

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

Contributors

Romford (London, England). Municipal Borough.

Publication/Creation

[1963?]

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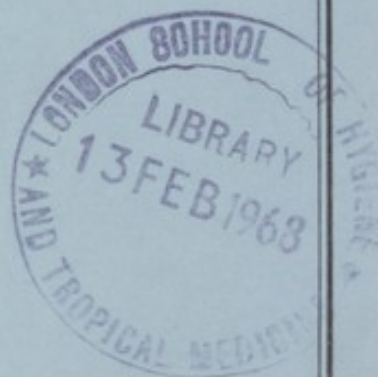
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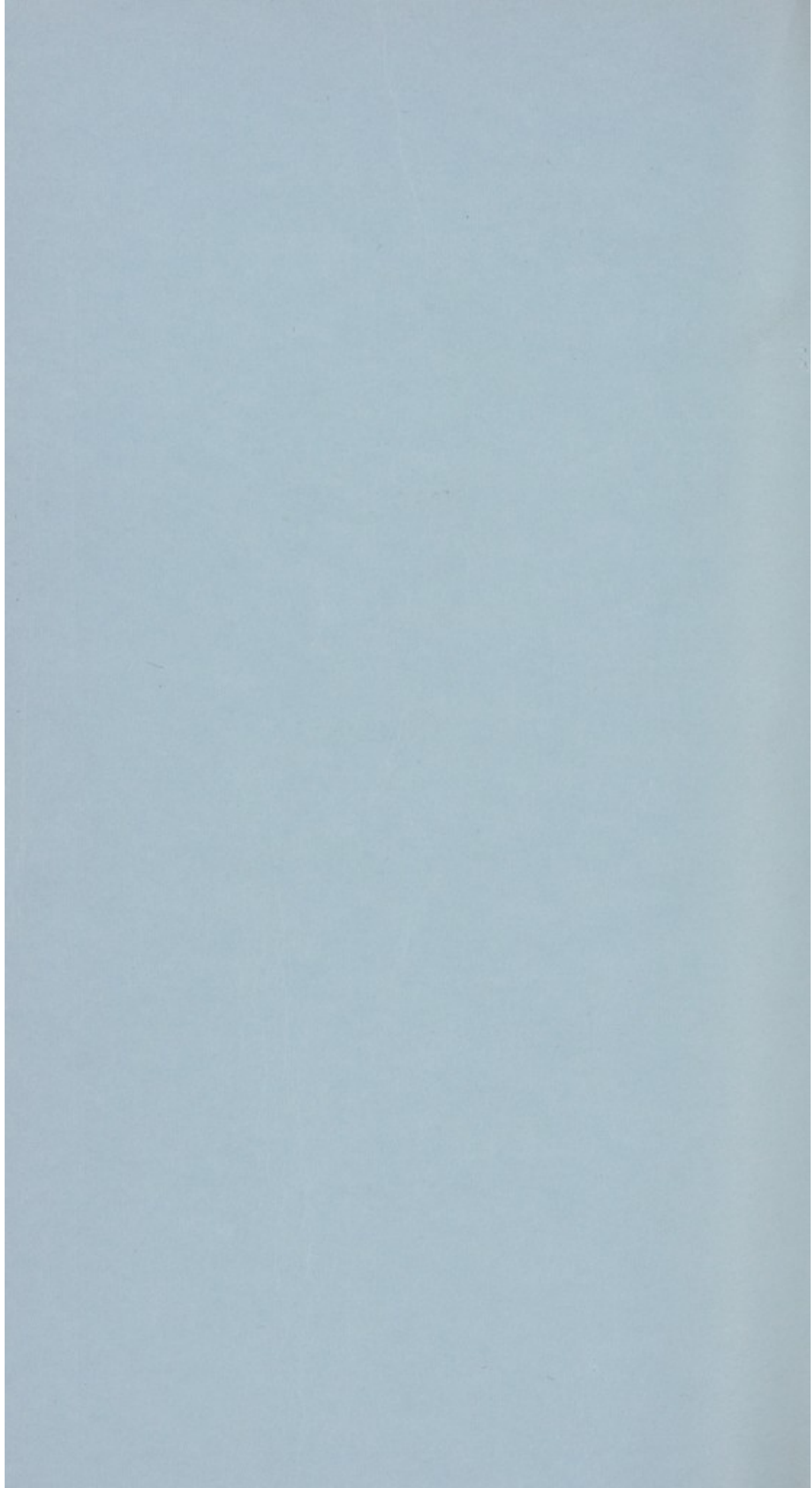
MEDICAL OFFICER OF

HEALTH FOR ROMFORD

FOR THE YEAR

1962







ANNUAL REPORT

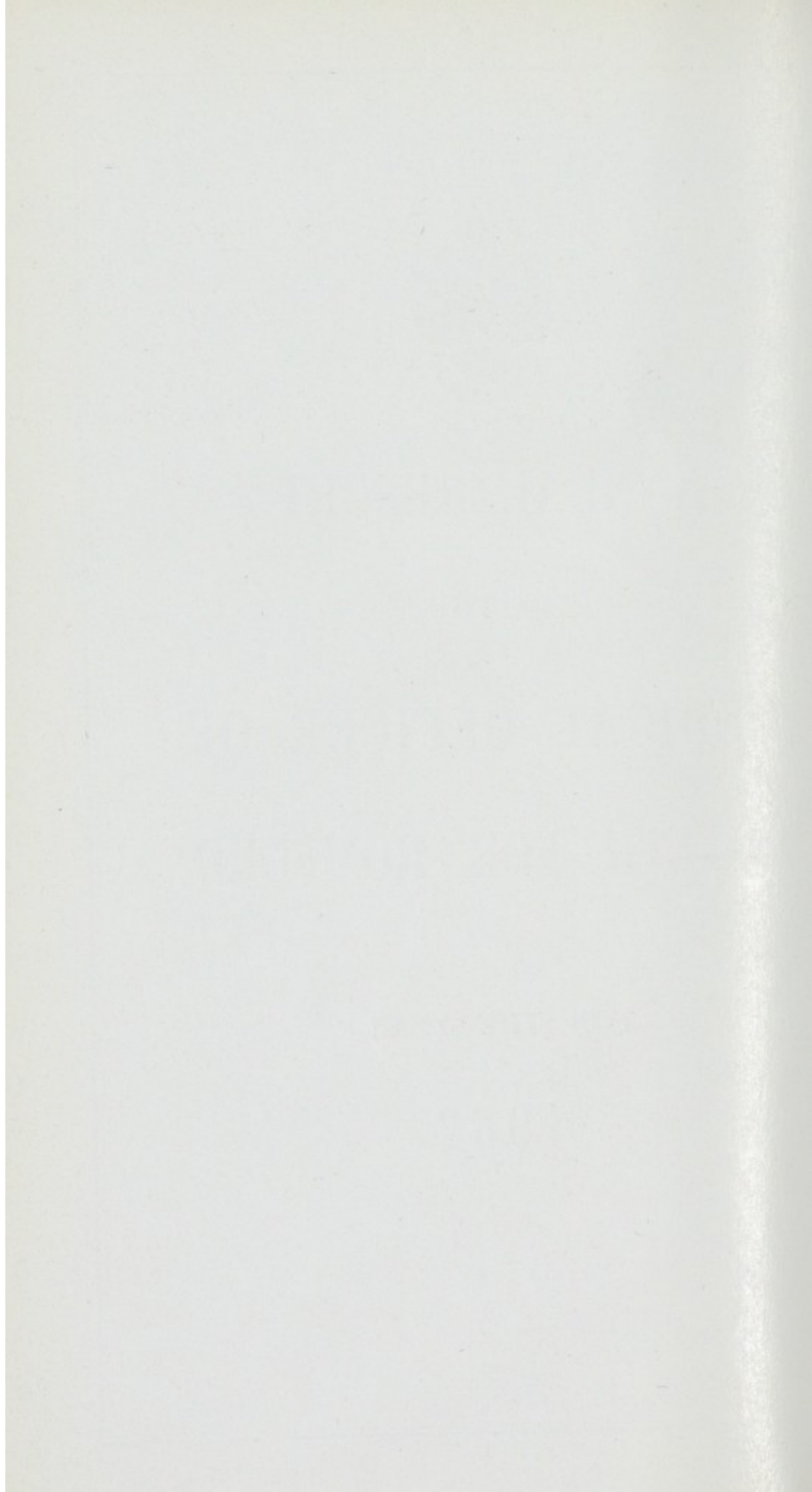
OF THE

MEDICAL OFFICER OF

HEALTH FOR ROMFORD

FOR THE YEAR

1962



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TOWN HALL, ROMFORD

ESSEX

To the Mayor, Aldermen and Councillors
of the Borough of Romford

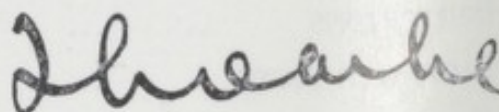
Mr. Mayor, Ladies and Gentlemen

In presenting this report on the health of the Borough for the year 1962, I should like to thank my colleagues and members of the Council for the help they have given during the year under review.

I am

Mr. Mayor, Ladies and Gentlemen

Your obedient servant

A handwritten signature in dark ink, appearing to read 'J. H. A. H.', written in a cursive style.

Medical Officer of Health

Tel.: Romford 46040

PUBLIC BUILDINGS AND HEALTH COMMITTEE

as at December, 1962

His Worship the Mayor—Alderman Mrs. O. M. J. ROBERTS, J.P., C.C.

Chairman—Councillor F. G. CARRICK

Vice-Chairman—Alderman G. ROBERTS

Alderman Mrs. M. CLARK-LEWIS	Alderman Mrs. L. A. IRONS, J.P., C.C.
Councillor Mrs. I. M. BARBER	Councillor C. B. BARNETT
Councillor F. E. BROOKS	Councillor G. R. G. JOHNSON, L.I.M.
Councillor W. C. MILLS	

ROMFORD COMMITTEE FOR EDUCATION

as at December, 1962

His Worship the Mayor—Alderman Mrs. O. M. J. ROBERTS, J.P., C.C.

Deputy Mayor—Alderman A. McGONAGLE

Chairman—Alderman P. D. RIDLEY, M.A.(Cantab.)

Representative Members:—

Alderman Mrs. L. A. IRONS, J.P., C.C.	Councillor G. R. G. JOHNSON, L.I.M.
Councillor Mrs. I. M. BARBER	Councillor R. S. KILBEY
Councillor F. E. BROOKS	Councillor M. A. PHILLIPS, M.A., D.Sc., F.R.I.C., M.I.Chem.E., F.C.S.
Councillor F. G. CARRICK	Councillor W. G. RUSSELL
Councillor Mrs. M. P. HURLEY, C.C.	Councillor G. URBEN, F.E.I.A.
Councillor Mrs. L. S. HUTTON	

Co-opted Members:—

Mr. F. FISHER	Mrs. R. M. LATHAM
Mr. J. G. PITTAWAY	Mr. V. ROWLANDS
Mr. R. J. TANNER	

Nominated Members:—

County Councillor S. E. SHUTE
Mr. M. J. WARD

ROMFORD HEALTH AREA SUB-COMMITTEE

of the Essex County Health Committee

as at December, 1962

Chairman—Alderman Mrs. L. A. IRONS, J.P., C.C.

Vice-Chairman—Councillor Mrs. M. P. HURLEY, C.C.

Romford Borough Council Representatives:—

Alderman W. R. PIKE	Alderman Mrs. M. CLARK-LEWIS
Alderman P. D. RIDLEY, M.A.(Cantab.)	Councillor Mrs. I. M. BARBER
Councillor C. B. BARNETT	Councillor F. G. CARRICK
Councillor Mrs. R. C. COFFIN	Councillor A. DAY
Councillor R. S. KILBEY	Councillor H. PACKHAM
Councillor M. A. PHILLIPS, M.A., D.Sc., F.R.I.C., M.I.Chem.E., F.C.S.	Councillor W. G. RUSSELL
	Councillor P. J. SMYTH

Essex County Council Representatives:—

County Alderman K. E. B. GLENNY
County Alderman Mrs. E. C. SAYWOOD
County Councillor Mrs. S. M. BOVILL
County Councillor S. A. LEGG
County Councillor Mrs. N. E. WILLIS

The Executive Council for Essex Representative:—

The Venerable J. E. ELVIN

The Local Medical Committee for Essex Representative:—

Dr. R. M. S. MATTHEWS

The Romford Group Hospital Management Committee Representative

Mr. C. T. NUNN, J.P.

Voluntary Organisations' Representatives:—

Mrs. L. N. GOMER	Mrs. E. McCORD
Mrs. C. E. SIMS	Miss N. HOWLEY

HEALTH DEPARTMENT

STAFF 1962

*Medical Officer of Health, Area Medical Officer, and
Divisional School Medical Officer:—*

F. L. GROARKE, M.B., L.M., D.C.H., D.P.H.

Assistant Medical Officers of Health and School Medical Officers:—

Mrs. M. M. DENHAM, M.B., B.S.

J. J. DUFFY, M.B., B.C.H., B.A.O., D.P.H.

Mrs. E. M. HAGA, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Mrs K. THAKRE, M.B., B.S.

Dental Officers:—

Miss M. L. ELL, L.D.S., R.C.S.(Eng.) (Area Dental Officer)

C. CHESTER, L.D.S., R.C.S.(Eng.)

J. LUKE, L.D.S., R.C.S.(Eng.) (Part-time)

N. YELLON, L.D.S., R.C.S.(Eng.) (Part-time)

Chief Public Health Inspector:—

H. C. BOSWELL

Senior Public Health Inspector:—

W. HODSON

Public Health Inspectors:—

E. B. BECKETT

G. F. HOBSON

M. J. DOVE

A. G. MERRIMAN

P. W. EDWARDS

O. WHITWORTH

G. D. JOHN

T. GIBBS (Student)

Shops Inspector:—

S. F. TITTERTON

Superintendent Health Visitor:—

Miss F. K. WELLS

Health Visitors, School Nurses, etc.:—

Mrs. P. ALGHALI

Mrs. F. C. MARSHALL

Miss B. C. BLACKLEY

(Tuberculosis Visitor)

Mrs. J. A. CHILD

Mrs. B. M. MATTHEWS

Miss O. CLEMENTS

Miss O. OLNEY

Miss E. COOGAN

Miss M. POOLE

Mrs. D. COWLING (Clinic Nurse)

Mrs. S. POLLARD (Clinic Nurse)

Miss P. F. CULLIS

Mrs. E. PRESTON

Miss D. I. HALL

Mrs. M. RIGBY

Miss N. HARWOOD (Part-time)

Mrs. V. TARRY (Clinic Nurse)

Mrs. S. HOLLAND

Miss A. P. M. THOMAS

(Tuberculosis Visitor)

Miss A. M. TIDD

Mrs. C. C. LEDDEN

Mrs. M. WILLIAMS

STAFF—cont.

*Superintendent of Home Nurses and Area Non-Medical
Supervisor of Midwives:—*
Vacant.

District Midwives:—

Miss I. A. BASSETT	Miss D. D. K. MARTIN
Miss E. B. GRAHAM	Mrs. G. MERRY
Mrs. C. GRAY	Miss R. A. MERRY
Miss M. C. HAMER	Mrs. M. MYLWARD
Miss E. E. JEENES	Miss J. O'SULLIVAN
Miss C. M. KERR	Mrs. G. E. SEXTON
	Mrs. F. A. SMITH

District Nurses:—

Mrs. E. M. ANDREWS	Mrs. J. D. JENNINGS
Mrs. E. BROOME	Mrs. I. NORRIS
Mrs. E. D. CARRINGTON	Mrs. A. C. SILCOCK
Mrs. B. CASEY	Mrs. D. I. TOWELL
Mrs. C. COOK	Mrs. S. A. WOTHERSPOON

Day Nurseries—Matrons:—

"St. Moritz"—Mrs. D. GIBSON. Collier Row—Mrs. D. STINSON

Rush Green—Mrs. R. M. O'HALLORAN.

Domestic Help Organiser:—

Miss T. HARROD

Dental Surgery Assistants:—

Mrs. R. A. ARCHER
Mrs. V. COOPER
Mrs. K. GOULDING
Mrs. J. D. SKINGSLEY

Speech Therapists:—

Mrs. J. M. LEE
Miss P. OLDER

Chiropodists:—

E. DRANSFIELD
G. H. EVANS (Part-time)
A. H. PARKER (Part-time)
D. D. WATERS

Occupational Therapist:—

Miss Z. MERCER (Part-time)

Organiser, Workshop for the Elderly:—

Mrs. J. T. CHARLES

CLERICAL STAFF

Chief Clerk (Administrative):—

E. W. GOWERS

Senior Administrative Assistant:—

E. LAMB

Administrative and Senior Assistants:—

A. G. MELOY	—Supplies and Maintenance
Mrs. B. MATHER	—Secretarial and Records
M. J. LEE	—Environmental Health
Mrs. M. BARNARD	—School Health
Miss M. E. FIRMIN	—Immunisation and Vaccination
Miss P. MANN	—Domestic Help Section

Clerical Assistants:—

Miss D. M. BARTLEY-BERRY	Miss R. HARVEY
Mrs. B. CAREY (Clinic Clerk)	Mrs. D. HOBSON (Clinic Clerk)
Mrs. J. COMPTON	Miss M. O. LITTLE (Clinic Clerk)
Mrs. M. CONN	Miss J. SAGGERS (Clinic Clerk)
Mrs. A. S. CORBEN	Mrs. E. SLEAP (Clinic Clerk)
Mrs. A. J. FASSAM	Miss G. G. SMITH (Clinic Clerk)
Mrs. E. M. FLYNN	Mrs. E. TERRELL
(Part-time Clinic Clerk)	Miss V. C. WARREN
Miss P. GOODREM	Mrs. A. J. WHITE

Public Analyst:—

HUBERT HAMENCE, Ph.D., M.Sc., F.R.I.C.

REGIONAL HOSPITAL BOARD STAFF

Orthopaedic Surgeons:—

G. BARCLAY, F.R.C.S.
A. M. A. MOORE, F.R.C.S.

Child Psychiatrist:—

J. E. VINCENZI, M.R.C.S., L.R.C.P., D.P.M.

Chest Physicians:—

S. THOMPSON, M.B., Ch.B.
E. WOOLF, M.R.C.S., L.R.C.P. (Harold Hill Area)

Ophthalmologists:—

D. E. HONE, M.A., B.M., M.R.C.S., L.R.C.P., D.O.
B. G. DIAS, M.B., B.S., D.O.

Physiotherapists:—

Mrs. B. V. WAND Mrs. A. SLIP

COUNTY WELFARE SERVICES

Mr. Walter E. Boyce, County Welfare Officer, has kindly supplied the following information:—

The statistics set out below show the extent to which the main services provided by the County Welfare Committee under the National Assistance Act, 1948, have been afforded to persons residing within the Borough of Romford during the year 1962:—

(1) *Residential Accommodation*

(a) Number of domiciliary visits undertaken	...	341
		(excluding Hospital visits)
(b) Number of applications received	...	97
(c) Admitted to hostels and other residential establishments	...	31
(d) Number of Romford residents in residential accommodation at 31.12.62	...	112

(2) *Temporary Accommodation (Homeless Families etc.)*

(a) Domiciliary visits by Family Case Workers etc.	...	414
(b) Number of applications (including references from Borough Council)	...	50
(c) Number of cases admitted to temporary accommodation	...	5

(3) *Special Housing for Old People*

The County Council make contributions towards the cost of welfare services and amenities provided by the Borough in their special housing accommodation for old people.

(4) *Blind Persons*

The number of registered blind, partially sighted and defective sighted persons resident in the Borough on the 31st December, 1962, was as follows:—

(a) Registered as blind	...	149
(b) Partially sighted	...	27
(c) Defective sighted	...	8

all of whom came under the supervision of the County Council's Home Teachers.

There were 2 blind persons in the Home Workers' Scheme operated through the agency of the Royal Society for the Blind and 2 were employed in special workshops for the blind. Additionally, 10 blind and 11 partially sighted persons were employed in open industry; 8 blind persons from the Borough have been admitted to homes for the blind. Occupational and recreational facilities are also available to the blind and many are taught braille and handicraft. Specialist officers are employed for the placement of blind persons in local employment and close co-operation is maintained with voluntary organisations working for the blind.

(5) Deaf and Dumb and other Handicapped Classes

The Welfare services for physically handicapped persons (other than blind as mentioned above) as provided by the County Council under Section 29 of the National Assistance Act, 1948, are available for all registered handicapped persons of whom, at the present time, 232 reside in the Borough; these services have been extended considerably and in addition to direct provision, such as special equipment on loan, grants are made in approved cases towards the cost of structural adaptations to meet special home needs. Voluntary organizations also materially assist the County Council in this work.

The County Council provide Occupational Centres for the physically handicapped; this service is being developed and a centre in Romford is contemplated in the ten year development plan. Visiting of the handicapped is carried out by specialist officers and they are instrumental in the ascertainment of individual needs, giving advice and also instruction in handicraft, especially to the home-bound.

MENTAL HEALTH

A purpose-built comprehensive training centre for the mentally subnormal was provided by the Essex County Council on a site near Gallows Corner, and operated from September. The centre consists of a junior section, which has four classrooms together with a Domestic Science Unit, accommodating 72 boys and girls, and an adult section consisting of four workshops, in which work training is given to 50 persons; recreational facilities are provided.

This unit provides seriously handicapped persons with training, and the opportunity of happiness through achievement, and, by providing day care, relief is given to parents from the continuous attention and supervision which the condition of many mental defectives demand. Approximately one child in every hundred born may require this type of sheltered environment for a large part of their lives.

PSYCHOPATHIC DISORDER

The Mental Health Act, 1959, classifies mental disorder as follows:—

“Mental disorder” means mental illness, arrested or incomplete development of the mind, psychopathic disorder, and any other disorder or disability of the mind.”

The public readily appreciate the nature of mental illness, and arrested development, but are not so familiar with the category “psychopathic disorder” which is defined in the Act to mean a persistent disorder or disability of mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to medical treatment.

Persons who in their daily behaviour show gross want of social responsibility and of consideration for others, of prudence and foresight may fall within the category of psychopathic personality. A persistent anti-social mode of conduct might include inefficiency and lack of persistence in any form of occupation, pathological lying, swindling, alcoholism, drug addiction, or habitual sexual offences. Such persons are prone to indulge in violent actions with little motivation and show entire absence of self-restraint. Punishment influences behaviour only momentarily and its lasting effect, if any, is more likely to intensify their vindictiveness and anti-social attitude.

HOUSING

The following information, kindly supplied by Mr. C. Hetherington, Borough Housing Officer, gives details of the position relating to Council Houses and the waiting list as at 31st December, 1962. For comparative purposes, similar figures for 1961 are also set out:

	1962	1961
Total No. of Council dwellings	4,639	4,566
Total No. of applicants on Housing List	1,893	2,092
Applications received during the year ...	475	565
Medical Certificates claiming priority submitted during the year	297	321
Lettings during the year—		
(a) New houses and flats	109	207
(b) Properties relet	112	135

During 1962, 9 families were rehoused as the result of Demolition Orders.

Redevelopment

Of the 235 prefabricated bungalows at Highfield Estate, only 40 remained at the end of 1962.

The removal of families from the 9 old cottages at Mercury Gardens was completed and the cottages were demolished during 1962.

A start is about to be made in the removal of families from the 40 old properties in Factory Road, prior to redevelopment of this site.

New Housing

The number of new completions at 109 during 1962 was less than in previous years. This reflects the shortage of building land and the fact that new building is now almost entirely dependent on redevelopment areas from which families and buildings must be removed before new building can be commenced.

Housing of Aged Persons

Further progress has been made by the completion during 1962 of one further Villa in Queen Street, having 13 flatlets, and the completion of the scheme at 61 Main Road, having 22 flatlets. Both these schemes incorporate central heating, domestic hot water and laundry and other communal services, including a Warden in each case.

CARAVAN HOMES

Nearly 500 families use caravans as homes in our district, the bulk of which are stationed on sites which are provided with essential amenities.

These caravans are, in the main, of modern construction. Nevertheless criticism is commonly voiced about lack of proper sanitary facilities, dampness from condensation, limited space and the risk from fire. While there are some enthusiasts who find caravan life attractive, the majority hope to move into houses as soon as possible in order to escape from what they regard as dreary if not squalid living conditions.

Social workers frequently encounter families living in considerable squalor who resist all efforts to rehabilitate them. Such problem families while living in the midst of a community are often detached and isolated from their neighbours because of difficult behaviour and low standards. Rejection inclines them to become more withdrawn suspicious and quarrelsome and the various members of such families are frequently in trouble with authorities at school, place of work or with the Police because of provocative behaviour and propensity for getting at cross-purposes with those with whom they come into close contact.

The heads of these families who so often appear to hold their responsibilities lightly, at any hint of disapproval of their mode of living invariably lay blame for their plight elsewhere, and never admit to any personal responsibility for their present situation. They will reject out of hand any suggestion that their own attitude may be at fault or that any adjustment in their way of thinking may be necessary to effect permanent improvement. They have a talent for involving as many persons and organisations as possible in their problem yet resisting all individual or concentrated efforts to bring about a solution. An important social consequence is that children reared in such households are very prone to develop defects of personality through lack of care during development and are likely to grow into inadequate adults unable to cope with the demands of a sophisticated society and without insight into the causation of their failure. In turn they become unstable and neglect-

ful parents and in so doing perpetuate the situation through their children unless the vicious circle can be broken.

Social workers skilled in human relationship may effect a change in attitude on the part of such families, but only too often any improvement brought about is not sustained and frequent relapses are to be expected.

MATTERS OF LIFE AND DEATH

Population of Romford

The Registrar General's estimate for the mid-year population for 1962 is 115,600 an increase of 930 over the figure for 1961 of 114,670. As the natural increase of births less deaths would be 1,072, it follows that a slightly larger number of persons moved away from the Borough than came to live here.

Births

1,904 live births and 30 still births were registered in 1962 as follows:—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births:—					
Legitimate	...	...	913	899	1,812
Illegitimate	...	...	47	45	92
			<hr/>	<hr/>	<hr/>
			960	944	1,904
			<hr/>	<hr/>	<hr/>
Still Births:—					
Legitimate	...	...	17	12	29
Illegitimate	...	...	1	—	1
			<hr/>	<hr/>	<hr/>
			18	12	30
			<hr/>	<hr/>	<hr/>
Total Live and Still-Births	...		978	956	1,934
			<hr/>	<hr/>	<hr/>
Rate per 1,000 of Estimated Population	...	...			16.5
Birth Rate adjusted by Comparability Factor of 0.84					13.9
Still Birth Rate per 1,000 (Live and Still) Births	...				15.5

Loss of Infant Life

During the year 43 children died during the first year of life and there were 30 Still births.

Statistically these are divided as follows:—

1. *Perinatal Mortality.* (Still births and deaths during the first week of life). The following table sets out details for the past five years and comparison with the rate for England and Wales.

Year	Stillbirths		Deaths in first week of life		Perinatal Death Rate	
	At Home	In Hospital	Born at Home	Born in Hospital	Romford	England & Wales
1962	6	24	4	20	27.9	31.5*
1961	6	34	3	21	31.9	32.2
1960	6	24	6	22	27.2	32.9
1959	12	17	1	19	24.7	34.2
1958	10	37	4	25	35.9	35.1

* Provisional.

2. *Infant Deaths.* (Deaths of infants under one year of age). The infant death rate per 1,000 live births in 1962 was 22.5. This is higher than the figure of 18.8 for 1961 and the rate of 20.7 for England and Wales.

The following table shows the cause of infant deaths:—

INFANT MORTALITY—1962

Cause of Death				0-1 Month	1-3 Months	3-6 Months	6-12 Months	Total under 1 year
Asphyxia Neonatorum	...	...	...	1	—	—	—	1
Atelectasis	...	...	...	1	—	—	—	1
Birth Injury	...	...	...	7	—	—	—	7
Bronchitis	...	...	...	2	—	—	—	2
Congenital Malformations	...	...	...	5	1	2	2	10
Gastro Enteritis	...	...	...	1	—	—	—	1
Meningitis	...	...	...	—	—	1	—	1
Pneumonia	...	...	...	1	—	—	1	2
Prematurity	...	...	...	17	—	—	—	17
Sclerema	...	...	...	1	—	—	—	1
Totals	...	...	...	36	1	3	3	43

3. *Neo-Natal Deaths.* (Deaths occurring in the first month of life).

NEO-NATAL MORTALITY—1962

<i>Cause of Death</i>				<i>Under 1 wk.</i>	<i>1-2 weeks</i>	<i>2-3 weeks</i>	<i>3-4 weeks</i>	<i>Total</i>
Asphyxia Neonatorum	...			1	—	—	—	1
Atelectasis	...	...	...	1	—	—	—	1
Birth Injury	...	...	...	6	—	1	—	7
Bronchitis	...	...	...	—	—	1	1	2
Congenital Malformations	...			4	—	1	—	5
Gastro Enteritis	...	...	...	—	—	1	—	1
Pneumonia	...	...	...	1	—	—	—	1
Prematurity	...	...	...	17	—	—	—	17
Sclerema	...	...	...	1	—	—	—	1
Totals	...	...	...	31	—	4	1	36

MORTALITY RATES

Mortality data are only a very crude measure of the efficiency of the Maternity and Child Welfare Services, but in the absence of reliable information regarding morbidity such an index must be used. We are bound to get wide fluctuations in local figures from year to year due to a comparatively small number of cases.

DEATHS

Causes of Death in 1962

	<i>Total</i>
Tuberculosis	13
Cancer and other Malignant Diseases	177
Diseases of the Brain and Nervous System	107
Diseases of the Heart and Circulatory System	280
Pneumonia, Bronchitis and other Respiratory Diseases (excluding Tuberculosis)	106
Diseases of the Stomach and Digestive System	11
Infant Deaths and Congenital Malformations	43
Accidents, Poisonings and Violence	24
Other causes	61
Total ...	822

Crude Death Rate per 1,000 Estimated Population 7.1

Adjusted Death Rate (Comparability Factor 1.54)=10.9

49 deaths of residents of Romford were due to Lung Cancer.
41 of these were male and 8 were female.

The deaths of 106 persons were ascribed to Bronchitis and other allied respiratory diseases.

Accidents accounted for 24 deaths during the year, 14 males and 10 females. This total, which includes the deaths of 9 male and 3 females resulting from motor vehicle accidents, is the same as for 1961.

One male and three females committed suicide, compared with a total of thirteen in 1961.

LUNG CANCER

In reflecting on the deaths of 49 residents during the year from Lung Cancer one may well ask should they have died? Despite the fact that the great weight of medical and lay opinion accepts as an established fact a causal connection between Smoking and Lung Cancer, it is strange that the public have not yet modified their smoking habits despite the knowledge that by continuing to indulge they are not only jeopardising their own lives but may implicate their families in the not unlikely event of premature death.

As the consequences of acquiring the smoking habit have unfortunately proved to be too remote a possibility to be taken seriously by gullible youngsters, it cannot be right to continue to allow Tobacco Companies to do their utmost to entice the rising generation into an addiction to tobacco.

BRONCHITIS

30,000 deaths per annum are ascribed in England and Wales to Bronchitis. There are two main factors in the causation of this great public health problem, namely cigarette smoking and atmospheric pollution. While the private individual can do little about atmospheric pollution except to urge vociferously their Local Authorities to show more energy in implementing the provisions of the Clean Air Act, there is one thing cigarette smokers can do about smoking—they can give it up. Cigarette smoking is not only associated with a high mortality from Lung Cancer, it also gives rise to Cardio Vascular Disease, including Coronary Thrombosis, and is incriminated as one of the two principle causes of Bronchitis, a disease which killed 106 of our citizens during 1962.

INFECTIOUS DISEASES

The following notifications were received during the year:—

					<i>Notifications</i>	<i>Deaths</i>
Pneumonia	...	...	...	...	11	—
Tuberculosis : Respiratory	...	...	...	...	49	13
Non-Respiratory	...	...	...	...	6	—
Scarlet Fever	...	...	...	...	44	—
Dysentery	...	...	...	...	44	—
Puerperal Pyrexia	...	...	...	...	1	—
Measles	...	...	...	...	793	—
Whooping Cough	...	...	...	...	18	—
Food Poisoning	...	...	...	...	246	—
Erysipelas	...	...	...	...	11	—
Meningococcal Infection	...	...	...	...	2	—
Poliomyelitis—Non-Paralytic	...	...	...	...	1	—
Diphtheria	...	...	...	...	—	—
Ophthalmia Neonatorum	...	...	...	...	—	—
Typhoid and Paratyphoid Fever	...	...	...	...	—	—

Measles

The last large outbreak of Measles reached its peak in the March quarter of 1961, and had subsided by the end of the June quarter of that year. An increase in the number of cases began again in June 1962 and by the end of the year a total of 793 cases had been notified. The notifications, however, were fairly evenly spread over the last seven months of the year, and did not reach the same epidemic proportion as 1961 when 1,758 cases were notified in the first quarter, out of a total of 2,242 for the whole year.

Tuberculosis

The number of primary notifications of cases of Tuberculosis received during the year was 55 (17 more than in 1961) and 13 deaths were ascribed to this disease. For the last few years, the number of deaths from Tuberculosis has remained fairly constant at about seven per annum and it is necessary to go back as far as 1954, when the total was 15, to find a greater number than the 13 deaths recorded in 1962. This increase, however, has no significance in the improvement in the country with regard to the deaths from Tuberculosis which fell from 72 per million population in 1961 to 66 per million in 1962. The equivalent death rate in Romford for the past 6 years has been approximately 60 per million, so that the number of deaths in 1962, although equivalent to 112 per million, only brings the average for Romford over the last seven years to a figure still below the national average.

The assiduous follow-up of case contacts by Health Visiting Staff, and the B.C.G. Vaccination of Mantoux Negative contacts has continued. B.C.G. Vaccination has been offered to all Secondary School children in the 13-year age group and to older school children and students at colleges, etc. During the year, 1,525 school children, and students were given B.C.G. following a negative Mantoux test. 71 children were found to be Mantoux positive, and as a precautionary measure were referred to the Chest Physician to exclude the possibility of Tuberculosis.

The Mass Miniature Radiography Unit visited Romford during the year, and Dr. D. J. Lawless, the Medical Director, informs me that a total of 7,933 persons were X-rayed (3,635

Males and 4,298 Females). Of these, 412 were referred for further investigation with the following results:—

			Males	Females	Total
<i>Tuberculous lesions</i>					
Calcified primary	...	...	37	29	66
Inactive tuberculosis	...	...	36	38	74
Active tuberculosis	...	...	5	4	9
<i>Other abnormalities revealed</i>					
Abnormalities of the bony thorax and soft tissues—congenital	...	...	10	4	14
Abnormalities of the bony thorax and soft tissues—acquired	...	...	44	53	97
Congenital malformations of the lungs	...	...	4	1	5
Bacterial and virus infections of the lungs	...	...	5	4	9
Bronchiectasis	...	...	3	2	5
Emphysema	...	...	4	—	4
Pulmonary Fibrosis — non-tuberculous	...	...	10	10	20
Benign tumours of the lungs and mediastinum	...	...	—	1	1
Carcinoma of the lung and mediastinum	...	...	2	—	2
Pleural thickening or calcification —non-tuberculous	...	...	31	16	47
Abnormalities of the diaphragm and oesophagus congenital and acquired	...	...	3	4	7
Acquired abnormalities of heart and vessels	...	...	19	24	43
Miscellaneous	...	...	1	1	2
Cases who failed to attend for further films or clinical examination	...	...	4	3	7
			218	194	412

ROMFORD CHEST CLINIC

Dr. S. Thompson, Consultant Chest Physician, reports as follows:—

During 1962 the Romford Chest Clinic has continued to serve the needs of the combined areas of Romford Borough and Hornchurch Urban District and, in addition to the general supervision of over 1,500 notified cases of tuberculosis, an increasing number of patients have been referred by General Practitioners for chest symptoms not caused by tuberculosis. This is a satisfactory tendency and every encouragement is given to the general public, through their family doctors, to avail themselves of the diagnostic facilities provided by the Chest Clinic. By this means it has been possible to diagnose an increasing number of cases of carcinoma of the lung, and when the death rate from this disease alone is over 20,000 per annum the importance of early diagnosis cannot be over-emphasised.

The Mass Radiography Units were very active in the area and all cases with any abnormality in the miniature X-ray film are seen at the Chest Clinic and full investigation is carried out. Most of these cases are small, indolent tuberculous foci, which are followed up on the miniature X-ray unit installed in the Chest Clinic.

All the school children with positive tuberculin skin tests are referred to the Chest Clinic by the School Medical Officers and investigation is carried out to ensure that no active tuberculous focus is present.

Examination of contacts to notified cases is done at regular intervals and for this purpose the miniature X-ray unit in the Chest Clinic is most useful. All the child contacts are offered B.C.G. vaccination and these children are followed up to ensure that protection remains effective.

As my contract with the Regional Hospital Board ends this year it is probable that, after 40 years' service, this will be the last report on the Chest Services of the area that I shall submit. As I have been associated with chest work most of my professional career I have seen remarkable — even dramatic — changes in the control of the "white scourge"—tuberculosis, and from the seclusion of my garden in Shenfield I shall follow with unabated interest the further progress of the treatment of thoracic disease to which I have devoted my professional life.

Brentwood Chest Clinic

Dr. E. Woolf, Consultant Chest Physician reports as follows:—

“I herewith submit a report on the activities of the Chest Clinic for the past year. From the Harold Hill area the statistical analysis is as follows:—

	<i>Respiratory</i>			<i>Non-respiratory</i>		
	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>
Cases on Register—1.1.62 ...	212	217	56	21	23	10
Transferred in (notified cases)	5	6	0	0	2	0
Transferred out (notified cases)	8	11	1	3	0	1
New notifications ...	6	7	1	0	1	0
Recovered ...	13	6	0	1	0	0
Died ...	4	3	0	1	1	0
Total removed from register	25	20	1	5	1	1
Cases on register—31.12.62 ...	206	220	38	16	25	9

Number of contacts examined during the year was 593, and there was a total of 3,278 attendances from the Harold Hill area, of which 412 were seen for the first time.

It will be noted that the number of tuberculous cases is still decreasing, albeit rather slowly, but we still have a large number of non-tuberculous cases being referred to the clinic.

Domiciliary Occupational Therapy

This service is provided for persons living at home who suffer from Tuberculosis and other chronic lung conditions. Patients are recommended for this service by Chest Physicians and Tuberculosis Health Visitors. At present one full-time Therapist, Miss Z. Mercer undertakes this work in this and neighbouring boroughs, and, in view of the fact that only one person is employed in this field, there are limitations to what can be done. The Therapist makes an initial visit to advise the patient of the service and to agree on some form of therapy. Equipment necessary to carry out the chosen occupation is loaned free of charge while the materials are paid for by the patient.

Hand-made articles are sold to the public, and sales of work are organised by the local Tuberculosis Care Association for this purpose.

Amongst the occupations undertaken by patients during the year were printing, bookbinding, leather work, basketry, needle-work, puppets, and rug making. Two patients have worked on rehabilitation courses with good results.

Occupational Therapy encourages new interests and stimulates patients during their convalescence.

MATERNITY SERVICES

In discussing the local Maternity Services in last year's Report, mention was made of the fact that certain groups of mothers are more liable to serious complications of pregnancy or childbirth than others, and these form the priority categories for hospital confinements. In the current report on confidential enquiries into maternal deaths, the Ministry of Health conclude from their investigations that there are two outstanding factors which stand out above all others and which are considered avoidable. They are:

- (a) the making of an unwise arrangement for a forthcoming confinement ; and
- (b) inadequate ante-natal care.

While it is possible that insufficient notice has been taken of the emphasis which has been given to these important and easily avoidable factors; nevertheless, the blame should not be laid on the Doctor or the Midwife; indeed, in many instances the patient herself aided by well meaning but misguided relatives and friends provided an apparently insuperable obstacle, especially in the higher parities and older age groups.

“ As an aid to the making of the best possible arrangements for any confinement it has been usual to list the indications for *hospital* care and responsibility on the following lines: —

1. All women who suffer from any illness that in any way impairs their general state of health. Obvious examples that come to mind are diseases such as valvular disease of the heart or diabetes.
2. Of equal or greater importance is grand multiparity. Parity greater than four is accompanied by a diminishing margin of safety and over nine the risk of death is very greatly increased.
3. All primigravidae over the age of 30, and multiparae over the age of 35 should be confined in hospital. The safety margin begins to contract over this age.
4. Any woman who has had abnormal previous pregnancies, labours or puerperia. In this respect the importance of previous toxæmia is generally recognized but the same cannot be said of previous post-partum hæmorrhage.

5. For social reasons.
6. Primigravidae. Most women prefer to arrange for their first confinement to take place in hospital, not because they feel it to be dangerous at home, but because they feel it is safer in hospital—quite a different thing. After all, child-birth is a new experience and must be considered to be a trial.
7. Multiple pregnancy.

The first three of these should be regarded as absolute indications.

So much for guidance in the making of *hospital* bookings. But very often the patient first seeks advice, quite correctly, from her general practitioner and this procedure will surely become more frequent in the future. The list just cited and drawn up for use by those responsible for booking patients for hospital care is based upon abnormal factors. But those confinements arranged to take place at home should be selected on grounds of normality.

The advice that should be given therefore would be better if stated in a more positive manner and could be outlined as follows:

At the present time it is sensible to consider making arrangements for a home confinement for patients who fulfil the following criteria at the time of booking :—

1. As far as can be ascertained the woman's general physical state is unimpaired.
2. She is pregnant for the second, third or fourth time, the previous pregnancies, labours and puerperia have been normal and she is under 35 years of age.
3. She is a primigravida under 30 years of age.
4. She is Rhesus positive, or is known to have no antibodies.
5. The home conditions are suitable.

The list is quite short and perfectly easily understood. It would not be out of place to offer the suggestion to the effect that such arrangements must not be contemplated unless the doctor is prepared to accept responsibility for pre-natal care, care in labour and care after delivery.

The position must be reviewed at 36 weeks or earlier if complications arise.

Frequently it has been stated that in spite of constant persuasion and explanation by doctor, midwife and others concerned, women will refuse to accept advice that arrangements should, or even must be made for hospital care and responsibility. It would seem that in all these cases it must be mistaken kindness for any doctor, or midwife, to accede to the wishes of the patient and her family unless it is clear that the patient will otherwise go unattended. The duty of the medical and nursing professions is clear, and it is to advise patients for their own safety. Surely only very few patients would carry their resistance to such lengths."

DRUGS

If, as a result of the notoriety earned by Thalidomide, there is, as expected, a considerable decrease of drug taking, particularly by women of child-bearing age, then at least that tragic episode will not have been in vain.

While vast quantities of pills and potions are swallowed daily, it is felt in particular that the barbiturates, stimulants and tranquillisers are frequently misused, being remedies intended for serious ailments which are now sought and prescribed for minor illnesses or trivial reasons in attempts to allay anxiety or solve personal problems. Large numbers of persons, in search of a panacea have surrendered themselves to such remedies, an addiction from which it is difficult to escape.

Confinements

During the year, 2,287 Births were notified from Oldchurch Hospital. These included 1,486 where the home address was outside the Borough. Transferred notifications were received in respect of 246 Births which occurred in Hospitals in other areas. 1,826 Romford mothers were confined giving birth to 1,844 infants (including 16 pairs of twins and one set of triplets). These were born as follows :

		1962	1961
Oldchurch Hospital ...	...	801	831
Hospitals in other Areas ...	...	246	280
At Home ...	...	797	838
		<hr/>	<hr/>
		1,844	1,949
		<hr/>	<hr/>

The demand for beds for hospital confinements remained greater than could be accommodated at Oldchurch Hospital and priority is given to cases with medical or obstetric indications and to cases where the home conditions were unsuitable for a confinement. The Local Authority Nursing Staff continued to undertake the assessment of social conditions of patients seeking admission to Hospital.

Home Confinements. 797 mothers were confined at home during the year, of whom 755 received ante-natal care from General Medical Practitioners and District Midwives. 120 expectant mothers, compared with 167 in 1961, attended our ante-natal clinics, of whom 42 were confined at home.

Ante-Natal Instruction Classes. The classes for expectant mothers in Mothercraft and Relaxation held by the Health Visitors continued in four centres throughout the year, and an additional class was commenced at the Surgery of one of the Group Medical Practices in the town to which a member of the Health Visiting staff has been attached.

Post-natal Care. Of the 120 mothers who attended the ante-natal clinics, 63 returned for post-natal examination.

Midwifery. During 1962, the full establishment of 14 District Midwives was maintained, and the arrangement whereby a Salvation Army Midwife from the Mothers' Hospital, Clapton, provides a service in the Rush Green area continued.

Analgesia. 81.6 per cent. of the women who are confined at home received inhalation analgesia during labour, and 54.2 per cent. received injections of pethidine. Some, of course, received both analgesia and injections.

Clinic Premises

Plans for the extension of Marks Road Clinic were nearing completion at the end of 1962. The extensions will provide accommodation for the Chiropodist and Speech Therapist, at present housed in a temporary annexe in Mawney Lane, proper accommodation for Mothercraft and Relaxation Classes, and improved dark room and recovery room facilities for the Dental Clinic. In addition, an office for the clinic clerk, a larger room for the Health Visitors and improved toilet facilities both for patients and staff will result.

Extensions to Hulse Avenue Clinic in the form of a new Dental

Surgery, waiting room, recovery room and dark room were completed early in this year. The former dental surgery was subsequently adapted for the use of a Chiropodist, and the former recovery room is now the clinic clerks office. These alterations have greatly improved the accommodation available for the various services at the clinic. Alterations were also carried out in the Local Authority Wing of the Harold Hill Health Centre. These provided separate rooms for the Chiropodist and Speech Therapist, and also lavatory accommodation for male patients.

Infant Welfare

Attendances at the Child Welfare Clinics are given below with those of 1961 for purposes of comparison :—

	1962	1961
No. of children born in 1962 who attended	1,392	1,376
Total number of children who attended ...	4,194	3,380
Total Attendances	22,773	23,131

The 1,392 children born in 1962 who attended the Clinics during the year represents 76 per cent. of the total number born, after allowing for the fact that mothers of babies born in the last two weeks of the year could scarcely have had an opportunity of taking their babies to a clinic before the end of the year.

Distribution of Welfare Foods

Distribution of Welfare Foods was continued from all Child Welfare Clinics and from the 7 shops undertaking distribution on a voluntary basis.

The following are details of the number of items distributed during the year with those of 1961 for comparison. As the charges for items other than National Dried Milk were increased in May 1961, the average monthly items for 1961 relate to the last seven months of that year.

	1962	<i>Av. per month</i>	1961	<i>Av. per month 1.6.61- 31.12.61</i>
National Dried Milk ...	34,501	2,875	41,301	3,171
Cod Liver Oil	2,802	235	4,926	191
Vitamin Tablets (A & D)	3,680	306	6,470	291
Orange Juice	31,945	2,662	51,472	2,093

Day Nurseries

Attendances at the two 40-place and one 50-place Nursery during the year were as follow :—

			<i>No. on Register</i>		<i>Av. Daily Attendance</i>	
			<i>1962</i>	<i>1961</i>	<i>1962</i>	<i>1961</i>
January	...	...	126	119	87.3	80.0
February	...	...	137	122	93.8	78.9
March	...	...	139	122	104.0	74.7
April	...	...	131	131	99.0	89.9
May	...	...	124	137	106.5	97.1
June	...	...	131	142	98.0	99.1
July	...	...	130	134	84.6	91.5
August	...	...	128	140	90.1	81.7
September	...	...	142	145	103.5	99.3
October	...	...	144	144	110.3	108.4
November	...	...	152	143	109.5	108.3
December	...	...	139	142	83.6	95.5

Nurseries and Child Minders' Regulation Act

Registrations under this Act at the end of the year were as follows:—

				<i>Children</i>	
				<i>Registered</i>	<i>Permitted</i>
Premises	...	...	...	1	12
Persons	...	...	...	4	23

Staff Medical Examinations

490 medical examinations were carried out by Local Authority Medical Staff during 1962.

Charges

The Health Services for which Local Authorities are responsible are in the main provided free to the user, but Local Health Authorities have powers to make charges for the use of some services, for example, Day Nursery care, in respect of Recuperative Holidays, and for Domestic Help. A standard scale of charges is fixed which can be varied in accordance with the means of the persons concerned.

Health Visiting

The year 1962 was an important one in the annals of Health Visiting, as it was just one hundred years ago that the first organised

system of Health Visiting was started in Manchester and Salford by the Ladies Sanitary Reform Association.

At first tracts and leaflets on health topics were distributed, without much effect, and so a "respectable working woman" was engaged to go from door to door to teach and help the poorer woman where possible.

The Society supplied rules and the following extract describes their routine work. "They must visit from house to house irrespective of creed, or circumstance, in such localities as their superintendents direct. They must carry with them carbolic powder, explain its use and leave it where it is accepted; direct the attention of those they visit to the evils of bad smells, want of fresh air, impurities of all kinds; give hints to mothers on feeding and clothing their children; where they find sickness, assist in promoting the comfort of the invalid by personal help and report such cases to their superintendent. They must urge the importance of cleanliness, thrift, temperance on all possible occasions. They are desired to get as many as possible to join the mothers' meetings of their district, to use all their influence to induce those they visit to attend regularly at their respective places of worship and to send the children to school."

Miss Florence Nightingale was the first to appreciate the need of special training for 'health missionaries' as she called them, and the first course was started in Buckinghamshire in 1871, but it was not until 1925 that the training of Health Visitors became the responsibility of the Ministry of Health.

The Maternity and Child Welfare Act, 1918 made it compulsory for local authorities to provide a Health Visiting Service, although this was limited to mothers with children under 5 years of age.

When the National Health Service Act was passed in 1948, the scope of the Health Visitor's work enlarged and she now takes in the whole family, including the elderly and the follow up of people discharged from hospital and also the care of mental health.

What changes can we see over the century?

The population of the country has more than doubled, the infant mortality rate has dropped from 145 per thousand live births to 21 per thousand, diphtheria is practically unknown—rickets is a curiosity, lice and bugs are disappearing and the physical standard of children's health is better than ever before. The willingness with which the Health Visitor is invited into the homes (she has no right

of entry and can only enter by invitation) goes to show the good personal relationship that has been built up over the years.

During 1962, the Health Visitors paid over 24,500 visits as follows:—

	1962	1961
Expectant Mothers	372	345
Children under 1 year of age	7,848	7,138
Children aged 1 and under 2 years	4,761	4,224
Children aged 2 and under 5 years	6,234	5,600
Tuberculous households	3,658	3,780
The aged	571	229
Other cases	1,360	1,321

In addition to these visits, the Health Visitors attended 1,031 clinic sessions, and the majority also carried out the duties of School Nurse.

At the end of the year, 18 Health Visitors were employed in this Health Area, compared with 19 at the end of 1961.

In my report for last year, I referred to the trend of increasing care being required for elderly and infirm in their own homes. This is illustrated by the increase in the number of visits paid by Health Visitors to the aged in 1962 as compared with 1961.

Vaccination and Immunisation

Smallpox Vaccination. At the commencement of the year, following the incidence of cases of smallpox amongst immigrants from Pakistan in other parts of the Country, hundreds of requests for vaccination were received. Subsequently the confirmation of a diagnosis of smallpox in a resident of an area adjacent to Romford increased the demand for vaccination to several thousand a day.

Long queues formed at our clinics and at medical practitioners surgeries. Every effort was made to vaccinate all those who requested it and the following figures, with those of 1961 for comparative purposes, illustrate the great increase over a normal year:—

	1962	1961
Number of Primary Vaccinations at Clinics	12,125	320
Number of Primary Vaccinations by General Practitioners	16,527	1,038
	<hr/>	<hr/>
	28,652	1,358
	<hr/>	<hr/>

Number of Revaccinations at Clinics ...	9,771	23
Number of Revaccinations by General Practitioners	15,400	577
	<hr/>	<hr/>
	25,171	600
	<hr/>	<hr/>
Total Vaccinations and Revaccinations ...	53,823	1,958
	<hr/>	<hr/>

I should like to record my appreciation to the co-operation shown by my staff and by the general medical practitioners in dealing with this great rush for vaccination.

The whole of the increase over the normal demand occurred in a few weeks during the first quarter of the year, but the administrative work in checking and filing of all the records involved was still not completed by the end of the year. Requests for international certificates of vaccination which amounted to over a thousand increased the clerical work involved.

871 of the persons vaccinated for the first time were children under one year of age, which means that in 1962 approximately 45.7% of infants were vaccinated during the first year of life.

This compares with 32.8% in 1961.

At the end of 1961, the County Council's scheme for vaccination and immunisation was extended to include tetanus, and also to include the use of triple (Diphtheria, Whooping Cough, and Tetanus) and combined (Diphtheria and Tetanus) Antigens. In February, 1962, Oral (Sabin) vaccine was made available by the Ministry of Health for vaccination against Poliomyelitis, as an alternative to the Salk vaccine. The oral vaccine has the advantages of obviating a series of injections, whilst affording a greater measure of protection. By the fourth quarter of the year, the majority (92%) of immunisations against Poliomyelitis were being carried out by the use of Oral vaccine.

The following table sets out the primary courses of immunisation during the year:—

	<i>Family Doctors</i>	<i>Clinics</i>	<i>Total</i>
Diphtheria	160	177	337
Diphtheria and Tetanus ...	141	143	284
Diphtheria and Whooping Cough	2	19	21
Diphtheria, Whooping Cough and Tetanus	585	120	705
Whooping Cough	152	103	255
Tetanus	1,235	52	1,287
Poliomyelitis			
(I) Salk Vaccine	813	610	1,423
(II) Sabin Vaccine	784	506	1,290
Total	3,872	1,730	5,602

The totals of the primary courses given are as follow:—

Diphtheria	1,347
Whooping Cough	981
Tetanus	2,276
Poliomyelitis	2,713

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Chiropody Service

At the commencement of the year, this service was being provided by three part-time sessional chiropodists. At that time, the only properly equipped surgery was that opened in September, 1961, at the annexe to Marks Road Clinic. Alterations at Harold Hill Health Centre and the extension at Hulse Avenue Clinic which were completed during the year, made two additional surgeries available for chiropody. Two full-time Chiropodists were appointed during 1962, and with the assistance of two part-time sessional chiropodists, a service is being provided at each of these Centres. It is hoped that a further full-time chiropodist will take up duties in 1963, providing a full-time service at each chiropody Clinic. The services of the sessional chiropodists will then be devoted to domiciliary work for which there is an increasing demand.

The total number of attendances made for treatment during 1962 was 3,886. In addition 209 domiciliary visits were paid.

Sick Room Equipment

The number of articles of sickroom equipment on loan at the end of the year was 842, compared with 816 at the end of the previous year. A good proportion of the items are required for fairly long periods. During the year 745 articles were loaned for the first time.

The demand for disposable pads for incontinent persons free

of charge, a service which was commenced in July, 1961, steadily increased during 1962, and approximately 6,000 were supplied to incontinent patients during the year.

Recuperative Holidays

During the year 39 persons on the recommendation of their medical practitioner, were sent on convalescence for a recuperative holiday. In most instances the period recommended was two weeks.

Domestic Help Service

Authority to provide a Domestic Help Service is contained in the National Health Service Act, 1946, Section 29. Help can be given to persons who fall within the following categories:—

- (i) Acute sick.
- (ii) Chronic sick.
- (iii) The elderly.
- (iv) Infectious Disease cases.
- (v) Maternity cases, including complications of pregnancy such as Toxaemia.
- (vi) Problem families
- (vii) Mentally ill persons.
- (viii) Mentally sub-normal persons.

The night attendant service made use of largely in cases of terminal illness as also provided by the Domestic Help Section.

The aim of the service should be to keep persons as fit as possible and as independent as possible, and for this reason it is important not to overprescribe or underprescribe the amount of help that is required. The assessment of the right amount of help largely depends on the medical aspects of the case, and Organisers must be provided with enough medical details to assist them to assess the need, and in the choice of the most suitable help for a particular case. The Domestic Help may need to be prepared for the problems and the reactions of mental or sub-normal cases, and the care necessary to be taken in tuberculous households.

An important duty of Home Helps is to give health education in a practical way in problem family households, and she may have to guide a mother into acceptable standards of household management, food preparation, child care, home safety, and budgeting.

During the year more Home Helps were employed to keep up with the demand. There is, however, a limit to the number of persons available for this type of work and at times, particularly

holidays periods, we are forced to ration the service to a few cases in order to provide a service for those in greatest need.

There were approximately 120 part-time Domestic Helps engaged in the homes of patients throughout the year. 859 patients were helped and the total number of hours service given amounted to 121,507. Equivalent figure for 1961 were 772 patients 105,803 hours. Once again more than half the patients assisted (528) were in the category for aged chronic sick, 82,610 of the total number of hours being provided for them. Corresponding figures for 1961 were 463 cases and 69,722 hours. It will thus be seen that almost the whole of the increase in this service is attributed to the larger number of aged chronic sick patients assisted.

Night Attendance Service

In 1962, 20 patients were provided with a night attendant the total number of hours service involved being 1,332. The categories for which attendants were provided were as follows:—

	<i>Patients</i>	<i>Hours Involved</i>
1. Patients residing alone who were seriously ill	5	159
2. Patients seriously ill in their own house, where an aged husband or wife could not provide the necessary assistance ...	3	198
3. The relief of relations who had to give routine night attention to sick people	12	975

This service is administered by the Domestic Help Section and throughout the year the services of two night attendants were available when necessary.

Care of the Aged

In August 1962, the Romford Borough Council established a workshop for the elderly to provide light employment for the elderly in a light and happy atmosphere. Initially the workshop provided employment for 34 people, each of whom work for two hours per day, either on the morning or the afternoon shift. Those attending have been most enthusiastic and are very reluctant to be absent. Attendances have remained consistently well over 90% throughout the period the workshop has been in operation, and even in the very thick fog in December, 50% of the morning shift and 66% of the afternoon shift managed to be present.

There is no doubt that the workshop provides an interest for



*Views of the workshop for the elderly
provided by Romford Borough Council*

those who would otherwise have no outside activity, besides providing them with a little extra money each week. The work carried out is simple to perform, and we are indebted to the various firms in the town who have made regular work available. The earnings of the workshop during the period ended 31st December, 1962, amounted to £272 1s. 4d. which more than offset the wages paid which totalled £244 15s. 0d. The Council's expenditure was therefore limited to the establishment and running costs and also the cost of fares for the old people employed, as the Council agreed to refund these.

At the end of 1962, the Workshop was moved from the temporary premises in which it was first opened to more permanent premises, providing larger accommodation.

The Council also provide the following facilities for old people living in the Borough :—

1. A week's holiday by the sea during the summer at a holiday camp (£2 2s. 6d.) or guest house (£1 15s. 0d.); or
A day's coach outing (for those who do not take part in the Holiday Scheme) to the sea, including lunch and tea for 3s.
2. Free Christmas food parcels.
3. Concerts during the winter months, for which admission is free, and coach transport provided without charge.
4. Hot two-course luncheons at four centres in various parts of the town at a charge of 8d. (or 10d. including a cup of tea).

The Romford Council also have made considerable provision of housing accommodation for the elderly, including bed/sitting-room flats in either new blocks or by extensions to existing large houses. The fourth of these at No. 61 Main Road was completed during the year.

Residential Accommodation. A hostel for old people, the first of its kind in Romford, was nearing completion by the end of 1962. This will accommodate some 63 residents.

Other services for the elderly, provided by the Local Health Authority, details of which are given earlier in this report, include health visiting, home nursing, domestic help, sick room equipment, night attendance and chiropody.

The W.V.S. provide a meals-on-wheels service for persons who are housebound and unable to provide an adequate meal for themselves.

Mental Health Aspect

As the numbers of old persons in the community continues to expand so inevitably the proportion of cases of senile mental disorder will increase.

This condition which responds poorly to present forms of treatment starts with a gradual deterioration of personal standards and confused and forgetful behaviour. The course of the disease is progressive. There is a tendency for persons with this disease to wander about often travelling long distances from home, where they can get lost and stranded and may not remember where they live when eventually rescued by the Police. Such persons particularly when living alone may become the object of derision and persecution by thoughtless children because of deterioration in personal hygiene, a tendency to bizarre attire and eccentric behaviour. Eventually they need constant supervision and care which may only be obtained by certification, a step always reluctantly undertaken, but often necessary on account of the degree of mental derangement present. Such patients cannot be expected to co-operate in arrangements for their care and their consent to attempts to gain admission to an institution voluntarily often cannot be obtained. Because of their age certification is resorted to only in the last resort, and in fact the tendency often is to postpone this step until it can no longer be resisted. It is during the period, often lengthy, between the development of symptoms, but before compulsory admission to an institution is felt justifiable or secured that the patients intractable habits can cause much distress to their families and friends and when living alone, concern to our staff.

The special homes in residential areas envisaged by the Mental Health Act 1959 might well cater for this type of patient when they become available, and so avoid mental hospital admission for a common terminal illness of old age.

Discharge from Hospital

Information about the discharge or imminent discharge from hospital of patients who are likely to need Local Authority Services, e.g., Home Nursing, Domestic Help, Sick Room Equipment, etc. should be given to the Medical Officer of Health of the area in which the patient resides. There are sometimes social obstacles to be overcome before a patient can be properly looked after at home.

Because the hospital environment is more sheltered than the home, patients may be judged ready for discharge before the community can receive them properly. Close liaison by hospitals with the domiciliary team is particularly important with the border line case.

Registered Nursing Homes

Nursing Homes are of three groups:—

- (i) Private Maternity Homes.
- (ii) Institutions for persons requiring surgical or medical treatment.
- (iii) Institutions for the reception of the aged, infirm, and chronic sick.

Sometimes a home may be mixed for the reception of patients under the various categories.

There are three Registered Homes in Romford all of which receive aged chronic sick cases. Between them they provide 47 beds at charges varying from approximately nine or ten guineas and upwards weekly. The County Council lay down standards in regard to accommodation, staffing, general hygiene and record keeping, and such homes are inspected quarterly by me to ensure that the County Council's Byelaws are being observed.

Home Nursing

22,767 visits were paid to the homes of 1,029 sick persons during the year by the ten full-time District Nurses employed in the area.

The categories were as follows:—

				<i>Visits</i>
Medical cases	...	...	...	18,170
Surgical cases	...	...	...	3,295
Infectious Disease cases	...	...	...	65
Tuberculosis cases	...	...	...	553
Maternal complications	...	...	...	37
Other cases	...	...	...	647

Apart from general nursing care the District Nurse is expected to concern herself with general welfare and rehabilitation. The Home Nurse must be capable of assessing the social as well as the medical needs of her patients, and arrange through her contacts with

first two terms—or even one term at school, then referral to the Speech Therapist is desirable, as the child is constantly using faulty habit patterns in articulation which are reinforced every time he speaks. This may impede his progress at school, and attach a stigma to his personality which becomes increasingly difficult to eradicate as he gets older.

In the younger child the case with the highest incidence during 1962 was dyslalia (defective articulation, arising from various causes); with stammer being the most prevalent in the older child.

Two children have been recommended for assessment and possible admission to Moor House School (a residential school catering solely for the treatment and education of children with severe speech defects); and others have been re-referred to the Medical Officers for investigation by E.N.T. surgeons; or for audiometric or I.Q. testing.

As from the opening of Havering Grange School, for Educationally Sub-normal children, in September, two sessions each week were spent at the school seeing children in need of therapy on the premises. A very large proportion of these children are in need of treatment, and it is hoped that it may eventually be possible to devote more time to them.

A group of normal children were seen for half an hour each week at a local Primary School for general speech improvement. Whilst working with this group it was noticed that the substitution of F for TH; variations of the normal S; together with frequent omissions of H; are prevalent in a substantial percentage of normal children in this area—taking these children as a representative group.

Considerable benefit has been derived by the acquisition of a Brenell Tape Recorder. This has proved valuable not only to the children themselves, but also to the parents and therapist.

As in 1961, a Christmas party was held for the children. Both therapeutically and socially this was again a very successful occasion.

I should like to express my appreciation to the Medical Officers the Heads of schools, and the parents, who have contributed to the success of the Speech Therapy service during 1962.

Dental Services

Several full-time and part-time Dental Officers were appointed

during the year enabling the Dental Service to be expanded considerably and at the end of the year all three main Dental Clinics were fully staffed. A programme of routine dental inspections was carried out in schools and of the 8,747 children seen at these inspections, 4,425 were found to require treatment.

The clinic premises at Hulse Avenue, Collier Row were extended to provide a new modern Dental Clinic and this was opened in July 1962.

The statistics relating to the School Dental Service are shown in the table at the end of this report.

Physiotherapy

Mrs. B. V. Wand, M.C.S.P., Physiotherapist at the Harold Hill Health Centre, has submitted the following report of her work during the year:—

In 1962 the Clinic showed a 15% increase in numbers of attendances, the total figure being 2,472, as compared with 2,136 in 1961. There were 139 new patients and 57 were discharged. 190 Physiotherapy Sessions were held and 13 Specialist Clinics.

Patients were referred about equally by the School Medical Officers and the Family Doctors of the area, but some were sent by Consultants or were transferred from other Clinics.

The type of work done was treatment mainly for orthopaedic foot conditions, particularly in the age group 6—12 years, and a high percentage of those treated showed evidence of being affected by the present day trend in "fashion shoes." This was demonstrated increasingly by boys as well as girls. Other conditions included genu varum and genu valgum, soft tissue injuries round the knee joint, spinal defects, mainly postural, torticollis and the residual effects of Poliomyelitis. Neuromuscular defects and conditions treated by breathing exercises, for example, chronic bronchitis, bronchiectasis, asthma and mouth-breathing, comprised the main part of the remainder.

The percentage of failures to keep appointments was somewhat lower than in 1961.

Mr. A. M. A. Moore, F.R.C.S., Surgeon to the London Hospital, continued his appointment as Visiting Consultant to the Clinic.

SPECIALISTS SERVICES

The Orthopaedic and Ophthalmic Sessions at the Harold Hill Health Centre and Marks Road Clinic continued in co-operation with the Regional Hospital Board.

Cases dealt with were as follows:—

Ophthalmic Clinics

Conditions treated.

External and other eye diseases ...	1
Errors of refraction (including squint)	1,047
	<hr/>
	1,048
	<hr/>

The number of children for whom spectacles were prescribed was 509.

Orthopaedic Clinics

Number receiving treatment ...	964
Total attendances at Specialists Clinics	342
Total attendances at Physiotherapy Sessions	4,008

Vaccination Against Tuberculosis

B.C.G. vaccination was again offered to all 13 year old school children and the statistics to this service are as follows:—

Number tuberculin tested after parents' consent had been received	1,723
Positive result	71
Negative result	1,525
Number who received B.C.G. Vaccination	1,525

HANDICAPPED PUPILS

Special Educational Treatment

Havering Grange School was opened in September, 1962. The school is designed to cater for 100 educationally sub-normal children but owing to staffing difficulties it was not possible to admit more than half this number. The first entrants consisted largely of Romford children transferred from special schools in neighbouring areas but several newly ascertained children were also admitted.

The staff and pupils quickly settled down in the new school and a good relationship has been established between the Headmaster, Mr. C. Thomas and the School Health Staff. Routine medical and dental inspections of all the children were carried out during the first term and Dr. J. J. Duffy, School Medical Officer, visits the school regularly to deal with any medical problems which may arise. Regular weekly visits have also been made by the Speech Therapist, Miss P. A. Older.

A summary is given below of the ascertainment and placement of handicapped pupils during the year:—

	<i>No. of pupils ascertained during the year</i>	<i>No. of pupils admitted to Special Schools during the year</i>		<i>Total No. of pupils in Special School at end of year</i>	
		<i>Day</i>	<i>Resi- dential</i>	<i>Day</i>	<i>Resi- dential</i>
Deaf	—	1	—	4	—
Partially Hearing.	2	2	—	11	—
Blind	—	—	1	—	1
Partially Sighted.	—	—	—	2	—
Epileptic	1	—	1	—	1
Delicate	5	2	—	9	4
Physically Handicapped ...	1	—	3	12	7
Educationally Sub-normal ...	24	15	1	64	14
Maladjusted ...	5	—	7	—	15
Speech	—	—	—	—	—
Dual Defects* ...	—	—	1	4	4
Totals	38	20	14	106	46

* Children ascertained in respect of more than one defect:—

<i>Attending Day Special Schools</i>	<i>Attending Residential Special Schools</i>
1 Partially Hearing / Physically Handicapped/E.S.N.	1 E.S.N./Physically Handicapped
1 E.S.N. /Physically Handicapped	1 Deaf/E.S.N.
1 E.S.N./Partially Hearing	1 Deaf/Physically Handicapped
1 Maladjusted / Physically Handi- capped	1 Maladjusted/E.S.N.

Dr. M. Denham and Dr. K. Thakre, School Medical Officers, both attended courses of instruction in the ascertainment of mentally handicapped children during the year.

statutory and voluntary organisations for full utilisation of all available services in the interests of her patient. Familiarity with and the maintenance of close liaison with the personnel of the social agencies that can supply material help to her patient is essential for the full performance of her duties.

Prevention of Accidents

Accidents whether they occur in the home, on the roads, or elsewhere result in appreciable morbidity and mortality yet the thing about them is that they are preventable.

We are rather inclined to separate road safety from home safety and exclude both from the content of Health Education, whereas in my view safety cannot be divided up nor divorced from general Health Education which must include accident prevention in the promotion of general health.

Health is a state of physical, mental and social well being, which can be destroyed in a number of ways, for example, by illness, by infection or through injury. Health Education uses the knowledge that has accumulated over the years in matters concerning health which it endeavours to impart to people with a view to helping them to decide the kind of conduct they may adopt which is conducive to the promotion of health and well being. This also is what is required to be done in safety education, whether it be home safety, road safety, or safety at work. There is a twofold problem in safety education. The first one is to teach people what they can do to prevent accidents to themselves and to others, and secondly what they can do should an accident occur.

In safety education the most urgent need is obviously with children and young people, which does not mean that safety for the elderly should be neglected. Children should be advised how to develop situation judgement, how to assess hazards for themselves. Life itself is full of challenges from the environment and it is not possible or desirable to avoid contact into the various hazards that exist on the roads, in the home or at workplaces.

Programmes of safety education can best be integrated with the work of field workers in Health Departments, and the Health Department through its links with the Education Department, Local Hospitals and Voluntary Organisations is well fitted to undertake this responsibility. To carry out an extensive programme, the

Health Department staff would need to be implemented by many voluntary workers, such as teachers youth leaders, clergy, etc.

I feel the keystone in this activity should be the Health Education Officer of an authority who can draw up curricula, who can provide training and material to Field Workers and who has access to the publicity and propaganda materials required. Unfortunately few Local Authorities have a Health Education Officer as such. The time has come, perhaps, when each sizeable Local Authority should have a Health Education section attached to the Health Department with a qualified officer heading it.

SCHOOL HEALTH SERVICE 1962

School population	...	...	...	21,500 (approx.)
Primary Schools	...	...	...	40
Secondary and Grammar Schools	...	...	...	15
Special School for Handicapped Pupils	...	...	...	1

Minor Ailment Clinics

Minor ailment clinic sessions are held regularly at 5 clinics in the Borough and attendances have been well maintained during the year.

NEW CASES TREATED DURING THE YEAR:—					
Eye Diseases	...	...	...	...	2
Ear, Nose and Throat defects	...	...	...	...	12
Skin defects:—					
Impetigo	...	...	...	...	2
Other skin conditions	...	...	...	...	194
Miscellaneous minor ailments	...	...	...	...	56
					<hr/> 266
MEDICAL CONSULTATIONS:—					
Special Inspections	...	...	...	...	738
Re-examinations	...	...	...	...	369
EXAMINATION OF CHILDREN FOR EMPLOYMENT:—					
In entertainment	...	...	...	...	3
Other employment	...	...	...	...	129
TOTAL ATTENDANCES AT MINOR AILMENT CLINICS	...	...	...	...	<hr/>2,794

Speech Therapy

During the year 109 new cases were referred to the Speech Clinics and 172 children were under treatment at the end of the year.

The total number of attendances at Speech Clinics during the year was 2,583.

Mrs. J. Lee, Speech Therapist has submitted the following report of her work at the Harold Hill Health Centre during the year:—

Full-time speech therapy continued during 1962 in Harold Hill, at the Health Centre and the Hilldene Junior School, serving a school population of some 9,500.

The children treated were between the ages of 4 and school leaving age—the majority of defects being:—

Dyslalia—defects of articulation or slow development of articulation patterns including substitutions, distortions, omissions and transpositions of the sounds of speech due to deficient intelligence, emotional disturbance or immaturity; or imitation of abnormal patterns of articulation.

Stammer—speech characterised by interruptions of its fluency by the repetition of sounds, syllables or phrases, and blocks, overt or disguised, often accompanied by concomitant movements and disruption of normal breathing rhythm. There may be avoidance reactions either of words or speech situations.

During the year 40 new cases were seen; and 40 discharged in the following categories:—

No response	...	...	...	...	1
Admitted to special schools	...	...	...	...	3
Removed	...	...	...	...	3
Unable to benefit (insufficient maturation)	...	...	...	...	2
Requested discharge	...	...	...	...	2
School leavers	...	...	...	...	3
Satisfactory	...	...	...	...	26

67 children were in regular attendance at the end of the year and 978 attendances had been made—indicating a high percentage of non-attenders.

In many instances pre-school referral would obviate the necessity for treatment at school age—and it is hoped that more children under 5 years of age will be seen in the future.

The alterations of the Health Centre towards the end of 1962 has provided long-needed separate accommodation for the speech therapy clinic.

In general the aim of the clinic is to equip the individual with an adequate means of communication (speech) within his own environment.

Treatment is planned to encourage confidence, alleviate anxiety regarding speech inadequacy and to perpetuate a desire to overcome the difficulty. Integrated with this is the actual teaching of, and appreciation of, the spoken word.

Miss P. A. Older, Speech Therapist at Marks Road Clinic Annexe has submitted the following report in regard to her clinic:—

The Speech Therapy service at Marks Road Clinic Annexe showed considerable growth during 1962.

During the year 1,605 attendances were made by 104 children—the sessions being mostly weekly, but occasionally twice weekly.

Compared with a corresponding 5 month period in 1961 the number of attendances increased from 443 to 802.

These children were referred by Medical Officers as the result of School Medical Inspections; requests from various London Hospitals; requests from Heads of local schools; direct requests from parents and General Practitioners; and the therapist's visits to the schools of the area.

An increase in the referral of younger children—in the $2\frac{1}{2}$ years to $4\frac{1}{2}$ years age group was noticed; although the greater majority of the children were of Infant School Age; with a small proportion from Junior and Secondary Schools.

The Infant School child is generally found to be the most responsive to treatment. Unless the speech difficulty is very severe, speech therapy with the pre-school child is not always advisable, as this can cause 'speech consciousness' and unnecessary emphasising of a difficulty which may straighten itself out during the first term at school, when stimulation is provided by other children, and the School Teacher. If a speech difficulty is still in evidence after the

Convalescence

During the year 37 children were sent away for short stay convalescent holidays.

Child Guidance Service

Dr. J. Vincenzi, Consultant Psychiatrist, has submitted the following report on the work of the Romford Child Guidance Clinic during the year:—

Out of a total of 299 referrals to the Clinic, 140 were from Romford. Previous year's figures were 245 referrals in 1959, 256 in 1960 and 246 in 1961, so last year saw the largest number of referrals since the Clinic opened.

There were 460 psychiatric sessions during the year and 1,785 treatment interviews. There were also 202 diagnostic interviews given by the psychiatrists. The waiting list is now 75 and represents a wait of four to five months. An attempt will be made during the early part of 1963 to reduce this waiting time.

The appointment of Mrs. J. Barber, a full-time Social Worker, was made to fill a vacancy which had existed since the opening of the Clinic, and two additional sessions were established for the Consultant to cover Hornchurch cases coming to Romford.

A follow-up of all cases seen here during 1959 was started in June 1962, in an attempt to assess how effective the Child Guidance Clinic was in its present framework, and how far parents and other referring bodies found it useful. This has not yet been completed, but the results so far are encouraging. It is obviously difficult to assess any improvement of such a subjective condition as emotional disturbance. The sample of cases from Romford was too small to allow for a very detailed analysis, but more significant figures may be obtained from the sample, when the second, larger part of the follow-up, Dagenham and other areas, has been completed. I shall be pleased to provide you with opportunities of perusing the whole follow-up report when this becomes available.

There is still a marked difficulty in placing seriously disturbed adolescents. The Unit of Whipps Cross Hospital is really only suitable for psychosomatic illness and minor cases of emotional disturbance.

The Parklands Nursery has continued to be of great help, but it

is not always possible to admit those children most in need of this type of environment because of travelling difficulties.

With regard to Schools for Maladjusted, the number of children waiting for placement is still considerable, but the Homestead School will shortly be able to take more, and we hope that this situation will soon be remedied.

I feel that, on the whole, 1962 has been a satisfactory year.

School Psychological Service

Miss I. A. Poulton, Educational Psychologist has submitted the following report:—

Several special activities have been included in the educational psychologist's work for 1962 as well as the usual individual interviews with children and parents in schools.

During the first six months all children attending schools for educationally sub-normal pupils were interviewed for review of intellectual progress and also a number of children on the waiting list. This meant that all children entering Havering Grange School when it opened had been recently tested with the 1937 version of the Terman and Merrill Test and the headmaster and staff of the school provided with up-to-date reports. In most cases a parent had also been seen. The educational psychologist attended meetings with the School Medical Officer, school staff and parents before the school opened and has visited regularly since.

Regular visits to the Parklands Nursery have continued, the educational psychologist sometimes accompanying the consultant psychiatrist for his treatment visits and sometimes calling to discuss particular problems with the staff.

From January until the end of April the educational psychologist continued her temporary assistance to the Basildon Clinic which had begun in the autumn of 1961, and in 1962 she attended for a total of eleven days, seeing 37 new clinic cases for preliminary interviews, attending case conferences and making a few school visits in connection with clinic patients.

From September onwards more than the usual number of handicapped school leavers had to be referred by the Youth Employment

Officer for intellectual assessment and vocational guidance, as increasing difficulty was being encountered in placing these young people in work.

During the summer, the part-time teacher in the children's neuro-surgical ward at Oldchurch Hospital asked advice about two specific cases, and this was followed-up by the educational psychologist visiting the hospital and helping to solve some other needs which had arisen, the most pressing being the establishment of communication between the hospital medical staff and the school medical officers in the areas from which the children came, so that appropriate education could be provided immediately upon discharge from hospital. Considerable assistance with this matter was given by one of the social workers at the Child Guidance Clinic.

In March the educational psychologist gave a short course of four lectures for teachers on the subject of Special Education. It was planned that this course should be given in the Child Guidance Clinic, where the setting would be of interest to the teachers and necessary apparatus was at hand. The enrolment was larger than anticipated and a supplementary course of the same length was given to enable everyone who wished to attend and also see the Clinic.

Amongst the more usual activities which continued were the discussions with remedial teachers about the children whom they taught and provision of remedial teaching by the psychologist for eight disturbed children who received a total of 154 lessons.

A total of 207 children were interviewed in schools and in most cases, a parent also seen. One hundred and thirty-six of these children were below average in intelligence but this number is larger than usual because it includes the Havering Grange entrants. The remaining 71 children were of average intelligence or above. Twelve of these children were referred by the School Medical Officer with a view to treatment at the Child Guidance Clinic.

One hundred and twenty of the children who were referred to the Child Guidance Clinic had their preliminary interviews with the educational psychologist for Romford and 51 visits to schools were made to discuss individual problems in connection with children seen at the Clinic.

School Health Statistics for the year 1962

	Total (All Schools)
1. MEDICAL INSPECTION OF PUPILS	
(a) PERIODIC	
Number of children examined at school:—	
(i) Entrants	2,064
(ii) Second age group	2,054
(iii) Third age group	2,338
(iv) Other periodic examinations	50
Total	6,506
Number of defects found requiring treatment ...	1,260
Number of defects found requiring observation ...	2,950
Number of individual pupils found to require treatment	1,169
Nutritional classification of pupils examined:—	
Satisfactory	6,501
Unsatisfactory	5
(b) SPECIAL	
Number of children specially examined	763
Number of defects found requiring treatment ...	491
Number of defects found requiring observation ...	132
(c) RE-INSPECTION	
Number of children re-inspected	718
2. TREATMENT OF CHILDREN	
(a) Total attendances at Specialists' Clinics:—	
(i) Ophthalmic	1,514
(ii) Orthopaedic	342
(b) Total attendances at Treatment Clinics:—	
(i) Minor Ailment	2,804
(ii) Physiotherapy	4,008
(iii) Speech Therapy	2,583
(c) Number of children who have received operative treatment for tonsils and adenoids	46
3. HYGIENE INSPECTIONS	
(i) Number of examinations of pupils in schools	10,179
(ii) Number of pupils found unclean	52
4. DENTAL TREATMENT	
(i) Number of pupils inspected	9,464
(ii) Number found to require treatment	5,030
(iii) Attendances for treatment	5,434
(iv) Number of fillings: Permanent teeth	3,145
Temporary teeth	1,374
(v) Number of teeth filled: Permanent teeth ...	2,635
Temporary teeth	1,190
(vi) Number of teeth extracted: Permanent teeth...	218
Temporary teeth... ..	559
(vii) Number of general anaesthetics administered	310
(viii) Other operations: Permanent teeth	773
Temporary teeth	499

SANITARY CIRCUMSTANCES OF THE AREA

Mr. H. C. Boswell, Chief Public Health Inspector, reports as follows:—

THE PHYSICAL ENVIRONMENT

The environmental health section of the Health Department are responsible for securing and maintaining good physical conditions for the general public both individually and collectively.

Their responsibilities cover a very wide field, including the maintenance of good housing conditions, the inspection of meat and other foodstuffs at all stages of production and distribution, including routine sampling of food. The constant inspection of factories, workplaces, shops and places of entertainment, in order to ensure that the health and welfare requirements are complied with. The abatement of atmospheric pollution and noise nuisances and the control of rodents and other vermin.

There are numerous Acts of Parliament and Regulations that impose statutory duties on the public Health Inspectors and there is always a continuous flow of new legislation affecting public health matters.

Although these statutory instruments assist and guide the Inspectors in their multifarious duties recourse to legal proceedings is seldom adopted and most of these results are achieved in a friendly co-operative manner.

The following report relies mainly on figures and numbers of detailed visits made for specific purposes during the year, it does however, illustrate the varied and complex field of work covered by this section of the Health Department.

1. (i) **Water Supply**

Mr. P. Gordon Spencer, Chief Engineer to the South Essex Waterworks Company, has kindly provided the following information regarding the water supply to the district.

(a) The two miles of 36" diameter main mentioned in the last report were completed in April, 1962.

(b) Length of mains laid in yards:—

3"	4"	6"	9"	12"
1	330	159	571	2500

Total 3,561 yards.

- (c) The water supply of the area and of its several parts has been satisfactory both as to quality and quantity.
- (d) Bacteriological and chemical examinations are made of the raw water, of the water in its various stages of treatment, of the water supplied from the Company's wells and of the water going into supply.

Analyses are also made of samples obtained from consumers' taps in the various parts of the Company's district, all proved to be satisfactory.

A total of over 4,020 chemical, bacteriological and biological examinations have been made. In addition samples were examined for radioactivity.

- (e) The waters are not liable to plumbo-solvent action.
- (f) No contamination has arisen therefore no action has been necessary.
- (g) The following are the average dwelling houses supplied during 1962, viz 34,248.

Sampling of Water

In addition to the control maintained by the Waterworks management, the Public Health Inspectors take frequent samples from consumers premises for Bacteriological and Chemical examination, all the samples taken during the year proved to be satisfactory. The Public Health Laboratories report on these samples generally was, that the water was of a high Bacteriological standard and was pure and wholesome.

(ii) Sewerage of the District

Most of the Borough is provided with separate systems of foul and surface water sewers.

The foul sewage disposal works situated at Bretons Farm, Rainham Road, are under the control of the Romford and Hornchurch Joint Sewerage Committee.

The Borough Engineer has reported that during the year the following extensions have been made to the main sewers:—

- 789 yards of foul sewer
- 1,284 yards of surface water sewer.

18 premises, previously served by cesspools have been connected to the sewer.

(iii) Refuse Collection

Refuse collection is carried out under the supervision of the Cleansing Superintendent and forms part of the Borough Engineers Department.

A weekly service is in operation and during the year refuse was collected from 35,833 premises, amounting to 37,700 tons of refuse.

In addition 2,200 tons of refuse was collected from trade premises.

Salvage operations are carried out for waste paper and scrap metal, and the refuse is disposed of by tipping at South Ockendon.

(iv) Sanitary Inspection of the Area

(a) COMPLAINTS

During the year 1,549 complaints were received and recorded, 5,472 visits were made to investigate these complaints, and where necessary notices were served to abate nuisances or remedy defects.

(b) TABLE 10 NATURE AND NUMBER OF INSPECTIONS DURING THE YEAR

Accumulations and Refuse Deposits	...	...	...	213
Agriculture (Safety, Health and Welfare)	...	...	...	25
Bakehouses	...	...	...	50
Butchers' Shops and Stalls, etc.	...	...	...	203
Cesspools	...	...	...	156
Clean Air Act General	...	...	...	186
Clean Air Act Smoke Observations	...	...	...	61
Clean Air Act Smoke Control Areas	...	...	...	1,126
Clean Air Act Atmospheric Pollution	...	...	...	1,432
Common Lodging Houses	...	...	...	7
Dairies and Milkshops	...	...	...	36
Drains, relaid and altered	...	...	...	594
Drainage—obstructed or defective	...	...	...	629
Drains, tested and inspected	...	...	...	675
Disinfections and Disinfestations	...	...	...	5

TABLE 10—continued

Diseases of Animals Act	...	...	...	...	10
Dustbins	...	...	...	...	82
Establishments for Massage and Special treatment	...				9
Fabrics Misdescription Act	...	...	...	...	1
Factories Act (Mechanical Power)	...	...	...	...	179
Factories Act (Non-Mechanical)	...	...	...	...	16
Factories Act (Outworkers Premises)	...	...	...	...	184
Food Preparing Premises	...	...	...	...	314
Food Hawkers	...	...	...	...	49
Food Hygiene Observations	...	...	...	...	524
Food Inspections	...	...	...	...	464
Food Sampling—Informal	...	...	...	...	311
Food Shops	...	...	...	...	869
Food Vehicles	...	...	...	...	73
Housing Acts—General	...	...	...	...	873
Housing—Rent Act 1957	...	...	...	...	70
Heating Appliances (Fireguards) Act 1952	...	...	...	...	33
Ice Cream Vendors	...	...	...	...	389
Ice Cream Samples	...	...	...	...	147
Infectious Diseases Including Food Poisoning	...	...	...	...	1,048
Insects and Pests	...	...	...	...	59
Keeping of Animals	...	...	...	...	108
Licensed Caravan Sites	...	...	...	...	295
Milk Sampling	...	...	...	...	148
Miscellaneous	...	...	...	...	834
Markets	...	...	...	...	170
Merchandise, Marks Act	...	...	...	...	47
Noise Abatement Act	...	...	...	...	142
Nuisances, Public Health Act	...	...	...	...	1,410
Pet Animals Act 1951	...	...	...	...	24
Prevention of Damage by Pests Act, 1949	...	...	...	...	6,557
Public Baths	...	...	...	...	22
Public Conveniences	...	...	...	...	31
Public Health Act, 1936, Section 59	...	...	...	...	27
Sale of Horseflesh	...	...	...	...	25
Sanitary Conveniences—Licensed premises and cafés	...	...	...	...	64

TABLE 10—continued

Schools	...	...	...	...	...	...	33
School and Factory canteens	...	...	...	...	...	...	170
Shops Act—All Sections	...	...	...	...	...	...	2,601
Slaughterhouses, Meat Depots and Meat Inspection	...	...	...	...	...	...	1,924
Streams, Ponds and Watercourses	...	...	...	...	...	...	244
Tents, Vans, Sheds and moveable dwellings	...	...	...	...	...	...	291
Verminous premises	...	...	...	...	...	...	34
Water Closets	...	...	...	...	...	...	48
Water Supplies and Samples	...	...	...	...	...	...	49
(c) Informal Notices (number served)	...	...	...	...	...	...	500
Statutory Notices (number served)	...	...	...	...	...	...	70
(d) As a result of the service of Notices, the necessary works were completed by the owners or occupiers in all cases except 64 the works for which were still in hand at the end of the year.							
(e) Notices served under the Shops Act	...	...	...	...	...	...	38
(f) Informal Notices served under the Food Hygiene Regulations	...	...	...	...	...	...	120

(v) **Factories Act, 1961**

A summary of the statistics, as required by the Ministry of Labour and National Service, is given below:—

TABLE 11
1. INSPECTIONS

<i>Premises</i>	<i>No. on Register</i>	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	27	16	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority	371	179	9	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding outworkers premises)	47	5	—	—
Total	445	200	9	—

2. CASES IN WHICH DEFECTS WERE FOUND PARTICULARS

No. of Cases in which defects were found

	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>Referred by H.M. Inspector</i>
Want of Cleanliness ...	1	1	—	—
Overcrowding ...	—	—	—	—
Unreasonable Temperature	—	—	—	—
Inadequate Ventilation ...	2	2	—	—
Ineffect. drain. of floors...	—	—	—	—
Sanitary Conveniences ...				
(a) Insufficient ...	1	1	—	—
(b) Unsuitable or defec- tive ...	4	4	—	—
(c) Not separate for sexes	—	—	—	—
Other Offences ...	1	1	—	—
Total ...	9	9	—	—

3. OUTWORK

<i>Nature of Work</i>	<i>No. of Out-Workers</i>	<i>No. of Cases of Default</i>	<i>No. of Prosecutions</i>
Wearing Apparel—Making, etc. ...	23	—	—
Box Making ...	6	—	—
Total ...	29	—	—

During the year 184 inspections were made of Outworkers' premises.

(vi) Caravan Act, 1960

(a) LICENSED RESIDENTIAL SITES

There are six residential caravan sites within the Borough, one of which is owned and managed by the Council.

At the end of the year there were 358 caravans, stationed on the sites, being used for residential accommodation.

These sites are provided with the essential amenities in the way of water supply, washing facilities, sanitary accommodation and refuse disposal, hard standings are provided for most of the caravans and electricity supply is available on two of the sites for the occupants of the caravans.

All these sites are subject to Planning Approval under the new

Act, and conditions have been attached to the new licences in order to bring these sites up to the requirements of the Model Standards.

Frequent inspections are made of the sites and they are maintained in a reasonably satisfactory condition.

(b) LEGAL PROCEEDINGS

During the year 26 prosecutions were instituted concerning offences under the Act and contraventions of site licence conditions. A total of £170 in fines was imposed by the Magistrates Court.

(c) GIPSY ENCAMPMENTS

A large number of gipsy caravans visit the district throughout the year and encamp on unfenced parcels of land, mainly in the northern end of the Borough.

These nomads cause a considerable nuisance to the householders in the neighbourhood of the encampments by their persistent demands for water, their very low standards of hygiene and the refuse they leave behind when breaking camp.

The Public Health Inspectors have to spend a considerable amount of time in securing the removal of these people, and in the majority of cases they have to resort to towing the caravans off the land with assistance of tractors from the Parks Department and the protection of the police. The police have been very helpful in rendering assistance for this purpose. During the year the Public Health Inspectors made no less than 291 visits to gipsy encampments.

The owners of a number of these pieces of land have been persuaded to fence them in or to form other barriers to keep the gipsies off and the Council have authorised expenditure for the erection of barriers on pieces of land where the owners are not known.

It is hoped that by these means the gipsies will eventually be dissuaded from visiting this town.

(vii) **Prevention of Damage by Pests Act, 1949**

It is the duty of every local authority, under the above Act, to take such steps as may be necessary to secure as far as practicable that their district is kept free from rats and mice.

The local authority also have a specific liability to ensure, as far as practicable, that all land and buildings occupied by them are kept

free from rats and mice. This includes Parks, Recreation Grounds, Schools and Public Buildings and all sewers vested in the local authority.

It is not widely known; but it is the duty of the occupier or owner of any premises to notify the local authority of the presence of rats or mice on land that they occupy and it is in fact the responsibility of the occupier to take steps to rid their premises of these pests.

This Council has however provided a service for this purpose over a number of years, and one Rodent Operative is employed in the Health Department. The operative is provided with a van and the necessary equipment to trace and deal with all forms of infestation. This service is provided free to all ratepayers in the district.

During the past year 428 notifications were received of infestations and the Public Health Inspectors and Rodent Operative carried out 6,557 inspections and reinspections of premises and all necessary measures were taken to eradicate the rats and mice.

Regular routine inspections are made of all Parks, Recreation Grounds and Schools and disinfestation is carried out when necessary.

Considerable thought has to be given to the right type of poison to be used, and after much experience it is considered that the most satisfactory and economical poison to use is that commonly known as "Warfarin." This poison has the approval of the Ministry of Agriculture, Fisheries and Food and has the following advantages:—

It is reasonably safe as far as humans and domestic animals are concerned, it is not necessary to use pre-baits, therefore the first baits contain poison and much time is saved.

There are two specific ways that members of the public encourage rats and mice, to which specific attention should be drawn.

The first of these is the frequent practice of the public in throwing large quantities of bread out to feed birds. Instances have been found where large slices of bread have been thrown onto lawns, these are far too large for birds to consume or carry away and supply plenty of food for rats and mice. If people desire to feed birds, the bread should be broken up fine and placed on a bird table.

The second point is the placing of sheds and chicken houses too

close to the ground, all buildings of this type should be kept at least nine inches above the ground so as to enable a dog or cat to get under. Sheds very close to the ground afford comfortable nesting places for rats and mice.

Treatment of Sewers

The inspection and baiting of sewers is under the supervision of the Highways Superintendent.

This work is usually carried out at regular intervals on a block basis specified areas of the borough being treated at one time.

Where, however, it is proved that certain house drains are infested, treatment of the sewers in that area are carried out on request from this department.

(viii) Disinfestation of Insects and Pests

Numerous complaints were dealt with during the year concerning insects and pests that invade homes, shops and stores.

Insects can have a variety of effects on the human race or its environment, they can destroy or harm food, ruin furniture, materials and works of art, cause damage to timbers, endanger health or just cause annoyance.

The present modes of travel, whereby any destination can be reached in a relatively short time is a great asset to the public, but at the same time it has brought its problems, as during recent years new species of insects have been introduced to this country from abroad, either in cargoes or luggage.

The variety of species of insect pests is always increasing, and identification becomes more difficult, however, we are fortunate in being able to send species either to the Natural History Museum or to one of the firms that manufactures "pesticides," for identification. From these sources, in addition to the identification, we can learn the life history, country of origin, whether the insect is harmful or not and the best control measures to use.

It is evident that the public are becoming more insect conscious, by the number of requests that are made for assistance to eradicate various insects.

Apart from the housefly which is the most common of household pests, those that we are mainly called upon to deal with are,

timber beetle, furniture beetles, carpet moths, store beetles, gooseberry mite and most frequently wasps and ants.

One of the outstanding effects of the better standard of housing and hygiene enjoyed by most people today is the notable decrease in the infestations of bed-bugs and house fleas. Prior to the war these were common to the majority of working class houses, and created full-time work for disinfestation teams, but today they are relatively rare.

Assistance and advice is given in all cases of infestation, some treatments are carried out by the Rodent Operative, but in severe cases the persons concerned are advised to obtain the services of specialist firms.

Where necessary the destruction of clothing and bedding is undertaken by the Council upon the receipt of a written request from the owner.

(ix) Pet Animals Act, 1951

Under this Act, a person who desires to sell pets, of any description, by retail, must be licensed by the local authority. These licences are renewable annually and conditions are attached to the licence, in order to regulate the manner in which the animals are kept and exposed for sale.

At present there are 16 persons licenced in the borough to keep Pet Shops, 3 of these are in respect of stalls in the Market Place. Pets on these stalls are restricted to puppies, goldfish and tortoises.

Frequent inspections of all Pet Shops are made to ensure that the conditions of the licences are complied with.

3. INSPECTION AND SUPERVISION OF FOOD

The inspection, sampling and supervision of foods in all its phases, from the producer to the consumer, forms a very important part of the duties of the health inspectorate in the protection of the health of the public.

Various infectious diseases can be transmitted by foodstuffs. Food poisoning and other intestinal illnesses can be caused by the ingestion of foods that are either contaminated, are out of condition or badly processed.

It is therefore essential that all premises where foods are pro-

cessed, manufactured, prepared and sold are kept under constant supervision in order to ensure that the food is handled and stored in a proper manner and also that the premises and personnel comply with the requirements of the Food Hygiene Regulations.

The various Acts, Regulations and Orders that are in existence for controlling the processing, manufacture, composition, labelling, storage and sale of food are far too numerous to list in detail in this report, suffice it to say that they have been made by the Government with a view to protecting the public in one form or other. It is the inspectorates duty to be conversant with all this legislation and ensure that it is complied with.

More detailed information concerning various branches of these duties are set out in the following remarks.

(i) Milk Supply

Milk has often been acclaimed as the "most perfect" of foods, inasmuch as it contains all the essential nutriments required by the human body, especially infants, and is a food that is easily assimilated by most persons.

It must be admitted, however, that it is unfortunately a very good media for the transmission of certain diseases.

Constant supervision is therefore essential at all stages that milk passes through from the cow to the consumer.

Since 1949, the control of milk production at the farm has been the responsibility of the Ministry of Agriculture, Fisheries and Food.

Local authorities, who are also food and drugs authorities, are responsible for the licensing of retailers and distributors and the administration of the Milk and Dairies (General) Regulations in respect of processing plants and dairies.

It is pleasing to be able to report that all dairy cattle in the country are now certified as tuberculin free, thus reducing the risk of the spread of bovine tuberculosis to the public.

All milk sold by retail must be heat treated to comply with the Milk (Special Designation) Regulations. Contrary to some beliefs, this heat treatment does not impair the nutritional value of milk, it does, however, destroy any harmful bacteria that may be present and improves the keeping quality.

It is only fair to say that the processing plants and dairies in this country have attained a very high standard and every endeavour is made to ensure that the public obtains a pure safe milk supply.

There is, however, one problem that is always with us and that is the occasional dirty milk bottle, this problem causes as much concern to the dairy trade as it does to local authorities, and in spite of all the efforts made by the trade to detect these offending bottles one occasionally gets through to the consumer.

The public are partially to blame for this problem by their constant misuse of the milk bottle. It is well known that some people allow these bottles to accumulate in the house, a lot of them containing deposits of milk which sours and ferments, children are allowed to play with them in the garden and building operatives are some of the worst offenders as they allow bottles to accumulate on building sites where they become coated with sand and cement. School authorities even are not free from blame, as it has often been found that scholars are permitted to use milk bottles to hold plants and as containers for washing brushes that have been used for water colour paints.

The long term answer to this problem is primarily to educate the public to regard the milk bottle as a valuable returnable food container, for the dairy to make a returnable charge on the bottle, or to go over entirely to wax non-returnable containers which would naturally increase the cost.

Registration of Milk Vendors

All dairies and distributors of milk must be registered with the local authority under the Milk (General) Regulations, 1959. Premises must comply with the conditions laid down in the regulations and the local authority have power to revoke or cancel a registration for certain non-compliance of the Regulations. At the end of the year 69 firms were on the Council's register as Retailers or Distributors.

Licensing of Milk Vendors

As Romford is a specified area, where only designated milk may be sold, all retailers must be licensed under the Milk (Special Designation) Regulations, 1960, which came into operation on the 1st January, 1961.

The licensing authority under these Regulations is the Food and

Drugs Authority, therefore as Romford is a Food and Drugs Authority we still retain these powers.

Supplementary licenses are no longer necessary and a licence holder is now permitted to sell milk outside the area of the licensing authority without having to obtain a supplementary licence, this provision has reduced the work of cross checking between local authorities.

There is a new form of licence, known as the Dealers (Pre-Packed) Licence which permits the sale of the three types of designated milk. These are issued to the dealer who receives his milk in the bottle or container ready for sale to the consumer.

Licenses are now issued to cover a period of five years instead of one year as previously.

The 69 dairies and distributors who are registered with this Council have all been granted Dealers (Pre-Packed) Licenses.

Sampling

During the year 143 samples of milk were taken for bacteriological examination. Of these 6 failed the Methylene Blue Test for keeping quality.

All of these unsatisfactory samples were obtained from vending machines. This matter was taken up with the dealers responsible for the machines, and faults were traced to the cooling elements and the infrequent change over of unsold stock.

28 samples of milk were submitted for chemical analysis and all proved to be satisfactory.

(ii) Ice Cream

The manufacture and sale of ice cream is governed by the Food and Drugs Act and various Orders and Regulations made thereunder.

Provision is also made under the various Acts for the registration of manufacturers and vendors of ice cream. In this borough registration is made under the Romford Urban District Council Act, 1931, as this Act provides for the registration of the person as well as the premises, whereas the Food and Drugs Act, 1955, only provides for the registration of premises. By using the local Act, the local authority have control over the itinerant vendor which is not provided for under the National Act.

The ice cream trade has passed through many phases, and during the last few years it had reached the stage where practically 90% of the ice cream was sold pre-packed and frozen hard.

A recent development has been the sale of "soft" ice cream. This is an ice cream that has been made in the factory, put into hermetically sealed containers, and stored in a cold place. When required, this mix is fed into a freezer and served direct as a loose ice cream. The public seem to prefer this softer ice cream to the factory made pre-packed type that has undergone a hardening process.

The sales of this new type of ice cream was at first confined to shops, but now vans are being equipped with motor driven freezers for this type of trade, therefore vans adapted for this purpose can no longer be classified as vending vehicles, but are in fact a mobile manufacturing plant.

Vans that have been specially built for this purpose, comply in all respects with the Food Hygiene Regulations, as all surfaces are covered with impervious material and in addition to cold storage cabinets and freezers, they are equipped with hand basins and means for providing hot water for washing.

Providing the operator obtains his initial mix from a reputable firm and observes the highest standards of hygiene in regard to the equipment and methods of handling this new form of vending should not create any hazards or problems, but great care must be observed in cleaning and sterilising the equipment.

At the end of the year, 265 persons were registered with the Council as vendors of ice cream, of these 38 were registered as itinerant vendors, the remainder being shop premises. Regular checks are made on all premises and vehicles.

During the year 176 samples of ice cream were taken for bacteriological examination, these samples were classified as follows:—

Ministry of Health (Provisional) Grade 1	...	130
Ministry of Health (Provisional) Grade 2	...	21
Ministry of Health (Provisional) Grade 3	...	16
Ministry of Health (Provisional) Grade 4	...	9

36 lollies were also submitted for bacteriological examination and 13 were found to be unsatisfactory.

28 samples of ice cream and 17 ice lollies were also submitted to the Public Analyst for chemical examination and all proved to be genuine and complied with the Food (Standard) Regulations. One lolly however did not comply with the labelling of food order.

(iii) **Meat Inspection**

There are now four licensed slaughterhouses in the Borough, one of these being licensed for the slaughter of horses as well as live-stock. Two slaughterhouses are operated by firms of Wholesale Butchers who supply meat to retail butchers in the Borough and adjoining districts and provide meat for the London Markets.

Slaughtering takes place on seven days of the week and the Public Health Inspectors attend the slaughterhouses regularly including Saturday afternoons and Sundays to ensure that a 100% inspection of all meat produced in the Borough is maintained. During the year under review 1,924 such visits were made. During this period a total of 68,388 animals were slaughtered, a total of 13 tons 6 cwt. 56 lbs. of meat was found to be unfit for human consumption, this was disposed of through the recognised channels.

Table 12 sets out the particulars of the animals slaughtered and inspected and the details of condemnation.

The number of animals slaughtered within the district continues to rise and this year there was an increase of 42% over the total number of animals slaughtered during the previous year, and is in fact five times greater than the number slaughtered in 1959.

This continued increase means that in order to maintain 100% inspection of all carcase meat, the inspectorate are still required to devote a considerable amount of time outside of normal office hours to this particular duty.

This department has always considered that meat inspection is one of the most important aspects of food inspection, and therefore should be given priority as a public health service, it is for this reason that every effort is made to carry out 100% inspection in accordance with the Ministry Memorandum on Meat Inspection.

Unfortunately every local authority does not look upon meat inspection in this light and the Ministry is now considering ways and means to introduce regulations to make meat inspection compulsory and also introducing a system whereby butchers will be charged for this service.

All the inspectors in the borough who are responsible for meat inspection, are in possession of the Meat and Other Food Inspectors Diploma of the Royal Society of Health and are therefore permitted to use a Meat Marking Stamp as authorised by the Ministry.

Cysticercus Bovis

During the year 12 beasts were found to be infested with *C. Bovis*, these are subdivided as follows :—

5 Cattle (ex cows)	lesions in the heart muscle
6 Cattle (ex cows)	lesions in the cheek muscles
1 Cow	lesions in the cheek muscles

No generalised cases were found and after condemnation of the affected parts, the carcasses were subjected to cold storage treatment for the required period.

Export of horse-flesh

In addition to meat inspected for home consumption, horse carcasses are inspected for export to Belgium, this inspection has to satisfy the requirements of the Belgian Government, and each consignment of horseflesh has to be accompanied by an official certificate signed by the inspector who has examined and passed the meat. These certificates as well as official labels are provided by the Ministry of Agriculture, Fisheries and Food and have been approved by the Belgian Government.

TABLE 12
CARCASSES INSPECTED AND CONDEMNED 1961

	<i>Cattle except Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>TOTAL</i>
Number killed	3,194	1,155	4,194	44,283	15,321	241	68,388
Number inspected	3,194	1,155	4,194	44,283	15,321	241	68,388
All diseases except Tuberculosis:							
Whole carcasses condemned	11	20	41	17	37	1	127
Carcases of which some part or organ was condemned	314	262	7	409	842	14	1,848
Percentage of the number inspected affected with diseases other than tuberculosis ...	10.4%	24.2%	1.14%	0.9%	5.6%	6.2%	2.8%
Tuberculosis only whole carcass condemned	1	1	—	—	—	—	2
Carcases of which some part or organ was condemned	7	7	—	—	137	—	151
Percentage of the number inspected affected with tuberculosis	0.25%	0.69%	—	—	0.89%		0.22%

During the year 367 quarters of horse meat were certified as fit for export. A charge of 1/- per quarter and 1/- for each certificate is made by the local authority.

In addition to the slaughterhouses, there are four wholesale butchers and 75 butchers shops in the district. These are all inspected frequently throughout the year.

(iv) Food Products in General

In addition to the premises used for Milk, Ice Cream and Meat referred to above, the following food premises are registered under the Romford Urban District Council Act 1931, and are subject to the Food Hygiene Regulations, 1960.

Bakers	10	Fishmongers ...	31
Confectioners ...	126	Grocers ...	145
Greengrocers ...	72	Hawkers ...	64
Factory Canteens	55	Licensed Premises	56
Cafés	68		

There are also 45 food stalls situated in the Market Place on three days of the week.

All these premises are subject to regular inspections to ensure that the requirements of the Food Hygiene Regulations are complied with. During the past year 3,167 such inspections were made, 120 informal notices were served where contraventions were noted, many improvements were obtained through personal approach and the majority of the food shops in the Borough comply with the requirements of the Food Hygiene Regulations.

(v) Unsound Food

During the year 464 visits were made to food premises mainly on request, for the purpose of dealing with unsound food, and a total quantity of 7 tons 12 cwts. 4 lbs. of food was surrendered as unfit for human consumption. Where possible all unsound food is disposed of for animal feeding, that which is not suitable for this purpose is disposed of by the Cleansing Department.

(vi) Food and Drugs Act, 1955

(a) FOOD AND DRUGS AUTHORITY

The Council are a Food and Drugs Authority as defined by Section 85 of the Food and Drugs Act, 1955, and are responsible

for the enforcement of the provisions of the Act relating to sampling of foods and drugs, and the Public Health Inspectors are accordingly "Authorised Officers" under the Act.

(b) PUBLIC ANALYST

It is the duty of every Food and Drugs Authority to appoint a Public Analyst; the Analysts appointed by this Council in accordance with the Act are Dr. J. H. Hamence, F.R.I.C., and Mr. P. S. Hall, A.R.I.C., both of 20 Eastcheap, E.C.3.

The Analysts have been most helpful in advising on the types and quantities of samples taken and any complicated points relating to samples

(c) SAMPLES SUBMITTED FOR ANALYSIS

During the year 311 informal samples were submitted to the analyst, of these 19 were found to be not genuine.

A few of these samples were submitted as a result of complaint, but in the majority of cases the complaints were not confirmed.

Informal samples are purchased by the sampling officers in the same manner that the articles would be purchased by an ordinary customer, no indication being given to the vendor that the article is to be subjected to analysis, should the informal sample however prove to be not genuine a formal sample is taken and the vendor is notified to this effect and is given one part of the sample for future reference.

The original purpose for sampling under the Food and Drugs Act was in order to trace adulteration of foods and drugs. Fortunately, this practice is not so common as it used to be in the early part of the century. Sampling nowadays is carried out to ensure that foods and drugs comply with the various legal standards and codes of practice regarding composition, and do not contain any harmful preservatives or colouring matter contrary to the Regulations on these matters. Also to ensure that the public are not being deceived by mis-descriptions or exaggerated claims on labels or advertisements.

Duplicity of sampling by local authorities is difficult to control, but fortunately as far as this area is concerned, consultations are held at regular intervals with the adjoining authorities, where information on sampling is exchanged and duplication is therefore reduced to a minimum.

As will be seen from Table 13, a wide variety of foods were sampled during the year.

Comments on unsatisfactory samples

Of the nineteen samples reported as being "not genuine", five were in respect of complaints concerning suspected foreign bodies in foods, on analysis however these suspicions were not confirmed and no further action was taken.

The following comments are made on the remaining fourteen samples :—

(a) Meat Products (5)

The public analyst considered that the meat content, of five samples of meat products, was below the recognised standard. Each case was taken up with the manufacturers and improvements obtained.

(b) Labelling (3)

In three cases the public analyst considered that the labels on the containers did not give a correct description of the contents. These were taken up with the respective manufacturers and, in each case, new labels were produced to meet the requirements of the Labelling of Food Orders.

(c) Sweets (1)

A sample of sweets, of foreign manufacture, sold as "Sea Glories" were found to consist of a poor quality toffee inside real cockle shells. These were considered to be a potential source of danger and undesirable for sale to children. On being approached the Agents in this country withdrew them from sale.

(d) Bread (1)

This consisted of a loaf of "French" bread that was found to contain rodent excreta. The manufacturer was prosecuted and fined £5.

(e) Flour Confectionery (1)

This sample was a Raspberry Cream Slice which was found to be affected with mould growths. The manufacturer was prosecuted, and the case was dismissed.

(f) Corned Beef (3)

Complaints were received concerning some black stains

on corned beef. Three sample tins from the same batch were submitted to the analyst who reported that this was iron sulphide staining from the tins. This batch was withdrawn from sale.

(vii) **Food Hygiene Regulations, 1955**

The Public Health Inspectors continue to devote a considerable amount of time to the inspection of food premises of all types to ensure that the requirements of the above Regulations are complied with.

Provision is not made in these Regulations for the Service of Statutory Notices in the case of contraventions and legally every contravention found by the Inspectors could result in prosecution. However, in practice it is rare that the contraventions observed are sufficiently serious as to warrant immediate legal action. When contraventions are noted they are immediately drawn to the attention of the occupier and the need for improvement explained, this verbal intimation is always followed by a letter indicating the nature of the offence and allowing the offender a period of grace in which to comply with the Regulations. This procedure has been adopted with a view to educating food traders rather than to prosecute, and it appears to be paying dividends as the general standard of food shops in the district has greatly improved.

In addition to the inspection of food shops and restaurants frequent visits are made to factory and school canteens and other food preparing premises.

In addition to routine inspections, visits were made to restaurants and school canteens for the sole purpose of taking samples of the "washing up" water, and "rinsing water", to ensure that (a) the water was kept at a suitable temperature, (b) the right type of steriliser/detergent was used and (c) that the waters were changed at frequent intervals. The results of all samples submitted for bacteriological examinations were satisfactory.

The two main difficulties experienced with the enforcement of the Regulations are (a) the protection of open foodstuffs exposed for sale on stalls in the open market and (b) smoking by food handlers.

It is extremely difficult to impress on stallholders in the Market the real need for protecting foodstuffs from contamination in the open air, but there has been a marked improvement especially with regard to the stalls used for the sale of meat and fish. Some concern is still felt, however, regarding the stalls used for the retail trade of biscuits, cakes and sugar confectionery. It is considered that the only way to ensure that the Food Hygiene Regulations are complied with is to request these stallholders to provide their own mobile stalls constructed on a caravan basis, so that they are properly enclosed and service is only made from behind a screened counter.

As regards smoking, the main difficulty is that this habit is so widespread and ingrained and some food handlers, especially the stallholders, do not appreciate that they should be subjected to this prohibition whilst the customer is not. Few people appear to appreciate that the reason for prohibiting the use of tobacco, including snuff, whilst handling open food is that the habit brings fingers into close contact with the nose and mouth both possible reservoirs of food poisoning germs, the hands thus become contaminated and the contamination is then transferred to the foodstuffs.

During the past year it was necessary to prosecute six persons for smoking whilst handling open food, these were market stallholders.

TABLE 13

SUMMARY OF SAMPLES TAKEN FOR ANALYSIS
DURING THE YEAR 1962

Article	Number examined			Result of Analysis	
	Formal	In-formal	TOTAL	Genuine	Not Genuine
Ale	—	2	2	2	—
Almonds, Ground	—	1	1	1	—
Apple Flakes	—	1	1	1	—
Baking Yeast	—	1	1	1	—
Beans in Tomato	—	1	1	1	—
Beef Steak	—	1	1	—	1
Beef Steak with Gravy	—	1	1	1	—
Beef Suet	—	2	2	2	—
Beetroot, pickled	—	1	1	1	—
Beetroot, sliced	—	1	1	1	—
Biscuits	—	2	2	2	—
Bitter Lemon	—	1	1	1	—
Bread	—	1	1	—	1
Bread Sauce, Instant	—	2	2	2	—
Breakfast Grill	—	2	2	2	—
Brown Ale	—	4	4	4	—
Butter, Rum	—	1	1	1	—
Cake Mix, Yellow	—	1	1	1	—
Casserole Meat	—	4	4	—	4
Cheese Spread	—	3	3	3	—
Cherries, Cocktail	—	1	1	1	—
Cherries, Red	—	3	3	3	—
Cherry Cough Sweets	—	1	1	1	—
Chicken American	—	1	1	1	—
Chicken Curry	—	1	1	1	—
Chicken Mixed	—	1	1	1	—
Chicken Supreme	—	1	1	—	1
Coca Cola	—	1	1	1	—
Cocktail Onions	—	1	1	1	—
Coconut Ice Cream Biscuit	—	1	1	1	—
Coconut Sprinkle	—	1	1	1	—
Coffee	—	2	2	2	—
Coffee Instant	—	3	3	3	—
Condensed Milk	—	1	1	1	—
Corned Beef	—	4	4	1	3
Crab, dressed	—	1	1	1	—
Cream	—	5	5	5	—
Cream Slice	—	1	1	—	1
Cream Soda	—	1	1	1	—
Custard Powder	—	1	1	1	—
Dentyne Cream	—	1	1	1	—
Desiccated Coconut	—	1	1	1	—
Evaporated Milk	—	2	2	2	—
Fish Dressing	—	1	1	1	—
Flour, Plain	—	2	2	2	—
Flour, Self Raising	—	1	1	1	—
Food Colour Preparations	—	2	2	2	—
Carried forward					

TABLE 13—continued

Article	Number examined			Result of Analysis	
	Formal	In-formal	TOTAL	Genuine	Not Genuine
Forcemeat	—	1	1	1	—
Frankfurters	—	1	1	1	—
French Loaf	—	1	1	—	1
Fritter Mixture	—	1	1	1	—
Frosting Mix	—	1	1	1	—
Fruit Cocktail	—	2	2	2	—
Fruit Salad	—	6	6	6	—
Fruit Sauce	—	2	2	2	—
Glace Cherries	—	2	2	2	—
Golden Crumbs	—	1	1	1	—
Golden Fry	—	1	1	1	—
Ground Rice	—	1	1	1	—
Ham & Chicken	—	1	1	1	—
Hamburger	—	1	1	1	—
Honey	—	1	1	1	—
Horseradish, Creamed	—	1	1	1	—
Horseradish Relish	—	1	1	1	—
Ice Cream	—	27	27	27	—
Ice Cream Mix	—	1	1	1	—
Icing	—	1	1	1	—
Ice Lollies	—	17	17	16	1
Ice Lolly Syrup	—	1	1	1	—
Indian Eggs Curry	—	1	1	1	—
Instant Welsh Rarebit	—	1	1	1	—
Jam	—	3	3	3	—
Jelly	—	6	6	6	—
Jiffi Jelly	—	1	1	1	—
King Fling	—	1	1	1	—
Lard	—	1	1	1	—
Lemon Extract	—	1	1	1	—
Lemon Pie Filling	—	1	1	1	—
Lemon Powder	—	1	1	1	—
Liver Salts	—	1	1	1	—
Liver Sausage	—	1	1	1	—
Loaf of Bread	—	1	1	—	1
Lolly Mix	—	1	1	1	—
Luncheon Sausage	—	1	1	1	—
Macaroni	—	1	1	1	—
Margarine	—	1	1	1	—
Margarine & American Lard	—	1	1	1	—
Marzipan	—	2	2	2	—
Mashed Potato, Instant	—	1	1	1	—
Meat Patty	—	1	1	1	—
Milk	—	28	28	28	—
Milk, Condensed	—	2	2	2	—
Milk, evaporated	—	1	1	1	—
Mint	—	3	3	3	—
Nite Cup	—	1	1	1	—
Orange Drink	—	3	3	3	—
Orange Extract	—	1	1	1	—
Orange Juice	—	1	1	1	—
Carried forward					

TABLE 13—continued

Article	Number examined			Result of Analysis	
	Formal	In-formal	TOTAL	Genuine	Not Genuine
Pasta All Uovo ...	—	1	1	1	—
Paste ...	—	2	2	2	—
Pastry ...	—	1	1	1	—
Peanut Butter ...	—	1	1	1	—
Peanut Spread ...	—	1	1	1	—
Peas, frozen ...	—	1	1	—	1
Peas, processed ...	—	1	1	1	—
Pease pudding ...	—	1	1	1	—
Pelonies ...	—	1	1	1	—
Pork Luncheon Meat ...	—	2	2	2	—
Pork Pie ...	—	1	1	—	1
Quick Jel ...	—	1	1	1	—
Quick Thick Gravy Mix ...	—	1	1	1	—
Ravioli ...	—	1	1	1	—
Raspberries ...	—	1	1	1	—
Rice, creamed ...	—	1	1	1	—
Rice, ground ...	—	1	1	1	—
Rice, five minute ...	—	1	1	1	—
Rice pudding ...	—	6	6	6	—
Rilchoc ...	—	1	1	1	—
Salad Cream ...	—	1	1	1	—
Salmon spread with butter ...	—	1	1	1	—
Sardines in Olive Oil ...	—	1	1	1	—
Sausages, beef ...	—	5	5	5	—
Sausages, pork ...	—	5	5	5	—
Sausages, Vienna ...	—	1	1	1	—
Sausage Rolls ...	—	1	1	1	—
Saveloys ...	—	1	1	1	—
Sea Glories (sweets) ...	—	1	1	—	1
Shortpastry Mix ...	—	1	1	1	—
Sild in Edible Oil ...	—	1	1	1	—
Smoked Salmon Spread ...	—	1	1	1	—
Soup ...	—	5	5	5	—
Sparkling Orange ...	—	2	2	2	—
Spice Cake Mixture ...	—	1	1	1	—
Sponge Pudding ...	—	1	1	1	—
Strawberries ...	—	1	1	1	—
Strawberries in syrup ...	—	1	1	1	—
Steak & Vegetables ...	—	1	1	1	—
Stewed Steak ...	—	1	1	1	—
Stewed Steak in Gravy ...	—	1	1	—	1
Stout ...	—	1	1	1	—
Sugar Tinted Crystals ...	—	1	1	1	—
Sweets ...	—	18	18	18	—
Swiss Roll ...	—	1	1	—	1
Tomato Juice ...	—	1	1	1	—
Tomato Juice Cocktail ...	—	1	1	1	—
Tomatoes, peeled ...	—	1	1	1	—
Tomato, puree ...	—	1	1	1	—
Vegetables, mixed ...	—	1	1	1	—
Vinegar, malt ...	—	3	3	3	—
	—	311	311	292	19

(viii) Educational Activities

In addition to the routine duties of inspections and observations, the Public Health Inspectors continue to give talks and lectures to local organisations and wherever possible great stress is laid on food hygiene. At least once during the year a lecture is given to the staffs employed in the school canteens.

Frequent lectures are also given on the general work of the Health Department. These lectures are enhanced by the use of coloured slides depicting the various aspects of the work. The department now possesses a collection of over 600 coloured slides that have all been taken locally by one of the Public Health Inspectors.

(ix) Legal Proceedings

- (a) The following cases were taken under the Food and Drugs Act, 1955.

<i>Offence</i>	<i>Section</i>	<i>Result</i>
Sale of food not of nature demanded (Fried cod sold for haddock)	2	Fined £2 0s. 0d.
Sale of food not of nature demanded (Fried cod sold for haddock)	2	Fined £2 0s. 0d.
Sale of food not of nature demanded (Fried cod sold for haddock)	2	Fined £2 0s. 0d.
Sale of food not of nature demanded (Fried cod sold for haddock)	2	Fined £2 0s. 0d.
Sale of food not of nature demanded (Loaf containing rodent excreta) ...	2	Fined £5 0s. 0d. Costs £5 0s. 0d.
Sale of food not of nature demanded (Cream slice containing mould) ...	2	Case dismissed

<i>Offence</i>	<i>Section</i>	<i>Result</i>
Sale of food not of nature demanded (Meat pies containing mould)	2	Fined £5 0s. 0d.

(b) The following cases were taken under the Food Hygiene (General Regulations, 1960.)

Dirty and unhygienic conditions in a bake-house (13 offences)		Fined £53 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £2 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £2 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £5 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £5 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £5 0s. 0d.
Smoking whilst handling open food ...	Reg. 9(c)	Fined £5 0s. 0d.

(c) The following case was taken under the Slaughter of Animals Act, 1958.

Failure to keep records of horses	Reg. 30	Fined £25 0s. 0d.
Failure to render returns of same ...	Reg. 31	

4. CLEAN AIR ACT, 1956

(a) SMOKE CONTROL AREAS

The Council have adopted the Building Byelaw, referred to in Section 24 of the Act, requiring the installation of approved heating and cooking appliances, capable of burning smokeless fuels, in all new buildings.

The Council have decided to establish Smoke Control Areas in the Borough and have approved a plan for dealing with the whole borough extending over a period of approximately ten years.

Surveys of Nos. 1 and 2 areas, covering the North-west part of the Borough have been completed and the Orders were submitted to the Minister for confirmation at the end of the year.

(b) ATMOSPHERIC POLLUTION

Romford is one of 120 towns that have agreed to co-operate with the Department of Scientific and Industrial Research in a National Survey. Five volumetric meter stations have been set up within the Borough and daily recordings are assessed and the results forwarded to the Ministry Department. A monthly bulletin is to be published showing a comparison between the towns participating. The sites were chosen under direct Ministry guidance and designed to standardise throughout the country the positioning of the meters so that National figures when obtained were from basically similar stations. These stations are set in the following positions:—

1. Residential district with high population density.
2. Residential district with low population density.
3. Industrial District.
4. Business and commercial district.
5. Proposed smoke control area.

A volumetric meter consists of apparatus capable of extracting from the atmosphere approximately 70 cubic feet of air per day. This air passes through a filter pad to remove the smoke and into a hydrogen peroxide solution to arrest the sulphur dioxide. By reading the stain density on an electrometer, concentrations of smoke in microgrammes per cubic meter of air are obtained and by titration the concentration of SO_2 is obtained.

Daily weather records are required and the Royal Liberty School Meteorological Society are kindly co-operating by supplying these records monthly.

5. RAINFALL

During the year the amount of rainfall recorded at Raphael Park was 17.99 inches, this being 4.26 inches below the average for the past 15 years.

6. PUBLIC BATHS

There is one Public Bath situated in Romford, which was opened in 1900. The swimming bath is 70 feet long by 30 feet wide.

The water for the swimming bath is obtained from a well situated in the curtilage of the baths. This water is filtered and

heated with Break-Point Chlorination, and has a turnover every $2\frac{1}{2}$ hours. The temperature of the water is maintained at 76° F. The maximum load for the swimming bath is 100 persons, the bath is very well patronised and during the high season admission has to be restricted. Both chemical and bacteriological samples are taken from the well and bath at frequent intervals and the results of the examination have always been satisfactory.

In addition to the swimming bath, hip baths are also available for the use of the public.

Although the baths are old they are maintained in a very satisfactory manner.

An improved method of testing the swimming bath water by tablet has now been developed.

The Council have for a long time appreciated that this bath is inadequate and does not meet the demands of the public. Plans have now been approved for the building of a new swimming bath at Central Park, Harold Hill. It is anticipated that work will commence on the new bath in 1964.

7. NOISE ABATEMENT

The Noise Abatement Act, 1960, came into operation on the 27th November, 1960.

This Act empowers the local authority to deal with noise nuisances, and restricts the use of loudspeakers for certain purposes. It also restricts the use of loudspeakers on ice-cream vehicles except during the hours from noon to seven o'clock in the evening.

In addition Section 150 of the Romford Urban District Council Act, 1931, prohibits the sounding of noisy instruments for the purpose of advertising trade at all hours on Sundays.

During the year two ice cream vendors were prosecuted under the local Act for sounding chimes on Sundays, and were fined £2 each.

8. HOUSING ADMINISTRATION

(a) GENERAL

Surveys continue to be made in order to deal with sub-standard and unfit houses. During the year 10 unfit houses were demolished,

demolition orders had been made in respect of 9 individual houses, 3 individual houses were made fit and Closing Orders in respect of them were revoked.

(b) COUNCIL HOUSING

The Public Health Inspectors continue to co-operate with the Housing Department by carrying out inspection of houses, at present occupied by applicants on the Housing List, in order to assess the properties in connection with the "points" scheme for sub-standard housing.

TABLE 14
HOUSING STATISTICS FOR THE YEAR 1962

Number of houses erected during the year:—

1.	By Local authority	...	...	...	...	...	109
2.	By Private Enterprise	...	...	...	...	...	191
3.	By Essex County Council (Police Houses)	...	...	...	...	...	2

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR

1.	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	4,761
	(b)	Number of inspections made for the purpose	...	...	...	...	...	6,315
2.	(a)	Number of dwelling houses (included under sub-head 1 above) which are inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	...	...	...	...	...	Nil
	(b)	Number of inspections made for the purpose	...	...	...	...	...	Nil
3.		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	5
4.		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation	...	...	...	...	...	570

2. REMEDY OF DEFECTS DURING THE YEAR
WITHOUT SERVICE OF FORMAL NOTICES

	Number of dwelling houses rendered fit in consequence of Informal action by the local authority or their officers	506
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957—			
(i)	Number of dwelling houses in respect of which Notices were served requiring repairs	—	
(ii)	Number of dwelling houses which were rendered fit after services of Formal Notices	—	
(a)	By Owners	—	
(b)	By Local Authority in default of owners	—	
(b) Proceedings under the Public Health Acts—			
(i)	Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	263	
(ii)	Number of dwelling houses in which defects were remedied after service of Formal Notices		
(a)	By Owners	69	
(b)	By Local Authority in default of owners	15	
(c) Proceedings under Sections 16 and 17 of the Housing Act, 1957—			
(i)	Number of dwelling houses in respect of which demolition orders were made	9	
(ii)	Number of dwelling houses demolished in pursuance of Demolition Orders	18	
(iii)	Number of demolition orders revoked	2	
(iv)	Number of Closing Orders made	2	
(v)	Number of Closing Orders revoked	—	
(d) Proceedings under Section 18 of the Housing Act, 1957—			
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil	
(ii)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit	Nil	
4. HOUSING ACT, 1957. PART IV—OVERCROWDING			
(a)	(i) Number of dwellings overcrowded at the end of year	12	
	(ii) Number of families dwelling therein	17	
	(iii) Number of persons dwelling therein	89	

(b)	Number of new cases of overcrowding reported during the year	1
(c)	(i) Number of cases of overcrowding abated during the year	1
	(ii) Number of new cases of overcrowding relieved during the year	Nil
	(iii) Number of persons concerned in such cases ...	Nil
(d)	Particulars of any cases in which dwelling houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	Nil

5. RENT ACT, 1957

During the year the Public Health Inspectors made 54 inspections in connection with the requirements of this Act. These inspections dealt with applications for Certificates of Disrepair, checking Undertakings made by owners, and inspecting the works carried out to remedy the defects and disrepair.

The following is a summary of the matters dealt with during the year:—

Number of applications for Certificates	8
Number of Certificates issued	3
Number of Certificates cancelled	1
Number of Undertakings accepted	5
Number of applications for Certificates as to remedying of defects, "Form O"	—
Number of Certificates as to remedying of defects:—	
Granted "Form P"	1
Refused	—

SHOPS AND OFFICES

Mr. S. F. Titterton, D.S.A.A., M.I.S.A.A., the Council's Shops Inspector, who works under the supervision of the Chief Public Health Inspector has submitted the following report on the various duties for which he is responsible.

Shops and Offices Legislation

The Government's comprehensive Bill, mentioned in the Annual Report for 1961 was introduced in the House of Commons in November, 1962 as the Offices, Shops and Railway Premises Bill and repeals the abortive Offices Act, 1960. After considerable Parliamentary time and the Government's acceptance of many

Amendments to improve the Bill it has now reached the statute book as the Offices, Shops and Railway Premises Act, 1963.

The Act results from some of the findings of the Gowers' Committee of 1949 and though it does not include all the employments mentioned in that Report, nevertheless, provision has been made for the inclusion of some eight million workers in offices and shops. For the very first time, the Act gives standards for their safety, health and welfare on a similar basis to that built up for industrial employees over the last century and a half. It means, and this is of great importance, that where there has been a breach of statutory duty by the employer, an employee may use such a breach as ground for action for damages if he is injured as a result of that negligence. In the past, an employee has had difficulty in proving negligence on the part of his employer. Employers will be under an obligation to notify the appropriate authority of an accident causing death or where a person is disabled for more than three days from doing his usual work. Again this is extremely important, (a) the local authority inspectorate will have to investigate and report (b) in time the Minister of Labour will be able to obtain an overall picture as to the causes of accidents in shops and offices through the media of Local Authorities reports and what remedies may be required to reduce the causes.

Scope of Act

The Act applies to offices, shops and certain non-industrial railway premises where persons are employed to work. The Act does not apply to family businesses (close relatives to the occupier) or where the total hours worked by all employees during the week is not more than twenty-one hours.

The definitions of 'shop' and 'office' is very wide and includes such premises as occupied by wholesale dealers or merchants, launderettes, dyers and cleaners shops, garage service stations, mail order offices, coal depots and any room used for office purposes. Office purposes means and includes, writing, machine calculating, drawing and the editorial preparation of matter for publication, telephone and telegraph operating.

There are a variety of measures to be observed by employers of labour and on owners of buildings including, means of escape, fire appliances and drill, sanitary accommodation, washing facilities (hot and cold water) Ventilation (fresh air) temperature not to be

less than 60 degrees F (after the first hour), wholesome drinking water, first aid equipment, regular cleaning of premises and windows, lighting and the guarding of staircases and openings. No room to be overcrowded so as to be injurious to health and after a period of three years each worker will be entitled to at least 400 cubic feet of air space and 40 square feet of working space (this requirement will not apply to rooms where the public are normally served). Exits, floors and passageways must be kept free of obstructions. Guarding of dangerous machinery and prohibition of young persons from cleaning of machinery where there is a risk of injury. There is to be proper sitting facilities for both male and female workers. The seat provided must be suitable for the purpose not only for the work to be done whilst sitting but also consideration of the individual. There is to be training for and supervision of young persons working dangerous machines.

Administration and Enforcement

Local Authorities will be responsible for the enforcement of most of its provisions, the Factory Inspector will be responsible for inspecting offices in factories, Government premises, railway premises and premises occupied by Local Authorities.

Local Authorities are required to submit annually, reports to the Minister of Labour who himself has a duty to submit an annual report to both Houses of Parliament. The Minister has power to set up a supervisory Central inspectorate for the purposes of ensuring uniformity of inspection and to give advice to local authorities, in fact, a department within the Ministry of Labour is now in being, known as the Offices, Shops and Railway Premises Branch.

The Act will come into force about August 1964 so as to allow owners and occupiers of buildings a reasonable period in which to put their premises in order, to prepare some regulations which the Minister has power to make, to deal with registrations before inspections first begin and to recruit and train inspectors.

It is estimated that there are about one million premises liable for inspection, a formidable task and a challenge to everyone concerned. It means, at least, that the larger local authorities will need additional inspectors and clerical assistants.

On the point of inspection and during the passage of the Act through Parliament, Local Authorities and their inspectorate were criticised for their failure to carry out the existing Shops Act 1950

and it was said "It did this 'House' no good when legislation of this kind was not carried out in accordance with the wishes of Parliament." Be that as it may, I think in fairness to this Authority who are mindful of their responsibilities imposed them by the Act of 1950 and who cannot be indicted in this respect that a brief resumé be given on what has been done in this connection since my appointment in February 1954.

Of the 4,335 contraventions detected during the period 1954/1961, 500 related to sanitary accommodation, washing facilities, temperature and ventilation, provision of staff rooms and sitting facilities. In addition matters concerning cleaning, means of escape, obstructions and defective electrical fittings were dealt with under other Acts. Regarding what is termed 'conditions of employment' 251 offences were detected concerning failure to allow assistants a weekly half-holiday, Sunday holidays, intervals for rest and meals and the employment of young persons beyond the permitted hours. Summonses were issued for eighty-nine offences and fines amounting to £203 10s. 0d. were imposed.

Shops Act, 1950

Routine visits and observations were made on all shops within the Borough during the year and in particular in the evenings and on Sundays. The shopping habits of the public have not fundamentally changed from that of last year, most shops close by 6 p.m. though there has been a slight increase in certain trades to keep open until 8 p.m. on Friday. The adoption of a five-day week is gaining ground and that now an agreement has been signed between the Multiple Grocers Association and U.S.D.A.W. (Union of Shop Distributive and Allied Workers) on the adoption of a five-day week (one whole day or two half-days) there is every possibility there will be an acceleration in this direction by other organisations representing the retail trades.

Sunday trading continues to be a complex matter and it should be noted in this connection that a Committee on Sunday Observance is in session and over 100 organisations interested in this aspect have given evidence. There is, however, no indication when this Committee is likely to report to the Government.

The Act, with its limitations has been enforced as can be seen in the schedule of this report.

Means of escape in case of fire. (Public Health Act 1936, Section 59)

During the year 27 surprise visits were made to premises falling within the provisions of this section when it was found there were three obstructions of exitways. Much improvement had been noted over the previous year and it is pleasing to report that occupiers of such buildings are appreciating the importance of strict observance of the rules.

Comment was made in my last report that this Act did not apply to certain clubs and in particular to Bingo halls. The Government has recently agreed that the present law is inadequate and that legislation will be introduced to include the aforementioned.

Consumer Protection Act, 1961

This Act gives the Secretary of State power to make Regulations on safety requirements and instructions on certain Goods likely to cause death or personal injury. There are now two sets of Regulations in force. The Heating Appliances (Fireguards) Regulations, 1953 and The Oil Heaters Regulations, 1962. The Government is now proposing to make a further Regulation to standardise the colour of cables used in electrical appliances.

32 visits were made to shops where these goods are sold and two contraventions were satisfactorily dealt with.

HOME SAFETY

With the coming into force of The Home Safety Act, 1961, this Committee has been reformed as a Sub-Committee of the Public Buildings and Health Committee. Bi-monthly meetings are held under the Chairmanship of Alderman Mrs. Irons, J.P., C.C., and the local press is invited to give coverage on the proceedings. The appointed Home Safety Officer is Mr. C. Hackett (Town Clerk's Department), who reports as follows:—

During the past year the activities of the Home Safety Committee have been considerably stepped up. Bringing to the notice of all householders in the Romford district the need to take more care not only in their homes, but also when they are on holiday and in parks and other places, is considered of utmost importance. Every household in the near future, will have a leaflet called the "Household Code," not only telling the people to take more care, but also listing first-aid notes of what to do if an accident occurs.

During the year many associations have been visited, film shows and talks given.

To bring to the notice of households, home safety has been vividly displayed in all its homes at exhibitions and carnivals and many thousands of pencils, balloons and other forms of propaganda has been distributed.

Unlike Road Safety statistics, in Romford the figures of Home Safety accidents are not yet available, so it cannot be assessed what effect the work of this Home Safety Committee has in this direction, but it is assumed that all the people are not fools and much of the efforts of Home Safety has got to them.

TABLE 15

SHOPS ACT, 1950

(a) INSPECTIONS

1,205 shops have been inspected and recorded on the register. Altogether 2,595 inspections and observations have been made for various purposes under the Act during the year.

The following contraventions were noted:—

(i) *Early Closing Day*

Failing to exhibit notice	...	...	...	...	65
Failing to close shop for serving of customers	...				2
Failing to observe the Regulations	...	...	...		3

(ii) *Evening Closing Hours*

Failing to close shop for the serving of customers	...				3
--	-----	--	--	--	---

(iii) *Sunday*

Failing to close shop for the serving of customers	...				7
Failing to observe the Regulations	...	...	...		27

(iv) *Conditions of Employment*

Failing to exhibit Notice as to Assistants' Weekly Half-Holidays	...	...	...	...	54
Failing to allow Assistants a weekly half-holiday	...				1
Failing to allow proper intervals for meals and rest	...				3
Failing to exhibit Abstract of Act and keep records of hours worked by young persons	...	...			63
Employment of young persons more than the permitted maximum hours	...	...	...	...	1
Failing to keep records of Sunday employment	...				9
Failing to allow compensatory holiday for Sunday employment	...	...	...	...	1

(v) *Health and Welfare*

Seats not provided for the use of female shop assistants	1
Failing to give notice of intention to use seats provided	27
Absence of, or unsatisfactory sanitary accommodation	7
Absence of, or unsatisfactory washing facilities ...	3
Ventilation unsatisfactory	10
Temperature unsatisfactory	3
Lighting unsatisfactory	4
Cleanliness	10

(b) *LEGAL PROCEEDINGS*

	<i>Offence</i>	<i>Section</i>	<i>Result</i>
1.	Failing to close a shop on Sunday	47	Fined £20 0s. 0d. Costs £2 0s. 0d.
2.	Failing to close a shop on Sunday	47	Fined £20 0s. 0d. Costs £2 0s. 0d.
3.	Failing to close a shop on Sunday	47	Fined £20 0s. 0d. Costs £2 0s. 0d.
4.	Failing to close a shop on Sunday	47	Fined £20 0s. 0d. Costs £2 0s. 0d.
5.	Failing to close a shop on Sunday	47	Fined £20 0s. 0d. Costs £2 0s. 0d.