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LONDON BOROUGH OF CAMDEN



ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
and
PRINCIPAL SCHOOL MEDICAL OFFICER
for the year
1965

by

WILFRID G. HARDING, M.R.C.S., L.R.C.P., D.P.H.

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BIDBOROUGH HOUSE



INTRODUCTION

This is an account of the first nine months work of a new health department. In retrospect it seems almost unbelievable that a team of people, previously working in entirely different organisational backgrounds, could from one day to the next be welded into an operational unit.

That this was successfully accomplished, is due primarily to the determination of the members of the new Council which was elected on 7th May, 1964 to look to the future rather than the past and to inspire their officers to do likewise.

In Camden this determination was reflected also in the early appointment of key departmental officers. This ensured that experienced staff of high calibre were *still available* and could be appointed. It was further shown, in the interest with which the members of the newly appointed Health Committee studied their new powers and duties in depth during the nine months which preceded "D-Day", 1st April, 1965.

Credit must also be given to the advance planning by working parties composed of officers of the London County Council and the Metropolitan Boroughs Standing Joint Committee, and it was particularly fortunate that Dr. R. Duncan Dewar, the Medical Officer of Health for Hampstead and Holborn, and I, as one of the London County Council's Divisional Medical Officers, were both members of the health services' working party.

Last but not least we were extremely fortunate in Camden that, largely through the inspiration which the elected members gave us, colleagues, regardless of previous organisational background and loyalties, of previous and new status, of personal inconvenience or disappointment worked together as one, both in the planning and the running of the new services. No Chief Officer in the new Greater London can have been more fortunate than I in all these respects.

- | | |
|-----------|--|
| 1962 | Hampstead, Holborn and St. Pancras Joint Committee of Representatives set up to consider and report upon the problems involved in connection with the proposed amalgamation of the three Boroughs. |
| 31. 7.63 | London Government Act, 1963, passed setting up London Boroughs. Setting up of Working Party on Transfer of Health Services, by Metropolitan Boroughs Standing Joint Committee and the London County Council. |
| May, 1964 | Report and recommendations of the Joint Committee of Representatives published. Among the matters necessarily dealt with prior to the election of the new Council was the adoption of the name of "Camden" for the new Borough. |
| 7. 5.64 | Election of Councillors for the London Borough of Camden. |
| 26. 5.64 | First Council Meeting of the London Borough of Camden. |
| 29. 6.64 | Appointment of Medical Officer of Health. |
| 29. 6.64 | Outline order of reference for Health Committee until 31.3.65, adopted as follows:-
Environmental health services; personal health services relating to maternity and child welfare, midwifery, care of the aged, meals on wheels, health visiting, mental welfare and all other services (except those services referred to the Welfare Committee) transferred to the Council under provisions of London Government Act, 1963; school health services delegated by the Inner London Education Authority. |
| 29. 6.64 | Standing Committees appointed. Health Committee appointed. |

20. 7.64 Councillor A.W. Stallard appointed Chairman and Councillor Mrs. L. Campbell, Vice-Chairman.
22. 7.64 Appointment of Dr. R.D. Dewar and Dr. S.M. Tracy as Associate M.O.s.H.
12. 8.64 Appointment of Dr. P. Bhandari as Deputy M.O.H., and of Mr. R.M. Thomas as Chief Public Health Inspector.
31. 8.64 Appointment of Mr. N.A.C. Bignell as Chief Administrative Officer, Miss P.M. Perrott as Principal Mental Health Social Worker and Miss K.M. Atherton as Principal Social Worker (Health Services).
- Health Committee addressed by the Medical Officer of Health on the organisation and functions of the Health Department.
- 4.11.64 Council decides to administer direct from a date to be fixed the home nursing and domiciliary midwifery services (with special dispensation for any district midwifery service which may be provided by University College Hospital).
- 4.11.64 Council decides to lease 38-50 Bidborough Street as office accommodation for the Health, Housing, Welfare and Children's Departments and for the furnishing and equipping of the offices.
- 4.11.64 Appointment of Dr. A.T. Evans and Dr. L. Kerr as Principal Medical Officers for maternity and child welfare and school health respectively, and also
- Mrs. K.L. Sewell - Chief Nursing Officer (Health visiting, school nursing and day nurseries).
- Miss G. Jackson - Deputy Principal Mental Health Social Worker.
- Miss M.E. Bayly - Deputy Principal Social Worker (Health Services).
- Council decides to become a member of the London Boroughs' Training Committee.
- Health Department establishment approved by Council.
- 25.11.64 Health Committee addressed by Miss Atherton on the work of family case workers and of social workers in the school health service.
- 16.12.64 Council approves grant of £12,885 to Camden Council of Social Service for year 1965/66.
20. 1.65 Health Committee addressed by Miss Perrott on the mental health functions of the department and the work of mental health social workers.
10. 2.65 Council approves arrangements for night and weekend telephone cover of the Health Department by the Admissions and Doctors Inquiry Service at Whittington Hospital. Bidborough House occupied by first contingent of Health Department (Holborn Environmental Health section) followed in March by St. Pancras Environmental Health section, and the London County Council sections at the end of March.
10. 2.65 Council decides to set up a Camden Family Service with its Centre at Bidborough House, and with the Medical Officer of Health having a co-ordinating responsibility; "Family Services Committee" set up.

24. 3.65 Council agrees to co-option of six professional members to serve on Health Committee, representing

Inner London Local Medical Committee
Royal Free Medical Committee
University College Hospital Medical Committee
North London Hospital Group Medical Advisory Committee
Institute of Child Health, University of London
Inner London Local Dental Committee

1. 4.65 'D' Day - Health Department at Bidborough House functioned as a completely new integrated unit.
9. 4.65 First issue of "The Health of Camden" published.
14. 4.65 Appointment of Councillor A.W. Stallard as Chairman and Councillor Mrs. Leila Campbell as Vice-Chairman of the Health Committee, and appointment of Environmental Health Sub-Committee.
16. 6.65 Council decides to take over Good Neighbour Service and to extend it to cover whole of the Borough.
- 1.10.65 Direct administration of nursing and domiciliary midwifery services (decided 4.11.64).
- 13.10.65 Council increases geriatric visitors' establishment to 20 with ultimate aim of regular 3 monthly routine visiting of all old persons over 75.
- 13.10.65 Council agrees to appoint two additional public health inspectors and two additional technical assistants in order to increase inspection rate of houses in multiple occupation from 750 to 1,000 houses per year.
- 17.11.65 Council establishes the principle of developing Health Centres in Camden, take chiropody services over from Camden Old People's Welfare Association and decides on expansion of service. Appointment of a chief chiropodist.
- 22.12.65 10 year Development Plan approved by Council. This plan provides for the development of the health services of the London Borough of Camden during the 10 year period from 1966 to 1976 in the light of the plans prepared by the London County Council in 1962 and 1963, and the re-assessment of the needs for local health services in the Borough during the next 10 years. Apart from the improvement and expansion of existing services together with arrangements for greater co-operation with other allied services, the plan also includes a capital programme which provides for the setting up of new day nurseries, health centres or family clinics, hostels for the mentally ill, and for the mentally sub-normal, a day rehabilitation centre, a day centre, an industrial centre, a junior training centre and a residential unit for autistic children.

INTEGRATION AND CO-ORDINATION

A public health service is by its very description a service which cannot operate effectively in isolation. Close co-operation with other services directly administered by or associated with the Council is essential, and so is close linkage with the other branches of the National Health Service. In the new set-up it was also particularly important to ensure the closest possible integration of the Borough's health services with the education, health and social services provided by the Inner London Education Authority.

THE CAMDEN FAMILY SERVICE

A unique feature of the new London Borough of Camden was the Council's early decision to form a Family Services Committee with the function of co-ordinating the activities of the four social services committees - Health, Housing, Welfare and Children's. This Committee met under the Chairmanship of the Chairman of the General Purposes Committee. It consists of the Chairmen and Vice-Chairmen and one other member of the four committees, of two co-opted members representing the Inner London Education Authority and the Camden Council of Social Service respectively - this latter organisation providing the co-ordinating machine for the voluntary agencies in the Borough. The Family Services Committee has no executive powers, but is able to make recommendations to the appropriate service committees. At officer level the heads of the four social services departments meet regularly under my Chairmanship. During the early days of the new Borough many of our discussions were inevitably concerned with a variety of practical and domestic problems related to our new situation.

The value of having the headquarters of all the social services departments based in one building cannot be over-estimated, but this in turn created inevitable problems of allocation of office accommodation, parking space and other important, if minor, difficulties. Throughout 1965 the Chief Officers met at approximately fortnightly intervals and our discussions covered a very wide range of topics, particular attention being paid to our reception arrangements for the four departments and for effective co-ordination of services in respect of individual families.

A Co-ordinating Committee was also established under my Chairmanship and with the Children's Officer as the Vice-Chairman. Although a number of meetings of the full Co-ordinating Committee were held, it was reassuring to note the increase in the number of field level conferences. The effectiveness of these meetings can to some extent be judged by the lessening demand for full-scale co-ordinating committee meetings.

Bidborough House, the headquarters of the social services departments, provides the first family advice centre in the Borough, and it is hoped to provide similar facilities throughout the Borough as part of the development plan of the social service departments.

The need for co-ordinated planning for the future of the social services was also the basis for a joint research scheme into the needs of Camden's population for health and social services. This is being undertaken by Mrs. Margot Jefferys, Director of the Social Studies Unit, Bedford College, University of London, under the joint sponsorship of that college, University College Hospital Medical School and the London Borough of Camden.

RELATIONSHIPS WITH OTHER BRANCHES OF THE HEALTH AND SOCIAL SERVICES

It is generally accepted that good co-operation depends on good communication. This must, of course, apply particularly in relation to an entirely new organisation such as Camden. It was with this in mind that the Council decided to invite nominations for co-option on the Health Committee of a general practitioner and a dental surgeon respectively from the Inner London Local Medical and Dental Committees. Similar invitations were issued for nomination of consultants from the Institute of Child Health, the Royal Free Hospital and University College Hospital Medical Schools, University of London and from the North London Hospital Group. Finally the Inner London Executive Council nominated a member for co-option. The value of this far-sighted action of the Council is beyond doubt.

THE HEALTH OF CAMDEN

We decided that immediately upon becoming operational the department would issue at regular intervals - first weekly, and later fortnightly - a bulletin in which the services provided by the Health Department would be described and any new developments announced. The first issue of The Health of Camden appeared on 9 April 1965. This bulletin, very modestly produced, was sent to all general practitioners in the Borough and to as many medico-social agencies as appeared to have an interest in the work of the department. Hospitals were asked to state their requirements for copies and these were fully met in each case. Although it became clear in the course of 1965 that the bulletin did not in the first year reach as many colleagues as one imagined might be interested (e.g. all ward sisters in the local hospitals) there was a steady increase in demand and by the end of the year 650 copies of each issue were distributed; circulation rose later to over 1,000 copies per issue. Apart from announcements dealing with day-to-day organisational matters the following subjects were dealt with in the Health of Camden during 1965.

Main Items

- The Emergency Bed Service
- Health Centres
- The Volunteer Emergency Service
- The Camden Family Service
- Camden Council of Social Service
- Home Nursing and Domiciliary Midwifery
- The Education of Delicate Children
- Day Nurseries and Child Minder Service
- The School Health Service
- Rehousing on Medical Grounds
- Smallpox
- The Home Help Service
- District Nursing Service
- Child Welfare Centres
- *The Early Detection of the Handicapped Child
- *Loan Equipment
- *Maternity Bed Bookings
- *Health Education in Camden
- *Specimens for Bacteriological Examination
- *Work of the Public Health Inspectorate
- *Task Force
- *Enuresis
- *Authentication of International Certificates of Vaccination
- *Community Mental Health Services

*Half page articles

CO-OPERATION WITH HOSPITALS, MEDICAL SCHOOLS AND OTHER ACADEMIC INSTITUTIONS

It was happily possible to build up excellent relations, which Health Divisions 2 and 3 of the London County Council as well as the three boroughs had established and maintained. Thus the Province of Natal Centre, providing maternity and child welfare and also school health services in Holborn, had been jointly administered by the London County Council and the Institute of Child Health, which is, of course, closely linked with the Hospital for Sick Children, Great Ormond Street. Although no formal agreement about the future management of the Centre had been concluded by the end of the year, in practice close co-operation between the local health and education authorities and the academic child health services continued as before. Similarly University College Hospital Medical School continued to be responsible for a child welfare clinic held on hospital premises.

Not only were old contacts maintained, but new ones were established. Dr. R. Duncan Dewar continued as a member of the Board of Governors of the Royal Free Hospital and Dr. Susan M. Tracy as member of its Medical School Council. The Medical Officer of Health continued to be a member of the group set up by the Institute of Child Health to plan the new Coram Fields Assessment Centre. He became a co-opted member of the University College Hospital Medical School Council and was also invited to join the Heads of Departments Committee of the Royal Free Hospital Medical School.

Teaching links served to consolidate co-operation. Members of the Department took part in theoretical and practical teaching of undergraduate and post-graduate medical students and of nurses from the institutions which have already been named as well as from others in the Borough - such as the London School of Hygiene and Tropical Medicine. Such teaching is essential not only in order to provide information on the local authority health and social services, but also in order to widen the students' knowledge of the community and its problems, and of the way in which local democracy works. There was hardly a Council or Health Committee meeting which was not attended by a group of students, and we are particularly indebted to His Worship the Mayor, the Chairman of the Health Committee and many other members of the Council for the warm personal welcome which they extend to their guests on these occasions.

The important decision was also taken to appoint a Consultant Psychiatrist who would have clinical responsibilities at University College Hospital and the Friern Hospital (catchment hospital for psychiatric patients from St. Pancras and soon to include the remainder of Camden) and would also act as Adviser in Mental Health to Camden's Medical Officer of Health.

Similarly, discussions were held with the Dean of the Royal Free Hospital Medical School on the possibility of making a joint appointment of Lecturer and Senior Assistant Medical Officer.

A monthly audiology session was started on 7 May 1965 for Camden children by Mr. Leonard Kingdom, Consultant Surgeon, The Royal Ear Hospital, University College Hospital.

The three chest clinics in the Borough continued to be administered jointly with the hospital authorities which had in the past been responsible for them together with the Health Department of the London County Council.

CO-OPERATION WITH GENERAL PRACTITIONERS

Perhaps the most effective link with local general practitioners has been The Health of Camden. We have been very gratified to note the interest with which they have received it and commented on it, even though its production as a stencilled broadsheet is far from perfect and certainly cannot compete with the copious literature which general practitioners receive from drug firms and other commercial establishments. We have endeavoured to meet general practitioners personally as often as possible; - telephonic communication is only a second best, especially in the absence of sufficient telephone lines which will, one hopes, be remedied one day. Of particular importance in the strengthening of the links with general practitioners is the interest which public health doctors take in local professional activities, and all of us in the Department were proud when our colleague, Dr. R.D. Dewar, Associate Medical Officer of Health, was elected as the first Chairman of the newly formed Camden Division of the British Medical Association.

CO-OPERATION WITH THE INNER LONDON EDUCATION AUTHORITY

In spite of the fact that the scheme which links the Borough's health services with those of the Inner London Education Authority had not been adopted by the end of the year, in practice the services functioned as one. Many of us, of course, had previously been concerned with personal and school health services so that the transition did not cause undue difficulty.

NIGHT SERVICE

Essential for the efficient functioning of a health department is its accessibility on a twenty-four hour basis. To provide night and week-end telephone cover for Camden alone would have necessitated expensive staffing arrangements. An Admissions and Doctors' Information Service already existed at the Whittington Hospital, and the North London Group Hospital Management Committee readily agreed to extend the functions of this service to night, week-end and public holiday telephone cover for the London Boroughs of Camden, Haringey and Islington from 1 April, 1965 on an agreed financial basis. This arrangement provided for monitoring of telephone calls to the Department out of office hours by the General Post Office and for directing callers to the Hospital's night telephone service. The operators are provided with the duty rosters of midwives, mental health social workers and medical officers who are contacted immediately as occasion demands.

Later in the year the Council took over the home nursing services from the District Nursing Associations and emergency cover was then extended to these services.

Hospitals, general practitioners and others were informed about these arrangements. Not only did they work efficiently, but they contributed to functional co-ordination with the other branches of the National Health Service, and also to co-operation between colleagues working in the neighbouring boroughs.

We owe thanks for the inception of this service and its efficient working to the senior administrative officers of the hospital group and particularly also to Miss M. Gregory and her colleagues of the Admissions and Doctors' Information Service.

SOCIAL CIRCUMSTANCES

Camden covers an area of 5,364 acres, with a rateable value at 1 April 1965 of £33,155,140: the estimated net product of a penny rate for 1965/66 was £129,600.

Table 1 summarises the population, housing and social characteristics of the area of the three former Metropolitan Boroughs which now form the Borough of Camden, and provide comparative data for Inner London and Greater London, from information recorded at the 1961 Census.

It is likely that the broad pattern has remained substantially unchanged in the past five years:-

1. a highly mobile population - 16 per cent. in Camden had moved into their homes within the year preceding enumeration compared with the country average of 13 per cent. Moreover in Camden one in four of its population was born outside Great Britain whilst in the whole of Inner London the ratio was about one in seven.
2. a fairly high ratio of earners to dependents and a greater than average ratio of women who were going out to work.
3. all three parts of the Borough had very high proportions of unmarried persons and of small households with one or two persons; and exceptionally low proportions of large households of five or more persons.
4. a relative over-representation of professional and managerial occupations.
5. a well-educated population - about 37 per cent. continued their education beyond the age of 16 years, compared with 22 per cent. in Inner London.
6. a disproportionate ratio of households renting furnished accommodation and of households lacking or sharing essential domestic facilities.

VITAL STATISTICS

At mid-1965 the population was estimated to be 240,970 including 3,950 under one year of age, 12,150 between one and five years old and 22,500 between the ages of 5 and 15 years.

There were 4,029 births to Camden residents, including those confined outside the Borough, of which 3,562 (88.4 per cent.) took place in hospital.

Births

	Male	Female	Total
<i>Live</i>			
Legitimate	1,717	1,628	3,345
Illegitimate	312	306	618
	2,029	1,934	3,963
<i>Stillborn</i>			
Legitimate	21	28	49
Illegitimate	10	7	17
	31	35	66

The crude live birth rate for 1965 was 16.4 per 1,000 total population which when adjusted by an area comparability factor of 0.72 gave a comparative rate of 11.8 (E. & W. 18.1). Illegitimate live births formed 15.6 per cent. of the total live births, about twice the rate for England and Wales.

The stillbirth rate was 16.4 per 1,000 total live and still births, compared with 15.5 for England and Wales.

Infant Deaths

	Male		Female	
	Legitimate	Illegitimate	Legitimate	Illegitimate
Under 1 year	31	13	25	8
Under 4 weeks	17	11	20	6
Under 1 week	13	10	17	5

Total infant deaths (77) represent a rate of 19.4 per 1,000 total live births; there were 16.7 legitimate infant deaths per 1,000 legitimate live births and 34.9 *illegitimate infant deaths per 1,000 illegitimate live births*.

The neo-natal mortality rate (deaths under 4 weeks) was 13.6 per 1,000 total live births, while deaths under 1 week gave an early neo-natal mortality rate of 11.4 per 1,000 total live births.

Stillbirths and deaths under one week expressed as a rate per 1,000 total live and stillbirths gave a perinatal mortality rate of 27.6.

MATERNAL MORTALITY

Only one maternal death occurred, a rate of 0.2 per 1,000 total births.

CAUSES OF DEATH

Deaths by age, cause and sex are shown in Table 2; total deaths were 2,460 giving a crude death rate of 10.2 per 1,000 population, which when adjusted by an area comparability factor of 1.11 gave a standardised rate of 11.3, a little below the provisional rate of 11.5 for England and Wales.

Deaths are shown by cause in Table 3, for the years 1947 to 1965. As in previous years, the leading cause of death in 1965 was disease of the heart, but at a higher level than in 1964, - 771 (678) deaths.

Cancer caused 608 deaths, the highest figure since 1960; of this total 180 were due to cancer of the lung and bronchus, the highest figure so far recorded.

Other leading causes were in order, bronchitis and pneumonia - 279, vascular lesions of the central nervous system - 233 and other circulatory disease - 117.

CONTROL OF INFECTIOUS DISEASE

The control of infectious disease remains a major duty of the Health Department. Although endemic smallpox has been eradicated from this country and diphtheria and poliomyelitis made rarities by vaccination and immunisation, the occurrence of a case might cause an outbreak were the disease not recognised and steps taken at once to control its spread.

With this in mind notes were issued to all professional staff of the department upon the general procedure to be adopted upon notification of cases (or suspected cases) of smallpox, diphtheria and dysentery. In the first two diseases immediate action is vital, whilst dysentery, although generally mild, may have serious effects at the extremes of life and may also become widespread unless thorough preventive action is taken.

The London Borough of Camden has special responsibilities for smallpox, since ambulances from the Greater London Council's North Western Ambulance Station in Camden are used to transport any suspected or confirmed case of smallpox within the Greater London area. Arrangements have therefore been made, (continuing the procedure adopted by the London County Council) to visit the ambulance station to vaccinate or re-vaccinate the staff periodically so as to maintain their protection and in particular to re-vaccinate immediately an ambulance crew returns after transporting a case or suspected case of smallpox.

Vaccination has also been arranged for the staff of the Health Department, including in particular, medical staff, public health inspectors and disinfectors who may be expected to be exposed to infection should a case of smallpox occur in the Borough.

Immunisation against smallpox, diphtheria, whooping cough, poliomyelitis and tetanus are dealt with on page 61: but protection is also available against other diseases.

YELLOW FEVER

Vaccination against yellow fever is required only by persons travelling to countries where such protection is a condition of entry, and is carried out only at centres designated for this purpose by the Ministry of Health. One such centre is the Hospital for Tropical Diseases, University College Hospital, 4 St. Pancras Way, N.W.1. Continuing arrangements made by the former London County Council, the Borough Council reimburses the hospital for the cost of the accommodation, services and materials supplied for the nursing and clerical staff and employs Dr. L. Roodyn, M.V.O., M.D., as a sessional medical officer to carry out such vaccinations.

During 1965, 8,828 persons were vaccinated or re-vaccinated against yellow fever at this centre. It is now considered that vaccination against yellow fever gives protection for a period of 10 years.

CHOLERA

Vaccination against cholera is carried out at the same hospital.

ANTHRAX

A vaccine is now available for protection against this disease which generally affects animals. It can be spread in this country by the handling of imported unsterilised hides, hair or bone. Such materials come mainly from Africa and the East and persons at risk in the Borough are those employed in the three factories dealing with these commodities.

A scheme providing for vaccination against anthrax has been made by the Council and approved by the Ministry of Health. The vaccine is provided free by the Public Health Laboratory Service from the Colindale Laboratory and vaccination may be carried out either by general practitioners or by the staff of the Department. Vaccination was offered by the Health Department to each of the three firms, and detailed information was sent to the doctor employed by two of these firms. It is understood that vaccination was provided by him for the two firms concerned.

Some infectious diseases are not notifiable, for example, chicken pox, German measles, and mumps, all of which occur commonly. The following diseases are notifiable:-

Anthrax	Glanders	Poliomyelitis, Acute
Cholera	Hydrophobia	(including acute polioencephalitis)
Diphtheria	Leprosy	Puerperal Pyrexia
Dysentery (including amoebic and bacillary dysentery)	Malaria	Relapsing Fever
Enteric fever (including typhoid and paratyphoid)	Measles	Scabies
Erysipelas	Membranous Croup	Scarlatina or Scarlet Fever
Encephalitis Acute	Meningococcal Infection	Smallpox (Variola)
Food Poisoning (or suspected Food Poisoning)	Ophthalmia Neonatorum	Tuberculosis
	Plague	Typhus Fever
	Pneumonia (acute primary and acute influenzal)	Whooping Cough

The number of cases of infectious diseases notified during 1965 is shown in Table 4 in the Appendix.

INCIDENCE OF INFECTIOUS DISEASE

It is very satisfying to note that no cases of diphtheria, poliomyelitis or smallpox were notified during 1965. These diseases in particular are preventable by immunisation, and whilst the absence of clinical cases during the year is to be welcomed, there is a real risk that the community may become less "immunisation minded" in consequence. These conditions are still common in some parts of the world and may be introduced into this country at any time, especially in these days of rapid and extensive travel.

In several cases where the diagnosis was in doubt general practitioners requested a second opinion, and a number of persons coming to Camden from areas abroad where smallpox is endemic and who showed no evidence of recent successful vaccination, were kept under surveillance during the incubation period of the disease.

DYSENTERY

The majority of cases of dysentery were caused by *Shigella sonnei*, and this type of dysentery is usually serious only in the very young or the very old. Being an intestinal infection it is, however, very easily spread within a family or in an institution.

There were three outbreaks during the year, two in Day Nurseries and one in a Residential Nursery. In one of the Day Nurseries there were six cases in mid-June and all were cleared by mid-July. In the other Day Nursery there were altogether 32 cases (including 10 resident outside Camden) between the end of July and the early part of September.

The source of the outbreak in the Residential Nursery was traced to the mother of one of the children whom she visited at the nursery. There were 32 cases (30 children and 2 staff) starting in October and of these 3 children and both the members of the staff were admitted to hospital. The outbreak was difficult to control, because the organisms were resistant to the majority of antibiotics and although they were sensitive to neomycin the treatment with this preparation had to be discontinued because of its side effects. The last case was only cleared during the early part of December.

FOOD POISONING

Although only 33 cases of food poisoning were notified, there were many more people affected. During 1965 three outbreaks of food poisoning were investigated.

The first, which occurred in an hotel in mid-September, affected 66 persons, mainly members of the staff, out of 190 who consumed the mid-day meal. The onset of symptoms was generally 8-15 hours later, none of the cases was serious and all recovered within 24 hours. In only one case was a pathogenic organism (in this case *Clostridium welchii*) found in a specimen sent for examination and none of the food supplied for the meal was available for examination. No serious defects were found in food handling or preparation procedure.

The second case investigated occurred in an old people's home in October, when after a meal at 12.30 p.m., 21 people became ill between 3.30 p.m. and 8 p.m. Because of severe prostration seven of these old people were admitted to hospital, but all recovered. The infecting organisms were not identified, but staphylococcal food poisoning was suspected. It seemed probable that the source of the infection was cooked ham which was served cold, but no organisms were isolated from the portion which remained.

The third case occurred in a boys' home where 17 persons suffered from vomiting and diarrhoea, the cases occurring over a period of six days. The infection appears to have originated at a camp where some of the boys stayed over the week-end. The cooking and hygienic arrangements at the home were excellent and no bacteriological cause was found for the outbreak.

MEASLES

Measles tends to be prevalent in alternate years with much smaller numbers in between. During 1965 there were 1,279 cases which is more than in the previous year, but rather less than would be expected in an "epidemic" year.

TUBERCULOSIS

During the year there were 147 new notifications of pulmonary tuberculosis and 19 of non-pulmonary tuberculosis. These figures are similar to those of 1964 for the three former metropolitan boroughs which now form Camden (160 and 16). Details of notifications are given in tables 6 and 7 in the Appendix.

Whilst the number of deaths from tuberculosis has decreased consistently over the past 20 years, the notifications of new cases have only shown a drop during the past 6 or 7 years, a rather slower reaction to improvements in treatment than is shown in other parts of the country. It seems probable that the excellent facilities for diagnosis and the considerable movement of the population in the London area are both factors in the slow reduction in the number of new cases.

I am indebted to the physicians-in-charge of the three chest clinics in Camden for the following reports of the work of the clinics during 1965:-

Hampstead Chest Clinic
Report of the Physician-in-Charge
G. Schneerson, M.D., M.R.C.P.

The changes in local authority boundary administration have not affected the work at this clinic which has continued to enjoy the same helpful co-operation from the new authority as it had previously received from the old.

So far as the statistics are concerned, the notification figures for 1965 were no less than for 1964, and this year the total for the first eight months has already almost reached the level for the whole of 1965.

It is thus clear that although there may be somewhat less tuberculosis in the country at large, this tendency is not reflected to the same degree in areas such as central London where there is a shifting population.

The number of notified deaths from carcinoma of the lung in 1965 has also increased as compared with 1964.

Holborn Chest Clinic
Report of the Physician-in-Charge
P.J.D. Heaf, M.D., F.R.C.P.

The Holborn Chest Clinic which has now become one of the Chest Clinics to the Borough of Camden is situated in University College Hospital and closely integrated with the Chest Department. This association with the facilities of the hospital makes it possible to investigate and treat all types of respiratory disease, tuberculosis, bronchitis, asthma and carcinoma of the bronchus, etc.

Patients who require admission either come into the main hospital or if they have tuberculosis and chronic conditions are often admitted to the chest beds at the University College Hospital Annexe at 23 Devonshire Street. This latter accommodation is particularly suitable for infectious patients and long-stay patients as the majority of them have single rooms.

Weekly meetings are held between the chest physicians and thoracic surgeons, patients requiring operation are discussed and the necessary treatment carried out as a team. University College Hospital has full facilities for thoracic surgery. There is also the facility for treating respiratory failure with intermittent positive pressure respiration and three beds, in an Intensive Care Unit, are equipped for this purpose.

If patients suffering from chest disease are unlucky enough to develop disease of other organs then they can be referred to the necessary specialist within the hospital and the implication of their respiratory disease on treatment can be discussed. Naturally the full ancillary services of the hospital are available to the chest physicians.

In the Chest Department there is a pulmonary function laboratory where routine respiratory function tests and research are carried out. These facilities are available for the investigation of both in-patients and out-patients.

Although the diagnosis and treatment of tuberculosis still forms an important part of the work of the Clinic, it will be seen that the situation of this Department in the general hospital makes investigation and treatment of other conditions satisfactory.

St. Pancras Chest Clinic
Report of the Physician-in-Charge
P.D.B. Davies, M.A., M.D., M.R.C.P.

The prevalence of tuberculosis continues to diminish steadily. The chest clinic has therefore found it possible to extend its unique pattern of function to other diseases. The clinic has widened the system of a register of patients, for whom the clinic maintains unbroken supervision, to include all patients in St. Pancras district of Camden known to be suffering from chronic bronchitis, lung cancer and other chronic infections. In this way, the clinic hopes by home visiting, regular outpatient examination and, where necessary, admission to the wards of the Whittington Hospital Chest Unit, not only to improve the long term care of their patients and to alleviate suffering from incurable disease, but at the same time, to investigate the natural history of the diseases, their causes, prevention and cure.

The Chest Service sets a most desirable example, whereby prevention, treatment and rehabilitation are one continuous responsibility. Thanks to the services of the health visitors, the day-to-day care of the chest clinic patient is infinitely better served than that of the generality of disabled persons - exacerbation of disease, default from treatment, failure to attend for re-examination are quickly recognised and corrected. The Chest Service attempts to treat the patient in relation to his environment; it concerns itself with such social practicalities as housing, nutrition, and the financial support of patients. The Chest Service has proved itself to be truly a health service working in full co-operation with the Health Department of the Borough.

BACTERIOLOGICAL EXAMINATIONS

The Public Health Laboratory Service provides for the examination of specimens free of charge for the purpose of diagnosis, the discovery of carrier cases and the examination of contacts of cases.

During the year 3,048 specimens were examined from persons in Camden and of these 436 were positive for dysentery (mainly *Shigella sonnei*), 84 were positive for food poisoning organisms of which 41 showed the presence of *Clostridium welchii* and 23 of the throat swabs showed haemolytic streptococci. The remaining 2,505 specimens were negative.

Before 1 April 1965, throat swabs and other specimens for bacteriological examination from the Borough of Hampstead and St. Pancras were sent to the Public Health Laboratory Service's Central Laboratory in Colindale, whilst those from the Borough of Holborn were examined at the Royal Institute of Public Health and Hygiene, Queen Square, W.C.1.

Since the formation of the London Borough of Camden specimens have been sent to the Public Health Laboratory Service laboratory at County Hall, S.E.1.

The Health Department provides a daily collection service. Specimens which are brought or sent by general practitioners to Bidborough House or to the Northern Office in Haverstock Hill or to Barnes House Maternity and Child Welfare Centre, N.W.5 are conveyed to the laboratory by the Department's transport. The total number of specimens transported in this way was 1,110.

I am indebted to the Director of the London (County Hall) Bacteriological Laboratory, Dr. A.J.H. Tomlinson, M.D. for his advice and assistance in providing this service.

HOUSING

The Health Department has duties and responsibilities in relation to housing which may be summarised as follows:-

1. The investigation of complaints
2. Routine inspections for
 - (a) lack of repair
 - (b) overcrowding
 - (c) lack of amenities, particularly in houses in multiple occupation
 - (d) re-inspection of premises subject to Closing Orders, etc.
3. Inspections for slum clearance, demolition, or closure, including underground rooms.
4. Applications for loans for house purchase.
5. Applications for improvement grants, both standard and discretionary.
6. Medical recommendations for rehousing.

INVESTIGATION OF COMPLAINTS

Many complaints are received by the Department concerning housing conditions; most concern defects in the house itself, such as a lack of repair or dampness, but others involve the use or misuse of adjacent premises affecting the comfort of the complainants.

All complaints are investigated, be they made by letter, telephone call or personal visit. Where the complaint is justified, action depends on the particular circumstances, but usually it is the service of a notice under Section 93 of the Public Health Act, 1936, requiring the abatement of any "nuisance" existing. Before 1 April 1965, the Public Health (London) Act, 1936 which gave powers to the Metropolitan Boroughs, required the service of an "intimation notice" before a statutory notice could be served. Whilst no longer necessary, the service of intimation notices has been continued, for the procedure is well understood by property owners and notices are acted upon by them in most cases.

When it is found that many items require attention, or that the house needs a general overhaul, action is taken under Section 9 of the Housing Act, 1957. This procedure is more protracted and it may be several months before the necessary work is completed; it is thus rarely used for defects which can more readily be dealt with under the Public Health Act procedure noted above.

Before 1 April 1965, Section 27 of the London County Council (General Powers) Act, 1955 allowed a local authority to deal expeditiously with urgent defects in houses, but this was repealed by the London Government Act, 1963. A similar power appears in Section 26 of the Public Health Act, 1961, but the London Government Act specifically excludes its application to the Inner London Boroughs. It is to be regretted that these very useful powers available to the former Metropolitan Boroughs have not been given to the Inner London Boroughs.

ROUTINE INSPECTION

Whilst many housing defects are brought to light by the complaint of the occupant, routine inspections are also necessary to maintain the best possible housing conditions, and this is particularly true of houses in multiple occupation, for which recent legislation requires higher standards. There are however limits to the usefulness of such inspections where action by the Council will require the rehousing of some occupants, or where it is already proposed that the premises shall be demolished in the future, and the Planning Officer is always consulted when routine inspections are proposed.

LACK OF REPAIR

The standard of repair of houses has much improved during the past 10 years, but there remain many in which maintenance is minimal. Most are occupied by more than one family, and routine inspections deal both with general disrepair and with the provision of such additional amenities as are needed for the occupants. Whilst such routine inspections are generally carried out on the basis of streets or defined areas, individual houses of this type becoming known to the Department are also inspected with a view to the service of a comprehensive notice under Section 9 of the Housing Act, 1957.

OVERCROWDING

The Housing Act, 1957 lays down standards for the number of persons who may occupy a dwelling. This is based upon three separate considerations:-

- (a) the necessity for persons of opposite sex over the age of 10 years not to sleep in the same room (except husband and wife),
- (b) the number of rooms occupied and
- (c) the size of each room.

A child under the age of 10 years counts as one half and a child under one year of age is not reckoned at all.

It is an offence for persons to occupy, or for a landlord to allow occupation of, a dwelling by such a number of persons as will cause statutory overcrowding. It is not an offence should the overcrowding be caused by natural increase in the size of the family.

There is a distinction, not always appreciated, between overcrowding and over-occupation; thus a large house with inadequate washing and W.C. facilities may well be over-occupied, although the number of occupants is well below that allowed on overcrowding standards; an overcrowded house is necessarily over-occupied.

The Council has powers to deal with overcrowding, and a landlord permitting such an offence is liable to heavy penalties, yet to deal with it may involve the eviction of some occupants. It is extremely difficult for families, especially those with young children, to find alternative accommodation within the Borough, and it is impossible for the Council to rehouse them save at the expense of those on the waiting list who may themselves well be, because of overcrowding caused by the natural increase noted above, in even worse housing conditions.

For these reasons routine inspections for the purpose of discovering the extent of overcrowding are not generally made. Most cases of overcrowding are discovered by the scrutiny of applications for rehousing, and there may be more overcrowding amongst those who have recently moved into the Borough and are not yet eligible for admission to the housing waiting list than amongst those families already known to us. There are undoubtedly both undiscovered cases and errors in the number of those carried forward from year to year; those from the former Metropolitan Boroughs are not revisited if the visit might cause distress by raising false hopes of early rehousing by the Council.

HOUSES IN MULTIPLE OCCUPATION

Statutory authority to require improvement in houses occupied by persons of more than one family, was given for the first time by the Housing Act, 1961 in respect of the following matters:-

Natural and artificial lighting

Ventilation

Water supply

Personal washing facilities

Drainage and sanitary conveniences

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

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

The Act also allows the Council to restrict the number of persons who may occupy the house, having in mind the amenities provided. Such a direction does not require the eviction of any person, but provides that where tenants leave, the accommodation shall not be re-let should this bring the number of occupants above a limit set by the Council. The Housing Act of 1964 made some amendments for the easier working of the Act of 1961.

The Council has approved a minimum standard for the amenities to be provided and this is set out in Appendix table 8.

Whilst many houses in the Borough are in multiple occupation, some no longer belong to this category by their conversion into self-contained dwellings and others have been provided with all the necessary amenities; yet many remain in which the amenities fall below the acceptable minimum standard. The selection of areas for routine inspections depended largely upon what was known of the future of the houses. In the former Borough of St. Pancras a survey was made by consultants, and areas were mapped out which were suitable (a) for demolition and redevelopment and (b) for rehabilitation. It is in the latter areas that routine inspections are carried out. In the former Borough of Hampstead it was known that certain areas were to be redeveloped either privately or by the Council; these were excluded from the routine inspection; the roads selected for routine inspection were those known to be composed mainly of houses in multiple occupation which had inadequate amenities. These were mainly, but by no means exclusively, in the Kilburn area.

It was felt that even in areas which were to be redeveloped, the lack of amenities should not be ignored, and in general the action taken depended on the length of time that the houses were likely to be occupied, general rules being:-

- (i) that no improvements would be insisted upon where a house was to be demolished within 2½ years;
- (ii) that the improvements required in houses lasting for between 2½ and 5 years should be limited to those not requiring structural alterations;
- (iii) that where a house was likely to be occupied for 5 years or more the full standard of improvements would be required.

Usually, following a detailed inspection of a house in multiple occupation, the owner is sent an informal notice setting out the powers and duties of the Council and giving a list of the additional amenities which should be provided. This is simpler and speedier than the issue of formal notices but depends upon the co-operation of the owners and, to some extent on that of the tenants. It has however been remarkably successful in the majority of cases. Where owners have not co-operated formal notices have been served.

Some difficulties have been found in the operation of this legislation; mainly as follows:-

(a) Difficulty of access. Many occupants of such houses are out at work during ordinary hours, and although some co-operate by arranging for a third party to provide access to the room or rooms, a few do not answer letters asking for appointments.

(b) Refusal by tenants to accept the additional amenities on the following grounds:-

- (i) Some amenities (e.g. bathrooms) cannot be provided without their giving up a portion of the accommodation;
- (ii) The tenant is unable or unwilling to pay the additional rent (i.e. 12½ per cent. of the cost of the improvements);
- (iii) Some old people, who have lived in premises for many years without certain amenities do not wish to have them.

In these cases it is usual to allow deferment of the improvements objected to until a tenant moves and to require them to be made before the rooms are re-let.

(c) The person controlling the premises is unwilling to carry out the improvements either because (i) he has only a limited interest in the property (such as a short lease), when it is usually possible to come to some arrangement with the freeholders, or alternatively for the Council to do the work in default, with the Council registering a legal charge upon the premises; or (ii) he has insufficient money to carry out the work. The Council may make a loan for this purpose, but some elderly people, particularly owner occupiers, are reluctant to accept such help. Until local authority spending was curtailed by the Government the Council offered to purchase houses where such difficulties arose

(d) Over-occupation of the house to an extent that it would still be over-occupied or overcrowded even with the provision of additional amenities is dealt with by the service of a "direction" under Section 19 of the 1961 Act. This does not require the landlord to give notice to any tenant, but, should a tenant leave, prohibits the re-letting of the premises vacated, if this would cause the permitted number of occupants to be exceeded. This is a very useful power but results in delay (often considerable) in providing the necessary additional amenities. The Act of 1964 allows the Council to register houses in multiple occupation but it is not considered at this stage that such a scheme would be of assistance to the Council.

RE-INSPECTIONS

Houses are re-inspected periodically when the Council has made closing orders prohibiting the use of the house or part of the house for human habitation, to ensure compliance with the order and that the house or rooms are not used for any purpose other than that allowed by the Council.

Houses are also re-inspected when the Council has lent money for house purchase, both to ensure that the house is properly maintained and that there is compliance with any conditions attaching to the loan.

SLUM CLEARANCE AND DEMOLITION

The slum clearance programme for the period 1966-70 was compiled from the surveys of the three former Metropolitan Boroughs. A clearance area must comprise at least two houses, and in addition to the 516 dwellings in the programme there are a number of individual unfit houses within the Borough which are to be dealt with by demolition or closing orders.

Unfitness in a house is to some extent a matter of degree, for whilst a number of houses (particularly basement dwellings) are unsatisfactory, it is only rarely that one is so bad that its occupants should be rehoused before those already upon the housing waiting list. Where, however, it becomes known that unsatisfactory premises have been vacated, a closing order is made to prevent their re-occupation.

The Council has made regulations setting-out the requirements for underground rooms, and in a number of cases work has been carried out to the standard required, making the rooms fit for habitation.

A copy of the Underground Rooms Regulations appears in the Appendix, table 8.

LOANS FOR HOUSE PURCHASE

When the Council lends money for house purchase or makes an improvement grant, a condition is that the dwelling must be fit in all respects for human habitation; disrepair or lack of maintenance which could be the subject of a Notice under Section 9 of the Housing Act, 1957 are so dealt with, and this procedure contributes considerably to the number of houses made fit for habitation in all respects.

Section 43, Housing (Financial Provisions) Act, 1958 empowers a local authority to advance money to enable a person:

- (a) to acquire a house;
- (b) to construct a house;
- (c) to convert into dwellings premises which have been acquired by other persons, or to acquire buildings and convert them into houses;
- (d) to alter, enlarge, repair or improve a house.

The term "house" includes any yard, garden, outhouses and appurtenances belonging thereto or usually enjoyed therewith, and any part of a building which is occupied as a separate dwelling including, in particular, a flat.

It is stipulated that the borrower shall live on the premises.

The guide as to the fitness of a property is that of the 8 points required to be met as laid down under Section 4 of the Housing Act, 1957, namely:-

- (a) repair
- (b) stability
- (c) freedom from damp
- (d) natural lighting
- (e) ventilation
- (f) water supply
- (g) drainage and sanitary conveniences

Briefly, the Camden scheme requires that the annual repayments must not exceed one quarter of the gross income of the borrower, a married couple's income being considered jointly. Applicants must occupy at least one-third of a dwelling of three storeys or more, and one half of those of two storeys. Loans are normally made only for property within the Borough but consideration is given to property elsewhere in the following cases:-

- (a) Occupiers being displaced by compulsory purchase;
- (b) Members of the Council's staff
- (c) Council tenants.

Nobody may obtain a loan before reaching the age of 21 years. The maximum period of a loan is 30 years, and completion must be made before the borrower is 65 years of age. The number of loans for house purchase made by the Council in 1965 was 262 and the total amount of the loans was £1,094,910.

HOUSING ASSOCIATIONS

HOUSING ACT, 1957 - SECTION 119

This section allows local authorities to assist *bona fide* housing associations to provide dwellings by means of the conversion of houses or other dwellings, and to alter, enlarge, repair or improve dwellings. The standard of fitness of property so provided follows the pattern described under Section 4 of the Housing Act, 1957.

Recently there has been a considerable increase in the number of applications received.

One advantage of people forming themselves into housing associations is that they can borrow money from local authorities during periods of restriction; furthermore, the loan may be spread over as long as 60 years. In all cases the consent of the Ministry has to be obtained before the grant of such an advance.

IMPROVEMENT GRANTS

DISCRETIONARY GRANTS

These grants (introduced under the Housing Act, 1949) are available for a wide range of improvements (not repairs or renewals), and for providing new accommodation by converting into self-contained flats, houses or buildings erected before 1948. To qualify for grant the cost attributable to each dwelling must not be less than £100. The maximum grant permissible is normally £400 per dwelling or £500 where it is for conversion of a 3 or more storey dwelling into self-contained flats. Such grants are payable solely at the discretion of the local authority, and the amount can not be more than 50 per cent. of the total cost involved.

The qualifications to obtain a grant are:-

- (a) the dwelling must be self-contained;
- (b) the applicant must own the freehold or have at least 15 years' unexpired lease to run;
- (c) on completion the house must conform to the fixed twelve-point standard set out on page 21.

The property must:-

- (1) be in a good state of repair and substantially free from damp,
- (2) have each room properly lighted and ventilated;
- (3) have an adequate supply of wholesome water laid on inside the dwelling;
- (4) be provided with efficient and adequate means of supplying hot water for domestic purposes;
- (5) have an internal w.c. if practicable, otherwise a readily accessible external w.c.;
- (6) have a fixed bath or shower in a bathroom;
- (7) be provided with a sink and means for the disposal of hot water;
- (8) have a proper drainage system;
- (9) in each room have adequate points for electric light or gas (where readily available);
- (10) have adequate facilities for heating;
- (11) have satisfactory facilities for storing, preparing and cooking food;
- (12) have proper provision for fuel storage where required;

Application for grant can be made under all or any of the 12 points, but a grant would not be made under point (1) for repair or for remedying dampness except where a damp proof course was provided in a house originally constructed without one.

Plans and detailed specification are required with the application, the cost of the Architect's fees ranking for grant. Once the grant has been fixed by the Council, it cannot normally be altered except with their permission.

In Camden the majority of discretionary grants made are for the conversion of properties into self-contained flats.

STANDARD GRANTS

These were introduced by the House Purchase and Housing Act, 1959 and amended by the Housing Act, 1961 and 1964.

Standard grants are intended for the improvement of dwellings which cannot be made self-contained. They may be demanded by the owner if the dwelling complies with the standard of fitness as laid down in Section 4 of the Housing Act, 1957 and if all the following standard amenities are provided for the exclusive use of the occupants and with the consent of the occupier if he is not the owner:-

- (a) a fixed bath or shower in a bathroom;
- (b) a washhand basin;
- (c) a hot water supply at a fixed bath or shower in a bathroom and at a washhand basin and at a sink;
- (d) a water closet in the dwelling, and
- (e) satisfactory facilities for storing food.

Whilst the payment of a grant depends on the provision of all the amenities listed above, the amount paid is in respect only of the additional amenities necessary to provide the full standard.

The Housing Act of 1964 allows a higher grant for the provision of a bathroom if this necessitates the building of a new structure or the conversion of outbuildings, and it allows for reduction in the standard if the provision of a bathroom is impracticable.

One condition for making a standard grant is that after providing the amenities the house must be capable of being maintained fit for human habitation for a period of 15 years.

Where properties are inspected as houses in multiple occupation and informal notices served upon the owners to provide amenities which are lacking, it is often possible to encourage owners to take advantage of such grants.

In the case of both discretionary and standard grants the following conditions apply for three years:-

- (1) if a house is not occupied by an applicant or member of his family it must be let or kept available for letting and must not be sold;
- (2) the house must be used only as a private dwelling;
- (3) the house must be kept fit for human habitation.

If any of these conditions are broken the local authority can require repayment of grant equivalent to one-third of grant for each year remaining of the three years period plus compound interest.

The rents chargeable are:-

- (1) for controlled houses, as in the Rent Act, 1957 (twice gross rateable value) plus 12½ per cent. per annum of owner's cost of work;
- (2) in decontrolled houses, maximum rent is 1963 gross rateable value plus 12½ per cent. of owner's cost of work plus rates and any charges for furniture or fittings.

The numbers of grants made by the Council during 1965 were:-

Discretionary grants	81
Standard grants	113

MEDICAL ASPECTS OF REHOUSING

The Council's housing points scheme allows for a limited number of "health points" (they are in fact illhealth points) to be added to applications where medical conditions make rehousing advisable; however, even the maximum number of points so awarded is small, compared with those allowed for other conditions which make up housing need.

Nevertheless, a great many people submit certificates or letters from their family doctors and other agencies in support of their housing application. Each such recommendation has to be examined carefully, for some refer to a medical condition of a transient nature, whilst in other cases the condition is unlikely to be greatly benefited by rehousing. The evaluation of all such cases has been the particular responsibility of the Deputy Medical Officer of Health who had considerable experience in this field before the advent of Camden, and cases of overwhelming need are reported by me to the Housing Committee after consultation with other departments, such as the Children's and Welfare Departments, where appropriate. This practice is in broad accordance with that followed in the former Metropolitan Borough of St. Pancras. Having mind to the length of the housing waiting list such cases can, regrettably, only be rare indeed, yet each application for medical priority must nevertheless be looked into, and almost always further investigation is undertaken before a decision is reached. In some, the public health inspector, health visitor, or geriatric visitor is asked to comment, whilst in others a telephone call to the doctor or social worker raising the case suffices.

During the year more than 2,000 medical certificates have been so "processed"; (this number includes those who, already Council tenants, wish to transfer and support their application upon medical grounds), and some 300 of the apparently more urgent cases were visited by my deputy in their homes.

FOOD

The powers and duties of the Council in relation to food derive from the Food and Drugs Act, 1955, and the Food Hygiene (General) Regulations, 1960.

FOOD AND DRUGS ACT, 1955

Samples of food and drugs are submitted for chemical analysis to ensure that they contain no harmful substances, that legal standards existing for particular foods and drugs are complied with and that any label is correct and is not misleading to the public.

Before 1 April 1965 the Hampstead Borough Council employed Mr. E. Voelcker as the Public Analyst whilst Mr. J.H.E. Marshall was similarly employed by the Holborn and St. Pancras Borough Councils. Since the formation of the London Borough of Camden, Mr. Voelcker deals with samples from the northern part of the borough and Mr. Marshall with those from the southern part.

Whilst the Act applies to both food and drugs, the sampling of drugs has been limited and in general restricted to those drugs which may be freely purchased by members of the public, without a prescription.

In general, informal samples are taken. Formal samples are taken of certain items such as wines and spirits; or where an informal sample was unsatisfactory; or where there has been a complaint. During the year 922 samples were submitted for chemical analysis and of these 50 were unsatisfactory. Details of these samples are given in table 9 in the Appendix.

In addition to the samples sent for chemical analysis, 404 other food samples were submitted to the Public Health Laboratory Service at County Hall for bacteriological examination. These foods were mainly milk, ice cream, liquid egg, and shell fish, together with food suspected of causing outbreaks of food poisoning.

Whilst the sampling of food has virtually abolished the wilful adulteration of food, there are still many cases of food being sold in an unsound condition owing to improper storage or negligent contamination in preparation.

The number of complaints received during 1965 concerning food purchased in the Borough was 59. All were investigated, and legal proceedings were authorised in 15 cases, when fines totalling £188 were imposed with costs of £38.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

These Regulations are concerned with the conditions under which food is prepared, stored, transported or sold and lay down standards both for premises and for methods and practices in the handling of food.

The food inspectors are largely responsible for the inspections required for the enforcement of the Regulations, and routine visits are made to all food premises in the Borough. The total number of food premises is 4,540, of which 2,644 are shops, 728 are cafes or restaurants, 272 are food manufacturing premises, 531 licensed premises, 302 canteens and clubs, and 63 wholesale food stores.

It would be misleading to give figures for types of food shops or premises as many shops now deal with a great variety of foods. Thus they range from bakers shops selling bread and cakes only to large stores dealing in almost every kind of food, and having perhaps in addition a restaurant and selling goods which are quite unconnected with food.

Standards of food handling have improved enormously during recent years, and the increased sale of wrapped food has reduced contamination by dust and dirt, although it sometimes prevents the discovery of deterioration caused by bad storage.

Nevertheless, a high standard is not always maintained in food premises, and whilst some of the larger stores have a training programme for their assistants, it often happens that in a small shop an assistant learns only by experience - perhaps at the expense of the customer.

The food inspectors' primary responsibility in this field is in advising and educating those responsible for handling food, and it is only when there has been obvious neglect or wilful disregard of the law that prosecutions are instituted. In spite of this, no less than 115 summonses were served for contravention of the Regulations, and fines amounting to £723 were imposed together with £83 in costs. Details are given in table 10 in the Appendix.

Although the public complain fairly frequently about food which they have bought and which is found to be unfit or to contain foreign bodies, very few complaints are received concerning unhygienic practices in the handling of food. The most that people seem prepared to do is to take their custom elsewhere. It is, therefore, particularly pleasing that the Hampstead Consumer Group took an interest in this matter and carried out a survey of food shops in the Hampstead area. Their members filled in a comprehensive questionnaire concerning all aspects of food handling which could be seen by the customer and a very interesting report was published in the Group's journal "Focus"

Details of registered premises are given in the Appendix, table 12, and in table 13, details of unsound food surrendered and destroyed during 1965.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

Two Smoke Control Areas, shown on the map, became operative during 1965 and cover 562 acres.

In the southern part of the Borough, 1 October 1965, marked the operative date of the St. Pancras No. 6. Smoke Control Order and was significant in that it linked the southern and northern Smoke Control Areas.

The Order covers an area of 367 acres, embracing most of the main line stations which are now comparatively smoke free due to the diesel and electrification programme carried out by British Railways.

The main problem industrially was the satisfactory operation of the boiler plants in Euston House and the Central Electricity Generating Board Station in Royal College Street; in addition, the changeover in a large office block where the individual offices were using 230 tons of coal per annum in openable slow combustion stoves to the use of an approved solid smokeless fuel. The boiler plants have complied with the Order by the installation of two oil-fired burners in each of the premises.

The area contained approximately 1,600 dwellings in which fire-places needed conversion or adaptation.

The large property owning organisations, British Railways, the Greater London Council, the London Borough of Camden and the St. Pancras Housing Society have all been in the forefront with schemes for the conversion of their properties and the St. Pancras Housing Society went ahead with a particularly ambitious scheme for the installation of modern up-to-date solid fuel room-heaters and back boilers in all their flats which required conversion.

In the northern part of the Borough the Order covers an area of 195 acres containing 1,657 separate dwellings. It produced perhaps the sharpest possible contrast in types of residence to be dealt with, from blocks of flats to the elegant town houses of Church Row and the spacious development of Redington Road.

In the case of conversions in domestic premises, following the lines of the Ministry circular No. 69/63, emphasis was placed on the installation of solid fuel appliances and in particular openable or closed stoves, inset or freestanding, capable of burning the entire range of fuels available. In addition greater grant facilities were made available for gas fires and also electric off-peak storage heaters. To publicise the benefits of the Clean Air Act, 1956 and to explain to householders how to obtain grant assistance, mobile exhibitions were staged in co-operation with the Solid Smokeless Fuel Federation in March and September and a static exhibition held in the North Thames Gas Showrooms in April for a fortnight.

The trend of conversions has been in the order of 55 per cent. solid smokeless fuel, 40 per cent. gas and 5 per cent. electricity.

The parts of the Borough which at the beginning of the year were already within Smoke Control Areas and the parts which were not covered by confirmed Orders at the end of the year, are also indicated on the map in the Appendix.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Offices, Shops and Railway Premises Act, 1963, which came into force on 1 August 1964, requires registration of the premises, sets out minimum standards on overcrowding, temperature, sanitary and washing facilities, first-aid requirements etc., and requires that certain information should be made available to the persons employed in the premises.

The local authority is in general required to enforce the legal standards in shops and offices, whilst the Factory Inspector of the Ministry of Labour is responsible for enforcement in local authority premises and in factories.

In many instances factories and offices are combined in one building, and to prevent duplication in these cases an agreement is reached with the Factory Inspector that one or the other shall be responsible for enforcement, the agreement being based generally on the major use of the premises.

Many of these cases present considerable difficulty and agreements were still being negotiated with the Factory Inspector at the end of the year.

It was required that all premises covered by the definitions in the Act should be registered between 1 May and 31 July, 1964, but, although there was considerable publicity on a national scale, it soon became obvious that registrations were far from complete; indeed it was estimated that on 1 August 1964, registrations did not reach 60 per cent. of the total premises.

Returns were required by the Ministry at the end of 1964 showing the total number of premises, and action which had been taken by way of inspection and service of notices. Knowing that registrations were incomplete, it became a question of whether the limited staff available should be used on securing full registration or on the inspection of premises already registered to ensure satisfactory conditions.

It was decided that the latter was more important, but that where it was possible to deal with inspections on the basis of streets or areas, many unregistered premises could be discovered and dealt with at the same time. This procedure has been reasonably successful, and it was estimated that nearly 80 per cent. of all premises had been registered by the end of the year. It is hoped that by the end of 1966 registration will be complete.

The following table shows the work of the Department and its predecessors from the date on which the Act came into force (1 August 1964) to 31 December 1965.

Total Registrations Received

Offices	3,697
Shops	1,602
Wholesale Warehouses	253
Catering Establishments and Canteens	542
Fuel Storage Premises	11
	<hr/> 6,105 <hr/>

Inspections

General Inspections	3,077
Re-inspections and other visits	5,612
	<hr/> 8,689 <hr/>
Number of notices served	1,038
Number of notices complied with	667

FACTORIES ACT, 1961

Most of the provisions of the Factories Act, 1961, are administered by the Ministry of Labour through H.M. Factory Inspectors. The local authority is charged with the duty of enforcing legislation as to sanitary accommodation in all factories in its area and, in those factories where mechanical power is not used, legislation with regard to cleanliness, overcrowding, temperature, ventilation and drainage of floors.

Close co-operation is maintained between the Health Department and H.M. Inspector of Factories, and defaults found in the course of visits of factories are notified between one and the other according to the body responsible for remedial measures.

Particulars of factory and other inspections carried out by the Council's public health inspectors during the year 1965 are given in table 14 in the Appendix.

OUTWORKERS

Section 133 of the Factories Act, 1961, requires that where, in specified industries, work is given by an employer or contractor to be done by workers outside his factory, lists containing the names and addresses of such workers must be forwarded to the local authority. Section 134 has the object of preventing such work being carried out in premises which are insanitary or in which an infectious disease is present.

Full particulars of the number and type of such premises in the Borough are set out in the Appendix, table 14.

SANITARY CIRCUMSTANCES

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and no person may keep such an establishment unless licensed by the Borough Council. One establishment has been licensed in the Borough for the keeping of cats only.

CLEANSING AND DISINFECTION

A. The former Holborn Borough Council maintained a disinfecting station on the Town Hall premises and the cleansing station in adjacent premises in Stukeley Street, the latter being used for persons from the adjoining City of Westminster and those from Holborn. Both the disinfecting station and cleansing station were closed on 1 April 1965.

The former Hampstead Borough Council maintained a cleansing and disinfecting station at Lithos Road, N.W.3, but from 1 April 1965, most of the work carried out there was transferred to the Geffen Public Health Annexe at Camley Street, N.W.1, which was the cleansing and disinfecting station for the former Borough of St. Pancras.

The number of attendances at the Council's cleansing and disinfecting stations during the year 1965 was as follows:-

(1) Scabies

Men	Women	Children	Total
269	286	173	728

(2) Verminous conditions

	Men	Women	Children	Totals
Head lice	-	45	66	111
Body lice	289	20	57	366
Crab lice	23	1	-	24
Totals.	312	66	123	501

Most of the children mentioned above were brought by officers of the former London County Council and of the Inner London Education Authority under Powers conferred upon them by the Education Act, 1944. Payment is made by the Inner London Education Authority at the rate of 3s. per child in respect of both verminous conditions and scabies, subject to a minimum annual payment of £250.

DISINFECTION AND DISINFESTATION

B. Whilst it is known that in most illness the only requirement to prevent the spread of infection is thorough cleansing with soap and water, there remains a popular demand for disinfection after some ailments, such as cancer. Where requests are made for the disinfection of rooms in private houses they are sprayed with formalin solution, although it is realised that this is usually unnecessary.

Where infestation occurs, premises are sprayed with a D.D.T. solution, the residual effect of which is to diminish the chance of re-infestation.

If necessary, articles of clothing are removed to the cleansing station and treated by steam disinfection.

The number of premises (rooms) sprayed in 1965 was 957 and the number of articles disinfected was 2,953. Details are given in the Appendix, table 15.

COMMON LODGING HOUSES

The Public Health Act, 1936 requires each local authority to keep a register of common lodging houses, and no person may keep a common lodging house, or receive a lodger therein, unless he be registered as the keeper.

There are two common lodging houses registered in the Borough, one of which is owned by the Council. Both are periodically inspected by the Council's public health inspectors.

CONSUMER PROTECTION ACT, 1961

Tragedies have frequently occurred in the past when a child's nightdress caught alight and the child severely burnt. Regulations under this Act which came into force on 1 October 1964, provide that no person shall sell, or have in his possession for sale, a child's nightdress which is not made of a flame-resisting material complying with the standard set out in the regulations.

During the year 4 children's nightdresses were purchased and submitted to an authorised testing laboratory for examination. All complied with the prescribed low flammability requirements.

OIL HEATER REGULATIONS, 1962

Some domestic oil heaters burst into flames when placed in a draught, or may cause fires if tilted. Regulations have therefore been made which imposed certain safety requirements. They apply to domestic space heaters which burn paraffin oil and are not designed for use with a flue, and no person may sell, or let on hire or hire purchase, or have in his possession for sale or such letting, an oil heater or a component part of an oil heater not complying with the regulations.

Unfortunately, it may well be that many unsafe oil heaters which are still in use were sold before the regulations came into force and even those complying may not be completely safe if improperly used, the commonest danger being to refill them whilst alight.

No infringement of the regulations was found during the year in the Borough.

DISEASES OF ANIMALS ACT, 1950

From 1 April 1965, the enforcement of the Diseases of Animals Act became the responsibility of the Borough.

This Act gives power to the Minister of Agriculture, Fisheries and Food to make Orders relating to a wide variety of matters connected with diseases of animals and their control. The Act also deals with the powers to slaughter animals, the separation of animals, the control of infected places and areas, and the regulation of the movement of animals etc.

No Orders were made by the Minister during the year affecting animals in this Borough.

HEATING APPLIANCES (FIREGUARDS) ACT 1952 AND HEATING APPLIANCES (FIREGUARD) REGULATIONS, 1963

This Act and the regulations made under it require fireguards to be fitted to gas fires, electric fires and oil heaters designed for use in residential premises where these appliances are of such a type that, without a guard, there is likelihood of injury by burning.

The standards of construction and fitting for such guards and the tests to be employed in ascertaining whether they comply with these standards are set out in the schedule to the regulations.

FERTILISER AND FEEDING STUFFS ACT, 1926

The Council is responsible for the sampling of fertilisers and feeding stuffs sold in the Borough. There are no premises in the Borough where these are manufactured and no samples were taken during the year.

HAIRDRESSERS AND BARBERS

By-laws govern the cleanliness of hairdressers' and barbers' premises, instruments, towels, and materials and equipment used, as well as that of the persons employed and their clothing. The by-laws also require that an adequate fresh water supply and washing facilities are available.

At the end of 1965 there were 268 such premises in the Borough which were periodically inspected.

LAND CHARGES ACT, 1925

During the course of the year the Health Department provided 4,480 reports to the Town Clerk regarding properties in the Borough, where negotiations for purchase were proceeding.

LAUNDRY SERVICE FOR INCONTINENT PERSONS

Prior to 1 April 1965, the three Metropolitan Boroughs of Holborn, Hampstead and St. Pancras operated laundry services for incontinent persons. There was no laundry in Holborn, the laundering was carried out in Islington and the service was provided once a week. In Hampstead the service was twice weekly and operated from the Public Health Station in Lithos Road, whilst in St. Pancras a twice weekly service operated from the Geffen Public Health Annexe in Camley Street.

Since 1 April 1965, the Public Health Station in Lithos Road has served the northern part of the Borough and the Public Health Annexe in Camley Street the southern part including the former Metropolitan Borough of Holborn. In each case the service is twice weekly.

This service is of great benefit in assisting the nursing of incontinent elderly persons in their own homes, and so avoiding the necessity of admission to hospital. The following tables show the number of persons helped during 1965.

Month	Persons	No. of services
January	64	263
February	64	279
March	65	304
April	70	247
May	61	292
June	61	322
July	62	352
August	62	263
September	62	268
October	66	274
November	62	294
December	65	257

MORTUARY AND CORONER'S COURT

Before 1 April 1965, the Hampstead Mortuary in New End was used mainly for persons dying in the locality. The St. Pancras Mortuary, a much more modern building, was used not only for cases from that Borough but, at the discretion of the Coroner, for bodies from adjoining Boroughs. The Holborn Mortuary had not been used for many years.

After 1 April 1965, the Hampstead Mortuary continued in use, but there was little justification for two mortuaries in the Borough and after consultation with the Coroner and the consultant Pathologist it was agreed by the Council that the Hampstead Mortuary should be closed early in 1966.

The following table shows the work undertaken during the year 1965:-

	Post-mortem examination	Received for viewing or convenience only	Total
Resident and died in Camden	286	1	287
Died in Camden, resident elsewhere	88	-	88
Resident in Camden, died elsewhere	33	-	33
Resident and died elsewhere	581	-	581
	988	1	989

NATIONAL ASSISTANCE ACT, 1948 - SECTION 47 - OLD AND INFIRM PERSONS

The National Assistance Acts, 1948 and 1951 provide that a local authority may apply to a Court of summary jurisdiction for an Order to secure the removal of aged and infirm persons where it is certified by the Medical Officer of Health to be necessary for the purpose of securing their proper care and attention. For this purpose, the old people concerned must be:

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

Although the powers conferred by the Acts constitute a necessary last resort, most people can be persuaded to accept help without recourse to the Courts. The paramount consideration must always be the best interests of the patient.

During the year, persuasive efforts by the local medical practitioners and staff of the Health Department were successful on all occasions when removal to hospital was found necessary.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 50 -BURIALS

Section 50 of the National Assistance Act, 1948 places upon a local authority the responsibility of having buried or cremated the body of any person who has died in the area, or been found dead in the area, in any case where it appears that no suitable arrangements for the disposal of the body are otherwise likely to be made. Such cases are persons who die in poor circumstances and with few exceptions have no known relatives.

Hospital Management Committees and Boards of Governors of Teaching Hospitals have been asked by the Minister to exercise their powers to arrange and pay for the burial or cremation of such persons dying in hospital. This does not apply to the two voluntary hospitals in the Borough (the French Hospital, Shaftesbury Avenue, and the Italian Hospital, Queen Square).

During the year, 115 cases were dealt with, at a total cost of £1,665. 4s. 6d. The Council is entitled to recover the cost from the estate of the deceased person and the total amount recovered during the year in respect of burials was £1,339.11s. 6d. The cases came to the notice of the Health Department from the following sources:-

Coroner's Officer	25
Friends or relatives of deceased	34
Hospitals	56

NOISE ABATEMENT ACT, 1960

Under Section 1 of this Act, noise or vibration which would amount to a nuisance at Common Law became a statutory nuisance which can be dealt with according to the procedure provided in Part III of the Public Health Act, 1936. Apart from action by a local authority, three or more occupiers of land or premises who are aggrieved by a noise or vibration nuisance may make a complaint to a magistrate.

Section 2 of the Act deals with the use of loudspeakers in streets. A number of complaints were received of noise nuisances under both of the above sections, but improvements were made by persuasion and legal proceedings were not instituted in any case.

PET ANIMALS ACT, 1951

This Act requires that no person shall keep a pet shop unless licensed by a local authority. Thirteen licences were in force in 1965 and no contravention was reported.

PHARMACY AND POISONS ACT, 1933

The following applications were received during 1965 for retention or entry in the Council's list of persons entitled to sell poisons included in Part II of the poison list:-

Retentions	165
New entries	2

PREVENTION OF DAMAGE BY PESTS ACT, 1949

This Act lays a duty upon a local authority to see that their district is kept free from rats and mice. It empowers them to carry out inspections and to require owners and occupiers to keep their land and premises free from infestation. Occupiers are required to give notification in writing to the local authority of infestation by rats or mice.

The following particulars were supplied to the Minister of Agriculture, Fisheries and Food during 1965:-

	Type of property				
	Local authority	Dwelling houses	Agriculture	All other (including business & industrial)	Total
i Total number of properties in local authority's district	105	60,788	-	21,545	82,438
ii Number of properties inspected as a result					
(a) of notification	(a) 25	1,319	-	202	1,546
(b) survey, or	(b) -	-	-	-	-
(c) otherwise	(c) -	128	-	73	201
iii Total inspections carried out including reinspections	50	3,512	-	607	4,169
iv Number of properties (under ii) found to be infested by -					
(a) rats (major)	-	-	-	-	-
(minor)	20	557	-	110	687
(b) mice (major)	-	-	-	1	1
(minor)	5	622	-	64	691
v Number of infested properties (under iv) treated by the local authority	25	1,179	-	175	1,379
vi Total treatments carried out - including retreatments	71	11,284	-	1,012	12,367
vii Number of notices served under Section 4 -					
(1) treatment	-	-	-	-	-
(2) structural works (i.e. proofing)	-	-	-	-	-
viii Number of cases in which default action was taken by local authority following issue of notice under Section 4	-	-	-	-	-
ix Legal proceedings	-	-	-	-	-
x Number or "block" control schemes carried out	Nil				

During 1965, 1,546 complaints of rat or mice infestation were received and investigated. The staff employed in this work consists of a rodent officer and eight rodent operatives.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This Act requires -

- (a) the registration of premises where specified filling materials are used; and
 - (b) the annual licensing of premises where rag flock is manufactured or stored.
- Eighteen premises were on the Council's register at the end of the year.

During 1965 the Council's public health inspectors took 7 samples, all of which were subjected to tests prescribed by the regulations of 1961 and found to be satisfactory.

SEWERAGE

Arrangements in Camden for sewerage and sewage disposal are generally adequate, although on 20 July 1965 a violent thunderstorm caused flooding in semi-basement houses in Mansfield Road and Gordon House Road, N.W.5.

The Borough Council's sewers discharge into those of the Greater London Council, and the latter authority is responsible for sewage disposal.

SLAUGHTERHOUSES

There are no slaughterhouses in the Borough.

SWIMMING BATHS AND PONDS

There are thirteen swimming baths in the Borough. The Council owns two in High Holborn, two at Kentish Town and three at Swiss Cottage. One (lido) at Parliament Hill is owned by the Greater London Council, and five are privately owned.

Fifty samples of water were taken during the year, 10 of which were submitted for chemical and forty for bacteriological examination. Two bacteriological samples, both from a private bath on the same occasion, were unsatisfactory. These were taken after the bath had been closed for several days, and further samples were satisfactory.

There are also three swimming ponds, one women's and one men's at Parliament Hill, and one used for mixed bathing at Hampstead Heath. These ponds rely on natural purification, which is satisfactory when a pool is large and receives spring water to compensate for evaporation and to allow full development of natural pond vegetation. In addition, the ponds receive water from other ponds containing more vegetation and there is a degree of water changing by flow between these ponds and by flushing and drainage after rain.

Regular sampling at the ponds is carried out by the Greater London Council, under whose control they are.

WATER

Water for drinking and commercial purposes in the Borough is supplied by the Metropolitan Water Board and has been satisfactory both in quantity and quality.

The supply is piped, and regular bacteriological and chemical examinations of the water are made by the Metropolitan Water Board. ;

The water is not known to have any plumbo-solvent action.

No action has been necessary in respect of contamination.

All dwelling houses have a piped supply, and stand pipes are normally used only in cases of emergency, such as the repair of mains.

Four complaints of impure water were received during the year.

WELL WATER

There are three wells in use in the Borough - one on factory premises and two at the public baths in Pond Road, Kentish Town.

Twelve samples of water were taken during the year, six of which were submitted for chemical and six for bacteriological examination. All proved satisfactory.

PERSONAL HEALTH SERVICES

THE MATERNITY SERVICES

In 1964 the Ministry of Health had directed maternity hospitals in the London area to undertake responsibility for admitting all women from a defined area who needed hospital confinement. Acceptance of this area responsibility had gone some way towards the solution of the maternity bed problem, which at that time had been very acute.

On 1 April 1965, the whole of Camden, Islington and parts of Haringey and Barnet, were included in the Catchment Area II of the North West Metropolitan Regional Hospital Board. The following hospitals provided a total of 384 maternity beds for the Borough of Camden:-

Alexandra Maternity Home
Charing Cross Hospital
City of London Hospital
Elizabeth Garrett Anderson Hospital
Queen Mary's Maternity Home
Royal Free Hospital
University College Hospital
Whittington Hospital

A Maternity Liaison Committee has been set up under the chairmanship of Miss Jocelyn Moore, Consultant Obstetrician at the Royal Free Hospital and consists of representatives of the hospitals, general practitioner obstetricians and the local health authorities included in Catchment Area II. This Committee which meets twice a year considered a scheme for planned 48-hour discharge of mothers from maternity hospitals to their own homes. 269 mothers were nursed at home under these arrangements. A special working party considered a policy for distribution of social bookings throughout the hospitals of the catchment area to ensure that every woman needing hospital confinement on social grounds could be admitted.

A Bed Bureau was set up at the Whittington Hospital as part of the Admissions and Doctors Inquiry Service to record maternity bookings and to find hospital maternity beds for all those needing them on medical and social grounds. Medical priority for admission is always confirmed by a hospital consultant, and a home visit is paid by a domiciliary midwife before mothers are referred to the hospital on social grounds.

DOMICILIARY MIDWIFERY SERVICE

On 1 April 1965, the Health Department took over the three domiciliary midwives previously directly employed by the former London County Council, each of whom covered the geographical area of about one mile radius from her home. The remainder of the domiciliary midwifery service was provided by three district nursing associations, Metropolitan, Hampstead, and Kilburn and West Hampstead associations, on an agency basis.

On 1 October 1965, the Council assumed responsibility for the direct administration of the domiciliary midwifery service. One of the first tasks was to promote better integration of the domiciliary midwifery service with maternity services of the Borough as a whole. Midwives now work a night-duty rota which gives each midwife nine nights off duty each fortnight. The supervisor of midwives is available by telephone to give help and advice to doctors or midwives.

There were 446 home confinements attended by the Council's midwives, who are expected to see that all mothers booked for delivery at home also book a general practitioner obstetrician to give maternity medical services. Ten general practitioner obstetricians from six practices in the Borough carry out ante-natal care with the midwives at six of the Council's clinics.

STILLBIRTHS AND NEO-NATAL DEATHS

There were four stillbirths and only one neo-natal death in the early neo-natal period. These figures suggest that the arrangements for the selection of mothers for home confinement are working well.

PREMATURE BABIES

When a mother who is booked for home confinement goes into labour before the date of expected confinement, the midwife informs the booked doctor who can then decide if the mother should be transferred to hospital. If the baby has already been born, the general practitioner obstetrician can, in appropriate cases, arrange for the infant's admission to the premature baby unit at University College Hospital. A trained nurse from the hospital brings a special premature baby cot by ambulance and takes the baby to the unit. Eleven premature babies were born at home. Nine of these babies were nursed at home as their birth weights were all 5 lb. or over and two babies were transferred to the premature baby unit. All the babies survived.

Ten calls were made for the Emergency Obstetric Unit. The reasons for the calls were as follows: two cases for post partum haemorrhage; three ante-partum haemorrhage (one hospital-booked case); two retained placenta; two abortions; one delay in second stage of labour. Seven cases were transferred to hospital after appropriate treatment had been given at home.

Twenty-five pupil midwives gained practical experience of district work with Camden midwives.

FAMILY PLANNING

The family planning facilities which the Council is permitted to offer were limited during the year under review by the terms of the Ministry of Health circulars on birth control issued in 1931 and 1934. Briefly, contraceptive instruction and advice could be offered to married women for whom pregnancy was detrimental to health.

The restriction of the service to married women and the limitation on medical grounds making pregnancy detrimental to health have become the subject of growing concern particularly in recent years, and the Minister of Health has the matter under review in the light of current sociological trends. Within the framework of these limitations, the London County Council ran family planning clinics direct, and these were taken over by the London Borough Councils.

In addition to running its own clinics the London County Council provided the Family Planning Association with accommodation at their welfare centres free of charge. This was designed to encourage the establishment of clinics and to afford the opportunity for more women to obtain contraceptive advice, since the Family Planning Association is not limited by the terms of the Ministry circulars. In areas where no directly provided clinics were in operation, the Council paid a capitation fee to the Family Planning Association in respect of each woman, within the category covered by the Ministry circulars, referred to the Association by the Council as needing advice on medical grounds.

Family Planning sessions taken over from the London County Council consisted of two a week at the Kentish Town Welfare Centre, one at Somers Town Welfare Centre, and one weekly and one fortnightly session at the Province of Natal Centre, a total of 4½ sessions a week.

Additionally the Family Planning Association held four sessions in Council centres under the arrangement referred to above.

PROPOSED DEVELOPMENTS

High attendance figures at existing Council clinics and the lack of facilities in much of the Borough indicated the need for expansion, and a review was made of existing services and the current need assessed. As a result recommendations for a wider service were made; basically these aimed at the provision of family planning clinics at each of our main welfare centres.

The recommendation was approved by the Health Committee (22 September 1965); training of medical officers and nursing staff commenced immediately and expansion of the service started early in 1966 with a target of 9½ sessions per week, compared with 4½ sessions when the service was taken over by the Borough. In addition, approval was given to revision of the scale of fees paid to the Family Planning Association, for Camden patients treated by them, including special charges for those recommended for advice on contraception by oral methods or by the intra-uterine device.

A grant of £400 to the Marie Stopes Foundation was also approved to cover domiciliary advice given to families who are unlikely to avail themselves of clinic facilities.

CHILD WELFARE SERVICE

REORIENTATION OF FUNCTIONS

The Child Welfare Service was set up at the beginning of the century as an effort to reduce the persistently high infant mortality rate, then 156 per 1,000 in England and Wales. This has now decreased by almost 800 per cent. to 19 per 1,000 in 1965, as standards of infant care and living have been improved. Thus whilst maintaining our traditional role, we are able to concentrate on the needs of vulnerable groups in the community and in particular on the potentially physically, mentally and socially handicapped.

One in a 100 children who survive the first year of life may be expected to have a recognisable handicap, and in many of these children abnormalities may be multiple. There are still, however, far too many children whose handicaps are not identified sufficiently early in life, and there is a high incidence of educational and social difficulties arising from disabilities which have not been fully assessed. The local health authority's potential to act as a screening agency for the early detection of abnormalities is now generally recognised. New screening procedures are being developed which can be applied to whole infant populations in well-organised child welfare services by doctors with special training for the task. Thus, the child who does not respond in the expected manner to screening tests may, in consultation with the family doctor, be referred as early as possible for specialist investigation and treatment. The family of the handicapped child may be offered counselling and supportive services and the child's needs for training, education and recreation planned well in advance.

To bring about this important reorientation as speedily and as effectively as possible a new child welfare medical record card designed by the Society of Medical Officers of Health has been brought into use in all our child welfare centres. Its purpose is to encourage the doctors at the centres to observe and record the developmental progress of each child on the four parallels of development - locomotion and posture; vision and hand and eye co-ordination; hearing and speech, and social behaviour and play.

A two-day introductory course in screening techniques was planned to take place in April 1966. All doctors taking part in the Borough's child welfare services were given the opportunity to attend. Consideration is being given to making attendance at this or a similar course a requirement in future for all doctors who are engaged in the Borough's child welfare and school health services.

OBSERVATION AND HANDICAP REGISTER

A Handicap and Observation Register is being maintained in the Health Department, to ensure the follow-up of children who may be "at risk" of developing a handicap or who have a known handicap.

The register is compiled from three main sources of information:-

- (i) Birth notification card - handicaps visible at birth.
- (ii) Babies "at risk" - included in discharge reports (of mothers and babies) from maternity hospitals and the domiciliary midwifery service.
- (iii) Known handicaps - compiled from:-
 - (a) hospital social workers, general practitioners, clinic medical officers and health visitors,
 - (b) hospital reports and reports of other investigations including vision tests,
 - (c) parents,
 - (d) school and clinic examinations.

The register is kept in a central card index system, and records are reviewed by the Principal Medical Officer (Maternity and Child Welfare) or the Principal Medical Officer (School Health), at regular intervals. A duplicate of each index card on the central register is kept at the child's welfare centre or school. In child welfare centres the clinic doctor records the child's initial medical examination and subsequent developmental examinations made on review dates.

If the baby has not been brought to the centre for the initial examination by the time it is three months old, the health visitor visits and reports to the clinic doctor who then decides what action should be taken. If the child has not attended the centre by the age of six months, the centre doctor either contacts the general practitioner by telephone, or requests the central office to write to the general practitioner or hospital for a medical report.

The Health Department's scheme for the continued follow-up of children on the register provides for a full developmental examination at or about six months, nine months, one year, eighteen months and two years. A reminder is sent in advance to each child welfare centre and day nursery. The medical report is then sent to the central office after each examination for review by the Principal Medical Officer. The child's name remains on the register until the doctor is satisfied that the child is walking and talking normally.

Children on the register who fail to attend the centre for screening are visited at home by the health visitor. Her report of the child's progress is recorded for the information of the centre doctor who may then decide if further action is necessary.

Babies with a known handicap are also considered to be "at risk" because handicaps are often multiple, and these babies too are screened at the appropriate intervals.

All doctors and health visitors working in the child welfare service of Camden have had the opportunity to attend one or two meetings at which the Borough's scheme for the compilation and review of a comprehensive Handicap and Observation Register was explained and discussed. These meetings were addressed by Dr. Dorothy F. Egan, who acts as the Health Department's consultant in maternity and child welfare and who has played a leading part nationally in the reorientation of thought and action on the lines described above.

COMMUNITY SERVICES FOR THE HANDICAPPED CHILD

The Handicap and Observation Register is kept under regular review by the Principal Medical Officers so that the needs of handicapped children for community services - for recreation, training and special education - may be planned in advance. Supportive services may enable the child to remain in his family, by relieving his parents of some of the strain, and short-term hospital care may enable them to take a holiday. If a child is admitted to a day nursery, special unit or to school, his medical records are sent with him, so that follow-up medical examinations may be continued.

CHILDREN IN CARE

Arrangements have been made with the Children's Officer for the medical follow-up of children on the Handicap and Observation Register who may be taken into care. As far as possible the Children's Officer consults with the Health Department in advance, so that the child with a major handicap may be placed where he can readily continue to have expert consultant advice and his needs for training, physiotherapy, speech therapy, etc. can be met. In this way the necessity for a second move of the child to make these essential services available, may be avoided. Where such consultation cannot be made in advance, the Children's Officer notifies the Health Department as soon as possible after the child has been placed.

SPECIAL CATEGORIES OF HANDICAP

(a) *Deafness*

A child who is suspected to have a hearing loss is referred by the clinic doctor to the Council's consultant otologist at University College Hospital with the prior agreement of the general practitioner. Appointments are arranged by a social worker of the Health Department who also attends the hospital clinic. Health visitors provide full social reports of the child's family background and follow-up failed appointments.

Children with a hearing loss may be recommended by the consultant otologist for part-time attendance at a day nursery, especially in those families where the mother for various reasons may be unable to give the child the necessary conversation practice he requires to help him to learn to speak. All such referrals are given immediate consideration by the Principal Medical Officer.

(b) *Mentally retarded children*

All children who appear to be mentally retarded have their hearing and vision tested. Some of these children may be referred by the centre medical officer or reviewing medical officer to the special advisory clinic undertaken by a doctor with special experience in this field; a mental health social worker also attends. Special units for young children with general developmental delay have been set up in Coram's Garden Day Nursery and the Lindfield Gardens Day Nursery for mentally handicapped children (the latter being administered by the Camden Society for Mentally Handicapped Children with financial and professional support from the Borough).

In such units, seriously retarded children can be observed by the doctor and trained staff, and help and guidance to meet their individual needs provided. In this way a continuous assessment of the child's developmental progress can be made. The child himself benefits from the opportunities for free play and group activities with other groups of children in the nursery.

Similarly the severely physically handicapped child may have the opportunity to socialise with other children and to make the best use of his residual assets.

Estimated number of children under 5 years	16,100
Number of children under 5 on Handicap and Observation Register	1,802 - 11 per cent.
Number of children under 5 years with known handicap	191 - 1 per cent.

It was expected nationally that the number of babies "at risk" was likely to be about 10 per cent. although in many areas it has proved to be much higher - even as high as 25 per cent. At such a level a register may become unmanageable. At its best the follow-up of babies "at risk" is an integrated service in which the local health authority, hospital and general practitioner services must all play a part. The figures for this year in Camden seem to suggest that a good measure of co-operation is being achieved for the benefit of the handicapped child and his family.

CHILD WELFARE CENTRES

Activities

The introductory remarks on the reorientation of functions indicate the lines on which the consultative work in the centres is being developed. The child welfare centre continues of course to play its traditional role as the place at which mothers of young children seek advice and guidance, where immunisations and vaccinations are carried out and where welfare foods can be obtained.

Two health visitors were attached to general practices full-time and one part-time. The fact that the number is still small is not due to lack of enthusiasm on the part of the Health Department; on the contrary, all general practitioners were circularised and encouraged to ask for attachment schemes.

There are likely to be several reasons why this offer has not yet been more widely taken up - among these the large percentage of single-doctor practices (over 70 per cent.) and in many cases, especially in the central areas, the restricted consulting room space. However, co-operation is not solely dependent on full attachment schemes and our health visitors are encouraged to establish and maintain live links with general practitioners. These are also promoted by the use of the child welfare centres as depots for antigens; in this way when the doctor collects his vaccines he is almost bound to meet one or several health visitors with whom he discusses families and problems of mutual interest.

Health education is promoted through personal interviews and also in the course of group discussions and talks by health visitors and others (see also section on Health Education, page 60). The child welfare centre is a base for a group of health visitors who work in the locality and is the place of contact between them and general practitioners, hospitals and other medical and medical social agencies.

Health visitors

In the child welfare service the health visitor retains her key role as a source of information for the support of families with young children. Her scope comprises the family as a whole and all its members. She is included in this section because most of her work relates to the mother and her young child, all the more as in Camden her skills are supplemented by those of the geriatric visitors in respect of the services for the aged. The health visitor, too, is available for consultation with school doctors and head teachers, although she does not usually attend medical inspections in the schools; she also works closely in the field, with child care officers of the Children's Department, and by arranging for the day care of children either within the child's own family, by neighbours, in day nurseries, or by child-minders - the latter services often being supplemented by home helps - she plays an active role in preventing children being taken into care.

STATISTICS

Number of centres	13
Number of attendances at centres	56,396
Total number of children attending child welfare sessions	8,522
Live births in Camden in 1965 who attended child welfare centres	3,009
Number of toddler sessions	251
Total attendances	3,082

STAFFING

Medical field staff

Establishment

5 full-time medical officers

Sessional staff equivalent to 7 full-time medical officers

In 1965, the number working

4 full-time medical officers

3-5 full-time equivalent on Maternity and Child Welfare

3-5 full-time equivalent on School Health Service

Health visitors

Establishment

35

Number working

35 (34 full-time; 2 part-time)

School nurses

Establishment

20

Number working

18 (13 full-time; 8 part-time (5 full-time equivalent))

Clinic nurses

Establishment

5

Number working

7 (5 full-time; 5 part-time (2 full-time equivalent))

Clinic auxiliaries

Establishment

2 (75 hours)

Number working

1 full-time; 2 part-time (1 full-time equivalent)

Health visitor field work instructors

6

Student health visitors

6

DAY CARE OF CHILDREN

A comprehensive review of the day care facilities in Camden was undertaken in response to the Ministry's enquiries (Ministry of Health Circular 5/65 on the administration of Nurseries and Child-Minders Regulation Act, 1948). A report was sent to the Ministry during the year. The document covered the Council's own and grant-aided nurseries and included recommendations designed to make the Act more effective.

Day nurseries

The Council has nine day nurseries and in addition, grant-aids the Kingsway Creche which is run by the West London Mission on an agency basis. These ten nurseries provided 541 places for children under five. The average attendance in 1965 was 464 or 85.8 per cent.

Since 1 April, 1965, the priorities for admission applied by the former London County Council have been observed. Broadly the first and second priority groups are the children whose mothers are ill or who are the sole providers in a home; children whose health might suffer from adverse environmental factors, or children from families in which the mother is obliged to go to work, because the father is unemployed or his income is insufficient to maintain a home. Vacancies not required by children in the first and second priority groups can be offered to children in a third priority, that is whose parents are both working, provided that the mother is employed for at least 35 hours a week including mealtimes. Very few children in the third priority group were admitted and they were only accepted on the understanding that they would have to vacate these places at any time, should they be required for children in the higher priority categories.

In November 1965 a new priority group was introduced in order to encourage women with skills which are of special importance to the community such as teachers, doctors and nurses, to return to work. In view of the pressing demand for places for the other priority groups it is unlikely that many places can be made available for this group, until more nurseries are provided.

23 children in the top priority group were on the waiting list at the end of December 1965. The greatest need for places was in the west of the Borough, but the closure of the South Highgate Nursery in February 1965 had also put considerable pressure for places on the central and north-eastern areas. The South Highgate Nursery building - recently donated to the Borough by Mr. and Mrs. Farquharson, and renamed the Konstam Centre - is to be reopened as a day nursery. Plans have already been drawn up to convert the building to accommodate the children in small family groups of 8 or 9 children in the full age range. A special unit for nine mentally-handicapped children has been included, as well as a creche for 20 children.

Handicapped children

Arrangements have been made to admit deaf children, children suspected to have a hearing loss or children with a serious delay in learning to speak, to day nurseries on the advice of a consultant otologist or paediatrician. Such children are likely to benefit from taking part in a hearing environment and the opportunity of socialising with other children as well as from the guidance of trained staff in helping them to acquire speech.

Admission to day nurseries of children in this category is free, and earlier was limited to 15 hours each week. This period was not always adequate to meet individual needs and permission has now been given to extend this period for children to whom this is likely to be of benefit.

The scheme was extended to include children with other major disabilities, such as cerebral palsy and other neurological conditions, who might be expected to benefit from opportunities to explore the world around them in a small family group in day nurseries, especially those who are restricted by lack of space or play material in their own home, or by over-anxiety of their parents for their safety.

A special unit for very young severely sub-normal children at Coram's Garden Day Nursery was increased in September from six to nine places. The only charge is 6d a day for the mid-day meal. This charge is the same as that made at training centres.

Private day nurseries

There are 24 private day nurseries registered under the Nurseries and Child-Minders Regulation Act, providing 590 places. This total includes two grant-aided establishments, one of which, Lindfield Gardens, caters for mentally handicapped children. Private day nurseries are visited by a Principal Medical Officer and the Chief Nursing Officer at least every six months. The revised standards of accommodation, etc. recommended by the Ministry in Circular 5/65 are applied to new applications, and owners of existing nurseries are encouraged to bring their establishments up to standard.

Statutorily registered child-minders

There are ten registered child-minders who care for a maximum of 74 children. Visits of inspection are paid quarterly by health visitors who submit reports to the Chief Nursing Officer (Health Visitors).

Voluntarily registered child-minders

The Council has continued a scheme for the voluntary registration of child-minders seeking to mind not more than two children.

The child-minder receives a registration fee of 6s. per week while she has children in her care and for a period of not more than three weeks while on the waiting list. The child-minder is expected to take children in her care to the child welfare centre regularly - at least once a fortnight if the child is under one year, and once a month if the child is over one year of age. She is also expected to give the health visitor access to the children at all reasonable times. On 31 December 1965, there were 105 voluntary child-minders, minding a total of 165 children.

Play groups

Play groups held for three hours (or less) daily, are not liable to compulsory registration under the Nurseries and Child-Minders Regulation Act, 1948. When invited, health visitors keep these play groups under observation. They offer advice about staffing, equipment, premises and general care.

Occasional creches

Occasional creches were provided at six of the Council's child welfare centres. Children under five years of age can be minded on an *ad hoc* basis, while their mothers attend hospital out-patient clinics, group activities in our centres, or to free them for domestic reasons. Places are also given to children who are suffering from adverse social conditions in their own homes and who need more scope for play as well as opportunities to socialise with other children. Such children may attend regularly for several sessions each week. 23 weekly sessions were held catering for a maximum attendance of 20 children at each session. The average attendance was 16 children.

ADOPTIONS AND FOSTER CARE

All medical reports on children about to be placed for adoption or foster care are, at the request of the Children's Officer, reviewed by a Principal Medical Officer of the Health Department. Such reports include a serological test of blood and urine test for phenylketonuria at six weeks or over. The Children's Officer is advised of the implications of adverse factors in the medical history, or in the child's condition which ought, in the interests of his future development, to be revealed to prospective adopters or foster parents, and of conditions which might preclude the child from being placed for adoption.

During the period 1 April to 31 December 1965 the medical reports of twenty-seven children about to be placed for adoption were reviewed. In nine cases additional medical reports had to be obtained before a decision could be given. In four cases in which it was known that the mother had suffered from mental illness the advice of the consultant psychiatrist was sought. In four cases the Children's Officer was advised that the prospective adopters should be informed of the child's condition and the risks which their medical history or handicaps might imply. In two of these cases reports were sent to the family doctor of the prospective adopters so that he might advise them whether to proceed with their applications. In all 27 cases there proved ultimately to be no medical condition which would make adoption undesirable.

DENTAL SERVICES

FLUORIDATION

On 1 December 1965, the Health Committee discussed at length the question of fluoridation of the public water supply, and the Committee recommended to the Council that fluoridation be adopted. However, fluoridation can only be introduced when all local authorities served by the Metropolitan Water Board declare themselves in favour. In view of the positive stand which the present Minister of Health as well as his predecessors have taken on this issue, it is to be hoped that fluoridation will be introduced nationally through Act of Parliament.

Mr. G.P. Mailer, Chief Dental Officer, reports as follows:-

MATERNITY AND CHILD WELFARE

Dental services for nursing and expectant mothers and for children under 5 years of age, are provided under Section 22 of the National Health Service Act, 1946. 10 per cent. of the total dental services of the Council are provided for maternity and child welfare - 90 per cent. being provided for school children under the Education Act, 1944.

The Chief Dental Officer, Mr. G.P. Mailer, was appointed in November 1965 and began a review of the Council's services. Maternity and child welfare dental services were carried out at five sessions held in two child welfare centres.

The statistics below show the dental work done as part of the maternity and child welfare service during the period from 1 April to 31 December 1965.

Number of sessions - 194.

Type of work	Nursing and expectant mothers	Children under 5
Inspections	81	113
Commenced treatment	65	85
Completed treatment	45	54
Fillings	175	279
Number of teeth treated with silver nitrate	-	376
Extractions	10	7
Dentures fitted	3	-
Number X-rayed	19	2
Number of scalings and gum treatment	66	-

SCHOOL HEALTH SERVICE

(COPY OF REPORT SUBMITTED TO THE INNER LONDON EDUCATION AUTHORITY
BY THE MEDICAL OFFICER OF HEALTH IN HIS CAPACITY AS
PRINCIPAL SCHOOL MEDICAL OFFICER)

Two major concepts guided initial policy in the school health service when the London Borough of Camden came into existence on 1 April 1965. The first was the decision to institute no fundamental changes until the schools, head teachers and families were known to the senior staff who were largely new to the area. It was also essential to ensure that the Borough, previously administered in one part by London County Council Health Division 2, and in the other by London County Council Health Division 3, was welded into a co-ordinated whole, with uniform practice throughout. That the transition was effected with so little upheaval was due to the assistance of the Divisional Medical Officers before the takeover, and, both then, and, subsequently, to the co-operation of the Divisional Officer (Education Division 2), and, the Divisional School Care Organiser. In the many queries which inevitably arose, the Medical Adviser was a constant source of information and advice, whilst, the Health Department's staff in the field maintained continuity in the work in the schools.

The second basic concept inspiring the work of the service was the implications arising from the appointment of one officer as Principal School Medical Officer and Medical Officer of Health. This dual role ensures continuity of care from infancy through school and adult life and envisages the child not as an isolated unit, but as a member of the family and of society as a whole.

This integrated approach is particularly important in handicapped children or where the family receives support from the Camden Family Service. The Medical Officer of Health acts as Chairman of the Officers' Co-ordinating Committee of the Camden Family Service and the Divisional Officer (Education) and the Divisional School Care Officer are members of the Committee. The Inner London Education Authority is also represented at member level on the Family Services Committee of the Borough.

The Principal School Medical Officer acts as a medical adviser in respect of children in care, or under the supervision of the Children's Officer. Close co-operation is maintained with the Chief Welfare Officer in considering the needs of the handicapped and co-operation between the social service departments is facilitated by their being housed in the same building.

STAFF

At the end of 1965, the senior professional staff engaged whole or part-time on school health service duties consisted of the Principal School Medical Officer, an Associate Medical Officer of Health, a Principal Medical Officer, a Senior Assistant Medical Officer, and a Chief Dental Officer. The total complement of such staff, expressed as whole-time equivalents was:-

Medical	-	5.25
Nursing	-	16.15
Social Workers	-	2.5
Speech Therapists	-	4.5
Dental Officers	-	5.25
Dental Surgery Assistants	-	5.0
Health Education Officer	-	0.5

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

Close liaison has been established with hospitals and general practitioners in a variety of ways. Joint case conferences are held when a child is presenting a complex problem, and social workers are attached to children's clinics at University College Hospital, Moorfields, the Nuffield Speech and Hearing Centre, and the Whittington Hospital. The fortnightly bulletin of the Health Department, "The Health of Camden", contains information from time to time on the facilities available in the school health service and on special educational provisions for various types of handicapped children. It is planned to attach experienced social workers and senior medical staff to the proposed Coram Fields Assessment Centre of the Institute of Child Health and close co-operation is maintained between the Health Department's social workers and hospital medical social workers.

SCHOOL ROLL

There were 21,307 children on the school roll in the Borough at the end of the year. There are 59 schools of which 4 are special schools, and there is one special unit within an ordinary secondary school.

MEDICAL INSPECTIONS

Routine medical inspections are held at all schools except in a small number where selective medical examinations of seven year olds is in force. It is proposed to extend this system of selection to other schools, where, after consultation with heads, this is considered desirable, and other age groups will be included in the future.

Number of Medical inspections:-

Routine examinations	7,871
Special inspections	2,200
Re-inspections	3,680
	<hr/>
	13,751
	<hr/>

Discussions have been held with head teachers on the most effective means of ensuring that full information concerning school leavers is made available to Student Health Services and the Appointed Factory Doctor.

TREATMENT FACILITIES

The school health service makes considerable use of treatment facilities provided by hospitals and general practitioners, but in some instances provision is made jointly by hospitals and the school health service and in others entirely by the school health service. In May, 1965, co-operation between the Borough and University College Hospital was further strengthened by the establishment of a joint hearing clinic for children. This is held monthly, the hospital providing the premises and the services of a consultant otologist and a teacher of the deaf. The school health service is responsible for the attendance of a school nurse trained in audiometry, a social worker, and a peripatetic teacher of the deaf from the Education Officer's staff.

SPECIAL INVESTIGATION CLINICS

These clinics provide an opportunity for the school doctor to see children and their parents, where problems require more time than is available at school medical inspections. The treatment and support of enuretic children and of obese children forms a considerable part of the work of these clinics.

FOOT CARE

Treatment for fungal infections of the feet and plantar warts is given at school treatment centres, and by the chiropodist at one welfare centre.

Special diathermy clinics are held weekly at St. Pancras School Treatment Centre and West Hampstead School Treatment Centre for treatment of warts.

Remedial classes for abnormalities of the feet are held at a number of schools, the children being recommended for attendance by the school doctor. In addition to exercise and posture training, teachers take the opportunity at these classes to educate the children in the care of their feet, including the wise choice of suitable footwear.

AUDIOMETRY

All children in primary and secondary schools in the Borough have had sweep tests by an experienced school nurse, who, acquainted with children in ordinary schools with a hearing loss, occupies a key role in their close follow-up too.

At the end of December, 1965, this nurse attended a course in the making of ear moulds organised by the Medical Adviser to the Inner London Education Authority.

VISION CLINICS

The closure of the Highgate School Treatment Centre in addition to the decline in numbers of children referred to Moorfields Hospital Refraction Clinics in anticipation of their closing, resulted in an increased waiting list at the remaining vision clinics. Extra sessions were agreed by the Principal School Medical Officer and the North West Metropolitan Regional Hospital Board, to commence as soon as additional refractionists could be appointed.

HEALTH SURVEYS

These were carried out by school nurses at all primary and secondary schools. 70 per cent. of children were examined in comprehensive surveys and 38 per cent. in selective surveys.

COMMUNICABLE DISEASES SURVEY

5,382 children were examined for athlete's foot, and 5,880 for warts.

INFECTIOUS DISEASES

No outbreak of particular significance occurred at schools in the Borough in 1965.

PROPHYLAXIS

79.2 per cent. of school children inspected were recorded as protected against smallpox, 88.9 per cent. of school children were recorded as immunised against diphtheria, 76.9 per cent. against whooping cough and 87.5 per cent. against poliomyelitis.

B.C.G. vaccination was carried out on 13 year old children in secondary schools and in a number of colleges and institutions of London University.

HEALTH EDUCATION

The Inner London Education Authority was invited to appoint a representative, preferably a head teacher from a school in the Borough, to the Borough's Health Education and Home Safety Advisory Committee.

The Department's health education officer embarked on a health education programme for schools.

FURTHER EDUCATION

An advisory medical service was established in 1965 at Kingsway College for pupils in the 16 to 18 age group. A doctor and a social worker attend the college for one session a week, see individual pupils at their request, and advise the staff if required.

HANDICAPPED CHILDREN

Because of the emphasis placed by the Health Department upon the importance of the early diagnosis of handicaps in young children and early recommendations for special educational treatment for them, a significant rise became apparent towards the end of the year in the number of young children found to be in need of nursery class placement in special schools. For the first time in nearly twenty years a growing waiting list appeared for nursery class places in the day school for physically handicapped children. Similarly, an increased number of young children with hearing loss awaited placement in the partially hearing nursery units planned by the Education Officer to open in 1966.

For reasons not yet fully established, there was an unprecedented rise in the number of children found to be in need of special educational treatment as delicate and the conditions from which these children were suffering were more severe than in former years.

Assessment and early training in the unit for mentally handicapped pre-school children in the Corams Garden Day Nursery, led to two of the nine children being found suitable for education, and it is hoped that others will have developed sufficiently by the age of 5 years to benefit from formal education.

It is planned to follow up all handicapped children, whether in ordinary or special schools, by extending the Borough's Observation and Handicap Register to cover school as well as pre-school children. Details of handicapped children in schools are being obtained from each school, and these children will be reviewed periodically to ensure both that their performance is commensurate with their ability, and that their medical and social needs be fully met. This scheme will eventually link with the proposed system of selective medical examinations.

THE SCHOOL DENTAL SERVICE

Fluoridation

The Council of the London Borough of Camden decided on 22 December 1965 to support fluoridation to the public water supply. The Metropolitan Water Board has indicated that this can only be done if all other local health authorities within the Board's area of supply make such a decision.

If, as I firmly believe, fluoridation is an essential measure of preventive health, its introduction should, in my view, be prescribed by statute in areas with a low fluoride content in their public water supply.

Mr. G.P. Mailer, Principal School Dental Officer, reports as follows:-

Mr. G.P. Mailer was appointed as Principal School Dental Officer in November, 1965. His first task was to survey premises and equipment; this revealed a number of inadequacies. Thus, only one surgery had efficient operating lights, whilst in only two were modern high speed drills in use, and the one x-ray machine was in the extreme south of the Borough. All deficiencies were reported to I.L.E.A. and plans are being made to rectify them.

The loss of the dental clinic at Highgate New Town Centre in January, 1965, by the closure of the premises meant that a large area in the north eastern part of the Borough was without a local dental service and placed a heavy burden on the nearest centre (St. Pancras School Treatment Centre.)

Plans are in hand to improve the distribution of clinics by opening a centre in Highgate as soon as possible.

The year saw the introduction of the optional scheme under which only new school entrants were dentally inspected as a routine (except at special schools, where all children were examined). Of other school children, only those whose parents opted to use the school dental services were examined, and treated where necessary. This of course, considerably reduced the number of dental inspections compared with previous years. This optional scheme was regarded with some doubt by dental officers and others, and it is hoped that in the near future there will be a return to regular school dental inspections.

Orthodontic Services

The number of cases referred for orthodontic treatment continued to be small, and this may well be largely because the specialist orthodontic services are at present concentrated in the extreme south of the Borough, but it is hoped that the whole Borough will be comprehensively covered in the future.

The figures for the year are as follows:-

New cases	31
Completed	9
Discontinued	2
Removable appliances fitted	52
Fixed appliances fitted	1
Referred to hospital consultant	37

In spite of difficulties the restoration/extraction ratio for permanent teeth was 17.4/1.0.

FUTURE DEVELOPMENTS

A review of the facilities for and the arrangements of medical examinations at schools commenced at the end of the year.

Arrangements are in hand for medical officers to carry out an annual inspection of sanitary facilities and general hygiene standards at schools.

CARE OF THE AGED

The three former Metropolitan Boroughs which are now the London Borough of Camden had a proud record of service for the elderly. With the advent of the new Borough, however, a review was essential, for there were now new responsibilities and it was vital to ensure that services met current needs. Reports upon the care of the elderly have often shown that services are not adapted to meet increasing needs, especially for those over 75 years old. Accordingly an appraisal of existing services and expected requirements was made.

The 1961 census showed that in Camden there were then 26,680 women over the age of 60 and 9,919 men over the age of 65. Of these, 6,102 women and 2,737 men were aged 75 - 84 and 1,188 women and 417 men were over the age of 85. More than 10,000 of those over retirement age were living alone.

The Welfare Department provides residential accommodation for the elderly, services outside the home, work groups and visiting and provision of aids of the handicapped. The Health Department and associated voluntary organisations are concerned with the care of the elderly in their own homes, including visiting, casework and the provision of meals on wheels, chiropody, home help and 'good neighbour' services, and home nursing. These services are dealt with at length in other sections of this report.

To provide services for some 37,000 elderly persons, one must know their actual wants. Some are still working; others live with or near their families and may not need any help from us. There remain many - some infirm, others living alone or with an elderly spouse - who need help, but do not receive it. Only too often they accept infirmities and deterioration in their physical condition as the normal result of ageing, yet many of these conditions (such as failing eyesight, deafness and foot defects) can be alleviated. Moreover, isolation enhanced by physical defects tends to go hand in hand with mental deterioration. This in turn may create other problems, such as suspicion (leading to a refusal of help) or accumulation of dirt and rubbish.

VISITING

If old people are to be helped, they must be visited regularly by someone with specialised knowledge, such as a health visitor or other public health nurse who can get in touch with their general practitioner, if required, and can advise and assist the old people to obtain further forms of support.

In April, 1965, there were eight nurses and one social worker fully occupied with emergency calls and with the care of the very infirm who need weekly or more frequent supervision, so that little routine visiting of other elderly people was possible. Visiting of old people was also carried out to a limited extent by health visitors.

Following the review referred to above, a plan to increase regular visiting of old people was approved. It was decided to increase the number of staff employed exclusively for domiciliary visiting of the aged to 20 in the first instance, to allow the 10,500 old persons aged over 75 to be visited each three months. The Borough has been divided into visiting areas, each allocated to a geriatric visitor, working from a local welfare centre and responsible for regular visiting in the area. Much thought was given to the type of visitor needed, and although it was felt that, where possible, health visitors should be used, recruitment difficulties in this field suggested that it would be more practicable to appoint visitors with basic nursing qualifications and an interest in the welfare of old people.

From such regular visiting I expect that increased demands will be made upon related services, particularly home helps and chiropody, and financial provision has been made accordingly.

CHIROPODY SERVICES

Unlike other personal health services for which Local Health Authorities became responsible in 1948, no expansion of the chiropody service was permitted, although authorities were allowed to retain services already provided. In 1959 the Minister of Health intimated that he was prepared to approve proposals to establish or extend existing chiropody services, and suggested that at least in the early stages priority should be given to the elderly, the physically handicapped and expectant mothers. Under this authority the London County Council increased its number of chiropody sessions, but owing to the difficulty of recruiting qualified chiropodists not all the permissible sessions were provided. In addition to providing its own sessions, the County Council contributed to voluntary organisations providing chiropody services, notably old people's welfare associations. It decided against running a domiciliary service itself, but encouraged the use of transport to convey the housebound to clinics, and subsidised domiciliary facilities provided by voluntary organisations where appropriate.

The services taken over by Camden on 1 April 1965, consisted of 43 weekly sessions, 22 provided by the Council and 21 run by old people's voluntary organisations, viz: Hampstead Old People's Welfare Association (10), St. Pancras Association for the Care of the Aged (9), and Holborn Old People's Welfare Association (2). These three bodies later became the Camden Old People's Welfare Association, which then acted as agent for the Council.

The Camden 'Old People's Welfare Association also provided a domiciliary chiropody service totalling about 800 paid treatments a year. In addition, domiciliary visits on a voluntary basis were carried out by a chiropodist in Hampstead.

At former London County Council chiropody clinics about 1,500 persons a year were treated, with an average of eight weeks between treatments and a delay of up to four months for a first appointment. In voluntary clinics in St. Pancras about 850 persons a year were being treated, with an average interval of two to four months between treatments and a waiting period of three to four months for a first appointment. In Hampstead about 780 persons a year were being treated at the voluntary clinics, with an average interval of three months between treatments and a two-week wait for the first appointment, and in Holborn about 750 persons with an interval between treatments of 6 - 8 weeks and a wait for the first appointment of 3 - 4 weeks. Ideally, the interval between the treatments should not exceed six to eight weeks, and there must be many old people who, because of their inaccessibility to facilities, or because they do not realise that they can be helped, are not attending. The existing number of sessions was thus clearly insufficient even for known needs.

The demand from the elderly seemed likely to increase considerably with the extension of the Council's geriatric visiting service and a comprehensive review was undertaken.

Following this review the Health Committee (27 October 1965) approved the appointment of a Chief Chiropodist to organise an integrated service; the provision of chiropody clinics at all welfare centres, with suitable accommodation, and elsewhere as necessary; and increased domiciliary service and transport, as well as chiropody services at old people's flats and Welfare Department establishments as required.

STATISTICS

In 1965 (1 April to 31 December) the number of treatments given by the local authority direct and voluntary organisations was as under:-

	Old people	Others	
Borough Council	4,827	847	= 5,674
Voluntary organisations	5,506	-	= *5,506
Total	10,333	847	11,180

*This figure excludes about 15/20 visits a week made on a voluntary basis.

MEALS FOR OLD PEOPLE

MEALS ON WHEELS

Local authorities are empowered by Section 31 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1962, to provide meals for old people, and to charge for such meals provided either by themselves or by a voluntary organisation acting as their agent.

During 1965 approximately 66,500 meals were provided for the elderly in Camden by the Hampstead Old People's Welfare Association, the British Red Cross, Women's Voluntary Service, and the Borough Council, the voluntary bodies being grant aided by the Council. Old people in the former Holborn and Hampstead areas received meals on four days per week and in the St. Pancras area on five days per week. From early in 1966 the whole of Camden has been covered by a five day service, and the possibility of eventually extending it to a seven day service is also under review. In October 1965 the Council standardised the price of the meals so that old people throughout the Borough paid 10d per meal.

LUNCHEON CLUBS

There are four luncheon clubs for old people in the Borough, run by the Council, the Hampstead Old People's Welfare Association, and the Women's Voluntary Service. During 1965 approximately 27,800 meals were served. From November, 1965, responsibility for luncheon clubs was transferred to the Welfare Department.

MEALS VOUCHERS

Meals vouchers are issued to the elderly (mostly men), who, although active, might not bother to cook themselves proper food. The vouchers, worth 2s. can be presented at approved restaurants and help towards the cost of the main dish. Each person receives a supply of vouchers monthly for each day excepting Saturday and Sunday. During 1965 approximately 7,800 vouchers were issued; as from November 1965 this service also was taken over by the Welfare Department.

INVALID MEALS

The London County Council (General Powers) Act, 1961, enables a local authority to provide meals for invalids as well as for the elderly. Until April, 1965, this service was carried out by the Invalid Meals for London Association, but after that date by the London Borough of Islington, on behalf of the Council. During 1965 some 25,600 invalid meals were provided to those in Camden (mostly the elderly), needing an invalid diet.

HOME HELP SERVICE

The number of elderly people living alone and the disproportionately large number of single person households in Camden emphasises the need for an adequate Home Help Service. Administratively the Borough is divided into two areas, each with a Home Help Organiser and deputy, supported by clerical assistants, and the whole service is under the direction of the Principal Social Worker (Health Services).

The demand for the Home Help Service far exceeds the supply, but every effort is made to meet all reasonable requests, priority being given to the needs of the elderly frail, maternity cases, cases of acute illness, and motherless families. Approximately 85 per cent. of clients in receipt of Home Help Services are over 70 years of age. During 1965, 4,371 households were served by approximately 200 home helps (full-time equivalent - 172). It has so far proved impossible to provide enough morning and evening home helps, but strenuous efforts have been made to assist the Children's Officer when provision of an adequate Home Help Service might prevent the reception of children into care. Similarly, requests from hospitals to facilitate the discharge of patients have been met whenever possible.

	aged 65 or over on first visit in 1965	Home help to households for persons aged under 65 on first visit in 1965				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
Number of cases	3,508	392	2	111	358	4,371

The Borough has imposed no restrictions on recruitment, but the demand from the private sector for domestic help, particularly in the more prosperous areas of the Borough, drastically reduces the number of people willing to volunteer for this work. The approved rates of pay for home helps compare very unfavourably with the rates obtainable in private households. Every effort is, however, being made to recruit home helps on a part-time and full-time basis, and the employment of male home helps is encouraged.

In order to supplement the Home Help Service the Good Neighbour service has been expanded and the Borough are grant-aiding a voluntary organisation - Task Force 1964 - which organises groups of young people to assist the elderly in their own homes. In-service training courses are being arranged to integrate the home helps into the total service of the Health Department and to make them aware of facilities provided within the Borough by other voluntary and statutory services, in addition to giving them basic training in home help duties. A few specially selected home helps have undergone a course of training for work with difficult families, but no special course for this group has been organised during the year under review.

GOOD NEIGHBOUR SERVICE

The Good Neighbour Service, previously known as the Day Care Service for the Aged, has operated in the St. Pancras area since 1961, when a pilot scheme was started by the London Council of Social Service, and financed by the City Parochial Foundation. Financial responsibility was later taken over by the St. Pancras Borough Council and the London County Council, and during the period 1 April 1965 to 30 September 1965 the scheme was fully grant-aided by the London Borough of Camden. The existing part-time organiser has been retained in the southern part of the Borough, and a second part-time organiser recruited for the northern area to which the service was extended in January, 1966. These areas are co-terminous with the Home Help Organisers' areas.

When the Council accepted direct financial responsibility it was also agreed to extend the scheme to include the chronic sick and families with young children. Throughout the year there was a steady increase in the demand for Good Neighbours, and recruitment kept pace with the demand. The Good Neighbours supplement the work of the home helps and district nurses, and their duties often include shopping, the preparation of simple meals, helping the patient to dress, to get into or out of bed, the emptying of commodes, etc. They are paid an honorarium to guarantee continuity of service, and many retired but active people are willing to undertake this service for their less active neighbours. During the period under review at least one-third of the clients receiving help from Good Neighbours would have needed residential care but for the support they received through this service. On 1 October 1965, 89 clients were being helped by 59 Good Neighbours, and by 31 December 1965 there were 111 clients and 65 Good Neighbours.

The Council decided that there should be no payment for this service but that where clients offered to make a contribution, this should be accepted. In practice most of the recipients of this service are in receipt of retirement pensions and/or National Assistance, and the question of payment rarely arises.

The Principal Social Worker (Health Services) is responsible for the Good Neighbour Service and for ensuring that clients receive the most appropriate type of help - be it Good Neighbour or Home Help, or a combination of both.

HOME NURSING SERVICE

On 1 April 1965 the service was provided by the Metropolitan, Hampstead and Kilburn and West Hampstead District Nursing Associations on an agency basis. On 1 October 1965 the Council assumed direct responsibility for the service but the day-to-day administration was continued by the superintendents of the associations until the end of the year.

The staffing/population ratio was 1:6,150, excluding superintendents.

The service was administered from three district homes but in recent years almost all staff other than superintendents were non-resident. The supervisory structure was heavy - 1:5 nurses. No male nurses were employed.

D N A establishments

	Metropolitan	Hampstead	Kilburn & West Hampstead
Superintendents	1	1	1
Assistant Superintendents	2 (1 vacancy)	-	-
Senior nurses	1	1	1
District sisters	18	7	10
Part-time nurses	-	2	-
S.E. nurses	-	1	-
Students	4	-	-

A review of the work showed that there was scope for the deployment of more state enrolled nurses and bathing attendants in the service. The future staffing was given careful consideration.

2,879 patients were nursed during the year, 66 per cent. of whom were aged 65 years and over. Nevertheless there were surprising differences in the use made of the service by general practitioners. In one area of the Borough in three months 71 doctors had asked for the services of the district nurse for their patients, but of these only 4 had called in the nurses for 10 or more patients. Nine doctors used the service for 5 or more patients. The remaining 58 doctors had called in the service only once or twice. A full list of all doctors practising in this area was not available at the time, and it is not known how many general practitioners did not call in the service at all. Since it can be assumed that all general practitioners have a proportion of over-65s on their lists, the disparity in the use of the service requires further investigation.

LOAN OF EQUIPMENT TO PATIENTS BEING NURSED AT HOME

The loan of equipment by local health authorities to patients who are being nursed at home is made under Section 28 of the National Health Service Act, 1946. Articles can be supplied on loan without charge not only to patients who are under the care of home nurses, but also to those nursed at home by relatives and under the direction of their general practitioners.

The general principle followed as between the services is that it is the responsibility of:-

The Local Health Authority to supply articles (excluding those which can be prescribed by general practitioners on form EC 10) which are necessary to ensure efficient nursing (this includes sick room furniture such as commodes, mattresses and hoists);

Hospitals to supply to patients under hospital care, items required for treatment (splints, crutches, etc.) and to make arrangements with the Ministry of Health for items such as wheelchairs and invalid carriages;

The Welfare Authority to supply equipment and fixtures (under the National Assistance Act, 1948) to handicapped persons in their own homes to enable them to lead fuller and more comfortable lives.

It is not possible to demarcate absolutely clearly these three categories, and inevitably some overlap occurs.

A review of arrangements for the supply of loan equipment was made during the year, with a view to rationalising the arrangements inherited from the former London County Council. Under that scheme patients had obtained supplies from the district nurses' home, Montague Street, WC1 and from two British Red Cross depots at Swiss Cottage and Camden Town. An additional depot had been opened in April 1965 by the Health Department at Bidborough House.

The review showed several major disadvantages in the current procedure:-

- (a) Items of large equipment were, for economy, issued long after they had become sub-standard, out-of-date and shabby.
- (b) Arrangements for the cleansing of equipment after return to the depots, were quite inadequate.
- (c) Charges were made for loan of equipment by the British Red Cross as the Borough's agents, although the service was free if obtained direct from the Health Department.
- (d) Liaison with other services - particularly the geriatric services - needed to be strengthened.

It was decided to stream-line the service as follows:-

- (1) Direct supply of all items of large equipment to be made from
 - (i) Dennis Geffen Public Health Annexe, Pancras Gardens, Camley Street, NW1
 - (ii) Lithos Road Cleansing Station, Hampstead, NW3.

Items of small equipment (bed-pans, urinals, air-rings, etc.) to be available also at these centres.

- (2) The British Red Cross depots, with grant aid to cover administrative costs, to loan only small items of equipment. Requests for items of large equipment to be referred immediately to the Health department.
Replacement of sub-standard equipment and new supplies as required to be made by the Council.
- (3) The Council's facilities for cleansing and sterilisation of equipment to be extended to the British Red Cross depots.
- (4) A single administrative scheme to be used by the Council and its agents.
- (5) Arrangements for the notification of new patients requiring loan equipment to senior nursing and social worker staff to ensure that the aged and handicapped persons would have all necessary help and support.
- (6) No charges for any loan equipment.

Requests for the equipment are accepted from hospitals, general practitioners, district nurses, health visitors, the Camden Old People's Welfare Association and from private individuals. The equipment is delivered and collected by the department's vans and health visitors and district nurses confirm periodically that the equipment is still required, although it is hoped that recipients or their relatives will normally advise the department when it is no longer needed.

Home nursing equipment loaned by the Borough during the nine months from 1 April, to 31 December, 1965, included the following items:-

50 wheelchairs, indoor	4 hospital beds
15 wheelchairs, outdoor	26 walking aids
12 back rests	100 armchair commodes
13 bed cradles	7 dunlopillo mattresses
20 bed boards	7 plastic mattress covers
3 adult cot beds	1 ripple mattress
2 easi-carri hoists	

Numerous other items were supplied by the Red Cross Depots.

MENTAL HEALTH SERVICE

The Borough is responsible for the implementation in its area of the Mental Health Act, 1959, and has under its care mentally sub-normal and mentally ill persons in the Borough who are in need of support.

In this first year community care visiting and advisory services were organised and close co-operation established with hospitals and all organisations within the Borough associated with mental health.

Progress in the care and rehabilitation field was, however, limited by lack of facilities. At 1 April no day centres or hostels existed within the Borough, and patients requiring such services had to attend establishments situated outside the borough area.

THE MENTALLY ILL

At the end of the year there were 254 mentally ill persons receiving community care, and during the year 235 patients were admitted to hospital with the help of the Mental Health Social Workers for observation or treatment.

As the borough has no day centres or hostels of its own, arrangements were made for 12 patients to attend day centres in other parts of London and 59 were admitted to or continued to be maintained in a variety of hostels. Most hostel places were, in fact, found by the hospital treating the patient and were selected because of the particular contribution the hostel could make to the welfare of the patient. Regular support was given to patients and their relatives, and in a number of cases intensive casework was undertaken by a mental health social worker. Children leaving maladjusted schools were followed up by social workers.

A weekly therapeutic social club was started and is beginning to show considerable success in encouraging patients, previously chronically unemployable, to return to work.

THE SUB-NORMAL

At the end of the year there were 302 sub-normal or severely sub-normal patients receiving community care. For the under 5 year olds a special clinic was held monthly for counselling and advising mothers, and accommodation at the special unit at the Corams Garden Day Nursery was increased from 6 to 9 children. In the north of the Borough the Camden Society for Mentally Handicapped Children opened a nursery unit in private accommodation, taking another 9 children. The Council's medical officers and mental health social workers have kept closely in touch with this activity which is financially supported by the Council.

Junior training centres in Kensington and Chelsea and Hackney provided places for 22 Camden children between the ages of 5 and 16 years, and three children unable to attend training centres due to physical handicap received home teaching. Thirty children leaving E.S.N. schools were followed up by social workers.

Selected adults attended training centres in other boroughs. All the trainees were given the option of being included in an organised holiday for two weeks at St. Mary's Bay, Dymchurch, and 15 participated. Families of sub-normal patients were visited regularly and given guidance, advice and support in the care of the sub-normal. In addition, practical help was provided in many cases, e.g. home help, transport to training centres or nursery units, as well as provision of short term care to allow families some relief, or long term care when considered necessary. 21 cases received short term care and 26 long term care in hospitals and approved homes.

SOCIAL WORK

The team of mental health social workers numbers 14 whole time officers, one of whom is seconded to a full time university course for the Certificate in Mental Health. The group includes 4 qualified psychiatric social workers; one with a certificate in social work; 5 with social science certificates; and the others with mental nursing qualifications.

In order that the standard of support and care should be of a high quality, supervision and consultation has been given regularly by the senior staff. Consultation has also been a regular feature of the liaison and co-ordination that has developed both within the health department and with other departments in the Borough, namely home helps, health and geriatric visitors, child care officers, welfare officers and housing welfare officers. The mental health social workers have also become closely associated with other agencies and hospital social work departments in the Borough. Much help and advice has been received from general practitioners, doctors in hospitals, out-patient departments and mental hospitals. A weekly case discussion has been held for the benefit of the staff; this has also been extremely valuable as a means of enabling other professional workers to learn of the work undertaken by the team. During the year, speakers from the school care committees, the Children's Department and the Welfare Department addressed the group.

Some indication of the number of agencies that may need to be involved in order to bring a family through a crisis successfully is portrayed by the family that was referred early in 1965 by the psychiatric social worker at one of the General Hospitals in the Borough.

The family consisted of four young children with their father and mother. The latter had had a number of severe mental illnesses associated with her pregnancies and had been in a mental hospital four times in the previous five years.

Shortly after her referral the mother again became pregnant and declined an offer of termination. She was supported through her pregnancy by the mental health social worker co-ordinating the range of supportive services - day nursery attendance for the youngest child; home help for the mother; counselling for the father in the successful repayment of arrears to the Electricity and Gas Boards; and close liaison with the hospital doctors and social workers involved in caring for her physical and mental well-being.

In spite of some reluctance on the part of the general hospital to admit this mother with her previous psychiatric history, the close attention and support that the mental health social worker was giving enabled the maternity unit to accept her prior to her confinement for treatment of some complications of pregnancy, and for this period and the subsequent confinement the Children's Department placed a peripartetic housemother in the home where she was supported by the mental health social worker.

Despite several physical complications and a rhesus anomaly in the baby, the mother's mental health was sustained in hospital with the help of the psychiatrist and with supportive visiting by the mental health social worker. On her discharge, once more a home help and the day nursery were introduced, and a close working relationship planned between the health visitor and the mental health social worker for the family's subsequent support.

It is perhaps justified to associate the absence of mental breakdown during this pregnancy and puerperium with the carefully planned and co-ordinated social support.

HOSPITAL SERVICES

The Borough is at present situated in the catchment area served by Harperbury, Horton and Friern Hospitals and staff have worked closely with the staff of these hospitals. In addition, University College Hospital (North Wing), the Royal Free Hospital and the Whittington Hospital provide a certain number of beds for patients under observation and treatment.

FUTURE DEVELOPMENTS

As it is felt that a Borough the size of Camden, with a population of almost a quarter of a million, should be made self-sufficient in community care services for most of its mentally sub-normal, a junior training centre and an industrial centre for adults are included in future planning. Provision has also been made for a day rehabilitation centre and a day centre for more chronic psychiatric patients in the community. Hostels for the mentally disordered are to be supplemented by boarding-out schemes with boarding-out officers maintaining contact with the patient and landlady.

It is hoped that an appointment of a consultant psychiatrist will be made jointly with University College and Friern Hospitals.

FAMILY CASEWORK

The casework service (which is separate from the mental health section) within the Health Department of Camden has developed considerably during the year. On April 1 1965 the Principal Social Worker and her deputy who are both professionally qualified medical social workers were assisted by only one full-time caseworker who had been transferred to Camden by the London County Council. In June, one of the social workers in the school health section was appointed a part-time family caseworker, whilst remaining a part-time social worker under the Inner London Education Authority. Also in June, two full-time family caseworkers were appointed, one joining the department in September and the other in October; both are professionally qualified medical social workers.

On 1 April 1965, ten families were transferred from Division 2 of the former London County Council to Camden Health Department for casework support. In accordance with the policy of the Camden Council to provide a family service in the Borough, we moved away from the previously held idea that family caseworkers in the Health Department worked only with problem families referred by the Co-ordinating Committee. Referrals of clients, including single persons, who have been experiencing temporary stress due to illness and other factors, have been encouraged. There has been very close co-operation with the Children's, Welfare and Housing Departments as well as with general practitioners, medical social workers in hospitals and voluntary agencies. Apart from the families transferred from the London County Council, 46 referrals from a wide variety of sources were accepted, details of which are given below.

An analysis of the problems which families and individuals experience shows that ill health, low financial means and housing difficulties were the most prevalent precipitating factors. In one member's case poor health was present in at least a third of the families, and also in a third of the cases bad housing was a contributory factor. In six instances no children were involved the client either living alone or with another adult.

It is likely that the demand for casework help from this department will increase, particularly as general practitioners and medical social workers in hospitals become more aware of the service available.

The Principal Social Worker is Secretary to the Camden Family Service and also co-ordinates social work within the Health Department; she acts as liaison officer with voluntary and statutory agencies.

Analysis of sources of new referrals to family caseworkers

From whom referred	Number
Divisional School Care Organiser, Inner London Education Authority	7
Health visitors	7
Self-referred	6
General practitioners	6
Medical social workers in hospitals	4
Co-ordinating Committee	3
Citizen's Advice Bureau	2
Children's Department	2
Home Help organiser	2
National Assistance Board	2
Task Force	1
"Parents Involved"	1
Soldiers, Sailors, Airmen's Families Association	1
Mental Health section	1
School Medical Officer	1
	<u>1 = 46</u>

Number of cases referred for assessment and co-ordination for whom casework support was either provided by other agencies or was not considered necessary - 165.

HEALTH EDUCATION

As health education is essentially a discipline involving the complete health team the amalgamation of the services of the four former authorities gave the opportunity of close cohesion and scope for greater achievement.

All professional staff can and should participate in health education, but encouragement is required to use the less obvious opportunities which so frequently present themselves.

A Health Education and Home Safety Advisory Committee of members of the Council and representatives of the following organisations:-

Association of Public Health Inspectors	Inner London Education Authority
British Dental Association	Institute of Health Education
British Medical Association	National Association for Mental Health
Camden Old People's Welfare Association	National Society for Mentally Handicapped Children
Camden Trades Council	Royal Society for the Prevention of Accidents
Central Council for Health Education	University of London Institute of Education
Co-operative Women's Guild	

has been constituted which meets at quarterly intervals to consider matters of policy.

Within the Health Department a working party of senior officers has been set up, meeting monthly, to deal at officer level with the implementation of the Committee's policies. A monthly meeting of representatives of field staff from day nurseries, maternity and child welfare centres etc., is held to consider in detail the choice of material for film displays, exhibits, special themes etc.

The range of subjects covered has been wide and includes - preparation for motherhood, growing up, dental hygiene and care, the social services, the school health service, home safety, diet and nutrition, food hygiene, sex education, preparation for retirement, and the use of leisure.

Similarly, audience groups drawn from every part of the Borough have shown great variety. They have included Mothers' Clubs, Voluntary Organisations, Church Groups, Youth Clubs and Schools.

The following statistics indicate the range of activity undertaken in lectures, talks and discussions, and to this should be added the achievements of the Learner Swimmer Scheme. By teaching swimming and water safety to children between the ages of 7 years and 11 years, a continuing contribution to the national water safety campaign is made. Practical ability and pleasure is given to the children concerned and the needs of water safety emphasised in each family involved.

Totals for 9 months ended 31 December 1965	
Lectures, talks and discussions by -	
Health visitors	257
Centre superintendents	56
Midwives	5
Health Education Officer	42
Others	16
	<hr/>
	376
Audience groups -	
Expectant mothers	231
Other mothers	60
School leavers	9
Others	61
Voluntary organisations	9
	<hr/>
	370
Visual aids used -	
Posters and leaflets	185
Models	119
Sound films	64
Film strips	18
Other aids	43
	<hr/>
	429
Total attendances	3,818

PROPHYLAXIS

Every effort is directed towards ensuring that children are immunised against diphtheria, tetanus, whooping cough, poliomyelitis, and smallpox by the family doctor, at one of the Council's child welfare centres or in the schools.

Soon after the birth of a child the mother is given an immunisation record card setting out the immunisation programme. This serves the three purposes of informing the mother about the programme as a whole, providing a personal record of immunisations and reminding the mother of the next appointment.

A follow-up scheme operates in which a check is made with the health visitors, at periodic stages in the immunisation programme, that the recommended protection has been given to each child under 5 years.

Vaccination against poliomyelitis

Age at 31.12.65 Born in.....	Under 1 year 1965	Over 1 but under 5 1961-1964	Over 5 but under 16 1950-1960	Total under 16 years
Primary course	558	2,644	452	3,654
Reinforcing doses	-	168	1,961	2,129
Total	558	2,812	2,413	5,783

Vaccination against smallpox

Age at 31.12.65 Born in.....	Under 1 year 1965	Over 1 but under 2 1963-1964	Over 2 but under 5	Over 5 but under 16 1950-1960	Total
Primary vaccination	84	1,006	579	25	1,694
Re-vaccinations	-	3	28	63	94
Total	84	1,009	607	88	1,788

B.C.G. vaccination

The routine tuberculin testing of children over 13 years of age continued, negative reactors being offered vaccination with B.C.G. to reduce their chances of infection with tuberculosis.

1,504 children were tuberculin tested and 1,243 vaccinated.

Measles vaccination

Camden was one of the areas selected by the Medical Research Council in which to extend their trials of measles vaccine, the trials being conducted by Dr. Miller of the Medical Research Council and Dr. T.M. Pollock of the Public Health Laboratory Service.

The object of the 1965 scheme was to compare the vaccination reactions from two different live vaccines (each preceded by a dose of the same killed vaccine).

Five hundred and ninety-eight children were selected for vaccination, and of these 120 were vaccinated.

The follow up of these children is in the form of an annual postal enquiry by the M.R.C. and health visitors visit mothers who fail to reply.

The following tables give the number of children in the Borough who completed a course of immunisation during the year, in relation to the child population.

Estimated child population	Under 1 year	Over 1 but under 5	Over 5 but under 15	Total under 15
	3,950	12,150	22,500	38,600

Immunisation against diphtheria

Age at 31.12.65 Born in.....	Under 1 year 1965	Over 1 but under 5 1961-1964	Over 5 but under 16 1950-1960	Total children under 16 years 1950-1965
Primary course	1,568	1,981	322	3,871
Reinforcing doses	1	2,220	2,447	4,668
Total	1,569	4,201	2,769	8,539

Immunisation against whooping cough and tetanus

Age at 31.12.65 Born in.....	Under 1 year 1965	Over 1 but under 5 1961-1964	Over 5 but under 16 1950-1960	Total under 16 years
Whooping cough				
Primary course	1,528	1,884	81	3,493
Reinforcing dose		1,883	301	2,184
Total	1,528	3,767	382	5,677
Tetanus				
Primary course	1,567	1,973	280	3,820
Reinforcing dose	1	2,099	1,885	3,985
Total	1,568	4,072	2,165	7,805

RECUPERATIVE HOLIDAYS

Recuperative holidays are provided for:-

- Expectant mothers and children under 5 years (in accordance with the National Health Service Act, 1946, Section 22);
- School children (in accordance with the Education Act, 1944, Section 48(3));
- Others (in accordance with the National Health Service Act, 1946, Section 28, which covers care and after-care services).

Recuperative holidays are arranged on a medical recommendation where a short-term recuperative holiday involving rest, fresh air, and good food is needed, and medical supervision and nursing care are not required. Persons in need of medical and nursing care requiring convalescence are the responsibility of the Regional Hospital Boards.

Holidays for school children are arranged by the Inner London Education Authority which also acts as the Borough's agent for the placement of unaccompanied children under 5. We do not however, encourage recuperative holidays for the under 5's except in the company of the mother or older siblings. Arrangements for adults and mothers accompanied by children are made by the Health Department.

Charges are made for adults but are adjusted to individual circumstances. There is a small charge for children under 5 years who do not attend school. No charge however, is made for children attending Inner London Education Authority schools.

The undermentioned figures for 1964 and 1965 show that there is little variation in the demand.

Holidays provided

	Adults with children		Other adults	Other children under 5	Psychiatric	School children (from 1 April 1965 provided by I.L.E.A.)
	adults	children				
1964	12	19	91	6	8	141
1965	12	20	105	-	6	122

REGISTRATION OF NURSING HOMES

The registration of nursing homes passed to the Council from the London County Council on 1 April 1965. Registration takes place under the Public Health Act, 1936. The Conduct of Nursing Homes Regulations, 1963 made by the Minister of Health under the Nursing Homes Act, 1963 gave the registration authority more effective powers of supervision.

The Nursing Homes Act, 1963 repealed as from 15 May 1964 the exemption from registration of nursing homes not carried out for profit. Seven homes in the Borough came within the category and were registered by the London County Council early in 1965. Two more applications were pending while requirements to render satisfactory the fire precautions and means of escape were implemented. Similar requirements had been made in two other nursing homes which had been granted registration by the former London County Council.

At the end of 1965 there were thirteen registered nursing homes in Camden, including four mother and baby homes classed as maternity homes. The total number of beds provided was 388, - 229 for medical and surgical cases and 159 maternity beds.

Prospective keepers of nursing homes are encouraged to seek technical advice from the appropriate local authority departments. The Medical Officer of Health was consulted about the suitability of two premises which prospective keepers proposed to purchase with a view to seeking registration under the Nursing Homes Act, 1963 and of an old people's home which the owner intended to convert as a nursing home.

Regular inspections of registered nursing homes are made by a senior medical officer of the department and a public health inspector, to ensure that accepted standards in all registered nursing homes are maintained.

Registration and inspection of nursing homes and accommodation provided

	No.	Beds		
		Maternity	Medical and surgical	Total
Premises registered at beginning of year	6	38	87	125
New homes registered	7	122	142	264
Homes registered upon change of keeper	Nil	-	-	-
Registered at end of year	13	159	229	388

Inspections

by Medical Officer	18
by Public Health Inspector	21

THE STAFF HEALTH SERVICE

The medical arrangements made by the four amalgamating authorities which now form the Borough of Camden varied widely both in the screening of their new entrants and in dealing with cases of sickness occurring amongst those already upon their staff. That this should have been so is not surprising, for such arrangements were the product, perhaps, more of evolution than planning, and their development was conditioned not only by the size, structure and duties of the authorities concerned but also by the varying attitudes of past councils and chief officers alike.

With the advent of Camden, there was the opportunity of a completely fresh approach to the problems involved.

The Deputy Medical Officer of Health has been directly responsible to me in the creation of this "new look" of the staff health service. We are both indebted to Dr. Michael Warren, Senior Lecturer in Preventive & Social Medicine at the London School of Hygiene and Tropical Medicine for his helpful guidance freely offered.

However, a new authority the size of Camden must to some extent remain an unknown quantity until actually in being, and in a field as vital as this mistakes and miscalculations (albeit made in good faith upon facts available) can do damage far beyond the size of the original error; for this reason it was decided that initially the medical examination of new entrants should be limited to officers entering the Council's service and should in all cases include a chest X-ray: the former London County Council practice of requiring Home Helps to complete a medical questionnaire and have a chest X-ray being continued.

During this time cases of prolonged sickness (including those of superannuation upon medical grounds) were dealt with by the Staff Committee who were advised by me in each case. This system has worked well and no change has been made in the revised arrangements set out below.

In looking at a staff health service for Camden two main points emerged. Firstly the routine medical examination of new entrants to the Council's Service was probably less valuable than the completion of a questionnaire by the candidate, with selective medical examination where indicated, complemented by a chest X-ray examination in certain cases. This step had already been taken by many other local authorities and by blending their experience with our knowledge of our own particular needs, a comprehensive questionnaire was devised. Accordingly from 1 December routine medical examinations were replaced by a questionnaire and chest X-ray with selective medical examination where indicated. Secondly it was apparent that there was a need for an occupational health service within Camden.

Questionnaires and X-ray forms have been distributed to all departments, the former being enclosed in a prepaid envelope addressed to my Deputy to ensure both its speedy sorting and its confidentiality. The new scheme has started well, and has diminished the delays inherent in the previous arrangements. The main cause of delay is the failure of candidates to return their questionnaires or to attend for X-ray (perhaps sometimes because they have other irons in the fire but wish to keep their Camden offer open!).

During this time progress has been made in two other directions. My deputy has informally discussed with all chief or deputy chief officers both the aims of the new service and difficulties which they may face. The result has been uniformly gratifying, and more pleasing still has been their response to the idea of a consultative service to help staff; increasingly my deputy is seeing members of the staff who have worries or problems, or about whom the chief officer concerned is anxious. In all cases a close liaison is maintained with general practitioner and other agencies which may be concerned.

It would be idle to suggest that in all such cases his intervention can bring about an immediate change for the better, and here as elsewhere in life one tends to recall one's successes.

That this new service is worthwhile cannot I feel be doubted and that it will expand must be true. Its value, however, is two-fold; for the Council it provides the assurance that the working conditions of staff are satisfactory, even in the individual sense, whilst for the employee it gives a background of medical care from colleagues who are familiar with the problems particular to local government; such a state achieved cannot fail to benefit both.

MEDICAL EXAMINATIONS

1 April 1965 - 30 November 1965

Staff medical examinations	531 - 522 fit, 7 deferred, 2 unfit
O & M. medical examinations	41
Teachers medical examinations	34
Other authorities medical examinations	10

1 December 1965 - 31 December 1965

Staff medical questionnaires	21 - 3 called for medical examination
O & M. medical examinations	8
Teachers medical examinations	NIL
Other authorities medical examinations	3

EXEMPTION FROM PARKING METER CHARGES

The powers permitting the former Metropolitan Boroughs to establish parking meter zones, which have now been vested in the Camden Borough Council provide discretion to waive charges in cases of severe physical disability. In both Holborn and St. Pancras (Hampstead had no parking meters) almost all such applicants were medically examined by either the Medical Officer of Health or Deputy. In Camden the Deputy Medical Officer of Health is responsible for this work.

Since 1 April 1965, 41 such applicants have been medically examined and 10 applicants were granted exemption without examination after consultation with the medical authorities concerned.

Altogether 32 cases have been recommended permanent exemption from parking meter charges whilst of the remainder 9 have been granted temporary exemption for varying periods of up to one year and will be reviewed at the appropriate interval. In 10 instances exemption was not recommended; all these applicants were medically examined.

It should be noted that an exemption of this type only allows the holder to park for unlimited periods at a meter without charge; it does not allow him or her to park at random in a restricted zone nor does it give the exclusive use of a particular bay. This latter use is, however, granted free to general practitioners, adjacent to their regular surgery premises and the Borough Engineer and Surveyor has been appropriately advised in such cases.

CERTIFICATION OF BLIND AND PARTIALLY SIGHTED PERSONS

During the year (1 January to 31 December, 1965) there were 91 examinations in connection with new registrations (under the National Assistance Act, 1948) of blind or partially sighted persons, 49 were found to be blind and 42 partially sighted. In addition, 12 certificates were accepted from other local authorities relating to 10 blind and 2 partially sighted persons. After registration re-examinations are made as required; 59 people in this category were seen in 1965.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

The Chief Medical Officer of the Ministry of Health in a circular letter (C.M.O.1/65) expressed concern about the special problems of long stay immigrants in this country, many of whom were unfamiliar with our customs and ignorant of the scope and arrangement of the health services. It was desirable that, at an early date after their arrival, immigrants should be visited and advised to register with a general practitioner. Arrangements should also be made, in appropriate cases, for an X-ray of the chest.

Medical inspectors at air and sea ports now send the medical officer of health the names and addresses of immigrants about to take up residence in the area. Immigrants are given a card which explains briefly and in several languages the health services available to persons living in the United Kingdom.

In Camden a register is maintained by the Health Department of all immigrants for whom notifications of arrival have been received from the port of entry. This information is passed to field staff so that home visits can be made either by health visitors or, in the case of single male immigrants, by public health inspectors. Two home visits are attempted and, if both fail, another copy of the card is left at the house.

A record of all visits, whether successful or not, is entered in the register together with any other relevant information including the results of X-rays of the chest. Where chest X-rays taken at the port of entry were found to be unsatisfactory, information is passed to the chest clinic for further follow-up.

Number of notifications of arrival from port of entry	1,107
Number of visits made to immigrants	1,073

The difference between the number of arrivals and the number of immigrants visited arises from the practice, so far adopted, to omit visits to immigrants employed in the hospital services, by doctors or in establishments employing a staff doctor.

TRAINING

(a) *In-Service*

During 1965 no formal in-service training was undertaken, but preparations were made for various courses during 1966, for, amongst others, Medical Officers, Geriatric Visitors and Home Helps. At the time of writing a number of these courses have taken place. It is hoped to start a scheme of training whereby all field workers are given an opportunity of studying each other's work more closely.

(b) *Other*

The Council have followed an enlightened policy and members of all services of the department have been able to attend courses, arranged by specialist bodies, dealing with their own particular aspects of the department's work. This ensures that all members of the department are given the opportunity of acquiring new knowledge and being up to date in their own speciality.

(c) *Staff of Outside Bodies*

Some five hundred students attended lectures or visits arranged by the department to instruct them in the work of the department as a whole or some particular aspect of it.

These were mostly students from the Teaching Hospitals within the Borough, but also included student district nurses and students from the N.S.P.C.C.

There has also been a steady demand from Universities and Teaching Colleges for practical work placements for their students. Such students have spent up to eight weeks at a time in the department and their presence has been a most stimulating experience.

It is hoped to be able to continue to provide these facilities for students as far as is possible.

DEVELOPMENT OF THE HEALTH SERVICES

PLAN FOR THE TEN YEARS FROM 1966 TO 1976

The first ten year plan produced in the light of local circumstances and needs has been prepared in pursuance of the Ministry of Health Circular 14/65 dated 30 July 1965 in reference to the plans made by the former London County Council in 1962 and 1963 and the reassessment of the needs for local health services consequent on the coming into effect of the London Government Act, 1963, in the area comprising the former Metropolitan Boroughs of Hampstead, Holborn and St. Pancras.

It was extremely difficult to project health and social services ten years ahead, especially against the pressure of immediate tasks. For this reason it is more than likely that subsequent revisions of the Plan for Camden will present considerable variations.

The estimate of population rests basically on the Registrar General's mid-1964 estimate. The effects of migration, changes in the birth rate and the rate of increase of the population aged 65 years and over, which must affect any longrange estimate of needs for local health services may be more apparent when the results of the 1966 Census are available; they may well point the need for a revision of current proposals.

As time goes on our planning will become more exact, especially as the Borough is to co-operate with the Social Research Unit at Bedford College headed by Mrs. Margot Jefferys and with the Medical Unit of University College Hospital Medical School under Sir Max Rosenheim in a comprehensive survey of the need of the borough for social and medical services.

The plans outlined below have already in part been implemented and details have been given in the earlier pages of this Report. What has been achieved is, however, in some cases only a small part of what is proposed and the following summary of the Ten Year Plan is intended to supplement the information which has already been given.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

The London Boroughs are the first local health authorities to be newly formed, since the National Health Service Act, 1946 came into force. After 17 formative years of the Service during which hospital, general practitioner and local health services developed very much in isolation from each other, there is now an unique opportunity of planning on a much more comprehensive basis. The appointment of a Consultant Psychiatrist who will serve University College and Friern Hospitals, and act as my Adviser in psychiatric community care, and the appointment of a lecturer at the Royal Free Hospital Medical School who will also be a senior assistant medical officer in the Borough's Health Department are only two of many examples of planned co-operation with our local hospitals.

Co-operation with general practitioners is to be fostered by the establishment of health centres wherever sites become available and where our colleagues in general practice welcome such a scheme. Attachments of local health authority staff to general practices are progressing.

FAMILY HEALTH CLINICS

Within the public health service itself, too, the orientation is changing. Some 60 years ago maternity and child welfare centres were developed - one of the very first in what is now Camden - as a life saving measure to combat an infant mortality which had not fallen in spite of considerable advances in environmental hygiene. The school health service started soon after, as a direct result of the disturbing evidence of gross unfitness of our young people which came to light during the recruitment of volunteers for the Boer War.

In the 1960's and 70's, with the radical improvement in child health, together with the need for supportive services for an ageing population and the trends towards comprehensive health screening activities, of which cervical cytology is only one example, the concept of the child welfare centre as a separate entity no longer meets the needs of our community. The plan therefore introduces a new concept: the family health clinic. It is envisaged that where comprehensive health centre schemes are not actively supported by general practitioners or are impracticable for other reasons, family health clinics will provide comprehensive services for the area they serve, such as the full range of maternal and child care, with particular emphasis on the early detection and support of physical, mental and social handicaps. Family planning services will be provided, along with ante-natal and post-natal sessions, and there will be facilities for marriage guidance and family guidance in general. School health services will be provided on the same premises for the Inner London Education Authority on an agency basis, and health screening activities will be carried out. The family health clinic will play an important role in preventive and supportive geriatrics, with medical and chiropody sessions as needed.

Although the family health clinics will not be Health Centres within the meaning of the National Health Service Act, 1946, they will be readily accessible to local practitioners who appreciate the advantages of seeing certain types of patient with local health authority staff (such as ante-natal consultations with the domiciliary midwife). The family health clinic will also form the local base for local health authority staff, such as health visitors, social workers, midwives, geriatric visitors, and district nurses, and will in this way form a focus for the support of the family and the community.

DAY NURSERIES

The existing day nurseries and the scheme of admission thereto are as 'inherited' from the former London County Council. Consideration has been given to the far ranging problem of the day care of children in response to the Ministry Circular 5/65 and it is thought that priority of admission to day nurseries should be extended to meet the needs of women at work, whose employment is essential to the community, that the eligibility for part-time attendance of handicapped children who are likely to benefit should be broadened to include a wider range of handicaps and that the assessment scale should permit of greater flexibility by disregarding all or part of the mother's earnings in the case of families suffering severe economic stress. More day nursery accommodation will be provided.

MENTAL HEALTH

Comprehensive planning of psychiatric community services has been deferred pending the appointment of the consultant referred to earlier.

A club for psychiatric patients has been established at Lyndhurst Hall, St. Pancras, and further clubs will be established.

It is envisaged that although by co-operation with adjoining local authorities some hostels would be on a shared user basis, it will be necessary to provide within the Borough a junior training centre, special care units, an adult industrial centre, a rehabilitation centre, hostels and special units at day nurseries. A boarding-out service for psychiatric patients will be introduced to supplement hostel provision.

Transport for handicapped children attending special units and special care units will be needed.

Counselling at special clinics in existing premises will be made available and social clubs for educationally sub-normal school leavers, adult sub-normals and mentally ill persons set up as opportunity affords. In association with day hospitals, support at out-patient clinics will be developed and social workers will take part in discharge conferences at hospitals.

The provision of day centres may well have to be reviewed following the appointment of the consultant psychiatrist.

Occupational therapy for the housebound and at centres for the mentally ill will be provided.

STAFFING

Development of the services will, if they are to be run efficiently, require the establishment of the staff to be increased to meet the growing needs.

The ageing of our population, the increasing tendency to remain in or return to the community the sick and handicapped, and the widening range of services all call for increases of staff. In our plan we have taken account of shortages in skilled manpower by including auxiliaries wherever possible - for instance in the home nursing and health visiting services - who will work alongside and under the guidance of professionally trained colleagues. The home help service which supports so many of the frail elderly in their own homes is to be doubled within the next ten years - though even then it will only provide five home helps for every 1,000 people of pensionable age. It will, of course, be supplemented by the "Good Neighbour" Service which is being expanded to cover the whole Borough.

CAPITAL WORKS

Including projects in hand, the programme for the first five years consists of:-

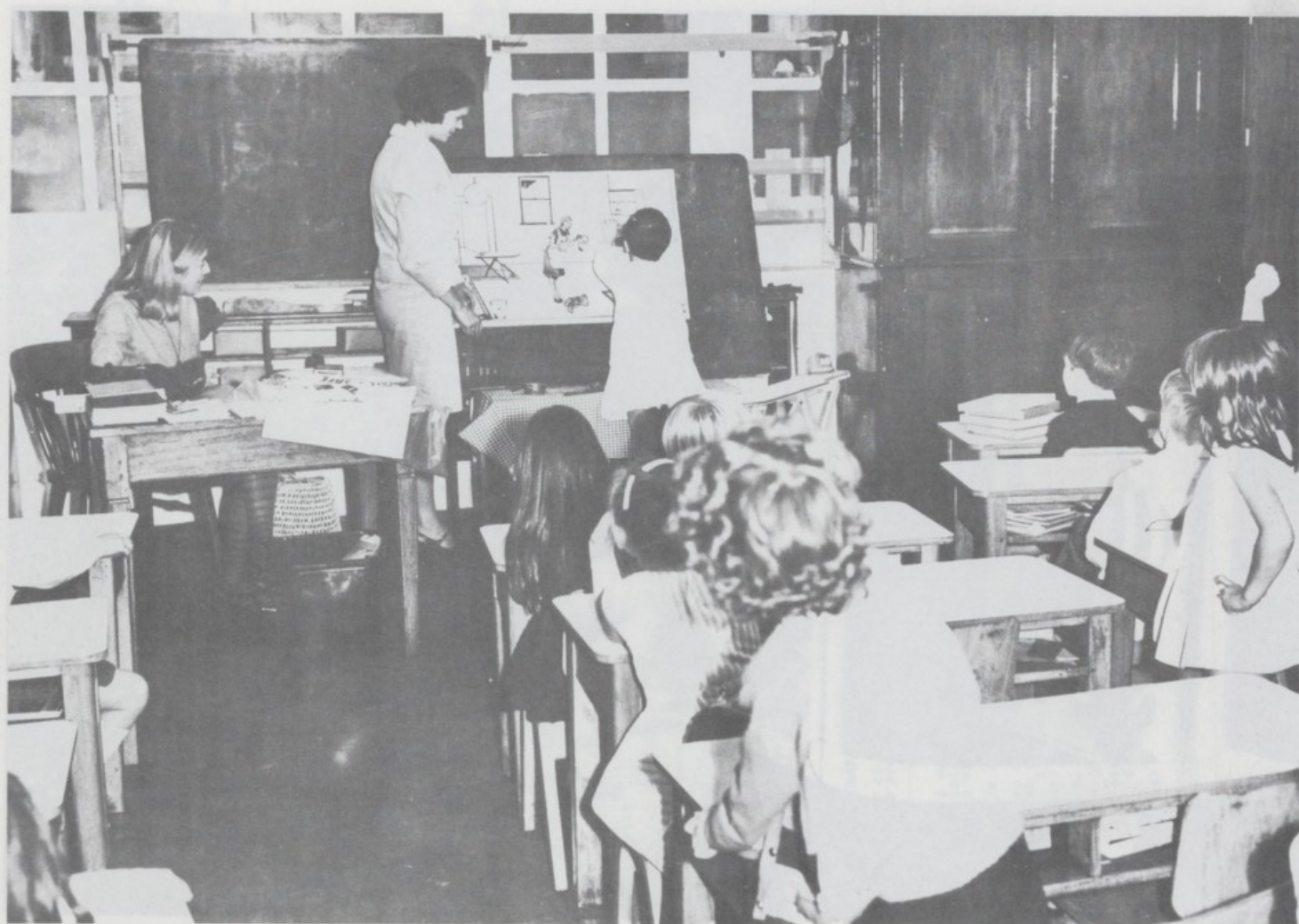
Six day nurseries, nine health centres or family health clinics, two hostels for the mentally ill, a day rehabilitation centre, a day centre, an industrial centre, a junior training centre and four hostels for the mentally subnormal.

For the second five years of the plan, the following proposals are included but will be revised at each subsequent annual review:-

Four day nurseries, three health centres or family health clinics, one hostel for the mentally ill and three hostels for the mentally subnormal.



HOME VISITING OF OLD PEOPLE



HEALTH EDUCATION BY HEALTH VISITOR IN JUNIOR SCHOOL



CARE OF HANDICAPPED CHILDREN IN A DAY NURSERY

**POPULATION AND HOUSING CHARACTERISTICS OF CAMDEN
COMPARED WITH LONDON A.C. AND GREATER LONDON**

Table 1

Census 1961

	CAMDEN G.L.B.			All Camden	ALL LONDON A.C.	GREATER LONDON COUNCIL AREA
	Hampstead	Holborn	St. Pancras			
1. POPULATION CHARACTERISTICS						
Enumerated population	98,844	22,008	124,855	245,707	3,200,000	8,051,000
<i>Age distribution</i> Per cent. of population:-						
Under 5 years	5.6	4.5	6.9	6.2	7.0	6.9
Under 15 years (including those under 5)	14.5	12.1	17.8	16.0	19.4	20.2
15-64 years	73.8	75.8	70.4	72.2	68.8	68.2
65 or over	11.7	12.1	11.8	11.8	11.8	11.6
<i>Sex ratios</i> (Females per 1,000 males):-						
For all age groups	1,276	1,185	1,074	1,161	1,100	1,098
Age group 25-44 only	1,047	1,020	910	975	977	1,012
<i>Single persons as per cent. of total adult population (15 or over)</i>	40.0	44.1	34.4	37.6	29.8	26.2
<i>Household size</i> Per cent. of households with:-						
1-2 persons	64.4	66.1	58.5	61.6	53.0	47.0
5 or more persons	8.8	6.7	11.2	9.9	12.3	13.5
<i>Mobility:-</i> Per cent. of the resident population in each area who had lived for less than one year at the addresses they had on census day, April 1961	19.5	20.7	13.5	16.5	12.9	10.9
2. HOUSING CHARACTERISTICS						
Number of private households present at census	38,698	6,418	44,201	89,317	1,107,130	2,674,356
<i>Housing conditions</i> Per cent. of all households who:-						
Share a dwelling	31.9	17.3	34.1	31.9	29.9	20.0
Share a dwelling and also share, or have no, kitchen sink and stove	9.3	6.9	9.2	9.1	7.1	4.7
Share, or are without, a w.c.	38.6	22.2	45.3	40.8	30.9	18.8
Are overcrowded (with an occupancy rate of over 1½ persons per room)	8.2	6.6	9.6	8.8	7.2	4.4
Average number of persons per room	0.75	0.81	0.85	0.80	0.77	0.70

Table 1 - contd.

Census 1961 - Contd.

	CAMDEN G.L.B.				ALL LONDON A.C.	GREATER LONDON COUNCIL AREA
	Hampstead	Holborn	St. Pancras	All Camden		
<i>Tenure</i> Per cent. of households who are:-						
Owner-occupiers	14.2	0.7	9.2	10.8	15.6	36.4
Local authority tenants	8.1	26.5	20.4	15.5	21.2	18.4
Renting private unfurnished accommodation	43.1	55.4	48.8	46.8	46.0	33.4
Renting private furnished accommodation	31.6	8.2	17.5	22.9	13.8	8.9
3. SOCIO-ECONOMIC DISTRIBUTION						
<i>Per cent. of occupied and retired males in the following socio-economic groups (S.E.G.'s):-</i>						
<i>Professional, Managerial and Employers' grades</i> (S.E.G. 1, 2, 3, 4, 13)	28.4	16.2	10.6	18.3	12.3	16.3
<i>Intermediate and junior non-manual and skilled manual grades</i> (S.E.G. 5, 6, 8, 9, 12, 14)	52.3	48.8	53.2	52.3	55.8	57.1
<i>Semi-skilled and unskilled manual grades</i> (S.E.G. 7, 10, 11, 15, 16, 17)	19.3	35.0	36.2	29.4	31.9	26.6
<i>Education</i> Per cent. of persons aged 25 or over with terminal education age under 16	46.8	63.1	77.3	63.0	78.1	†
<i>Women working</i> Per cent. of women aged 15 or more who are economically active	52.6	64.5	53.7	54.2	50.6	45.6
<i>Workplace</i> Per cent. of occupied resident population working in the Central Area (old Metropolitan Boroughs of Holborn, St. Pancras, Finsbury, St. Marylebone, and the Cities of London and Westminster)	41.6●	80.4	80.6	67.3	34.7	26.1

† Not available.

● An additional 29.7 per cent. of the occupied residents of Hampstead worked in Hampstead itself (that is, also locally, though not in the central area).

Table 1 - contd.

Census 1961 - Contd.

	CAMDEN G.L.B.				ALL LONDON A.C.	GREATER LONDON COUNCIL AREA
	Hampstead	Holborn	St. Pancras	All Camden		
4. IMMIGRATION						
Total resident population with stated birth-place No.	96,157	21,698	122,844	240,699	3,157,977	8,114,321
<i>Per cent. of the resident population born in:-</i>						
Commonwealth countries of Asia, Africa and the Caribbean	4.8	2.4	3.2	3.8	3.6	2.3
Other parts of the Commonwealth and Colonies	3.4	3.1	4.7	4.0	2.1	1.3
Foreign countries and at sea	14.6	8.8	5.3	9.3	4.5	3.3
Ireland (both parts)	8.0	7.2	8.9	8.4	5.1	3.6
Total born outside Great Britain						
Per cent.	30.8	21.5	22.1	25.5	15.3	10.5
Number	29,587	4,664	27,128	61,379	483,172	851,901

NOTE: The percentages of the final column (Greater London Council area) in sections 3 and 4 are figures for the Greater London Conurbation, as defined in the census. The remaining percentages in this final column (sections 1 and 2) are figures for the Greater London Council Area, but include the whole of the former Urban District of Chigwell (only a part of which is in the Greater London Council area).

Table 2

CAUSES OF DEATH - 1965

	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	Age in years								
					1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
1. Tuberculosis, respiratory	M	5	-	-	-	-	-	-	1	2	1	-	1
	F	4	-	-	-	-	-	-	-	1	1	-	2
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	1	-	-	-	-	-	-
3. Syphilitic disease	M	7	-	-	-	-	-	-	-	-	3	1	3
	F	6	-	-	-	-	-	-	-	-	1	2	3
6. Meningococcal infections	M	1	-	-	1	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	1	-	-	-	-	-	-	1	-	-
10. Malignant neoplasm, stomach	M	27	-	-	-	-	-	1	-	3	9	7	7
	F	24	-	-	-	-	-	-	-	2	7	4	11
11. Malignant neoplasm, lung, bronchus	M	133	-	-	-	-	-	1	2	16	43	47	24
	F	47	-	-	-	-	-	-	2	5	11	16	13
12. Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	60	-	-	-	-	-	1	3	13	10	12	21
13. Malignant neoplasm, uterus	F	15	-	-	-	-	-	-	1	2	5	3	4
14. Other malignant and lymphatic neoplasms	M	146	-	1	2	1	-	4	7	9	35	35	52
	F	139	-	-	-	-	-	1	4	14	27	43	50
15. Leukaemia, aleukaemia	M	11	-	-	-	3	1	-	-	1	1	4	1
	F	6	-	-	-	-	-	1	1	-	1	1	2
16. Diabetes	M	5	-	-	-	-	-	-	-	-	1	2	2
	F	12	-	-	-	-	-	-	-	1	1	4	6
17. Vascular lesions of nervous system	M	82	-	-	-	-	-	1	3	7	13	23	35
	F	151	-	-	-	1	-	1	1	2	20	34	92
18. Coronary disease, angina	M	319	-	-	-	-	-	4	9	32	88	102	84
	F	235	-	-	-	-	-	-	2	8	22	72	131
19. Hypertension with heart disease	M	10	-	-	-	-	-	2	-	1	1	1	5
	F	20	-	-	-	-	-	-	-	-	-	9	11
20. Other heart disease	M	71	-	-	-	1	-	1	2	8	12	14	33
	F	116	-	-	-	-	1	1	1	5	6	22	80
21. Other circulatory disease	M	42	-	-	-	-	-	-	-	4	12	8	18
	F	75	-	-	-	-	-	-	2	4	2	16	51
23. Pneumonia	M	54	1	4	-	-	-	-	-	2	6	8	33
	F	95	3	3	-	-	1	-	-	2	2	12	72
24. Bronchitis	M	81	-	2	-	-	-	-	-	1	24	22	32
	F	49	-	-	1	-	-	-	1	-	6	13	28

CAUSES OF DEATH - 1965 - Contd.

Table 2 - contd.

	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	Age in years								
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
25. Other diseases of respiratory system	M	12	-	-	-	-	-	1	1	1	2	4	3
	F	7	-	-	-	-	-	-	-	-	1	1	5
26. Ulcer of stomach and duodenum	M	13	-	-	-	-	-	-	-	1	1	8	3
	F	9	-	-	-	-	-	-	-	-	1	1	7
27. Gastritis, enteritis and diarrhoea	M	6	-	1	1	-	-	-	-	-	2	-	2
	F	8	-	1	-	-	-	-	-	-	1	5	1
28. Nephritis and nephrosis	M	7	-	-	-	-	1	-	-	1	2	1	2
	F	7	-	-	-	1	-	-	1	1	2	2	-
29. Hyperplasia of prostate	M	4	-	-	-	-	-	-	-	-	-	1	3
30. Pregnancy, childbirth, abortion	F	1	-	-	-	-	1	-	-	-	-	-	-
31. Congenital malformations	M	23	10	5	4	-	1	-	-	1	-	2	-
	F	12	5	-	4	1	-	-	-	1	1	-	-
32. Other defined and ill-defined diseases	M	88	17	2	-	1	4	2	4	7	18	14	19
	F	81	16	-	1	1	2	3	3	4	5	17	29
33. Motor vehicle accidents	M	13	-	-	-	1	2	1	-	2	3	1	3
	F	9	-	-	1	-	-	-	1	2	2	3	-
34. All other accidents	M	25	-	1	1	1	2	2	5	4	4	2	3
	F	21	2	2	-	1	-	-	3	1	2	1	9
35. Suicide	M	26	-	-	-	-	3	2	4	7	7	3	-
	F	33	-	-	-	-	1	7	7	5	9	3	1
36. Homicide and operations of war	M	3	-	-	1	-	2	-	-	-	-	-	-
	F	1	-	-	-	1	-	-	-	-	-	-	-
Total all causes	M	1,214	28	16	10	8	16	22	38	110	288	310	368
	F	1,246	26	7	7	6	7	15	33	73	147	296	629

Table 3

CAUSE OF DEATH - 1947 - 1965

Population		255,810	260,640	263,820	264,630	261,390	261,250	260,080	257,950	254,270	254,320	251,360	249,150	246,880	246,790	244,762	243,350	242,290	243,360	240,970
Causes of death		1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
1	Tuberculosis, respiratory	144	139	140	103	108	64	57	51	52	30	25	32	24	17	11	13	16	10	9
2	Tuberculosis, other forms	21	10	7	11	11	8	5	4	5	5	2	4	2	1	1	3	-	1	1
3	Syphilitic diseases	23	31	16	22	24	24	14	17	13	12	15	6	14	3	11	10	13	6	13
4	Diphtheria	3	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
5	Whooping cough	7	3	3	1	2	1	2	-	-	-	-	-	-	1	-	-	-	-	-
6	Meningococcal infection	1	1	-	1	1	1	1	2	1	1	-	-	2	-	2	2	-	-	1
7	Acute poliomyelitis	3	-	7	5	-	2	2	-	-	1	-	1	1	-	-	-	-	-	-
8	Measles	2	1	1	-	2	-	-	-	-	-	1	-	-	-	-	-	1	-	-
9	Other infective and parasitic diseases	3	2	-	10	8	13	6	11	11	7	8	5	5	4	8	7	9	3	2
10	Malignant neoplasm, stomach	70	80	86	78	77	61	100	49	71	73	70	66	63	66	85	67	71	55	51
11	Malignant neoplasm, lungs and bronchus	®	®	®	118	146	151	167	129	150	155	164	152	141	173	126	175	158	170	180
12	Malignant neoplasm, breast	50	63	67	68	62	51	79	39	45	52	55	45	50	56	59	53	58	47	60
13	Malignant neoplasm, uterus	63†	47†	55†	30	20	23	41	20	28	22	23	24	31	32	28	20	34	20	15
14	Other malignant and lymphatic neoplasms	381	388	367	298	302	324	334	274	300	287	278	342	287	283	183	265	248	288	285
15	Leukaemia, aleukaemia	†	†	†	9	14	19	23	9	14	14	18	10	18	18	10	20	13	11	17
16	Diabetes	20	15	17	22	27	16	18	13	12	19	17	20	19	7	15	17	27	16	17
17	Vascular lesions of nervous system	307	302	288	265	319	347	269	254	260	313	277	300	254	282	260	237	262	232	233
18	Coronary disease, angina				361	434	452	450	458	461	521	505	486	494	525	498	597	582	484	554
19	Hypertension with heart disease	819	714	826	130	121	60	45	64	56	67	58	58	49	38	50	41	25	20	30
20	Other heart disease				373	386	361	241	197	190	205	209	195	184	220	201	204	212	174	187
21	Other circulatory disease	157	167	164	128	117	133	123	117	159	144	130	129	114	111	144	126	123	132	117
22	Influenza	20	2	15	12	49	7	28	9	10	6	30	10	39	3	14	7	5	2	-
23	Pneumonia	207	120	175	148	180	123	152	103	113	160	161	177	208	156	181	204	251	155	149
24	Bronchitis	259	143	220	165	257	231	235	162	201	201	183	198	192	159	165	174	145	115	130
25	Other diseases of respiratory system	43	23	34	22	37	25	22	17	29	26	26	22	23	17	17	24	22	27	19
26	Ulcer of stomach and duodenum	46	37	44	52	51	36	42	42	33	48	32	42	42	30	30	32	18	17	22
27	Gastritis, enteritis and diarrhoea	20	10	5	11	15	19	13	4	12	17	8	13	12	22	13	14	15	11	14
28	Nephritis and nephrosis	67	72	52	20	28	35	25	32	26	16	19	16	15	15	18	16	12	14	14
29	Hyperplasia of prostate	†	†	†	21	22	18	12	19	28	23	24	18	19	12	12	12	6	7	4
30	Pregnancy, childbirth and abortion	6	4	8	4	4	3	5	2	1	4	1	1	2	1	4	1	5	1	1
31	Congenital malformations	61	76	71	27	31	29	21	27	25	36	26	40	33	27	24	28	33	41	35
32	Other defined and ill-defined diseases	302	262	245	231	231	256	179	194	222	227	217	188	233	220	208	217	219	204	169
33	Motor vehicle accidents	24	13	17	17	16	17	22	30	19	20	21	17	18	36	30	30	17	16	22
34	All other accidents	103	105	81	75	76	71	52	51	62	65	65	70	63	49	63	61	71	55	46
35	Suicide	47	53	55	52	57	48	48	55	62	48	56	65	62	49	55	73	58	41	59
36	Homicide and operations of war	†	†	†	2	-	2	2	4	1	5	-	4	1	2	2	1	2	4	4

® For 1947, 1948, 1949 included in classification No.14 - Other malignant neoplasms

† For 1947, 1948, 1949 included in classification No.32 - All other causes

† For 1947, 1948, 1949 included neoplasms of oesophagus, which from 1950 onwards is included in No.14 - Other malignant neoplasms

NOTIFIABLE DISEASES 1965

Table 4

Disease	Male	Female	Total
Diphtheria	-	-	-
Dysentery	63	73	136
Encephalitis (infectious)	1	1	2
Enteric fever, typhoid, paratyphoid	-	-	-
	-	1	1
Erysipelas	5	5	10
Food poisoning	18	15	33
Measles	680	599	1,279
Membranous croup	1	1	2
Meningococcal infection	4	-	4
Ophthalmia neonatorum	1	1	2
Pneumonia, acute primary	13	4	17
acute influenzal	2	-	2
Poliomyelitis	-	-	-
Puerperal pyrexia	-	13	13
Malaria	1	-	1
Scabies	42	31	73
Scarlet fever	16	21	37
Smallpox	-	-	-
Whooping cough	20	11	31
Total	867	776	1,643
Tuberculosis			
Pulmonary	92	55	147
Non pulmonary	6	13	19
Total	98	68	166

Table 5

NOTIFIABLE DISEASES - 1960-1965*

	1960	1961	1962	1963	1964	1965
Acute influenzal and primary pneumonia	74	70	60	40	19	19
Acute poliomyelitis	11	8	5	-	-	-
Acute polio-encephalitis	-	1	-	-	-	-
Diphtheria or membranous croup	1	2	-	-	1	2
Dysentery	336	152	286	278	100	136
Encephalitis-lethargica	8	8	7	1	5	2
Enteric or typhoid fever	3	2	6	3	6	-
Erysipelas	24	10	4	6	10	10
Food poisoning	111	57	65	48	57	33
Malaria	5	5	35	26	-	1
Measles	644	2,937	803	1,828	1,004	1,279
Meningococcal infect	12	6	7	8	3	4
Ophthalmia neonatorum	5	3	17	12	1	2
Paratyphoid fever	2	1	3	-	1	1
Puerperal pyrexia	42	23	70	33	38	13
Scabies	55	49	48	41	60	73
Scarlet fever and scarlatina	69	96	44	40	62	37
Smallpox	-	1	-	-	-	-
Tuberculosis-respiratory	217	212	163	192	162	147
Tuberculosis-non-respiratory	25	28	27	19	19	19
Whooping cough	267	71	33	99	78	31

*Figures for 1960-1964 are combined annual figures of notified cases in Hampstead, Holborn and St. Pancras

TUBERCULOSIS

The following table gives the number of new cases of tuberculosis notified, and deaths during 1965 of persons notified as suffering from the disease:-

Table 6

Age periods	New cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	-	-	-	-	-	-	-	-
1 year	1	-	-	1	-	-	-	-
2 - 4 years	2	5	1	-	-	-	-	-
5 - 9 years	2	1	-	-	-	-	-	-
10 - 14 years	-	1	-	-	-	-	-	-
15 - 19 years	-	3	-	-	-	-	-	-
20 - 24 years	9	7	1	2	-	-	-	-
25 - 34 years	20	13	3	5	-	-	-	-
35 - 44 years	14	13	1	2	-	-	-	-
45 - 54 years	14	8	-	-	-	1	-	-
55 - 64 years	22	2	-	1	1	1	-	-
65 - 74 years	5	1	-	1	3	1	-	-
75 and over	3	1	-	1	1	1	-	-
Totals	92	55	6	13	5	4	-	-

Table 7

CHANGES IN TUBERCULOSIS REGISTER DURING 1965

	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.	
Cases on Register at 31 December 1964	1,035	571	63	105	1,774
Cases added					
Primary notifications	92	55	6	13	166
Transferred from other districts	49	18	4	1	72
Restored to register	13	4	-	-	17
Totals	1,189	648	73	119	2,029
Cases removed					
Moved to other district	140	59	8	11	218
Recovered	96	52	5	8	161
Died	9	5	1	-	15
Lost trace of	6	3	-	-	9
Totals	251	119	14	19	403
Cases on Register at 31 December 1965	938	529	59	99	1,626

Table 8

HOUSING ACT, 1961 - SECTION 15

HOUSES IN MULTIPLE OCCUPATION

STANDARD OF AMENITIES AND REQUIREMENTS REGARDING LIGHTING AND VENTILATION ADOPTED BY THE BOROUGH COUNCIL ON 24TH MARCH, 1965

(a) *Natural and artificial lighting*

Natural (i) The provision and maintenance in every habitable room, of a window or windows (capable of being opened at the top), opening directly to the external air and having, where practicable, a glass area equal to at least one-tenth of the floor area. It should be borne in mind that one-tenth of the floor area may not be attainable and in given circumstances might not be enough.

(ii) The provision and maintenance, wherever practicable, of adequate means of natural light to a common staircase. When not practicable, adequate artificial lighting shall be provided.

Artificial There shall be provided and maintained suitable means for securing adequate artificial lighting either by electricity or gas in each habitable room, bathroom and water-closet.

(b) *Ventilation*

The provision and maintenance of adequate means of ventilation, including permanent ventilation for every passage, room, water-closet apartment and staircase.

(c) *Water supply*

(i) The provision of one tap per floor of piped water suitable for drinking and, if more than one letting, one tap inside each letting. In each case the provision of a sink of suitable size and pattern and efficient means for carrying off any waste water from the tap.

(ii) The provision in every hostel, boarding house, guest house and boarding school of a piped supply of water suitable for drinking reasonably accessible to the occupants of each sleeping room.

In addition to the requirements of the Metropolitan Water Board Byelaw No. 24 (1950) relating to the provision of a stop tap for each separately chargeable supply, it is suggested that a stop tap should be fitted for each floor or each separate letting, whichever is the more convenient.

(d) *Personal washing facilities*

In each letting there shall be provided a hot and cold water supply at a wash-hand basin or at a sink. There shall also be provided in connection with each letting a fixed bath or shower in a bathroom with hot and cold water. Where it is impracticable for the bathroom to be within the dwelling, it shall be in such a position within the curtilage of the building as to be readily accessible from the letting. In such cases, wherever practicable, regard shall be had to the mention in the Ministry of Housing and Local Government Circular 16/62 of a suggested scale of provision of two baths or one bath and one shower per ten persons. In any event, the minimum provision shall be in the ratio of one fixed bath or shower to ten persons irrespective of age.

Table 8 - contd.

(e) *Drainage and sanitary conveniences*

In all cases regard shall be had to the mention in the Ministry of Housing and Local Government Circular 16/62 of a suggested scale of provision of two W.C.'s per ten persons, but if this cannot be attained then:-

(i) If practicable, the provision and maintenance of one water-closet for every four habitable rooms, or one water-closet for every eight persons irrespective of age; existing accommodation is to be deemed insufficient if it fails to conform to both of these requirements, or if it is not reasonably accessible to the persons for whom it is intended;

except in the case of:-

(ii) hostels, boarding houses and similar establishments where one water-closet for every eight persons, sited so as to be conveniently accessible in relation to sleeping rooms, shall be deemed sufficient; and

(iii) boarding schools, where a standard of one water-closet for every five pupils, as laid down in the Standards for School Premises Regulations, 1959, should be borne in mind; and

(iv) future conversion to single room lettings, where one water-closet for every four lettings and not more than one floor distant shall be required; and

(v) existing single room lettings where, if practicable, there must be a provision of one water-closet for every four lettings or for every eight persons irrespective of age, the accommodation to be deemed insufficient if it fails to conform to both of these requirements.

(f) *Facilities for the storage and preparation and cooking of food and for the disposal of waste water*

The provision inside each separate dwelling (as distinct from a staircase or landing in common use) of adequate facilities for cooking food, and a food cupboard ventilated to the external air and of dimensions not less than

One-room dwelling	3 cu. ft.
a two-room dwelling	4 cu. ft.
a three-room dwelling	6 cu. ft.
a dwelling comprising more than three rooms	8 cu. ft.

(These requirements relate to separate dwellings in family occupation. In the case of bed-sitting rooms in use as bachelor apartments, facilities for storing, preparing and cooking food are normally not necessary, and in such circumstances these provisions will not be required).

(g) *Installation for space heating or for the use of space heating appliances*

In each dwelling there shall be provided an adequate number of appliances for space heating and/or suitable points to which gas or electric space heating appliances can be attached.

REGULATIONS PRESCRIBED FOR SECURING THE PROPER VENTILATION AND LIGHTING OF ROOMS TO WHICH SUB-SECTION (2) OF SECTION 18 OF THE HOUSING ACT, 1957, APPLIES, AND THE PROTECTION THEREOF AGAINST DAMPNESS EFFLUVIA OR EXHALATION

Every room used, or suitable for use for human habitation, the surface of the floor of which is more than three feet below the surface of the part of the street adjoining or nearest to the room, or more than three feet below the surface of any ground within nine feet of the room, shall comply with the following regulations, that is to say:-

Table 8 - contd.

Drainage

- (1) The subsoil of the site of the room shall be effectually drained wherever the dampness of the site renders this necessary.
- (2) No subsoil drain shall discharge into a soil drain except through a suitable trap.
- (3) Every drain passing through the room, and every drain or sewer passing under the room other than a subsoil drain shall be gastight and watertight.

Floors

- (4) The floor of the room shall be of such material or materials and construction as adequately to resist the passage of moisture or exhalation from the ground.

Walls

- (5) The walls of the room shall either be of such material and construction or shall have been so treated as adequately to resist the passage of moisture to their inner surface, or to any timber or other material forming part of the building that would be harmfully affected by dampness.

Ventilation and lighting

- (6) The room shall have a window or windows as specified in paragraph (i) of this regulation for the purposes of ventilation, and in paragraph (ii) for the purposes of lighting.

- (i) One or more windows which can be opened at the top directly into the external air to an extent equivalent in aggregate area to not less than one-twentieth of the area of the floor of the room.

- (ii) One or more windows having an aggregate area clear of the window frame amounting to not less than one-tenth of the area of the floor of the room, and so situated that from any point thereon or, if the total window area exceeds the foregoing minimum requirement, from any point on a part or parts thereof which satisfy that requirement, a line can be drawn upwards at an angle of thirty degrees with the horizontal in a vertical plane at right angles to the plane of the window without intercepting any obstruction except an open fence within a distance of ten feet measured horizontally from the window.

For this purpose a bay window with side lights shall be deemed to be a flat window equal in area to the sum of the areas of the front and side lights, situated at a distance from the face of the wall from which it projects equal to half the maximum depth of the projection.

- (7) Immediately outside any window provided in pursuance of these regulations there shall be an unobstructed space which shall conform with the following requirements:-

- (i) The space shall extend throughout the entire width of the window and (except where the area of such window is not less than one-seventh of the area of the floor of the room) for two feet on each side of the window.

- (ii) The space shall in every part extend for not less than two feet from the external wall of the room except that, where the window is a bay window with side lights the depth of the space in front of that window may be reduced to not less than one foot.

- (iii) If the space is below the general level of the ground within nine feet from the window so much of it as satisfies the foregoing requirements of this regulation shall be properly paved with impervious material effectually drained, and the paved surface shall be at least six inches below the level of the bottom of the sill of the window.

Nothing in this regulation shall prohibit the placing in or over such open space of any steps necessary for access to any part of the building in which the room is contained provided they are not placed over or across any window satisfying the requirements of the preceding regulations.

Table 9

UNSATISFACTORY CHEMICAL SAMPLES - 1965

Serial No.	Article	Nature of adulteration or irregularity	Observations	Formal/informal
PF.1	Ammoniated tincture of quinine	Deficient in ammonia	Warning letter and destruction of stock	Formal
PF.2	" " " "	" " "	" " " " " "	"
PF.3	" " " "	" " "	" " " " " "	"
P.19	" " " "	" " "	" " " " " "	Informal
P.38	Spirit of camphor	Inaccurately labelled	Warning letter to manufacturers	"
P.39	" " " "	" " "	" " " " " "	"
P.16	Pork luncheon meat (opened can)	Contaminated by sealing compound	" " " " " "	Complaint
W.25	Ostermilk (opened packet)	Contained minute specks of dirt	Found to be minute portions of packing material	"
22	Beef soup	Wrong description)	Informal
23	Leek soup	" ")Correspondence with Ministry re soup mixes - No action	"
24	Spinach soup	" ")	"
P.5	Sweet spirits of nitre B.P.C. 1959	Inadequately labelled	Letter sent to vendor	"
P.17	Cherry cough linctus	Inaccurately labelled	Formal sample taken)	"
P.50	" " "	" "	" " " ") See PF.3 below	"
HD.28	Black cherries (canned)	Contained a small larva	No action	"
P.32	Fruit salad (canned)	Inaccurately labelled	Formal sample taken, PF.1 below	"
PF.1	" " (formal)	" "	Contacted suppliers who stated that the fruit salad is canned in the U.K.	Formal
P.16	Chocolate Cherry Brandy flavoured cocktails (confectionery)	Improperly labelled	Letter sent to importers	Informal
P.42	Tincture of quinine	Deficient in ammonia	Formal sample taken, PF.2 below	"
P.38	Spirit of camphor B.P.C.	Inadequately labelled	Letter sent to suppliers	"
P.39	" " " "	" "	" " " " "	"
P.56	" " " "	" "	Letter sent to vendor	"
N.5	Cherries in syrup	28% of sample infested with grubs contained dirty dough	Stock withdrawn and surrendered.	"
HD.66	Butter	Excess moisture	Letter sent to vendor	"
HD.93	Quince paste		Doubt whether this was a preserve. Product relabelled	Formal
HD.143	'Simbix' (biscuits)	Improperly labelled	Product relabelled	Informal
HD.153	Quince jelly		Doubt exists whether this was a preserve. Product relabelled	"
HD.129	Milk (complaint)	Discolouration due to yeasts	No action due to length of time before delivery of milk to Health Department	Complaint

Table 9 - contd.

UNSATISFACTORY CHEMICAL SAMPLES - 1965 - contd.

Serial No.	Article	Nature of adulteration or irregularity	Observations	Formal/informal
PF.2	Ammoniated tincture of quinine	Deficient in ammonia	Letter sent to chemist	Formal
PF.3	Cherry cough linctus	Contained excess dilute acetic acid	" " " "	"
P.69	Fruit cocktail (canned)	Inadequately labelled	Letter sent to manufacturers	Informal
P.99	" " "	Improperly labelled	" " " "	"
P.115	Horseradish and beetroot sauce	Dubious label	Letter sent to manufacturers and to analyst	"
P.122	Black pudding (complaint)	Mouldy	Further sample taken, and found to be satisfactory	Complaint
RL.22	Foreign substance in sausage roll (complaint)	Contained charred farinaceous matter	The foreign matter was harmless but aesthetically unpleasant. Makers and vendors notified of the complaint	Informal
HD.156	Sausages	Presence of preservative not declared	Declaration in shop - quite satisfactory	"
HD.176	Fruiti-nut roll	Misleading label	Label not misleading - no action	"
HD.169	Orange drink	Contained undeclared saccharin	A second (formal) sample showed no saccharin to be present	"
P.197	Horlicks	Contaminated	Court proceedings. Fined £5 with £5.5s. costs	"
P.174	Chocolate brazil pieces	Misleading description)	"
PF.5	" " "	" ") In communication with manufacturers	Formal
P.156	Glycerin of borax	Improperly labelled) Correspondence with manufacturers and Pharmaceutical Society	Informal
W.109	Ice cream	Labelling unsatisfactory ("cherry-pie")	Correspondence with manufacturers. (T. Wall & Co. Ltd.)	"
W.110	Black olives	Contained 0.75 of mineral oil	Warning letter to producers	Formal
RL.44	Buttered buns (informal)	Buns contained margarine	Formal sample obtained, RL.47 below	Informal
RL.47	" " (formal)	" " "	Legal proceedings: vendor fined £10 with £5.5s. costs	Formal
RL.33	Minced meat (informal)	Contained sulphur dioxide preservative	Formal sample obtained, RL.45 below	Informal
RL.45	" " (formal)	" " " "	Legal proceedings: vendor fined £20 with £5.5s. costs	Formal
RL.48	Milk (complaint)	Bottle of milk contained foreign matter	Legal proceedings pending	Informal
N.47	Instant coffee (informal)	Labelling unsatisfactory - contained 5% ground coffee	Correspondence with manufacturers - amendment of regulations pending	"

Table 10

LEGAL PROCEEDINGS

The following 35 prosecutions were undertaken during 1965 under the Food and Drugs Act and Regulations:-

Offence	Result of proceedings	
	Fines	Costs
	£. s. d	£. s. d
<i>(i) Food and Drugs Act, 1955</i>		
Sale of pastry containing metal nail	10. 0. 0	
Foreign body in bottle of milk	15. 0. 0	1. 0. 0
Sale of apple strudel not of substance demanded	5. 0. 0	1. 0. 0
Sale of macaroon tart not of substance demanded	20. 0. 0	1. 0. 0
Sale of mouldy loaf of bread	20. 0. 0	13. 10. 0
Sale of chicken leg unfit for human consumption	25. 0. 0	4. 0. 0
Sale of mouldy bread	10. 0. 0	5. 3. 0
Sale of mouldy cakes	3. 0. 0	3. 0. 0
Sale of mouldy pastry	20. 0. 0	4. 3. 0
Sale of mouldy steak and kidney pie	15. 0. 0	
Sale of mouldy yogurt	5. 0. 0	1. 1. 0
Sale of mouldy apple pie	5. 0. 0	1. 1. 0
Sale of mouldy and rancid chocolate roll	5. 0. 0	1. 1. 0
Sale of ham containing maggots	20. 0. 0	2. 2. 0
Sale of chocolate flake containing maggots	10. 0. 0	10. 6
<i>(ii) Food Hygiene (General) Regulations, 1960</i>		
Dirty and defective premises	98. 0. 0	5. 0. 0
Defective premises	60. 0. 0	3. 0. 0
Dirty premises and equipment	15. 0. 0	1. 0. 0
Smoking in food room	5. 0. 0	1. 0. 0
Defective premises	10. 0. 0	2. 0. 0
Risk of contamination of fish	2. 0. 0	2. 0. 0
Defective premises	25. 0. 0	2. 0. 0
Smoking in food room	5. 0. 0	1. 1. 0
Insufficient means of ventilation in kitchen	5. 0. 0	2. 2. 0
Defective premises	24. 0. 0	8. 8. 0
Dirty premises	40. 0. 0	4. 4. 0
Dirty and defective premises	90. 0. 0	10. 10. 0
Smoking in food room	5. 0. 0	10. 6
Smoking in food room	5. 0. 0	10. 6
Dirty and defective premises	20. 0. 0	3. 3. 0
Dirty and defective premises	100. 0. 0	5. 9. 6
Dirty and defective premises	50. 0. 0	5. 5. 0
Dirty and defective premises	50. 0. 0	5. 5. 0
Dirty and defective premises	90. 0. 0	18. 18. 0
Dirty and defective premises	24. 0. 0	2. 2. 0

Table 11

FOOD**MILK (SPECIAL DESIGNATION) REGULATIONS, 1960**

The following licences are in force in accordance with these Regulations:-

	Principal licences
Untreated	73
Pasteurised milk	307
Sterilised milk	230
Ultra heat treated milk	90
Milk distributors on the register and holding the above licences	311

Table 12

REGISTRATION OF FOOD PREMISES

The number of premises registered in accordance with sections 16-18 of the Food and Drugs Act, 1955, as being used in respect of storage and sale of foodstuffs is as follows:-

Ice-cream	532
Meat and meat products	323

Table 13

UNSOUND FOOD

During the year 1965, the undermentioned unsound food was surrendered and destroyed or disposed of otherwise:-

Commodity	Tons	Cwts.	Qtrs.	lbs.
Milk				
Fresh	-	-	-	-
Frozen	-	-	-	-
Tinned	-	-	-	5
Fish				
Fresh	-	3	2	11
Frozen	-	-	2	9
Tinned	-	6	-	25
Meat				
Fresh	2	-	2	23
Frozen	-	16	-	16
Tinned	4	-	2	3
Fruit				
Fresh	-	6	2	6
Frozen	-	-	-	6
Tinned	3	16	3	19
Vegetables				
Fresh	1	13	1	16
Frozen	-	-	1	16
Tinned	2	19	2	24
Other food				
Fresh	-	17	1	15
Frozen	2	6	2	18
Tinned	7	4	-	11
Total	26	12	3	27

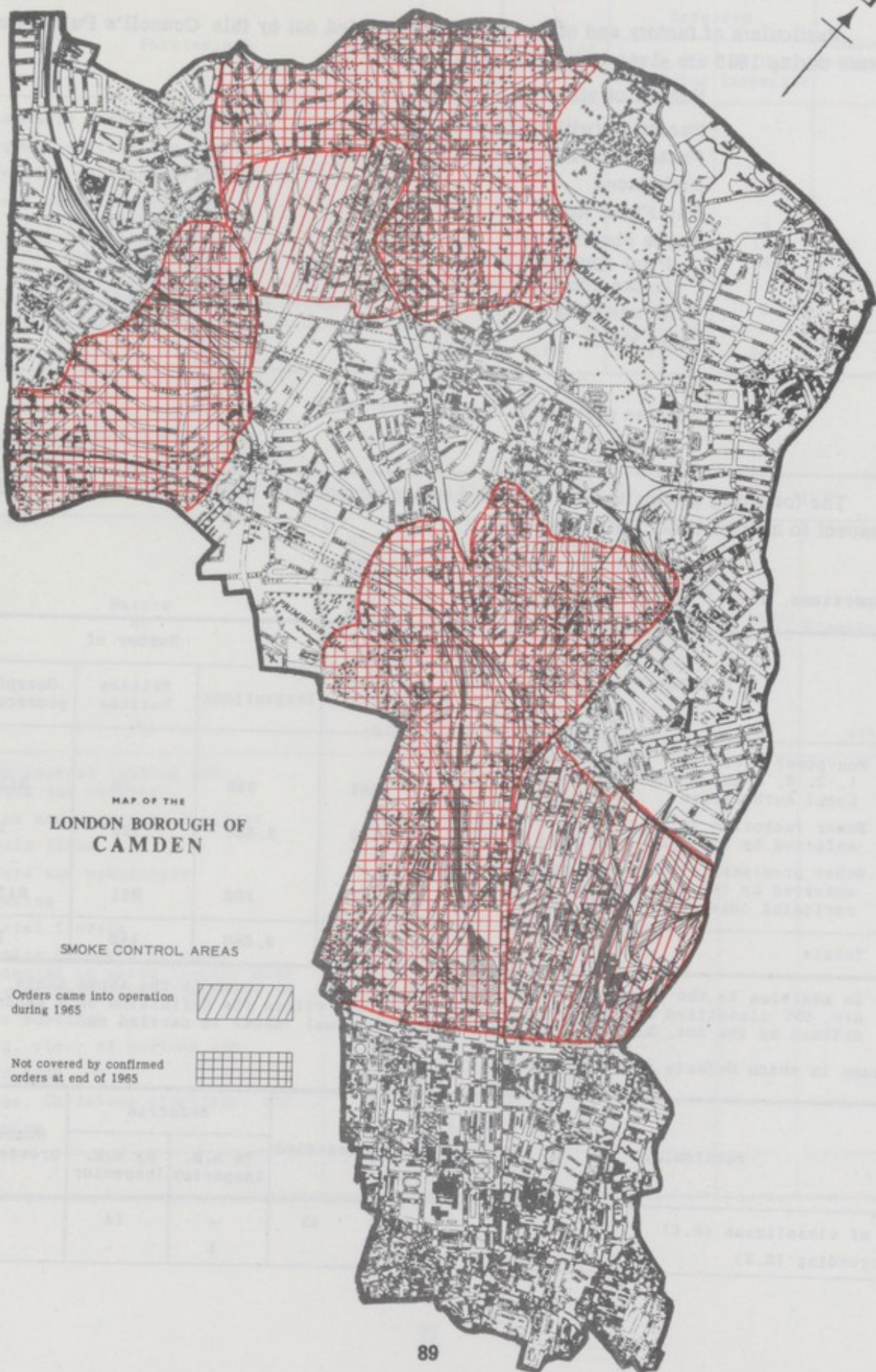


Table 14

FACTORIES

Particulars of factory and other inspections carried out by this Council's Public Health Inspectors during 1965 are given in the following table:-

Number of visits -	
Factories (with mechanical power)	2,589
Factories (without mechanical power)	253
Workplaces	534
Rag Flock Acts	22
Smoke observations	125
Prior approval visits	11
Smoke control area visits	16,996
Water sampling	69
Other visits	1,682
	<u>22,281</u>
Notices served	147

The following particulars are furnished in accordance with Section 153(1) of the 1961 Act, with respect to matters under Parts I and VIII:-

Part I of the Act

1. Inspections, etc.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupier prosecuted
(i) Non-power factories, in which sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	461	350	10	Nil
(ii) Power factories in which section 7 is enforced by the Local Authority	2,112	2,588	130	1
(iii) Other premises in which section 7 is enforced by the Local Authority, excluding outworkers' premises.	55	102	Nil	Nil
Totals	2,628	3,040	140	1

NOTE: In addition to the premises on the Statutory register, as shown in the above table, there are 466 classified as workplaces which do not fall within the definition of a factory as defined by the Act, but in which work involving manual labour is carried on.

2. Cases in which defects were found

Particulars	Found	Remedied	Referred		Number of prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	46	42	-	14	-
Overcrowding (S.2)	-	-	1	-	-

Table 14 - contd.

2. Cases in which defects were found (Contd.)

Particulars	Found	Remedied	Referred		Number of prosecutions
			To H.M. Inspector	By H.M. Inspector	
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	4	1	-	-	-
Ineffective drainage of floors (S.6)	1	1	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	7	7	-	3	-
(b) Unsuitable or defective	94	88	1	15	1
(c) Not separate for sexes	2	3	-	5	-
Other offences against the Act (not including offences relating to outwork).	38	2	27	3	-
Totals	192	144	29	40	1

Part VIII of the Act

Outwork (sections 110 and 111)

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (making etc., cleaning and washing)	558	-	-	-	-	-
Curtains and furniture hangings	7	-	-	-	-	-
Household linen	6	-	-	-	-	-
Furniture and upholstery	3	-	-	-	-	-
File making	5	-	-	-	-	-
Artificial flowers	19	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	11	-	-	-	-	-
Feather sorting	8	-	-	-	-	-
Carding, etc., of buttons etc.	20	-	-	-	-	-
Stuffed toys	5	-	-	-	-	-
Cosques, Christmas stockings, etc.	72	-	-	-	-	-
Lampshades	7	-	-	-	-	-
Totals	721	-	-	-	-	-

Table 15

DISINFECTION AND DISINFESTATION

Disinfection after infectious disease	Rooms	Articles
	43	9,062
<i>Disinfestation for vermin</i>		
Bugs	447	26
Beetles	141	-
Cockroaches	61	-
Flies	2	4
Fleas	69	-
Lice	5	2,923*
Others	232	-
Totals	957	2,953*

*These figures include articles from hospitals in Camden

Table 16

WORK OF THE PUBLIC HEALTH INSPECTORS DURING 1965

Complaints received	3,885
HOUSING	
<i>Public Health Act, 1936</i>	
Complaints investigated:-	
Housing Inspections	3,867
Re-inspections	7,268
House to house inspections	415
<i>Housing Act, 1957</i>	
Section 3 - Inspection of district	102
Section 9 - Repair of unfit houses	1,087
Sections 16 & 17 - Closing etc. of unfit houses	42
Section 18 - Closing of part of building including underground rooms	1,385
Section 42 - Clearance Areas	582
Section 78 - Overcrowding	38
Compulsory Purchase Orders	239
<i>Housing Act, 1961</i>	
Rehabilitation Areas (Section 15) - Provision of amenities	8,611
<i>Housing Purchase and Housing Act, 1959</i>	
<i>Housing Financial Provisions Act, 1958 - Section 43</i>	
House purchase mortgage loans	1,296
Discretionary improvement grants	388
Standard improvement grants	585
<i>Rent Act, 1957</i>	
Inspections and re-inspections	20
<i>Section 9, Housing Act, 1957</i>	
During the year under review 50 notices were served under this section	
Housing acquired by Borough Council or subject of negotiation for sale	3
<i>Closing and Demolition Orders</i>	
The following is a summary of the work carried out during the year in regard to unfit basement and other rooms.	
Number of houses reported unfit	1
Number of rooms reported unfit	36
Number of rooms closed for all purposes	19
Number of houses where demolition order was made	1

Table 16 - contd.

Number of houses where closing order was made	-
Number of rooms closed for human habitation but permitted to be used for other purposes	-
Number of rooms made fit without necessity of Closing Order	2
Number of existing Closing Orders varied to permit of use other than human habitation	13
Number of existing Closing Orders determined	26
Closing Orders are operative upon a total of 1,518 rooms in the Borough, to which bi-annual visits of inspection are made.	

GENERAL

Infectious Disease Investigations	1,044
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Drainage

(a) Under notice, plans, supervision etc.,	5,009
(b) Voluntary plans, supervision etc.,	8,789
(c) New buildings, plans, supervision etc.,	3,697
(d) Smoke tests.	273
Smoke observations and atmospheric pollution readings	959
Prevention of Damage by Pests Act, 1949	685
Pharmacy and Poisons	10
Hairdressers and Barbers	116
Outworkers' Premises	201
Pet Animals' Establishments	29

Environmental visits

(a) Old and infirm (Section 47 National Assistance Act, 1948)	84
(b) Old age pensioners	206
(c) Tuberculous persons	44
(d) Housing applications	350
(e) Long-term Immigrants	657
Other inspections and reinspections	8,488
Ineffective Visits	5,560
Intimation Notices	1,210
Statutory Notices	727
Attendance at Magistrate's Court	168
Number of Summonses	221
Amount of Fines	£957
Amount of Costs	£138

WORK BY BOROUGH COUNCIL IN DEFAULT OF OWNERS

Public Health Act, 1936

Section 93 - Nuisances	Cases) - NIL
	Costs)
Section 39 - Drainage	Cases) 7
	Costs) £386

Table 16 - contd.

Section 45 - Water closets	Cases) 3	
	Costs) £ 11	
Section 79 - Accumulation	Cases) 10	
	Costs) £ 92	
<i>Section 9, Housing Act, 1957</i>		
	Cases) 1	
	Costs) £378	
<i>Public Health Act, 1961</i>		
Section 17 - Blocked drains	Cases) 23	
	Costs) £168	
Section 18 - Drainage	Cases) 2	
	Costs) £ 20	
<i>Clean Air Act, 1956</i>		
Smoke Control Area inspections		16,996
New boiler installation inspections		11

INSPECTION AND SUPERVISION OF FOOD

Particulars of the inspections carried out by the Council's Public Health Inspectors during 1965 are given in the following table.

Number of visits:-

Milk distributors	820
Ice-cream premises	556
Butcher shops	1,678
Bakehouses	553
Public houses	287
Prepared meat premises	326
Fishmongers' shops	511
Fried fish shops	303
Fish curers' premises	59
Grocers shops	1,805
Restaurants, cafes and canteens	3,772
Licensed club premises	107
Fruit and greengrocery stores	82
Confectioners' (sweets)	46
Other premises where food and drinks are sold	1,424
Attendance at Magistrate's Court	31
Other visits	1,003
Total	<u>13,363</u>

These visits do not include visits for the purpose of taking samples.

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