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LONDON BOROUGH OF CAMDEN



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

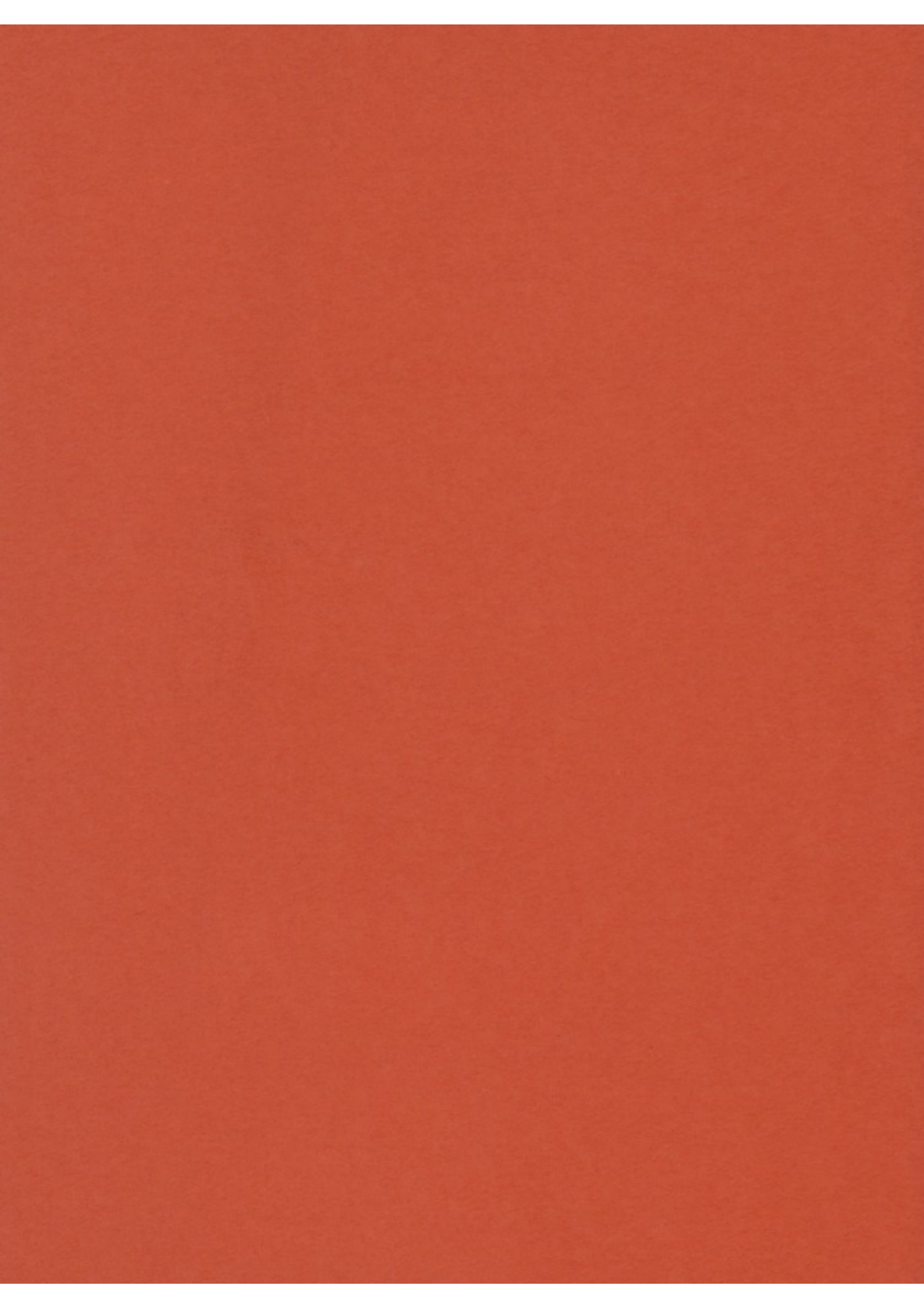
for the year

1966

	<u>Mr. Muston</u>	<u>B.H.S</u>
1.	Dr. Didsbury	C.407
2.	Mr. Morley Parry A.421	A.419
3.	Mr. Parry	A.405

by

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



LONDON BOROUGH OF CAMDEN

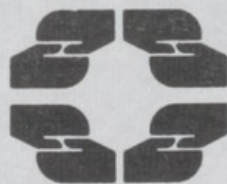


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WILFRID G. HARDING, M.R.C.P., M.R.C.S., D.P.H.

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With the compliments of the Medical Officer of Health

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INTRODUCTION

It is unfortunate that for a variety of reasons my Annual Report for 1966 has been very much delayed. A full description of the Borough's Health Services was given in the previous (1965) report. The 1966 Report is in the main a collection of brief progress reports.

I am extremely grateful to all my colleagues in the Health Department and throughout the Council's service for their co-operation and support. To the members of the Council I express my deep appreciation for their constant encouragement.

VITAL STATISTICS

(Comparable figures for 1965 shown in brackets)

At mid-1966 the population was estimated to be 239,770 (240,970).

There were 3,857 (4,029) births to Camden residents, including those confined outside the Borough, of which 3,528 or 91.5 per cent. (3,562 or 88.4 per cent.) took place in hospital.

Births

Live	Male	Female	Total
	Legitimate	1,645 (1,717)	1,525 (1,628)
Illegitimate	319 (312)	318 (306)	637 (618)
Still-born	1,964 (2,029)	1,843 (1,934)	3,807 (3,963)
Legitimate	22 (21)	18 (28)	40 (49)
Illegitimate	5 (10)	5 (7)	10 (17)
	27 (31)	23 (35)	50 (66)

The crude live birth rate for 1966 was 15.9 (16.4) per 1,000 total population which when adjusted by an area comparability factor of 0.72 gave a comparative rate of 11.4. Illegitimate live births formed 16.7 (15.6) per cent. of the total live births.

The stillbirth rate was 13.0 per 1,000 total live and stillbirths, compared with 15.4 for England and Wales.

Infant Deaths

	Male		Female	
	Legitimate	Illegitimate	Legitimate	Illegitimate
Under 1 year	44 (31)	10 (13)	21 (25)	12 (8)
Under 4 weeks	28 (17)	7 (11)	11 (20)	11 (6)
Under 1 week	26 (13)	5 (10)	10 (17)	10 (5)

Total infant deaths, 87 (77), represent a rate of 22.9 (19.4) per 1,000 total live births; there were 20.5 (16.6) legitimate infant deaths per 1,000 legitimate live births and 34.5 (34.9) illegitimate infant deaths per 1,000 illegitimate live births.

The neo-natal mortality rate (deaths under 4 weeks) was 15.0 (13.6) per 1,000 total live births, while deaths under 1 week gave an early neo-natal mortality rate of 13.4 (11.4) per 1,000 total live births.

Still-births and deaths under 1 week expressed as a rate per 1,000 total live and still-births gave a perinatal mortality rate of 26.2 (27.6).

Three (one) maternal deaths occurred, a rate of 0.8 (0.2) per 1,000 total births.

MORTALITY

Deaths by age, cause and sex are shown in Table 1; total deaths were 2,540 (2,460) giving a crude death rate of 10.6 (10.2) per 1,000 population, which when adjusted by an area comparability factor of 1.11 gave a standardised rate of 11.8 (11.3) a little above the rate of 11.7 for England and Wales.

Deaths are shown by cause in Table 2 for the years 1948 to 1966. As in previous years, the leading cause of death in 1966 was disease of the heart, but at a lower level than in 1965 - 711 (771) deaths.

Cancer caused 605 deaths, only three less than the peak figure of 1965; of this total 181 were due to cancer of the lung and bronchus, the greatest figure so far recorded.

Other leading causes were in order, bronchitis and pneumonia - 335 (279); vascular lesions of the central nervous system . 253 (233); and other circulatory disease - 125 (117).

ENVIRONMENTAL HEALTH SERVICES

CONTROL OF INFECTIOUS DISEASE

There are two main procedures in the control of infectious disease. The first is the prevention of disease by immunisation and vaccination to protect the individual, and the second, when a case has occurred, to trace the source of the infection and to prevent its spread.

The diseases for which protection by immunisation is given as a routine are smallpox, diphtheria, poliomyelitis, whooping cough and tetanus; parents are actively encouraged to have their young children protected against these diseases. A vaccine is now available for protection against measles but during 1966 research into its efficacy had not yet been completed. During 1966 there were no cases of smallpox, diphtheria or poliomyelitis in the Borough. The Council, except in epidemics, generally restricts its immunisation service to children up to school leaving age.

Details of the immunisation of children are given on pages 38 and 39.

Protection against other disease is available, but is not used as a routine. The main diseases are typhoid and paratyphoid fevers which are not uncommon in parts of Europe; yellow fever and cholera against which immunisation is required for travellers to many non-European countries, and anthrax which may affect certain workers dealing with imported hair and animal hides.

All immunisations may be carried out by general medical practitioners with the exception of yellow fever which is only available at centres approved by the Ministry. The centre in Camden is the Hospital for Tropical Diseases, 4 St. Pancras Way, N.W.1.

In addition to the above procedures the Medical Officer of Health is notified of persons, coming from places abroad where smallpox is endemic, who do not hold valid certificates of vaccination. These persons are kept under surveillance during the incubation period of the disease to ensure that should the person develop smallpox it is recognised at the earliest possible time.

DYSENTERY

Dysentery occurred in six of our day nurseries. Five of the day nursery outbreaks were between the months of February and May and all were cleared by late June. The other day nursery outbreak and two in residential nurseries were in October and November and were cleared by the end of November, with the exception of one child from the day nursery who continued to carry the infecting organism until April 1967. Altogether 87 cases of dysentery were notified, but a further 73 children who were contacts of the day nursery cases were found to be positive on bacteriological examination.

MEASLES

The number of cases of measles notified was 689 compared with 1,279 during 1965.

TUBERCULOSIS

New cases of tuberculosis numbered 215 in 1966, of which 185 were pulmonary tuberculosis and 30 were non-pulmonary. This was an increase over the numbers for 1965 when there was a total of 166 (147 pulmonary and 19 non-pulmonary). The number of deaths from tuberculosis fell from 9 in 1965 to 6 in 1966.

OTHER INFECTIOUS DISEASES

Full details are included in the Appendix Table 3.

BACTERIOLOGICAL EXAMINATIONS

The Health Department provides a daily collection service of specimens sent by general practitioners to Bidborough House, Hampstead Old Town Hall in Haverstock Hill or to Barnes House Maternity and Child Welfare Centre, N.W.1 for examination by the Public Health Laboratory, County Hall, S.E.1.

This service examined 1,693 specimens from persons in Camden. Of these 243 were positive for dysentery (mainly *Shigella sonnei*), 25 were positive for food poisoning organisms and 1 throat swab showed haemolytic streptococci.

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

HOUSING

INVESTIGATION OF COMPLAINTS

All complaints received by the department, by letter, telephone or by personal visit are investigated. Most concern defects in the home such as dampness or lack of repair. Where the complaint is justified action depends on the particular circumstances. Often informal action such as a telephone call to the landlord is all that is necessary, but in other instances a Notice under Section 93 of the Public Health Act 1936 requiring the abatement of the "nuisance" is served. During the year 6,117 complaints were received involving 14,730 inspections and reinspections and the service of 1,595 Intimation Notices and 964 Statutory Notices. Summonses were taken out in 33 cases, with twenty Orders being made for work to be carried out.

ROUTINE INSPECTION

While many housing defects come to light by the complaint of the occupant, routine inspections are also necessary to maintain the best possible conditions particularly in houses occupied by more than one family. Routine inspections deal both with general disrepair and with the provision of additional amenities as needed. Such routine inspections are carried out generally on the basis of streets or defined areas which, in consultation with the Planning Officer are found to be of a type that with repair and/or improvement will provide satisfactory dwellings and which are not in areas of proposed redevelopment.

Individual houses outside these areas which come to the notice of the department as requiring repair or improvement are also inspected.

Conditions of general disrepair are dealt with under Section 9 of the Housing Act 1957. During the year 4,402 inspections and reinspections were made under this Section and 42 Notices were served.

Where, in houses occupied by more than one family, there is a lack of amenities such as a separate water supply, washing facilities or sanitary accommodation the Council has power under Section 15 of the Housing Act 1961 to require the provision of such amenities. Where additional amenities are required, normally an informal notice is sent and statutory notices are served only when the informal notice is ineffective. During 1966, 6,884 inspections and reinspections were made under this Section. 630 informal notices were sent and statutory notices were served in respect of 35 premises.

SLUM CLEARANCE

Camden's slum clearance programme for the period 1966/70 comprises 516 dwellings. During 1966, Clearance Orders were made in respect of three areas comprising a total of 16 dwellings. These were 1, 2, 3 and 4 Millman Place, W.C.1, 9, 10, 11, 12, 13, 14 and 15 Dombey Street and 10 Harper Street, W.C.1, and 38, 40, 42 and 44 Flask Walk, N.W.3.

In addition 36 houses were demolished in the St. Silas Street Clearance Area, the Order for which was made in 1965.

Apart from areas scheduled for slum clearance procedure there are a number of individual houses which require to be dealt with by way of demolition or closing orders. During the year 175 inspections and reinspections were made in respect of unfit houses (Sections 16 and 17) and 1,231 inspections and reinspections in respect of part of a building including underground rooms (Section 18) of the Housing Act 1957. Details concerning demolition and closing orders for 1966 are given in Table 11 of the Appendix.

LOANS FOR HOUSE PURCHASE

Section 43 of the Housing (Financial Provisions) Act 1958 empowers a local authority to advance money to enable a person to buy, build, alter, enlarge, repair or improve the house. The number of loans made by the Council for house purchase in 1966 was 223, amounting to £904,685.

IMPROVEMENT GRANTS

These consist of two kinds - standard grants and discretionary grants.

Standard grants introduced by the Housing Purchase and Housing Act 1959 as amended by the Housing Acts 1961 and 1964, are intended for the improvement of dwellings built before 1945 which cannot be made self-contained. They are made to assist towards the provision of certain standard amenities i.e. fixed bath or shower, a wash hand-basin, water closet and satisfactory facilities for storing food. The Council pays up to one-half of the estimated cost of the work, the maximum for a standard grant being £155. 90 standard grants were made by the Council in 1966.

Discretionary grants, introduced by the Housing Act 1949, are available for a wide range of improvements and for providing new accommodation by converting houses or buildings erected before 1948 into self-contained flats. Here also the Council has discretion to pay up to one-half of the estimated cost of the work as approved by them up to a maximum of £400 per house improved or flat produced by conversion. During the year the Council made 50 discretionary grants.

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

The Council uses the services of two public analysts, Mr. J.H.E. Marshall who deals with samples from the Southern part of the Borough and Mr. E. Voelcker with those from the Northern part. During the year 873 samples were submitted for chemical analysis and of these 35 were unsatisfactory. Details of these samples are given in Table 5 - in the Appendix.

In 1966 103 complaints were received concerning food purchased in the Borough. Legal proceedings were authorised in 20 cases and fines totalling £404 were imposed with costs of £56.8s.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The Food Inspectors make routine visits to all food premises in the Borough. The total number of food premises is 2,475 of which 861 are shops, 712 are cafes or restaurants, 66 are food manufacturing premises, 334 licensed premises, 298 canteens and clubs, 41 wholesale food stores, 163 hotels and boarding houses and 68 food stalls. 220 summons were served for contravention of the Regulations and fines amounting to £1,050 were imposed together with £94 in costs. Details are given in Table 6 in the Appendix.

The Food Inspector's primary responsibility however is to advise and educate those responsible for handling food; it is only when there has been obvious neglect or wilful disregard of the Law that prosecutions are instituted.

THE MILK & DAIRIES (GENERAL) REGULATIONS 1959

These Regulations require each local authority to keep a register of all persons carrying on the trade of distributor in their district and of all premises which are used as dairies. 'Dairy' does not include a shop from which milk is supplied only in the properly closed and unopened vessels in which it is delivered to the shop or other place in which milk is sold for consumption on the premises only. 'Distributor' includes a purveyor of milk whether by wholesale or retail. Most distributors now sell milk in the bottle and cartons in which they receive it from the wholesaler and consequently their premises are not required to be registered as dairies.

Dairies registered during 1966	NIL
Distributors registered during 1966	20
Dairies on register at end of 1966	3
Distributors on register at end of 1966	277
Formal milk samples taken and submitted for analysis	10
Informal milk samples taken and submitted for analysis	79

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS 1963

A person proposing to use a special designation authorised by the Regulations is required to apply to the Licensing Authority of the area in which the milk is sold, for a licence to use the designation. Upon being satisfied the relevant provisions of the Regulations are complied with, a Licensing Authority grants a dealers licence to a distributor in respect of each of his premises within their area from which the designated milk is to be sold. A licence is issued for a period of 5 years and permits the sale of designated milk outside as well as inside the area of the local authority. During 1966, 67 dealers licences were issued, details of which are as follows:-

To sell pasteurised milk	22
To sell sterilised milk	15
To sell ultra-heat treated milk	25
To sell untreated milk	5

BACTERIOLOGICAL EXAMINATION OF MILK

Bacteriological examination of samples to ensure that the milk sold under special designations complied with the standards required by the Regulations, were carried out during the year with the following results:-

Designation	Test	Not satisfactory	Satisfactory
Pasteurised	Methylene blue	3	75
Untreated	Methylene blue	1	-
Sterilised	Turbidity	-	2
Ultra-heat treated	Colony count	-	2

REGISTRATION OF PREMISES USED FOR THE MANUFACTURE, STORAGE OR SALE OF ICE CREAM OR FOR THE MANUFACTURE OF PRESERVED FOOD

Section 16 of the Food and Drugs Act 1955 requires that premises used for the manufacture, storage or sale of ice cream, for the preparation or manufacture of sausages, of potted, pressed, pickled or preserved food intended for sale shall be registered for the purpose by the local authority.

No. of premises registered for manufacture of ice cream during 1966	1
Total number of premises registered for manufacture of ice cream at the end of 1966	5
No. of premises registered for the storage and sale of ice cream during 1966	16
Total number of premises registered for the storage and sale of ice cream at the end of 1966	427
No. of premises registered for the preparation or manufacture of preserved food during 1966	7
Total number of premises registered for the preparation or manufacture of preserved food at the end of 1966	74

UNSOOUND FOOD

Details of unsound food surrendered and destroyed in 1966 are given in Table 7 in the Appendix.

CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

The Camden (St. Pancras No.7) and the Camden (Hampstead No.8) Smoke Control Orders came into operation on 1 October 1966. The areas concerned are shown on the map on page .

The Camden (St. Pancras No.7) smoke control area covering 162 acres of the Borough is primarily a large residential area, with parts of Queen's Crescent and Kentish Town Road shopping centres on the extreme fringes.

Approximately half of the area is either demolished, in the process of demolition or has been rebuilt to form part either of the Council's Kentish Town West Development Area or of the Greater London Council's Maitland Park Estate. As a result there were only some 1,600 dwellings out of 4,500 in the area in which fireplaces required conversion or adaptation.

Once again, the St. Pancras Housing Society Limited took full advantage of the Order in converting their old blocks of flats comprising the Athlone Street Estate. The standard practice where there is an old type coal burning fireplace is the installation of modern up-to-date solid fuel room heaters burning the entire range of solid smokeless fuels as recommended in Circular 69/63 of the Clean Air Act 1956.

The Camden (Hampstead No.8) smoke control area comprising 180 acres and containing 782 dwellings lies east of the Finchley Road and is bounded on the north by the London Borough of Barnet.

It is also mainly a residential district with large houses, most of them standing in spacious gardens, but it has few commercial premises. The local authority dwellings are scattered, converted houses, including 10 flats acquired by the Hampstead Borough Council, and Studholme Court on Finchley Road owned by the Greater London Council. The estimated cost of fireplace conversion was high due to difficulties in preserving the character of the rooms concerned when it was particularly desired to continue heating with solid smokeless fuel. In many cases one fireplace had been preserved in an otherwise centrally heated house and often enquiries concerning costly conversions were not pursued. The availability of the National Coal Board's smokeless fuels 'Homefire' and 'Multi-heat' solved many problems, technical, aesthetic, and financial, as they can be burned in unconverted grates. Exemption was granted for a coal fired boiler plant in a large converted house which used an underfeed stoker, but this plant has since been converted to burn oil.

Three fortnightly mobile exhibitions were staged during the year with the co-operation of the Coal Utilization Council and Solid Smokeless Fuels Federation to publicise the benefits of the Clean Air Act. This may partly explain why applicants when converting their fireplaces still prefer to keep a solid fuel fire, with gas fires only a little less popular. The percentage of householders who decided to change to electric off-peak storage heaters was small.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Local Authority is, in general, responsible for the enforcement of legal standards in shops and offices, whilst the Ministry of Labour is responsible for enforcement in Local Authority premises and factories.

The inspection of premises has progressed through the period under review and a survey of all such carried out to obtain 100 per cent. registration. It is expected that towards the end of 1967 all premises will have received at least one full inspection since the Act came into force.

A great deal of advice has been sought by occupiers and intending occupiers on compliance with the Act and the attitude of most employers has continued to be one of close co-operation.

Unsatisfactory conditions have been found in many instances so that visits have been needed in order to secure compliance. Sometimes in a modern type of office development floors have been sub-divided into small offices in such a way that inner offices are completely without ventilation. Overcrowding is not uncommon and steps were taken by a number of occupiers to overcome this problem before 1st August, 1967, when statutory overcrowding of existing premises became illegal.

A fairly high proportion of premises has been found to be without proper washing facilities and to a lesser degree sanitary accommodation has been lacking; reallocation has more often than not overcome the latter problem.

Insufficient attention seems to be given to floor coverings and finishes, such as worn carpets and lino, which are potential hazards to employees.

Only once was it necessary to resort to legal proceedings to gain compliance with the Act, and in this instance a firm was fined a total of £45 with £15.15s. costs for failing to properly maintain a W.C. compartment, failing to provide a hot water supply and keep clean the washing facilities, and failing to provide proper handrails to two staircases.

To limit the clerical work required, the Ministry gave some guidance on a form of return which would be required. Relevant figures are given below:-

Total registrations received:

Premises	Since 1st August, 1964	During 1966
Offices	4,061	867
Shops	1,791	309
Wholesale warehouses	256	77
Catering establishments and canteens	555	108
Fuel storage premises	9	2
Total	6,672	1,363
Inspections during 1966		
General inspections	1,974	
Reinspections and other visits	10,854	
	12,828	

Number of notices served 749

Number of notices complied with 467

FACTORIES ACT, 1961

The Factories Act 1961 is administered by H.M. Inspector of Factories of the Ministry of Labour and National Service in conjunction with the local sanitary authority.

OUTWORKERS PREMISES

Full particulars of the number and type of such premises in the Borough are set out in the Appendix, Table 9.

SANITARY CIRCUMSTANCES

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

One establishment registered for the boarding of cats was inspected during the year and found to be satisfactory.

CLEANSING OF PERSONS

Verminous persons are treated for scabies and lice at the Geffen Public Health Annexe, Camley Street, London, N.W.1. The persons treated include a number of vagrants, for some of whom cleansing is a pre-requisite to being accommodated for the night in one of the two common lodging houses in the Borough.

The number of attendances during 1966 was as follows (figures for 1965 are in brackets):-

Scabies

	Men	Women	Children	Total
	344 (269)	309 (286)	311 (173)	964 (728)

Verminous conditions

	Men	Women	Children	Total
Head lice	- (-)	51 (45)	96 (66)	147 (111)
Body lice	299 (289)	28 (20)	19 (57)	346 (366)
Crab lice	47 (23)	7 (1)	- (-)	54 (24)
Total	346 (312)	86 (66)	115 (123)	547 (501)

Most of the above children were from schools within the Borough and are treated under an arrangement with the Inner London Education Authority.

DISINFECTION AND DISINFESTATION

Modern practice is to restrict current and terminal disinfection to the more serious types of infectious diseases such as small-pox, poliomyelitis and diphtheria unless specifically requested in connection with other types of infectious disease. Rooms are treated with formaldehyde gas and the disinfection of bedding and clothing carried out by means of high pressure steam.

Disinfestation of premises is carried out for bed bugs, fleas, cockroaches, silver fish, wasps and ants and advice and assistance is also given for other types of infestation. D.D.T. is used for the disinfestation of premises but other chemicals may be used depending upon the type of infestation.

The number of premises (rooms) sprayed in 1966 was 1,611.

The number of articles disinfected was 16,652.

Details are given in Table 10 in the Appendix.

COMMON LODGING HOUSES

There are two common lodging houses in the Borough which are registered under the Public Health Act 1936. One owned by the Council is for men and the other which is privately owned is for women. Both were inspected periodically during the year by the Council's Public Health Inspectors and found to be satisfactory.

CONSUMER PROTECTION ACT, 1961

During 1966 six children's nightdresses were purchased and submitted to an authorised testing laboratory to see if they complied with the flame resisting standard set out in the Regulations made under this Act.

One night-dress did not fully comply with the Regulations in that one of the sewing threads was not composed entirely of fibres which will melt with the application of heat. The remaining five children's nightdresses complied with the prescribed requirements.

OIL HEATER REGULATIONS, 1962

No domestic oil burning space heaters were found during the year which did not comply with the Regulations.

DISEASES OF ANIMALS ACT, 1950

No Order was made by the Minister during the year affecting animals in the 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 domestic gas fires, electric fires and oil heaters so as to prevent the likelihood of injury by burning. Only informal action was found necessary in 1966 to secure compliance with the above Act and Regulations.

LAND CHARGES ACT, 1925

During 1966 the Health Department provided 4,233 reports to the Town Clerk regarding properties in the Borough when negotiations for purchase were proceeding.

LAUNDRY SERVICE FOR INCONTINENT PERSONS

This service greatly assists the nursing of incontinent elderly persons in their own homes, often avoiding the necessity of their admission to hospital. The work is carried out at the Public Health Annexe in Camley Street and the Public Health Station in Lithos Road.

The following table shows the number of persons helped during 1966:-

Month	Persons	No. of services
January	55	261
February	70	234
March	51	263
April	69	277
May	63	330
June	62	290
July	58	255
August	65	330
September	51	244
October	64	290
November	86	270
December	83	323

MORTUARY AND CORONER'S COURT

The Hampstead Mortuary was closed early in 1966. The former St. Pancras Mortuary a much more modern building, now receives bodies from the whole of Camden, the London Borough of Islington, and, at the discretion of the Coroner, from other adjoining Boroughs.

The following table shows the work undertaken during 1966.

	Post-mortem examination	Received for viewing or convenience only	Total
Resident and died in Camden	420	8	428
Died in Camden, resident elsewhere	129	-	129
Resident in Camden, died elsewhere	14	-	14
Resident and died elsewhere	515	3	518
Totals	1,078	11	1,089

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.

In all cases coming to the notice of the Department it was possible by persuasion to get the old people to accept the necessary service so that they could remain in their own homes, or to go to hospital or to an old people's home. No applications to the Court were necessary.

NATIONAL ASSISTANCE ACT, 1948 - SECTION 50

Under this Section the Council arranged for the burial of 131 bodies where no other suitable arrangements seemed likely to be made. The burials cost £2,333: £2,123, was recovered from relatives or the estates of the deceased persons.

Cases came to the notice of the Health Department from the following sources:-

Coroner's Officer	25
Friends or relatives of the deceased	52
Hospitals	54

NOISE ABATEMENT ACT, 1960

During the year, 154 complaints were received and 465 visits were made. Details are as follows:-

Section 1	Industrial	Commercial	Domestic	Total
No. of nuisances confirmed	67	32	38	137
No. of nuisances remedied informally	67	32	38	137
No. of prosecutions	nil	nil	nil	nil

The commonest cause of complaint concerned building operations, a seemingly ever present activity in the changing national scene. For this reason, (and due to the increasing use of mechanical aids in building), complaints of noise from building sites are a matter of increasing concern.

There were also four complaints received under Section 2 of the Act dealing with the use of loudspeakers in streets. They were remedied informally.

PET ANIMALS ACT, 1951

This Act provides that no persons shall keep a pet shop, unless licensed by a local authority. Twelve such licences were granted in 1966 and no contraventions reported.

PHARMACY AND POISONS ACT, 1933

During the year, 140 applications were received for retention on, and three applications for entry to, the Council's list of persons who are entitled to sell poisons which are included in Part II of the Poisons List. These substances, many of them disinfectants, although poisonous, may be supplied without a prescription.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

This Act lays a duty upon a local authority to ensure 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 to the local authority of infestation by rats or mice.

The following particulars of rodent control work carried out in the borough during 1966 were supplied to the Minister of Agriculture, Fisheries and Food -

1. No. of properties in district	83,247
2. (a) total number of properties (including nearby premises) inspected following notification	3,423
(b) number infested by	
(i) Rats	768
(ii) Mice	1,779
3. (a) total number of properties inspected for rats and mice for reasons (other than notifications)	1,236
(b) number infested by	
(i) Rats	614
(ii) Mice	97

The staff employed consists of a rodent officer and 8 rodent operatives.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1959

This Act, and the Regulations of 1962 require the registration of premises where specified filling materials are used in connection with certain upholstering and filling processes, and require premises used for the manufacture or storage of rag flock to be licensed.

Fourteen premises were on the Council's register at the end of 1966.

SEWERAGE

Arrangements in Camden for sewerage and sewage disposal are adequate. The Borough Council's sewers discharge into those of the Greater London Council, which authority is responsible for sewage disposal.

SWIMMING BATHS AND PONDS

There are 13 swimming baths in the Borough. The Council has 2 in High Holborn, 2 at Kentish Town and 3 at Swiss Cottage. One (Lido) at Parliament Hill is owned by the Greater London Council and 5 are privately owned.

64 samples of water were taken during the year 1966, of which 4 were submitted for chemical and 60 for bacteriological examination.

4 bacteriological samples, all from the same bath, were found to be unsatisfactory owing to absence of chlorine due to shortage of stock. After replenishment, subsequent samples were found to be satisfactory.

There are also 3 swimming pools at Parliament Hill and Hampstead Heath, which are owned and regularly sampled by the Greater London Council.

WATER SUPPLY

Water for drinking and commercial purposes in the Borough is supplied by the Metropolitan Water Board and has been satisfactory both in quality and quantity. The supply is piped; regular bacteriological and chemical examinations of the water are made by the Metropolitan Water Board. The water is not known to have plumbo-solvent action.

No action has been necessary in respect of contamination.

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

Only one complaint of water alleged to be cloudy was received during the year, but on investigation, the complaint proved to be unfounded.

WELL WATER

There are 3 wells in the Borough - 1 on factory premises and 2 at the public baths at Prince of Wales Road, Kentish Town. 8 samples of water were taken during the year, 4 of which were submitted for chemical and 4 for bacteriological examination. All proved satisfactory.

PERSONAL HEALTH SERVICES

DOMICILIARY MIDWIFERY

The trend towards more hospital confinements, with early discharge in appropriate cases, continues. This had a marked effect on the number of home confinements attended during the year, which dropped from 447 in 1965 to 326 in 1966, whilst the number of planned early discharges, on or about the second day after delivery, rose from 279 to 332.

Two midwives, formerly resident in the homes of the two district nursing associations in Hampstead, were rehoused in two flats in their areas of practice with the assistance of the Housing Department.

16 pupil midwives from Paddington Hospital undertook part II of their training on the district with the Council's midwives during the year. All were successful in obtaining the Certificate of the Central Midwives Board.

In September a new uniform for domiciliary midwives was approved and adopted. The outfit is flattering and comfortable to wear and both the dress and jacket are easy to wash. Previously the midwives taken over from the District Nursing Associations had worn Queen's navy blue uniforms, together with Queen's badges and buttons, while the former London County Council midwives had worn the grey uniform approved by the Central Midwives Board. It was considered that a smart new uniform such as the one approved would be attractive to fashion-conscious young midwives and might aid recruitment.

A uniform allowance of £30 per year was granted to home nurses and midwives, i.e. an initial allowance of £45 to cover the first eighteen months of service, and £30 annually thereafter.

It was noted that hospitals were not always issuing sterile maternity nursing packs to patients discharged early - and that sometimes when packs were issued they were inadequate. The Health Department now supplies domiciliary midwives with such packs.

FAMILY PLANNING

DEVELOPMENT OF PROGRAMME

The programme of development of the Family Planning Services in the Borough outlined in my annual report for 1965, came into operation in 1966.

By the end of the year on average 9.6 sessions a week were held at eight maternity and child welfare centres compared with 4.5 sessions weekly at three centres at the beginning of the year. Sessions commenced at the following centres where none had previously been in operation:-

- Barnes House, 9-15 Camden Road, N.W.1
- Daleham Gardens, 3-5 Daleham Gardens, N.W.3
- St. Alban's, St. Alban's Villas, St. Alban's Road, N.W.5
- Solent, 9 Solent Road, N.W.6
- Queen's Crescent, 129 Queen's Crescent, N.W.5.

Average attendances at sessions were about the same as in 1965, i.e. 9.9 (10.4) per session.

MINISTRY OF HEALTH CIRCULAR 5/66

In February 1966 the Minister of Health issued a Circular (5/66) to local authorities urging them to review their policy with regard to family planning in the light of the valuable contribution which a good service could make to the medical and social wellbeing of families and to arrange for free advice and treatment for patients already covered by the Ministry Circulars of 1931 and 1934, i.e. those to whom pregnancy would be detrimental to health. The Minister stressed the importance of general education in family planning and the desirability of encouraging the work of the Family Planning Association and other voluntary organisations. For Camden, which was already well advanced with a programme of development, the main effect was the cancellation of charges for supplies and requisites.

VOLUNTARY ORGANISATIONS

Revised *per capita* scales were introduced for Camden patients advised on medical grounds at the Family Planning Association clinics and at the Marie Stopes Memorial Foundation clinics. As might be expected from the growth in the Borough's own service, referrals to those Associations from our Centres were low and were mainly for fitment of the intra-uterine contraceptive device. The domiciliary scheme run under the aegis of the Marie Stopes Memorial Foundation also had few referrals from the Camden area.

COMPARISON OF SESSIONAL ATTENDANCE FIGURES 1965 AND 1966

<i>Attendances</i>				
	Quarter	Sessions	Total	Average
1965	June	62	707	11.4
	September	57	627	11.0
	December	54	459	8.5
1966	March	70	704	10.1
	June	94	1,018	10.8
	September	98	963	9.9
	December	116	1,040	9.0

CERVICAL CYTOLOGY - UTERINE CARCINOMA

In March 1966 the Health Committee agreed that the Ministry of Health should be asked to approve, under Section 28 of the National Health Service Act 1946, the proposal that the Council should provide a service for the collection of cervical smears for diagnostic investigation by hospital authorities. In anticipation of formal approval by the Ministry a limited cervical cytology service was provided in conjunction with the Council's family planning clinics. Women attending the Council's family planning clinics had cervical smears taken as a matter of routine. In November 1966 the first *ad hoc* cervical cytology session was opened at West End Lane Maternity and Child Welfare Centre. This service is available to all women over the age of 25 who live or work in the Borough. The take-up of the service is so far disappointing, especially by those whom statistics have shown to be of greatest risk - the mothers of sizeable families from the lower income groups.

SERVICES AT MATERNITY AND CHILD WELFARE CENTRES

Statistics relating to sessions and persons attending are as follows:-

ANTENATAL AND POST-NATAL SESSIONS

	1966	1965
Number of sessions held	807	922
Number of individual women attending		
(a) antenatal	2,593	3,171
(b) post-natal	113	278

Three antenatal sessions, at Queen's Crescent, Solent and Somers Town M. & C.W. Centres, were discontinued during the year. This was due to the falling birth rate and also to the increase in hospital bookings and attendant antenatal care at hospital antenatal sessions.

ANTENATAL MOTHERCRAFT AND RELAXATION

	1966	1965
Number of women attending during year	345	542
Total attendances during year	1,039	1,378

CHILD WELFARE

Number of sessions held	2,268	2,113
Number of individual children attending:-		
(a) children born in 1966 (1965)	2,776	3,009
(b) children born in 1965 (1964)	2,467	2,759
(c) children born 1961-1964 (1960-1963)	2,823	2,754
	8,066	8,522

It will be noted that, although the number of individual children attending clinic sessions fell in 1966, as was to be expected with the steadily falling birth rate, the number of child welfare sessions increased from 2,113 in 1965 to 2,268 in 1966. This follows the introduction of developmental screening examinations of all children for physical, mental or social handicaps.

Two additional weekly child welfare sessions were started - at Barnes House and West End Lane M. & C.W. Centres - and the numbers of toddlers' sessions at Hampstead Wells and University College Hospital M. & C.W. Centres were increased from one a month to one a fortnight at each. In addition, a weekly toddlers' session was started at Solent M. & C.W. Centre.

English Language classes for immigrant mothers are now held on two afternoons each week at the Kentish Town M. & C.W. Centre by a teacher provided by the I.L.E.A. Arrangements have been made for the care of children during these sessions in the creche at the centre.

Since July general practitioners from a group practice hold a weekly 'well-baby' clinic for their patients in Daleham Gardens M. & C.W. Centre. The Council's health visitor assists at this session.

OCCASIONAL CRECHES

An experiment to allow mothers to leave their children in an occasional creche free of charge, on production of documentary evidence that they had a hospital appointment at the material time, was started by the former London County Council and continued by Camden in 1965. Loss of income during the experimental period amounted to only £11, and the arrangement is now to be continued permanently.

Six additional creche sessions have been started during the year, at Daleham Gardens, Kentish Town and Solent M. & C.W. Centres; the playgroup previously run by the Save the Children Fund, concurrently with the Mothers' Club at Hampstead Wells M. & C.W. Centre, was taken over as an occasional creche at the request of the voluntary organisation, who were unable to supply a play leader after July.

The provision of these facilities is obviously greatly appreciated by parents. Occasional creches provide an opportunity for children to socialise with their peers and offer a welcome respite for the parents from the constant demands of their children. In all 1,348 creche sessions were held in 1966 and there were 20,009 attendances of which 5,343 were free of charge. The average attendance per session was 15.

OBSERVATION AND HANDICAP REGISTER

The early recognition of congenital and chronic handicaps in children depends on the introduction of paediatric screening examinations of *all* babies and young children to detect developmental delay. Children so identified can be referred to the hospital service for investigation, comprehensive assessment and treatment. Assessment of handicap is a continuing process, and treatment must include community services for the training, recreation and education of the handicapped child and counselling and support of his parents.

Developmental screening of all children attending the Borough's child welfare clinics at key ages is now an accepted practice. All doctors taking part in this work were given the opportunity to attend a short training course in developmental paediatrics in April 1966. The speakers included Dr. Mary Sheridan, O.B.E., Research Fellow, Newcomen Clinic for Handicapped Children, Guys Hospital; Dr. Dorothy Egan, part-time Paediatric Consultant to the Borough and Medical Liaison Officer, Newcomen Clinic, Guys Hospital; Dr. Isadore Friedman, Consultant Ophthalmologist, Royal Eye Hospital; and Mr. L. Fisch, Consultant Otologist, Nuffield Hearing and Speech Centre.

All handicapped children are included in the Register, which is periodically reviewed by Dr. Audrey Trevor Evans, Principal Medical Officer (MCW), to ensure a continuous follow-up and to plan in advance the services necessary for every handicapped child. In addition, all babies suspected to be 'at risk' of handicap, because of family history of major handicap or because of adverse factors occurring in pregnancy, labour or the puerperium, are entered on the Register, and steps are taken to ensure that they are followed-up by health visitors and encouraged to attend the centres for periodic developmental screening examinations.

Number of children under 5 years of age on Register on 31st December, 1966 - 2,701.

Number of children under 5 with diagnosed handicaps on 31st December, 1966 (included in the above) - 281.

Number of children with congenital abnormalities detected at birth and reported to the Registrar-General - 102.

The special clinic for retarded children held at Barnes House M. & C.W. Centre was transferred to the Kentish Town M. & C.W. Centre in June 1966. A second special session of this kind was opened at the same time at Daleham Gardens M. & C.W. Centre.

HEALTH VISITING

A co-ordinated approach to the problems of families, and in particular those with children, has been furthered by measures designed to increase co-operation between health visitors and the staff of appropriate departments of the Borough. In the School Health Service a health visitor has been made responsible for the welfare of pupils in each school and she is available to the school doctor or head teacher for consultation on special problems, even though the school medical examination may have been attended by a school nurse. Child care officers in the Children's Department derive much help in their task to prevent children being taken into care from the work of health visitors in finding neighbours or relatives, child-minders or places in day nurseries for the temporary care of children deprived of a normal home life.

The deployment of health visitors to work in close co-operation with general practitioners has been promoted through personal working relationships, and by the dissemination to doctors of maximum information about the Borough medico-social services available to them and their patients. To this end the publication of the 'Health of Camden' has proved a most useful measure.

The attachment of health visitors and other members of the health team to general practices, which is our aim, has depended to a large extent on the willingness of doctors to organise themselves into group practices. In 1966 there has been little evidence of such a change of attitude within the Borough. By the end of this year, two health visitors were attached full-time to two group practices and three more health visitors part-time, two to single practices and one to a three-doctor partnership.

Progress under these conditions has been inevitably slow, but every opportunity will be taken to increase this trend.

DAY CARE

The closure of part of the Regent's Park Day Nursery from 1 January 1966, reduced the places available at the Council's nine day nurseries from 489 to 469. In addition to these places, there were 52 at the Kingsway Creche Day Nursery run by the West London Mission on a grant aid basis, making a total of 521 places in all. The average daily attendance throughout the year was 480, i.e. 92.1 per cent. of the possible maximum. This high overall average was achieved despite outbreaks of measles, sonne dysentery and chickenpox at various times.

The increasing pressure on day nursery places, especially in the Kilburn area, was reflected in the rise of top priority cases awaiting admission from 23 on 1 January 1966 to 109 on 31 December 1966.

The number of handicapped children admitted to day nurseries has increased. The position at the end of the year, with corresponding figures for 31.12.65 in brackets, was as follows:-

Handicap	No. of children
Mental and Physical	11 (6)
Physical only	6 (3)
Mental only	2 (-)
Hearing loss	6 (6)

The special unit which offers 9 places for very young, severely subnormal children at Coram's Garden Day Nursery was full at the close of the year.

The number of statutorily registered child-minders rose from 10 to 13 during the year and that of voluntarily registered minders from 105 to 130. Twenty-three establishments, catering for 577 children, were registered at the end of the year under the Nurseries and Child-Minders Regulation Act 1948.

Opportunity was taken during the year to implement the Council's declared policy of complete opposition to bias of any kind on the grounds of race or colour. Prospective candidates for voluntary registration were told of the Council's policy and it was pointed out that voluntary registration would be refused if there was any question of racial discrimination. No difficulties have occurred, either with new voluntary registered child-minders or with those previously registered, nor with statutorily registered child-minders or private day nurseries.

DENTAL SERVICES

MR. G.P. MAILER, CHIEF DENTAL OFFICER, REPORTS AS FOLLOWS:

Dental services for nursing and expectant mothers and children under five years of age are provided under Section 22 of the National Health Service Act 1946. The work was carried out at two centres in the borough; one had three sessions per week, the other two sessions per week. In all, over 200 sessions were worked.

During the year, as an innovation, the Chief Dental Officer instituted routine dental inspections of children attending the authority's day nurseries. This provides the opportunity of bringing to the notice of mothers dental defects so that early treatment can be instigated. It also very often gives the child first contact with a dentist and in surroundings which are familiar. The exercise of "opening wide" to show one's teeth is thus instilled at an early age and is quite accepted by the child.

The following are the statistics for the year:

	Under fives		Mothers	
	1965*	1966	1965*	1966
Inspected	65	171	58	41
Requiring treatment	-	170	-	41
Offered treatment	-	170	-	41
No. treated	49	170	-	40
Total courses	-	174	-	50
Emergencies	-	8	-	4
Teeth filled	222	360	133	100
Teeth extracted	4	2	8	19
Ratio of teeth filled to rate of extraction	National average 1.2		National average 0.8	5.30

* Owing to a change in the Returns introduced by the Ministry of Health for 1966 a direct comparison is not possible; only the similar sections have been compared.

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)

INTRODUCTION

The Inner London Education Authority is responsible for the school health service, but, by virtue of an agreement required by Section 32 of the London Government Act, 1963, there is joint use by the Authority and the Borough of professional staff, premises and equipment. The Medical Officer of Health is the Principal School Medical Officer of the Inner London Education Authority for the area and in this capacity exercises local responsibility for the administration of the school health service in the London Borough of Camden.

After the period of readjustment following the general reorganisation which took place during 1965, the principal task for 1966 was to work towards effective co-ordination of services for school children. The complexity of the pattern of statutory and voluntary provision is well known. Indication that there should be more co-operation in the provision of education, health and welfare services for handicapped children and young people was given in the Joint Circular issued in March 1966 by the Department of Education and Science (9/66) and the Ministry of Health (7/66). In September 1966 a meeting was held in Camden Town Hall to which organisations concerned locally with the care of handicapped children and young people were invited to send representatives. In addition to professional and administrative staff of Camden's own Health and Welfare Departments and an observer from the Children's Department, representatives came from the Inner London Education Authority, the North West Metropolitan Regional Hospital Board, the Inner London Local Medical Committee, the Ministry of Labour, Bedford College, seven hospitals and nine voluntary associations. Discussion took place after the meeting had been addressed by Dr. J.G. Somerville, Medical Director of the nearby Medical Rehabilitation Centre. Considerable enthusiasm was shown by those attending the meeting, who do not otherwise have the opportunity to meet in such an informal setting; and the foundation was laid for closer working relationships to be established. This is felt to be especially important in an area such as Camden which is particularly well endowed with hospitals of various kinds. A separate meeting was arranged for representatives from child guidance clinics working in the area which again proved to be an interesting and valuable experience.

BACKGROUND TO THE SCHOOL HEALTH SERVICE

The dual role of the Medical Officer of Health and Principal School Medical Officer has proved invaluable in ensuring continuity of care particularly for the handicapped child, whether his need be for special educational help or for community care provided through the Mental Health Service. Both hospitals and general practitioners have been most co-operative and generous in supplying information when requested to do so. Indeed some supply reports of all their findings as a matter of routine, which is encouraging and helpful. It is less easy to ensure that all social factors are equally well known, but the establishment of a family service register during 1966 helped to ease the situation.

Camden was chosen as one of the areas for the pilot survey of social service facilities in the education service undertaken by Mrs. Margot Jefferys, of Bedford College.

SCHOOL ROLL

22,349 children were on the school roll (Inner London Education Authority and grant aided schools only) at the end of the year. There were 57 schools of which 4 were special schools, and there was one special unit within a comprehensive school. Two secondary schools were closed during the year.

STAFF

At the end of 1966, 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, the Chief Dental Officer, the Chief Nursing Officer and the Principal Social Worker (Health Services). The total complement of staff, expressed as whole time equivalent was:-

Medical	-	5.3
Nursing	-	17.5
Social workers	-	2.1
Speech therapists	-	4.5
Dental officers	-	5.25
Dental surgery assistants	-	5.4
Health education officer	-	0.5

In spite of staff changes, particularly among school nurses, it has been possible to build up an *esprit de corps*, often through meetings with the opportunity for group discussion. Senior professional staff have also made themselves available for consultation at all times.

MEDICAL INSPECTIONS

Routine inspections were held at all schools except in a small number where a system of selective medical examinations of 7 year olds was in force. Because of a number of unavoidable changes in medical and nursing staff it was not possible during 1966 to extend the system of selection to other schools, where after consultation with head teachers this is considered desirable.

Number of Medical inspections:-

Routine examinations	7,304
Special inspections	2,328
Reinspections	3,380
Total	<u>13,012</u>

STUDENT HEALTH SERVICE

During the year attention was given to the gradual development of the student health service. Forty sessions were held at Kingsway Day College and six at Holborn College of Law, Languages and Commerce. The arrangement at Holborn was inaugurated in November and provides an advisory service for students from the Holborn College and from the Central College of Art and Design. In continuation of the practice of the former London County Council, a doctor visited Princeton College on twelve occasions during the year to examine students for admission to the classes for physically handicapped persons.

The medical officer who conducted medical advisory sessions at Kingsway Day College throughout 1966 has given an interesting account of her work during the year. She found the needs of the service for the College quite distinctly divided according to the grouping of the students. Day release students tended not to make any demands, since, as may be expected, their medical care is orientated either with the family doctor or with the works doctor. The problems which the student health service was asked to deal with were mainly amongst the full time students doing 'O' and 'A' level courses and the Adjustment to Work groups. Amongst the students pursuing full-time academic courses there was very little direct physical ill health but anxiety based on socio-economic or socio-psychological factors. The social worker, who attended all the medical sessions, was able to do a great deal to relieve pressures on the students by getting local authority grants, or supplementary grants from charity, such as travel and luncheon vouchers and also extra allowances for clothing. She also carried out liaison work between the hospitals, clinics, college and general practitioners.

The medical officer and social worker were able to help with the problems and crises of the special Adjustment to Work group, through discussion with senior staff of the college and the tutors to the group. Problems were varied and deep, ranging from persistent pilfering, unmarried mothers to be, to racial hatred and intolerance. The overseas group presented their own problems often due to difficulties in adapting themselves to city life and to anxieties about their health. Students, particularly those from overseas, were encouraged to avail themselves of B.C.G. vaccination. During the summer term three morning sessions were taken for films and talks on such subjects as personal relationships, venereal disease, and drug dependency. All students attended on a voluntary basis. The service available at Holborn College was slightly different in emphasis from that of Kingsway Day College and was only in the introductory stages during 1966. The initial sessions revealed a good response from students and a very helpful attitude from the Principal and the welfare officers.

TREATMENT FACILITIES

No major changes took place during the year in the treatment facilities available apart from the closure of the refraction clinic for school children at Moorfields Eye Hospital. The provision of an additional school eye clinic on an alternate weekly basis at Somers Town and St. Pancras School Treatment Centres helped to relieve the pressure and to reduce the waiting list.

66 school children were treated by a chiropodist and some 75 special diathermy sessions were held for the treatment of warts at two school treatment centres. As may be expected, the demand for diathermy treatment increased during the summer months when children are more exposed to plantar wart infection when bare foot.

CHILD GUIDANCE

Although there is no child guidance clinic in Camden run by the Inner London Education Authority, there is no shortage of child guidance facilities in the area. In addition to the Child Guidance Training Centre at Daleham Gardens (which moved to Belsize Lane in March, 1967) and the Tavistock Clinic, children may be referred to University College Hospital, the Royal Free Hospital, the Hospital for Sick Children, Great Ormond Street, and Elizabeth Garrett Anderson Hospital. Many children also attend clinics outside the Borough, such as the Marlborough Day Hospital, and the Paddington Day Clinic.

This abundance of facilities has sometimes led to difficulties in communication. With this in mind a meeting was held in 1966 to which representatives from child guidance clinics were invited, together with representatives from the Inner London Education Authority and the Camden Health Department. To facilitate discussions, each of the clinics was asked to complete a questionnaire setting out details of catchment areas, waiting lists, interests in any particular aspects of child guidance and any suggestions for closer co-operation between the clinics and the health department.

The meeting provided a useful opportunity for doctors and others involved in child psychiatry at field level to exchange ideas on an informal basis. The way was left open for further meetings of this kind, but they will not be held as a routine.

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.

HEALTH SURVEYS AND COMMUNICABLE DISEASES SURVEY

School nurses examined children at all primary and second schools.

INFECTIOUS DISEASES

Two schools had tuberculosis incidents. The close co-operation of the chest physician and his staff ensured full investigation of all children, discovery of source and early treatment of cases.

PROPHYLAXIS

82.1 per cent. of school children inspected were recorded as protected against smallpox 90 per cent. of school children were recorded as immunised against diphtheria, 79.8 per cent. against whooping cough and 89 per cent. against poliomyelitis.

B.C.G. vaccination was carried out on 13 year old children. 1,501 were skin tested and 1,265 given B.C.G. vaccinations. Additionally, students in a number of colleges and institutions of London University were offered B.C.G. vaccinations.

HEALTH EDUCATION

Health education in schools is part of the comprehensive programme. Assistance was given in the form of the provision of speakers and discussion leaders, films and the distribution of leaflets on various topics.

It was encouraging to receive a request from a senior girls school for regular assistance with health education teaching sessions from one of the full time medical officers, who is particularly interested in this subject. In conjunction with the Youth Employment Officer, nursing staff attended a Careers Convention. This afforded the opportunity to offer advice on various topics, such as how to stop smoking and weight problems, as well as information on the various careers available in the public health field.

As local links with head teachers are fostered, it is hoped that a more expansive health education programme will be developed. This might include visits to health establishments and in-service training courses for teaching staff.

RESEARCH PROJECTS

Members of the health department team were asked to co-operate in several research projects during the course of the year.

SURVEY OF HEIGHTS AND WEIGHTS OF LONDON SCHOOL CHILDREN

During the autumn term measurements of heights and weights of many London school children were being taken under the surveillance of Dr. G.M. Tanner of the Institute of Child Health. Additionally, Camden was asked to negotiate with the headmaster of St. George the Martyr school who kindly arranged for children to act as subjects for the special anthropometric training for school nurses carrying out the survey. Measurements of heights and weights taken during the 1959 survey had been made in the summer term and it was felt that in order to make the results of the current survey statistically comparable, possible seasonal variations should be taken into account. With the guidance of the Divisional Officer, two secondary schools in Camden were chosen, where measurements would take place throughout the year.

NATIONAL CHILD DEVELOPMENT STUDY

This was a survey which concerned the whole country. By 1966 most of the Parental Questionnaire and Medical Examination forms for children attending school in Camden had been completed. However, some forms were still trickling through and Dr. Neville Butler, Co-director of the Survey expressed thanks to all the staff concerned. The first findings were made available to the Plowden Committee during 1966.

ENURESIS PROJECT

Social workers from the health department attend the clinics for enuretic school children held twice a week at University College Hospital. In December 1966, a special project was begun involving some 90 children, the majority of whom came from Camden schools. Trials in the use of certain drugs were made and it is expected that findings will be reported in due course in the professional press.

DEVELOPMENT OF THE OBSERVATION AND HANDICAP REGISTER

In 1966 it was possible to extend principles already well established for handicapped children under 5, to the school health service. School medical officers and school nurses were asked to survey their records and to nominate suitable cases for inclusion in the register. A condition warranting placement on the register was broadly defined as one of either intellect or body which interferes or is liable to interfere subsequently with the child's ability to develop his full mental or physical potential. This implies any defect that will require special education or treatment or may later bias the selection of occupation or affect the individual's capacity to maintain a satisfactory place in adult society.

Many of the field staff found the sifting of case material a stimulating, if sometimes exacting, exercise. Often, necessary consultation with head teachers over the needs of specific children brought a closer awareness of problems. It was decided, with some reluctance, that it would not be possible to contain records of emotional disturbance on the current register because of the numbers involved. Such children remain under review through the reinspection system.

MEETING WITH REPRESENTATIVES FROM THE HEAD TEACHERS' CONSULTATIVE COMMITTEE

Frank and informal discussion on various aspects of the school health service took place at a meeting held in October 1966, between senior officers of the health department and head teachers. Discussion ranged over such subjects as the dental option scheme, case conference procedure, prophylaxis and the observation and handicap register. The meeting ended on a cordial note and it was agreed that future meetings would be useful.

SPECIAL SCHOOLS

During the year it was possible to give fuller consideration to the needs of children attending special schools in the Borough. With the increasing number of children showing signs of emotional disturbance, the head teachers of John Keats School for delicate pupils and Franklin Delano Roosevelt School for physically handicapped pupils asked whether a link could be established with the child guidance training centre which was moving shortly to a site nearby. It was felt that the staff would benefit from having the help of a psychiatrist in advising them on the management of these children in school. Although a number of children have been referred to child guidance clinics, attendance tended to be poor and the children could probably be more easily helped through the school organisation.

Dr. Susannah Davidson, Medical Director of the Child Guidance Training Centre, was engaged by the Inner London Education Authority to work at each of the schools on an alternate weekly basis, as from January 1967. Thus the foundation stone was laid. Future plans include the attachment of a social worker (health services) to work at the school to co-ordinate efforts.

SCHOOL DENTAL SERVICE

This service comes under the control of the Inner London Education Authority and Mr. G.P. Mailer, our Chief Dental Officer, holds the appointment of Principal School Dental Officer of the Inner London Education Authority and is responsible for the conduct of the Service in the Borough. Mr. Mailer reports as follows:-

During the year a number of important changes took place. In February the Authority appointed Mr. K.C.B. Webster as Dental Adviser. This was followed shortly by a meeting of all Principal School Dental Officers at the County Hall on 10 March, under the Chairmanship of the Dental Adviser, at which agreement was reached on a recommendation to the Authority for a comprehensive reorganisation of the dental services; sub-committees were elected to review the various aspects of the existing service. As a result of these deliberations a comprehensive report was submitted to the authority, which commended certain recommendations to all Inner London Borough Health Committees. Camden Health Committee adopted the recommendations on 21 September 1966. Among these recommendations was a return as soon as possible to regular routine dental inspections of all pupils in schools. In the interim both the routine inspection scheme and the optional (SH.59) scheme would be worked simultaneously. The system that pertained in the past has entailed providing new dental record cards (11M) (with all relevant details inscribed upon it) for each child inspected. Some 6,855 forms 11M were thus initiated in 1966. Also many new forms have had to be introduced and a new method of making appointments direct from the clinics was started. This has thrown a heavy burden on all dental officers and dental surgery attendants. I wish to thank them most sincerely for their help and co-ordination during this difficult period.

During the year, of the 6,855 children inspected, 4,256 required some treatment. 5,243 courses of treatment were commenced and 82 per cent. were completed. The restoration/extraction rate continued to be very satisfactory. Twenty-one permanent teeth saved/one permanent tooth extracted and 2.5 deciduous teeth saved to one extracted. These figures compare very favourably with the national average which is 5.3 permanent teeth saved to one extracted and 0.6 deciduous teeth filled to one extracted.

The Authority also initiated a programme of re-equipping dental surgeries to bring them up to a modern standard of efficiency. In Camden, by the end of the year, new operating lamps had been installed in all surgeries, the obsolescent anaesthetic machines replaced with two modern Alton V's and two more X-ray machines installed. The programme of modernisation will be phased over two years. It was hoped that during the year we would have been able to make good the loss of the double surgery at South Highgate. Unfortunately, the two projects which have been put in motion did not result in any achievement as the premises were then used for other priorities. However, the Inner London Education Authority are providing mobile surgeries for use on a bookable basis. The first two will be available in 1967. Although this will help to alleviate the immediate local problem of shortage of dental premises it will not provide a permanent solution.

HOSPITALS

During the year close co-operation between the Department and two dental hospitals, Eastman and University College Hospital, was firmly established. Professor Winter, Head of the Department of Children's Dentistry at Eastman Dental Hospital, is carrying out a survey on dental decay in the younger child and is being clinically assisted by the Principal School Dental Officer in his capacity of the Borough's Chief Dental Officer. Also the Eastman Dental Hospital are continuing to treat orthodontic and specialist cases at the Province of Natal Centre. At University College Hospital arrangements have been made for the treatment of handicapped children as well as a limited number of orthodontic cases. The interest and co-operation of the hospital is much appreciated.

COURSES

The Principal School Dental Officer attended the annual conference of the British Dental Association. Three members of the staff attended courses on X-ray development.

CARE OF THE AGED

In 1965 I indicated that the number of old people in the Borough was over 37,000 at the last census, of which 10,500 were aged 75 or over; more than 10,000 of those of retirement age were living alone, I stated that, as part of our plan for the care of the old people, we proposed to introduce organised regular visiting based on areas, with geriatric visitors working from welfare centres and had in mind increasing the number of geriatric visitors from 9 to 20. This was done and geriatric visitors were posted to our main welfare centres, thus providing local officers for the old people throughout the Borough.

Regular three monthly visiting of all those over 75 years was our first priority after emergency visiting. The number of persons on the registers of the geriatric visitors rose from 3,173 at the end of 1965 to 4,737 at the end of 1966.

In addition to routine visits with the object of keeping the old people healthy we have for a long while included the old people in our health education programme and have organised film shows and talks at clubs and organisations throughout the Borough. As part of the development of the geriatric visitor service we introduced, at certain of our centres, films and discussions directed to the specific needs of old people in a programme with general films. The old people enjoyed the afternoons out and the attendances at the centres where we commenced this arrangement averaged 30-50 and geriatric visitors reported that the value of the teaching was evident. We are planning an extension of this activity and geriatric visitors took courses of instruction on film projection so that they may widen the scope of their health education activities. Health education for the elderly is not of course confined to group activity; in their daily meetings with the elderly, health visitors as well as geriatric visitors are continually acting as health educators. Particular attention is paid in the winter months to the problem of low body temperatures in older people and the adequate heating of their home.

CHIROPODY SERVICES

The aims envisaged in my report for 1965, namely the provision of chiropody clinics at each of our main welfare centres, expansion of the domiciliary service and the reduction of the interval between treatments for patients, has now largely been achieved.

Our chief chiropodist (Mr. H.J. Prior) commenced his duties on 1 April 1966, and carried the responsibility for the implementation of this policy.

DEVELOPMENT

The following figures indicate the scope and growth of the service which is still expanding rapidly:-

Quarter ending	Number of centres with chiropody	Number of sessions per week	Number of treatments (including domiciliary visits)
31.12.65	7	43	4,121
31. 3.66	7	43	4,365
30. 6.66	7	44	4,036
30. 9.66	9	52	4,495
31.12.66	13	56	5,392

DOMICILIARY SERVICE

The need for this service to be expanded has become apparent. During the year heavy demands have been made and the number of visits has risen from 30 to over 50 a week and is still increasing.

The chief chiropodist has reviewed all domiciliary cases under care. He reports that in many new patients he found evidence of long-term neglect of their feet. About half of those people were housebound because of arthritic conditions, peripheral vascular disorders, of the lower limbs and therefore prone to ulceration and pressure necrosis.

These conditions tend to necessitate frequent treatment by the chiropodist.

SURVEYS OF CENTRES AND EQUIPMENT

A comprehensive survey of accommodation and of existing equipment was carried out by the chief chiropodist. As a result many existing items were replaced by more up-to-date equipment and initial equipment was ordered for the new clinics.

PRIORITY CLASSES

The Ministry suggested in its circular 11/59 that priority should be given to elderly people, expectant mothers and the physically handicapped.

The demands of these priority groups has been such that services have not so far been extended to other classes. Children of school age are treated under the Education Act 1944.

STAFF

At the end of 1965, one full-time and eleven part-time chiropodists were employed, the equivalent of 5.1 full time staff (4.4 at clinics and 0.7 on domiciliary work). To meet increased demands of an expanded service more staff were recruited and at 31 December 1966, there were, in addition to the chief chiropodist, one full-time and 16 part-time chiropodists an equivalent of 6.7 full time staff (5.7 at clinic sessions and 1.0 on domiciliary work). It is hoped to increase the proportion of full-time chiropodists.

SERVICE TO OTHER DEPARTMENTS

The chief chiropodist is available in a consultative role for sessions held at Welfare Department establishments.

SCHOOL HEALTH SERVICE

Recent surveys have produced evidence that in some parts of the country there is an increase in functional disorders of the feet in school children. A pilot survey in Camden schools was planned to ascertain if there is a problem locally.

MOBILE CHIROPODY UNIT

Increasing calls on accommodation at welfare centres and growth of services generally may make it difficult in some cases to allocate space for additional chiropody clinics. The provision of some form of mobile unit which could also provide services to schools is being considered.

HOSPITALS

Co-operation with local hospitals has been maintained, particularly with the London Foot Hospital.

CONCLUSION

In 1965 plans were made to weld the services transferred from the London County Council and the various voluntary organisations carrying out chiropody, into a unified service as the needs for the Borough were assessed. The year 1966, has been one of development and expansion and at the end of the year chiropody services were available in the majority of the welfare centres as well as in other premises and plans have been made for further expansion.

Much has been done by the geriatric visitors to make the elderly aware of and to get them to use our chiropody services.

MEALS FOR OLD PEOPLE

MEALS ON WHEELS

During 1966 approximately 79,100 dinners were provided in Camden for the elderly housebound where relatives, a home help or good neighbours were not available for shopping and cooking. This compares with 66,500 meals provided in 1965. The increase was due mainly to a greater number of elderly people being found who required meals, which in turn was a direct result of the increase in the number of geriatric visitors employed by the Council.

INVALID MEALS

Persons irrespective of age who are housebound and need special diets are provided with invalid meals. The diets include gastric, diabetic, high protein, salt-free types, etc. Prior to 28 March 1966 invalid meals were provided by the Borough of Islington on behalf of the Council, but as from that date, the service was undertaken directly by the Council. During the year 26,200 invalid meals were delivered, mostly of light diets.

CHRISTMAS DINNERS

On Christmas Day 1966 a wonderful voluntary effort was made by young people from Task Force, who cooked Christmas Dinners consisting of turkey with stuffing and vegetables and two mince pies and delivered them to 34 old people in the Borough. The cost of the meals was met by Camden Old People's Welfare Association and the meals vans were loaned by the Council.

GENERAL

Meals on wheels and invalid meals are provided on five days per week. Each meal consists of a main dish and a sweet, for which a charge of 10d is made, the Council bearing the remainder of the cost. The meals were obtained from three commercial firms. Assistance in the distribution of the meals was given during the year by voluntary bodies: the W.R.V.S. in the Southern area and the B.R.C.S. and the Camden Old People's Welfare Association in the Northern area of the Borough.

Meals for ambulant elderly in need were also provided by the Welfare Department both directly and through voluntary organisations at eight luncheon clubs throughout the Borough. That Department also issued meals vouchers to the elderly, mostly men, who though active might not bother to cook themselves proper meals.

HOME NURSING SERVICE

The reorganisation of the Home Nursing Service, following the Council's assumption of its direct running from 1 October 1965, proceeded during 1966.

One recommendation of the departmental Working Party which had been set up to advise on the new organisation was that in a non-resident home nursing service nurses' districts should be grouped, each such group being staffed by 6-8 nurses, plus ancillary staff, under the control of a group leader. As a first step towards implementing this recommendation 4 home nurses were appointed group leaders from 1 January 1966 and, graded as Senior District Nurses, they assumed responsibility for the day-to-day administration of their groups, relief arrangements, etc.

Before 1 January, all messages, day or night, from general practitioners, hospital, etc. were delivered or telephoned to the appropriate district nursing association Home. From that date, messages during office hours were taken by the Chief Home Nursing Officer, or one of her Assistants, at Bidborough House, and those after office hours or at week-ends diverted to the Night Service Control at the Whittington Hospital. Any urgent messages are taken by the night duty nurse while non-urgent messages are collected by the Senior District Nurses the following morning and distributed by telephone to the appropriate nurses.

The establishment at 18-20 Montague Street, W.C.1, formerly the headquarters of the Metropolitan District Nursing Association, was retained by the Council for use as a Nurses' Home/Hostel. This enables us to offer accommodation, which is always difficult to obtain in central London, to home nurses on the staff, trainee home nurses, pupil midwives attached to domiciliary midwives working in the south of the Borough, and newly appointed staff pending their finding their own accommodation. It has been possible also to assist neighbouring hospitals and other organisations, which require temporary accommodation for staff or for students attending courses at their establishments. The appointment of a housekeeper at the Nurses' Hostel helped to develop the premises as a pleasant, well-run and fully-occupied house. Rooms were decorated and additional furniture installed. The establishment provides an office base for three groups of home nurses (with residential accommodation where required) and a training centre for student district nurses. The basement lecture room and the kitchens have been used for in-service training for home helps. The board and lodging charges for nursing staff resident at the hostel are in accordance with the recommendations of the Nurses and Midwives Whitley Council. In November 1966 the Council approved the charge of £6.12s. 6d for bed, breakfast and evening meal to those residents who are not employed by the Council.

The time-honoured practice of sterilizing dressings, (wool, gauze, etc.) by packing tins and baking them in ovens was replaced by the introduction of pre-sterilized commercially prepared packs. Each pack contains a small disposable bowl and dressings sufficient for one application. Disposable dissecting forceps were also introduced.

During the year home nurses treated 3,234 persons; 58 were under 5 years of age at the time of the first visit and 1,586 were aged 65 years or over.

12 state registered nurses received home nursing training in Camden during the year, and all were successful in obtaining the Certificate of the Queen's Institute. One of the students was a male nurse who was subsequently appointed to the staff.

PILOT ATTACHMENT OF A HOME NURSE TO A GROUP OF GENERAL PRACTITIONERS

Meetings were held during 1966 and the principle and practice of such a pilot attachment were discussed. It was agreed that the range of the Nurse's work would not vary from the type of treatment normally within her province, that she would attend surgery each day for the purpose of exchanging information about patients and, by appointment, to give some treatment, such as dressings and injections. The nurse attached would be concerned exclusively with patients on the lists of this group of practitioners.

Some difficulty was experienced in finding a suitable nurse who was interested in the project. Because of the extra ground she would have to cover, mechanized transport was a necessity. By the end of the year, arrangements were in hand for a state registered nurse then taking the district nurse training course to be appointed to the post. This nurse used an auto-cycle and intended to purchase a car at a later date.

An application was made to the Marie Curie Foundation for the introduction of the Foundation's 'area welfare grant' and 'day and night service' schemes in the Borough of Camden: the Foundation kindly acceded to this request.

LOAN OF HOME NURSING EQUIPMENT

The number of items of home nursing equipment loaned by the Borough during the year was well over double the number loaned during the previous year and included the following:-

102	Wheelchairs - indoor
40	Wheelchairs - outdoor
36	Back rests
29	Bed cradles
245	Armchair commodes
15	Dunlopillo mattresses
10	Easi Carri Hoists
38	Bed boards
4	Hospital beds
1	Special Nesbitt Evans Bed
9	Penryn Hoists
1	Ripple mattress
1	Sponge mattress
2	Twin push-chairs
1	Child's table and chair
65	Walking aids

Disposable pads are available for use by incontinent persons and obtainable through the Council's geriatric visitors. These pads may easily be burned but their collection at regular intervals is arranged where burning them may not be practicable.

From January 1967 incontinence pants have also been available on production of a note from a doctor or any member of the department's nursing staff. Where necessary, delivery is made to the patient's home.

HOME HELP SERVICE

The number of persons who received home help service rose by about 22 per cent. in 1966 (2,897) over the number served in 1965 (2,373) and this steady growth was due in part to the increasing number of referrals from the expanded Geriatric Visiting Service.

Approximately 100 home helps took part in in-service training schemes. Members of the staff of the Health Department, together with representatives of other social service departments and outside agencies, gave home helps a short, but comprehensive, account of the total services and thus showed them the importance of their own role in the team.

One of the contributions to the course which produced most spectacular results was that of the librarian of the domiciliary library service. In her talk she asked the home helps to inform her of any clients who would appreciate a visit from her, and the response was considerable and continued over a long period.

It has not proved possible to recruit staff for a spring cleaning service to supplement the regular visits of the home helps although the Committee agreed as an experiment, to pay two home helps an additional 6d an hour to undertake particularly unpleasant tasks. Many home helps have undertaken these special duties without additional pay.

Throughout the year, the Home Help Service has provided care for children in their own homes in the absence of their mother, at the request of the Children's Department.

No. of persons who received home help service

1965	2,373*
1966	2,897

*Corrected figure - the figure 4,371 appeared in 1965 report due to an error in amalgamating statistics from London County Council and Camden to cover the full 12 month period.

GOOD NEIGHBOUR SERVICE

During the year there was a very rapid extension of the Good Neighbour Service, particularly in the Northern area of the Borough where a local area office was opened. In this area the voluntarily-sponsored Old People's Welfare Committee had been very active, and some fears were expressed that volunteers would be attracted to the Good Neighbour Service, because of the opportunities of payment. In fact, there was no evidence of this, and the activities of the voluntary agency continued to flourish.

Whilst most of the people acting as Good Neighbours are in receipt of retirement pensions, there was a slight increase in younger recruits, employed in helping the disabled and families with young children.

Some doubt has been expressed about the advisability of paying Good Neighbours for their services, but I am satisfied that this is the most effective way of guaranteeing continued service, especially in areas in which lower income groups live, and enables the more active elderly to help their less healthy contemporaries whilst at the same time, supplementing their own incomes.

	No. of Good Neighbours	No. of persons receiving service
31.12.65	65	111
31.12.66	174	249

MENTAL HEALTH SERVICE

INTRODUCTORY

As a local authority Camden is responsible for the implementation in its area of the Mental Health Act 1959, and has under its care all mentally sub-normal and mentally ill persons in the Borough who need support.

Progress in the care and rehabilitation field has continued to be limited by the lack of facilities within the Borough, but headway in this direction is being made and the year has seen the opening of a second social club and a day centre.

THE MENTALLY ILL

During the year 780 cases were referred, comprising 279 for community care and 501 for possible admissions to hospitals. The total number referred has increased by 50 per cent. compared with last year (409 from 1 April 1965-31 December 1965), and indicates an increasing demand for community care, since the service has become better known in Camden.

With the help of a mental health social worker, 326 patients were admitted to hospital for observation or treatment. During the nights or at weekends 428 emergency calls were received by the officer on duty through the night service based at Whittington Hospital.

At the end of the year, there were 371 (254 - 1965) mentally ill persons receiving community care. Regular support was being given to these patients and their relatives, whilst in 99 of the cases more intensive casework was being undertaken by the mental health social worker. Children leaving maladjusted schools are followed up by social workers, or if the child is in the council's care there is liaison with the child care officer as and when the need arises. The mental health social worker takes over normally when the child becomes eighteen if continuing help is required.

20 patients attended day centres in other parts of London and 53 were admitted to or continued to be maintained in a variety of hostels for mental after care.

LYNDEN CENTRE

Camden's first day centre for mentally ill patients opened on 7 November 1966, in Lyndhurst Hall, Warden Road, N.W.5 under the supervision of an occupational therapist and an assistant. Its aim is to rehabilitate those patients who have failed in employment because of their inability to make social contact; and it is hoped that those accepted will become self supporting within 12 months. Consequently, the patients accepted are principally those who have a chronic sickness, but are basically intelligent and can gain insight into their social difficulties by working in a group.

To these ends the daily programme is equally divided into individual and group work. As the intended total is 20 members, this is small enough to facilitate social contact and large enough for each member to make individual friendships. The centre is self-sufficient in that it shops and caters for itself and whilst these activities are in progress each morning the other group members pursue individual projects, which help to devote their own talent and establish a work habit. The afternoons are used for a variety of group activities to encourage social contact and to make some interaction a necessity. The activities include play reading, games, painting, group discussions and a weekly outing.

Early experience suggests that the location of the centre, and of the Thursday Club which is described below, in a community centre serving a wide variety of functions contributes to the socialisation of those who attend.

PSYCHIATRIC SOCIAL CLUB

The Camden Thursday Club for people who have had or who are vulnerable to breakdown, and therefore in need of support, has flourished over the past 12 months. It has increased in membership and has an average weekly attendance of 35-40 people within a fairly young age group, largely up to the mid-forties. As its membership increased so the activities have grown to include as well as the original music making and painting groups, table tennis, badminton, dancing, chess and music appreciation.

An exciting development this year has been the club's eagerness to share their new found enthusiasm and capacity for self expression with other groups who are still in psychiatric treatment and whom they want to help. This led first to an exchange of visits with other psychiatric clubs and is now developing into plans for regular club visits to the in-patient social at Friern Hospital in order to build a bridge for in-patients back into the community. The club which began as a therapeutic club is becoming a therapist in its own right.

THE MENTALLY SUB-NORMAL

At the end of the year there were 301 (302 - 1965) sub-normal or severely sub-normal patients receiving community care. 9 children under five years have places in the Lindfield Gardens Nursery run by the Camden Society for Mentally Handicapped Children and nine children in the Coram's Garden Day Nursery Special Unit. A special clinic held for counselling and advising parents on the progress of their sub-normal children aged under 5 was transferred to other premises in May and a second clinic started in June.

Children from Camden attending junior training centres in other Boroughs were transferred on 1 March to the Rosemary Junior Training School (Islington) and at the end of the year there were 28 Camden children attending there, and 5 children in the special care unit attached to the junior training school. 42 adults attended training centres in other Boroughs. Suitable trainees were given the opportunity of being included in the annual organised holiday for 2 weeks at St. Mary's Bay, Dymchurch and 14 participated.

Families of these patients were visited regularly and given guidance, advice and support in the care of the sub-normal. In addition, practical help was maintained viz, home help, transport to training centres, nursery units, the provision of nursing aids, e.g. wheelchair. 37 patients received periods of short-term care in hospitals and approved homes and 26 received long term residential care.

Children leaving schools for the educationally sub-normal were followed up by the social workers, who co-operated with the Youth Employment Officers in settling the children in suitable work.

SOCIAL CLUB

A social club for Camden's mentally handicapped young people started in June, meets on Tuesday evenings in the large ground floor room at the Tonbridge Club, Cromer Street, W.C.1. 12-15 members attend weekly. Their ages range from 16-25 years with approximately equal numbers of men and women attending. Most of the members are conveyed to the club by mini-bus. The club provides an informal atmosphere where young people can make friends and pursue recreational activities appropriate to their ability and interest.

DOMICILIARY OCCUPATIONAL THERAPY

An occupational therapist joined the mental health team at the beginning of November 1966 and after starting with 10 patients the number had nearly doubled by the end of the year. People with various types of mental disorder including severe sub-normality, depression, schizophrenia, anxiety states, and brain damage were visited.

Each patient is assessed and the main aim of treatment is decided jointly by the occupational therapist and the social worker; each patient being treated individually at home.

Activities used are those which constitute a daily routine, e.g. cooking, shopping, meal planning, washing, travelling and relaxation; a variety of handicrafts; basic reading, writing and use of money. Visits are daily or weekly according to the need or programme. After sufficient progress, patients may be introduced to a centre or club.

SOCIAL WORK

Owing to the expansion of existing services and the development of new projects, the mental health team has been increased by one member and the team now numbers 15 full-time officers.

There is no doubt that the efficiency of the mental health service depends upon close co-operation with the authority's own services and with outside agencies. Mutual consultation and exchange of ideas has now become an established feature between the mental health social workers and colleagues in other departments and agencies. A weekly case discussion is held in the section, and this has been found a useful way for other professional workers to learn of the work undertaken by the team.

HOSPITAL SERVICE

The Borough continues to be served by Harperbury Hospital for its mentally sub-normal patients and Horton and Friern Hospital for its mentally ill. In addition, University College Hospital, North Wing, provides a certain number of beds for patients, for observation and treatment. The Royal Homoeopathic and Whittington Hospitals have been particularly helpful in taking our severely handicapped children for periods of short-term care.

TRAINING

The department is recognised as providing suitable training facilities and has been visited for this purpose by students from University mental health courses; North Western Polytechnic Younghusband course, National Institute for Social Work, University Social Science Courses, child care courses, health visitors, training courses as well as D.P.H. courses and medical student groups. Our mental health social workers have also attended a number of courses and conferences covering social work in the mental health field while one worker was seconded to take a university mental health course. Senior Officers have been called upon to lecture to outside groups or represent the Medical Officer of Health on committees of voluntary agencies.

FUTURE DEVELOPMENTS

Included in the Building Programme for the current financial year, as approved in the ten year plan for health services, is the provision of a hostel for mentally sub-normal adults in Hampstead, a day rehabilitation centre for the mentally ill in Highgate. It is hoped that both of these projects will be completed and opened in the next year.

FAMILY CASEWORKERS

Referrals to family caseworkers increased rapidly during the year, and with no increase in staff the number of families receiving support at the end of the year had increased from 46 to 96. Although it is accepted that some families require long-term intensive casework support, our family caseworkers were encouraged to concentrate on short-term intensive casework aimed at returning families to the care of regular fieldworkers as quickly as possible. Experience showed that by building up purposeful relationships early, the need for long-term casework support could be reduced.

During the year vagrant alcoholics created problems within the Borough, and in July we were able to make a temporary appointment of a male member of a religious order who had very wide experience in this field. He was encouraged to make regular contact with the vagrant alcoholics whenever possible and to direct his efforts towards finding them adequate accommodation, treatment and employment. By the end of the year most of the "regulars" were no longer sleeping rough, and there was evidence that a permanent appointment of this kind could be helpful.

Analysis of Sources of Referrals to Family Caseworkers 1966

From whom referred	Number
Education Services	13
Health visitors	11
Self-referred	11
General practitioners	5
Medical Social Workers in hospitals	10
Co-ordinating Committee	2
Citizen's Advice Bureau	2
Children's Department	3
Home Help Organiser	1
Ministry of Social Security	2
Medical Officers	5
Breakdown of other referrals	
Housing Department	7
Welfare Department	4
Employer	1
Other local authorities	2
Play Centres	2
Greater London Council Housing	2
Family Welfare Association	1
Other social workers (Health Services)	12
Total	96

HEALTH EDUCATION

The Council, in November 1965, agreed a recommendation from the Health Committee that a Health Education and Home Safety Advisory Committee be set up with the following terms of reference:-

'To consider, and advise the Health Committee on matters of policy and planning in the field of health education, including home safety.'

It was agreed that the undermentioned bodies be invited to appoint representatives on the Committee:-

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

and that in addition, representatives of the Public Utility Boards and of the Fire Brigade should be invited to attend meetings of the advisory committee at which subjects within their powers were to be discussed. At a later date it was agreed that the Hampstead Consumer Group be added to the list of advisory members. The Council resolved that six Council members should serve on the Committee.

Within the Health Department a health education advisory group, meeting approximately once every two months under the chairmanship of an Associate Medical Officer of Health, was formed. This group is composed of the Health Education Officer, the Chief Nursing Officer (Health Visiting, Day Nurseries, etc.), the Deputy Principal Social Worker (Health Services), the Deputy Principal Mental Health Social Worker, the Deputy Chief Public Health Inspector and a representative from the child welfare centres and day nursery services together with administrative support. The group's main functions include the planning of future health education projects and monthly schemes, co-ordination of activity within the Department, co-operation with outside bodies, health education in-service training and control of expenditure on health education.

In addition to the above group a working party was formed, consisting of the Chief Nursing Officer (Health Visiting and Day Nurseries), the Health Education Officer and representatives from each of the Council's child welfare centres and day nurseries; the working party meets fortnightly to put into practice the policy decisions of the advisory group, to review new health education material and to produce specialist teaching and other health education aids as required.

In 1966, apart from the usual monthly themes, campaigns were undertaken in connection with Mental Health Week, immunisation publicity and food hygiene.

During the year 630 lectures were given to a total audience of 9,647, the great majority of which were groups of mothers or expectant mothers. Apart from these, however, there was much health education, not reflected in any statistics, but carried out on a person-to-person basis. Medical officers, health visitors, public health inspectors, social workers, dental staff and in fact all the field workers carry out health education continually in their daily contact with the public.

With this in mind, arrangements were made with the Central Council for Health Education for courses in health education to be provided for members of the staff from all branches of the department. The first two lectures took place in the autumn, and were both well-attended and successful.

PROPHYLAXIS

Every effort continued to ensure that as many children as possible were immunised against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox, protection being given by the family doctor, at one of the Council's child welfare centres or through the school health service.

From 1 July 1966 the following revised schedule of immunisation was adopted:-

Ideal age	Immunisation against
3 months	Diphtheria/Whooping Cough/Tetanus - Poliomyelitis
4 months	Diphtheria/Whooping Cough/Tetanus - Poliomyelitis
5 months	Diphtheria/Whooping Cough/Tetanus - Poliomyelitis
17 months	Smallpox
18 months	Diphtheria/Whooping Cough/Tetanus - Poliomyelitis
4½-5 years	Diphtheria/Tetanus - Poliomyelitis

The immunisation follow-up scheme, by which a periodic check is made by the health visitors that the recommended immunisation has been given to each child under 5 years, continued to operate.

In July 1966 an experiment began at one welfare centre whereby all forms of immunisation by subcutaneous injection were undertaken by state registered nurses. This scheme was subject to certain safeguards, viz. that every immunisation course was prescribed for each individual child by a doctor, that a doctor was on the premises at the time of the injection, and that only state registered nurses might undertake the injections. Before any injection the nurse enquired whether the child had shown any reaction to any previous injection and whether the child had been unwell in any way; in the event of any affirmative answers the nurse did not give the injection and the child was referred to the doctor. The experiment worked smoothly, reduced waiting periods and gave the medical staff more time to undertake developmental examinations and consultations. It was accordingly decided to extend the scheme to other child welfare centres.

The Council continued to provide yellow fever vaccinations; this is carried out by a medical officer, employed part-time by the Council, at the Hospital for Tropical Diseases, who issues the appropriate international certificates. No charge is made for the service, which is not confined to residents in the Borough. In the year 1966 the number of persons receiving yellow fever vaccination totalled 7,779.

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 old	Over 1 but under 5	Over 5 but under 15	Total under 15
	3,850	11,950	19,200	35,000

Immunisation against diphtheria

Age at 31.12.66 Born in.....	Under 1 year 1966	Over 1 but under 5 1962-65	Over 5 but under 16 1951-61	Total under 16
Primary course	1,423	1,616	214	3,253
Reinforcing doses	-	2,127	1,643	3,770
Total	1,423	3,743	1,857	7,023

Immunisation against whooping cough and tetanus

Age at 31.12.66 Born in.....	Under 1 year 1966	Over 1 but under 5 1962-65	Over 5 but under 16 1951-61	Total under 16
Whooping cough				
Primary course	1,381	1,517	46	2,944
Reinforcing doses	-	1,766	113	1,879
Total	1,381	3,283	159	4,823
Tetanus				
Primary course	1,423	1,615	228	3,266
Reinforcing doses	-	2,125	1,538	3,663
Total	1,423	3,470	1,766	6,929

Vaccination against poliomyelitis

Age at 31.12.66 Born in.....	Under 1 year 1966	Over 1 but under 5 1962-65	Over 5 but under 16 1951-61	Total under 16
Primary course	1,120	2,234	428	3,782
Reinforcing doses	-	480	1,474	1,954
Total	1,120	2,714	1,902	5,736

Vaccination against smallpox

Age at 31.12.66 Born in.....	Under 1 year 1966	Over 1 but under 2 1965	Over 2 but under 5 1962-64	Over 5 but under 16 1951-61	Total
Primary vaccination	82	971	792	83	1,928
Re-vaccination	-	10	29	231	270
Total	82	981	821	314	2,198

B.C.G. vaccination

The routine tuberculin testing of 13 year old children was continued, the negative reactors to the test being offered vaccination with B.C.G. to reduce their chances of infection with tuberculosis. In all 1,501 children were tested and 1,265 were vaccinated.

In addition 155 students at a college of further education were skin-tested and 58 of these were given B.C.G.

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).

Holidays provided during 1966

	Adults with children		Other adults	Other children under 5	Psychiatric	School-children (placed by I.L.E.A.) from 1 April 1965	
	Adults	Children					
		Under 5 years	Over 5 years				
1965	12	20	Not known	105	-	6	122
1966	19	36	24	124	2	6	179

It has been found that many of the people recommended for recuperative holidays are already receiving support from other social services. Before an old person can be sent away it is often necessary to enlist the active co-operation of the geriatric visitor both in supplying a report on the patient's physical condition and ability to cope with the travelling arrangements and in discussing details of the arrangements with patients and relatives. In other instances similar help may be sought from the child care officer, family caseworker, mental health social worker or welfare visitor. This arrangement facilitates a free exchange of information and a greater understanding of the procedures involved. During the year arrangements were made for recommendations for families to be checked automatically with the Family Service Register. Many recommendations were received for old people recovering from a recent illness and these were linked with the geriatric visiting service. Voluntary organisations helped to overcome travelling difficulties in one or two instances.

Follow-up visits were normally made by social workers and health visitors.

The number of school children sent away by the Inner London Education Authority includes a total of seventy children from Camden homeless families' accommodation who went to the Inner London Education Authority homes at Bognor and Littlehampton during the off-season period under arrangements approved by the Welfare Committee and the Health Committee.

REGISTRATION OF NURSING HOMES

There were few changes during the year in the registration of nursing homes. Two of the non-profit making voluntary homes, previously exempt, but liable for registration under the terms of the 1963 Act, were closed. These were the Fitzroy Nursing Home run by the Nuffield Foundation, which transferred to new premises in the City of Westminster area and the French Hospital, whose premises were purchased by the Ministry of Health. There were no new registrations.

At 31 December 1966, there were thirteen registered nursing homes in Camden, including four mother and baby homes. A total of sixteen visits of inspection were carried out by a medical officer and a public health inspector.

The health department was represented on the management committee of the four mother and baby homes in the area by a senior medical officer who attended seventeen meetings during the year. Following the retirement of Dr. J. Gastrell Lewis, the Health Committee appointed Dr. A. Trevor Evans to the committee of the Hampstead Mother and Baby Home, 17 Daleham Gardens, N.W.3.

It was the policy of the former London County Council to authorise payment of grants to mother and baby homes in respect of the cost of improvements.

In January 1966, the Health Committee confirmed the action of the Chairman in authorising a final payment of £1,187.10s. to St. Pelagia's Mother and Baby Home in respect of the previously authorised maximum grant of £4,750 spread over three years.

Registration and inspection of nursing homes and accommodation provided

	No.	Maternity	Accommodation beds, medical and surgical	Total
Premises registered at beginning of year	13	159	229	388
New homes registered	-	-	-	-
Homes registered upon change of keeper	-	-	-	-
Registered at end of year	13	159	229	388

THE STAFF HEALTH SERVICE

During the year the staff medical service introduced a proviso in the questionnaire allowing us to defer a final decision until six months' or a year's satisfactory work and sickness record.

There are many diseases such as anxiety, migraine, painful backs, etc., where a mere physical examination cannot reveal either the extent of the disability or perhaps more important, the sufferer's attitude towards it. In cases such as these a report from the Chief Officer has proved invaluable.

I am most grateful to doctors both in hospitals and general practice, social workers and many others who have given so generously their time to answer our enquiries.

EXEMPTION FROM PARKING METER CHARGES

During the year 69 applicants were dealt with. Of these one was refused exemption without medical examination, 49 were examined and given permanent exemption and 8 seen and given temporary exemption. They will be examined again in the future. 12 applicants examined were not granted exemption from the scheme on medical grounds.

CERTIFICATION OF BLIND AND PARTIALLY SIGHTED PERSONS

In accordance with the provisions of the National Assistance Act 1948 registers of blind and partially-sighted persons are maintained by the Chief Welfare Officer. Persons so registered may be eligible for supplementary benefits, aids or special training. The Medical Officer of Health is responsible for medical aspects of registration and scrutiny of the B.D.8 form issued by the Ministry of Health. This form summarises the results of the examination for admission to the register of blind persons or to the register of partially-sighted persons, and is always completed by an ophthalmologist of consultant status.

The Council engages the services of a consultant ophthalmologist for one session a week. During each session she visits three patients in their own homes. These patients may be new referrals for possible registration or former patients for re-examination. Other B.D.8 forms are completed by consultants in the hospital service, in return for which the Council pays a standard fee.

Statistics

	1965	1966
New registrations (Council's consultant, hospitals, etc.)	91	108
(i) Blind	49	59
(ii) Partially-sighted	42	49
Certificates accepted from other local authorities:-		
(i) Blind	10	11
(ii) Partially-sighted	2	7
Re-examinations	59	56

At 31.3.66 there were 498 blind and 194 partially sighted persons on the register.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Many immigrants are unfamiliar with our customs and ignorant of the scope and arrangement of the health services, and it is desirable that soon after their arrival they be visited and advised to register with a general medical practitioner; also that arrangements be made, in appropriate cases, for an x-ray of the chest.

A register is maintained by the Health Department of all immigrants for whom notifications of arrival have been received from the sea or air port of entry. The information is passed to field staff and home visits are made either by health visitors or, in the case of single male immigrants, by public health inspectors. Immigrants working in hospitals or for doctors are excluded, on the assumption that their employers will advise them. If the initial home visit is unsuccessful a second attempt is made; if this also fails, a card, which explains briefly, and in several languages, the health services available to persons living in the United Kingdom, is left at the house. This card is a duplicate of that issued to immigrants at the port of arrival.

All visits, successful or not, are recorded in the register. In 1966 there were 1,102 notifications of arrival. 1,025 reports were received from the field staff, contact being made in 480 cases.

Reasons for failure to contact the other 545 were as follows:-

No reply (after 2 visits) - 103	Not known at address given - 153
Moved away - 112	Employed by hospital/doctor - 118
No such address - 9	Other reasons - 50

TRAINING

IN-SERVICE

In-service training courses were held during the year for medical officers, geriatric visitors and home helps.

The training course for geriatric visitors lasted six full days spread over a fortnight enabling them to carry out essential district duties on days when there were no course activities. A comprehensive and varied programme was arranged, designed to give full information on all services bearing on the care of the aged. I gave an introductory talk in which I discussed the problems of the elderly in the community and endeavoured to relate the work of geriatric visitors to the wide range of health and other services which are being provided. Other senior officers of the Department discussed the full range of departmental services both in the personal and in the environmental field. The Chief Welfare Officer arranged two half-day sessions during which residential and community services of the Welfare Department were discussed and shown in action. A general practitioner, who was a member of the Working Party which had recently produced the report 'Our Old People', discussed the integration of the family doctor and the local authority services for the elderly. Two whole days were spent at University College Hospital and the Whittington Hospital during which a comprehensive programme of lectures, discussions and demonstrations was held. Talks on the voluntary services were given by the Secretaries of the Camden Council of Social Service and the Camden Old People's Welfare Association.

Two training courses were held for home helps during the year, and talks and discussions covered the family service, the mental health service, home nursing and midwifery services, health visiting, nursing, home nursing and geriatric services, health education, conditions of service, time-sheets and general administrative problems. These were followed up by a practical demonstration in cookery and household management.

In addition, in conjunction with the Central Council of Health Education, a programme of lectures and discussions in health education were provided one day a month for four months. The subjects were 'health education in school', 'progress in health education', 'production of health education material' and 'information on cancer' (half-day). All members of the staff were given an opportunity to attend.

During 1966, there was an in-service training scheme started to enable members of all sections of the Department to learn something of the work of other colleagues. In a scheme with such a wide scope considerable flexibility is needed and there must be goodwill on all sides. However, the effort is proving very worthwhile and all who have taken part in the scheme to date have greatly valued the contact they have had with members of other sections and the knowledge gained of the working of the Department.

OTHER

Many members of all services of the department have been enabled to attend courses dealing with their own aspects of the department's work, thereby acquiring new knowledge keeping up to date in their speciality. Contact made with members of other Local Authorities at these courses is particularly useful.

In addition, one mental health social worker returned to duty during the year having completed a University Mental Health course and we were able to second a further mental health social worker to a similar course.

STAFF OF OUTSIDE BODIES

Nearly 750 students attended lectures or visits arranged by the department to instruct them in some aspects of the department's work. These were mainly student nurses from the teaching hospitals within the Borough, but also included, amongst others, social work students and child care officer students.

There has also been a continuing demand from the Universities and Teaching Colleges for placements for practical work or observation for their students. Such students have spent up to six months in the department and have been a stimulating influence.

NIGHT SERVICE

The arrangements made with the North London Group Hospital Management Committee to provide a night and week-end telephone cover for Camden and adjacent Boroughs continued. Calls averaged 111 a month, most being for mental health social workers, domiciliary midwives and home nurses.

That there have been no complaints of failure or difficulty in contacting duty officers outside normal office hours shows the enthusiasm and efficiency of the hospital staff and particularly of Miss Gregory and her colleagues of the Admissions and Doctors' Information Service; we are most grateful to them all.

TABLE 1

CAUSES OF DEATH - 1966

Cause of death	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	16	-	-	-	-	-	-	-	1	7	7	1
	F	4	-	-	-	-	-	-	-	2	1	1	-
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
3. Syphilitic disease	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	3	-	-	-	-	-	-	-	-	-	-	3
9. Other infective and parasitic diseases	M	4	-	1	1	-	-	-	-	1	1	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
10. Malignant neoplasm, stomach	M	31	-	-	-	-	-	-	2	15	7	7	7
	F	23	-	-	-	-	1	-	-	4	13	5	5
11. Malignant neoplasm, lung, bronchus	M	155	-	-	-	-	3	1	16	64	51	20	20
	F	26	-	-	-	-	-	2	2	8	9	5	5
12. Malignant neoplasm, breast	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	54	-	-	-	-	-	1	7	16	11	19	19
13. Malignant neoplasm, uterus	F	10	-	-	-	-	-	-	3	5	-	2	2
14. Other malignant and lymphatic neoplasms	M	139	-	-	-	1	1	-	8	13	43	33	40
	F	154	-	-	-	-	-	1	2	10	36	35	70
15. Leukaemia, aleukaemia	M	5	-	-	-	-	-	-	-	-	1	-	4
	F	7	-	-	-	-	-	-	-	-	1	2	4
16. Diabetes	M	9	-	-	-	-	-	-	1	1	3	2	2
	F	11	-	-	-	1	-	-	-	-	2	3	5
17. Vascular lesions of nervous system	M	96	-	2	-	-	1	1	1	8	12	24	47
	F	157	-	-	-	1	1	-	5	16	35	99	99
18. Coronary disease, angina	M	309	-	-	-	-	3	6	29	90	99	82	82
	F	241	-	-	-	-	-	1	9	19	77	135	135
19. Hypertension with heart disease	M	5	-	-	-	-	-	-	-	4	1	-	-
	F	16	-	-	-	-	-	-	-	3	3	10	10
20. Other heart disease	M	45	-	-	-	-	-	-	4	10	9	22	22
	F	95	-	-	-	-	-	1	7	12	13	62	62
21. Other circulatory disease	M	56	-	-	-	1	2	-	7	8	11	27	27
	F	69	-	-	-	-	-	1	5	4	19	40	40
22. Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	8	-	-	-	-	-	-	-	-	1	2	5
23. Pneumonia	M	93	1	5	1	-	-	-	4	11	16	54	54
	F	98	-	3	-	-	-	-	4	4	13	74	74
24. Bronchitis	M	98	-	3	-	-	1	2	7	18	32	35	35
	F	46	-	2	-	-	-	1	2	4	11	26	26

CAUSES OF DEATH - 1966 - Contd.

TABLE 1 - contd.

Cause of death	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	6	-	1	-	-	-	-	-	1	1	1	2
	F	9	-	1	-	-	-	1	1	-	-	2	4
26. Ulcer of stomach and duodenum	M	17	-	-	-	-	-	-	-	3	5	4	5
	F	9	-	-	-	-	-	-	-	-	-	2	7
27. Gastritis, enteritis and diarrhoea	M	6	-	-	1	-	-	-	-	-	-	4	1
	F	10	-	-	1	-	-	-	-	-	1	-	8
28. Nephritis and nephrosis	M	7	-	-	-	-	-	-	1	2	1	2	1
	F	7	-	-	-	-	-	-	1	-	3	-	3
29. Hyperplasia of prostate	M	9	-	-	-	-	-	-	-	-	4	-	5
30. Pregnancy, childbirth, abortion	F	3	-	-	-	-	-	2	1	-	-	-	-
31. Congenital malformations	M	12	4	2	1	1	-	1	2	-	-	1	-
	F	13	4	4	1	1	-	2	-	1	-	-	-
32. Other defined and ill-defined diseases	M	101	29	3	3	1	1	1	7	10	11	14	21
	F	105	17	1	-	1	1	5	-	11	11	12	46
33. Motor vehicle accidents	M	15	-	-	1	-	1	2	3	2	1	4	1
	F	7	-	-	-	-	-	-	-	1	-	1	5
34. All other accidents	M	43	-	2	1	-	3	8	5	6	3	10	5
	F	26	1	-	1	-	1	-	1	2	1	4	15
35. Suicide	M	25	-	-	-	-	5	3	7	3	6	1	-
	F	17	-	-	-	-	-	5	2	6	1	-	3
36. Homicide and operations of war	M	3	1	-	-	-	-	1	-	1	-	-	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
Total all causes	M	1,308	35	19	9	3	14	26	44	121	319	336	382
	F	1,232	22	11	3	3	3	18	16	78	153	269	656

TABLE 2

CAUSES OF DEATH - 1948-1966

Population		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	239,770
Causes of death		1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
1	Tuberculosis, respiratory	139	140	103	108	64	57	51	52	30	25	32	24	17	11	13	16	10	9	20
2	Tuberculosis, other forms	10	7	11	11	8	5	4	5	5	2	4	2	1	1	3	-	1	1	1
3	Syphilitic diseases	31	16	22	24	24	14	17	13	12	15	6	14	3	11	10	13	6	13	5
4	Diphtheria	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
5	Whooping cough	3	3	1	2	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-
6	Meningococcal infection	1	-	1	1	1	1	2	1	1	-	-	2	-	2	2	-	-	1	-
7	Acute poliomyelitis	-	7	5	-	2	2	-	-	1	-	1	1	-	-	-	-	-	-	-
8	Measles	1	1	-	2	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-
9	Other infective and parasitic diseases	2	-	10	8	13	6	11	11	7	8	5	5	4	8	7	9	3	2	6
10	Malignant neoplasm, stomach	80	86	78	77	61	100	49	71	73	70	66	63	66	85	67	71	55	51	54
11	Malignant neoplasm, lungs and bronchus	⊕	⊕	118	146	151	167	129	150	155	164	152	141	173	126	175	158	170	180	181
12	Malignant neoplasm, breast	63	67	68	62	51	79	39	45	52	55	45	50	56	59	53	58	47	60	55
13	Malignant neoplasm, uterus	147	155	30	20	23	41	20	28	22	23	24	31	32	28	20	34	20	15	10
14	Other malignant and lymphatic neoplasms	388	367	298	302	324	334	274	300	287	278	342	287	283	183	265	248	288	285	293
15	Leukaemia, aleukaemia	†	†	9	14	19	23	9	14	14	18	10	18	18	10	20	13	11	17	12
16	Diabetes	15	17	22	27	16	18	13	12	19	17	20	19	7	15	17	27	16	17	20
17	Vascular lesions of nervous system	302	288	265	319	347	269	254	260	313	277	300	254	282	260	237	262	232	233	253
18	Coronary disease, angina			361	434	452	450	458	461	521	505	486	494	525	498	597	582	484	554	550
19	Hypertension with heart disease	714	826	130	121	60	45	64	56	67	58	58	49	38	50	41	25	20	30	21
20	Other heart disease			373	386	361	241	197	190	205	209	195	184	220	201	204	212	174	187	140
21	Other circulatory disease	167	164	128	117	133	123	117	159	144	130	129	114	111	144	126	123	132	117	125
22	Influenza	2	15	12	49	7	28	9	10	6	30	10	39	3	14	7	5	2	-	8
23	Pneumonia	120	175	148	180	123	152	103	113	160	161	177	208	156	181	204	251	155	149	191
24	Bronchitis	143	220	165	257	231	235	162	201	201	183	198	192	159	165	174	145	115	130	144
25	Other diseases of respiratory system	23	34	22	37	25	22	17	29	26	26	22	23	17	17	24	22	27	19	15
26	Ulcer of stomach and duodenum	37	44	52	51	36	42	42	33	48	32	42	42	30	30	32	18	17	22	26
27	Gastritis, enteritis and diarrhoea	10	5	11	15	19	13	4	12	17	8	13	12	22	13	14	15	11	14	16
28	Nephritis and nephrosis	72	52	20	28	35	25	32	26	16	19	16	15	15	18	16	12	14	14	14
29	Hyperplasia of prostate	†	†	21	22	18	12	19	28	23	24	18	19	12	12	12	6	7	4	9
30	Pregnancy, childbirth and abortion	4	8	4	4	3	5	2	1	4	1	1	2	1	4	1	5	1	1	3
31	Congenital malformations	76	71	27	31	29	21	27	25	36	26	40	33	27	24	28	33	41	35	25
32	Other defined and ill-defined diseases	262	245	231	231	256	179	194	222	227	217	188	233	220	208	217	219	204	169	206
33	Motor vehicle accidents	13	17	17	16	17	22	30	19	20	21	17	18	36	30	30	17	16	22	22
34	All other accidents	105	81	75	76	71	52	57	51	62	65	70	63	49	63	61	71	55	46	69
35	Suicide	53	55	52	57	48	48	55	62	48	56	65	62	49	55	73	58	41	59	42
36	Homicide and operations of war	†	†	2	-	2	2	4	1	5	-	4	1	2	2	1	2	4	4	4

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

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

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

TABLE 3

SUMMARY OF NOTIFIABLE DISEASES 1966

Disease	Male	Female	Total
Diphtheria	-	-	-
Dysentery	41	46	87
Encephalitis (infectious)	-	-	-
Enteric fever, typhoid, paratyphoid	1 1	2 -	3 1
Erysipelas	4	1	5
Food poisoning	23	19	42
Measles	343	346	689
Membranous croup	-	-	-
Meningococcal infection	-	1	1
Ophthalmia neonatorum	7	5	12
Pneumonia, acute influenzal acute primary	4 7	- 2	4 9
Poliomyelitis	-	-	-
Puerperal pyrexia	-	3	3
Malaria	-	-	-
Scabies	41	23	64
Scarlet fever	15	23	38
Smallpox	-	-	-
Whooping cough	12	19	31
Total	499	520	1,019
Tuberculosis			
Pulmonary	126	59	185
Non pulmonary	19	11	30
Total	145	70	215

TABLE 4

TUBERCULOSIS

New cases of tuberculosis notified and deaths during 1966 of persons notified as suffering from the disease:-

Age	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	1	2	-	-	-	-	-	-
1 -	1	2	-	-	-	-	-	-
2 -	3	7	-	1	-	-	-	-
5 -	8	8	2	-	-	-	-	-
10 -	1	-	-	-	-	-	-	-
15 -	1	2	-	1	-	-	-	-
20 -	11	8	-	2	-	-	-	-
25 -	26	11	11	4	-	-	-	-
35 -	23	8	3	2	-	-	-	-
45 -	14	4	1	1	-	-	-	1
55 -	26	5	-	-	1	1	-	-
65 -	9	2	1	-	1	1	-	-
75 and over	1	-	1	-	-	-	-	-
Age unknown	1	-	-	-	1	-	-	-
Totals	126	59	19	11	3	2	-	1

SUMMARY OF CHANGES IN TUBERCULOSIS REGISTER DURING 1966

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Cases on register at 31 December 1965	938	529	59	99	1,625
Cases added					
Primary notifications	126	59	19	11	215
Transferred from other districts	44	15	1	2	62
Restored to register	12	2	-	-	14
Totals	182	76	20	13	291
Cases removed					
Moved to other district	123	39	4	4	170
Recovered	73	55	3	2	133
Died	3	2	-	1	6
Cancelled diagnosis	2	-	-	-	2
Totals	201	96	7	7	311
Cases on register at 31 December 1966	919	509	72	105	1,605

TABLE 5

UNSATISFACTORY CHEMICAL SAMPLES - 1966*

Article	Nature of adulteration or irregularity	Observations
Raspberry jam	Old stock	No further old stock in shop.
Tomatoes (canned)	Inadequately labelled	Letter sent to manufacturers.
Elixir of senna	Improperly labelled	Letter sent to manufacturers.
Chipolatas (preserved)	Contained excess preservative	Warning letter sent.
Home-made pork sausages	Contained undeclared preservative	No action. Preservatives declared in shop, as required.
Venison steak	Improperly labelled	Letter sent to producers requiring amendment of label.
Chambourcy double cream cheese	Deficient in milk fat. Falsely described	Stock withdrawn from sale. Importers warned by letter.
Butter Mintoes	Falsely described	Formal sample purchased and found satisfactory.
Sausages	Contained undeclared preservative	} All samples satisfactory - presence of preservative declared in shop.
"	" " "	
"	" " "	
"	" " "	
Callaloo	Unsatisfactory ingredients	Label corrected.
Lard	Improper term used on label	Letter sent to manufacturers - labels to be amended.
Groundnut oil	Chemically satisfactory. Slight abnormality in smell	Investigated at factory.
Cola and Rum	Label unsatisfactory	Label amended.
Chilli powder	Label inaccurate	Label amended.
Canned rhubarb	Corroded cans	Matter taken up with manufacturers.
Milk bottle	Dirty	Matter taken up with dairy.
Chilli powder	Infested	} All surrendered and destroyed.
" "	"	
" "	"	
Butter	Rancid	Destroyed.
Frying pan	Plated with alloy containing 59 per cent. of lead	Letter sent to manufacturers. All pans recalled. No more to be made.
Lincoln biscuits	Stale - unpleasant taste	Vendor warned.
Meringue	Chewing gum in Meringue	Matter taken up with manufacturers.
Foul Medames	Unsatisfactory label	Letter sent to suppliers.
Bread and butter	The fat portion was not butter	Formal sample taken - satisfactory.
Breast of lamb	Not of the substance demanded	Vendor advised.
Chicken Noodle Soup	Improperly described	Manufacturers warned.
Double cream cheese with herbs and garlic	Improperly described	Importers warned.
Cherryade	Not of the substance demanded	Manufacturers warned.
Foreign matter in milk	Not of the substance demanded. Not contained in clean bottle	Summons preferred. £20 fine and £6.10s. 6d costs.
Pastries with cream	Misleading description	Producers warned.

* All were informal samples

TABLE 6

LEGAL PROCEEDINGS

The following prosecutions were undertaken during 1966 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 buttered buns containing margarine	10. 0. 0	5. 5. 0
Sale of Horlicks containing disinfectant	5. 0. 0	5. 5. 0
Sale of milk not of quality demanded	3. 0. 0	1. 1. 0
Foreign matter in bottle of milk	5. 0. 0	3. 3. 0
Sale of bottle of lime juice containing fly	1. 0. 0	1. 1. 0
Sale of mouldy sausage roll	3. 0. 0	1. 1. 0
Sale of bottle of milk containing leaf	2. 0. 0	2. 2. 0
Sale of mouldy pork pie	5. 0. 0	3. 3. 0
Insect in soup	20. 0. 0	2.12. 6
Sale of Yogurt containing piece of wood	10. 0. 0	3. 3. 0
Sale of mouldy pork pie	15. 0. 0	3. 3. 0
Sale of mouldy pies	10. 0. 0	3. 3. 0
Sale of mouldy sausage roll	10. 0. 0	3. 3. 0
Minestrone soup containing spider	15. 0. 0	3. 3. 0
Swiss roll containing mould	15. 0. 0	3. 3. 0
Sale of mouldy pork pie	10. 0. 0	5. 5. 0
Sale of sour and mouldy coffee walnut cakes	10. 0. 0	1. 1. 0
Delivered bottle of milk containing foreign matter	20. 0. 0	6.10. 6
(ii) <i>Food Hygiene (General) Regulations 1960</i>		
Smoking near open food; dirty premises	5. 0. 0	2. 2. 0
Dirty and defective premises	150. 0. 0	10.10. 0
Dirty and defective premises	15. 0. 0	2. 2. 0
Dirty and defective premises	12. 0. 0	1. 1. 0
Dirty and defective premises	80. 0. 0	5. 5. 0
Smoking near open food	1. 0. 0	1. 1. 0
Dirty and defective premises	50. 0. 0	5. 5. 0
Dirty and defective premises	50. 0. 0	5. 5. 0
Dirty and defective premises	135. 0. 0	5. 5. 0
Dirty and defective premises	100. 0. 0	5. 5. 0
Insanitary and dirty premises	20. 0. 0	2.12. 6
Dirty and defective premises	65. 0. 0	5. 5. 0
Smoking whilst in charge of food trolley	2. 0. 0	1. 1. 0
Defective food premises	5. 0. 0	1. 1. 0
Defective food premises	5. 0. 0	1. 1. 0
Defective flooring, no sink or water supply for washing food and equipment	20. 0. 0	3. 3. 0

LEGAL PROCEEDINGS - Contd.

Offence	Result of proceedings	
	Fines	Costs
	£. s. d	£. s. d
Dirty and defective food premises	50. 0. 0	5. 5. 0
Dirty and defective food premises and equipment	100. 0. 0	5. 5. 0
Exposing bread and bread rolls to risk of contamination	20. 0. 0	1. 1. 0
Dirty and defective premises	320. 0. 0	13.13. 0
Absence of name and address on ice cream vehicle	10. 0. 0	1. 1. 0
Absence of adequate supply of hot water to three ice cream vehicles. No name and address on one	10. 0. 0	1. 1. 0
Absence of adequate supply of hot water to ice cream van	10. 0. 0	1. 1. 0
Absence of adequate supply of hot water to ice cream van	50. 0. 0	5. 5. 0
(iii) <i>Preservatives in Food Regulations 1962</i>		
Sale of minced beef containing preservatives	20. 0. 0	5. 5. 0
(iv) <i>Milk and Dairies (General) Regulations 1959</i>		
Dirty milk bottle	10. 0. 0	10. 0. 0

TABLE 7

UN SOUND FOOD - 1966

Commodity		Tons	Cwts.	Qtrs.	lb.
Milk	Tinned	-	-	3	10
Fish	Fresh	2	3	3	22
	Frozen	-	-	2	24
	Tinned	-	4	2	5
Meat	Fresh	-	19	2	18
	Tinned	2	16	2	1
Fruit	Fresh	-	-	-	26
	Tinned	1	13	-	13
Vegetables	Fresh	3	3	-	12
	Tinned	6	4	3	23
Other food	Fresh	2	18	3	21
	Frozen	5	4	3	6
	Tinned	-	13	3	18
Total		26	5	1	3

TABLE 8

FACTORIES ACT 1961

Factory and other inspections carried out by the Council's Public Health Inspectors during 1966.

Number of visits:-

Factories (with mechanical power)	2,261
Factories (without mechanical power)	174
Workplaces	391
Rag Flock Acts	8
Smoke observations	199
Prior approval visits	6
Smoke Control Area visits	12
Water sampling	81
Other visits	540
	<u>3,672</u>

Notices served 84

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

Factories Act 1961

Inspections for purposes of provision as to health. Year ending 1966.

Premises	No; on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	212	116	7	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,469	2,155	78	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	372	292	5	-
Totals	3,053	2,563	90	2

Factories in which defects were found. Year ending 1966.

Particulars	Found	Remedied	Referred		Number of prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	19	17	-	3	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	6	6	-	-	-
Ineffective drainage of floors (S.6)	2	1	1	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	4	3	-	1	-
(b) Unsuitable or defective	81	98	-	11	1
(c) Not separate for sexes	6	3	-	1	-
Other offences against the Act (not including offences relating to outwork)	19	18	19	-	-
Totals	137	146	20	16	1

TABLE 9

OUTWORKERS - August 1966 - Returns

Type of specified work	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making etc.	362	-	-	-	-	-
Household linen	13	-	-	-	-	-
Making and mending lace curtains etc.	1	-	-	-	-	-
Making curtains and furnishings	7	-	-	-	-	-
Furniture and upholstery work	2	-	-	-	-	-
Articles of brass, alloy, tin	38	-	-	-	-	-
Making, repairing umbrellas etc.	1	-	-	-	-	-
Artificial flowers	10	-	-	-	-	-
Boxes etc.	40	-	-	-	-	-
Feather sorting	7	-	-	-	-	-
Carding, boxing of buttons etc.	1	-	-	-	-	-
Cosaques, Christmas Crackers, Christmas Stockings, etc.	53	-	-	-	-	-
Total	535	-	-	-	-	-

TABLE 10

DISINFECTION AND DISINFESTATION

Disinfection after infectious disease	Rooms	Articles
	25	18,815
<i>Disinfestation for vermin</i>		
Bugs	876	-
Beetles	167	-
Cockroaches	64	-
Flies	7	-
Fleas	199	8
Lice	18	11,644
Others	280	-
Totals	1,611	16,652

TABLE 11

SANITARY CIRCUMSTANCES

WORK OF THE PUBLIC HEALTH INSPECTORS DURING 1966

Complaints received	6,117
HOUSING								
<i>Public Health Act 1936</i>								
Complaints investigated:-								
	Housing inspections							4,741
	Reinspections							9,634
	House to house inspections							355
<i>Housing Act 1957</i>								
Section 3	- Inspection of district							519
Section 9	- Repair of unfit houses							4,402
Sections 16 and 17	- Closing etc. of unfit houses							175
Section 18	- Closing of part of building including underground rooms							1,231
Section 42	- Clearance Areas							131
Section 78	- Overcrowding							17
	Compulsory Purchase Orders							102
<i>Housing Act 1961</i>								
Section 15	- Provision of amenities							6,884
Section 19	- Direction re occupation							Nil
Rehabilitation Areas	- Provision of amenities							2,661
<i>Housing Purchase and Housing Act 1959</i>								
<i>Housing (Financial Provisions) Act 1958 - Section 43</i>								
	House Purchase Mortgage Loans							1,866
	Discretionary Improvement Grants							527
	Standard Improvement Grants							576
<i>Rent Act 1957</i>								
	Inspections and reinspections							16
	Medical recommendations for rehousing							173
<i>Section 9, Housing Act 1957</i>								
	Total notices served							42
	Notices complied with							15
	Notices in respect of which work was in progress							15
	Notices in respect of which work had not commenced							8
	Houses acquired by Borough Council or subject of negotiation for sale							4
<i>Closing and Demolition Orders</i>								
	Number of houses reported unfit							6
	Number of rooms reported unfit							55
	Number of rooms closed for all purposes							30
	Number of houses where demolition order was made							2

Number of houses where closing order was made	2
Number of rooms closed for human habitation but permitted to be used for other purposes	4
Number of rooms made fit without necessity of Closing Order	Nil
Number of existing Closing Orders varied to permit of use other than human habitation	11
Number of existing Closing Orders determined	23
Closing Orders are operative upon a total of 1,495 rooms and 65 houses in the Borough, to which biannual visits of inspection are made.	

VISITS BY PUBLIC HEALTH INSPECTORS

Infectious Diseases Investigations	932
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Drainage

(a) Under notice, plans, supervision etc.,	5,622
(b) Voluntary plans, supervision etc.,	8,262
(c) New buildings, plans, supervision etc.,	3,400
(d) Smoke tests	66
Smoke observations and atmospheric pollution readings	616

<i>Prevention of Damage by Pests Act 1949</i>	521
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Pharmacy and Poisons	140
Hairdressers and Barbers	72
Outworkers' Premises	249
Pet Animals	24

Environmental Visits

(a) Old and Infirm (Section 47, National Assistance Act 1948)	44
(b) Old age pensioners	126
(c) Tuberculous persons	49
(d) Housing applications	457
(e) Immigrants	498
Other inspections and reinspections	4,816
Ineffective visits	5,195
Number of Intimation Notices served	1,595
Number of Statutory Notices served	964
Number of attendance at Magistrate's Court	142
Number of Summonses	295
Amount of fines	£1,556
Amount of costs	£219.3s.6d

WORK BY BOROUGH COUNCIL IN DEFAULT OF OWNERS

Public Health Act 1936

Section 93 - Nuisances	Cases } 3	
	Costs } £174	
Section 39 - Drainage	Cases } 6	
	Costs } £991	
Section 79 - Accumulation	Cases } 14	
	Costs } £117	

Section 9, Housing Act 1957

Cases } 5
Costs } £3,485

Land Charges Act 1925

Number of enquiries

4,233

INSPECTION AND SUPERVISION OF FOOD

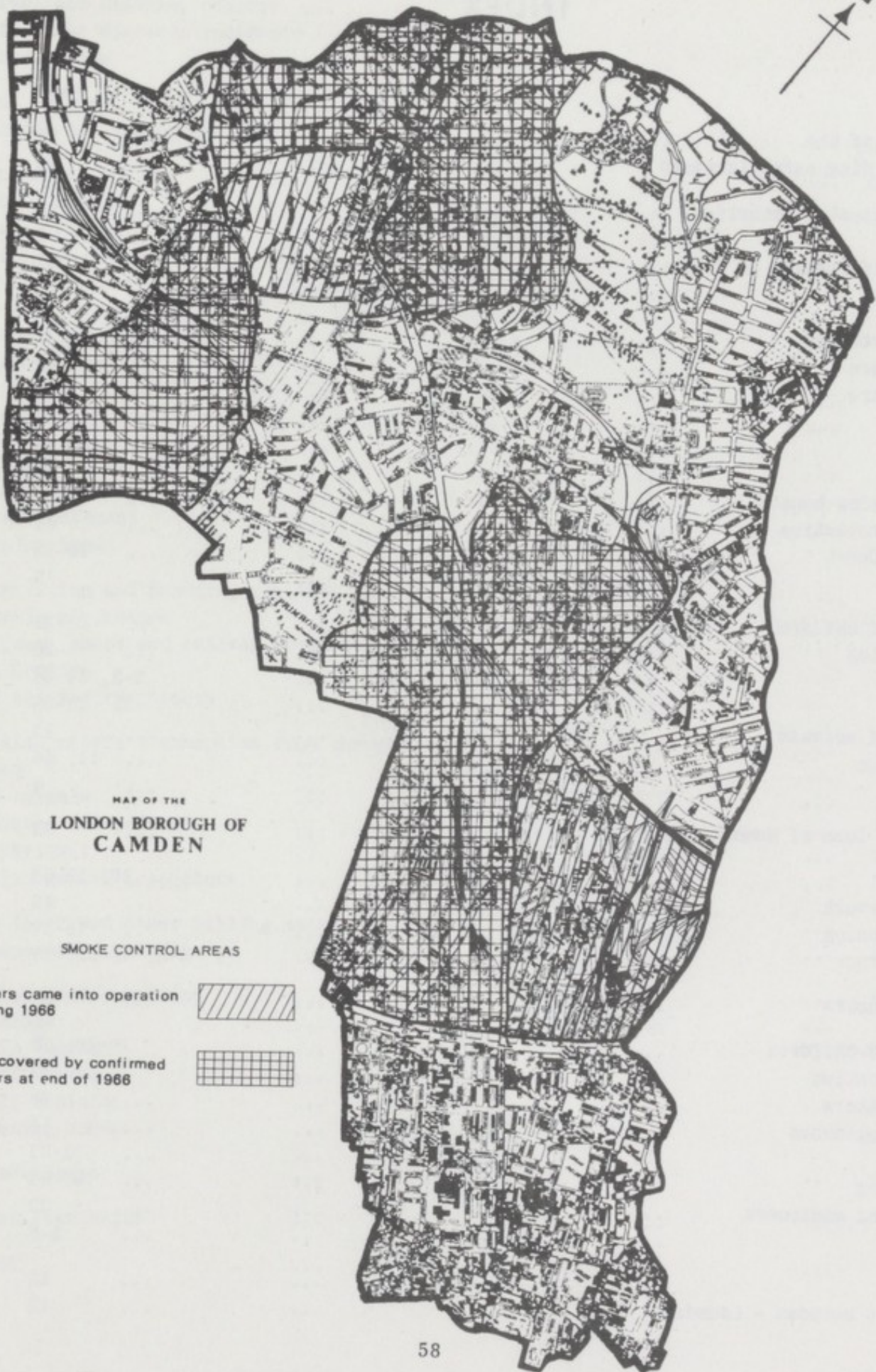
Particulars of the inspections carried out by the Council's Public Health Inspectors during 1966 are given in the following table.

Number of visits:-

Milk Distributors	707
Ice-cream premises	378
Butcher shops	2,015
Bakehouses	533
Public houses	536
Prepared meat premises	409
Fishmongers' shops	542
Fried fish shops	199
Fish Curers' premises	61
Grocer shops	2,489
Restaurants, Cafes and Canteens	4,345
Licensed Club premises	59
Fruit and greengrocery stores	72
Confectioners' (sweets)	69
Other premises where food and drinks are sold	1,070
Attendance at Magistrate's Court	48
Other visits	1,920
	<hr/>
Total	15,452

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

Notices served 350



MAP OF THE
LONDON BOROUGH OF
CAMDEN

SMOKE CONTROL AREAS

Orders came into operation
during 1966



Not covered by confirmed
orders at end of 1966



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