	316	1	317
School baths	5	118	2	120
Private baths	2	83	8	91
Totals	17	517	11	528

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

	Number of pools	Satisfactory samples	Unsatisfactory samples	Total samples
Public baths	10	91	2	93
School baths	5	28	3	31
Private baths	1	3	1	4
Totals	16	122	6	128

Of the six unsatisfactory samples, three were found to be acceptable on bacteriological examination but all had free chlorine contents which were very high. In the remaining three cases, slight bacteriological contamination was found with low free chlorine content, the presence of nitrite and a low pH value.

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.

38 premises are not connected to main sewers, 28 of which are drained to cess-pools or septic tanks. The remaining 10 are served by chemical or pail closets.

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.

During 1967 this position has remained unchanged. No general agreement has been reached and the Government is still not prepared to introduce legislation.

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 authorized meat inspectors and assistants to carry out the provisions of the Meat Inspection Regulations, 1963, as amended by the Meat Inspection (Amendment) Regulations, 1966.

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

Outbreak of Foot-and-Mouth Disease

On the 18th November, 1967, the Minister of Agriculture, Fisheries and Food made a Special Order declaring the whole of England and Wales to be a Controlled Area which meant that no movement of animals could take place except under licences issued by local authorities under the Diseases of Animals Act.

Special arrangements were made immediately for licences to be issued for the movement of pigs into a large slaughterhouse inside the borough, and with special routes, where necessary, to avoid travel through Infected Areas. Licences were refused for movements from Infected Areas, all of which were plotted on maps, as and when Infected Area Orders were made by the Minister.

The Council's duties included the checking and collection of licences on the arrival of animals at the slaughterhouses, the ante-mortem inspection of the animals, the cleansing and disinfection of all vehicles and the disposal of straw and refuse. From the date of the Order to 31st December 1967, 2,827 licences were issued involving the movement of 65,633 pigs and the cleansing and disinfection of 1,564 vehicles.

The weekly market, held on Wednesday at Southall, was also subject to special licence conditions, with separate licences under the Order required for all inward and outward movements. Special conditions included the requirement that all animals brought to the market must be sent to a slaughterhouse and not permitted to return to



Preparation of Movement Licences during Foot-and-Mouth Disease epidemic



Ante-mortem inspection of pigs during Foot-and-Mouth Disease epidemic

the farms from which they originated, and also the requirement that they be slaughtered within 36 hours of arrival at a slaughterhouse.

Visits were also made to all animal stockholders in the Borough to advise them about the restrictions and also as to the need for the proper boiling of waste food.

Southall Market

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 529 movement licences authorising 12,021 pigs to be moved out of the market. Of 116 vehicles inspected, no contraventions were found.

Diseases of Animals (Waste Foods) Order, 1957

Three plants are still in operation and are working satisfactorily.

Slaughter of Animals Act, 1958

One new application for a licence was received and approved whilst 17 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 eight occasions during the year.

Pet Animals Act, 1951

Licences in respect of 21 premises were renewed and two new applications for licences were received and granted. The number of routine inspections was 53.

Riding Establishments Act, 1964

A licence in respect of one establishment was renewed. Routine visits were made on 14 occasions.

27. HOUSING

Unfit Houses

(a) Clearance Areas

The following progress was made during the year in connection with the Council's programme for 1965 - 1970.

18-26 (evens) Church Road, W.7.

Remaining occupants rehoused and premises demolished following Compulsory Purchase Order made in 1965.

1-6 (consecutive) Williams Passage,)
9-26 (consecutive) Green Man Lane,)
and 1, 3, 5 & 7 St. Johns Road, W.13.)

Remaining occupants rehoused and premises demolished following Compulsory Purchase Order made in 1966.

1-14 (consecutive) Buckingham Terrace)
and 1, 2 & 3 Clearview Cottages,)
Southall.)

Compulsory Purchase Order made in 1966 confirmed after Public Inquiry. Some families rehoused.

89-99 (odds) High Street and 1, 2, 3)
& 4 Park View Road, Southall.)

Clearance Order made in 1966 confirmed after Public Inquiry. Some families rehoused.

6-13 (consecutive) Oldham Terrace,)
1-14 (consecutive) Mill Hill Terrace,)
1, 2, 3 & 5 Princes Terrace and 1 & 2)
Priory Cottages, Princes Terrace, W.3.)

Compulsory Purchase Order made. Public Inquiry to be held.

1-9 (consecutive) Oak Street,)
20-24 (consecutive) Baker's Lane,)
1 & 2 Grove Place,)
1, 3 & 4 Paddock Place,)
27, 29, 31, 35 & 37 Baker's Lane,)
28-60 (evens) Baker's Lane, W.5.)

Compulsory Purchase Order made. Public Inquiry to be held.

63-89 and 63a-89a (odds) Dudley Road,
Southall.

Compulsory Purchase Order made. Public Inquiry to be held.

2-6 (consecutive) Farm Cottages,
Hanger Lane, W.5.

Premises demolished following
agreement to vacate in 1964.

(b) Individual Unfit Houses and Parts of Houses

92 & 94 Boston Road, W.7.)
3 & 5 Norwood Road, Southall.)

Occupants rehoused and premises
demolished following Demolition
Orders made in 1966.

1, 4/5, 6 & 7 Hoopers Mews, W.3.

Closing Orders made and tenants
rehoused.

17 Haven Lane, W.5.

Closing Order made and premises
vacated.

22-30 (evens) South Ealing Road, W.5.

Demolished following Closing
Orders made in 1965.

(c) Underground Rooms

The following action was taken during the year:-

120 Boston Road, W.7. (Basement)

Closing Order made and tenant
rehoused.

85 Church Road, W.3. (Part of basement)

Closing Order made and tenant
rehoused.

44a Windsor Road, W.5. (Basement)

Closing Order made in 1964
determined on completion of works.

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 Section empowers the Council to deal with overcrowding in houses in
multiple occupation. The standard adopted in Ealing is that laid down in Section 77
and in the sixth Schedule of the Act, which 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 one and ten 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 the Council may require improvement in means of escape from fire in houses in multiple occupation. Consultation with the Greater London Council's Fire Brigade is deemed to have taken place if the requirements of any notice are in accordance with the current Code of Practice laid down by that authority.

(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 3 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 use 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 in 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.

These deficiencies have been considered frequently by the Environmental Health Committee and representations have been made from time to time to the Ministry of Housing and Local Government. In January, Mr. Mellish, Joint Parliamentary Secretary of the Ministry of Housing and Local Government received a deputation from the Council. The various difficulties I have detailed above were brought to the attention of the Minister. He advised the Council's representatives that his Ministry had completed a study of the subject and that he accepted the views put forward by the Council. The Ministry were now undertaking a review of the existing legislation and as soon as parliamentary time permitted the Government would put before Parliament proposals to give local authorities further powers to deal with the problem. The Council subsequently urged the Minister to endeavour to expedite this new legislation.

Details of action taken over the last five years in connection with houses in multiple occupation in the area which is now the London Borough of Ealing are as follows:-

Action taken	Totals for years 1963- 1966			1967			Totals
	Acton	Ealing	Southall	Acton	Ealing	Southall	
Directions given (Section 19 Housing Act, 1961)	8	35	984	1	13	88	1,129
Prosecution for contravention of Directions	-	-	73	-	-	16	89
Notices to improve facilities and means of escape from fire (Sections 15 and 16 Housing Act, 1961)	82	72	-	56	57	-	267
Prosecution for failure to comply with notices served under Sections 15 and 16 of Housing Act, 1961	-	-	-	-	2	-	2
Overcrowding notices (Section 90 Housing Act, 1957)	2	1	26	1	-	1	31
Prosecution for contravention of overcrowding notices	-	-	95	-	-	1	96
Notices requiring information as to occupants (Section 19 Housing Act, 1961)	-	5	1,330	4	35	296	1,670
Prosecution for failure to supply information	-	-	8	-	-	6	14
Prosecution 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 1967							1,859

Details of overcrowding under Section 90 of the Housing Act, 1957:-

Number of dwellings overcrowded at end of year	3
Number of families occupying these houses	11
Number of individuals living in these houses	43
Number of new cases of overcrowding reported during the year	2
Overcrowding relieved during the year -	
(a) Number of cases	19
(b) Number of individuals involved	109

Of the 17 prosecutions for contraventions of the terms of Directions given under Section 19 of the Housing Act, 1961, 16 were successful and 1 was withdrawn. Fines totalling £202 were imposed in these 16 cases, and a total of £82. 19s. 0d. costs were awarded to the Council. The fines ranged from £5 to £50 and the costs from £2. 2s. to £10. 10s.

In one case of prosecution for failure to abate overcrowding a fine of £20 and £5. 5s. costs were imposed.

There were 6 prosecutions for failure to give information contrary to Section 19 of the Housing Act, 1961, which resulted in fines of £10 and costs of £7. 7s. in each case.

Two prosecutions for failure to comply with Section 15 or 16 notices resulted in fines of £20 and costs of £10. 10s. in each case.

28. CLEAN AIR

The Council's policy of establishing Smoke Control areas to cover the whole borough by 1972 was continued during the year and six further Orders were made. These related to Areas Nos. 30 - 35 inclusive covering 1,331 acres, including 10,436 dwellings and 670 other buildings.

Orders Nos. 30 - 34 were confirmed to come into operation on 1.12.1967, 1.6.1968, 1.7.68, 1.8.68 and 1.9.68 respectively and Order No. 35 was awaiting confirmation at the end of the year.

Orders Nos. 26, 27, 28 and 29 made in 1966 became operative in 1967.

Surveys of Areas Nos. 36 and 37 were almost completed and preliminary work on Nos. 38 and 39 had 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"	597,082	33.66	3,358,043	43.19
Greater London	194,959	59.16	1,737,000	65.81
London Borough of Ealing	9,680	70.61	70,269	69.93

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	47	8,843	49,345	7,941	2,868	60,154
Confirmed but not yet in operation	4	605	6,443	508	447	7,398
Awaiting confirmation	1	232	2,306	235	176	2,717
Totals	52	9,680	58,094	8,684	3,491	70,269

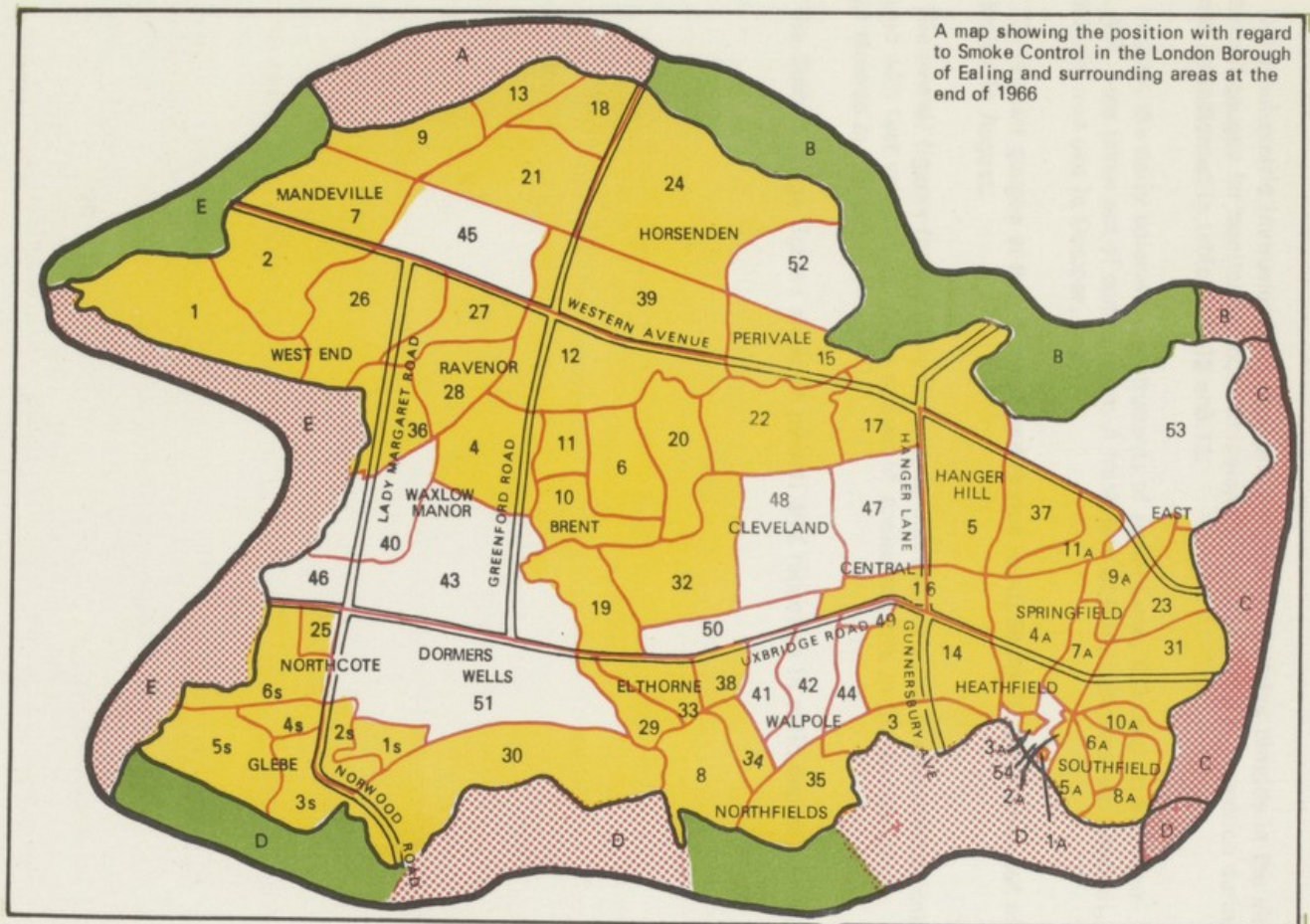
London Borough of Ealing - Smoke Control Areas (coloured yellow on map).

Smoke Control Orders

Year of operation

Acton Nos. 1 - 11	)	1960 - 1965
Ealing Nos. 1 - 20		
Southall Nos. 1 - 6		
Ealing Nos. 21 - 25	)	1966
Ealing Nos. 26 - 30	)	1967
Ealing Nos. 31 - 34	)	Made and confirmed in 1967 but not coming into operation until 1968.
Ealing No. 35	)	Made in 1967 but awaiting confirmation by the Ministry of Housing and Local Government.
Ealing Nos. 36 - 37	)	Surveys almost complete.
Ealing Nos. 38 - 39	)	Surveys in progress.

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.

Measurement of Air Pollution

Daily volumetric instruments for measuring smoke and sulphur dioxide in the air and deposit gauges for monitoring local emissions were maintained in operation during the year as indicated in tables 11, 12 and 13.

In July, the daily volumetric instruments at Acton Lane, W.3. and Friars Place Lane, W.3. were taken out of commission. A fresh site at Northcote Avenue, Southall, was brought into use in October.

The deposit gauges at Park Avenue and Hortus Road, Southall, were taken out of commission in August.

The overall figures for the daily volumetric instruments show average reductions, compared with last year, of 2% in the amount of smoke and 16% in the amount of sulphur dioxide in the air.

The deposit gauge figures show an overall 45% reduction in solid deposit in the air.

29. FOOD HYGIENE AND FOOD AND DRUGS ADMINISTRATION

Clean Food Scheme

The Council's Clean Food campaign was continued during the year, 36 lectures being given to a total of 711 food handlers, and certificates of attendance awarded to those who completed the courses. In addition, 11 lectures were given by public health inspectors to 242 members of women's organisations, and 18 lectures to 720 school children approaching school leaving age in the secondary schools.

28 Food Hygiene certificates were awarded to school meals canteens and other food premises, 2 being new, and 26 renewed for a further year. 30 Food Hygiene Certificates were not renewed as repairs had not been carried out and staff had not attended lectures (15 of these were school kitchens and 15 private food traders).

Seven filmstrips were sold to other local authorities.

Inspection of Food Premises

A total of 4,016 visits was made to 2,228 premises in the borough, and 1,124 improvements effected as a result of these visits.

Two prosecutions for flagrant contravention of the Food Hygiene (General) Regulations, 1960, were taken during the year. In the first case the proprietor of a greengrocer's shop was convicted on 11 summonses and was fined £33 and costs of £15. 15s. were awarded to the Council. In the second case a cafe proprietor was summonsed on 24 counts of which 3 were withdrawn. On the remaining 21 counts he was convicted and fined £210 with £22. 1s. costs to the Council and the magistrates ordered the cafe to be closed for 28 days unless the public health inspector agreed to its re-opening during that period.

Table 14 gives details of the number of food premises in the borough according to particular category of use.

The Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations, 1966

These new Regulations came into operation on 1st January, 1967, and lay down detailed requirements as to food hygiene in respect of the handling of and trading in food which is carried on in markets or away from fixed food premises. The principal changes from the requirements of the Food Hygiene (General) Regulations, 1960, as now applied to such trading are:-

- (a) before food is offered for sale it must be separated from any food which is unfit for human consumption.
- (b) any person handling any open food must wear clean and washable overclothing.
- (c) delivery vehicles as well as stalls must bear the owner's name and address, and both must identify the place where they are kept or garaged.
- (d) requirements as to the provision of water supply and washing facilities are extended to all food businesses.
- (e) the requirements that certain stalls shall be effectively covered and screened is extended to all stalls selling open food other than raw vegetables.
- (f) the requirements as to disposal of waste are extended.

The attention of all stall owners and vehicle operators was drawn to the principal requirements of the new Regulations in a circular letter and inspection of stalls and the enforcement of the Regulations proceeded during the year. There were two successful prosecutions for repeated disregard of the requirements. In one case a stallholder was charged with eight offences and was given an absolute discharge on 4 counts, but was convicted on the remaining 4 and was fined £7 with £3. 3s. costs to the Council. In the second case a stallholder was convicted on 8 counts and fined £8 with £2. 2s. costs to the Council.

Three certificates of exemption from the provisions of the Regulations relating to water supply and washing facilities were granted by the Council during the year, as satisfactory alternative facilities were available in adjoining premises.

Milk and Dairies (General) Regulations, 1959

During the year, 21 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 two dairies, one dairy having been re-registered, and 175 distributors of milk in respect of 248 premises.

120 samples of washed bottles were taken at random from a bottling plant, of which 117 were found to be satisfactory and 3 unsatisfactory. The second dairy is mainly concerned with the pasteurising and packing of cream in plastic containers.

In spite of all the precautions taken by dairy firms 18 complaints were received from members of the public concerning the sale of milk in dirty bottles containing

foreign bodies. There were no prosecutions.

The Milk (Special Designation) Regulations, 1963 and 1965

During the year 23 new dealer's (pre-packed milk) licences were issued, and 191 distributors and 2 pasteurisers, involving 249 premises were on the register at the end of the year.

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:-

Class of Milk	No. of samples	Phosphatase test		Methylene Blue test		Turbidity test		Colony Count test	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Pasteurised	47	47	-	47	-	-	-	-	-
Sterilised	11	-	-	-	-	11	-	-	-
Untreated	-	-	-	-	-	-	-	-	-
Ultra Heat Treated	4	-	-	-	-	-	-	4	-
Totals	62	47	-	47	-	11	-	4	-

Raw Milk Supplies - Brucella Abortus

There is only one farm engaged in milk production in the borough. As a result of a request from the Public Health Laboratory Service, sampling of raw milk for the detection of brucella abortus organisms was carried out directly from the farm during 1967. A total of 24 samples was taken and all were found to be negative for this organism by the ring test.

Ice Cream

During the year 35 premises were added to the register for the sale and storage of ice cream, leaving a total at the end of the year of 542 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	Number 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)	191	151	19	9	12	-	170	9	12
Ice Cream (other manufacturers)	63	20	8	10	25	-	28	10	25
Ice lollies (local manufacturers)	42	-	-	-	-	42	42	-	-
Ice lollies (other manufacturers)	17	-	-	-	-	17	17	-	-
Totals	313	171	27	19	37	59	257	19	37

The above table includes:-

Ice Cream samples from vans	27	14	3	1	9	-	17	1	9
Soft ice cream samples	38	15	3	6	14	-	18	6	14

The largest proportion of 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 still 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 85 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	4,587
Fish and fish products	688
Fruit and vegetables	472
Groceries	419
Foodstuffs not calculated by weight: Assorted tins, packets, jars, bottles, articles, casks and boxes	35,742

Imported Food Regulations - Examination of Tea

The examination and sampling of tea taken over from H.M. Customs and Excise in 1959 continued during 1967. 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 382 samples which were representative of all consignments received at the factory were 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 382 samples, 8 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 36,570 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 11 of the Middlesex County Council Act, 1950, 16 hawkers were registered during the year leaving a total of such traders on the register at the end of the year at 64, including the 16 new traders.

Premises Registered for Preparation of Sausages and Preserved Foods

Seven 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 188 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, fertilisers 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 18 formal and 982 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, 64 were found to be unsatisfactory. Cases worthy of mention, where compositional standards were below minimum requirements, included a number of cheese products sampled as a result of the coming into operation of the Cheese Regulations, 1965; baby powder containing boric acid; canned pork sausages with low meat content; pineapple and grapefruit juice with the addition of tin chloride as an antioxidant which is prohibited; a vitamin preparation containing a preservative contrary to the Regulations; ground nutmeg deficient in volatile oil on account of long storage in unsuitable absorbent containers. The Colouring Matter in Food Regulations, 1966, which came into operation on 1st June, 1967, do not apply to drugs. Objection was taken to drugs containing the dye Blue VRS which is considered by the Food Additive & Contaminants Committee to have possible toxic effects. All unsatisfactory results were discussed with the manufacturers and importers concerned. In some cases, all available stocks were withdrawn and returned to the country of origin. In other cases manufacturers agreed to examine their methods and 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, and the labelling provisions of other Regulations. 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	33
No name and address	3
Incorrect or inadequate list of ingredients	7
No list of ingredients	8
Misleading statements	9
Use of generic terms	5
Inadequate size of printing	2

Bacteriological Examination of Other Foods

In addition to the bacteriological examination of particular types of foods referred to in earlier paragraphs of this report, 190 samples of frozen seafoods of a wide variety were submitted to the laboratory. The samples were from consignments imported into the Borough and released from the Port of London without examination. Of these, 21 samples were found to be below the bacteriological standards adopted by the London Riparian Medical Officers' Committee, but the results were such as to permit the consignment to be released with a warning that they be used immediately after thawing.

Articles of food which were the subject of consumer complaints, and food specimens obtained in the investigation of suspect cases of food poisoning and other infections, numbered 21 but no harmful organisms were found on examination. Two samples of milk obtained from dispensers in cafes and restaurants were unsatisfactory due to inadequate care in cleaning equipment. Advice was given in these cases and supervision of the cleaning process carried out with improved results. Three samples of cream were found to contain faecal coliform organisms but repeat samples were satisfactory.

Food Complaints

Food articles purchased by members of the public were the subject of 151 complaints received by the Health Department and all were thoroughly investigated. 24 of the articles were submitted to the Public Analyst for his opinion.

Complaints of particular interest included such articles as parsley and thyme stuffing containing spider beetles, a jar of beetroot containing glass and a steak and kidney pie containing a medical plaster.

Prosecutions were taken in 21 cases, all of which were successful, fines ranging from £20 to £5 being imposed and totalling £250 with £117. 7s. costs to the Council.

Pesticides Survey

The Council continued 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 18 samples was purchased before the end of the year. The food articles concerned were specified types of tomatoes, apples, pears, potatoes, sprouts, peas, turnips, spring cabbage, brown bread, chicken, milk, infant milk food, eggs, infant meat food, beef sirloin, white bread, English cottage cheese and grouse. No sample showed a significant amount of pesticide.

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, eight nursing homes were registered with a total of 275 beds.

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.	40 beds	Male and female, non-profit making, Chronic sick and Dis- abled.
Twyford Abbey Nursing Home, Twyford Abbey Road, N.W.10.	98 beds	Males - non-profit making, Roman Catholic, taking all denominations. Chronic sick and geriatric.
Kenilworth Nursing Home, 28 Kenilworth Road, W.5.	15 beds	Male and female - Chronic sick and medical.

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 25 establishments used by licensed persons in the borough as follows:-

Chiropody only	13
Chiropody and special treatment	10
Massage only	-
Massage and special treatment	2
Physiotherapy only	-
Osteopathy	-

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.

During the year various improvements were made to the Mortuary. These include greater facilities for funeral directors to load and unload bodies in conditions of privacy, and improved office accommodation for pathologist's secretaries and coroner's officers. An additional post-mortem table has been provided.

617 bodies of residents from the following areas were taken to the mortuary:-

Ealing	576
Hillingdon	5
Hammersmith	2
Richmond upon Thames	2
Hounslow	7
Other areas	25

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

Burial or cremation of the dead is arranged by the Council when relatives of a deceased person are unable to afford the cost, or when no relative can be found, or 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 costs is passed to relatives if they are found. There were 9 burials and 2 cremations carried out during the year.

32. MEDICAL EXAMINATION AND WELFARE OF STAFF

The medical suite in the Town Hall Annexe consists of three rooms and is 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 892 attendances for treatment were made at the medical suite. 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 practitioner.

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 1967 was as follows:-

Vaccination against smallpox	20
Immunisation against typhoid fever	5
Immunisation against typhoid/tetanus	72
Immunisation against tetanus	10
Total	<u>107</u>

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 who work in schools or otherwise come into 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 medical fitness to continue employment.

Questionnaire Assessments

Total number of questionnaires assessed for fitness for employment	3,353
Number of medical examinations required following questionnaire assessment	265
Number of failures as a result of medicals following questionnaire assessment	15

Staff requiring medicals as a routine

1. Total number of medical examinations for fitness for employment 898
 - (a) Number of officers and manual workers examined 389
 - (b) Number of teachers examined for Department of Education and Science 215
 - (c) Number of student teachers examined 294
2. Number of these candidates found unfit 7

Manual Workers Sickness Pay Scheme

1. Total number of manual workers Sickness Pay Scheme questionnaire assessments 2,056
2. Number of medical examinations for Sickness Pay Scheme following questionnaire 181
3. Number of candidates failed 11
 - (a) Following medical after questionnaire 6
 - (b) Following routine medical 5
4. Number of candidates "with exclusions" 29
 - (a) Following medical after questionnaire 23
 - (b) Following routine medical 6

Examinations at the request of Chief Officers

1. Total number of employees examined for fitness to continue employment 35
2. Number of employees examined to commence employment 1
3. Number of employees found unfit for continued employment 23

Routine medical examinations and vision tests of Council drivers and employees engaged on work involving hazards

1. Number of employees vision tested 153

2. Number of medical examinations 18

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 200 visits were made 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:-

Number of housing applications	265
Number of cases reported to Committee - 72	
Number of re-housing applications	343
Other cases	87
Total	<u>695</u>

Table 1

ESTABLISHMENT OF THE HEALTH DEPARTMENT

(as at 31st December, 1967)

	Number on Establishment	Number on Strength
MEDICAL STAFF		
Medical Officer of Health	1	1
Deputy Medical Officer of Health	1	1
Senior Principal Medical Officer	1	1
Principal Medical Officers	2	2
Assistant Principal Medical Officer	1	1
Medical Officers	12	6
ADMINISTRATIVE STAFF		
Chief Administrative Assistant	1	1
Deputy Chief Administrative Assistant	1	1
Section Leaders	5	5
Administrative Officers	16	15
Secretaries and Senior Shorthand Typists	6	6
Clerical Officers	70	30/38
Shorthand Typists	6	4
DENTAL STAFF		
Chief Dental Officer	1	1
Senior Dental Officer	1	1
Dental Officers	10	6 3/11
Orthodontists	2	1 3/11
Dental Auxiliary	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants	13	5½
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	14
Authorised Meat Inspectors	12	11
Senior Meat Inspector's Assistant	1	1
Meat Inspector's Assistants	2	2

	Number on Establishment	Number on Strength
Trainee Meat Inspectors	5	2
Trainee Public Health Inspectors	7	7
Technical Assistants	4	4
Assistant Rodent Officer	1	1
Rodent Operatives	4	4
SOCIAL WORKERS		
Principal Mental Health Social Worker	1	1
Deputy Principal Mental Health Social Worker	1	1
Casework Supervisor	1	1
Medical Social Workers	3	2
Mental Health Social Workers	9	7
Trainee Mental Health Social Workers	2	1
HOME HELP STAFF		
Home Help Organiser	1	1
Assistant Home Help Organisers	7	7
Home Helps (full-time equivalent)	260	238
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	3
Health Visitors	49	38 3/11
Clinic Nurses	12	15 1/11
Student Health Visitors	5	5
Geriatric Visitor	1	1
HOME 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	49	46½
Midwives	22	18
MEDICAL AUXILIARIES		
Audiometricians	3	3
Chiropodists	6	4

	Number on Establishment	Number on Strength
Orthoptist (part-time)	1	1
Physiotherapists	3	1 6/11
Senior Speech Therapist	1	1
Speech Therapists	3	2
DAY NURSERY STAFF		
Supervisory Matron	1	1
Matrons	5	5
Deputy Matrons	5	5
Wardens	5	1
Nursery Nurses	28	20
Nursery Students	8	8
Cooks	5	5
Domestic Assistants	9	9
CLINIC STAFF		
Interpreters	2	1½
Clinic Caretakers	4	4
Clinic Stoker/Porter	1	1
Clinic Cleaners	12	12
CHEST CLINIC		
Chest Physician	1	1
Medical Social Worker	1	1
Tuberculosis Health Visitors	6	4
Occupational Therapist (part-time)	1	1
MOTHER AND BABY HOME STAFF		
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

	Number on Establishment	Number on Strength
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Instructors	4	4
Cook-in-Charge	1	1
Assistant Cook	1	0
Coach Guides	2	1

MORTUARY STAFF

Mortuary Keeper	1	1
Mortuary Attendant	1	0

PUPIL MIDWIVES HOSTEL

Cook	1	1
Cleaner	1	1

GREENFORD MENTAL HEALTH CENTRE

Mental Health Social Worker	1	0
Occupational Therapist	1	1
Cleaner	1	1

HOSTEL FOR MENTALLY SUB-NORMAL

Warden	1	0
Deputy Warden	1	0
Assistant Wardens	2	0
Cook	1	0
Assistant Cook	1	0
Cleaners	2	0

TRANSPORT STAFF

General Assistant	1	1
Driver/Disinfector	5	4
Driver/Mobile Clinic	1	0
Driver/Handyman	1	1

Home Nurses

Midwives

1

MEDICAL AUXILIARIES

Auxiliary Nurse

Chiropractor

Table 2

INFECTIOUS AND OTHER NOTIFIABLE DISEASES CLASSIFIED IN AGE GROUPS

	Scarlet Fever		Whooping-cough		Measles		Dysentery		Meningococcal Infection		Malaria	
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	62	63	47	84	1733	1657	157	176	2	3	1	-
Final numbers after correction:												
Under 1 year	-	-	8	9	76	64	17	10	1	2	-	-
1 -	-	1	6	10	177	202	14	12	-	-	-	-
2 -	5	3	5	16	285	267	10	7	-	-	-	-
3 -	2	4	7	9	229	220	5	4	-	-	-	-
4 -	10	10	6	11	308	282	5	9	-	-	-	-
5 - 9	34	34	13	20	604	555	30	19	-	-	-	-
10 - 14	7	6	2	3	21	28	6	14	-	1	-	-
15 - 24	3	2	-	-	15	16	23	31	-	-	1	-
25 and over	-	-	-	6	7	9	45	66	1	-	-	-
Age unknown	1	2	-	-	10	14	2	4	-	-	-	-
Total	62	62	47	84	1732	1657	157	176	2	3	1	-

Table 2 - continued

	Pneumonia		Acute encephalitis				Typhoid Fever		Erysipelas		Food poisoning	
			Infective		Post- infectious							
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	20	11	1	-	-	-	4	1	5	5	7	10
Final numbers after correction:												
Under 5 years	1	1	1	-	-	-	-	-	-	-	-	-
5 - 14	6	-	-	-	-	-	3	-	-	1	1	-
15 - 44	3	3	-	-	-	-	1	1	2	1	1	3
45 - 64	7	2	-	-	-	-	-	-	3	2	-	-
65 and over	3	4	-	-	-	-	-	-	-	1	-	1
Age unknown	-	1	-	-	-	-	-	-	-	-	-	-
Total	20	11	1	-	-	-	4	1	5	5	2	4

Table 2 - continued

	Tuberculosis						Infectious hepatitis		Puerperal pyrexia
	Pulmonary		Meninges and central nervous system		Other				
	M	F	M	F	M	F	M	F	F
Numbers originally notified	89	61	1	1	23	24	23	20	14
Final numbers after correction:									
Under 5 years	5	8	1	-	1	1	-	1	-
5 - 14	5	3	-	-	-	2	6	8	-
15 - 24	14	15	-	1	5	5	6	2	4
25 - 44	23	20	-	-	11	9	3	6	5
45 - 64	26	8	-	-	4	4	8	-	-
65 and over	10	1	-	-	1	2	-	2	-
Age unknown	1	3	-	-	1	1	-	-	1
Total	84	58	1	1	23	24	23	19	10

There were no cases of anthrax, cholera, diphtheria, membranous croup, ophthalmia neonatorum, plague, poliomyelitis and smallpox.

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. IMM. # Vacc.	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. Physio	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		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.)	C.W. IMM. # Polio G.S.C.	Mid. A.N. Dental Chir. (O.A.P.) Orthod.	Sp. Thpy. Dental		Physio. * Polio	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.	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 IMM.		Dental Orthod.	Dental C.W. (no Dr.) Orthod. *IMM. Chir. (O.A.P.)	C.W. Dental Physio	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 - continued
CLINIC SESSIONS - continued

	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	A.N. Ex. Physio. Dental Chir. (O.A.P.) Home nurs. inj.	Dental	A.N. Ex.	# Polio	Sp. Thpy. Physio. IMM. Dental		Dental
Monday P.M.	G.S.C. C.W. # Chir. (O.A.P.)	Dental A.N. Ex. C.W. Chir.	C.W. Physio. * Orthop. Dental (S.C.)	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.		Chir. (O.A.P.) (occ.)		# Orthop. # Ophthal Chir. O.A.P. Physio. Sp. Meds. whn. req.		B.C.C.
Tuesday P.M.	Sp. Thpy Dental	Mid. A.N. Dental Physio.	Dental Mid. A.N.	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. Vacc. Home Nurs.injs.	Dental A.N. Ex.	A.N. IMM.	G.S.C. A.N. IMM.	Sp. Thpy. * Men. Hlth. Dental		Sp. Thpy. Dental
Wednesday P.M.	Dental Mid. A.N.	Physio * Orthop. C.W. Chir. (O.A.P.)	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) 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.) A.N. Ex.		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.

Table 4

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

Completed Primary Courses - diphtheria, whooping-cough, tetanus and poliomyelitis

Type of vaccine	Administered in clinics	Administered by general practitioners	Total
Diphtheria/whooping-cough/ tetanus/poliomyelitis	-	-	-
Diphtheria/whooping-cough/ tetanus	3,360	1,704	5,064
Diphtheria/tetanus	875	18	893
Diphtheria	-	4	4
Whooping-cough	-	-	-
Tetanus	231	18	249
Poliomyelitis - Salk	-	26	26
Poliomyelitis - oral	3,859	1,430	5,289

Reinforcing doses

Diphtheria/whooping-cough/ tetanus/poliomyelitis	-	-	-
Diphtheria/whooping-cough/ tetanus	2,484	1,067	3,551
Diphtheria/tetanus	3,711	348	4,059
Diphtheria	93	4	97
Tetanus	351	104	455
Poliomyelitis - Salk	-	29	29
Poliomyelitis - oral	2,164	897	3,061

Smallpox - vaccination and re-vaccination

	Vaccinated	Re-vaccinated
At clinics	3,005	19
By general practitioners	1,247	205
Total	4,252	224

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.)	Private: used by the British Red Cross Society
234 Northfield Avenue, Ealing, W.13.)	
50 Minterne Avenue, Norwood Green.)	Private: used by the Southall Old People's Welfare Association
3 Church Avenue, Southall.)	
114 Uxbridge Road, Southall.)	

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, W.5.
 "Greenfield", 1 Courtfield Gardens, Ealing, W.5.

Ealing Day Treatment Centre

Green Lane, Hanwell, W.7.

Table 6
MENTAL HEALTH - PATIENTS UNDER LOCAL AUTHORITY CARE AT 31ST DECEMBER, 1967

	Mentally ill					Subnormal and severely subnormal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
1. Number of patients under care at 31st December, 1967	2	1	351	449	803	80	72	206	166	524
2. (a) Attending day training centre Awaiting entry thereto	-	-	9	5	14	54	37	59	47	197
	-	-	-	-	-	12	17	7	4	40
(b) Receiving home training Awaiting home training	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-
(c) Resident in L.H.A. home/hostel	-	-	2	4	6	1	-	2	-	3
Awaiting residence in L.H.A. home/hostel	-	-	2	2	4	-	-	-	-	-
Resident at L.H.A. expense in other homes/ hostels	-	-	6	9	15	-	2	1	6	9
Resident at L.H.A. expense by boarding out in private household	-	-	-	-	-	3	2	7	3	15
(d) Receiving home visits and not included in (a) to (c)	2	1	332	429	764	14	15	134	110	273
3. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.67	-	-	-	-	-	3	4	1	2	10
In urgent need of hospital care	-	-	-	-	-	10	3	-	1	14
Not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-
4. Number of admissions for temporary residential care (e.g. to relieve the family) during 1967 -	-	-	-	-	-	15	16	6	6	43
To N.H.S. Hospitals	-	-	-	-	-	-	-	-	1	1
Elsewhere	-	-	-	-	-	-	-	-	-	-

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, 1967

Referred by	Mentally ill					Subnormal and severely subnormal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	2	-	74	152	228	1	-	-	-	1
Hospitals, on discharge from in-patient treatment	-	1	47	75	123	1	1	-	1	3
Hospitals, after or during out-patient day treatment	-	-	57	64	121	1	-	-	-	1
Local education authorities	-	-	1	2	3	5	2	4	6	17
Police and courts	-	-	31	17	48	-	-	-	-	-
Other sources	-	-	66	54	120	12	12	2	3	29
Total	2	1	276	364	643	20	15	6	10	51

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	4	2	-
(ii) Factories not included in (i) in which section 7 is enforced by the local authority	1104	156	21	-
(iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	7	13	-	-
Total	1127	173	23	-

Table 9

FACTORIES ACT, 1961 - PART I

Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	10	10	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences:					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	6	4	-	6	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	14	14	-	-	-
Total	30	28	-	6	-

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.	112
Artificial flowers	4
Carding, etc., of buttons, etc.	-
Cosaques, Christmas stockings, etc.	66
Lampshades	-
Brush making	-
Furniture and upholstery	1
Stuffed toys	9
Total	192

During the year, 100 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 SULPHUR DIOXIDE CONCENTRATIONS
(microgrammes per cubic metre)

Daily volumetric instruments

1967	* Acton Lane	Chase Road	Eliots Green School	* Friars Place Lane	+ North-cote Avenue	Town Hall Annexe	Walpole Grammar School
January	247	366	187	235	-	284	123
February	218	307	156	201	-	224	164
March	143	237	86	106	-	168	92
Winter average (Oct.1966 - Mar.1967)	201	287	149	181	-	237	143
April	149	189	137	139	-	154	133
May	120	210	88	124	-	122	109
June	86	115	75	73	-	109	57
July	82	117	70	74	-	79	76
August	-	149	-	-	-	101	-
September	-	141	71	-	-	69	71
Summer average (April - Sept.1967)	-	143	90	-	-	108	91
October	-	159	64	-	75	109	63
November	-	311	218	-	212	271	287
December	-	357	213	-	200	219	235
Average for year 1967	-	221	124	-	-	159	128
1966	172	224	157	164	-	223	153

* Site discontinued August, 1967.

+ Site commenced October, 1967.

Table 12

AVERAGE MONTHLY SMOKE CONCENTRATIONS
(microgrammes per cubic metre)

Daily volumetric instruments

1967	* Acton Lane	Chase Road	Eliots Green School	* Friars Place Lane	+ North-cote Avenue	Town Hall Annexe	Walpole Grammar School
January	92	92	73	77	-	77	86
February	67	84	50	53	-	66	55
March	34	51	21	23	-	39	26
Winter average (Oct. 1966 - Mar. 1967)	61	71	57	51	-	63	57
April	38	46	36	36	-	27	36
May	37	50	32	35	-	34	24
June	13	30	10	16	-	25	11
July	18	25	23	12	-	23	22
August	-	32	-	-	-	28	-
September	-	51	29	-	-	32	26
Summer average (April - Sept. 1967)	-	39	26	-	-	29	24
October	-	47	19	-	25	31	22
November	-	105	90	-	93	95	109
December	-	123	82	-	84	91	104
Average for year 1967	-	61	42	-	-	47	47
1966	52	59	38	54	-	60	41

* Site discontinued August, 1967.

+ Site commenced October, 1967.

Table 13

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

Deposit Gauges

1967	Bashley Road	Birkbeck Avenue	+ Hortus Road	Longfield Depot	+ Park Avenue	* White Street
January	82	96	50	44	48	26
February	128	106	65	74	29	20
March	79	88	51	59	19	70
Winter average (Oct. 1966 - Mar. 1967)	107	124	55	104	44	28
April	240	114	32	55	14	22
May	147	142	78	152	23	27
June	156	250	56	153	174	16
July	85	75	88	74	52	) 60
August	37	33	-	34	-	) 53
September	150	144	-	84	-)
Summer average (April - Sept. 1967)	137	126	-	92	-	30
October	76	180	-	55	-	34
November	82	44	-	52	-	56
December	95	154	-	47	-	25
Average for year 1967	113	119	-	74	-	34

* Maintained by N.T.G.B.

+ Site discontinued August, 1967.

Table 14

LIST OF FOOD PREMISES IN THE LONDON BOROUGH OF EALING

Category of premises	No. of premises	No. complying with Reg. 16 (Wash-hand basins, etc.)	No. to which Reg. 19 applies (Sinks, etc.)	No. complying with Reg. 19 (Sinks, etc.)
Bakehouses	33	33	33	33
Bakers' shops	63	63	-	-
Butchers	158	158	158	158
Cafes and restaurants	221	221	221	221
Canteens (industrial)	174	174	174	174
School kitchens and dining centres	107	107	107	107
Confectioners	336	336	-	-
Dairies	2	2	2	2
Food factories and stores	57	57	57	57
Food stalls	58	15	2	2
Fish fryers	39	39	39	39
Fishmongers	27	27	27	27
Greengrocers	184	184	171	171
Grocers	411	411	294	294
Hotels, nursing homes and old people's homes	48	48	48	48
Ice cream manufacturers	5	5	5	5
Licensed premises and clubs	244	244	244	225
Hawkers	61	18	12	12
Totals	2,228	2,142	1,594	1,575

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)

	1964		1965		1966		1967	
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
1. No. killed	557,914	-	567,649	-	592,805	-	588,136	-
2. No. inspected	558,486	-	577,229	-	593,399	-	588,704	-
3. Dead on arrival or died in pens	572	1.02	580	1.05	594	1.01	568	0.95
4. All diseases except T.B.								
(a) Whole carcasses condemned	1,236	2.20	1,777	3.10	2,238	3.77	2,434	4.13
(b) Carcasses of which some part condemned	22,619	40.53	48,660	84.39	49,729	83.90	42,455	73.81
5. Tuberculosis								
(a) Whole carcasses condemned	12	0.021	10	0.019	3	0.005	24	0.042
(b) Carcasses of which some part condemned	14,632	26.22	17,031	29.53	17,442	29.39	15,570	26.44
6. Total carcasses condemned	1,248	2.24	1,787	3.21	2,241	3.77	2,458	4.17
7. Total heads condemned	15,405	27.59	17,776	30.78	18,490	32.84	16,571	28.15
8. Total weight of plucks (lungs, livers, hearts, lights) condemned in lbs.	392,291	702.50	519,022	899.10	736,275	1240.70	971,912	1650.90
9. Total weight of mesenteries, stomachs and intestines condemned in lbs.	153,030	280.30	227,720	394.50	263,710	444.40	289,280	491.40
10. Total weight carcasses condemned (tons)	112.95	0.20	150.40	0.26	195.35	0.32	210.94	0.36
11. Total weight of parts or organs condemned (tons)	352.35	0.63	496.90	0.86	726.55	1.22	820.15	1.39
12. Total weight condemned in tons	465.35	0.83	647.30	1.12	921.90	1.54	1031.09	1.75

Table 16

ANALYSIS OF DISEASES AND CONDITIONS OF WHOLE CARCASSES CONDEMNED - 1967

(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	588,704	-	-
Dead on arrival	315	128.1	0.54
Died in pens	253	102.9	0.43
Diseases and conditions listed in Schedule 2 of the Meat Inspection Regulations, 1963			
Anaemia (advanced)	1	0.44	0.0017
Bruising (extensive and severe)	31	12.62	0.053
Emaciation (pathological)	4	1.63	0.0068
Fever	133	54.12	0.23
Jaundice	6	2.44	0.0102
Metritis (acute septic)	14	5.69	0.024
Oedema (generalised)	12	4.88	0.023
Peritonitis (acute diffuse septic)	359	146.1	0.61
Pleurisy (acute diffuse septic)	46	18.7	0.078
Pneumonia (acute septic)	4	1.63	0.0068
Pyæmia (including multiple abscesses)	691	281.1	1.17
Septicaemia or toxæmia	252	102.5	0.43
Swine erysipelas (acute)	9	3.66	0.015
Tuberculosis (generalised)	24	9.76	0.04
Tumours - malignant with secondary growths	3	1.22	0.0051
Uraemia	4	1.63	0.0068
Other conditions			
Leukaemia	3	1.22	0.0051
Moribund	3	1.22	0.0051
Damaged in dressing	3	1.22	0.0051
Arthritis (multiple septic)	288	117.1	0.49
Total	2,458	-	-

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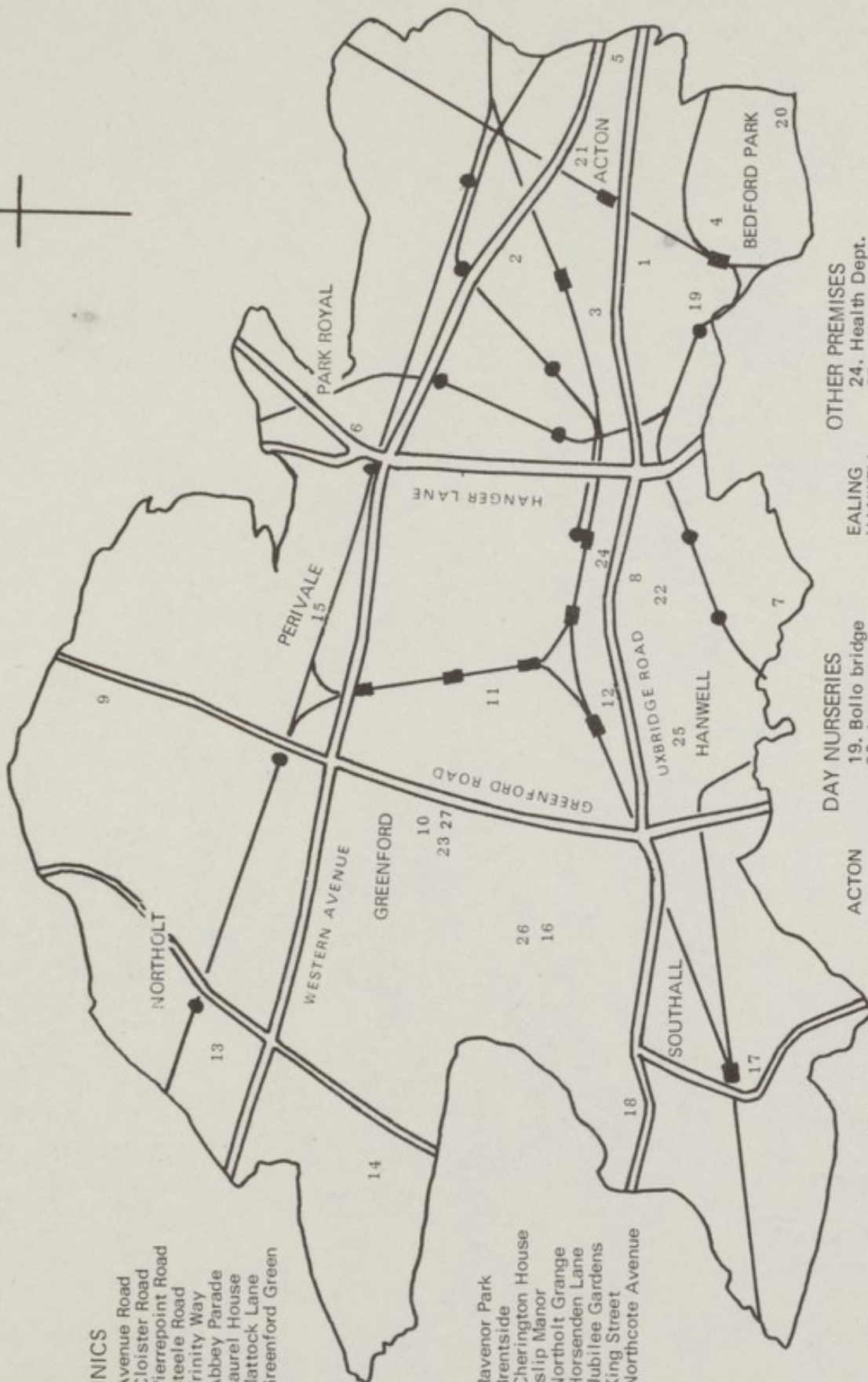
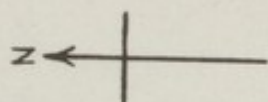
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CLINICS

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

ACTON

EALING

GREENFORD

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

HANWELL

NORTHOLT

PERIVALE

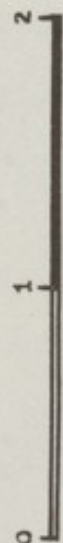
SOUTHALL

DAY NURSERIES

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

OTHER PREMISES

- | | |
|-----------|--------------------|
| EALING | 24. Health Dept. |
| HANWELL | 25. Ealing day |
| SOUTHALL | 26. Adult training |
| GREENFORD | 27. Pupil midwives |



Scale Approx: 1 1/2" = 1 ml.

