

## **[Report of the Medical Officer of Health for Camden].**

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Camden (London, England). Borough Council.  
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### **Publication/Creation**

[1969?]

### **Persistent URL**

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London Borough of Camden

**Annual report of the  
Medical Officer of  
Health and Principal  
School Medical  
Officer for the year  
1967-68**

**Wilfrid G. Harding. MRCP. MRCS. DPH**



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## PREFACE

- 0.1 To present an Annual Report is the statutory duty of every Medical Officer of Health. In the early years of public health I have no doubt that this was designed as a means of enlightening and even exerting pressure on the Council which he served, and this is borne out by studying reports of early Medical Officers of Health such as those of Sir John Simon, the Medical Officer of Health of the City of London from 1848 to 1855, and perhaps the greatest of them all.
- 0.2 But whilst many health problems remain, they probably do not require to be so frequently high-lighted in a much more widely enlightened community. There are colleagues who retain the same fabric of their reports, merely altering perhaps the figures in the statistical tables. There are others who find the time and the subject matter to produce an entirely newly structured report every year. And there are those, like myself, who seem to fall constantly behind and find it easier to do things than to write them up.
- 0.3 Because of this dilemma we have joined the two reports for 1967 and 1968 into one. But as a *quid pro quo* I decided to follow on this occasion the example of my old chief and teacher, Sir Allen Daley who as Medical Officer of Health of the London County Council selected a special theme each year and produced a feature on it in his Annual Report.
- 0.4 I have chosen Planning, but hasten to add that this does not refer to the recently developed and nowadays so popular "strategic planning" within an authority, but merely to the story of eleven major projects in the department, two of them abortive. I have not included here the many, many more inspections of sites and of buildings which could have met some of our needs, nor the many alterations, adaptations and minor works.
- 0.5 We found, very early on in our planning in the new Borough, that my colleague Sidney Cook, the Borough Architect, and his team were only too anxious to familiarise themselves thoroughly with the functional needs of each of our projects. In the body of the Report we describe how his representatives attended every one of our meetings—usually over bread, cheese and beer—with the general practitioners who would be joint occupiers with ourselves of a Health Centre, and our often quite heated arguments helped the architects to understand the problems and to resolve them in architectural terms. Similarly, Mr Michael Sanderson, who was responsible for the conversion of the Konstam Nursery and Mr Mark Robertson who planned the new Regents Park Nursery, must by now know more about the detailed running of a day nursery than I. The same co-operation—though naturally not requiring so much time—was shown by Dr Bruno Schlaffenberg, the Planning Officer, and his team, the Town Clerk and his Department, and the Borough Treasurer.
- 0.6 We have learnt a good deal—for instance that, however tempting it may be to include a health centre or clinic in a block of flats, the complications outweigh the advantages. Thus, two central government departments are involved, and there is the structural rigidity of the building which cannot be easily adapted to the, alas, not infrequent changes of mind of general practitioners and of national health service authorities outwith the Council's control. Lastly, we have found that informal consultation at a very early stage with our colleagues in the Department of Health and Social Security has been most helpful and productive, especially when our plans were not entirely orthodox—and that happens sometimes in Camden. I cannot close this section of my preface without a special word of thanks (to be enlarged in the section on planning) to my colleague and friend, Dr R. Duncan Dewar. I consider it essential that one senior officer in the Department must make planning his prime responsibility. I asked Duncan Dewar to take this on, and from that moment had none of the problems, but solely the pleasure of nominal responsibility for a job superbly done by him.
- 0.7 The remainder of the report—largely written, of course, by my colleagues who are responsible for individual services—follows the pattern of the 1965 and 1966 reports. But such division may unwittingly give an impression of separateness, and this would be wrong. Communication within the department and beyond it has been a major priority.
- 0.8 Every Tuesday at 10 a.m. my senior colleagues meet me. We have no agenda, nor any executive function. But everyone present is encouraged to raise matters of common interest and to exchange views. For me this is a most useful sounding board, and we can discuss in confidence what we find difficult to put in writing.
- 0.9 Another useful expedient is the "Float" file. Every senior officer is asked to provide a spare copy for this file of any letter or memorandum he initiates and considers of general interest. Nobody is expected to read the Float file, for everybody who is expected to act will get his own copy. But nobody can say "I didn't know about this" if it was put on the Float file—and people who initiate policy documents and forget the Float copy are not very popular with the management!

- 0.10 To our field staff we issue a circular of information once a month, and to a wide range of doctors and medico-social agencies 1,000 copies, once a fortnight, of "The Health of Camden" which keeps our colleagues in touch with developments in our service. And last — and most difficult for me, at any rate — is contact with the field staff. Here I am always particularly worried about our home helps and good neighbours, less trained than most, working unsupported and in isolation, yet often in a key position to feed important information back — say about an old person whose health is failing, defective steps that might cause a home accident, etc. I try to remember always how important it is to meet them, or to write a personal letter.
- 0.11 For the rest, I let the report speak for itself. I have mentioned in it certain key people by name. I hope that no wrong conclusions will be drawn from any omission. We are a team of some 800, and I only wish that I could mention them all by name and with the pride which I have in them. But I must make three exceptions.
- 0.12 Miss F.G. Craddock was appointed our first Principal Nursing Officer in April 1968. I must admit that I was first doubtful about the appointment of one senior nursing officer who would be responsible to me for all nursing services — health and geriatric visitors, home nurses and midwives. And I was also doubtful how her own colleagues would react. The appointment has been an outstanding success. We have acquired (by promotion from our own ranks) a colleague of infinite tact, shrewd judgment, and with a delightful sense of humour.
- 0.13 Mr N.A.C. Bignell is our Chief Administrative Officer. We have worked together on and off for twenty-one years. Our never codified rule is that I tell him what I want, but never tell him how to do it. This rule has never failed, and the Department has derived untold benefit from his imperturbable management of its affairs.
- 0.14 Miss Dorothy Fletcher, my personal assistant, held an appointment with a firm of architects before she joined me. She always knows what I need before I ask for it, recognises no closing hour, and has the patience of Job.
- 0.15 I thank Mr Brian Wilson, the Town Clerk, and my other fellow Chief Officers for their forbearance and kindness, and this applies more particularly to my fellow chief officers of the Housing, Welfare and Children's Departments. That the Camden Family Service has worked as a team was due entirely to them.
- 0.16 Finally I must express my thanks to the members of the Council and the Health Committee, and in particular to its Chairmen during the two years under review, Mr A.W. Stallard and Miss Madeleine du Mont. To work for Camden and to have the confidence of its elected members is deeply rewarding.

## PLANNING

- 1.1.0 My Annual Report for 1965 included an outline of the programme for the development of the health services for Camden over the ten-year period 1966 to 1976. Some progress has been made in spite of the difficult financial situation of recent years and of the fact that in most capital projects a considerable delay is inevitable between the approval of an idea and the completion of a building. (It is perhaps not always fully appreciated that the first real difficulty in a developed area like Camden is to find a suitable and available site for any new building, or a suitable existing building which can be adapted, and I would like to record my appreciation of the assistance which has been given by the Planning Officer and the Town Clerk in finding such sites and buildings).
- 1.1.1 A detailed brief is first required setting out not only the number and size of rooms required, but also the purpose for which the rooms are to be used, the inter-relationship with other parts of the building, the services to be provided, e.g. lighting, heating, ventilation, communications system etc., and the furniture or special equipment needed. In many cases this involves consultations with outside bodies such as the Inner London Executive Council; with officers of the Department of Health and Social Security, and of course with persons who will work in the building.
- 1.1.2 Next, sketch plans are prepared; following which — and subject to any amendments — come detailed drawings and the preparation of all information necessary in order that tenders may be invited.

- 1.1.3 Application is then made to the Department of Health and Social Security for permission to borrow the money necessary for the work to be done.
- 1.1.4 In all these matters I am greatly indebted to the Borough Architect and his staff (and in particular to Mr E.L. Ives, at that time Deputy Borough Architect, and Miss Elizabeth Young) for the enormous amount of work and tremendous interest which they have shown in endeavouring to provide the best solutions to the many problems which have arisen. Co-ordination and continuity of processing the various developments in the Health Department was entirely the responsibility of Dr R. Duncan Dewar, Associate Medical Officer of Health, who is also responsible for the descriptions which follow, ably assisted by Mr D.M. Pain who is in day-to-day administrative charge of the department's Planning and Information Section.
- 1.1.5 The advice and assistance of the Department of Health and Social Security (formerly Ministry of Health) have done much to solve many of the problems on which there was little if any former experience to use as a guide, and I would like to express my thanks to them.
- 1.1.6 During all the stages the Health Committee are kept fully informed, and the interest and encouragement of the Chairman and Members have been greatly appreciated.
- 1.1.7 The following pages give details of some of the schemes for the development of the health services which were completed, in progress, or in the planning stages, together with some schemes which have not materialised.

#### LISMORE CIRCUS FAMILY HEALTH CLINIC AND DAY NURSERY

- 1.2.1 Redevelopment of the Gospel Oak area was proposed by the former St. Pancras Borough Council, and on the formation of the London Borough of Camden the opportunity was taken to include in the development plan purpose-built premises for the health services.
- 1.2.2 The original proposal was for a health centre which would replace the local health authority services provided at the Queen's Crescent and Parkhill Centres, and would accommodate general medical practitioners; together with a day nursery adjoining the centre which would replace the Kentish Town Day Nursery in Gospel Oak Grove.
- 1.2.3 In conjunction with the Inner London Executive Council all the general practitioners practising within half a mile of Lismore Circus were consulted, but unfortunately adequate support was not forthcoming. At that time (1965) there was some distrust of the National Health Service amongst some general practitioners, and it was felt by some that to give up their own surgery premises and to work from premises controlled by the Executive Council would limit their freedom of action. The plan was, therefore, reluctantly amended to provide a family health clinic which would provide all the services from the two centres to be replaced, together with additional services particularly for the elderly.
- 1.2.4 The development of the area takes advantage of the slope of the whole site to provide a separation between pedestrians and vehicular traffic, and the family health clinic and the day nursery are being built on the pedestrian level. The building is being provided on the southern boundary of Lismore Circus and partly because of the proximity of the railway, which runs underground at that point, the building is of one storey only.
- 1.2.5 The layout of the family health clinic and the day nursery is as shown on page (i).
- The centre is planned to be completed in the late autumn of 1970.
- 1.2.6 It is intended that when the services are transferred from the Parkhill Centre, the day nursery there will be enlarged by including the portion of the building used at present for clinic purposes.
- 1.2.7 It was necessary to close the Kentish Town Day Nursery to allow the development to proceed and the children accommodated there were transferred to other day nurseries, including the Konstam Centre, where the alterations had most fortunately been completed in time.



## KENTISH TOWN HEALTH CENTRE

- 1.3.1 Two large group practices – the James Wigg Centre group practising from 112, Kentish Town Road and the Caversham Centre group in Caversham Road, N.W.5 – had expressed interest in practising from a health centre, and after much search a site which had recently been purchased by the Council at the western end of the Bartholomew Estate was suggested as suitable for such a centre. The Council agreed that this site, bounded by Bartholomew Road, Bartholomew Villas and Lawford Road, should be made available for this purpose. The site is close to Kentish Town Road, the main shopping centre for the area where the post office and other services are provided, and it happens to be almost mid-way between the surgeries of the two group practices, and some 200 yards from the Kentish Town Family Health Clinic.
- 1.3.2 Through the Inner London Executive Council all the doctors practising within half a mile of the site were consulted, and although interest was shown by a number of doctors, only those comprising the two group practices were finally prepared to commit themselves to the scheme. It is proposed that the Health Centre should replace the Kentish Town Family Health Clinic, extending the services which are provided there and broadening them by the provision of geriatric clinics etc. The Centre will also have two full-time chiropodists, and will provide dental services for school-children and priority classes; with audiometry, speech therapy, ophthalmic services and minor ailments clinics for school-children, some of these services being transferred from the School Treatment Centre in Prince of Wales Road.
- 1.3.3 It was later agreed that provision should also be made for a dental practitioner.
- 1.3.4 Considerable discussion followed on the ways in which the centre might function, so as to provide a building which would allow the best possible methods of working rather than a standardised design which, whilst suiting traditional methods of practice, might limit progress.
- 1.3.5 Many meetings were held with the general practitioners (usually in an informal setting over a "bread and cheese lunch") and all were attended by the Borough Architect's representatives. In this way the concept gradually emerged of a "flow" of patients from reception to consulting room to examination room and to treatment area.
- 1.3.6 The treatment area is quite different from the usual idea of a treatment room: the nurse in charge will be able to oversee and control the examination rooms, give assistance where necessary with undressing and dressing, carry out many of the routine tests (e.g. urine testing, weighing, etc.) and act as chaperone as required. This method of working promises to allow the maximum use of ancillary staff and relieve the doctors of those duties which could properly be done by other staff.
- 1.3.7 Certain other principles were incorporated in the general ideas for the design of the building:—
- (a) that in what was likely to be a very expensive building no room or area should be provided that was not used for a minimum of 10 hours per week;
  - (b) that the design should allow the maximum sharing of both staff and accommodation;
  - (c) that there should be a common room, canteen, or similar place where all the staff using the health centre could be encouraged to meet informally so as to foster the working of the health centre as a whole rather than in isolated units;
  - (d) that the Centre should play an important part in teaching, especially of medical undergraduates. With the help of the King Edward VII Hospital Fund additional accommodation was planned for this purpose and already in the planning stages a firm link was established with University College Hospital Medical School, whose Vice-Dean took part in some of the planning discussions.
- 1.3.8 After much preparatory work a brief was prepared and the Borough Architect produced a sketch plan which was subjected to a number of amendments. There were at this time no building notes for guidance on health centres, but the brief and the sketch plans were discussed with officers of the (then) Ministry of Health and of the Inner London Executive Council and during a long session certain limitations as to the size of rooms and in particular the size of the treatment area were finally agreed.

- 1.3.9 As a result of these discussions the brief was amended, and in view of the probable cost of the building the Borough Architect produced a completely new sketch plan eliminating the expensive underground car parking and simplifying the design and lay out of the building whilst retaining the interrelationship of the various parts so as to allow of maximum integration and flexibility in use.
- 1.3.10 This has involved not only detailed consideration of the use or uses of each room but a considerable number of anthropometric studies of the activities in each room to ensure that the arrangements, particularly of the fixtures, will provide for the best method of carrying out these activities.
- 1.3.11 It is hoped that the preparation of working drawings, specification and bills of quantities will allow for tenders to be obtained at the end of 1969.
- 1.3.12 A plan of the proposed building, which is on two storeys, is shown on pages (ii) and (iii).

#### RAYDON CENTRE

- 1.4.1 Premises at 43 Raydon Street, N.19, owned by the Council but let as a small woodwork factory became vacant in December 1965. The following November the Council approved a scheme to adapt the building as a day centre for 35-40 mentally ill people with a staff of 3. The Ministry approved the scheme and loan sanction was given (£13,076) in December, 1966. The aim of the centre is to rehabilitate men and women who have been mentally ill and are for the time being unemployable. By facing the need to associate again with others, by learning useful skills, and by concurrent social support, they are enabled to play as active a part in community life as they can. Various types of work are provided at the centre, which became operational in December 1967, and the people using it are given every opportunity to attain the highest degree of proficiency of which they are capable.
- 1.4.2 The accommodation comprises on the ground floor a work-room and woodwork annexe; dining room and servery; W.C.s; and on the first floor the Manager's office; a work-room; staff sitting room; common room; W.C. and outdoor recreational space.

#### VENTURE HOUSE

- 1.5.1 This building in Pond Street, N.W.3, the freehold of which is owned by the Council, was formerly the headquarters and nurses' home of the Hampstead District Nursing Association. Already before 1965 it had become under-occupied, as district nurses increasingly preferred to find living accommodation for themselves, and its use for district nursing purposes ceased at the end of 1965. The Public Building and Amenities Committee in March, 1966 agreed to the allocation of the premises for conversion to a mental health hostel.
- 1.5.2 Loan sanction (£21,865) was obtained in March, 1967. The premises were adapted to provide a 12-place hostel for mentally subnormal adults who cannot live with their own families. It was aimed to make the hostel as homely and comfortable as possible and to eliminate "institutional" features.
- 1.5.3. The hostel opened in March, 1968. Like other people, the residents go to work daily in open or sheltered employment or in local authority training centres.
- 1.5.4 The accommodation comprises on the lower ground floor a flat for resident warden; on the ground floor a sitting room; dining room; kitchen; W.C.; washing and ironing room; and on the first and second floors, 9 single bedrooms; 1 bedroom for three persons; bed sitting room for assistant warden; warden's office/reception room; 2 bath-rooms; 2 W.C.'s.

#### EXTENSION OF QUEEN'S CRESCENT MATERNITY AND CHILD WELFARE CENTRE

- 1.6.1 During the latter half of 1965 the premises at 127, Queen's Crescent which adjoin the existing Centre became available for purchase by the Council and it was proposed that the two houses (Nos. 127 and 129) should be combined to provide better accommodation for maternity and child health purposes and also to provide accommodation for the School Treatment Centre from Prince of Wales Road.

London Borough of Camden



Health Department

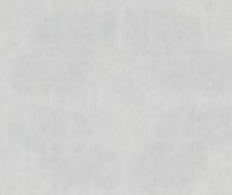
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With the compliments of the Medical Officer of Health

# London Borough of Camden



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- 1.6.2 At about the same time the redevelopment of the Gospel Oak area was being planned, and it was proposed to provide a health centre or family health clinic at Lismore Circus which is within a quarter of a mile of the Queen's Crescent Centre. When the development was completed the Queen's Crescent premises would be demolished to provide an open space.
- 1.6.3 Because of the limited time that the Queen's Crescent premises would be available for use the Ministry did not support the project.

#### EVERSHOLT STREET FAMILY HEALTH CLINIC

- 1.7.1 The St. Pancras Housing Society Ltd., owns a number of houses at the junction of Eversholt Street and Polygon Road, and it was proposed that these should be demolished and redeveloped for housing purposes. It was suggested that the ground floor of the new building might be used for a health centre or family health clinic, and it seemed that this would provide a good opportunity to replace the present somewhat unsatisfactory Somers Town Maternity and Child Welfare centre and the School Treatment centre.
- 1.7.2 Enquiry amongst the doctors practising within half a mile of the site showed that there would not be sufficient support from the general medical practitioners to plan a health centre and the proposal was, therefore, restricted to a family health clinic.
- 1.7.3 The site, which is on the north side of Polygon Road, is somewhat narrow and the northern boundary is occupied by a church hall which limits the natural lighting from the north. The preliminary proposal was that the family health clinic would occupy the whole of the ground floor of the L-shaped block of flats, together with the space at the rear of the existing Polygon Road houses. The basement would provide car parking, both for the flats and for the family health clinic. The portion of the clinic area to the rear of the new flats in Polygon Road would have to be provided with roof lights, but there was an area corresponding to the rear portion of the new flats in both Polygon Road and Eversholt Street which could not be given adequate natural lighting: its use would consequently be much restricted. In addition it was considered that, as Eversholt Street is an extremely busy thoroughfare, the problems of noise and of ventilation of the proposed rooms on the Eversholt Street frontage would again severely limit their use.
- 1.7.4 The St. Pancras Housing Society then suggested that in place of the rear portion of the ground floor area a portion of the first floor could be used for the family health clinic, but again the advice we received was that although the nearness to the existing Somers Town Clinic was a great advantage, the family health clinic which could be provided there would not be in all respects satisfactory.
- 1.7.5 At this time the Council was considering the future of the large block of flats known as Polygon Buildings, and it was suggested that it might be possible to use part of these buildings for a family health clinic and to provide a day nursery adjacent to it to replace the existing and not very satisfactory Margaret Day Nursery in Phoenix Road.
- 1.7.6 In view of this, the proposal to provide a family health clinic in association with the St. Pancras Housing Society's development was reluctantly abandoned.
- 1.7.7 I must, however, express my deep appreciation of the help which was so freely given by Mrs. John Barclay, O.B.E., B.A., F.R.I.C.S., the Estates Manager and Hon. Secretary, and Mr. Alan Chalmers, F.R.I.B.A., Architect, both for the trouble which they took and for their forbearance during the delays which were occasioned.

#### INDUSTRIAL TRAINING CENTRE

- 1.8.1 On the formation of the London Borough of Camden in 1965 there was a shortage of accommodation for transferred London County Council office staff because the premises formerly occupied by them were in other boroughs. Bidborough House provides the main accommodation for the Health, Welfare, Children's and Housing departments, but additional accommodation was necessary, and in November 1966 the Council agreed that the factory premises at 44/44a Fitzroy Road, N.W.1, which had been acquired for housing purposes, should be used temporarily by the Health and Welfare Departments.
- 1.8.2 The premises provide a large amount of space on four floors, together with a large yard in which there is a single-storey canteen block. In order to limit the amount of alteration and adaptation, the space first occupied as offices was limited to most of the first floor and a small part of the ground floor.

- 1.8.3 Provision was made in the 10-year development plan for establishing an industrial training centre for mentally subnormal adults in the Tolmers Square development area. Because some years would elapse before this could be built, it was considered that if part of the building at 44/44a Fitzroy Road could be adapted for use as an industrial training centre without any considerable expense it would be very well worth while, even on a short-term basis. It would make at least some provision for this service by using a part of a building which would otherwise remain vacant, and the practical experience gained would be of great use in planning a permanent purpose-built centre. The Council agreed to this proposal in May 1967. In preparing the scheme for the approval of the Ministry I am much indebted for their advice to Dr. Guy Wigley of the Greater London Council, Mr. Maplestone of the London Borough of Ealing and the officers of the (then) Ministry of Health. The Borough Architect was responsible for the necessary alterations, repairs and decorations and the Manager (Mr. Thomas) who was appointed on 1st December, 1967, advised on the equipment to be provided.
- 1.8.4 Loan sanction (£8,5000) was given in September, 1967.
- 1.8.5 Accommodation is on the ground floor, comprising two workshops; a staff room; a classroom; a Manager's office; and toilets. The separate single-storey building across the yard provides a kitchen and dining room and is used also for social activities. There is also an open-air recreational area.
- 1.8.6 The centre provides purposeful activity for the trainees and therefore resembles a factory floor rather than a school. Mentally subnormal persons who have acquired sufficient skill for employment in open industry often fail because they are unused to simple routines such as clocking-in or choosing their meals in the canteen break. The atmosphere at the Fitzroy Centre and the introduction of short regular tuition sessions for small groups are aimed to help the mentally handicapped to adjust to such problems. A small domestic unit is included to provide domestic training.
- 1.8.7 The centre provides training for persons of both sexes, and the patients attending were, in the first instance, those Camden residents who had been attending industrial centres in neighbouring boroughs. As in most cases the patients had not worked with persons of the opposite sex, the Principal Mental Health Social Worker (Miss P.M. Perrott) arranged for the 37 patients involved to be admitted in stages during the latter part of March, 1968.
- 1.8.8 The Fitzroy Industrial Centre was officially opened on 5th March, 1968, by Professor Jack Tizard, M.A., B.Litt.Ph.D., Professor of Child Development at the Institute of Education, University of London.
- 1.8.9 At the end of 1968 the number of patients attending was 53.

#### THE KONSTAM CENTRE

- 1.9.1 The Highgate New Town Clinic at 75, Chester Road, Highgate, was built in 1922 by Mr. and Mrs. Kohnstamm in memory of their two sons, Norman and Jack, who were killed in action in the 1914-1918 war.
- 1.9.2 Originally the premises were used to provide a school treatment centre with operating facilities for tonsils and adenoids, but during the 1939-45 war the upper floor was requisitioned by the St. Pancras Borough Council and used as a day nursery, providing 35 places. Subsequently the London County Council as the local health and education authority became responsible for all the services there.
- 1.9.3 The bad geographical location and cramped conditions were the subject during 1956 of many complaints from mothers who attended the maternity and child welfare clinics which had been established there, and these services were transferred to the St. Albans centre when that building was completed in January, 1960.
- 1.9.4 In 1963 Mrs. Farquharson (nee Kohnstamm) on behalf of the Highgate New Town Clinic Company, which owned the property as a charity, expressed concern that the premises were not being used to their full capacity. The South Highgate Nursery, as it was then known, continued to be used as a day nursery and a school dental clinic, but these activities ceased in February 1965.
- 1.9.5 The charity proposed in 1964 that the premises should be converted to a Cheshire Home to provide long-stay care for physically handicapped children. Happily, on the formation of the London Borough of Camden the premises were offered to the Borough Council on condition that they were used for child welfare.

- 1.9.6 Legal difficulties arose because the premises belonged to a charity, but finally with the agreement of all concerned the Charity Commissioners proposed a scheme by which the Mayor, Aldermen and Burgesses of the London Borough of Camden became the trustees of the charity, which was renamed the Konstam Centre Charity.
- 1.9.7 The Minister of Health approved on 20th July, 1966, a proposal under Section 22 of the National Health Service Act, 1946, for the Borough Council "to enter into agreements with voluntary organisations for the provision of satisfactory day nursery and creche facilities on terms and conditions to be mutually agreed and to contribute to such voluntary organisations."
- 1.9.8 The Council agreed to pay to the Trustees the amount needed to adapt the premises, henceforth to be named the Konstam Centre, as a day nursery providing 50 places (including a special unit for 9 mentally handicapped children) and a creche for 20 children.
- 1.9.9 Detailed planning of the necessary adaptations was carried out in 1966 by the Borough Architect, Mr. S.A.G. Cook, A.R.I.B.A., and his colleagues in close collaboration with Dr. Dorothy F. Egan, our consultant for maternal and child health services, and the senior staff of the health department.
- 1.9.10 Loan sanction was given in February, 1967, to adapt and equip the nursery and special care unit at costs of £19,440 and £2,260 respectively.
- 1.9.11 The changing orientation of progressive day nursery care presented major problems for the adaptation. No longer are large numbers of children of the same age grouped together; instead, for children over one year of age, smaller 'family groups' provide a more natural basis, the older children spending some part of the day with the warden in a special play room.
- 1.9.12 The building now provides on the ground floor a reception room; two babies' rooms (for 4 babies each); changing room; milk room; creche for half-day care of 25 children; play room; cloakroom and sanitary annexe; kitchen; store and servery; staff cloakroom and W.C.; caretaker's flat and on the first floor Matron's office; medical examination room; staff common room; cloakroom and W.C.'s; special unit with sanitary annexe for 9 mentally handicapped children; one group room with sanitary annexe for 9 children, three group rooms for 8 children each; and warden's indoor play room.
- 1.9.13 The official opening of the Konstam Centre was performed by the Rt. Hon. Kenneth Robinson, M.P., Minister of Health in the presence of Mr. and Mrs. N. Farquharson on 6th March, 1968.

#### REGENT'S PARK DAY NURSERY

- 1.10.1 The premises at 4, Prince Albert Road were requisitioned during the war by the former St. Pancras Borough Council for use as a day nursery. They were later taken over by the London County Council on a lease which expired in October, 1962. The Crown Estate Commissioners then proposed a further seven-year lease at a rental increased from £400 to £2,000 p.a. After negotiation a two-year lease was agreed from 1st May, 1963 at a rental of £1,000 p.a. Following the formation of the London Borough of Camden a three-year extension was finally agreed at a rental of £1,400 p.a.
- 1.10.2 In January, 1966, the building was inspected from the point of view of fire precautions, and it was recommended that unless extensive works were done to provide alternative egress the use of the upper floors as a day nursery should be discontinued. In view of the cost of the works and the difficulties that had been experienced in negotiating with the Crown Estate Commissioners it was decided not to carry out the works but to reduce the number of nursery places from 50 to 22, and to provide an alternative day nursery, if possible.
- 1.10.3 A site for a new day nursery was found in Augustus Street on the Regent's Park Estate, but on planning grounds the Council decided that the site should be developed to include car parking on the lower floors.
- 1.10.4 The Borough Architect prepared a sketch scheme which allowed for two levels of car parking with the day nursery above and this was approved by the Council in April, 1967. Loan sanction to £56,053 for the erection of the day nursery and £99,359 for a car park was given at the end of September, 1967.

- 1.10.5 In planning the new day nursery, which is to provide 66 places in replacement of the original 50 places at 4, Prince Albert Road, two major differences from the usual day nursery concept were taken into consideration. The first is that so far as possible the children should be in family groups rather than in age groups and the family aspect of child care should be regarded as of major importance. The second is in the provision of day nursery care for handicapped children.
- 1.10.6 Handicapped children who for one reason or another are unable to take a full part in the activities of normal children tend to become isolated, and their experience of life, which is an essential part of their education, is curtailed whilst their need is in most cases greater than for a normal child. This is particularly so in cases where the handicap affects the child's communication with others. The provision of care for such handicapped children either in a special group or associated with the ordinary family group is in fact a logical sequel to the compilation and maintenance of a handicapped or 'at risk' register, although it may not previously have been recognised as such.
- 1.10.7 The building, demonstrating completely the concepts of nursery planning and care, was nearing completion at the end of 1968. It provides on one floor six group rooms each for eight children; one group room for eight to nine handicapped children; two babies' rooms; a playroom; a milk preparation room; cloakrooms and lavatories; a Matron's office; a medical inspection room; a staff lounge/dining room; a Warden's room; a laundry; a kitchen and stores. The site also includes a large outdoor play deck of 8,400 square feet of which approximately 6,000 square feet is paved and the remainder is grassed.
- 1.10.8 Once again we met much interest and sympathy from our colleagues in the Ministry of Health for this novel concept, and in addition to Dr. Susan Tracy, Associate Medical Officer of Health, Dr. Audrey Trevor Evans, Principal Medical Officer, Miss F.G. Craddock, Principal Nursing Officer and Miss A.I. Stewart, Superintendent Health Visitor, and to the Borough Architect and his colleagues, we owe gratitude to Dr. Dorothy Egan, our consultant in developmental paediatrics, who was the first to develop the concept of family grouping in day nurseries.
- 1.10.9 (The day nursery was officially opened by the Baroness Serota, Minister of State for Health, on 16th April, 1969.)
- 1.10.10 The plan of the building is shown on page (iv).

#### JUNIOR TRAINING CENTRE – ALEXANDRA ROAD

- 1.11.1 At the formation of the London Borough of Camden in 1965 there was no junior training centre within the Borough and no plan for providing one. Children who needed to attend training centres went to centres in other boroughs; the majority to the centre in Islington opened officially in June, 1966. Although the Medical Officer of Health of Islington has always been most helpful the places in the Islington centre are needed for Islington residents and there has naturally been continuous pressure on Camden to provide its own junior training centre.
- 1.11.2 It has, however, been extremely difficult to find a sufficiently large site for such a development. The site which has now been selected is about one acre in extent and will adjoin an open space of some three acres. It is on that portion of the Alexandra Road redevelopment area which lies between Alexandra Road and Boundary Road and which is being comprehensively redeveloped for housing purposes.
- 1.11.3 Detailed plans are not yet completed, but provision will be made for 90 children together with a special care unit for an additional 25 severely handicapped children.
- 1.11.4 Building is expected to commence in the period 1971 – 72.

#### DAY NURSERY – SHOOT-UP HILL

- 1.12.1 There is a great shortage of day nursery accommodation in the north-western corner of the Borough, and a search for a suitable site or for premises which could be adapted has been going on for several years. A number of large houses have been inspected for this purpose, but for various reasons, such as structural defects or the high cost of adaptation, none has been satisfactory.



- 1.12.2 In 1967 the large house at 68, Shoot-up Hill was acquired by the Council. It was hoped also to acquire the adjoining house, No.66, but owing to legal difficulties this has not proved to be possible. It was at first intended that No.68 should be adapted by the Council for other purposes, but the structural defects made this an uneconomic proposition and the proposal was abandoned.
- 1.12.3 The Council agreed that the site should be made available to the Health Committee, and the first proposal was that a prefabricated building should be erected for use as a day nursery until the adjoining property was acquired, when it would be replaced by a permanent day nursery using the double site. Because of the legal difficulty in acquiring No. 66 and on advice from the (then) Ministry of Health the scheme was altered so as to provide a permanent day nursery on the site of No.68.
- 1.12.4 Owing to the limited area available, the size of the day nursery has had to be restricted to 40-42 places, and the existing building line regulates the position of the building within the site.
- 1.12.5 Mr. Mark Robertson of the Borough Architect's Department, who was mainly responsible for planning the Regent's Park Day Nursery, had designed for this site a day nursery on two floors which provides five group rooms, of which one is intended for 5 or 6 babies and one for 8 handicapped children. Plans of the proposed building are shown on page (v).
- 1.12.6 It is hoped, in view of the needs of the Borough and of this neighbourhood in particular, that the scheme will be included in the Urban Programme and that building will commence at the beginning of 1970.

#### ABBAY ESTATE HEALTH CENTRE

- 13.1 The Abbey Estate, which includes a large number of houses in the Abbey Road/Belsize Road/Alexandra Road area of N.W.6, was purchased by the former Hampstead Borough Council from the Eyre Estate. The various portions of the housing development are to be linked by pedestrian walkways forming bridges above the roads and so separating pedestrians from vehicular traffic.
- 1.13.2 The focal point of the development is the triangular site bounded by Belsize Road, Abbey Road and Priory Terrace, and it was proposed to include on this site a health centre a day nursery, shops and flats. On examination of the proposals by the Borough Architect it was not found possible to allow sufficient space with a satisfactory aspect to provide a day nursery, but it was proposed that the health centre should be provided on the first floor of a large building which would also include 70 flats, together with shops and a public house.
- 1.13.3 At the outset there was none too enthusiastic but still adequate support for a health centre from local general practitioners, and following the preparation of a brief the Borough Architect proceeded with sketch plans which allowed for the whole of one floor of the very complicated building being reserved for the health centre. It was at this stage that difficulties became apparent in that the area to be used by the health centre was fixed and did not allow of any expansion or contraction, and that before any contract could be entered into it would be necessary to obtain loan sanction both from the Ministry of Housing and Local Government for the housing portion of the building and from the (then) Ministry of Health for the health centre at the same time. There was then little, if any guidance on the design or costs of health centres.
- 1.13.4 A partnership of two doctors then withdrew from the scheme, and it seemed that it would not remain a viable proposition. The withdrawal of the health centre proposed would, however mean the re-casting of the whole housing scheme on which a very considerable amount of time had been spent, and on further enquiry it was found that some other doctors in the area were now interested, together with three local dentists. Some time later the Executive Council stated, unfortunately, that accommodation for dentists would not be required.
- 1.13.5 An amended brief was prepared, but in view of the delays which had already occurred and the necessity for some restriction on capital expenditure, work on the scheme was stopped until some assurances could be received from the Inner London Executive Council and the Inner London Education Authority as to their responsibility, when the policy could be decided.

1.13.6 This presents a very difficult problem. In the first place there is very little likelihood of finding an alternative site for a health centre which could satisfactorily serve the newly developed area, and it would be a great pity to lose this opportunity of providing an adequate base within the development for the medical, social and community services which a health centre could supply. On the other hand, a housing redevelopment programme in a built-up urban area such as Camden does require accurate timing because the completion of one project is essential to allow decanting from the area next due to be redeveloped, and delay on one site can have wide repercussions. In the case of the Abbey Estate project it is anticipated that there will be delay in getting the necessary approvals, and it becomes a question of deciding on balance which is the proper course to adopt.

1.13.7 At the end of 1968 the matter remained unresolved, but it may be interesting to include the Borough Architect's preliminary sketch plans, which show how natural lighting is provided for much of the internal area and how the various parts of the health centre could be provided within the limitations imposed by the construction of flats on the upper floors. [See page (vi).]

1.13.8 (It is satisfactory to record that during the ensuing year most problems were solved, necessary consents obtained, and serious practical planning started.)

#### VITAL STATISTICS

2.1.1 The Registrar General estimates that the mid-year populations were:-

Age	1966	1967	1968
Under 1 year	3,850	3,600	3,290
1 to 4 years	11,950	11,600	11,210
5 to 14 years	19,200	19,900	20,300
15 to 64 years	173,470	170,930	167,380
65 and over	31,300	31,990	29,500
TOTALS	239,770	238,020	231,680

2.1.2 The under-5-year-old section of the population is probably overestimated by some 2½ to 3 thousand children, because the high level of migration from the borough (which is only partly offset by a similar flow into the borough) results in some 900 children of each single year of birth being classified at any one time as "address not known". Although some are subsequently traced, either in Camden or elsewhere, it is fair to conclude that the great majority of those who move to addresses unknown are moving out of the borough. This problem is not peculiar to Camden; in the Inner London Area it was evident for many years before the reorganization of Local Government in 1965. It does, however, result in the retention of growing volume of child health records which are absolutely worthless to their custodian; it gravely impairs follow-up, e.g. of immunisation courses; and reduces the reliability of forecasts (which are based on copies of birth notifications supplied to the Education Authority), of the number of places likely to be required in schools a few years hence. In fact, only about 40 per cent. of children born to Camden mothers stay in Camden till they are 5 years old.

#### BIRTHS

2.2.1 There were 3,572 children born to Camden mothers in 1967, and 3,269 in 1968. These figures compare with 3,857 in 1966. The proportions of home confinements were 9 per cent. in 1966, 7 per cent. in 1967 and 5 per cent. in 1968.

2.2.2 Analyses by age and sex were:-

	Male			Female			Total		
	1966	1967	1968	1966	1967	1968	1966	1967	1968
<i>Live births</i>									
Legitimate	1,645	1,537	1,419	1,525	1,385	1,235	3,170	2,922	2,654
Illegitimate	319	288	304	318	316	265	637	604	569
	1,964	1,825	1,723	1,843	1,701	1,500	3,807	3,526	3,223
<i>Stillborn</i>									
Legitimate	22	21	22	18	15	17	40	36	39
Illegitimate	5	5	5	5	5	2	10		7
	27	26	27	23	20	19	50	46	46

2.2.3 Crude birth rates and the same rates adjusted by area comparability factor:-

Year	Camden		England and Wales
	Crude live birth rate per 1,000 home population	Adjusted rate	
1965	16.4	11.8	18.1
1966	15.9	11.4	17.7
1967	14.8	10.7	17.2
1968	13.9	10.0	16.9

2.2.4 In the four years 1965 to 1968 live birth figures have fallen from 3,963 to 3,223. If this trend continued unchecked, the live births within another 10 years would be only of the order of 750 a year.

2.2.5 Stillbirths numbered the same in 1968 as in 1967, a rate of 14 per 1,000 total births (13 per 1,000 in 1967) and the same as the national stillbirth rate.

2.2.6 Illegitimate live births were again lower, but, because of the overall reduction in births, slightly higher as a proportion of the total live births, i.e. 17.7 per cent. in 1968; 17.1 per cent. in 1967; 16.7 per cent. in 1966.

### INFANT DEATHS

2.3.1 Comparative figures for the years 1966, 1967 and 1968 were as follows:-

Age	Male						Female					
	Legitimate			Illegitimate			Legitimate			Illegitimate		
	1966	1967	1968	1966	1967	1968	1966	1967	1968	1966	1967	1968
Under 1 year	44	37	35	10	5	8	21	23	19	12	4	3
Under 4 weeks	28	23	24	7	5	5	11	15	9	11	4	2
Under 1 week	26	20	20	5	4	5	10	12	9	10	4	2

	Camden				England and Wales
	1965	1966	1967	1968	1968
Infant deaths per 1,000 live births	19	22.9	20	20	18
Legitimate infant deaths per 1,000 legitimate live births	16.7	20.5	21.9	20.4	-
Illegitimate infant deaths per 1,000 illegitimate live births	34.9	34.5	14.9	19.3	-
Neo-natal mortality (under 4 weeks) rate per 1,000 live births	13.6	15.0	13.3	12.4	12.3
Early neo-natal mortality rate (under 1 week) per 1,000 live births	11.4	13.4	11.3	11.1	10.5
Perinatal mortality rate (still births and deaths under 1 week) per 1,000 total live or still births	28	26	24	25	25

#### MORTALITY

- 2.4.1 Only two maternal deaths occurred in 1967 (0.6 per 1,000 total births, compared with 0.8 in 1966), and only one maternal death - due to abortion - was recorded in 1968, (0.3 per 1,000 total births).
- 2.4.2 Deaths are analysed according to age, cause and sex in Tables 1a and 1b. Total deaths in 1967 number 2,370, a crude rate of 10.0 per 1,000 population, and in 1968 numbered 2,503, a crude rate of 10.8, which adjusted by an area comparability factor gives a standardized rate of 11.99. The national death rate was 10.1 in 1967 and 11.9 in 1968.
- 2.4.3 Of the 2,370 total deaths in 1967, 713 were due to diseases of the heart, two more than in 1966. 548 deaths were attributed to cancer, a marked reduction from the peak figures of 608 and 605 experienced in the previous two years. Deaths attributed to cancer of the lung and bronchus were slightly lower (166) than in the previous three years, when the totals were respectively 170, 180 and 181. This improvement reflects the lower mortality from these causes among men age 55 to 64 years. The main reduction in deaths from cancer was in category 14 of the table - i.e. "other malignant and lymphatic neoplasms". Bronchitis and pneumonia deaths (277), vascular lesions of the central nervous system (227) and other circulatory diseases (105) were next in order of magnitude but were at lower levels than in the two previous years.
- 2.4.4 Revision, by the Registrar General's Office, of the form of classification and tabulation of deaths does not allow exact comparison of figures for 1968 with the tables of earlier years.

#### CONTROL OF INFECTIOUS DISEASE

- 3.1.1 Although the number of cases of serious infectious disease was low in both 1967 and 1968, with again no case of diphtheria, poliomyelitis or smallpox, the control of infectious disease remains an important duty of the Health Department. Vaccination and immunisation give a great measure of protection against a number of serious diseases, but with the large movement of population in Camden the number of protected always falls below what is desirable. In this era of rapid transport a person can travel from an infected area to this country within - and often well within - the incubation period of most of the infectious diseases and there is thus always the possibility that the importation of a single case of disease may start an epidemic.

- 3.1.2 With air travel being now no more costly than sea or land travel, a large proportion of immigrants arrive at the main London airport and many stay, perhaps temporarily, in Camden. When persons coming from a part of the world where smallpox is endemic are unable to produce a valid certificate of vaccination, or refuse vaccination for one reason or another, airport health control notifies the Health Department and the immigrants are kept under surveillance for the necessary period.
- 3.1.3 In the vast majority of cases the effectiveness of the control of infectious disease depends on the skill of the general practitioner in diagnosis, and on his readiness to communicate his findings. It is only when a case of infectious disease is notified that it is possible to try to track down the source of infection, to isolate the patient to prevent further spread, and to find persons who have been in contact and if possible protect them by immunisation. Information on the vaccination and immunisation service including the numbers immunised by general practitioners, is given in the section of this report dealing with the personal health services under the heading "Prophylaxis".
- 3.1.4 In addition to the Council's service, which is mainly for children up to school leaving age, and the service which general practitioners provide, arrangements have been continued for special immunisations which are normally required only by persons travelling abroad. Vaccination against yellow fever is available at the Hospital for Tropical Diseases (see the separate paragraph in this report headed "Prophylaxis"). Vaccination against cholera is also available at this hospital. Anthrax vaccination is available through the Council's service for persons who are engaged in work dealing with imported animal hides and hair. There are two firms in the borough dealing with animal hides, and both employ their own doctor for the vaccination of their staff.
- 3.1.5 With effect from 1st October, 1968, the Public Health (Infectious Diseases) Regulations consolidated (with amendments) all previous regulations relating to the notification and prevention of infectious disease. Acute primary pneumonia acute infective pneumonia, erysipelas, membranous croup, and puerperal pyrexia are no longer notifiable whilst leptospirosis, tetanus, and yellow fever have become notifiable for the first time. Infective jaundice had already been made notifiable from 15th June, 1968.
- 3.1.6 Infectious diseases now required to be notified by the medical practitioner to the Medical Officer of Health are:-

anthrax	leptospirosis	smallpox
cholera	malaria	tetanus
diphtheria	measles	tuberculosis
dysentery	paratyphoid fever	(all forms)
(amoebic or bacillary)	plague	typhoid fever
encephalitis	poliomyelitis, acute	typhus fever
food poisoning or	relapsing fever	meningitis, acute
suspected food	scarlet fever	ophthalmia neonatorum
poisoning	yellow fever	whooping cough
infective jaundice		
leprosy		

- 3.1.7 As from 1st October, 1968, the fee paid to medical practitioners for each notification of infectious disease was increased to 5 shillings. The fee is payable to all medical practitioners except those serving in H.M. Forces.

#### INCIDENCE OF INFECTIOUS DISEASE

- 3.2.1 The summary of infectious disease in Table 3 includes diseases notifiable up to 1st October, 1968, and those newly notifiable from that date.

#### DYSENTERY

- 3.2.2.1 Most of the 122 cases notified in 1968, as with the 58 notified in 1967, were caused by *Shigella sonnei*. A further 65 individuals were diagnosed as carriers (21 in 1967) as a result of faecal specimens taken from contacts, and details of 39 confirmed cases (55 in 1967) were received from hospitals and from other boroughs.
- 3.2.2.2 In 1967, 2 fresh incidents occurred in Council day nurseries; in 1968 there were 4 incidents in Council day nurseries, one in a Children's Department residential home, one in a Welfare Department homeless families unit, and two in local schools. Details follow:-

School or Institution	Cases notified		Otherwise ascertained	
	From institution	Home contacts	From institution	Home contacts
<u>1967</u>				
Corams Day Nursery	9	3	-	-
Margaret Day Nursery	20	15	-	-
<u>1968</u>				
Konstam Day Nursery	4	-	5	2
Konstam Day Nursery Special Unit	1	1	1	2
Caversham - Day Nursery	-	-	3	3
Burghley Road Homeless Families' Unit	-	-	4	-
St. Margaret's	23	-	-	-
Brookfield School	2	-	3	6
Konstam Day Nursery	1	-	-	-
St. Patrick's R.C. School	6	3	2	4
Total 1967	29	18	-	-
Total 1968	37	4	18	17

## FOOD POISONING

3.2.3.1 Of the 39 cases of food poisoning notified in 1967, 20 were sporadic (single cases without any apparent connection with any other cases), the remainder occurring among nine families (two or more cases related or in the same household due to the same cause). The 1968 figures were 50 notified cases, 28 sporadic, and seven family cases.

3.2.3.3 Of the 20 sporadic cases in 1967, the causative organisms were:-

<i>Salmonella typhimurium</i>	5
<i>Salmonella panama</i>	2
<i>Salmonella reading</i>	1
<i>Salmonella stanley</i>	1

In 11 cases no organism was isolated.

3.2.3.3 In the 19 cases occurring in family outbreaks, 9 were due to *Salmonella typhimurium*, 2 to *Salmonella panama* and 2 to *Salmonella newport*. In addition to the 39 notified cases, information was received of 7 sporadic cases - 4 of *Salmonella typhimurium*, 1 of *Salmonella stanley*, and 1 of *Salmonella enteritidis*. In one case no organism was isolated. There were also 2 cases of *Salmonella stanley* in a family, and 4 children at Corams Garden residential nursery were found to be suffering from *Salmonella brandenburg*.

3.2.3.4 In eight cases notified in 1968, organisms isolated were as follows:-

<i>Salmonella typhimurium</i>	4
<i>Salmonella dublin</i>	1
<i>Salmonella enteritidis</i>	1
<i>Salmonella</i> (un-named variety)	1
<i>Clostridium welchii</i>	1

There were seven family outbreaks. In two families involving five persons, *Salmonella typhimurium* was isolated and in a family involving two persons, *Staphylococcus aureus* was isolated from one person. No organisms were isolated in other cases.

3.2.3.5 Seventeen cases came to our attention other than by notification, and thirty-nine were discovered after the investigation of three food poisoning outbreaks. In these groups, seventeen *Salmonella* were isolated:-

<i>Salmonella newport</i>	2
<i>Salmonella labadi</i>	1
<i>Salmonella panama</i>	2
<i>Salmonella oranienberg</i>	1
<i>Salmonella typhimurium</i>	5
<i>Salmonella virchow</i>	1
<i>Salmonella enteritidis</i>	5

- 3.2.3.6 There were three general outbreaks during 1968. The first occurred at a mother and baby home early in February, when nine children and two adults who were not members of the staff were found to be infected. All were moved to hospital and were clear by mid-March. The source of the outbreak appeared to have been a child who was already infected when admitted to the home.
- 3.2.3.7 The second outbreak occurred in a hostel also in early February. About four hours after the evening meal, two of the three residents who had eaten the meat became ill with vomiting and stomach pains. Samples of the meat sent for examination proved to be infected with heat-resistant *Clostridium welchii* type A. The probable source of infection was a joint of lamb which had been cooked the previous day and re-heated.
- 3.2.3.8 The third outbreak occurred at a medical conference. Twenty-five cases were identified but many others were affected to a lesser degree. Some three to four hours after luncheon, fifteen persons were taken to hospital with vomiting, prostration and severe dehydration and seven others telephoned the following day to report illness. Three members of the staff had symptoms and consulted their own doctors. *Staphylococcus aureus* was isolated from samples of chicken and ham which had been served for luncheon. It would seem that the contamination took place in the kitchen after the cooking of the chicken on the previous day. Specimens were taken from the kitchen staff but no carriers were found. Advice was given for the improvement of the premises, equipment and methods of food handling including the special care necessary with pre-cooked food. Full co-operation was extended by the management.

### BACTERIOLOGICAL EXAMINATIONS

- 3.3.1 The Public Health Laboratory Service at County Hall, S.E.1, examines specimens free of charge from suspected cases of infectious disease and their contacts, and from suspected carriers. The Health Department provides a daily collection service from several points in the borough.
- 3.3.2 During 1967, 1,858 specimens were examined from persons in Camden. Of these 256 were positive for dysentery, 84 for food poisoning organisms, 12 for *B.coli*, and 4 of the throat swabs showed haemolytic streptococci. The remaining 1,502 specimens were negative.
- 3.3.3 During 1968, 2,516 specimens from persons in Camden were examined, of which 274 were positive for dysentery (mainly *Shigella sonnei*), 63 for food poisoning organisms, 5 for staphylococci, and 7 for coliform bacilli. One throat swab showed haemolytic streptococci. The remaining 2,166 specimens were negative.
- 3.3.4 The traditional co-operation was once again experienced from the London (County Hall) Laboratory of the Public Health Laboratory Service (Director: Dr. Joan Davies). It is our pleasant duty to record our appreciation for generous and invariably effective help at all times.

### THE WORK OF THE PUBLIC HEALTH INSPECTORS DURING 1967 and 1968

- 4.1.1 The work of the Public Health Inspector is noted for its great variety but its emphasis is ever changing and increasing in its more positive aspects. The investigation and follow-up of tenants' complaints of housing defects, though vitally important, no longer represents the largest element of their work. Of the 37 Inspectors employed, only 17 are on such general district work, whilst 20 are engaged on more specific duties such as housing, food control, or offices and shops inspections. There is a useful feed-back from the District Inspectors to the Specialist Inspectors on many aspects, examples being unfit houses and premises used for commercial purposes or in connection with the food trade.
- 4.1.2 I know that there are inspectors who regret that the District Inspector is no longer responsible for all matters arising in his area, but the increasing complexity of the work and of the legislation which control this has necessarily led to a degree of specialisation.

- 4.1.3 Increasingly the District Inspector's time is taken up on the supervision of drainage and sanitary work which arises from repair, improvement and new construction. The major developments now occurring in Camden, and especially the commercial tower blocks, present entirely new problems and techniques, and such supervision requires a high standard of skill and application. It is to the credit of the Inspectors that these new problems are being dealt with so smoothly and effectively; they clearly enjoy the confidence of both architects and builders, who appreciate that the inspectors are always prepared to advise on the form in which an application for byelaw permission will be approved and thus avoid having sheaves of finalised and expensive plans rejected and returned with schedules of objections.
- 4.1.4 Ten of the most experienced Inspectors are fully engaged on housing work, which in Camden covers Council mortgages, improvement grants, loans to housing associations, and rehabilitation areas as well as the statutory work of repair of individual unfit houses and clearance areas.
- 4.1.5 A total of 563 dwellings were dealt with in connection with redevelopment and clearance areas in 1968, compared with 560 in 1967. Over 1,100 dwellings have been considered for demolition in two years - a fair indication of an active policy on housing renewal, but one which gives me no particular satisfaction. Later in this report I make my view on substandard Victorian tenement dwellings quite clear, and I am equally emphatic that there are many houses in Camden, which, in fairness to those who live in them, must go. But 1969 has seen a new Housing Act, and this should at last provide both the powers and the incentive to enable us to save many houses and many streets which are worth saving.

## HOUSING

- 4.2.1 Council-assisted house purchase has again been bedevilled by lack of funds. Compared with the 342 applications accepted for survey and report in 1967, 302 were dealt with in 1968. The Council can assist in the purchase only of a house which is fit for occupation and which is reasonably occupied. The object of our inspection is to ensure that the property is suitable for its proposed use, or to estimate the nature and the costs of works required to render it so. Programmed re-visits to properties held on Council mortgages numbered 977 in 1967 (the first year of the scheme) and 2,899 in 1968; these serve to check on reasonable maintenance and to prevent or remedy irregular occupation.
- 4.2.2 In rehabilitation areas our object is to secure fair basic amenities and standards of repair for each family in multi-occupied houses. Probably no other aspect of the work of the Inspectorate requires more persistence and tact. A house-owner applying for an improvement grant or a would-be owner seeking a Council mortgage is inclined to be well disposed to the officer dealing with him; it can be explained to an owner served with a Notice requiring extensive repairs that his investment should be preserved. He may not like it, but he can understand it. But a landlord required to provide a sink, hot water, and a bathroom, even though a shared one, to tenants he is convinced he is already subsidising can feel very aggrieved. In fact, many such cases rank for improvement grant and in any event the owner's costs in the matter are eventually recoverable by way of increased rents. This is useful work, long overdue, and it must be continued at least until such a time as higher standards of housing render it unnecessary.
- 4.2.3 Despite the difficulties, no less than 684 houses were dealt with during 1968, of which 521 were found to be deficient in some way. We encourage informal action as far as is reasonable, and only 28 formal notices were served but informal notices, advice to owners and the encouragement of improvement grants resulted in 384 completed schedules of repair, 167 additional baths, 94 new water closets and 609 tenancies provided with hot water. Many of the necessary visits were made by technical assistants, whose valuable contribution is demonstrated by the results. It would certainly not have been possible to concentrate the time of qualified inspectors on this one aspect of the work.
- 4.2.4 The period under review has seen the Council's 1966/70 slum clearance programme brought nearer to a successful conclusion. Representations for clearance have been made in respect of tenement blocks considered in the nineteenth century to be adequate dwellings for artisan families, but now necessarily regarded as obsolete. Solidly framed and built, they rarely show basic structural defects. The problem is not one of decay but of inadequacy. With sink and cooker in the living room or at best in a tiny pantry (serving as the family kitchen), no bathroom, shared water closet, and dark common staircases and passages, I regard most of these Victorian tenements as anachronisms.



- 4.2.5 In addition to the tenement blocks dealt with, 37 dwelling houses were represented for clearance in 1967, and co-operation in the Council's policy of the development areas and compulsory purchase resulted in 560 dwellings being inspected during the year for supporting evidence at local public inquiries.
- 4.2.6 The Department has also afforded full co-operation to the Greater London Council in their massive survey of housing conditions in London. This work occupied a staff of four for the first five months of 1967, the liaison and administration being handled at this end by the now Deputy Chief Inspector, Mr. E. George. A 4 per cent. cross sample of all accommodation in the London boroughs is a considerable undertaking and the computerised results are awaited with interest.

## FOOD

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

### FOOD & DRUGS ACT 1955

- 4.3.2.1 The Council uses the services of 2 public analysts, Mr. J.A.E. Marshall, who deals with samples from the southern part of the Borough, and Mr. E. Voelcker who deals with those of the northern part. During 1968, 650 samples were submitted for chemical analysis, of which 57 were unsatisfactory. Details of these samples are given in Table 12b.
- 4.3.2.2. Routine chemical sampling has again ensured that many items of food have been withdrawn from sale because of prohibited ingredients, particularly in relation to colouring matters used in imported sweets, drinks and jellies. Many labels have been redesigned or altered to give a more accurate or clearer description of the product. Constant bacteriological sampling has been playing its part in tracing causative organisms in the outbreaks of food poisoning and also in ensuring a better standard in products such as ice-cream, cooked hams, imitation cream, trifles and so on.
- 4.3.2.3 In 1967, 128 complaints were received concerning food purchased in the Borough. Legal proceedings were authorised in 18 cases, of which 16 were successful. Fines totalling £255 were imposed, with costs of £71.17s. In 1968, 107 such complaints were received. Legal proceedings were authorised in 17 cases, of which 14 were successful and fines totalling £191 were imposed, with costs of £45. 1s.

### FOOD HYGIENE (GENERAL) REGULATIONS, 1960

- 4.3.3.1 There are more than 700 cafés and restaurants and 300 canteens and clubs in the borough catering mainly for workers in offices and factories and for travellers arriving at the three mainline terminals. Visits by the specialist food inspectors covered these as well as the many food retail shops and food manufacturing or wholesale premises. Shortage of staff over the year caused a slight fall in the number of visits compared with 1967.
- 4.3.3.2 Inspectors regard themselves primarily as educators and advisors, and prosecutions are instituted only when there has been obvious neglect or wilful disregard of the law. During 1968, 95 summonses were taken out - all successfully. The Courts take a lively interest in food hygiene cases, but the results of convictions can vary widely, and one fine of £50 with £10 costs was reduced on appeal to £25, although the appellant had sold, seven weeks after manufacture, a steak pie with a recommended shelf life of only three days.
- 4.3.3.3 In the last resort, the community at large sets its own standards of food hygiene. The ultimate remedy for a dirty café should be a complete absence of customers. In fact, although doubtful food purchases are often brought to us, the department hardly ever receives complaints about food hygiene from customers based on their own observations.

THE FOOD HYGIENE (MARKETS, STALLS & DELIVERY VEHICLES) REGULATIONS  
1968

4.3.4.1 The Department's efforts to raise the standards of hygiene of markets and street traders has been greatly aided by these Regulations, which became operative on 1st January, 1967. They are concerned with the handling of, or trading in food which is undertaken either (a) in any market or market premises or (b) away from fixed premises. Delivery vehicles used for the sale of food some within the definition of "stall" and become subject to the appropriate requirements for stalls.

4.3.4.2 The main requirements of the Regulations relate to construction of stalls; cleanliness of stalls, equipment, food handlers and of their clothing; the hygienic handling of food; the temperatures at which certain food particularly liable to transmit disease are to be kept at markets and stalls; the provision of water supply and washing facilities; the proper disposal of waste materials; and the granting by local authorities of certificates of exemption from certain of the requirements.

4.3.4.3 During 1967, 11 summonses were issued and fines of £34 with £4 costs were imposed for contravention of these Regulations. No summonses had to be served in 1968.

THE MILK & DAIRIES (GENERAL) REGULATIONS 1959

4.3.5.1 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 it 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.

4.3.5.2 Premises registered during the period under review were as follows:-

	<u>1967</u>	<u>1968</u>
Dairies registered during the year	-	-
Distributors registered during the year	20	21
Dairies on register at the end of year	3	3
Distributors on register at end of year	296	316
Formal milk samples taken and submitted for analysis	-	3
Informal milk samples taken and submitted for analysis	122	45

THE MILK (SPECIAL DESIGNATIONS) REGULATIONS 1963

4.3.6 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 license to use the designation. On being satisfied that the relevant provisions of the Regulations are complied with, a licensing authority grants a dealer's licence to a distributor in respect of each of his premises in their area from which the designated milk is to be sold. A licence is issued for a period of five years and permits the sale of designated milk outside as well as inside the area of the authority. Dealers' licences issued in 1967 - 1968 were as follows:-

	<u>1967</u>	<u>1968</u>
To sell pasteurised milk	14	21
To sell sterilised milk	9	11
To sell ultra-heat-treated milk	15	11
To sell untreated milk	1	1

BACTERIOLOGICAL EXAMINATION OF MILK

4.3.7 Bacteriological examination of samples to ensure that the milk sold under special designation complies with the standards required by the Regulations were carried out during the period with the following results:-

Designation	Test	Not satisfactory	Satisfactory
<b>1967</b>			
Pasteurised	Methylene Blue	-	66
Untreated	Methylene Blue	-	-
Sterilised	Turbidity	-	11
Ultra heat treated	Colony count	-	1
<b>1968</b>			
Pasteurised	Methylene Blue	1	34
Untreated	Methylene Blue	-	7
Sterilised	Turbidity	-	3
Ultra heat treated	Colony count	-	-

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

- 4.3.8 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 or potted, pressed, pickled or preserved food intended for sale shall be registered for the purpose by the local authority.

	<u>1967</u>	<u>1968</u>
No. of premises registered for manufacture of ice cream during the year 1967	1	1
Total no. of premises registered for the manufacture of ice cream at the end of the year	6	7
No. of premises registered for the storage and sale of ice cream during the year	26	36
No. of premises registered for the storage and sale of ice cream at the end of the year	483	489
No. of premises registered for the preparation or manufacture of preserved food during the year	4	12
Total no. of premises registered for the preparation or manufacture of preserved food at the end of the year	334	346

#### UN SOUND FOOD

- 4.3.9 Details of unsound food surrendered and destroyed in 1967/68 are given in Table 9 in the appendix.

#### CLEAN AIR ACT 1956

- 4.4.1 The Camden (St. Pancras No. 8), the Camden (Hampstead No. 9), and the Camden (Hampstead No. 10) Smoke Control Orders came into operation on 1st October, 1967. The areas contained between them 11,197 separate dwellings.
- 4.4.2.1 The St. Pancras No. 8 area, covering 271 acres, falls into three distinct sections - (a) North of Chalk Farm Road, an area extensively developed by the Borough Council to provide housing accommodation; (b) Central, between Chalk Farm Road and Gloucester Avenue, mainly consisting of the British Railways goods depot (once the bane of the St. Pancras Public Health Department. The Gloucester Avenue Tenants' Association were the leading body at the time in the borough for complaints regarding air pollution, especially from railway locomotives of the goods yard. Fortunately since the diesel programme of the British Railways was completed in 1964, the atmosphere has literally and metaphorically speaking improved beyond recognition); (c) South, adjoining Primrose Hill, consisting of mainly large Victorian houses with a good proportion being owner-occupied following a pattern of migration back into London.
- 4.4.2.2 Whilst the northern part of this smoke control area has provided a fair number of conversions by solid smokeless fuel appliances and gas fires, the southern part has seen a marked trend towards the installation of fan-assisted solid fuel fires, room heaters, gas fires, and a number of central heating installations.

- 4.4.3 The two Hampstead areas cover a total of 590 acres and are typical residential areas with a preponderance of Victorian houses relieved by occasional blocks of flats. Each has its own shopping centre and there is no industrial smoke problem. Boiler plants at John Barnes department store and at a small private hotel nearby (which are equipped with automatic stoking devices) were conditional exemptions from the smoke control order.
- 4.4.4 Choice of conversions showed proportions of 51 per cent. gas, 45 per cent. solid smokeless fuel and 4 per cent. electric heating. The relatively low figures for solid smokeless fuel may reflect the increasing production of Roomheat and Homefire fuels which will burn in unconverted grates.
- 4.4.5.1 On 1st October, 1968, smoke control orders came into operation covering the Hampstead Nos. 11 and 12 areas and the St. Pancras No. 9 area. This was the culmination of the Borough's smoke control programme; in addition legislation was passed prohibiting sale of coal in smoke control areas.
- 4.4.5.2 One Hampstead area covered 130 acres situated west of Finchley Road as far as West End Lane, and the other 110 acres west of Haverstock Hill, bounded by Ainger Road, England's Lane, and Primrose Hill Road. The St. Pancras area, covering 342 acres, lies to the west of Eversholt Street and is bounded by Regent's Park, Euston Road, and Parkway.
- 4.4.5.3 About 700 dwellings were in the areas where fire-places required alteration at an estimated cost of £30,000. However, despite publicity, there were only about 200 applicants for grant facilities, at a cost of approximately £6,000. Experience throughout the smoke control programme has been that an average of only two-thirds of the householders eligible for grant avail themselves of this financial assistance. The trend of conversions in 1968 followed very much the usual pattern, with gas having a small lead over solid smokeless fuels and electricity lagging a long way behind.
- 4.4.6 There was no fanfare of trumpets when 1st October came, and the whole of the borough became a smoke control area, but Camden can be justifiably proud to be one of the first six London boroughs to finish their smoke control programmes and thereby give their inhabitants the advantages of a cleaner atmosphere in which to live.

#### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

- 4.5.1 The enforcement of working conditions in offices and shops is another instance where technical assistants are usefully employed. Most premises have now received their second full inspection since the Act came into force. Legal proceedings were found necessary five times in 1967 but only once in 1968, although there were many instances in which lengthy negotiations took place before final agreement was reached.
- 4.5.2. Certain problems of enforcement have arisen in relation to premises within Lincoln's Inn, where flying freeholds have been granted under the new Square Act, 1860. This Act is so worded that the responsibility for the common parts of the buildings involved cannot be established. The Honourable Society of Lincoln's Inn are trying to overcome the problem.
- 4.5.3.1 Of the total number of accidents reported during 1967, one in particular is worthy of note. A man fell down a lift shaft, sustaining fairly serious injuries which on investigation highlighted the need for safety regulations to govern lifts in offices. Had there existed regulations parallel to those made under the Factories Acts, this accident would not have occurred. Regulations have been laid before Parliament which will become effective in May, 1969. In the meantime, a survey of lifts and hoists throughout the Borough was undertaken during 1968 and has revealed that the Regulations will have a significant effect on the present level of lift construction and maintenance in many premises.
- 4.5.3.2 Most of the slightly higher (10 per cent.) number of accidents reported in 1968 were caused by slips and falls for which there were no specific reasons. One fatal accident to a window cleaner again suggested that the introduction of Regulations covering use of safety belts and harnesses might save life.
- 4.5.4 The following table shows the work of the department under the Act during 1968:-

#### 4.5.4.1 TOTAL REGISTRATIONS MADE

	Since 1st August, 1964	During 1968
Offices	3,934	296
Shops	1,848	114
Wholesale warehouses	235	13
Catering establishments and canteens	563	6
Fuel storage premises	9	1
TOTALS	<u>6,589</u>	<u>430</u>

#### 4.5.4.2 INSPECTIONS

General Inspections	3,242
Re-inspections and other visits	5,652
TOTAL	<u>8,894</u>

4.5.4.3 NUMBER OF NOTICES SERVED 647

4.5.4.4 NUMBER OF NOTICES COMPLIED WITH 360

#### FACTORIES ACT, 1961

4.6.1 The provisions of the Factories Act, 1961 are administered by H.M. Inspector of Factories of the Ministry of Labour and National Service in conjunction with the local sanitary authority. Close co-operation is maintained between the two, and defects found in the course of visits to factories are notified by one to the other as appropriate.

#### OUT-WORKERS

4.6.2 Where in specified industries work is given by an employer or contractor to be done by workers outside his factory, lists containing the names and addresses of such workers must be forwarded to the local authority, which can then try to prevent such work being carried out in premises which are insanitary or in which there is a case of infectious disease.

#### ANIMAL BOARDING ESTABLISHMENTS ACT 1963

4.7 The Act regulates the keeping of boarding establishments for animals, and no person may keep such an establishment unless licensed by the Borough Council. Two establishments have been licensed in the Borough for the keeping of animals - one for cats and one for dogs. Both were inspected from time to time in 1967 and found to be satisfactory. Only the establishment for the boarding of dogs is now registered and inspected.

#### COMMON LODGING HOUSES

4.8 There are two common lodging houses registered in the Borough under the Public Health Act of 1936, one of which is owned by the Council. Both have been periodically inspected by the Council's public health inspectors and found to be satisfactory.

#### CONSUMER PROTECTION ACT, 1961

4.9.1 During 1967, six nightdresses (four women's and two children's) were purchased and submitted to an authorised testing laboratory to see whether they complied with the flame-resisting standard which is set out in the regulations made under this Act. The children's nightdresses complied with the prescribed low flammability requirements, but the women's nightdresses did not fully comply with the regulations and warning letters were sent to the manufacturers.

- 4.9.2 Five nightdresses were purchased and tested during 1968. One adult nightdress did not fully comply with the regulations in that there was no durable stitched-on label inscribed "WARNING - keep away from fire". A warning letter was sent to the suppliers. The remaining four nightdresses, all children's, complied with the prescribed low flammability requirements.

#### OIL HEATER REGULATIONS, 1962

- 4.10 Eighteen domestic oil burning heaters were found during 1967, and five during 1968, which did not comply with the regulations. Where shops were involved, warnings were given that stocks should be withdrawn from sale, and private owners were advised to dispose of such heaters in their possession.

#### DISEASES OF ANIMALS ACT, 1950

- 4.11 No order was made by the Minister during 1967 or 1968 affecting animals in the Borough.

#### HEATING APPLIANCES (FIRE GUARDS) ACT, 1952, AND HEATING APPLIANCES (FIRE GUARDS) REGULATIONS, 1963

- 4.12 This Act, and the regulations made under it, require fire guards to be fitted to domestic gas fires, electric fires and oil heaters so as to reduce the likelihood of injury by burning. Only informal action was found necessary during 1967 and 1968 to secure compliance with the Act and regulations.

#### FERTILIZERS AND FEEDING STUFFS ACT 1926

- 4.13 The Council is responsible for the sampling of fertilizers and feeding stuffs sold in the Borough. Thirteen samples were taken during 1967 and twelve during 1968 from retail suppliers. There are no premises in the Borough where fertilizers and feeding stuffs are manufactured.

#### HAIRDRESSERS AND BARBERS

- 4.14 Bye-laws govern the cleanliness of hairdressers' and barbers' premises, instruments, the towels and materials and equipment used, as well as the cleanliness of persons and their clothing. The bye-laws also require that an adequate fresh water supply and washing facilities are available. At the end of 1968 there were 232 such premises in the Borough compared with 268 at the end of 1967. All were periodically inspected and no formal action was found to be necessary.

#### LAND CHARGES ACT 1925

- 4.15 During 1967 and 1968 the Health Department provided respectively 4,588 and 4,963 reports for the Town Clerk regarding properties in the Borough where negotiations for purchases were proceeding.

#### NOISE ABATEMENT ACT 1960

- 4.16 In this sphere, industrial interests and individual comfort often conflict, and the Department is ever anxious to assist in the solution of such problems, even though this can often be done only by way of compromise. The most common cause of complaint under the Act in 1967 and 1968 concerned building construction and road works involving the use of such mechanical aids as pile-drivers, compressors and pneumatic drills. No complaints were received concerning the use of loud-speakers in the street. Details of investigations made during the period under review follow:-

## 4.16.1

	Industrial		Commercial		Domestic		Total	
	1967	1968	1967	1968	1967	1968	1967	1968
Number of complaints received	-	-	-	-	-	-	93	110
Visits made	-	-	-	-	-	-	281	668
Number of nuisances confirmed	50	29	10	37	11	31	71	97
Number of nuisances remedied informally	50	29	10	37	11	31	71	97
Number of prosecutions	-	-	-	-	-	-	-	-

## PET ANIMALS ACT 1951

- 4.17 This Act provides that no person shall keep a pet shop unless licensed by a local authority. Fifteen licences were granted in 1967 and 14 in 1968. Inspection of the premises called for no formal action.

## PHARMACY AND POISONS ACT 1933

- 4.18 Applications received during the period under review for retention or entry on the Council's list of persons entitled to sell poisons included in Part II of the Poisons List were as follows:-

	<u>1967</u>	<u>1968</u>
Retentions	122	133
New Entries	11	10

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

- 4.19 The following particulars were supplied to the Minister of Agriculture, Fisheries and Food of work carried out in Camden during 1967 and 1968 in respect of properties other than sewers:-

## 4.19.1

	Type of property			
	Non-agricultural		Agricultural	
	1967	1968	1967	1968
Number of properties in district	84,216	86,558	-	-
Total number of properties (including nearby premises) inspected following notification	2,891	3,074	-	-
Number infested by:-				
(i) Rats	884	807	-	-
(ii) Mice	1,855	2,203	-	-
Total number of properties inspected for rats and/or mice for reasons other than notification	1,118	1,236	-	-
Number infested by:-				
(i) Rats	346	459	-	-
(ii) Mice	111	142	-	-

- 4.19.2 During 1968, 2,875 complaints of rat or mice infestation were received and investigated, compared with 2,262 in 1967. A rodent officer and eight rodent operatives are employed.

## RAG, FLOCK AND OTHER FILLING MATERIALS ACT 1959

- 4.20.1 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 the premises used for the manufacture or storage of rag flock to be licensed. Fourteen premises were on the Council's register throughout 1967 and 1968.
- 4.20.2 During 1967 and 1968 the Council's public health inspectors took samples, all of which were subjected to tests prescribed by the regulations. One sample of washed flock was found to contain only 55 per cent. animal fibre instead of the 60 per cent. specified on the label. An assurance was received from the manufacturers that future material would comply with the regulations.

## SEWERAGE

- 4.21 The Council's sewers discharge into those of the Greater London Council, which is responsible for sewage disposal. Complaints regarding sewers in the Borough are passed to the Borough Engineer and Surveyor's Department for action.

## SLAUGHTER HOUSES

- 4.22 There are no slaughter houses in the Borough.

## SWIMMING BATHS AND PONDS

- 4.23.1 There are 13 swimming baths in the Borough. The Council owns two in High Holborn, two at Kentish Town and three at Swiss Cottage. One (the Lido at Parliament Hill) is owned by the Greater London Council, and five are privately owned.
- 4.23.2 Ninety-eight samples of water were taken during 1967, nineteen of which were submitted for chemical and seventy-nine for bacteriological examination. Two bacteriological samples, both from the same bath, were found to be unsatisfactory owing to the absence of chlorine due to shortage of stock. Samples taken after replenishment of the stock were found to be satisfactory. During 1968, seventy-eight samples were taken, eleven being submitted for chemical and sixty-seven for bacteriological examination. Two bacteriological samples, both from the same bath, were found to be technically unsatisfactory, and on investigation it was found that the regular bath attendant had been absent on leave. The fault was remedied without further action by the Health Department.
- 4.23.3 There are also three swimming ponds, one for women and one for men at Parliament Hill and one used for mixed bathing at Hampstead Heath. These ponds rely on natural purification, which is satisfactory when a pool is large and receives spring water to compensate for evaporation and to allow full development of natural pond vegetation. In addition the ponds receive water from other ponds containing more vegetation and there is a degree of water-changing by flow between these ponds and by flushing and drainage after rain. Regular sampling of the pond water is carried out by the Greater London Council, under whose control they are.

## WATER SUPPLY

- 4.24.1 Water for drinking and commercial purposes in the Borough is supplied by the Metropolitan Water Board and has been satisfactory both in quality and in quantity. The supply is piped and regular bacteriological and chemical examinations of the water are made by the Metropolitan Water Board. The water is not known to have any plumbo-solvent action. It must be regretted that the Council's policy in favour of fluoridation is still not effective owing to the absence of complete unanimity of local authorities supplied by the Board. This problem is unlikely to be resolved other than by national legislation.
- 4.24.2 No action has been necessary in respect of contamination.
- 4.24.3 All dwelling houses have a piped supply, and stand pipes are used only in cases of emergency such as the repair of mains.
- 4.24.4 Three complaints of water alleged to be impure were received during each of the two years under review, but on investigation the water was found to be satisfactory.



- 4.24.5 There are three wells in the Borough, one on factory premises and two at the public baths at Prince of Wales Road, Kentish Town. Four samples of the well water were taken during each year, two of which were submitted for chemical and two for bacteriological examination. All proved satisfactory.

## 5. OTHER ENVIRONMENTAL HEALTH SERVICES

### CLEANSING OF PERSONS

- 5.1 Attendances at the Dennis Geffen Public Health Annexe, the Council's cleansing and disinfecting station, showed a fall in all categories, with an overall reduction of 27 per cent. between 1967 and 1968. Details follow:-

#### 5.1.1 SCABIES

	Men	Women	Children	Total
1966	344	309	311	964
1967	387	266	379	1032
1968	234	214	221	669

#### 5.1.2 VERMINOUS CONDITIONS

	Men	Women	Children	Total
Head Lice - 1966	Nil	51	96	147
- 1967	Nil	75	144	219
- 1968	Nil	30	90	120
Body Lice - 1966	299	28	19	346
- 1967	271	32	Nil	303
- 1968	216	21	Nil	237
Crab Lice - 1966	47	7	11	54
- 1967	64	Nil	Nil	64
- 1968	68	Nil	Nil	68
Totals - 1966	346	86	115	547
- 1967	335	107	144	586
- 1968	284	51	90	425

- 5.1.3 Most of the children needing cleansing came from schools in the borough and were treated by arrangement with the Inner London Education Authority.

### DISINFECTION AND DISINFESTATION

- 5.2.1 Whilst in general the main requirement to prevent the spread of infection is thorough cleansing with soap and water, there remains a popular demand for disinfection after some ailments. The rooms we are asked to disinfect in private houses are sprayed with a formalin solution even though it is realised that this is usually unnecessary.
- 5.2.2 A weekly service of disinfection of bedding from Parker House, a common lodging house for men, is carried out for the Welfare Department.
- 5.2.3 Where infestation occurs, premises are sprayed with a D.D.T. solution, the residual effect of which is to diminish the chance of re-infestation. Articles of clothing requiring disinfection are removed to the Annexe and treated by steam.

## LAUNDRY SERVICE FOR INCONTINENT PERSONS

- 5.3 Through this service, articles are collected twice weekly, washed and delivered free of charge. The service – possibly not sufficiently widely known – is of great benefit in assisting the nursing of incontinent elderly persons in their own homes. The northern part of the Borough has been served by the Public Health Station in Lithos Road, N.W.3 and the southern part by the Public Health Annexe in Camley Street, N.W.1.

- 5.3.1 The following tables show the total number of persons helped during 1967 and 1968:-

Month	No. of persons		No. of services	
	1967	1968	1967	1968
January	77	84	347	412
February	83	83	286	372
March	75	87	258	435
April	74	72	307	347
May	76	75	336	342
June	64	77	293	344
July	69	85	249	372
August	67	78	316	392
September	74	69	264	362
October	94	76	383	348
November	80	69	363	346
December	83	73	316	337

## MORTUARY AND CORONER'S COURT

- 5.4 The following table shows the work undertaken during the period under review:-

Circumstances	Post-mortem examinations		Received for viewing or convenience only		Total	
	1967	1968	1967	1968	1967	1968
Resident and died in Camden	361	393	14	8	375	401
Died in Camden, resident elsewhere	136	166	-	1	136	167
Resident in Camden, died elsewhere	47	39	-	-	47	39
Resident and died elsewhere	509	471	3	-	512	471
Total	1,053	1,069	17	9	1,070	1,078

## NATIONAL ASSISTANCE ACT 1948, SECTION 47 – REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

- 5.5.1 A local authority may apply to a Court of Summary Jurisdiction for an order to secure the removal of specified persons from their homes where it is certified by the Medical Officer of Health to be necessary. For this purpose, persons concerned must be suffering from grave chronic disease or (being aged, infirm or physically incapacitated) living in insanitary conditions; and unable to devote proper care and attention to themselves and not receiving it from other persons.

- 5.5.2 During 1967 it was necessary to take formal action to secure the removal of two elderly women to hospital. One, doubly incontinent, was living in insanitary conditions and suffering from malnutrition. The other also living in insanitary conditions, was subject to falls from which she was unable to rise and was living isolated in the basement of business premises with no immediate neighbours.

- 5.5.3 In all cases coming to the notice of the department in 1968 it was possible by persuasion to get the old people either to accept services which would enable them to remain in their own homes or to go to hospital or to an old people's home. We report with great relief that no applications to the Court were necessary.

#### NATIONAL ASSISTANCE ACT 1948, SECTION 50

- 5.6 Under this section the Council arranged for the burial of 117 bodies in 1967 and 89 in 1968 where no other suitable arrangement seemed likely to be made. The burials cost respectively £2,239 3s. 3d and £1,694 14s. 4d of which £1,984 6s. 2d and £1,539 16s. 8d respectively was recovered from relatives or the estates of the deceased persons. Cases came to the notice of the Health Department from the following sources:-

5.6.1

Source	1967	1968
Coroner's Officer	33	20
Friends or relatives of the deceased	39	18
Hospitals	45	51

- 5.7 The medical aspects of environmental health were taken care of with diligence and enthusiasm by the Deputy Medical Officer of Health, Dr. N.P. Bhandari, under the general direction of Dr. R. Duncan Dewar, Associate Medical Officer of Health. Dr. Bhandari's work involves also the "vetting" of well over 2,500 applications each year for preferential rehousing on medical grounds. The oversight of the work of the public health inspectorate, the amount and complexity of which has been impressively described in the previous pages, is the responsibility of Mr. R.N. Thomas, our Chief Public Health Inspector. The universal respect he commands is based on sound knowledge, good judgment and unceasing endeavour.

#### MIDWIFERY

- 6.1.1 The Registrar General's corrected figure of births of Camden children during 1967 and 1968 was lower, as is usual, than the actual number of birth notifications received. This difference, representing 263 children in 1968, is an indication of the maternity services provided in Camden for girls, very often unmarried, who when registering the births give their home addresses but come to London to have their babies and very often to stay temporarily at one of the mother and baby homes in the Borough.
- 6.1.2 The Camden birth rate continued to fall throughout 1967 and 1968, and hospitals were able to maintain the trend of accepting an increasingly large proportion of the total confinements. Consequently, the number of planned home confinements has steadily fallen and in 1968 was only 151, representing 4.6 per cent. of the total births. In 1967 there had been 234 home confinements (6.6 per cent. of the total births) as against 326 (8.5 per cent.) in 1966. In addition, three mothers in 1967 and six in 1968 who had been booked for hospital confinement had their babies at home owing to premature delivery.
- 6.1.3 These figures reflect the national decline in the birth rate and the change in the pattern of the maternity services. Now more and more deliveries take place in hospital and, where suitable, the mother and baby are discharged home on the second day to the care of the general practitioner and the midwife. Planned early discharges, which are arranged during pregnancy with the patient's agreement, are contributing towards the fuller use of hospital maternity beds and are offering opportunity to an increasing number of women to benefit from the advantages of technique and safety which the hospitals have to offer.
- 6.1.4 Planned early discharges from hospitals showed a decrease in 1968 as opposed to the fairly constant increase of recent years (1965 - 279; 1966 - 326; 1967 - 435; 1968 - 354). This may also be due to the fall in the birth rate, since hospital beds are not now in such great demand. There were a number of unplanned early discharges due to still-births and infant deaths; others were cases where, although the homes were initially assessed as being suitable for confinement, the mothers had to be admitted to hospital for unpredictable obstetric reasons. Some mothers discharged themselves against medical advice and follow-up care in these cases was provided by the domiciliary midwives.

6.1.5 Because of the reduction in midwifery work, only part of the former approved establishment has been recruited – two senior midwives and six midwives. Four posts of domiciliary midwife have been deleted from the establishment. Camden midwives' domiciliary coverage continued on a 24-hour basis, with a rota system operating overnight for which emergency cover was complemented by staff working primarily as home nurses but qualified as midwives and designated as home nurse-midwife.

6.1.6 The standard of the midwifery pack which is supplied to patients who have their babies at home has been vastly improved. Maximum advantage has been taken of available sophisticated sterile disposable equipment, making unnecessary the archaic process of domestic boiling of bowls, dressings, etc. Our midwifery equipment and techniques have been pronounced by an officer of the Central Midwives Board (among others) to be at least as good as, if not better than, that employed in modern hospital obstetric units.

#### MIDWIVES ACT, 1951

6.2.1 The arrangements whereby the supervisory functions under the Midwives Act, 1951 were carried out by the Council's non-medical supervisor and her two assistants were modified during 1968. Miss F.G. Craddock was appointed Principal Nursing Officer to take charge of all the nursing services in the borough. The day-to-day supervision of the midwifery service is now undertaken by a Supervisor of Midwives with one assistant. Notifications of intention to practice in Camden during 1967 and 1968 were received in respect of:-

6.2.2	<u>1967</u>	<u>1968</u>
Camden Supervisors	3	3
Camden Domiciliary Midwives	11	9
Midwives practising in hospitals	89	110
Midwives practising in nursing homes	13	12
Free-lance midwives	<u>4</u>	<u>5</u>
TOTAL :	<u>120</u>	<u>139</u>

#### HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968

6.3 Greater Flexibility in the midwifery service was introduced by the Health Services and Public Health Act, 1968 whereby local authorities are enabled to engage midwives to render midwifery service elsewhere than in the patients' homes. This in practice means that local health authorities can now employ domiciliary midwives, who, in addition to attending women at home, can assist at general practitioners' surgeries and practise midwifery in hospital. With the trend of decreasing home confinements, the future pattern seems likely to be that midwives will be increasingly concerned with patients discharged from hospital on the second day, and in due course it may be possible to pool staff resources with adjoining local authorities and/or with hospitals in the borough. The new Act opens up the possibility of domiciliary midwives working with general practitioner obstetricians in a unit attached to a maternity hospital.

#### TRAINING

6.4 During the four three-monthly training cycles completed in each of the years 1967 and 1968, 16 and 13 pupil midwives respectively from St. Mary's Paddington (Harrow Road) Hospital (formerly Paddington General Hospital) completed their district training under the supervision of five Camden midwives who are approved as midwife teachers. The number of hospital student nurses who accompanied student midwives on observation visits increased from 81 in 1967 to 102 in 1968. Nine midwives attended refresher courses during 1967 and eleven in 1968.

#### PREMATURE BABIES

7.1 During 1967, 256 babies were born who weighed 5½lb. or less at birth, this being the accepted criterion for prematurity: of these, 226 survived. In 1968, 241 survived out of 270 prematurely born.

7.2 Of those born at home, 4 babies in 1967 and 17 in 1968 were cared for by the Council's domiciliary midwives for the full statutory period of 28 days. Six were transferred to hospital and one died after admission.

## FAMILY PLANNING SERVICE

- 8.1.1 Mr. Edwin Brook's National Health Service (Family Planning) Bill received the Royal Assent on 28th June, 1967. Under its terms, local authorities were to be given wide permissive powers to arrange for the provision of a family planning service to all persons. The medical criterion was abolished and no distinction made between the married and the unmarried.
- 8.1.2 It is perhaps appropriate to place on record here that the area which is now Camden can boast a proud record of family planning provision before 1967. The work of the voluntary organisations under the enthusiastic direction of the Family Planning Association and Dr. Marie Stopes herself is well known. Probably not so well known is the fact that St. Pancras Borough Council used its powers under Section 227 of the Public Health (London) Act, 1936, to start "clinics for women" at the Kentish Town Centre in 1939 and at the Somers Town Centre in 1948. At these clinics, advice on family planning was given. On 1st April 1965, when Camden took over as the local health authority from the former London County Council, there were four Council-run sessions weekly and one fortnightly at three maternal and child welfare centres. By the end of 1967, these clinics for patients needing advice on medical grounds had increased to an average of ten sessions a week and one fortnightly at nine centres.
- 8.1.3 Having thus to a large extent anticipated the new Act, Camden could already boast at least one weekly combined family planning and cervical cytology session at nearly every maternal and child welfare centre when the Act came into operation on 11th March 1968. All Camden residents can now obtain family planning advice free of charge, whether in clinics directly provided by the Council or in clinics in the area run by voluntary organisations such as the Family Planning Association, the Marie Stopes Centre and the Brook Advisory Centre. Patients seen other than on medical grounds are required to pay for supplies, though charges can be abated in cases of need.

### CLINIC SERVICE AT COUNCIL CENTRES

- 8.2. By the end of 1968, 27 sessions were held each fortnight compared with 21 at 31st December 1967 and 19 at 31st December 1966, and provision has been made to expand the service up to 23 weekly sessions according to the demand. Attendances in 1968 totalled 7,469 compared with 5,392 in 1967 and 3,725 in 1966: these figures are broken down in the following paragraph. Advice given comprised mainly instruction and supervision in the use of pill and cap contraceptive methods. Patients requiring the insertion of the intra-uterine contraceptive device were referred to hospital or voluntary organisation clinics.

### 8.3 COMPARATIVE STATISTICS

Quarter Ended	No. of Sessions	Average attendance per session	Total attendances
31.3.66	70	10.1	704
31.3.67	118	10.8	1,251
31.3.68	154	10.7	1,643
30.6.66	94	10.8	1,018
30.6.67	129	10.5	1,357
30.6.68	157	12.0	1,887
30.9.66	98	9.9	963
30.9.67	142	9.7	1,379
30.9.68	171	11.4	1,944
31.12.66	116	9.0	1,040
31.12.67	141	10.0	1,405
31.12.68	173	11.5	1,995
TOTALS 1966	378	10.0	3,725
1967	530	10.2	5,392
1968	655	11.4	7,469

## DOMICILIARY SCHEME

- 8.4 In 1967 the Marie Stopes Memorial Foundation ceased to operate its domiciliary scheme in Camden, to which fourteen cases had been referred during the year, and responsibility was taken by the borough to provide a direct service. Probably because of the local clinic coverage, the domiciliary family planning scheme has never been used to any great extent, and there were no new referrals in 1967 and only eight during 1968. No patient is visited without prior notification to her own general practitioner.

## MEETINGS OF MEDICAL STAFF

- 8.5 At about quarterly intervals, lunch-time meetings are held which give the doctors undertaking family planning sessions the opportunity to discuss items of common interest. The informal discussion at these meetings has proved a most useful background to the expanding service. The changed procedures arising from the new scheme have been discussed and a new family planning record form produced. Since some of the doctors undertaking family planning sessions for Camden also work for voluntary organisations such as the Family Planning Association and the Marie Stopes Centre, there has been an efficient feed-in of up-to-date information, especially about new products on the market.

## VOLUNTARY ORGANISATIONS

### 8.6.1 MARIE STOPES MEMORIAL FOUNDATION LIMITED

Camden has within its boundaries a unique reminder of the pioneering days of birth control services. In 1925, Dr. Marie Stopes moved the clinic, which she had begun in Holloway in 1921, to new premises at Whitfield Street, W.1. This clinic, the first in the country, has been functioning for 47 years. On the death of Dr. Stopes in 1958, the premises were left to the Eugenics Society, who in turn set up the Marie Stopes Memorial Foundation Limited. Camden residents totalled approximately one-fifth of their clients in 1967. As well as the birth control and I.U.C.D. clinics, advice is available at the clinic on marriage difficulties, pregnancy diagnosis, etc., and there are no restrictions on sex, marital status or age for patients over 16.

## BROOK ADVISORY CENTRES

- 8.6.2 Advice on birth control and help with allied difficulties is also made available to young people through the Brook Advisory Centres. About one-seventh of their clients are Camden residents.

## FAMILY PLANNING ASSOCIATION

- 8.6.3 During 1967 an estimated 800 new patients resident in Camden attended the Association's clinics in Hampstead, Holborn and Islington. In addition to ordinary contraceptive advice, the Association provides specialist services such as I.U.C.D. clinics and advice on sub-fertility or psycho-sexual difficulties.

- 8.7 Dr. Susan Tracy, Associate Medical Officer of Health, and in general charge of our personal health services, has a special interest in the organisation and development of our family planning services. Her expertise is nationally recognised, and she leads her team effectively and with intuitive insight.

## CERVICAL CYTOLOGY

- 9.1 In October 1966 the Minister of Health issued a Circular Memorandum (18/66) on "Population Screening for Cancer of the Cervix" giving blanket approval under Section 28 the National Health Service Act, 1946, for local health authorities to take cervical smears for cytological investigation by hospitals. This provided an opportunity to extend our existing pilot scheme which had necessarily benefited only a limited number of women, to a full screening service for detection of cancer of the cervix in all women over the age of 25 who live or work in Camden.

- 9.2 During 1967, the three hospitals (University College, Royal Free and Whittington) which are mainly involved in this area in the diagnostic investigation of cervical carcinoma, were able to increase steadily the number of smears which could be examined at their laboratories. Extended facilities of the now enlarged cytology services were publicized by means of pamphlets and posters, as well as by word-of-mouth publicity by the field staff. An additional cytology clinic session held fortnightly was started at Parkhill Maternal and Child Welfare Centre.
- 9.3 One fortnightly and eleven weekly combined family planning/cervical smear sessions were started at eleven of the Council's Family health clinics, as well as the weekly cervical smear session at West End Lane Family Health Clinic and the fortnightly session at Parkhill Family Health Clinic previously mentioned. During the year, 1,792 smears were taken, and after further examination a diagnosis of cervical cancer made in 5 women from whom smears had been taken; treatment for these patients was arranged by their general medical practitioners and the hospitals concerned.
- 9.4 During 1968, the number of combined cytology and family planning sessions was increased from 11 to 15, three of the new sessions being held in the evenings, and the number of smears taken was 2,085, of which 16 proved positive and 5 doubtful. We are not satisfied with these numbers, and the attendance of mothers of larger families in the lower income groups must be further encouraged in view of their high susceptibility to cervical cancer.

#### SERVICES AT FAMILY HEALTH CLINICS

10. The statistics relating to sessions and persons attending in the years 1966 to 1968 are as follows :-

##### 10.1 ANTE-NATAL AND POST-NATAL SESSIONS

	<u>1966</u>	<u>1967</u>	<u>1968</u>
No. of sessions held	807	746	663
No. of women attending:-			
(a) ante-natal	2,593	2,062	1,650
(b) post-natal	113	87	60

The falling birth-rate has reduced ante-natal attendances generally and a fortnightly ante-natal session at Barnes House Maternal and Child Welfare Centre has been discontinued.

##### 10.2 ANTE-NATAL, MOTHERCRAFT AND RELAXATION SESSIONS

	<u>1966</u>	<u>1967</u>	<u>1968</u>
No. of women attending during the year	345	283	189
Total attendances during the year	1,039	831	513

##### 10.3 ENGLISH LANGUAGE CLASSES FOR IMMIGRANT MOTHERS

English Language Classes run by the Inner London Education Authority have continued at Kentish Town Maternal and Child Welfare Centre, but the attendances have fallen:-

	<u>1967</u>	<u>1968</u>
No. of classes held	85	82
Average attendance per session	8	6.3
No. of attendances during the year	676	516

#### 10.4 CHILD HEALTH SESSIONS

Year	No. of Sessions	No. of Children Attending Born in Years -							Total Attendances
		1968	1967	1966	1965	1963-6	1962-5	1961-4	
1966	2,268	-	-	2,776	2,467	-	-	2,823	8,066
1967	2,302	-	2,743	2,764	-	-	3,560	-	9,067
1968	2,387	2,469	2,516	-	-	3,679	-	-	8,682

- 10.4.1 With increasing emphasis on developmental screening examinations for children, more toddlers' sessions have been introduced at Hampstead Wells Centre, Queen's Crescent Centre, and Parkhill Centre. At University College Hospital Child Health Centre a weekly toddlers' session was introduced to replace a similar session which had been somewhat sporadic. Three new weekly child health sessions, one replacing an existing ante-natal clinic, were started at Queen's Crescent Centre in 1967, but in 1968 two such sessions - one at Queen's Crescent and one at Daleham Gardens Centre - were discontinued. A point of interest is that one of the new child welfare sessions was started on Monday evenings, with the object of providing facilities for those mothers who work all day. This evening session caters not only for mothers of children in the area normally served by the centre, but is also open to mothers from neighbouring centres and areas. The weekly "Well Baby Clinic" for patients of general practitioners in a group practice has continued throughout the period under review with the help of the Council's health visitor at Daleham Gardens Centre.

#### 10.5 OCCASIONAL CRECHE SESSIONS

	<u>1967</u>	<u>1968</u>
No. of sessions held	1,451	1,838
No. of attendances during the year	25,265	28,107
Average attendance per session	17.4	15.2
No. of free attendances during the year	7,911	7,340

- 10.5.1 Two new weekly sessions were introduced during 1968 at Kentish Town Centre, one at Barnes House Centre, and one at Daleham Gardens Centre. The five weekly sessions formerly held at St. Albans Centre were transferred to the Konstam Centre, where another five weekly sessions were also introduced. The weekly session at Somers Town Centre, which had been discontinued early in 1967, was re-introduced early in 1968. The increased number of attendances show that the occasional creche facilities are greatly appreciated by parents, for whom they provide a welcome relief from the constant care of their children.

#### CONGENITAL DEFECTS AND OBSERVATION REGISTER

- 11.1.1. Notification of congenital abnormalities in new-born babies continued during 1967-1968.
- 11.1.2 Developmental screening is carried out for all young children attending the Council's family health clinics, day nurseries, etc. Our own system of keeping a more extensive observation and handicap register has provided valuable means for continuous follow-up and has helped greatly in forward planning of medical and community services necessary for the treatment, recreation and education of the handicapped child.
- 11.1.3 Despite the falling birth-rate, the number of children whose names were put on the register during 1967 and 1968 again showed increases. These increases reflect the success of the developmental screening techniques and the concentration of medical attention as early as possible on the detection of abnormalities in children, beginning before birth and lasting throughout the important period of early development. Medical examinations for developmental screening are now carried out as a matter of routine on all new-born babies. This process of extensive screening has proved to be a great help in early detection of children who need observation and close follow-up because of detectable physical or mental abnormalities, or suspected abnormalities.



11.1.4 The register is used to review children regularly so that they may have appropriate treatment and training and be fully assessed for special educational treatment. The fact that only very few handicaps are detected for the first time in the school-age child is confirmation of the success of the diagnosis by developmental paediatric screening of the pre-school child. The regular review of children on the register results also in social work support or counselling being given and in parents being encouraged to make the best use of the services available.

11.1.5 The following figures illustrate the extent of the register:-

Date	No. of children under 5 on register	No. with diagnosed handicaps
31.12.66	2,701	281
31.12.67	2,282	192
31.12.68	3,026	216

11.1.6 In 1967, 69 children had congenital abnormalities detected at birth during the year and were so reported to the Registrar General; the figure for 1968 was 50.

11.1.7 Special clinics are held at two of the family health clinics for mentally retarded children. Eighteen sessions at which 30 children were seen were held during 1967; twenty sessions at which 28 children were seen were held during 1968.

11.1.8 It has been the department's policy to extend developmental screening to all family health clinics, and Camden has probably more doctors who have taken the six weeks' course in developmental paediatrics which is organised by the Society of Medical Officers of Health than any other local authority in the country. As a direct result of this, the early recognition of children with handicaps has enabled us to identify such children to the Inner London Education Authority which, in turn, established a nursery class for them in Franklin Delano Roosevelt School.

11.2 Responsible for the health of pre-school children is Dr. Audrey Trevor Evans, Principal Medical Officer, whose great enthusiasm and sound judgement I acknowledge with gratitude.

## HEALTH VISITING

12.1.1 Section 24 of the National Health Service Act, 1946, specifies that every local health authority shall make provision in its area for the visiting of persons in their homes by health visitors for the purpose of advising on the care of young children, persons suffering from illness, and expectant and nursing mothers, and on the measures necessary to prevent the spread of infection. The health visitor's work accordingly embraces, either directly or indirectly, all the health and social services provided for every member of the family and contains a substantial element of health education. In Camden, in view of the role of her colleague the geriatric visitor in the care of the aged, the health visitor concentrates largely on the mother and young child and gives particular support to mothers with handicapped children. The health visitor is also available to school doctors and head teachers for consultation, although most of the nursing activities in the school are carried out by school nurses under the supervision of the health visitor. One of her fundamental tasks is the early detection of handicaps, physical or mental, in children, and in some cases following up the children after entry into school. She plays an important role in the prevention of children being taken into care, by arranging for them to be looked after within their families in the mother's enforced absence; or by neighbours; in day nurseries; or by child-minders; and here she co-operates closely with the child care officers of the Children's Department.

12.1.2 A separate paragraph (13) in this report deals with the attachment of health visitors and home nurses to group practices. There are several such schemes in Camden, forming closer links with general practitioners in the borough but, as reported elsewhere, an average increase in the number of attachments is unlikely owing to the structure of general practice in Camden.

- 12.2.1 The following figures show the number of individuals visited by health visitors in 1966, 1967 and 1968:-

Year	Children Born in the Year							Persons Aged 65 and Over
	1968	1967	1966	1965	1963-6	1962-5	1961-4	
1966	-	-	3,947	4,241	-	-	6,958	73
1967	-	4,221	4,353	-	-	7,478	-	45
1968	3,581	3,556	-	-	6,540	-	-	110

- 12.2.2 In addition, health visitors visited 56 mentally disordered persons in 1967 and 39 in 1968, whilst visits were paid to other adults discharged from hospitals; to tuberculosis households and households with other infectious diseases; and, for the purpose of housing reports, to families without children under 5 years of age.
- 12.3 The borough has continued to sponsor student health visitors and to offer practical training and placements.
- 12.4 As Superintendent Health Visitor Miss A.I. Stewart has provided friendly guidance rather than "superintendence" - not least to the Medical Officer of Health.

#### ATTACHMENT OF HEALTH VISITORS AND HOME NURSES TO GENERAL PRACTITIONERS

- 13.1 The Health Services and Public Health Act, 1968, empowered local authorities to employ health visitors and home nurses to visit and attend on persons requiring their services elsewhere than in the persons' own homes. A local health authority may now arrange also for these services to be provided in its area by another such authority on agreed terms.
- 13.2 The effect of the new legislation was to give blanket approval to local authorities who are running pilot schemes for the attachment of health visitors and home nurses to general practitioners, group practices, etc.
- 13.3 In Camden, the attachment scheme for health visitors was already in being in 1965, and that for home nurses commenced in 1967. Both these schemes have been running satisfactorily and have expanded since they were first introduced. But because of the very high number of single-handed general practitioners in the borough, any large-scale extension of the attachment scheme would involve considerable increases in staff, and extensive development seems improbable. It is, however, intended that as and when requests are received from general practitioners for attachments, these will be met so far as is possible, bearing in mind the availability of staff and other relevant factors.
- 13.4 Professional "liaison" between the Borough nursing staff and general practitioners have developed, however, as an alternative form of co-operation. Under this arrangement, health visitors and home nurses are responsible for their respective functions both within a geographical area and for the patients on the lists of specified medical practitioners. Where a patient is outside those areas, the staff do not themselves visit, but act as intermediary between the doctor and appropriate colleagues. Regular visits to the practice surgery are made for the purpose of informal consultation.
- 13.5 At the end of 1967, 3 health visitors were attached full-time to large group practices and 5 were attached to general practitioners on a part-time basis. By the end of 1968, an additional full-time attachment had been made. Three home nurses were attached to groups of general practitioners at the end of 1968, and the total number of visits made by them during the year was 6,191.

## DAY CARE OF CHILDREN

### COUNCIL DAY NURSERIES

- 14.1.1 At the beginning of 1967, the Council had nine day nurseries, six of which had been approved by the Ministry for training of nursery nurses. These nurseries provided places for 460 children and included one special unit for 9 severely handicapped children. They were as follows:-
- (a) Camden Road, 254/256 Camden Road, N.W.1 (non-training, 70 places).
  - (b) Caversham Road, 33-43 Caversham Road, N.W.5 (training, 60 places).
  - (c) Coram's Garden, 41 Brunswick Square, W.C.1 (training, 44 places, including 9 in special unit for severely handicapped children).
  - (d) Kentish Town, Gospel Oak Grove, N.W.5 (non-training, 45 places). This building was due for demolition as soon as the Konstam Centre was ready for occupation early in 1968, and no new admissions were being made toward the end of the year.
  - (e) Margaret, 42 Phoenix Road, N.W.1 (training, 65 places).
  - (f) Parkhill, 2 Parkhill Road, N.W.3 (non-training, 30 places).
  - (g) Pond Street, 27/29 Pond Street, N.W.3 (training, 50 places).
  - (h) Regents Park, 4 Prince Albert Road, N.W.1 (training, 50 places). Owing to inadequate means of escape in the event of fire the nursery had to be confined to the ground floor of the building and the effective number of places reduced to 21.
  - (i) Woodchurch, 11-13 Woodchurch Road, N.W.6 (training, 75 places).
- 14.1.2 In addition the Kingsway Creche, administered on an agency basis by the West London Mission, provided for 52 children at Kingsway Hall, Kingsway, W.C.2; this nursery had also been approved for nursery nurse training.
- 14.1.3 Although it has been the policy of the Council to improve provision for the care of the pre-school child, there is a constant increase in the demand for day nursery places. The number of top priority children awaiting admission rose from 109 on 1st January, 1967 to 145 at the end of December.
- 14.1.4 During 1968, the average daily attendance of children at the Council's day nurseries fell by 30 to 434; this was caused primarily by the closure of part of the Camden Road Day Nursery premises on account of structural defects. There was also a run-down on admissions to Regents Park Day Nursery during the latter part of the year in anticipation of an early removal to new premises. Kentish Town Day Nursery closed down during the year, and a new nursery was opened at Konstam Centre shortly afterwards. Because attendances at Kentish Town had been run down some time before the actual closure, the new nursery could not be fully occupied until some while after it had opened. Konstam Centre provides normal day care facilities for 41 children and has in addition a special unit for 9 handicapped children. This special unit supplements that already in existence at Coram's Garden Day Nursery, which serves the southern part of the Borough. Such units will be incorporated as a routine in all day nurseries planned for Camden (see special Planning section of this Report).

### ALTERNATIVE MEANS OF DAY CARE OF CHILDREN

- 14.2.1 The provision of new or replacement nurseries is a long-term operation dependent on loan sanction by the central government department. It was thus necessary in 1967 to seek other ways of solving our immediate problems. The Ministry of Health advised that the Council had power, through the existing approved proposals under Section 22 of the National Health Service Act, 1946, to place children in private day nurseries, paying fees involved and recovering the amounts from the parents in accordance with the assessment scales; also that the Council could place children with child-minders and pay fees involved, although here no charge could be made to the parents apart from the recovery of the cost of any food or articles supplied by the child-minder. In October 1967 the waiting list of top priority cases stood at 147, and the Council agreed that a small pilot scheme be started for a period of three months whereby up to 10 children could be placed in selected private day nurseries; also that authority be given to me to place children with child-minders. It was hoped that if this scheme proved successful it might provide at least an interim reduction in the waiting list. In the event the success was such that the Health Committee agreed to extend the experiment for one year, and at the end of 1968 eleven sponsored children were attending private day nurseries (one attending part-time only) and one was being looked after by a child-minder.

## PRIVATE DAY NURSERIES AND REGISTERED CHILD-MINDERS

14.2.2.1 There were at 31st December 1967, 23 establishments registered under the Nurseries and Child-minders Regulation Act 1948 as private day nurseries. These establishments catered for 5 children under the age of 2 years and 549 aged 2 - 4 years. The hours during which the establishments operated varied considerably and several might more accurately be termed play groups although in fact registered as nurseries. At the same date, 17 persons were registered under the Act as child-minders to mind a total of 126 children.

14.2.2.2 Section 60 of the Health Services and Public Health Act, 1968, which amends the Nurseries and Child-Minders Regulation Act, 1948, was brought into effect on 1st November, 1968. The amendments are aimed at removing the difficulties in implementing the provisions of the earlier Act and extending its scope to include:-

(a) premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of 2 hours or more in the day and

(b) all persons who in their own homes, for reward, and for similar periods, look after one child or more under five years of age to whom they are not related.

As a consequence, we shall discontinue the Council's scheme for voluntary registration of child-minders not hitherto subject to statutory registration because they looked after fewer than three children. At the end of 1967, 304 children were in the care of 194 such child-minders. In return for their co-operation in the Council's scheme, voluntary registered child-minders have been paid a weekly retainer of 6s and this will cease, three months notice having been given, from 31st January, 1969.

14.2.2.3 At the end of 1968 there were 30 premises registered to receive 711 children in all, and 21 minders to receive 136 children. It is expected that under the amended Act applications for registration will be made by most of the 233 child-minders at present registered under the voluntary scheme, plus an estimated 200 additional persons who care for one or two children only and are not so registered. Also it may be anticipated that the proprietors of about 15 play groups, etc., which did not come under the scope of the former Act will apply for registration of the premises in which their groups operate. The compulsory registration will cause considerable extra work initially for medical, nursing, administrative and clerical staff; there is also likely to be a considerable increase in the number of inspection visits required to be carried out after registration. The effects of the tightening-up of the law on child-minding are hard to foresee, but clearly child-minding will continue as long as there are considerable waiting lists for top priority day nursery cases, and great vigilance will be required to ensure that the activity is not driven underground.

## PLAY FACILITIES FOR PRE-SCHOOL CHILDREN

14.2.3.1 A comprehensive review of the day care and play facilities provided for pre-school children was undertaken early in 1967. It was estimated that there were approximately 16,100 children in Camden under the age of 5 and that, although not all these required organised play facilities or day care, those who did so fell into two categories:-

(a) those needing full-time day care, i.e. children of lone parents or those whose home environment was detrimental to health;

(b) those requiring part-time or occasional care.

There is another group of children who are culturally deprived, lacking stimulation and experience and the opportunity to learn, who need places in nursery schools, day nurseries or play groups, but the size of this group cannot be estimated.

14.2.3.2 For children requiring part-time or occasional care, organised facilities are provided by occasional creches; play centres organised by the Camden Play Centres Association; the Greater London Council's Play-Parks Scheme; Inner London Education Authority Nursery Schools and Classes; and play groups run by voluntary organisations such as the Save the Children Fund, or privately. These are considered separately in the following paragraphs.

## OCCASIONAL CRECHES

- 14.2.3.3 Occasional creches provide facilities for looking after children under 5 years of age whilst their mothers visit hospital, attend to shopping, domestic duties, etc., or take part in activities at the family health clinics at which the creche sessions are held. Children needing relief from adverse home conditions are also catered for, as are those who need particularly to mix with other children. The charge of 1s. 9d a session is abatable in necessitous cases, and no charge is made whilst the mother is attending a centre activity. It is the policy of the Department of Health and Social Security that creches should be financially self-supporting as far as possible, and this policy has prevented our hiring other premises and staffing them for use as occasional creches on any large scale. The Council decided that the Department of Health and Social Security be requested to relax the ruling that occasional creches be financially self-supporting.

## PLAY CENTRES

- 14.2.3.4 The Borough Engineer and Surveyor's Department runs community play centres under the Physical Training and Recreation Act 1937. These are open daily from 10 a.m. to 8 or 10 p.m. both to children (without any lower age bar) and to their parents. The main difference between occasional creches and play centres is that in the former mothers leave their children to be looked after whilst in the latter, mothers should remain in charge of any children under 5 years old. No specific provision is made for children under 5, but play leaders are on duty at times (e.g. during school hours) when only children under 5 accompanied by their mothers can be expected to attend. No charge is made. On the other hand, as already stated, mothers who leave their children at occasional creches, save in certain circumstances, pay 1s. 9d for this service.

## PLAY PARKS SCHEME

- 14.2.3.5 The Greater London Council operates a play parks scheme to establish seasonal play leadership by part-time staff in the Council's parks. Whilst initially intended for school-children only, subsequently "one o'clock clubs" were started for the children under 5. These arrangements are also made under the Physical Training and Recreation Act of 1937, but mothers or guardians are not expected to leave the children; they must stay for the duration of the session and accept responsibility.

## NURSERY SCHOOLS

- 14.2.4 The Inner London Education Authority has no directly run nursery schools in Camden. There are three independent schools, however, which are assisted by that authority and cater for 200 children under the age of 5 years.

## NURSERY CLASSES

- 14.2.5 There are nine nursery classes attached to primary schools in Camden, catering for 400 children under the age of 5 years.

## PLAY GROUPS

- 14.2.6.1 There are in the borough a number of play groups. These establishments are open for mornings or afternoons only, or, if open all day, cater for different children at the morning and afternoon sessions. Such play groups, unless caring for children for "a substantial part of the day" did not come within the provision of the Nurseries and Child-Minders Regulation Act 1948, but fell due to be registered from 1st November 1968 as already indicated. A list of playgroups is maintained in the Health Department, and the Council's health visitors pay frequent visits to these playgroups and advise where necessary.
- 14.2.6.2 Arrangements were made for a play group to be started by the Save the Children Fund at Quex Hall in Kilburn, an area particularly lacking in play facilities. This playgroup, which operates for 10 sessions a week, caters for 20 children at each session and opened in September, 1967.
- 14.2.6.3 The Family Services Committee in 1967 set up a working party to investigate possible sites for other playgroups in church halls, housing estates, etc. and during 1968 preliminary plans for a number of these were under way.

## PRIORITY DENTAL SERVICES

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

- 15.1.1 Under Section 22 of the National Service Health Act 1946 dental services are provided by local health authorities for expectant and nursing mothers and children under 5 years of age. As a new departure, the maternity and child welfare and school dental service patients attended in 1967 the same sessions instead of being seen at separate sessions according to category as hitherto. This arrangement means that a pre-school child can be seen on the same day as an older sibling and perhaps even the mother as well. Owing to the particular conditions appertaining to the Inner London Boroughs and the Inner London Education Authority, the system does produce a certain difficulty for accounting purposes in the allocation of sessions to the school dental service or to the maternity and child welfare priority dental service. Agreement has been reached with the Education Authority on the correct assessment. From the patient's point of view, however, the experiment was so successful that these mixed sessions are now an established routine.
- 15.1.2 The inspection of children in the Council's nurseries has been continued - to the delight of the children. It is proving a very useful introduction to the dentist.
- 15.1.3 During 1967 the services were inspected by the Ministry of Health, who commended the Council on its priority dental services.
- 15.2 The figures for the years 1965 to 1968 were as follows:-

(an \* denotes that no comparable figure was available)

	Under 5's				Mothers			
	1965	1966	1967	1968	1965	1966	1967	1968
No. treated (first visits)	49	170	214	107	*	40	30	28
No. of subsequent visits	*	*	578	301	*	*	91	66
Emergencies	-	8	-	-	-	4	-	-
Teeth filled	222	360	430	278	133	100	59	29
Teeth extracted	4	2	4	42	8	19	11	21
Patients X-rayed	*	*	2	1	*	*	20	22
Patients treated by scaling or removal of stains from teeth	*	*	3	13	*	*	24	18
Teeth otherwise conserved, e.g. by application of silver, nitrate/topical fluoride	*	*	166	291	*	*	-	-

- 15.3 The clinical expertise of my colleague, Mr. Mailer, is recognised and respected throughout the service which he leads and I am grateful for his support.

## SCHOOL HEALTH SERVICE 1967

### INTRODUCTION

- 16.1 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 that capacity exercises local responsibility for the administration of the school health service in the London Borough of Camden. This report is a copy of the document submitted to the Inner London Education Authority by the Medical Officer of Health in his capacity as Principal School Medical Officer.

## SCHOOL ROLL

- 16.2 23,170 children were on the school roll (I.L.E.A. and grant-aided schools only) as compared with 22,349 in 1966. There were 69 schools, of which 3 were nursery schools and 4 were special schools, and there was one special unit within a comprehensive school. Two Roman Catholic primary schools were opened during 1967, one being new and the other transferred from premises in the Westminster area.

## STAFF

- 16.3 Apart from a slight increase in the amount of time devoted to school health work by the medical and nursing staff there were no changes in the organisational pattern. Agreement was reached in principle to the engagement of a social worker to follow up the needs of children at Franklin Delano Roosevelt and John Keats special schools.

## 16.4 MEDICAL INSPECTIONS

Routine examinations	7,974
Special examinations	2,664
Re-inspections	4,028
Number of medical inspections per 1,000 pupils	743

The figures for medical inspections show little variation from those of 1966.

## INFECTIOUS DISEASES

- 16.5.1.1 From the epidemiological point of view there were, fortunately, no major outbreaks. One school-boy was in contact with a confirmed case of smallpox, but no action was necessary within the schools as the incident took place during the half-term holiday; the boy was excluded from school and there were no developments.
- 16.5.1.2 Between February and December, 1967, 16 cases of scalp ringworm were found in one primary school. The infection was due to *Trichophyton Soudenese*, a fungus producing minimal slow growing lesions which are difficult to detect until very obvious clinical manifestation occurs, by which time various contacts may have been infected.
- 16.5.1.3 The outbreak was investigated by a team from St. John's Hospital for Diseases of the Skin, who also carried out a control check on a school from which no cases had been reported. The object of this latter investigation was to determine whether, in fact, there were undetected sources of infection in the schools. One case was found.

## CASEWORK

- 16.5.2 With the ready co-operation of school medical officers, general practitioners and hospital consultants, it has been possible to build up a reasonable medical history in the case of many children, under the personal supervision of the principal medical officer (Schools). Where relevant, information on social factors was obtained through the health department social workers, the Divisional School Care Organiser or the Children's Officer.

## SPECIAL SCHOOLS

- 16.5.3 At the end of the year some 500 school children, resident in Camden, were receiving education in special schools, about one fifth of them in boarding schools. Approximately 37 per cent. of them had been ascertained educationally subnormal and 25 per cent. maladjusted.

## HANDICAPPED CHILDREN IN ORDINARY SCHOOLS

- 16.5.4 The compilation of the observation and handicap register drew attention to the high number of children with some form of handicap attending ordinary schools. The purpose of the register is to ensure that there is some method of spotting the needs of children, with a degree of disability sufficient to prove a handicap in ordinary school, early enough to enable them to be given the advantage of a generous special educational provision which already exists, to ensure that any necessary medical treatment is being obtained and to advise the teaching staff about any special care or restrictions on activities.

## RESEARCH PROJECTS

- 16.6 Permission was given for co-operation with Dr. Kenneth Holt, Institute of Child Health, in a survey involving the follow-up of children with head injuries severe enough to warrant special medical attention or absence from school to ascertain any residual effects.

This was the only new project initiated during the year.

## ASSISTANCE WITH POSTGRADUATE CHILD DEVELOPMENT COURSE

- 16.7 At the request of the Institute of Child Health, the Health Department made arrangements with head teachers for postgraduate paediatricians from overseas to sit-in at teaching sessions in various types of schools, with the object of observing the behaviour of children in the normal setting.

## HEALTH EDUCATION

- 16.8.1 Health education is considered an integral part of the work of the school health service team. The school doctor and school health visitor/nurse can play an important part in parent, teacher and pupil guidance, not merely in the course of routine and selective medical inspections, but also in close association with other school activities. Services available on request from head teachers include:-

the provision of speakers and discussion leaders;

films on health education for primary and secondary schools and further education establishments;

planning health education activities in individual schools;

information on leaflets, literature and other teaching aids;

arrangements for visits to health establishments;

in-service training courses for teaching staff.

- 16.8.2 It is felt that still more could be done to utilize the health education services available from various sources. An encouraging step in this direction was achieved through the conference held in Loughborough, in April, 1967. Organised jointly by the Society of Medical Officers of Health, the Association of Teachers in colleges and departments of education and the Central Council for Health Education, it afforded the opportunity for doctors, educationists and health educators to exchange ideas.

## TREATMENT

- 16.9.1 Following the resignation of one of the ophthalmologists the vision clinics held at West Hampstead School Treatment Centre on alternate Monday afternoons were discontinued at the end of the year. It was hoped that the demand for treatment would be met by the weekly clinic held on Wednesday afternoons.

- 16.9.2 Plans were made for an additional diathermy clinic to be started early in 1968 at the Somers Town School Treatment Centre. This arrangement would facilitate treatment for children attending schools in the South of the Borough.

## EDUCATIONAL PSYCHOLOGISTS

- 16.10 School medical officers were glad to have the opportunity to meet on an informal basis educational psychologists working in the area. The meeting was helpful, since it lent the opportunity for an exchange of views and ideas. It was decided to hold more such meetings at intervals to discuss items of common concern.



## SCHOOL HEALTH SERVICE 1968

### INTRODUCTION

- 17.1 Please see paragraph 16.1, which applies also to the report which follows.

### SCHOOL ROLL

- 17.2 22,379 children were on the school roll (I.L.E.A. and grant-aided schools only). There were in Camden 69 schools, of which 3 were nursery schools and 4 were special schools, and there was 1 special unit within a comprehensive school.

### 17.3.1 STAFF

	<u>1968</u>	<u>1967</u>
Medical	5.70	5.80
Nursing	19.40	18.30
Speech Therapists (centrally directed)	2.30	2.30
Social Workers	2.70	2.70
Physiotherapists (Special School)	4.00	4.00

These figures indicate very little variation in the numbers of staff engaged in school health service duties.

- 17.3.2 A major shock was the sudden death of Miss Violet Williams, a school nurse who gave loyal and devoted service for many years. "Sister" Williams was a friend to many, especially to those connected in any way with the audiology service. She was a regular and welcome visitor to all the schools in Camden in connection with screening tests for hearing.

### MEDICAL INSPECTIONS

17.4.1	<u>1968</u>	<u>1967</u>
Routine Examinations	7,582	7,974
Special Examinations	2,815	2,664
Re-inspections	4,228	4,028
No. of medical inspections per 1,000 pupils	631	655

- 17.4.2 Trends in the school health field are aptly summarized in the Department of Education and Science Bulletin No.25 on secondary school design as follows:-

"The type of medical work that is developing in many schools goes far beyond mere medical inspections. This is bound to increase as the inter-connection between the physical and the mental are more fully understood and as more pupils stay on to 18 years of age with all the resulting problems of adjustment to adult life. The pattern is changing, and whereas in the past the school doctor, dentist and nurse were occasionally visitors from the outside world in order to inspect, report and repair, in the future their role is likely to become more positive and more closely involved with the life of each child. Doctors and nurses will be concerned to study health as well as the diagnosis and treatment of ill-health, and they will become increasingly involved with health education. The precise implications of this are not at present easy to define".

- 17.4.3 This is especially true of the large comprehensive schools, which are found to demand a considerable amount of medical and nursing time, as much for the discussion of individual problems which do not in all cases merit special educational provision, and for health education material to cover such topics as personal relationships and drug taking, as for routine inspections. Consideration is being given to the employment of a male school nurse who could give real assistance in the type of counselling sessions which would help the older boys in large secondary schools. Again at the time of school leaving the medical officers find themselves more involved than in the past in discussion with the careers officers to try to find suitable occupations, especially for handicapped children in ordinary schools.

## DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

- 17.4.4 It is pleasing to record that the physical condition was found to be unsatisfactory in only 0.2 per cent. of all the children examined at routine inspections. 16.6 per cent. were referred for treatment of defects, compared with 15.7 per cent. in 1967, and 7.5 per cent. were referred for treatment of defects other than vision, compared with 8.4 per cent. in 1967. Analysis of the recorded defects revealed that visual defects were found in 95.88 per cent. children per 1,000 examined, as against 77.75 per cent. in 1967. Although most of these were not seriously handicapped, it is important for the school health team to keep a watching brief on the effect of visual defects on the child's educational progress. In the autumn of 1968 two of our medical officers attended the course, organised by the School Health Group of the Society of Medical Officers of Health, on developmental ophthalmology. The two-way exchange of information with lectures and demonstrators on the course was found to be most useful.

## TREATMENT

- 17.5 Details of use made of treatment facilities in 1968 compared with 1967 are given below:-

	No. of Sessions		Total Attendance	
	1967	1968	1967	1968
Vision	232	201	3,203	2,860
Audiology	12	14	106	156
Special Investigation	94	77	493	421
Chiropody (In sessions at Centre)			137	97
Recuperative Holidays	*	*	191	238

There were no major changes in policy during the year. Dental health is covered in the separate report by the Principal School Dental Officer.

## THE HANDICAPPED CHILD

- 17.6.1 Drawing together the threads of a child's progress, taking into account the factors which influence his physical, emotional and social development, in order to assess his educational needs, can be a complex process. It is sometimes necessary to draw on the professional experience of many different disciplines to complete the picture. In this respect 1968 might be remembered as a year of consolidation with a growing mutual understanding and awareness of the services for the handicapped child. Good relationships were established with medical colleagues in general practitioner and hospital services, with teachers and other workers in all branches of the education service and with social workers in many fields. Many case conferences were held to good effect, though it must be recognised that there will always remain a number of children for whom each placement is no more than a temporary holding operation.
- 17.6.2 The observation and handicap register revealed the comparatively large number of children in ordinary schools suffering physical handicaps, some of them quite extensive. The responsibility for ensuring that any necessary treatment is given, and appropriate advice forwarded to the Education Officer, falls to the school medical officer, under the direction and guidance of the Principal Medical Officer concerned.
- 17.6.3 It is hoped that closely forged links with the newly established Wolfson Assessment Centre, which promised to consider simultaneously the physical, intellectual, and social aspects of a child's handicap, and further refinement of our system for reviewing the needs of particular children through the index of the handicap register, will improve the standard of effective help through the various social service agencies. The ensuing paragraphs will serve to illustrate some of the help already available through the special schools in the Borough.

## OUR SPECIAL SCHOOLS

### Holly Court School for Educationally Subnormal Pupils

- 17.7.1 It is no coincidence that the Senior Assistant Medical Officer who undertakes the majority of ascertainment examinations is also the school medical officer. This arrangement has meant the development of a more personal approach, especially for the parents of younger 'backward' children, who are invited to discuss their problems at special clinics. At the school leaving stage close links are established with the mental health social workers and it is possible to offer sheltered employment at the industrial centre at Fitzroy Road should the school leaver be unable to take up normal employment.

### Franklin Delano Roosevelt School for Physically Handicapped Pupils

- 17.7.2.1 F.D.R. has a proud record and its staff are to be congratulated on the age range and extent of handicaps for which they provide. It is particularly useful that the Principal Medical Officer (Schools), widely experienced in the field of handicapped children, personally acts as school medical officer to this school. It has become a truism that handicaps rarely come singly, and the opportunity is taken to review the needs of all the children regularly. Their vision, for example, is tested by Mr. Peter Gardiner, one of the Authority's consultant ophthalmologists. His findings are of sufficient interest to be written up separately by him for publication in the professional press.
- 17.7.2.2 We are fortunate enough to have Dr. Suzannah Davidson from the Child Guidance Training Centre attending regularly to give psychiatric support in the school. This link with a neighbourhood child guidance service has been particularly valuable.
- 17.7.2.3 The introduction of a full-time Health Department social worker to help at Franklin Delano Roosevelt and John Keats (Delicate) Schools, proved to be very successful and served to satisfy some hitherto unfulfilled needs. An account of the social worker's own views of her role in the schools and avenues for possible development in the future is given below.

### John Keats School for Delicate Pupils

- 17.7.3 It is perhaps the wide terms of reference which can be contained in the recommendation 'Day school for the Delicate' which makes the medical surveillance of a school one of the most difficult tasks of the school health service. Recommendations have to be most carefully screened, not only in terms of the child's medical history, but also taking into account the social and behavioural difficulties which so often seem to manifest themselves and sometimes have serious repercussions in the composition of the classes. Regular psychiatric and social work support and the devotion and skill of the teaching staff do much to assist the child's educational progress.

### Chalcot School for Maladjusted Pupils

- 17.7.4 For a variety of reasons Chalcot School admitted few children in 1968. This has had repercussions insofar as the ordinary schools have had to cope with maladjusted children awaiting placement and pressure on other types of education for the maladjusted has increased.

## SOCIAL WORK IN THE SPECIAL SCHOOLS

- 17.7.5.1 The social worker was appointed jointly by the Inner London Education Authority and the Borough to work in two neighbouring special schools, Franklin Delano Roosevelt and John Keats. She attended all the medical inspections at the two schools and was thus able to follow up any social problems which arose and to make an immediate home visit if necessary. Her role was essentially that of co-ordinator, liaising with social workers of other Boroughs and voluntary organisations, as necessary, to discuss details of the child's progress or difficulties, and maintaining contact with hospital medical social workers and psychiatric social workers in child guidance clinics. She also gave casework support to certain families when the need arose if no other social work agency was involved. Such referrals came from the school medical officer, the school nurse, head teacher and the divisional school care organiser. Close contact was maintained with the school care organisation, though there was no care committee worker at F.D.R. School during the period in question and relevant information was relayed to the divisional school care organiser, who decided whether the social worker should make a home visit or not. At John Keats School the social worker attended all the school medical inspections in addition to a care committee worker, but was mainly concerned with arrangements for free school meals, the provision of clothing and holidays.

17.7.5.2 The appointment of a social worker attached to the schools was of special value in establishing the feeling of direct contact between home and school. Cases of truancy, poor attendance and continual late arrival could be dealt with quite effectively. Home visits were also made as a routine to new entrants to John Keats School and Franklin Delano Roosevelt School, to give parents information about the school and to answer any queries. Sometimes factors about the home environment might be of help to the teachers in dealing with the child in school, or an account of the child's behaviour in school might be of interest to the parents.

17.7.5.3 Developments in the future might include better communication with the teaching staff by means of more discussion and regular meetings. There might also be improved contact with the children in the school, especially the older children, some of whom might benefit from casework support in their own right.

#### HEALTH EDUCATION IN SCHOOLS

17.8 By the end of 1968 agreement had been reached in principle and a convening date fixed for the formation of a working party on health education in Camden schools, with the object of formulating a suitable and effective health education programme. In addition to representatives from the Health Department, membership comprised nominees from the head teachers' consultative committee, the colleges of further education and the I.L.E.A. Medical Department. Under the general guidance of the Borough's own working party, which meets at regular monthly intervals, health education was carried out in schools broadly under the following headings:-

17.8.1 **I.L.E.A. Activities** at individual schools, talks and exhibitions often with the co-operation of the school nurse or health visitor.

17.8.2 **Camden Monthly Theme** was offered to schools as appropriate; for example talks were given on smoking and health in twelve primary schools during July.

17.8.3 **Co-operation on Specific Continuous Topics.** One of the medical officers was invited to give a weekly tutorial class on health education topics in one of the secondary schools for girls. This arrangement is likely to continue. Again at a comprehensive school for boys a series of talks on personal relationships was given by the teaching staff in conjunction with the centre superintendent of the nearby family health clinic.

17.8.4 **Sporadic Activity.** School Nurses were often requested to give single talks on hygiene, and school medical officers asked in an advisory capacity for information on topics such as personal relationships, drug-taking and so on.

17.8.5 **Parent-Teacher Associations.** School medical officers were sometimes asked to address Parent-Teacher Association meetings on subjects such as sex education and the care of the primary school child.

17.8.6 **Health Education Material.** Posters exhibited in school medical rooms were renewed regularly, and specific requests for individual posters were met as far as possible. One particularly popular poster was a new one issued in September, 1968, 'Starting school - had your pre-school booster?'

17.8.7 **Personal Counselling.** Every school medical inspection session is in a sense a health education session, with the aim of teamwork between the school nurse, medical officer and care committee worker to provide supportive health education in school.

#### PROPHYLAXIS

17.9 The percentage of children seen at routine medical inspections recorded as protected was about the average for the Inner London area and little different from last year.

17.9.1	1968	1967
Vaccinated against smallpox	79.3	81.1
Immunised against diphtheria	89.3	89.2
Immunised against whooping cough	78.1	76.2
Vaccinated against poliomyelitis	90.1	89.2

17.9.2 During the course of the year a campaign was launched to offer measles vaccination to children aged one to sixteen years, with priority being given to those in the 4-7 age range. Parents were invited to take their children to their own general practitioner, to the family health clinic or to special sessions arranged in the schools with the consent of head teachers.

## STUDENT HEALTH SERVICE

- 17.10 A medical advisory service was provided on a regular basis to students of Kingsway College, Holborn College of Law, Languages and Commerce and the Central School of Art and Design. Appreciation was expressed by staff and students alike for the help given and the opportunity was taken to introduce some psychiatric support in the shape of group discussion with the staff led by a consultant psychiatrist from the Tavistock Clinic. A doctor visited Princeton College under the arrangements made for medical supervision of students at establishments of further education being trained under the Ministry of Labour scheme for the training of disabled persons.
- 17.10.1 It is anticipated that the student health service will be improved and expanded in the near future.
- 17.11 These reports to the Inner London Education Authority illustrate the wide range of school health activities with which the department is concerned. The key figure in Camden's school health service is Dr. Lilian Kerr, Principal Medical Officer. Her contact with the heads of schools is excellent, and she maintains her clinical interest as the medical officer for Franklin Delano Roosevelt School for handicapped children.

## SCHOOL DENTAL SERVICE, 1967

- 18 Mr. G.P. Mailer, Principal School Dental Officer, reports as follows:-
- 18.1 1967 saw further steps in the reorganisation of the School Dental Service as recommended by the Authority in 1966.

### CLINICAL SESSIONS

- 18.2 The working week was divided into 10 sessions instead of the former 11 session schedule. By adding approximately 20 minutes to each of the sessions the dental officer still worked the same number of chairside hours. This has proved most acceptable to the staff and falls in line with the normal practice in other authorities throughout the country. Where there is sufficient demand, evening sessions have been introduced on a voluntary basis.

### DENTAL INSPECTIONS

- 18.3 Since the reintroduction of dental inspections last year, all primary and many secondary schools have been inspected and their necessary record cards initiated. The inspections have been welcomed by most head teachers and have established good contact between the schools and the Dental Service.

### EVALUATION STUDY

- 18.4 In order to ascertain the potential demand on the School Dental Service, a D.E.M.F. (Decayed, Extracted, Missing and Filled) count was carried out on all new entrants to school. The figure for Camden children was 3.41 which compared favourably with the average figure from other authorities.

### MOBILE DENTAL SURGERY

- 18.5 As forecast in my last report, the first of the Authority's mobile surgeries was used in Camden. It proved to be very popular with children and also with the staff of both schools and the Dental Service. Certain snags and faults in design were brought to light during use; these were duly reported to the Authority and modifications have been made.

- 18.5.1 One of my personal criticisms of the present arrangements is that it is necessary to use staff from one of the established clinics in order to "work" the mobile surgery with the result that some patients have to be deprived. I feel that it should be possible to have the mobile surgery staffed as a complete unit. Bearing in mind that staff are difficult to obtain these days I feel that use could be made of married women; as the mobiles are mainly used during term time and during school hours, it should be possible to employ female dentists on a pro rata basis so that they would work during the term and have the school holidays when the children are at home. I believe a similar situation exists with school nurses. With regard to future mobile surgeries the Authority are hoping to have a special van for handicapped patients.

#### STAFF

- 18.6 In accordance with the Authority's recommendation the new post of Senior Dental Officer was incorporated into the establishment: Mr. J.D. Anderson was appointed from 1st July.
- 18.6.1 The difficulty of obtaining dental surgery assistants because of the extremely low rate of remuneration and heavy extra load of clerical work was partly offset by the creation of two new posts of clerical assistant/dental surgery assistant.

#### COURSES AND CONFERENCES

- 18.7 The following courses have been attended by dental officers during the year:
- |                    |   |
|--------------------|---|
| May, 1967          | British Post Graduate Medical Federation<br>Course for Dental Officers on Modern Trends<br>Nominee: Mr. Mailer        |
| March, 1967        | British Dental Association P.D.O.<br>Dental Treatment for Handicapped Children held at Bristol<br>Nominee: Mr. Mailer |
| July, 1967         | Annual Conference British Dental Association<br>Nominee: Mr. Mailer   |
| 2nd November, 1967 | Course for Clinical Periodontology<br>Nominee: Mr. Ahluwalia  |

#### STATISTICS

- 18.8 The number of children who were inspected at schools and clinics was 12,245. Of these 55.9 per cent. needed treatment, and 4,174 actually started courses of dental treatment. Thirty permanent teeth were filled to each one extracted, and the ratio for deciduous teeth was three filled to every one extracted. Nearly 100 children were referred to orthodontic consultants for treatment.

#### SCHOOL DENTAL SERVICE, 1968

- 19 Mr. G.P. Mailer, Principal School Dental Officer, reports as follows:-
- 19.1 The year 1968 saw the completion of the raising of the standard of equipment to the level recommended by the Authority in 1966. All dental surgeries in Camden were equipped with aspirators and x-ray apparatus and are thus of an up-to-date standard. As new premises become available, the equipment will, of course, have to follow the current trend for low-seated dentistry. The training schools teach this type of operational working and accordingly, in order to encourage the recruitment of younger dentists, it is essential that the Authority keep this thought before them.
- 19.2 During the year the Lithos Road clinic was closed. This was a very unfruitful clinic, badly sited for the catchment area. The equipment was transferred to West Hampstead School Treatment Centre, where a second surgery is being created by re-adapting the very large waiting-room.

## CLINICAL SESSIONS

- 19.3 The 10-session working week, established last year, continued to operate; evening sessions were held once a week in two clinics. In all 1,899 sessions were worked.

## DENTAL INSPECTICNS

- 19.4 Again all infants and junior schools had dental inspections and good liaison was maintained with the head teachers.

## CRTHODONTICS

- 19.5 Orthodontic treatment was carried out by the Eastman Dental Hospital at the Province of Natal clinic under the special arrangement which exists between the Hospital and the Authority. University College Dental School also attended to a number of orthodontic cases.

## SPECIAL CASES

- 19.6 We were greatly indebted to University College Hospital who, by special arrangement, attended to a number of handicapped children during the year.

## STAFF

- 19.7.1 The year was marred by the very serious illness of one of our officers, Mrs. Simon; during her long absence Mr. Ravid undertook part-time duty as locum tenens.
- 19.7.2 The situation regarding dental surgery assistants continued to be extremely difficult and use had to be made of agency employees. This was both uneconomic and unsatisfactory.

## COURSES AND CONFERENCES

- 19.8 The following courses were allocated:-
- |         |  |
|---------|--|
| January | Child Dental Health (Messrs. Mailer and Riddell)   |
| April   | Post Graduate Study Group (Mr. Anderson)   |
| June    | B.D.A. Annual Conference (Mr. Mailer)  |
| October | Mr. Mailer attended the course organised by the University of London for the Diploma in Dental Public Health of the Royal College of Surgeons. |

## GERIATRIC VISITING SERVICE

- 20.1 There are some 33,000 people of pensionable age in Camden, of whom about 10,000 live alone. Mainly through the geriatric visiting service, we are gradually getting to know more of them individually, and the numbers on our 'Visiting List' have risen steadily - 4,700 at the end of 1966; 5,500 at the end of 1967; 5,723 at the end of 1968.
- 20.2 During 1967 the establishment of geriatric visitors was increased from 20 to 23. Geriatric visitors are all State Registered Nurses, many holding in addition other qualifications such as the Health Visitor's Certificate, or Certificates in District Nursing, Psychiatric Nursing, or Health Education. The basic function of the geriatric visitors is to spot need. They aim at discovering physical, mental and social deterioration in the elderly early enough to minimize their effects, and to initiate preventive and supportive action from appropriate sources before changes become irreversible. It has been found that many old people are not in regular contact with their general practitioners, although they may be in need of medical advice and treatment. Only too frequently they accept infirmities and deterioration in their physical condition as the normal result of ageing, whereas some of these conditions - such as failing eyesight, deafness or nutritional defects - can be alleviated or cured. Again, isolation enhanced by physical defects tends to go hand in hand with mental deterioration. Regular visiting is therefore necessary if the elderly are to be maintained in the community as long as possible.

- 20.3 As in previous years, the health education programme of film shows and talks at clubs for old people has been well supported.
- 20.4 The response from hospitals in the area to the geriatric visiting service has been encouraging. Consultants from the St. Pancras Wing of University College Hospital and from the Highgate Wing of the Whittington Hospital have shown their interest in linking up with the geriatric visitors, particularly when a patient's stay in hospital nears completion and his future care is under discussion. Often Geriatric Case Conferences have been organized for this purpose.
- 20.5 General Practitioners also find that the geriatric visitor is a useful link with the patient and with other services. Some have found it helpful to start a geriatric session for their own elderly patients with the assistance of a geriatric visitor. It is hoped that further joint ventures of a similar nature may be developed.

## MEALS FOR OLD PEOPLE

### SCOPE OF SERVICE

- 21.1.1 The Department's meals service covers the supply of
- hot mid-day meals to housebound old people where relatives, a home help or a good neighbour is not available to prepare and cook food ('meals-on-wheels'); and
  - invalid meals for housebound people, irrespective of age, who require special diets.

Applications for meals are normally received from general practitioners, hospitals, geriatric visitors, and district nurses.

- 21.1.2 The growth of the service is shown by the following figures:-

<u>Year</u>	<u>Invalid meals</u>	<u>Meals-on-wheels</u>	<u>Total</u>
1966	26,200	79,100	105,300
1967	24,000	86,600	110,600
1968	21,000	103,000	124,000

### METHOD OF PROVISION

- 21.2.1 The period 1967/68 saw a complete change in the basis of the provision of the meals. These had hitherto been obtained from three commercial firms, but in August, 1967 the Council's central kitchens were able to take over the meals preparation from one of these firms, and from May, 1968, all meals were supplied by the Council's catering service.
- 21.2.2 Alongside this change in supply arrangements came changes in methods of distribution. At the beginning of 1967, assistance in distribution was being continued by the British Red Cross Society and the Camden Old People's Welfare Association in the northern part of the Borough and by the Womens' Royal Voluntary Service in the southern part. In August, 1967, the latter body, because of difficulties experienced in obtaining volunteers, asked the Council to take over the distribution of meals in the southern area. For similar reasons, the Camden Old People's Welfare Association asked the Council to take over its delivery area early in 1968 and, following the complete centralisation of the supply arrangements, the British Red Cross Society suggested that it might be advantageous for the whole of the meals service to be co-ordinated under one control, as a result of which its area of delivery was also taken over by the Council in May of that year.
- 21.2.3 With the unification of the supply and distribution of meals, it was possible to plan a more efficient service in that each van could carry both invalid and ordinary meals. This allowed routes to be replanned to give more economic rounds, resulting among other things in meals being hotter when delivered.



- 21.2.4 I would like here to record the great debt which the meals service, like so many other social services now provided by local authorities and taken for granted, owes to the pioneering work of voluntary bodies such as the Women's Royal Voluntary Service, the British Red Cross Society and Camden Old People's Welfare Association. These voluntary bodies in the first instance saw the need for the service, and by dint of hard work, enthusiasm and no little sacrifice set out to satisfy that need and continued to do so for many years.

#### CHRISTMAS ARRANGEMENTS

- 21.3.1 We have been singularly fortunate in receiving offers of voluntary help to provide meals over each Christmas period. The Christmas holiday in 1967 covered four days, and a list was compiled of elderly people likely to be without a meal over that period. On Christmas Eve (Sunday) Mrs. Murray, the Council's Meals Organiser, and five voluntary drivers helped the Council's Catering Officer to pack cold lunches of turkey patties and salad and then delivered them to 97 needy persons. On Christmas Day a student of University College School cooked a meal consisting of turkey, stuffing, bread sauce, peas, runner beans and creamed potatoes, together with Christmas pudding and brandy sauce, and four students using one of the Council's vans delivered the meals to 20 elderly people. Task Force - following the precedent they had themselves set the previous year - organised the cooking and delivery of 71 Christmas dinners on Christmas Day and 76 cold meals on Boxing Day to elderly people who might otherwise have been without a meal.
- 21.3.2 On Christmas Day 1968 volunteers from Camden Old People's Welfare Association under the supervision of its Secretary (Miss J. Chapman) together with her Deputy (Mrs. Fellows) and the General Secretary of the Camden Council of Social Service (Miss P. Warren) assisted by Town Hall kitchen staff cooked 191 Christmas dinners. The meals were loaded into the Council's meals vans and distributed by volunteers from Task Force and by students from University College School, who manned two of the vans. Advantage was taken by the drivers of the comparatively small number of meals per van to make each delivery a good-will social call as well. On Boxing Day 201 meals were prepared by the Town Hall kitchen staff and were again distributed by Task Force volunteers.

#### CHIROPODY

- 22.1 The relief which the chiropodist is able to give to sufferers from painful feet is often quite remarkable. This is particularly true for old people, the major priority group for whom this medical ancillary service is provided. Chiropody treatment is seldom a once-for-all matter, and an elderly patient will probably need treatment on about seven occasions during each year at regular intervals; the continuous introduction of new patients therefore vastly increases the demand of the service. Other priority groups are the physically handicapped and expectant or nursing mothers. Other patients obtain treatment through the hospital service on the recommendation of a general practitioner, from a private chiropodist, or through a school of chiropody (The Chelsea School of Chiropody, which now has premises in the N.W.8 area, accepts all types of patients without charge).

#### GROWTH OF SERVICE

- 22.2 The demand for chiropody showed continuing increase during 1967 and 1968. The development of the geriatric visiting service, improved liaison with general practitioners, and a large number of self-referrals to the local clinics all contributed to this increase, though there may still be a considerable latent demand. The increase in domiciliary treatments as between 1967 and 1968 (see table below) is partly due to the gradual replacement during 1968 of transport sessions by domiciliary sessions as the result of a decision that the financial and other disadvantages attached to transport sessions far outweigh the advantages.

## STATISTICS

22.3 Treatment figures are summarised below:-

Quarter ending	Weekly No. of domiciliary sessions	Weekly No. of Clinic sessions	Total number of treatments
31. 3.67	19	59	5,681
30. 6.67	22	72	6,736
30. 9.67	23	68	6,391
31.12.67	24	72	6,603
31. 3.68	29	80	7,238
30. 6.68	32	71	7,164
30. 9.68	34	76	7,517
31.12.68	39	76	7,757
<b>Total 1967</b>			<b>25,411</b>
<b>Total 1968</b>			<b>29,676</b>

## STAFF

22.4 Our recruitment position improved following the establishment of better working conditions and the provision of additional equipment. A team spirit emerged with the increased contact between chiropodists which was facilitated by the presence of a full-time clerk and an appliance centre under the direction of Mr. H.J. Prior, the chief chiropodist at the Dennis Geffen Health Annexe, who retains a most important teaching contact with the Chelsea School of Chiropody.

## LIAISON

22.5 Liaison was maintained with general practitioners, hospitals, and other organisations concerned with the provision of services for the aged. Sometimes the chiropodist making a domiciliary visit was able to alert other workers to an emergency. The Chief Chiropodist assisted the Welfare Department by arranging for a chiropodist to visit old people's homes when staffing difficulties arose.

## HOME NURSING

23.1.1 The Queen's Institute of District Nursing decided in 1967 to cease awarding their certificate after the examinations in May 1968. The then Minister of Health, after consultations with the Local Authority Associations and the Queen's Institute, decided to introduce unified arrangements for training home nurses for a single National Certificate, district nurse training and examinations being conducted under arrangements to be made by local health authorities themselves.

23.1.2 A working party appointed to consider alternative arrangements for training within Greater London suggested that advantage should be taken of facilities for theoretical instruction in preparation for the certificate which existed in, or were proposed by, the polytechnic colleges. The North-Western Polytechnic started a course in 1968 and this has been used in conjunction with the Borough's arrangements for the practical training of sponsored students. Examinations are conducted by the colleges on behalf of the Department of Health.

## ATTACHMENT OF HOME NURSES TO GENERAL PRACTITIONERS

23.2.1 A pilot scheme of attachment of a home nurse to a group practice was introduced on 6th February 1967 (see paragraph 13 of this report). A home nurse started to attend exclusively the patients on the list of a group of practitioners, irrespective of the Borough boundaries. The nurse called regularly at the surgery and can give treatment there by appointment.

- 23.2.2 It was intended that through this scheme a closer working relationship between the nurse and the doctor would be established. It would also facilitate the exchange of reports on patients and would save the doctor's time by letting the nurse accept such work as could be delegated to her. This pilot scheme worked satisfactorily and the numbers of patients treated by the nurse at home and in the surgery are both steadily increasing.

#### STATISTICS

- 23.3 There was an increase in the number of patients nursed at home: 2,944 in 1968 compared with 2,530 in 1967. Although proportionately the greatest increase was in the number of patients under five years old (109 as against 48) the most significant increase was that of the patients nursed who were over 65: 1,996 such patients (67.8 per cent. of the total) were nursed in 1968, compared with 1,620 (64 per cent. of the total) in 1967. This is possibly an indication of the increasing proportion of elderly people in the community and the consequent need to devote a larger portion of the available services to this age group. Another indication of the increasing service provided is shown in the total of 101,115 visits (including group attachment visits) made during 1968, as against 92,575 visits made in 1967.

#### POST-CERTIFICATE TRAINING

- 23.4 Nine home nurses attended refresher courses during 1967 and thirteen in 1968. Twelve and eight received district training in the respective years. In 1967, 271 hospital student nurses accompanied home nurses on the district in order to obtain first hand knowledge of the home nurses' work; the comparable figure for 1968 was 207.

#### RENAL DIALYSIS IN THE HOME

- 23.5 The Council agreed to arrange, under Section 28 of the National Health Service Act, 1946, for the adaptation of any dwelling and/or the provision of additional facilities which might be necessary for installing equipment for renal dialysis for use of a person suffering from illness. The Council also decided that no charge should be made for this service. At the end of 1968, three such patients were known to be living in Camden, and the Borough had paid adaptation costs in respect of the home of one of them. An application to the Ministry of Housing and Local Government for authority to make an *ex-gratia* payment to one of the other patients, who had already had adaptations carried out at his own expense, was approved and reimbursement made. The cost of the adaptations in these two cases were respectively £361 and £78 - somewhat at variance with figures in the neighbourhood of £180 quoted in official guidance on the subject.
- 23.6 Miss B. Newman-Pilkington is Superintendent of Midwives and Home Nurses. She tackles her commitment against the background of wide social interest and experience.

#### LOAN OF HOME NURSING EQUIPMENT

- 24.1 The number of items of home nursing equipment lent by the Borough during 1967 and 1968 was again higher than in previous years. Equipment lent included the following:-

<u>Item</u>	<u>1967</u>	<u>1968</u>
Wheel-chairs, indoor	117	137
Wheel-chairs, outdoor	112	91
Back rests	48	97
Bed cradles	45	50
Armchair commodes	362	379
Dunopillo mattresses	18	28
Easi-carri hoists	9	3
Fracture boards	50	51
Hospital type beds	9	16
Penryn hoists	12	12
Cot beds	6	9
Walking aids	99	112
Bath aids	50	92
Bed tables	-	3

- 24.2 Because of the high initial cost, and regular maintenance required, the Borough began to hire Ripple beds from a specialist firm for loan to patients who are in the terminal stage of an illness. An alternating current distributes pressure over the bed and inhibits the formation of decubitus ulcers. Only 1 Ripple bed was hired in 1967, but the service has been extended and 13 were hired in 1968. A Destil electric still was purchased in 1968 for use by a patient suffering from renal failure. The Borough has also continued to supply incontinence pads and incontinence pants, the demand for both of which increases steadily.

## HOME HELP SERVICE

### STATISTICS

- 25.1 The number of persons given help during 1968 was 3,109 compared with 2,956 in 1967 and 2,897 in 1966. The number of home helps, which rose from 172 in 1966 (whole-time equivalent) to 193 in 1967, fluctuated a little over the course of 1968 and considerable difficulty was experienced in recruiting, particularly in the north of the Borough, where there are particular travelling difficulties as well as competing demands from private households. Because of the slight fall-off in the amount of home help service available it was not possible to allocate the optimum number of hours required, but all patients in need received some help.

### STAFF

- 25.2 Efforts were made during 1967 to improve the standards of service by in-service training (reported elsewhere) and by the issue of protective clothing. Negotiations to provide home helps with outdoor clothing as a protection against inclement weather began in 1966, but having been postponed because of financial stringency were successfully concluded in 1967. The Council agreed to the issue of the following items on loan to home helps:-

#### *Full-time home helps*

3 overalls (subject to three months' service)	}	subject to six months' service
1 pair of rubber gloves		
1 mackintosh		
1 storm cap		
2 pairs of shoes		
1 hold-all		

#### *Part-time home helps*

2 overalls (subject to three months' service)	}	subject to six months' service
1 pair of rubber gloves		
1 mackintosh		
1 pair of shoes		
1 hold-all		

### FUTURE TRENDS

- 25.3 More than two-thirds of the people receiving home help service are over sixty-five years of age, and it is evident that with the high proportion of elderly people in the community the demand for a home help service is likely to grow. As stated already, however, even today's needs cannot be met. The home help's work must be seen to have some worthwhile appeal and adequate rewards, or recruitment will flag. Miss K.M. Atherton, the Principal Social Worker (Health Services), is devoting much time and energy to the consideration of ways and means of improving the service and making it an integral part of the Camden Family Service, including the possible reorganisation of the base areas, and increasing the organising staff to give more effective supervisory support.

## GOOD NEIGHBOUR SERVICE

26.1 1967 and 1968 were years of continued expansion of the Good Neighbour Service. Although started as a service for old people, the aim was that it should be expanded to be a more genuine 'Family Service'. This proved easier in the south of the Borough than in the north, where the service continued to be used mainly for old people, whereas in the south it was possible to provide care for clients of all ages needing help, and to build up a group of more experienced 'Good Neighbours' to be trained to help families with multiple problems.

26.2 The following figures illustrate the growth of the service since 1965:-

<u>Date</u>	<u>Number of Good Neighbours</u>	<u>Number of persons receiving service</u>
31st December, 1965	65	111
31st December, 1966	174	249
31st December, 1967	205	356
31st December, 1968	219	358

26.3 Most good neighbours are pensioners, taking on only one or two clients, although there has been an encouraging increase in younger recruits. In view of the semi-voluntary nature of the work the maximum payment to a good neighbour, save in very exceptional circumstances, is £2.10s. 0d a week. Clients are referred from a number of sources - from the Council's Welfare and Children's Departments as well as from geriatric visitors and other field staff in the Health Department, and also from outside organisations with close ties with the Council's services, such as the Camden Old People's Welfare Association, Family Service Units, Task Force and general medical practitioners.

26.4 It is sometimes thought appropriate to ask why a Good Neighbour Service should be necessary in addition to a flourishing, if hard-pressed, Home Help Service. The answer is that the good neighbour, although in many cases providing similar services to those supplied by a home help, does so on a more informal basis and is not tied to a tight time-schedule. The value of the Good Neighbour Service and its place in the social service complex may perhaps be illustrated briefly in terms of case histories.

### 26.4.1 *Case A*

An old lady aged seventy-eight years suffers from arthritis, is deaf, confused and becoming weak. She is 'difficult' in that she has refused Part III accommodation in an old people's home, but she causes distress to neighbours by wandering the streets at night, and the Police have been involved. Meals on wheels have been supplied but left uneaten.

A good neighbour is found who is able to call on the old lady three times a day for seven days a week. She calls every morning to make breakfast; she prepares a mid-day meal; then goes for a third time in the evening to give the client a sedative prescribed by the doctor, and to help her into bed. The good neighbour also does shopping and collects the old lady's pension.

Other domiciliary services provided in this case are home help twice a week and a home nurse also twice a week.

Without a good neighbour this old lady would be constantly in and out of hospital, if not permanently in a home.

### 26.4.2 *Case B*

A mother, of limited intelligence, who has three young children, aged five, four and two years, was ill-treated and deserted by the man with whom she was living. She was sterilised following a further pregnancy, having lost the baby. A good neighbour visits every morning to take the children to school and nursery school, and to give general assistance to the mother in organising her home, shopping, hospital appointments and so on.

Without a good neighbour the children would probably be in care.

## MENTAL HEALTH SERVICE

### INTRODUCTION

- 27.1.1 The Borough as local health authority is responsible for the implementation of the Mental Health Act, 1959, in its area and provides a mental health service to give care and support as necessary to mentally subnormal and mentally ill persons there.
- 27.1.2 Progress in the care and rehabilitation fields has grown with the opening in 1967 of a second day centre for the mentally ill and the appointment of Dr. Bernard Adams as consultant psychiatrist jointly with Friern and University College Hospitals. In the field of care for the mentally subnormal, progress was shown by the introduction of a scheme for junior trainees to attend the Council play centres during training centre holidays and with the opening in 1968 of an industrial training centre at Fitzroy Road, Primrose Hill, and a hostel for working adults in Hampstead. References to these projects will be found in the section of this report devoted to Planning. For the mentally ill, a scheme of boarding-out in private households was introduced early in 1968. Many residential and some day-time services for patients, however, still have to be provided at establishments outside the Borough and by local authorities and voluntary organizations.

### THE MENTALLY ILL

- 27.2.1 The Borough's mental health services continue to become better known, and the amount of care undertaken has necessarily increased. During 1967, 957 persons were referred to the mental health team, an increase of about 23 per cent. over 1966. Of these, 525 were for community care, an increase of some 89 per cent. on the previous year. The other 433 referred were for admission into hospital, a decrease of almost 14 per cent. on 1966. During 1968, 775 persons were referred, 376 for community care and the other 399 for admission into hospital. The hospitals remain the largest source of referrals, the number of which rises steadily.
- 27.2.2 Some 560 mentally ill people were receiving community care at 31st December 1968, the number having doubled since the Borough was set up in 1965. Regular support and therapy have been given to these patients and their relatives in a variety of ways, and the mental health social workers have undertaken intensive case-work with about one-fifth of them. Children leaving schools for the maladjusted are followed up by social workers; or, if a child is in the Council's care, there is liaison with the child care officer. The mental health social worker normally takes over when the child reaches 18 years of age should continuing help be required.
- 27.2.3 60 patients were admitted to, or continued to be maintained in, a variety of hostels for mental after-care, and 11 patients were sent by the Council in 1968 (13 in 1967) on recuperative holidays. 33 patients attended day centres outside the borough in 1967; this figure was reduced to 17 in 1968.
- 27.2.4 The Council's two day centres, opened in 1966 and 1967 respectively, have now become firmly established with their individual therapeutic patterns.
- 27.2.4.1 (a) *Lynden Centre*
- During 1967 there were 57 admissions to and 54 discharges from this centre; the 1968 figures were 37 and 33 respectively, and at 31st December 1968, 17 remained on the register. As an extension of the group rehabilitation work at the centre, the patients were given the opportunity to go away together on a holiday to Norfolk in June 1967. 15 patients went, and the holiday was a great success in furthering the centre's aims. The holiday was repeated in the summer of 1968, when 11 patients went and the holiday was again successful.
- 27.2.4.2 (b) *Raydon Centre*
- Camden's second day centre for mentally ill patients opened on 6th November 1967 at 43 Raydon Street, N.19, under the supervision of a manager and four staff. The Raydon Centre is a work and social rehabilitation unit to take up to 35 patients, catering for those who are not at the moment employable, and is housed in a small converted factory. The aim is to restore working and social capacity; and light industrial work, mostly contracted from local firms, is used to create an atmosphere of purposeful activity. Incentive payments, which are reviewed regularly, are made to the patients on a sliding scale according to their attendance, punctuality, effort and output.

The Centre now has contracts for work with seven different firms, and prospects of maintaining continuity of work are improving. Some contractors supply additional machinery and apparatus, and this creates a realistic working atmosphere.

Other aspects of rehabilitation work undertaken at the centre include the educational (shopping; going to the bank; learning to deal with money; reading; writing) and the domestic (preparing the dining room, laying out lunches; washing-up; making tea for the morning and afternoon breaks). Two group meetings, attended by mental health social workers, are held every Monday to further the social rehabilitation. A social club, at which there are painting and cookery classes and various games for those attending the centre, meets every Wednesday immediately after work.

During the centre's first few months, 17 people were admitted and one was discharged. They ranged in age from 16 to 60 years, but the largest age group was of those in their early 50's. During 1968, 47 people were referred to the centre, and 33 were discharged from it. Of the latter, 5 men and 3 women were found employment, and 3 men were transferred to other centres. 7 patients were readmitted to hospital, and 15 others were discharged for various reasons. At 31st December 1968, there were 27 people (15 men and 12 women) on the register.

#### (c) *Psychiatric Social Club*

The Camden Thursday Club, for people who have had or are vulnerable to breakdowns and are therefore in need of support, continues to flourish. It has an average weekly attendance of 20 to 30 people within a fairly young age group largely up to the mid-40's. Their activities include painting, musical appreciation, free expression, dancing, v. 'minton, acting and discussion as well as outings to other clubs. A magazine (the 'Thursday Wot') has been produced in conjunction with the Lynden Centre. The club welcomes members of the Council, general practitioners and professional staff at its annual Spring Open Night, when they are able to join in the club evening and see a display of patients' paintings and other work. For the 1968 occasion, the club put on a performance of "The Rose Garden", a musical version of "Beauty and the Beast" written by one of the members. The resulting enthusiasm of the cast and the club as a whole led to visits being made to Friern Hospital, to the Willesden Tuesday Club and to clubs in Tooting and St. Olave's (Bermondsey) Day Hospitals. The Willesden Tuesday Club had been visited before, and since the play was put on more regular social interchanges of individuals and of the whole group have taken place. Thus the Club has come to be fairly competent and outward-turned during its third year. It has been the subject of a five-minute radio talk in "Woman's Hour".

## THE MENTALLY SUBNORMAL

27.3.1 At the end of 1967, 328 mentally handicapped children and adults were receiving community care, a rise of 9 per cent. on 1966. The 1968 figure was 327, of whom 118 were under 16 years old.

27.3.2 Special units are provided for the under-5's, 9 places being available at the Coram's Garden Day Nursery and another 9 at the new Konstam Centre, which opened in March 1968 and took in the children formerly cared for in the nursery run by the Camden Society for Mentally Handicapped Children in Lindfield Gardens. 41 Camden children were attending junior training schools and special care units attached to junior training schools at 31st December 1968, compared with 37 a year previously. Whilst in 1967 40 men and women had to be placed with other authorities' and other organisations training centres, there was a welcome reduction of this figure to 7 in 1968, at the end of which year 52 were attending the council's own Fitzroy Industrial Centre. Suitable trainees from all training centres were again able to go on a two-week holiday to St. Mary's Bay, Dymchurch, organized by the London Borough of Hammersmith, and 14 from Camden participated each year.

27.3.3 Regular visits by social workers continue to be made to families of the mentally handicapped, and support, advice and guidance on the care of the patients given. 34 children and adults received periods of short term care in hospitals and approved homes in 1967, and 32 in 1968. 24 were receiving long-term residential care at the end of 1967 and 33 at the end of 1968. In 1967, one boy was sent on an E.S.N. Socialization Course run by the National Society for Mentally Handicapped Children for a period of three months.

27.3.4.1 (a) *Fitzroy Industrial Training Centre*

Camden's first Industrial Centre opened on 18th March 1968 in Council premises at 40/44a Fitzroy Road, Primrose Hill, with 40 male and female trainees. This centre, which can cater for up to 50 - 60 trainees, is in an area due for redevelopment within a few years, and a purpose-built replacement for more than double the number is being planned. It has an industrial orientation and provides purposeful activity in a "factory floor" rather than a "school-room" setting, although for the younger trainees some education is undertaken. The work programme is supplemented by domestic and social training. A variety of light industrial work is contracted from local firms and authorities, including:-

Royal Sovereign Pens Limited	- assembly of ball point pens
Frigidaire Limited	- electrical assembly
Britains Limited	- assembly of toys
Myrstans Limited	- assembly of boxed games
Nova Electrics	- light bulb packing
Narramore and Tozer Limited	- assembly of screw parts
Greater London Council	- wood articles
Camden Borough Council	- printing of visiting cards

Incentive payments are made to the trainees on a sliding scale, and they are assessed according to their social and working capabilities, taking into account regularity of attendance, ability and effort. Payments vary between 2s. 6d. and £2 per week. Transport is provided for those unable to travel alone and training is given for travelling on public transport; at present 30 per cent. travel on their own. By the end of the year, there were 53 on the register and 3 trainees had obtained outside employment.

27.3.4.2 (b) *Venture House*

The hostel for 12 employable mentally subnormal adults opened in March 1968 at 3 Pond Street, N.W.3, a large semi-detached house in a residential area. Most residents have a single room, but there is one small dormitory for three and a communal dining-room and lounge. Both the warden and his deputy are resident, and besides running the hostel they are responsible for helping the residents find employment and for dealing with problems which arise in relation to their work and social activities. Evenings at the hostel often centre around the lounge, and television, games and sometimes discussions are used to help the residents feel that Venture House is their home. At 31st December, 1968, there were 7 residents, of whom 4 were in employment and 3 attended the adult industrial centre.

27.3.4.3 (c) *Play Centres*

The training schools for mentally handicapped children close down in school holidays. Catering for the children at home while the schools are closed often presents difficulties, and the children may be deprived of the companionship of their fellows. In an endeavour to overcome some of these difficulties, we were able in 1967 to initiate a scheme whereby a number of our mentally handicapped children attended borough play centres. Voluntary workers from Task Force and the Camden Council for Social Service helped the play centre staff, caring for the children and helping them in their play. At Easter, about a dozen children attended 3 play centres for 1 to 2 weeks. In 1968, it was felt that these facilities should be available for most of the trainees during the holidays, and accordingly arrangements were made for the 12 children to attend 3 days each week. Over the whole holiday period, some 60 voluntary helpers from Task Force were involved and, because of their interest, a tea party at which two mental health films were shown was arranged for volunteers. Thus we were able to further the mental health education which they had received on a practical level at the play centres. This activity continues successfully, thanks to the whole-hearted and enthusiastic co-operation of all concerned.



The 'Wednesday Club' for Camden's mentally handicapped people moved from Tonbridge Club, Cromer Street, W.C.1 to Exhibition Hall, Camden Street, N.W.1 during 1967, where it continued to meet on Wednesday evenings throughout 1968. There have been considerable changes during the period under review. The membership has risen to about 40, although the new arrivals do not consist only of adult subnormals. For some time an audience of local children stood at the door of the hall and banged on the windows during club time, generally causing a disturbance, until it was decided that the solution might be to let them in. There were in the beginning the inevitable resentments of the established members, and the curious looks from the junior members, but by lengthening the duration of the club sessions and allowing the children in for the first half, quite a high degree of integration developed, and each group seems to benefit from the presence of the other.

The club depends to a great extent on voluntary helpers, and there is now a group of 10 who attend there regularly. They lead the members in various activities - football, knitting (e.g. squares for a blanket for Cxfam), needlework (a lot of the junior boys enjoy this!), painting and billiards.

At Christmas a Nativity Play was produced with the aid of three voluntary helpers and was performed at an "At Home" for parents, social workers and others. Junior members of the club sang the carols and the senior members acted out the Nativity. This was a great success. The enthusiasm shown has led to plans for producing a new play. There have been several outings - a (wet) day at Littlehampton during the summer, which was enjoyed partly perhaps because there was a Fun Fair; and a very successful day on the National Boys' Club camping site in Ashdown Forest. A log cabin had been put at the disposal of the club members and with that, a trek through the forest and various outdoor games, everyone returned home tired but happy.

Some of the male members and helpers went on a fishing expedition and the occasion was made memorable by the fact that all the members caught fish while none of the helpers managed to catch a thing. For the girls there was a Christmas shopping expedition in Oxford Street with a quick look at Carnaby Street.

Plans have been made to spend more time outside the club premises in future, and possibilities include weekends away, bowling and bingo visits and a visit to a television show. Thought is also being given to the possibility of starting a small group of very severely subnormal adults, since they have very limited social opportunities.

## DOMICILIARY OCCUPATIONAL THERAPY

27.4.1 1967 was the first full year of the operation of this service and there were 31 referrals. 23 people had been discharged by the end of the year (including 6 referred to a day centre by the therapist) and about 20 patients, with disorders ranging from severe subnormalities to schizophrenia, were receiving visits at 31st December. There were 10 new referrals during 1968 and 14 patients were discharged (these included some referred to a day centre by the therapist for further help). 13 patients were receiving visits at 31st December 1968, during which year 836 visits were made. Each person referred has an individual plan of treatment, which may include such items as daily activities (cleaning, cooking, shopping and going on outings); making dresses, furnishings, toys or rugs; mosaic work, carpentry, etc. For the mentally subnormal, there have been additionally practical lessons of general knowledge, telling the time, drawing, painting and understanding the value of money.

27.4.2 The main aim has been to maintain and improve each individual's full function in the community. There has been good liaison with the mental health social workers, hospitals and day centres. Patients discharged from hospital having improved with treatment are immediately taken on in order to maintain the improvement and, if possible, to continue treatment. Close co-operation is needed to persuade patients to go to centres and also to maintain their attendance.

## BOARDING-OUT SCHEME

- 27.5.1 With increasing emphasis on care of mentally disordered persons within the community, there is growing pressure for patients who can be so supported to be discharged from psychiatric hospitals. Not all such patients have homes to which they can go and where they can receive adequate support, and there is a shortage of hostels which we in Camden are striving to remedy. One way of accommodating patients is to place them in boarding houses or small establishments which have sympathetic and understanding landladies. In April, 1968, a boarding-out officer was appointed to implement such a scheme.
- 27.5.2 Throughout the first few months, much time was spent in exploring the neighbourhood and discovering the type of living accommodation offered through shop window advertisements and local newspapers. The boarding-out officer was also able to meet and talk with landladies about the boarding-out scheme and their prejudices towards mental illness. Attention was drawn to the scheme in Mental Health Week by the display of posters and by the distribution of leaflets, and some space was given to it in the local press inviting interested persons to contact the department. Although this was a useful exercise in making people aware of the scheme, it brought no positive response from the public.
- 27.5.3 The original intention had been to build up a pool of local landladies willing to offer accommodation at the request of the boarding-out officer but as there is such a demand for accommodation for single persons in Camden, landladies were not willing to keep rooms vacant, despite the promise of a retaining fee payable by the Council. Some were, however, prepared to give the boarding-out officer the first choice whenever a vacancy occurred. It could be assumed that if there was no patient in need at that moment, then the landlady would let her room and the vacancy would be lost for 2 - 3 years. Finding not only suitable landladies but vacancies at the time of need is therefore difficult.
- 27.5.4 Apart from the landlady, a suitable environment must be considered from the patient's point of view. Those who have lived for most of their lives in Camden Town could not really adjust themselves to Swiss Cottage or Hampstead. Most of the mental health centres and clubs are situated in the eastern part of the borough, and their neighbouring areas are Kentish Town, Gospel Oak, Camden Town and Somers Town. Owing to redevelopment programmes in these areas, many houses previously in multiple occupation are being replaced by blocks of flats, and hence there is an increasing shortage of small lodging establishments. On the other hand, in Hampstead, where there is a large bed-sitter pocket, landladies tend to be discriminating on social grounds, and many prefer to obtain tenants through professional agencies.
- 27.5.5 When a patient is accepted for inclusion in this scheme, the boarding-out officer has to begin his search for suitable landladies and, depending on the vacancies at the time, this could take up to 8 weeks before the right accommodation is found. Most patients referred are already living in the community but are experiencing problems with their present accommodation (the most common being loneliness) which makes referral appropriate. However, it has been found that the majority have benefited from advice and support - in some cases financial - given by the boarding-out officer and have not needed to be placed with a selected landlady.
- 27.5.6 In the course of his work, the boarding-out officer is acquiring a useful store of knowledge of the different social and racial communities within the Borough.
- 27.5.7 14 men and 16 women have been referred for consideration under the boarding-out scheme, 22 by mental health social workers, 4 by hospitals and 2 by hostels. 2 were self-referred. Of those referred by mental health social workers, 4 were initially boarded out, 11 received support and advice only, 2 were found suitable for Venture House and 5 were still under review at 31st December 1968. Of the remainder, 4 were not suitable and 4 received support and advice only.

## MENTAL HEALTH TEAM

- 27.6.1 A mental health team requires a structure ensuring backing for field social workers by more senior colleagues, so that guidance and support may be given at all times. Social workers' duties are demanding, and may cause them considerable anxiety in relation to particular clients and problems. Miss Perrott, the Principal Mental Health Social Worker and her Deputy have in the past found themselves too heavily engaged to give sufficient support, as they have become increasingly involved with planning future developments, in reviewing the service, and in maintaining close contact with other sections of the Health Department, other Departments and outside organizations. The establishment of the Health Department was therefore increased during 1967 by 2 positions of Assistant Principal Mental Health Social Worker to undertake supportive work for the social work team, and also for staff in centres and the hostel due to be opened.
- 27.6.2 The mental health team at the end of 1968 comprised a group of 17 social workers, together with 15 staff at centres and hostels. There is constant support and communication between all staff, and the most senior mental health social workers provide supervision and additional support when needed. There is a weekly meeting for all members of the team, which is attended by the consultant psychiatrist and a member of the administrative staff.
- 27.6.3 One mental health social worker assumed special responsibility for the care of the elderly mentally sick, developing the already strong links with geriatric visitors and co-operating with them and with general practitioners in the care of the patients. By this combined effort, and with the good-will and help of the community as a whole, many people in this group have been enabled to remain in their own homes.
- 27.6.4 During the Mental Health Weeks held nationally during 1967 and 1968 the mental health team was active in a variety of ways. Meetings were arranged at maternal and child welfare centres, when films were followed by general discussion led by a social worker. The Fitzroy Industrial Centre had an Open Day for relatives and friends and others interested in the work. Kingsway College for Further Education invited a social worker to address a different group of day release students on each day of the 1968 Mental Health Week, and the sixth-formers at Haverstock School were also given a talk by, and had discussion with, a senior mental health social worker.

## HOSPITAL SERVICE

- 27.7.1 Camden has continued to be served by Harperbury Hospital for its mentally subnormal patients and Horton and Friern Hospitals for the mentally ill. University College Hospital, North Wing, provides some beds for the psychiatric patients in the south of the Borough. The Royal Homoeopathic and Whittington Hospitals have again been particularly helpful in taking our severely handicapped children for periods of short-term care. At Friern Hospital, the ward system has been revised so that one team of psychiatrists now deals with all Camden patients who are admitted.
- 27.7.2 The Consultant Psychiatrist jointly appointed in 1967 between University College Hospital, the New Southgate Hospital Management Committee and the Borough helps maintain general liaison among the various mental health agencies and gives support and advice to the mental health team. He is present in an advisory capacity at meetings on new projects, and shares responsibility for approval of admissions to mental health day centres.
- 27.7.3 In developing closer ties between the Borough and the hospitals, social workers from the mental health team attend weekly clinics at New End Hospital and Horton Hospital, and also join a social worker group at Friern Hospital each week. There is frequent follow-up of patients in hospitals by the Borough's social workers.

## TRAINING

- 27.8.1 During each of the years 1967 and 1968, 12 social work students from Universities and Colleges of Technology were attached to the mental health team for casework training for periods ranging from 2 - 6 months. In addition, 2 students were placed in 1968 for the study of group work. This is a new aspect of student training and we welcomed the opportunity of participating in it. All these students received weekly supervision from senior mental health social workers. Two mental health social workers ran a weekly meeting for 6 of the students and these were particularly successful. The mental health social workers who supervise these students work closely with the academic staff of training courses. The demand from the training courses to place students with the mental health team was heavy and once again we have had to refuse many. Many students were placed with the team to observe the work but not to participate directly in it. Their periods of training ranged from one day to two weeks. These were mainly social work and medical students, the social work students coming from all over the British Isles and abroad.
- 27.8.2 The weekly case conference is particularly valuable for the further training of our staff and students, and of the many visitors who come to it. We have participated fully in the in-service training scheme of the Health Department and have found the interchange of staff stimulating.
- 27.8.3 The staff of the mental health team have given a number of lectures to local groups and schools, as well as a series of lectures to medical students from one of the teaching hospitals.
- 27.8.4 The mental health social workers and staff from our outside establishments have benefited from the opportunity to attend a variety of courses in all aspects of the work. Two experienced, untrained staff have been seconded to undertake full-time training which will lead to a professional qualification.

## FUTURE DEVELOPMENTS

- 27.9.1 Approval was given in 1967 to the setting up of a day centre for disturbed adolescents, and a suitable detached house was found the following year. Plans for adaptation of the premises and proposals for activities were agreed.
- 27.9.2 Plans for a 90-place junior training school for mentally subnormal and severely subnormal children, with a 24-place special care unit for dual-handicapped children, have gone ahead and a site has been allocated in the Alexandra Road, N.W.8, development scheme. The premises will be purpose-built, and plans are being prepared by the Borough Architect to recommended specifications. Also included in the 10-year plan for health services for the current period is a hostel for the mentally ill. Finding a suitable house or site for this project has not, so far, proved successful.
- 27.9.3 The erection of a purpose-built day nursery in the Regent's Park area, with a special unit for handicapped children, was in hand at the end of the year. The section of this report dealing with planning gives an indication of the work involved and the difficulties encountered in bringing such projects to fruition.
- 27.10 Probably - and not surprisingly - the development of the mental health social services in the department has been the most rapid, and as community attitudes change but slowly, this has remained a time of conflict between the policy of helping the mentally disordered within the community and some public demand for hospitalization. Especially the less experienced social worker needs a background of support and security. Apart from the specific appointments described in paragraph 20, and the regular meeting, each Thursday, of the entire mental health team, the brilliant and confident leadership of Miss M. Perrott, Principal Mental Health Social Worker, has been a decisive factor.

## FAMILY CASEWORKERS

- 28.1 During 1967 and 1968 there was again a steady flow of new referrals to family caseworkers. A high proportion of these were made by health visitors, but a number were received from general practitioners, and from a social worker attached to one of the group practices. There were relatively few referrals from hospitals in 1968, however.

- 28.2 Caseworkers have been encouraged to continue to do short-term intensive casework wherever possible as it has been shown beyond doubt that where a good relationship has been made the client refers himself or herself back to the caseworker at a later date if necessary: long-term support obviously continued for a number of families.
- 28.3 Towards the end of 1968 the family caseworker who had been seconded to the applied social casework course at Bedford College a year earlier returned to the department. At the same time, the welfare assistant was accepted at the North Western Polytechnic for the two-year course leading to the certificate in social work.
- 28.4 The demand for practical placements for students from universities and technical colleges continued, and it was possible to accept for long-term placements two students doing the applied social casework course at Bedford College, and one doing the certificate in social work course at the North Western Polytechnic. A number of students were also accepted for short-term placements.
- 28.5 The family casework section is the base for the work of Miss K.M. Atherton, Principal Social Worker, but she is also responsible to me for the home help and good neighbour services. Moreover, she has acted since 1965 as the Secretary of the Camden Family Service, and as such as liaison officer between Housing, Welfare, Children's and Health Departments - a role which requires great diplomatic skill and some persistence, e.g. the joint reports from the four departments are needed against a tight date-line. My personal appreciation is shared by my fellow chief officers.

## HEALTH EDUCATION

### PROGRAMME AND CAMPAIGNS

- 29.1 The health education programme of the Department is usually channelled in a series of monthly themes, supplemented by specific campaigns to meet health education needs identified in the Borough. In 1968, for example, the monthly themes were:-

January	- Winter Health	July	- Summer Safety
February	- Use of Leisure	August	- Smoking and Health
March	- Social Hazards	September	- Immunisation
April	- Clean Food	October	- Medicines with Care
May	- Dental Health	November	- Noise Abatement
June	- Mental Health	December	- Nutrition and Health

### MENTAL HEALTH WEEKS

- 29.2.1 The last two of the present series of nationally organised Mental Health Weeks were held in 1967 and 1968, the themes being respectively 'Work to be Done' and 'Targets for Tomorrow'. A feature of the Camden campaign in both years was the organising of film-shows and discussions in maternal and child welfare centres, at which speakers from the mental health team of the Department were present to lead discussion and to reply to questions. Audiences were composed both of regular clinic attenders and of the general public; attendances were encouraging. Wide poster coverage was arranged on outside sites, in libraries, maternal and child welfare centres, Council offices, doctors' surgeries and church halls. Leaflets dealing with various mental health problems, including a programme of events and notices advertising the boarding-out scheme, were available at many of these locations. Mental health social workers also visited secondary schools and met students, with whom they discussed careers in the mental health field.
- 29.2.2 The 1967 Week opened with a very well attended public meeting in the Town Hall, at which the Camden Association for Mental Health was inaugurated. In the 1968 Week, designed to emphasise five main areas in mental health urgently needing support (research, education, prevention, treatment, care) two public meetings were arranged. One, organised by the Camden Association for Mental Health, was held at the tenants' common room, Regent's Park Estate; the film 'Stress' was shown and was followed by a discussion. We are indebted to the Housing Manager for arranging the distribution of leaflets throughout the Estate for the meeting. The response was exceptionally good. The other public meeting, held at Christopher Hatton School, was arranged by the Parent Teacher Association of this school and St. George the Martyr School. Two films were shown and were followed by discussions.

29.2.3 Schools and colleges of further education in the Borough made use of speakers from Health Department; films were shown and subsequent discussions held. Dr. Derek Miller of the Tavistock Clinic gave a talk to tutors at Holborn College of Law and Languages on the problems of young people. Kingsway College for Further Education was provided, at the authorities' request, with a speaker for an hour daily for the duration of the Week to address five different groups of day release students. This was undertaken by mental health social workers and the sessions were lively and interesting. There was also a well attended 'open day' at the Fitzroy Industrial Centre on 12th June.

29.2.4 Although assessment of any form of communication must always be regarded as difficult, it is felt that as a result of these activities the public is now better informed about the problems of the mentally ill and the mentally handicapped, and about the help the community can give to them.

#### GENERAL ACTIVITIES

29.3 In 1967, 678 talks and lectures were given by the professional staff to 12,664 people. These figures increased in 1968 to 703 and 15,086 respectively. 764 visual aids were loaned during 1968 compared with 793 in 1967.

#### DENTAL HEALTH

29.4 Mr. Peter Picton ('Pierre the Clown'), who is a trained health educator, visited 22 junior schools in 1967 and met some 7,500 children. He was successful in establishing a worthwhile link with the primary schools throughout the Borough.

#### OIL HEATER SAFETY

29.5 A campaign designed to meet the problem of oil heater safety was mounted in the autumn and winter of 1967-1968, including talks and demonstrations to old people's clubs in Camden.

#### NOISE NUISANCE

29.6 Noise nuisance was similarly approached, and in 1968 support was given to the Local Government Information Office Campaign against neighbourhood noise. This included the production of display units which were widely used throughout the Borough.

#### SMOKING AND HEALTH

29.7 An essay and poster competition on the subject of 'smoking and health' was promoted in 1967 by the Health Education and Home Safety Advisory Committee of the Council in order to draw the attention of school-children to the dangerous aspects of smoking. Savings stamps were presented to the prize-winners by the Mayor. We continued to direct a special effort in the schools in 1968, particular stress being laid on primary education in an attempt to inculcate correct attitudes before children had started to smoke.

#### MASS RADIOGRAPHY

29.8 The health education section was intensively involved in the 1967 campaign.

#### MEDICINES WITH CARE

29.9 A mobile exhibit 'Medicines - With Care', was purchased from the Pharmaceutical Society of Great Britain. The exhibit, illustrating the dangers of unsafe handling and storage of medicines, was on show at all maternal and child welfare centres during 1967.

#### SPECIAL NEEDS OF THE ELDERLY

29.10 In a number of centres and clubs in the Borough, health education directed to the special needs of older people was carried out in 1967. Our experience has been that the showing of one or two teaching films (supported where necessary by a brief discussion and questions) included in a film show of general interest is the most successful type of programme. Geriatric visitors have reported that the results of these health education efforts are often observed at subsequent home visits.

## FOOD HYGIENE ETC.

- 29.11 Talks and demonstrations on food hygiene and infestation control were given to catering staffs in canteens, restaurants and hotels.

## SWIMMING INSTRUCTION

- 29.12 The children's learner swimming scheme continued to flourish throughout 1967 and 1968 and is now in its sixth year. The scheme is run by the Health Department and instructors are all volunteers, mostly members of the staff. Parents are invited to help run the scheme in order to give instructors the maximum time for teaching. Class size is usually limited to 40, with 6 instructors.

The children come to the Prince of Wales Baths once a week from 7 to 8 p.m. and a course lasts for 33 weeks. The main object of the classes has been to make the children water-safe, and experience has shown that beginners require 20-24 lessons, after which most children can be considered water-safe. Children of special ability have joined local swimming clubs, and almost all of them have been able to swim when old enough to attend school swimming.

Since the scheme started, hundreds of children have learned to swim and many parents have expressed their thanks and appreciation for its success. In some cases the parents have commented that the confidence gained by the children in learning to swim has been reflected in an improvement of general confidence, and many have shown a marked advance in school work.

## CO-OPERATION WITH VOLUNTARY ORGANISATIONS

- 29.13 A wide co-operation with health education projects promoted by other bodies in the Borough was achieved. Among these, the work of the Y.M.C.A. in organising courses in human relationships for mixed fifth and sixth form groups is noteworthy.

## MENTAL HEALTH EDUCATION FOR HOME NURSES

- 29.14 Dr. B.G. Adams, Consultant Psychiatrist employed jointly by Camden, University College Hospital and the New Southgate Hospital Group, received a party of home nurses at the Friern Hospital. He gave a lecture to the nurses followed by a discussion, and they were shown some of the wards at the hospital.

## FOOT HEALTH AND DENTAL HEALTH - STUDY DAY

- 29.15 A study day on foot health and dental health for Health Department staff was held at the Academic Centre, Whittington Hospital. The morning session on foot health included instruction in the care of feet, the choice of footwear and the effects of posture. The afternoon session on dental health covered both dental hygiene and advice on diet.

## IN-SERVICE TRAINING

- 29.16 In-service training in health education included a lecture by Dr. K. Bobath Consultant Physician at Harperbury Hospital. He and his wife, who is a physiotherapist, have developed a new method of treatment for cerebral palsied and subnormal children. Dr. Bobath spoke about this to an audience of about 100 medical officers, health visitors, social workers, nursing staff and nursery students. His talk, which was illustrated with slides, films and a demonstration with a normal baby, was much appreciated.

## WORK OF FIELD STAFF

- 29.17 The formal teaching carried out in various sectors by the community by field-workers has been an essential part of the department's efforts. At the same time, health education of the individual by the individual has been carried on whenever the opportunity presented itself. To give greater support, the part-time services of a medical officer were allocated to health education work. As a result, activities undertaken and total audiences have both increased. The continuing excellent co-operation between the Health Department, the Town Clerk's Department (Public Relations Section) and the Libraries and Arts Department contributed considerably to the successful contact with the public through poster displays, the distribution of leaflets, and press coverage of many health education activities. We are most grateful to all concerned.

## PROPHYLAXIS

30.1.1 Vaccination and immunisation has continued to be provided at the Council's maternal and child welfare centres, through the school health service, or by the family doctor. The following schedule of immunisation, adopted in July 1966, has remained unchanged throughout 1967 and 1968:-

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

30.1.2 The immunisation follow-up scheme continued to operate throughout the period under review. In this scheme, a periodic check is made, health visitors then being notified of children under the age of 5 years who have not started, or have failed to complete, primary courses of immunisation. It has been found that constant encouragement of mothers by health visitors has considerably more effect than postal reminders in persuading them to have their children protected.

30.1.3 Despite efforts, there was a fall in the number of children vaccinated during the first two quarters of 1967 as compared with the previous year and it was decided to investigate the cause. On 1st September 1967 a physical check on the vaccination state of all children born in September 1966 was carried out in all child welfare centres. It was found that no less than 43 per cent. of the 418 children born in Camden during September 1966, or born elsewhere during that month but known to have moved into the Borough since then, had moved away and contact with them had been lost. Of the remaining children, 94.8 per cent. had either completed, or were undergoing, the course of triple antigen and 94.2 per cent. either had been, or were in the process of being, protected against poliomyelitis.

30.1.4 In September smaller surveys were carried out at two clinics in different parts of the Borough on two particular groups of children. These indicated that, by the 12th month of age, 98 per cent. of the children born in Camden and attending the child welfare clinics were satisfactorily immunised against diphtheria, tetanus, whooping cough and poliomyelitis.

30.2 The following tables give the number of children in the Borough who completed courses of immunisation during the years 1966 to 1968 inclusive in relation to the child population.

### 30.2.1 ESTIMATED CHILD POPULATION

Estimated child population	Under 1 year old	Over 1 year but under 5 years	Over 5 years but under 15 years	Total under 15 years
1966	3,850	11,950	19,200	35,000
1967	3,600	11,600	19,900	35,100
1968	3,290	11,210	20,300	34,800



### 30.2.2 IMMUNISATION AGAINST DIPHTHERIA

Age at 31st December	Primary Courses	Reinforcing doses	Total
1966 Under 1 year (born 1966)	1,423	-	1,423
Over 1 but under 5 years (born 1962-65)	1,616	2,127	3,743
Over 5 but under 16 years (born 1951-61)	214	1,643	1,857
<b>Total under 16 years</b>	<b>3,253</b>	<b>3,770</b>	<b>7,023</b>
1967 Under 1 year (born 1967)	1,106	-	1,106
Over 1 but under 5 years (born 1963-66)	1,629	1,861	3,490
Over 5 but under 16 years (born 1952-62)	122	1,674	1,796
<b>Total under 16 years</b>	<b>2,857</b>	<b>3,535</b>	<b>6,392</b>
1968 Under 1 year (born 1968)	981	1	982
Over 1 but under 5 years (born 1964-67)	1,568	2,039	3,607
Over 5 but under 16 years (born 1953-63)	108	1,868	1,976
<b>Total under 16 years</b>	<b>2,657</b>	<b>3,908</b>	<b>6,565</b>

### 30.2.3 IMMUNISATION AGAINST WHOOPING COUGH

Age at 31st December	Primary Courses	Reinforcing doses	Total
1966 Under 1 year (born 1966)	1,381	-	1,381
Over 1 but under 5 years (born 1962-65)	1,517	1,766	3,283
Over 5 but under 16 years (born 1951-61)	46	113	159
<b>Total under 16 years</b>	<b>2,944</b>	<b>1,879</b>	<b>4,833</b>
1967 Under 1 year (born 1967)	1,068	-	1,068
Over 1 but under 5 years (born 1963-66)	1,514	1,543	3,057
Over 5 but under 16 years (born 1952-62)	9	105	114
<b>Total under 16 years</b>	<b>2,591</b>	<b>1,648</b>	<b>4,239</b>
1968 Under 1 year (born 1968)	956	1	957
Over 1 but under 5 years (born 1964-67)	1,459	1,678	3,137
Over 5 but under 16 years (born 1953-63)	9	222	231
<b>Total under 16 years</b>	<b>2,424</b>	<b>1,901</b>	<b>4,325</b>

### 30.2.4 IMMUNISATION AGAINST TETANUS

Age at 31st December	Primary Courses	Reinforcing doses	Total
1966 Under 1 year (born 1966)	1,423	-	1,423
Over 1 but under 5 years (born 1962-65)	1,615	2,125	3,470
Over 5 but under 16 years (born 1951-61)	228	1,538	1,766
<b>Total under 16 years</b>	<b>3,266</b>	<b>3,663</b>	<b>6,929</b>
1967 Under 1 year (born 1967)	1,107	-	1,107
Over 1 but under 5 years (born 1963-66)	1,631	1,846	3,477
Over 5 but under 16 years (born 1952-1962)	160	1,659	1,819
<b>Total under 16 years</b>	<b>2,898</b>	<b>3,505</b>	<b>6,403</b>
1968 Under 1 year (born 1968)	981	1	982
Over 1 but under 5 years (born 1964-67)	1,574	2,036	3,610
Over 5 but under 16 years (born 1953-63)	126	1,850	1,976
<b>Total under 16 years</b>	<b>2,681</b>	<b>3,887</b>	<b>6,568</b>

### 30.2.5 VACCINATION AGAINST POLIOMYELITIS

Age at 31st December	Primary Courses	Reinforcing doses	Total
1966 Under 1 year (born 1966)	1,120	-	1,120
Over 1 but under 5 years (born 1962-65)	2,234	480	2,714
Over 5 but under 16 years (born 1951-61)	428	1,474	1,902
<b>Total under 16 years</b>	<b>3,782</b>	<b>1,954</b>	<b>5,736</b>
1967 Under 1 year (born 1967)	1,110	-	1,110
Over 1 but under 5 years (born 1963-66)	1,844	1,031	2,875
Over 5 but under 16 years (born 1952-62)	306	1,795	2,101
<b>Total under 16 years</b>	<b>3,260</b>	<b>2,826</b>	<b>6,086</b>
1968 Under 1 year (born 1968)	963	1	964
Over 1 but under 5 years (born 1964-67)	1,601	2,026	3,627
Over 5 but under 16 years (born 1953-63)	287	2,145	2,432
<b>Total under 16 years</b>	<b>2,851</b>	<b>4,172</b>	<b>7,023</b>

### 30.2.6 VACCINATION AGAINST SMALLPOX

Age at 31st December	Primary Vaccination	Re-vaccination	Total
1966 Under 1 year (born 1966)	82	-	82
Over 1 but under 2 years (born in 1965)	971	10	981
Over 2 but under 5 years (born 1962-64)	792	29	821
Over 5 but under 16 years (born 1951-61)	83	231	314
<b>Total under 16 years</b>	<b>1,928</b>	<b>270</b>	<b>2,198</b>
1967 Under 1 year (born 1967)	43	-	43
Over 1 but under 2 years (born in 1966)	965	4	969
Over 2 but under 5 years (born 1963-65)	482	18	500
Over 5 but under 16 years (born 1952-62)	52	72	124
<b>Total under 16 years</b>	<b>1,542</b>	<b>94</b>	<b>1,636</b>
1968 Under 1 year (born 1968)	45	-	45
Over 1 but under 2 years (born in 1967)	1,027	1	1,028
Over 2 but under 5 years (born 1964-66)	481	22	503
Over 5 but under 16 years (born 1953-63)	73	172	245
<b>Total under 16 years</b>	<b>1,626</b>	<b>195</b>	<b>1,821</b>

### 30.2.7

The decline in the number of immunisations carried out is attributed to:-

- (a) the fall in the number of births.
- (b) a very high degree of population mobility in this part of the metropolis.
- (c) the particularly low number for the December quarters.

This results from the inevitable delay in receiving records for immunisations carried out by general medical practitioners, which are now received through the Inner London Executive Council instead of being forwarded directly by the general medical practitioners as was done in 1966 and before.

## MEDICAL PRACTITIONERS - FEES

- 30.3 On 1st April, 1967 the Minister of Health introduced a new scheme for the payment of fees to general medical practitioners for vaccination carried out by them for patients on their lists. Under this scheme, general practitioners send the vaccination records to the Inner London Executive Council, who arrange for the appropriate fees to be paid before passing the records to the local health authorities concerned. The new scheme does not cover payment for records of vaccination given by general practitioners to their private patients (those not treated under the provisions of Part IV of the National Health Service Act, 1946). These records are still required by the local health authorities and it was agreed to continue paying family doctors 5s. for each completed record of an approved course of vaccination relating to children under the age of 16 years who were treated as private patients.

## VACCINE DISTRIBUTION

- 30.4 From 12th June, 1967, the responsibility for the distribution of smallpox vaccine to hospitals and general practitioners was transferred from the Public Health Laboratory Service to the local health authorities. In Camden, general practitioners may collect smallpox lymph from any one of the borough's eleven maternal and child welfare centres or from Bidborough House. Hospitals are supplied from Bidborough House. If requested, lymph is sent by post.

## VACCINATION AGAINST MEASLES

- 30.5.1 In accordance with instructions received from the Ministry of Health, arrangements were made in 1968 to offer vaccination against measles to all children between the ages of 1 and 16 years who had neither been immunised nor had a natural attack of measles. As the amount of vaccine to meet all possible demands was not initially available the programme was phased, as requested by the Ministry. From 1st May, 1968, vaccination against measles was introduced for susceptible children between the ages of 4 and 7 years, and also for children aged 1 to 7 years attending day nurseries or living in residential establishments. From July, the programme was extended to cover all susceptible children between the ages of 1 and 7 years, and from November it was further extended to include all susceptible children up to and including the age of 15 years.

- 30.5.2 The numbers of children vaccinated against measles were:-

<u>Under 1 year (born 1968)</u>	<u>Over 1 year but under 5 years (born 1964/67)</u>	<u>Over 5 years but under 16 years (born 1953/63)</u>	<u>Total under 16 years</u>
7	1,973	850	2,830

## YELLOW FEVER VACCINATIONS

- 30.6 The Council continued to provide yellow fever vaccinations free of charge at the Hospital for Tropical Diseases. This service is not confined to Camden residents and 6,609 persons were vaccinated during 1968. In 1967, the number was 7,257.

## B.C.G. VACCINATIONS

- 30.7 The routine tuberculin testing of 13 year old children continued and negative reactors to the test were offered vaccination with B.C.G. 1,815 children were tested and 1,675 vaccinated in 1968, compared with 1,745 and 1,435 respectively in 1967. In addition, 91 students at 2 colleges for further education were skin-tested and 56 of these (40 in 1967) were vaccinated with B.C.G.

## RECUPERATIVE HOLIDAYS

### SCOPE

- 31.1 Recuperative holidays are provided for:-
- (a) Expectant mothers and children under 5 years (under the National Health Service Act, 1946, Section 22);
  - (b) Schoolchildren (provided by the Inner London Education Authority under the Education Act, 1944, Section 48 (3) on the recommendation of the Principal School Medical Officer (Camden));
  - (c) Others (under the National Health Service Act, 1946, Section 28, which covers care and after care).

### 31.2 STATISTICS

Date	Adults with children			Other adults	Other children under 5 years	Psychiatric	School-children (placed by I.L.E.A.)
	Adults	Children					
		Under 5 years	Over 5 years				
1966	19	36	24	124	2	16	179
1967	31	36	*	113	1	11	191
1968	26	36	24	147	7	11	238

\* Not available.

### ELIGIBILITY

31.3.1 The demand for the services proved to be much the same in 1967 and 1968. Referrals were made by general practitioners, hospitals, clinics and school doctors. Any person recovering from a recent illness but not in need of nursing care was eligible for a recuperative holiday. In all instances the social circumstances as well as the medical condition were taken into account when deciding that a recuperative holiday was necessary and when considering the duration of the holiday. In many instances the social need was as great as, and sometimes greater than, the medical need. The medical recommendation was therefore often and usefully supplemented with information from a social worker. Especially in the case of the elderly, additional information on the patient's mobility and ability to cope with travelling arrangements was essential to a successful placement.

31.3.2 Under the arrangements approved by the Welfare and Health Committees, parties of children from Camden homeless families accommodation went to I.L.E.A. homes at Bognor and Littlehampton during the off-season period.

### INSPECTION OF RECUPERATIVE HOLIDAY HOMES

31.4 The Health Committee (21.6.67) approved the expenditure of approximately £150 a year as a contribution by Camden towards the cost of the inspection of recuperative holiday homes undertaken by the Medical Officer of Health of Southwark on behalf of many of the Inner London Boroughs. This scheme covers the inspection of recuperative holiday homes in relation to standards of cleanliness; precautions against fire and accident; heating, etc.; and the categories of patient to be accepted. The advantages of the arrangement are that one standard is applied to all homes; charges are negotiated with one authority; and proprietors, in addition to being spared a multiplicity of visits and possibly conflicting advice, are enabled to contact one source for guidance. As far as possible holidays are arranged quickly, but it is necessary to wait for a suitable vacancy, especially during the summer months, when the demand for places is heavy. Some of the larger homes which also take convalescent patients offer a rather institutionalised setting, which some patients prefer to the rather informal setting of the small seaside guest-house. A number of homes offering accommodation for mothers and their children is very limited.

## REGISTRATION OF NURSING HOMES

- 32.1 One mother and baby home which was registered as a nursing home closed during 1967, leaving 12 registered nursing homes in the Borough up to the end of 1968. Although some structural alterations were made at one nursing home, the total number of beds remained unchanged.
- 32.2 Three of the homes on the Register were mother and baby homes. There was evidence of a gradual decline of occupancy of these establishments, probably largely attributable to changing social factors coupled with the difficulties in staffing and financing the homes. A principal medical officer attends Home Committee meetings as the Council's representative, in which capacity she is often able to advise on aspects of maternal and child health.
- 32.3 In accordance with the usual policy of providing a consultation service to persons considering the possibility of applying for nursing home registration, discussions took place about the possible conversion of 2 premises in 1967 and 3 in 1968. In the event, planning permission was refused in one case and financial difficulties arose in the others.
- 32.4 All of the nursing homes in the area applied to the Ministry of Health for permission to carry out abortions on the premises under the terms of the new Abortion Act and reports were made to the Ministry about the suitability and adequacy of the homes for this purpose. Two of the three were granted licences for one year, which were subsequently renewed; the third was refused because the means of escape and fire precautionary requirements had not been complied with.
- 32.5 Routine visits were made by a principal medical officer and a senior public health inspector to ensure that the nursing homes were properly run in accordance with the Conduct of Nursing Homes Regulations, 1963, and the relevant byelaws. No major defects were found.
- 32.6 The Planning Officer continued to give advice about fire precautionary and means of escape arrangements, an important aspect of the patients' welfare.

### 32.7.1 STATISTICS

Date	Premises registered	Bed accommodation		
		Maternity	Medical & surgical	Total
31st December, 1966	13	136	253*	389*
31st December, 1967	12	129	253*	382*
31st December, 1968	12	129	253*	382*

\* Includes 23 which are maternity, medical or surgical.

- 32.7.2 There were no new homes registered, and none registered on change of keeper, in 1967 or 1968.

## CERTIFICATION OF BLIND AND PARTIALLY-SIGHTED PERSONS

- 33.1 The Council's Welfare Department maintains Registers of blind and partially-sighted persons in accordance with the provisions of the National Assistance Act 1948. Such persons are examined by a consultant ophthalmologist engaged by the Council for 1 session a week, during which 3 domiciliary visits to patients are made.
- 33.2 The consultant's findings concerning the diagnosis, prognosis and suggested treatment for blind or partially-sighted persons are recorded on a standard form BD.8, a copy of which is sent to the patient's general practitioner after every examination. A revised version of the form was introduced by the Department of Health and Social Security for use from 1st January 1969, differing in size and layout from the original version and fitting neatly into the standard N.H.S. medical record envelope.

STATISTICS		<u>1966</u>	<u>1967</u>	<u>1968</u>
33.3.1	<i>New Registrations (Council's consultant, hospitals, etc.)</i>			
	(a) Blind	59	63	56
	(b) Partially-sighted	49	62	61
	<b>Total</b>	<u>108</u>	<u>125</u>	<u>117</u>
33.3.2	<i>Certificates accepted from other local authorities</i>			
	(a) Blind	11	7	12
	(b) Partially-sighted	7	4	1
	<b>Total</b>	<u>18</u>	<u>11</u>	<u>13</u>
33.3.3	<i>Re-examinations</i>	<u>56</u>	<u>85</u>	<u>80</u>
33.3.4	At the end of 1968 there were 482 blind and 241 partially-sighted persons on the Registers, compared with 484 and 210 respectively at the end of 1967, and 498 and 194 at the end of 1966.			

#### LONG-STAY IMMIGRANTS

34.1 To ensure the well-being and any necessary treatment of long-stay immigrants, the follow-up of all those who gave destination addresses in Camden continued during 1967 and 1968 as recommended by the former Ministry of Health in Circular CMO 1/65. During 1967 the port and airport immigration authorities notified the Council of the names of 1,190 such immigrants. Of these, only 490 were successfully visited: they were advised on the National Health Service, especially on the desirability of registering with a general medical practitioner and having chest x-ray examinations. There were 210 in the medical and nursing professions who were considered not to require a visit. Of those not contacted (50 per cent. of the total number considered to be at risk) it was found that in 137 cases there was no such address as that given; that the immigrant was not known at the address given; or that he remained there for too short a period for contact to be made and left without giving his future address.

34.2 The corresponding figures for 1968 were 1,380 notified; 594 contacted; 160 in the professions; and 626 not contacted. This steady failure rate of the order of 50 per cent. cannot fail to raise doubts whether the scheme in its present form is of much value.

TABLE 1a

## CAUSES OF DEATH - 1967

Cause of death	Sex	Total allages	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	9	-	-	-	-	-	-	-	-	6	-	3	
	F	4	-	-	-	-	1	-	-	1	1	-	1	
2. Tuberculosis, other	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	-	-	-	-	-	1	-	-	1	-	
3. Syphilitic disease	M	3	-	-	-	-	-	-	-	-	2	-	1	
	F	3	-	-	-	-	-	-	-	-	-	1	2	
9. Other infective and parasitic diseases	M	3	-	1	1	-	-	-	-	1	1	1	-	
	F	2	-	-	-	-	-	-	-	1	-	-	1	
10. Malignant neoplasm, stomach	M	39	-	-	-	-	-	1	6	9	14	9	9	
	F	20	-	-	-	-	1	-	-	3	7	9	9	
11. Malignant neoplasm, lung, bronchus	M	139	-	-	-	-	-	-	12	53	52	22	22	
	F	27	-	-	-	-	-	-	1	8	9	9	9	
12. Malignant neoplasm, breast	F	47	-	-	-	-	-	4	9	16	9	9	9	
13. Malignant neoplasm, uterus	F	17	-	-	-	1	-	-	4	1	6	5	5	
14. Other malignant and lymphatic neoplasms	M	126	-	-	-	2	2	1	5	15	22	43	36	
	F	123	-	-	-	1	1	2	4	9	26	29	50	
15. Leukaemia, aleukaemia	M	5	-	-	-	1	-	-	1	1	-	2	-	
	F	5	-	-	-	-	1	-	-	1	-	1	2	
16. Diabetes	M	8	-	-	-	-	-	-	-	-	4	4	4	
	F	9	-	-	-	-	-	-	1	-	2	6	6	
17. Vascular lesions of nervous system	M	87	-	-	-	-	2	3	7	12	29	34	34	
	F	140	-	-	-	-	1	2	7	10	39	81	81	
18. Coronary disease, angina	M	335	-	-	-	-	-	10	42	90	109	84	84	
	F	217	-	-	-	-	-	-	5	29	66	117	117	
19. Hypertension with heart disease	M	8	-	-	-	-	-	-	2	2	2	2	2	
	F	7	-	-	-	-	-	-	-	2	1	4	4	
20. Other heart disease	M	49	-	-	-	1	1	2	2	4	6	26	26	
	F	97	-	-	1	-	-	2	5	6	18	65	65	
21. Other circulatory disease	M	53	-	-	-	-	-	11	4	10	12	26	26	
	F	52	-	-	-	-	-	-	2	8	9	33	33	

TABLE Ia - contd.

## CAUSES OF DEATH - 1967 - 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
22. Influenza	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	M	75	1	4	1	-	-	1	1	2	6	21	38
	F	89	-	2	1	1	1	-	1	2	2	9	70
24. Bronchitis	M	85	-	1	1	-	-	-	3	4	14	31	31
	F	28	1	-	-	-	-	-	2	3	7	15	15
25. Other diseases of respiratory system	M	14	-	1	-	-	-	-	-	1	3	3	6
	F	9	-	1	1	-	-	-	-	1	1	2	3
26. Ulcer of stomach and duodenum	M	14	-	-	-	-	-	-	1	1	4	2	6
	F	11	-	-	-	-	-	-	-	1	-	3	7
27. Gastritis, enteritis and diarrhoea	M	7	-	2	1	-	-	-	-	1	-	1	2
	F	7	-	1	-	-	-	-	-	-	-	4	2
28. Nephritis and nephrosis	M	8	-	-	-	-	1	1	-	1	1	2	2
	F	4	-	-	-	-	-	-	-	-	1	1	2
29. Hyperplasia of prostate	M	1	-	-	-	-	-	-	-	-	-	-	1
30. Pregnancy, childbirth, abortion	F	2	-	-	-	-	-	2	-	-	-	-	-
31. Congenital malformations	M	14	7	3	1	1	-	-	-	1	-	1	-
	F	13	4	3	2	1	-	-	1	-	1	1	-
32. Other defined and ill-defined diseases	M	88	20	2	3	1	-	-	2	12	13	17	18
	F	109	14	-	-	1	2	1	5	8	8	23	47
33. Motor vehicle accidents	M	15	-	-	1	-	5	4	-	1	2	1	1
	F	8	-	-	1	-	-	1	1	-	1	1	3
34. All other accidents	M	36	-	1	1	1	6	5	4	6	5	2	5
	F	41	-	-	1	-	1	2	4	2	1	9	21
35. Suicide	M	32	-	-	-	-	1	6	7	8	4	6	-
	F	21	-	-	-	-	3	3	4	5	2	4	-
36. Homicide and operations of war	M	1	1	-	-	-	1	-	-	-	-	-	-
	F	1	-	-	-	1	-	-	-	-	-	-	-
Total all causes	M	1,256	28	14	9	7	17	22	41	130	269	362	357
	F	1,114	19	8	7	5	11	13	28	67	130	262	564



TABLE 1b

## CAUSES OF DEATH - 1968

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		
B4 Enteritis and other diarrhoeal diseases	M	2	-	-	-	-	-	-	-	-	-	-	-	-	2
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B5 Tuberculosis of respiratory system	M	9	-	-	-	-	-	-	1	2	2	3	1	1	
	F	4	-	-	-	-	-	-	1	-	2	-	1	1	
B6 Other Tuberculosis, including late effects	M	4	-	-	-	-	-	-	-	1	-	1	2	2	
	F	5	-	-	1	-	-	-	-	1	-	2	1	1	
B14 Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	1	-	-	-	-	-	-	-	-	-	
B17 Syphilis and its sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	1	1	1	
B18 Other infective and parasitic diseases	M	4	-	-	-	-	1	1	-	-	1	1	-	-	
	F	4	-	-	-	-	-	-	-	-	-	2	2	2	
B19(1) Malignant neoplasm - stomach	M	33	-	-	-	-	1	2	2	7	10	11	11	11	
	F	23	-	-	-	-	-	1	-	2	8	12	12	12	
B19(2) Malignant neoplasm - lung, bronchus	M	142	-	-	-	-	-	1	12	42	48	39	39	39	
	F	46	-	-	-	-	-	-	8	12	16	10	10	10	
B19(3) Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	52	-	-	-	-	-	3	7	16	15	11	11	11	
B19(4) Malignant neoplasm - uterus	F	18	-	-	-	-	1	-	3	7	2	5	5	5	
B19(5) Leukaemia	M	3	-	-	-	1	-	-	-	-	2	-	-	-	
	F	11	-	-	-	1	-	-	-	1	2	3	4	4	
B19(6) Other malignant neoplasms, etc	M	130	-	-	2	2	2	4	12	26	48	34	34	34	
	F	141	-	-	-	1	1	4	8	28	39	59	59	59	
B20 Benign and unspecified neoplasms	M	2	-	-	-	-	1	-	-	-	1	-	-	-	
	F	6	-	-	-	1	-	-	-	2	1	2	2	2	
B21 Diabetes mellitus	M	4	-	-	-	-	-	-	-	2	2	-	-	-	
	F	16	-	-	-	-	1	1	-	3	4	7	7	7	
B46(1) Other endocrine etc. diseases	M	3	-	-	-	1	-	1	-	-	-	1	1	1	
	F	8	-	-	-	1	1	2	-	1	1	2	2	2	
B23 Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	5	-	-	-	-	-	1	-	-	1	3	3	3	
B46(2) Other diseases of blood, etc	M	1	-	-	-	-	-	-	-	1	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	-	

TABLE 1b - contd.

## CAUSES OF DEATH - 1968 - 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	
B46(3) Mental disorders	M	3	-	-	-	-	-	-	1	-	-	-	-	2
	F	3	-	-	-	-	-	-	-	-	-	-	1	2
B24 Meningitis	M	2	-	-	-	-	-	1	-	-	1	-	-	-
	F	1	-	-	-	-	1	-	-	-	-	-	-	-
B46(4) Other diseases of nervous system, etc.	M	14	-	-	-	-	3	-	3	1	2	2	3	-
	F	11	-	-	1	-	-	-	1	-	2	2	5	-
B26 Chronic rheumatic heart disease	M	17	-	-	-	-	1	-	-	2	5	3	6	-
	F	31	-	-	-	-	1	1	1	4	10	14	-	-
B27 Hypertensive disease	M	20	-	-	-	-	-	-	3	-	2	7	8	-
	F	23	-	-	-	-	-	-	1	-	3	3	16	-
B28 Ischaemic heart disease	M	344	-	-	-	-	-	-	8	37	86	104	109	-
	F	241	-	-	-	-	-	-	1	5	29	69	137	-
B29 Other forms of heart disease	M	37	-	-	-	-	2	1	1	2	3	11	17	-
	F	47	-	1	-	-	1	-	-	1	4	7	33	-
B30 Cerebrovascular disease	M	77	-	-	-	-	-	2	1	6	19	22	27	-
	F	181	-	-	-	-	-	-	2	9	12	41	117	-
B46(5) Other diseases of circulatory system	M	39	-	-	-	-	-	-	-	3	9	11	16	-
	F	59	-	-	-	-	-	-	1	2	5	14	37	-
B31 Influenza	M	6	-	-	-	-	-	-	-	-	-	3	3	-
	F	6	-	-	-	-	-	-	-	-	-	-	6	-
B32 Pneumonia	M	84	2	4	-	2	1	-	-	2	7	20	46	-
	F	97	1	4	-	-	-	-	-	1	3	13	75	-
B33(1) Bronchitis and emphysema	M	87	-	1	-	-	-	-	2	1	21	28	34	-
	F	32	-	-	-	-	-	-	-	-	1	7	24	-
B33(2) Asthma	M	3	-	-	-	-	-	-	-	-	1	1	1	-
	F	5	-	-	-	-	1	-	-	-	-	3	1	-
B46(6) Other diseases of respiratory system	M	28	-	3	-	1	-	-	1	3	5	7	8	-
	F	12	-	1	-	-	-	-	1	1	1	-	8	-
B34 Peptic ulcer	M	11	-	-	-	-	-	-	-	2	3	5	1	-
	F	6	-	-	-	-	-	-	-	2	-	-	4	-
B36 Intestinal obstruction and hernia	M	5	-	-	-	-	-	-	-	-	-	1	4	-
	F	9	-	-	-	-	-	-	-	-	2	2	5	-

TABLE 1b - contd.

## CAUSES OF DEATH - 1968 - 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
B37 Cirrhosis of liver	M	9	-	-	-	-	2	1	1	3	1	1	-
	F	5	-	-	-	-	-	-	1	1	2	2	-
B46(7) Other diseases of digestive system	M	7	-	-	-	-	-	-	-	-	3	-	4
	F	20	-	1	-	-	-	-	-	-	1	6	12
B38 Nephritis and nephrosis	M	10	-	-	-	-	2	1	1	1	1	3	2
	F	8	-	-	-	-	-	2	3	-	-	1	2
B39 Hyperplasia of prostate	M	4	-	-	-	-	-	-	-	-	-	1	3
B46(8) Other diseases, genito-urinary system	M	6	-	-	-	-	-	-	-	1	3	1	1
	F	14	-	-	-	-	-	-	2	1	6	5	-
B40 Abortion	F	1	-	-	-	-	1	-	-	-	-	-	-
B46(9) Diseases of skin, subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	1	-	1
B46(10) Diseases of musculo-skeletal system	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	8	-	-	-	-	-	-	-	1	-	4	3
B42 Congenital anomalies	M	17	8	5	-	3	-	-	-	-	1	-	-
	F	12	1	4	2	2	-	-	-	1	-	1	1
B43 Birth injury, difficult labour, etc.	M	11	11	-	-	-	-	-	-	-	-	-	-
	F	5	5	-	-	-	-	-	-	-	-	-	-
B44 Other causes of perinatal mortality	M	9	8	1	-	-	-	-	-	-	-	-	-
	F	3	3	-	-	-	-	-	-	-	-	-	-
B45 Symptoms and ill-defined conditions	M	4	-	-	-	-	-	-	-	-	-	-	4
	F	4	-	-	-	-	-	-	-	-	-	-	4
BE47 Motor vehicle accidents	M	12	-	-	-	6	1	-	1	2	1	1	1
	F	7	-	-	-	2	-	-	2	2	2	1	-
BE48 All other accidents	M	29	-	-	1	2	1	5	4	3	7	3	3
	F	20	-	-	1	-	1	-	1	3	3	3	7
BE49 Suicide and self-inflicted injuries	M	22	-	-	-	-	3	2	7	4	3	-	3
	F	21	-	-	-	-	1	3	1	4	6	5	1
BE50 All other external causes	M	7	-	-	1	-	-	1	-	2	1	1	1
	F	5	1	-	-	1	-	1	-	1	1	-	-
Total all causes	M	1,261	29	14	4	9	23	22	41	103	267	352	397
	F	1,242	11	11	6	7	9	9	25	68	159	297	640

TABLE 2

## CAUSES OF DEATH - 1950-1968

Causes of Death	Population																		
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
1 Tuberculosis, respiratory	103	108	64	57	51	52	30	25	32	24	17	11	13	16	10	9	20	13	13
2 Tuberculosis, other forms	11	11	8	5	4	5	5	2	4	2	1	1	3	-	1	1	1	2	9
3 Syphilitic diseases	22	24	24	14	17	13	12	15	6	14	3	11	10	13	6	13	5	6	2
4 Diphtheria	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
5 Whooping cough	1	2	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
6 Meningococcal infection	1	1	1	1	2	1	1	-	-	2	-	2	-	-	-	1	-	-	3
7 Acute poliomyelitis	5	-	2	2	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-
8 Measles	-	2	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1
9 Other infective and parasitic diseases	10	8	13	6	11	11	7	8	5	5	4	8	7	9	3	2	6	5	8
10 Malignant neoplasm, stomach	78	77	61	100	49	71	73	70	66	63	66	85	67	71	55	51	54	59	56
11 Malignant neoplasm, lungs and bronchus	118	146	151	167	129	150	155	164	152	141	173	126	175	158	170	180	181	166	188
12 Malignant neoplasm, breast	68	62	51	79	39	45	52	55	45	50	56	59	53	58	47	60	55	47	52
13 Malignant neoplasm, uterus	30	20	23	41	20	28	22	23	24	31	32	28	20	34	20	15	10	17	18
14 Other malignant and lymphatic neoplasms	298	302	324	334	274	300	287	278	342	287	283	183	265	248	288	285	293	249	271
15 Leukaemia, aleukaemia	9	14	19	23	9	14	14	18	10	18	18	10	20	13	11	17	12	10	14
16 Diabetes	22	27	16	18	13	12	19	17	20	19	7	15	17	27	16	17	20	17	20
17 Vascular lesions of nervous system	265	319	347	269	254	260	313	277	300	254	282	260	237	262	232	233	253	227	258
18 Coronary disease, angina	361	434	452	450	458	461	521	505	486	494	525	498	597	582	484	554	550	552	-
19 Hypertension with heart disease	130	121	60	45	64	56	67	58	49	38	50	41	25	20	30	21	15	-	760
20 Other heart disease	373	386	361	241	197	190	205	209	195	184	220	201	204	212	174	187	140	146	-
21 Other circulatory disease	128	117	133	123	117	159	144	130	129	114	111	144	126	123	132	117	125	105	98
22 Influenza	12	49	7	28	9	10	6	30	10	39	3	14	7	5	2	-	8	1	12
23 Pneumonia	148	180	123	152	103	113	160	161	177	208	156	181	204	251	155	149	191	164	181
24 Bronchitis	165	257	231	235	162	201	201	183	198	192	159	165	174	145	115	130	144	113	119
25 Other diseases of respiratory system	22	37	25	22	17	29	26	26	22	23	17	17	24	22	27	19	15	23	40
26 Ulcer of stomach and duodenum	52	51	36	42	42	33	48	32	42	42	30	30	32	18	17	22	26	25	17
27 Gastritis, enteritis and diarrhoea	11	15	19	13	4	12	17	8	13	12	22	13	14	15	11	14	16	14	2
28 Nephritis and nephrosis	20	28	35	25	32	26	16	19	16	15	15	18	16	12	14	14	14	12	18
29 Hyperplasia of prostate	21	22	18	12	19	28	23	24	18	19	12	12	12	6	7	4	9	1	4
30 Pregnancy, childbirth and abortion	4	4	3	5	2	1	4	1	1	2	1	4	1	5	1	1	3	2	1
31 Congenital malformations	27	31	29	21	27	25	36	26	40	33	27	24	28	33	41	35	25	27	29
32 Other defined and ill-defined diseases	231	231	256	179	194	222	227	217	188	233	220	208	217	219	204	169	206	197	186
33 Motor vehicle accidents	17	16	17	22	30	19	20	21	17	18	36	30	30	17	16	22	22	23	19
34 All other accidents	75	76	71	52	57	51	62	65	70	63	49	63	61	71	55	46	69	77	49
35 Suicide	52	57	48	48	55	62	48	56	65	62	49	55	73	58	41	59	42	53	43
36 Homicide and operations of war	2	-	2	2	4	1	5	-	4	1	2	2	1	2	4	4	4	2	12

## SUMMARY OF NOTIFIABLE DISEASES 1967 and 1968

TABLE 3

Disease	Male		Female		Total	
	1967	1968	1967	1968	1967	1968
Diphtheria	-	-	-	-	-	-
Dysentery	28	52	30	70	58	122
Encephalitis (infectious)	1	-	-	-	1	-
Enteric fever, typhoid, paratyphoid	-	3	-	-	-	3
Erysipelas	3	1	4	1	7	2
Food poisoning	23	25	16	25	39	50
Infective jaundice	-	42	-	38	-	80
Measles	549	206	579	185	1,128	391
Membranous croup	-	-	-	-	-	-
Meningococcal infection	-	2	2	4	2	6
Ophthalmia neonatorum	3	1	1	1	4	2
Pneumonia, acute influenzal acute primary	6	-	6	1	12	1
	1	1	1	2	2	3
Poliomyelitis	-	-	-	-	-	-
Puerperal pyrexia	-	-	17	12	17	12
Malaria	1	1	-	1	1	2
Scabies	43	42	40	43	83	85
Scarlet fever	18	11	13	10	31	21
Smallpox	-	-	-	-	-	-
Whooping cough	27	13	31	10	58	23
Total	703	400	740	403	1,443	803
Tuberculosis						
Pulmonary	77	68	36	27	113	95
Non pulmonary	12	7	7	6	19	13
Total	89	75	43	33	132	108

TUBERCULOSIS - 1967

TABLE 4a

Age periods	New cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 year	1	-	-	-	-	-	-	-
2 - 4 years	5	2	-	1	-	-	-	-
5 - 9 years	1	-	-	-	-	-	-	-
10 - 14 years	-	-	-	-	-	-	-	-
15 - 19 years	-	1	1	1	-	-	-	-
20 - 24 years	5	8	1	-	-	-	-	-
25 - 34 years	15	6	7	1	-	-	-	-
35 - 44 years	12	7	-	3	-	-	-	-
45 - 54 years	14	6	2	-	-	1	-	-
55 - 64 years	14	2	-	-	-	-	-	-
65 - 74 years	8	2	-	-	-	-	-	-
75 and over	3	2	1	1	2	-	-	1
Totals	77	36	12	7	2	1	-	1

SUMMARY OF CHANGES IN TUBERCULOSIS REGISTER DURING 1967

TABLE 4b

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Cases on Register at 31 December 1966	915	511	72	104	1,602
Cases added					
Primary notifications	77	36	12	7	132
Transferred from other districts	36	20	5	-	61
Restored to register	2	3	-	-	5
Totals	1,030	570	89	111	1,800
Cases removed					
Moved to other district	80	25	6	1	112
Recovered	51	33	-	5	89
Died	2	1	-	2	5
Totals	133	59	6	8	206
Cases on Register at 31 December 1967	897	511	83	103	1,594

TUBERCULOSIS - 1968

TABLE 5a

Age	New cases				Deaths				
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary		
	M	F	M	F	M	F	M	F	
Under 1 year	-	-	-	-	-	-	-	-	-
1 -	1	-	-	-	-	-	-	-	-
2 -	-	3	-	-	-	-	-	-	-
5 -	1	2	-	-	-	-	-	-	-
10 -	3	1	-	-	-	-	-	-	-
15 -	1	1	-	-	-	-	-	-	-
20 -	1	5	2	2	-	-	-	-	-
25 -	15	3	2	3	-	-	-	-	-
35 -	13	1	1	-	-	-	-	-	-
45 -	8	2	-	-	1	-	-	-	-
55 -	14	5	1	1	3	1	-	-	-
65 -	10	3	-	-	1	1	-	-	-
75 and over	1	1	1	-	2	-	-	-	-
Totals	68	27	7	6	7	2	-	-	-

SUMMARY OF CHANGES IN TUBERCULOSIS REGISTER DURING 1968

TABLE 5b

	Pulmonary		Non-pulmonary		Total
	M	F	M	F	
Cases on register at 31 December, 1967	897	511	83	103	1,594
Cases added					
Primary notifications	68	27	7	6	108
Transferred from other districts	39	11	3	2	55
Restored to register	13	4	-	-	17
Totals	1,017	553	93	111	1,774
Cases removed					
Moved to other districts	82	45	7	4	138
Recovered	72	40	3	3	118
Died	7	2	-	-	9
Totals	161	87	10	7	265
Cases on register at 31 December 1968	856	466	83	104	1,509

LEGAL PROCEEDINGS

The following prosecutions were undertaken during 1967 under the Food and Drugs Act and Regulations:-

TABLE 6a

Offence	Result of proceedings	
	Fines £. s. d	Costs £. s. d
<b>Food and Drugs Act 1955</b>		
Sale of loaf of bread containing piece of string	5. 0. 0	1. 1. 0
Sale of mouldy Swiss roll	15. 0. 0	10. 10. 0
Sale of mouldy scotch egg	10. 0. 0	1. 1. 0
Sale of packet of ground rice containing mice excreta	20. 0. 0	5. 5. 0
Sale of fruit cake containing pieces of glass	10. 0. 0	*10. 10. 0
Sale of rye loaf containing metal rivet	15. 0. 0	2. 2. 0
Sale of dutch apple cake containing piece of wood	Adjourned sine die (witness indisposed)	
Sale of mouldy brawn	Withdrawn - unable to trace witness)	
Sale of mouldy beef sausages	50. 0. 0	5. 5. 0
Sale of doughnut containing drawing pin	10. 0. 0	1. 0. 0
Mouldy apfelstrudel	10. 0. 0	5. 5. 0
Soil in dinner	25. 0. 0	5. 5. 0
Sale of buns containing 100% margarine instead of butter	10. 0. 0	3. 3. 0
Sale of mouldy pork pie	10. 10. 0	5. 5. 0
Sale of rolls containing 100% margarine instead of butter	15. 0. 0	5. 15. 6
Sale of jam rolls containing fermented jam	20. 0. 0	1. 1. 0
Sale of meat pie containing a blowfly	25. 0. 0	5. 5. 0
Pure lemon juice diluted with water	10. 0. 0	4. 4. 0
<b>Food Hygiene (General Regulations 1960</b>		
General defects including cockroach infestation	140. 0. 0	25. 0. 0
Smoking near open food; dirty overalls; dirty premises	20. 0. 0	3. 3. 0
Dirty and defective premises; no hot water, soap and towels	35. 0. 0	*Included as above
Dirty and defective premises; dirty equipment	156. 0. 0	5. 5. 0
Dirty and defective premises; dirty equipment	117. 0. 0	5. 5. 0
Dirty and defective premises; dirty equipment; inadequate washing facilities; food uncovered	98. 0. 0	5. 5. 0
Dirty and defective premises; dirty equipment; inadequate washing facilities	39. 0. 0	10. 10. 0
Dirty and defective premises; dirty equipment; inadequate washing facilities	44. 0. 0	10. 10. 0
Insanitary premises	20. 0. 0	15. 15. 0
Dirty and defective premises and equipment	50. 0. 0	5. 5. 0
General cleanness and lack of washing facilities for equipment and personnel	76. 0. 0	5. 5. 0
Food barrows kept in unhygienic and rat infested premises	85. 0. 0	15. 15. 0
Food barrows kept in unhygienic and rat infested premises	50. 0. 0	5. 5. 0
Smoking whilst handling food	5. 0. 0	2. 2. 0
Unhygienic conditions	40. 0. 0	8. 8. 0
Food barrows kept in dirty and unhygienic premises	48. 0. 0	5. 5. 0
Food barrows kept in dirty and unhygienic premises	Work done - Summons withdrawn	
Food barrows kept in dirty and unhygienic premises	" "	" "
Food barrows kept in dirty and unhygienic premises	51. 0. 0	5. 5. 0
Smoking whilst handling food	5. 0. 0	3. 3. 0
Dirty and defective condition of restaurant and toilet	50. 0. 0	5. 5. 0
Dirty condition of restaurant and equipment	75. 0. 0	5. 5. 0
Dirty premises, equipment and water closet	390. 0. 0	10. 0. 0
Smoking whilst handling food	10. 0. 0	2. 0. 0
<b>Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966</b>		
Stall uncovered; lack of water, soap and towel; dirty overclothing	10. 0. 0	2. 0. 0
Stall uncovered; lack of hot water	8. 0. 0	2. 0. 0
Name and address of owner and place where kept not shown on barrow	6. 0. 0	-
Name and address of owner and place where kept not shown on barrow	10. 0. 0	-
<b>Milk and Dairies (General) Regulations 1959</b>		
Dirty milk bottle	20. 0. 0	11. 10. 0



LEGAL PROCEEDINGS

The following prosecutions were undertaken during 1968 under the Food and Drugs Act and Regulations:-

TABLE 6b

Offences	Fines		Costs	
	£.	s. d.	£.	s. d.
<b>Food and Drugs Act 1955</b>				
Hot chocolate containing black beetle	40.	0. 0	-	
Mouldy sausages	25.	0. 0	3.	3. 0
Rolls containing margarine instead of butter	Case dismissed			
Rolls containing margarine instead of butter	5.	0. 0	5.	0. 0
Mouldy sausage roll	5.	0. 0	6.	1. 0
Mouldy apricot pie	10.	0. 0	3.	3. 0
Mouldy gateau	15.	0. 0	3.	3. 0
Loaf containing metal rivet	10.	0. 0	1.	0. 0
Mouldy pork pie	20.	0. 0	3.	3. 0
Rolls containing margarine instead of butter	Case dismissed			
Caterpillar in sandwich	5.	0. 0	2.	2. 0
Mouldy loaf	Case dismissed			
Mouldy pizza pie	5.	0. 0	2.	0. 0
Sour cream in Swiss roll	8.	0. 0	2.	0. 0
Sour cream in Swiss roll	5.	0. 0	2.	0. 0
Mouldy sausages	30.	0. 0	5.	5. 0
Soup containing fly	8.	0. 0	6.	15. 0
<b>Food Hygiene (General) Regulations 1960</b>				
General defects; lack of washing facilities	40.	0. 0	3.	3. 0
Lack of general cleanliness	15.	0. 0	2.	2. 0
Cockroach infestation; lack of cleanliness	90.	0. 0	10.	0. 0
Smoking near open food	5.	0. 0	2.	0. 0
Dirty equipment and premises	55.	0. 0	6.	6. 0
Dirty equipment and premises	360.	0. 0	5.	5. 0
Dirty equipment and premises	315.	0. 0	31.	10. 0
Smoking whilst handling food	3.	0. 0	1.	1. 0
Smoking whilst handling food	3.	0. 0	1.	1. 0
Dirty equipment, dirty and defective premises	50.	0. 0	5.	0. 0
Dirty equipment, dirty and defective premises	99.	0. 0	10.	10. 0

OTHER PROSECUTIONS

	Summonses	Fines	Costs
Public Health Act, 1936	49	£20	£42
Drainage Byelaws	10	£20	£7. 3s. 0d
Offices Shops and Railway Premises Act, 1963.	10	£90	£32. 11s. 0d
Factories Act, 1961	16	£218	£14. 14s. 0d

Table 7

## FOOD

## MILK (SPECIAL DESIGNATION) REGULATIONS, 1960

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

	Principal licences	
	1967	1968
Untreated	70	129
Pasteurised milk	282	302
Sterilised milk	223	233
Ultra heat treated milk	107	117
Milk distributors on the register and holding the above licences	296	321

Table 8

## REGISTRATION OF FOOD PREMISES

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

	1967	1968
Ice-cream	453	489
Meat and meat products	334	346

Table 9

## UNSOOUND FOOD

During the years 1967 and 1968 the undermentioned unsound food was surrendered and destroyed or disposed of otherwise:-

## 1967

Commodity		Tons	Cwts.	Qtrs.	lb.
Milk	Fresh	-	-	-	-
	Frozen	-	-	-	-
	Tinned	-	-	-	-
Fish	Fresh	3	2	-	2
	Frozen	-	5	2	5
	Tinned	-	-	2	22
Meat	Fresh	-	14	1	-
	Frozen	-	6	-	-
	Tinned	3	4	3	9
Fruit	Fresh	-	5	3	10
	Frozen	-	-	3	22
	Tinned	1	3	2	11
Vegetables	Fresh	-	6	3	21
	Frozen	-	6	2	26
	Tinned	3	14	2	22
Other food	Fresh	6	4	-	27
	Frozen	6	2	2	20
	Tinned	-	16	1	26
Total		26	15	1	27

## 1968

Commodity		Tons	Cwts.	Qtrs.	lb.
Milk	Fresh	-	-	-	-
	Frozen	-	-	-	-
	Tinned	-	-	-	-
Fish	Fresh	-	11	2	24
	Frozen	-	5	2	7
	Tinned	-	8	-	-
Meat	Fresh	1	13	-	6
	Frozen	-	9	1	6
	Tinned	3	7	2	15
Fruit	Fresh	-	-	-	-
	Frozen	-	17	3	2
	Tinned	-	-	3	3
Vegetables	Fresh	6	-	1	3
	Frozen	2	9	2	15
	Tinned	9	14	-	2
Other food	Fresh	-	14	3	10
	Frozen	1	12	-	3
	Tinned	-	2	3	1
Total		28	7	1	12

TABLE 10a

## FACTORIES

Particulars of factory and other inspections carried out by this Council's Public Health Inspectors during 1967 are given in the following table:-

## Number of visits:-

Factories (with mechanical power)	2,043
Factories (without mechanical power)	178
Workplaces	369
Rag Flock Acts	8
Smoke observations	567
Prior approval visits	16
Smoke control area visits	177
Water sampling	12
Other visits	-
	<u>3,370</u>
Notices served	42

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

## Part I of the Act

## 1. Inspections, etc.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupier prosecuted
(i) Non-power factories, in which sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	275	178	2	-
(ii) Power factories in which section 7 is enforced by the Local Authority	2,396	2,043	40	1
(iii) Other premises in which section 7 is enforced by the Local Authority excluding outworkers' premises	434	369	-	-
Totals	3,105	2,590	42	1

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

## 2. Cases in which defects were found

Particulars	Found	Remedied	Referred		Number of prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	23	23	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	3	3	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	3	3	-	1	-
(b) Unsuitable or defective	40	43	-	12	1
(c) Not separate for sexes	1	1	-	-	-
Other offences against the act (not including offences relating to outwork)	8	1	28	-	-
Totals	78	74	28	13	1

Factory and other inspections carried out by the Council's Public Health Inspectors during 1968.

## Number of visits:-

Factories (with mechanical power)	1,485
Factories (without mechanical power)	63
Workplaces	177
Rag Flock Acts	1
Smoke observations	378
Prior approval visits	8
Smoke Control Area Visits	153
Water sampling	89
Other visits	-
	<u>2,354</u>
Notices served	40

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 1968.

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	214	63	5	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,583	1,489	34	3
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	12	37	-	-
Totals	2,809	1,589	39	3

Factories in which defects were found. Year 1968.

Particulars	Found	Remedied	Referred		Number of prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S. 1)	2	1	-	-	-
Overcrowding (S. 2)	-	-	-	-	-
Unreasonable temperature (S. 3)	-	-	-	-	-
Inadequate ventilation (S. 4)	1	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-	-
Sanitary conveniences (S. 7)					
(a) Insufficient	2	3	-	3	-
(b) Unsuitable or defective	39	49	1	16	3
(c) Not separate for sexes	3	2	-	3	-
Other offences against the Act (not including offences relating to outwork)	-	-	14	-	-
Totals	47	55	15	22	3

TABLE 11a

## Part VIII of the Act

## Outwork (sections 110 and 111)

Nature of work  (1)	Section 110			Section 111		
	No. of out-workers in August list required by section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel (making etc., cleaning and washing)	375	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Household linen	3	-	-	-	-	-
Lace, lace curtains and nets	7	-	-	-	-	-
Furniture and upholstery	1	-	-	-	-	-
File making	3	-	-	-	-	-
Brass and brass articles	10	-	-	-	-	-
Artificial flowers	7	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	35	-	-	-	-	-
Feather sorting	16	-	-	-	-	-
Carding, etc., of buttons etc.	26	-	-	-	-	-
Stuffed toys	5	-	-	-	-	-
Cosaques, Christmas stockings, etc.	12	-	-	-	-	-
Lampshades	-	-	-	-	-	-
<b>Totals</b>	<b>500</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

TABLE 11b

## OUTWORKERS - August 1968 - Returns

Type of specified work	No. of out-workers in August list required by section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making etc.	382	-	-	-	-	-
Household linen	2	-	-	-	-	-
Making and mending lace curtains etc.	7	-	-	-	-	-
Making curtains and furnishings	4	-	-	-	-	-
Furniture and upholstery work	5	-	-	-	-	-
Articles of brass, alloy, tin	48	-	-	-	-	-
File making	3	-	-	-	-	-
Artificial flowers	22	-	-	-	-	-
Boxes etc.	34	-	-	-	-	-
Feather sorting	13	-	-	-	-	-
Carding, boxing of buttons etc.	1	-	-	-	-	-
Stuffed toys	3	-	-	-	-	-
<b>Totals</b>	<b>524</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

TABLE 12a

## UNSATISFACTORY CHEMICAL SAMPLES - 1967

Article	Nature of adulteration or irregularity	Observations
Butter	Rancid	Brand in question no longer sold.
Frozen toad in hole	Ambitious and misleading picture on packet	New label agreed
Milk (school)	Deficient in solids not fat Genuine but abnormal	No further action as sample was genuine.
Paprika	Infested	All stock surrendered.
Hot curry powder	Infested	All stock surrendered.
Rose water cordial	Coloured with prohibited colour	Whole consignment condemned.
Rose squash	Coloured with prohibited colour	Whole consignment condemned.
Rose water	Contained excessive amount of preservative	No further imports.
Influenza and cold mixture	Inaccurate label and faults in composition	All stock re-labelled.
Hams (whole)	Discoloured due to inadequate curing	Consignment condemned.
Horseradish and beetroot sauce	Ambiguous label	Letter sent to manufacturers.
Chopped chicken in jelly	Jelly sloppy	Further sample taken - satisfactory.
Lemon juice	Fermenting	Old stock - last bottle.
Almond cordial	Unsatisfactory labels	Letter sent to supplier.
Rose syrup	Unsatisfactory labels	Letter sent to supplier.
Rose water	Unsatisfactory labels	Letter sent to supplier.
Extra rose floral water	Unsatisfactory labels	Letter sent to supplier.
Extra flower water	Unsatisfactory labels	Letter sent to supplier.
Rose water	Unsatisfactory labels	Letter sent to supplier.
Soft drink powder	Contained prohibited sweetener	Letter sent to supplier.
Blackcurrant with vitamin C	Vitamin C not properly declared	Stock withdrawn from sale.
Sherbert	List of ingredients incomplete	Letter sent to supplier.
Sherbert	List of ingredients incomplete	Letter sent to supplier.
Sherbert	List of ingredients incomplete	Letter sent to supplier.
Blackcurrent crumble	Misleading label	Letter sent to supplier.
Yogtail advocaat punch	Misleading description	New labels prepared.
Chili powder	Improperly described	Manufacturers warned.
Butter brickle cake mix	Misleading description	Consignment exhausted - not imported again.
Wikmin vitamin and mineral capsules	Falsely labelled	Importers warned. Retailers cancelled outstanding orders.
Bread	Contained foreign matter (wire wool)	Warning letter to manufacturers.
Cream cheese	Insufficient fat content	Complaint may have been malicious.
Milk	Not of substance demanded	Manufacturer warned. Follow-up samples satisfactory.
Fruit Yogurt	Contained mould spores	Warning letter to retailer.
Pork sausages	Preservative not declared	Warning letter to retailer.
Pineapple juice powder	Not genuine	Presence of preservative declared in shop.
		Product withdrawn from sale by wholesaler and re-exported.

TABLE 12a - contd.

## UNSATISFACTORY CHEMICAL SAMPLES - 1967 - contd.

Article	Nature of adulteration or irregularity	Observations
<b>Chemical - contd.</b>		
Pork sausages	Preservative not declared	Warning letter to manufacturers.
Butter	Mouldy	No further action in view of lengthy period of storage
Yogurt	Fermenting	Proprietor warned re stock rotation further sample taken - satisfactory.
Beef sausages	Preservative not declared	Presence of preservative declared in shop.
Lemon juice	Contained 50 per cent water as adulterant	Legal proceedings. £10 fine. £4.4s. costs.
Foreign matter	Consisted of soil from braised steak	Legal proceedings. £25 fine. £5.5s. costs.
Pork sausages (chipolatas)	Contained excess preservative	Further sample taken - satisfactory.
Mince-meat	Contains sulphur dioxide preservative	No further action. Premises closed.
Foreign body found in sausage	Not of the substance demanded	Warning letter to manufacturers.
Foreign substance found in Channel Island milk	Not of substance demanded, nor was it contained in a clean bottle	Warning letter to retailer.
Rose water	Inadequate labelling	New label provided.
Yogurt	Mouldy	Warning given regarding storage and stock rotation.
Steak and kidney pie	Mouldy	Warning given regarding storage and stock rotation.
Buttered bun	Margarine, not butter	Legal proceedings. Fined £10. Costs £3.3s.
Beef sausages	Presence of preservative not declared	Presence of preservative declared in shop.
Pork chipolatas	Presence of preservative not declared	Presence of preservative declared in shop.
Beef sausages	Presence of preservative not declared	Presence of preservative declared in shop.
Pork chipolatas	Excess preservative, presence not declared	Formal sample taken - genuine.
Beef links	Excess preservative, presence not declared	Formal sample taken - genuine.
Buttered bun	Margarine and butter mixture	Formal sample taken - genuine.
Buttered roll	Margarine, not butter	Legal proceedings (summons withdrawn - lack of proof of ownership).
Buttered bun	Margarine, not butter	Legal proceedings. £15 fine. £5.15s.6d costs.
Opened bottle of Channel Islands milk	Unclean bottle	Warning letter to dairy.
Blowfly in pie	Unfit for human consumption	Legal proceedings. Fined £25. Costs £5.5s.
Foreign substance in light ale	Unfit for human consumption	Warning letter to brewers.
Blackcurrant crumble	Misleadingly labelled	New label provided.
Smoked cod roe	Presence of salt not declared	Warning letter to retailer.
Milk bottle	Patch of mould inside	Legal proceedings. Fined £20. Costs £11.10s.
Sugared hemp seed	Coloured with non-permitted colours	All stock surrendered.
Beans and gravy with meat	No list of ingredients	New label provided. (Sample was from old stock).

TABLE 12a - contd.

## UNSATISFACTORY CHEMICAL SAMPLES - 1967 - contd.

Article	Nature of adulteration or irregularity	Observations
Semolina	No label in English	New label provided.
Pasta	No label in English	New label provided.
A.B.C. letters	Coloured with non-permitted colour	All stock surrendered.
Lime and lemon slices	Coloured with non-permitted colour	Stock surrendered and supplies withdrawn from sale by manufacturer.
Orzo (sweets)	Coloured with non-permitted colours	All stock surrendered.
Dry figs	Infested	Stock destroyed.
Turkish delight	No description or label in English	New label provided.
Buttered sliced bread	Entirely margarine, not butter	Formal sample taken - satisfactory.
Pork sausages	Contained undeclared preservative	Formal sample taken - satisfactory - after warning given to proprietor to display preservative notice.
Pork sausages	Contained excessive and undeclared preservative	Formal sample taken - satisfactory - after warning given to proprietor to display preservative notice.
Tuna with vegetables	No list of ingredients	Stick on label affixed to tins.
Beef sausages	Contained undeclared preservative	Formal sample taken - satisfactory - after warning given to proprietor to display preservative notice.
Beef sausages	Contained undeclared preservative	Formal sample taken - satisfactory - after warning given to proprietor to display preservative notice.
Pasta	Insufficient label in English	Label amended.
Yogurt	Insufficient label in English	Label amended.
Apricot chutney	Excess sulphur dioxide preservative	Manufacturers warned.
Milk	Bottle unclean	Bottlers warned.
Procea sliced bread	Not of the substance demanded	Manufacturers warned.
Neville's sliced bread	Not of the substance demanded	Manufacturers warned.



TABLE 12b

## UNSATISFACTORY CHEMICAL SAMPLES - 1968

Article	Nature of adulteration or irregularity	Observations
Tortellini	No list of ingredients	Letter sent to importers.
Fagioli	No list of ingredients	Letter sent to importers.
Walnut preserve	Inadequate label	Letter sent to importers.
Pitted black cherries	Misleading description	Letter sent to importers.
Tomato paste	Excessive moulds	Stock surrendered.
Aspirin tablets	Not of B.P. standard	Formal sample taken - satisfactory.
Sausages	Preservative not declared	Shopkeeper warned.
Steak and kidney pudding	Misleading label	Letter sent to manufacturer.
Rose cordial	Inadequate label	Letter sent to manufacturer.
Sausages	Preservative not declared	Shopkeeper warned.
Sausages	Preservative not declared	Shopkeeper warned.
Sausages	Preservative not declared	Notice displayed in shop.
Buttered rolls	Fat was margarine	Summons - £5 fine - £5.5s. costs.
Minced meat	Contained sulphur dioxide preservative	Retailer warned. Follow up sample taken - satisfactory.
Camembert cheese	Improperly labelled	Letter sent to importers.
Minced meat	Contained sulphur dioxide preservative	Retailer warned. Follow up sample taken - satisfactory.
Orange drink	Sample fermented - unfit for human consumption	New consignment obtained from different source.
Loaf of bread	Contained oven char	No action. Harmless but aesthetically unpleasant.
Yogtail	Misdescriptive label	Re-labelled.
Sausages	Presence of preservative not declared properly.	Re-labelled.
Almond jam	Insufficient information in English	Letter sent to manufacturers.
Canned mango slices	Incorrect label	Label amended.
Pasteurised milk	Milk delivered in dirty bottle	Warning letter to retailer.
Chicken paste	Deficient in meat	Further sample taken - satisfactory.
Low fat spread	Improper method of labelling	Labels re-designed.
Fish and shell fish in sauce	Types of fish not specified	Shopkeeper advised.

TABLE 12b - contd.

## UNSATISFACTORY CHEMICAL SAMPLES - 1968 - contd.

Article	Nature of adulteration or irregularity	Observations
Fish and shell fish in sauce	Types of fish not specified	Shopkeeper advised.
Milk	Incipient souring	Shopkeeper warned.
Yogurt with wine	Unsatisfactory label	Re-labelled.
Beche de mer	Contains preservative, and unsatisfactory label	Whole stock surrendered.
Dried octopus	No English label	Importer asked to re-label.
Pilchard	Mouldy, but inadequately labelled	Withdrawn from sale, and importer to re-label.
Turnip, salted	Ambiguous label	Importer asked to re-label.
Turnip, salted with leaves	Ambiguous label	Importer asked to re-label.
Shrimp paste	Inadequate label	Importer asked to re-label.
Curry beef	Inadequate label	Importer asked to re-label.
Shrimp paste	Inadequate label	Importer asked to re-label.
Fish's gravy	Unsatisfactory label	Importer asked to re-label.
Pate with truffle	Insufficient truffle	Letter sent to importer.
Rose syrup	Ingredients in wrong order on label	Importers warned - label corrected.
Fruit yoghurt	Contaminated by mould spores and hyphae	Warning letter to manufacturer.
Green lentils	Contained beetle infested lentils, and small stones.	Warning letter to retailer.
Milk containing foreign matter	Contaminated by mould spores and hyphae	Warning letter to bottlers.
Raspberry jam	Mouldy on opening	Remainder of stock checked.
Pork sausages	Presence of preservative not declared properly	Letter sent to suppliers.
Pork sausages	Ambiguous label	Letter sent to suppliers.
Mountain tea	Inaccurate label	Letter sent to suppliers.
Milk	Contained added water (55 per cent.)	Further samples taken - satisfactory.
Milk	Contained added water (68 per cent.)	
Milk	Contained added water (3 per cent.)	
Scone	Contained tobacco	Summons - £50 fine, £10 costs.
Olives in olive oil	Contained prohibited preservative	Stock condemned and firm (importers) warned.
Baggali in vinegar	Contained prohibited preservative	Stock condemned and firm (importers) warned.
Capers in vinegar	Contained prohibited preservative	Stock condemned and firm (importers) warned.
Pickles in vinegar	Contained prohibited preservative	Stock condemned and firm (importers) warned.
Cured cheese	Misdescription	Warning letter to manufacturer.
Walnut rum cream slice	Misdescription - no milk fat	Warning letter to manufacturer.

TABLE 13

**WORK OF THE PUBLIC HEALTH INSPECTORS  
DURING 1967 AND 1968**

	<u>1967</u>	<u>1968</u>
Complaints received ... ..	5,062	3,921

**HOUSING**

No. of visits

*Public Health Act 1936*

Complaints investigated:-

Housing inspections	4,224	4,303
Reinspections	8,091	6,459
House to house inspections	992	159

*Housing Act 1957*

Section 3	- Inspection of district	554	40
Section 9	- Repair of unfit houses	5,531	5,700
Sections 16 and 17	- Closing, etc. of unfit houses	214	83
Section 18	- Closing of part of building including underground rooms	1,255	883
Section 42	- Clearance Areas	1,053	574
Section 78	- Overcrowding	15	18
	Compulsory Purchase Orders	534	591

*Housing Act 1961*

Section 15	- Provision of amenities	5,927	5,555
Section 19	- Direction regarding occupation	6	7
Rehabilitation Areas	- Provision of amenities	4,157	4,367

*House Purchase and Housing Act 1959*

*Housing (Financial Provisions) Act 1958 - Section 43*

House Purchase Mortgage Loans	2,753	2,899
Discretionary Improvement Grants	607	745
Standard Improvement Grants	747	871

*Rent Act 1957*

Inspections and reinspections	25	21
-------------------------------	----	----

*Section 9 Housing Act 1957*

35 Notices were served in 1967 and 20 in 1968 under this Section and the position at the end of the year was as follows:-

Total notices served	35	20
Notices complied with	6	7
Notices in respect of which work was in progress	22	8
Notices in respect of which work had not commenced	7	5
Houses acquired by Borough Council or subject of negotiation for sale	Nil	Nil

*Closing and Demolition Orders*

The following is a summary of the work carried out during the year in regard to unfit basements and other rooms.

Number of houses reported unfit	6	3
Number of rooms reported unfit	49	38
Number of rooms closed for all purposes	41	26
Number of houses where Demolition Order was made	Nil	Nil
Number of houses where Closing Order was made	5	3

	<u>1967</u>	<u>1968</u>
Number of rooms closed for human habitation, but permitted to be used for other purposes	4	7
Number of rooms made fit without necessity of Closing Order	6	2
Number of existing Closing Orders varied to permit of use other than human habitation	21	1
Number of existing Closing Orders determined	23	10

Closing Orders are operative in 1967 upon a total of 1,489 rooms and 70 houses in the Borough, to which bi-annual visits of inspection are made. Corresponding figures for 1968 were 1,497 rooms and 73 houses.

GENERAL	<u>No. of visits</u>	
Infectious disease investigations	927	977
<i>Drainage</i>		
(a) Under notice, plans, supervision, etc.	5,048	3,432
(b) Voluntary plans, supervision, etc.	7,878	7,315
(c) New buildings plans, supervision, etc.	3,975	3,245
(d) Smoke tests	84	68
Smoke observations and atmospheric pollution readings	406	378
Visits in connection with prior approval of furnace	16	8
Smoke control area visits	8,100	7,023
Prevention of damage by Pests Act 1949	479	335
Pharmacy and poisons	31	17
Hairdressers and barbers	33	119
Outworkers premises	232	74
Pet animals establishments	49	23
<i>Environmental Visits</i>		
(a) Old and infirm (Section 47 National Assistance Act 1948)	7	6
(b) Old aged pensioners	25	42
(c) Tuberculous persons	27	7
(d) Housing applications	321	219
(e) Long term immigrants	747	627
Other inspections and reinspections	8,910	3,624
Ineffective visits	5,081	4,375
Intimation Notices	1,250	1,376
Statutory Notices	867	817
ATTENDANCES AT MAGISTRATES COURT	336	85
Number of Summonses	109	155
Amount of fines	£2,114	£1,634
Amount of costs	£293	£225

#### WORK BY BOROUGH COUNCIL IN DEFAULT OF OWNERS

##### *Public Health Act 1936*

Section 93 - Nuisances	Cases	7	5
	Costs	£1,267	£592
Section 39 - Drainage	Cases	17	5
	Costs	£776	£45
Section 45 - Water closets	Cases	16	7
	Costs	£102	£39
Section 79 - Accumulations	Cases	23	21
	Costs	£116	£144

Housing Act 1957 - Section 9

Cases	5	12
Costs	£4,205	£14,214

Public Health Act 1961

Section 17 - Blocked drains	Cases	37	-
	Costs	£254	-

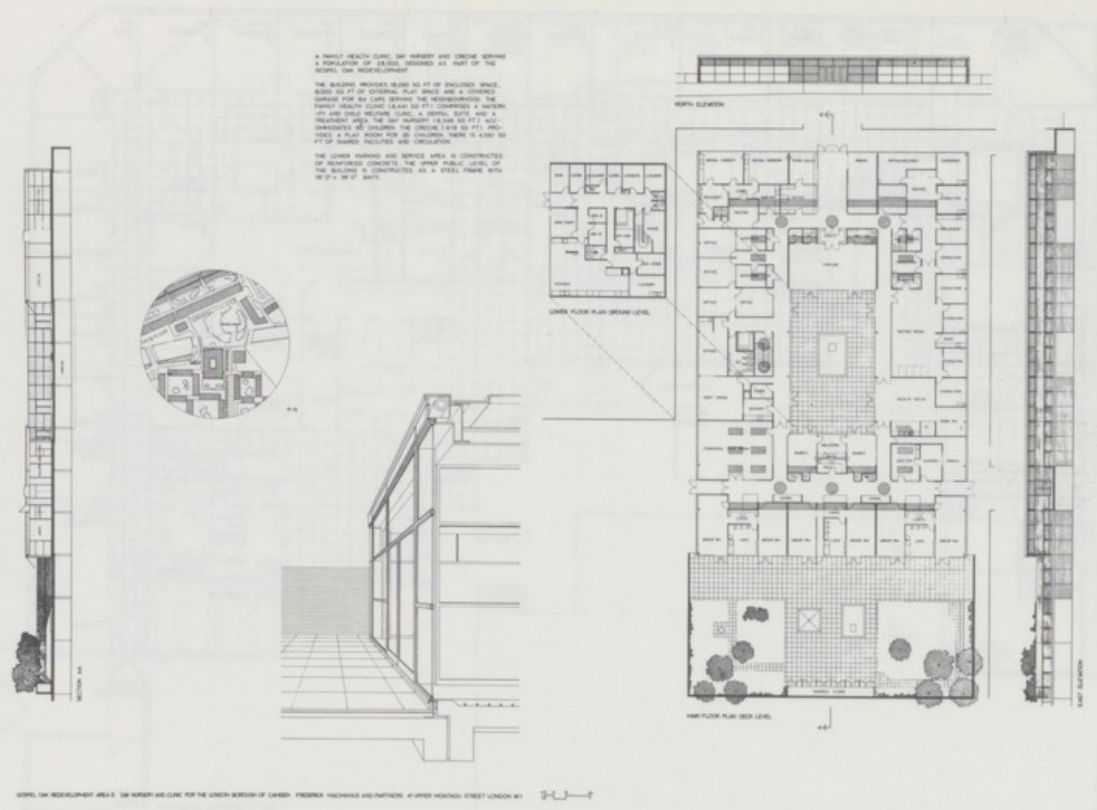
INSPECTION AND SUPERVISION OF FOOD

Particulars of the inspections carried out by the Council's Public Health Inspectors are given in the following table:-

Number of visits:-	1967	1968
Milk distributors	717	626
Ice-cream premises	289	300
Butchers' shops	946	1,325
Bakehouses	453	423
Public Houses	211	144
Prepared meat premises	405	446
Fishmongers shops	383	304
Fried fish shops	384	296
Fish curers' premises	69	49
Grocers' shops	2,374	2,072
Restaurants, cafes and canteens	4,022	3,993
Licensed club premises	54	64
Fruit and greengrocery stores	40	64
Confectioners (sweets)	132	42
Other premises where food and drinks are sold	998	1,002
Attendances at Magistrate's Court	53	39
Other visits	2,311	917
Totals	13,841	12,106

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

Notices served in 1967	366
Notices served in 1968	289

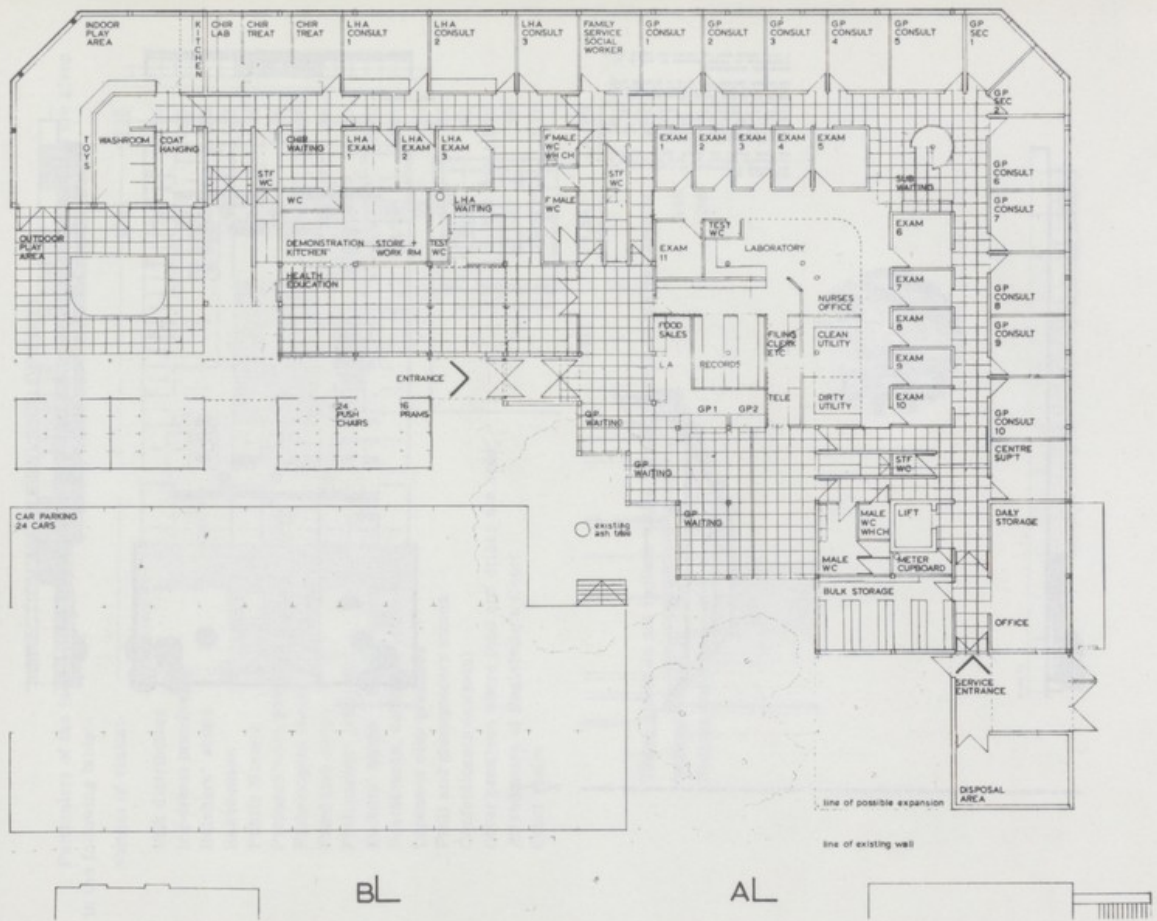


A FAMILY HEALTH CLINIC, DAY NURSERY AND CRèche SERVING A POPULATION OF 25,000, PROVIDED AS PART OF THE SCHEME FOR REDEVELOPMENT.

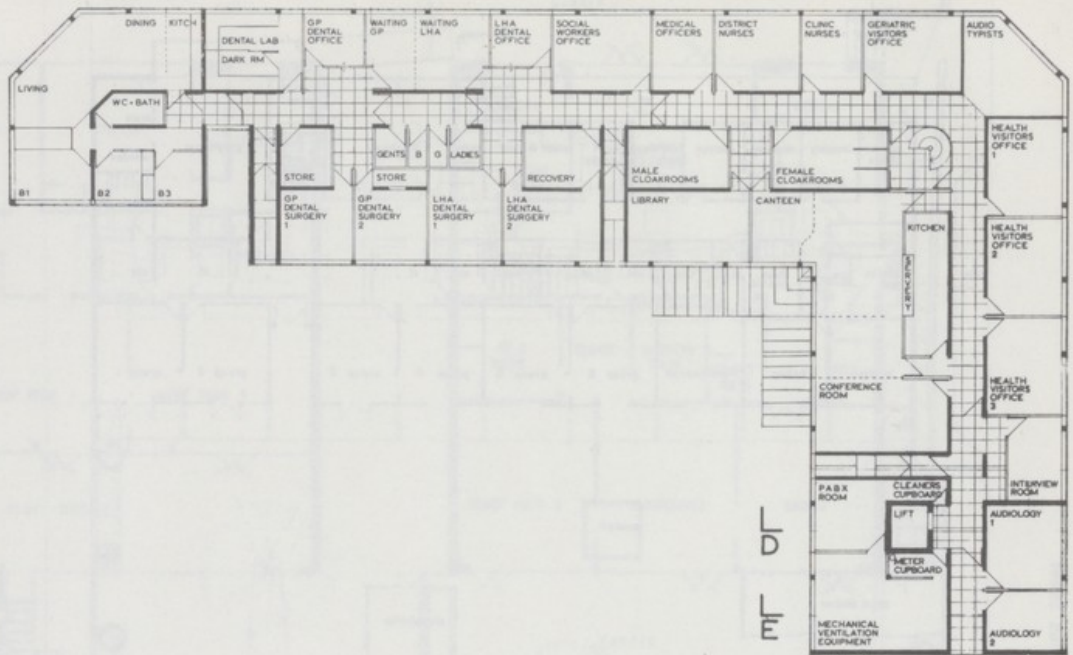
THE BUILDING PROVIDES 10,000 SQ FT OF ENCLOSED SPACE, 8,000 SQ FT OF OPENING PLAY SPACE AND A GARDEN COURSE FOR 24 CLAY BOWLS. THE REDEVELOPMENT OF THE FAMILY HEALTH CLINIC IS 4,500 SQ FT, COMPRISED OF A NURSERY AND CHILD HEALTH CLINIC, A DENTAL SUITE AND A TREATMENT AREA. THE DAY NURSERY IS 3,500 SQ FT, ACCOMMODATING 40 CHILDREN. THE CRèche IS 1,500 SQ FT, PROVIDING A PLAY ROOM FOR 20 CHILDREN, THREE 4,000 SQ FT OF GARDEN FACILITIES AND CIRCULATION.

THE LOWER PARKING AND SERVICE AREA IS CONSTRUCTED OF REINFORCED CONCRETE. THE UPPER PUBLIC LEVELS OF THE BUILDING IS CONSTRUCTED AS A STEEL FRAME WITH 800 SQ YD OF GLAZING.

SCHEME FOR REDEVELOPMENT AREA 3, DAY NURSERY AND CLINIC FOR THE GREEN BELT OF LONDON. PRESERVE, TOWNHOUSE AND PARTNERS, 47 UPPER MARSHALL STREET, LONDON W1. H-1

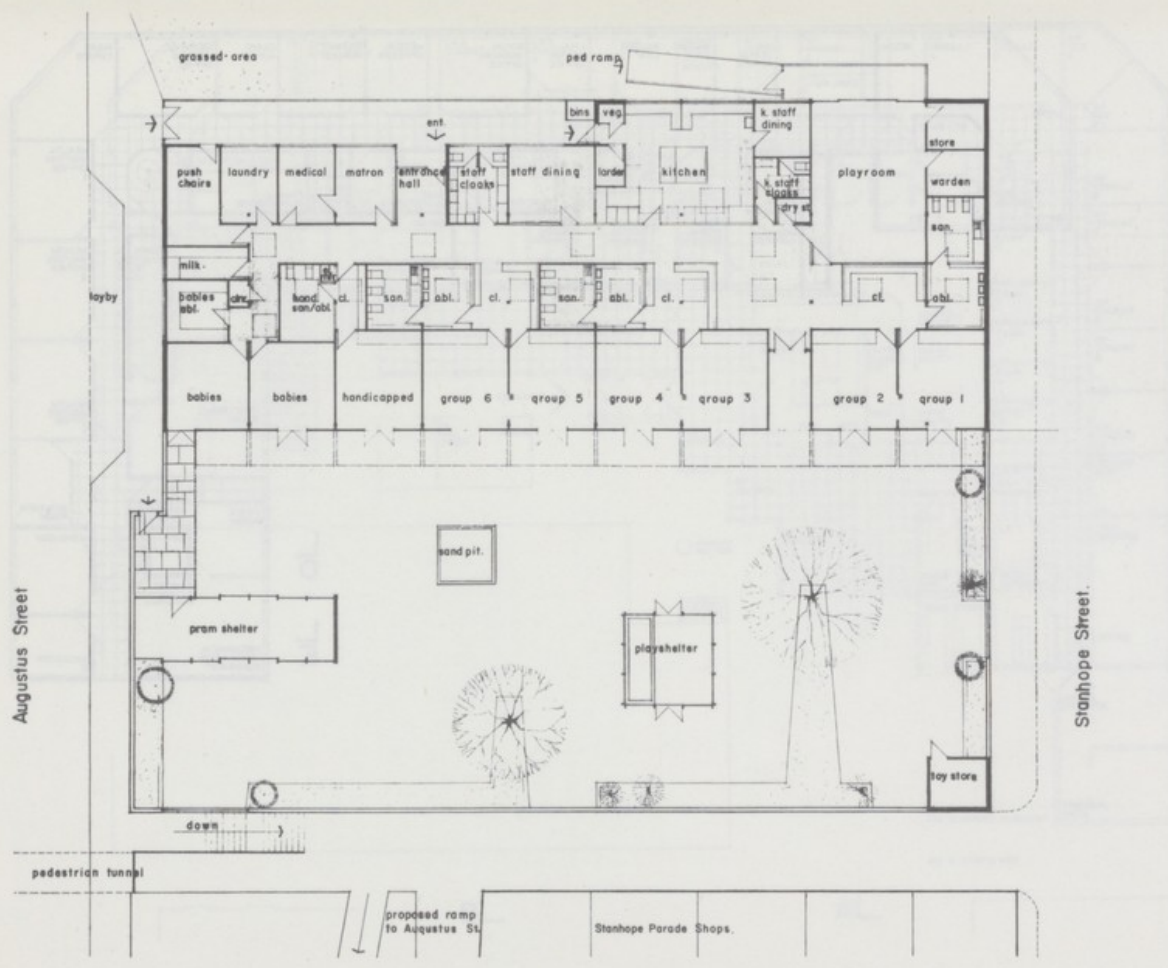


KENTISH TOWN HEALTH CENTRE  
(ii)

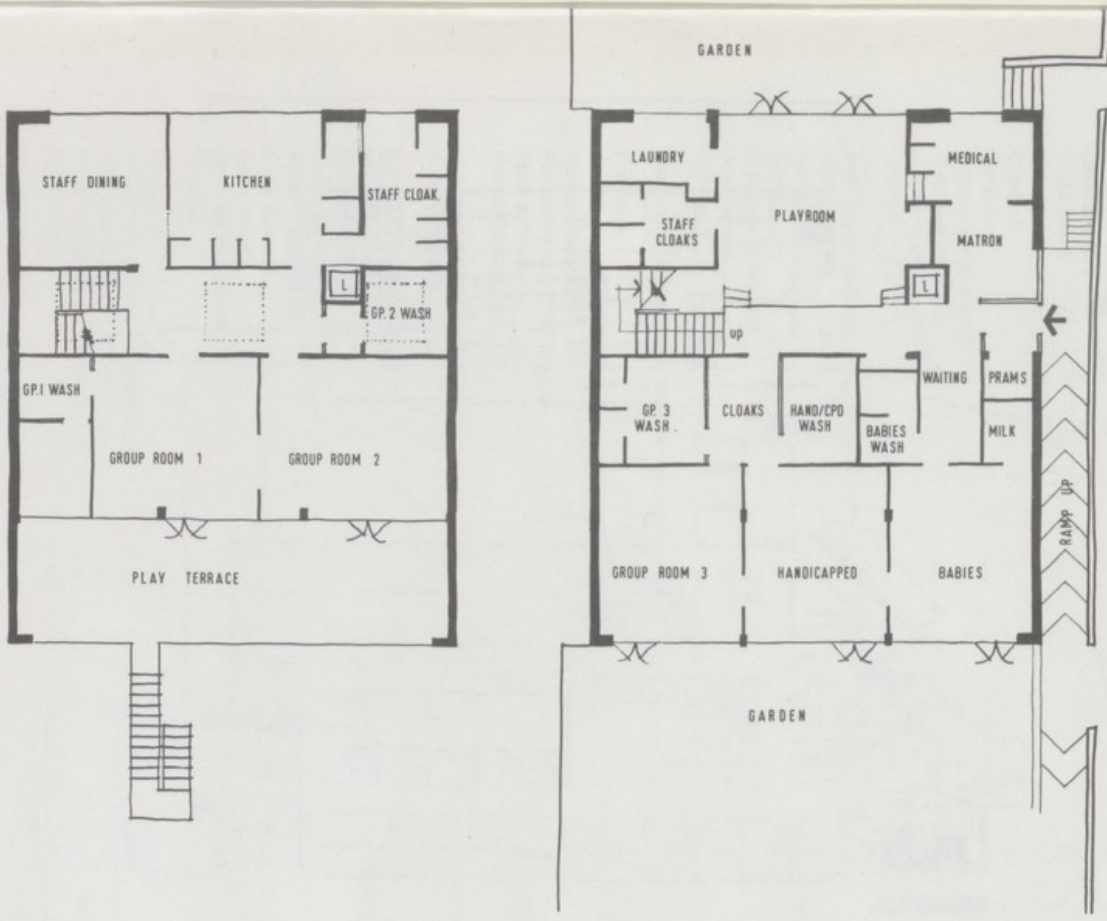


First Floor  
 KENTISH TOWN HEALTH CENTRE  
 (iii)

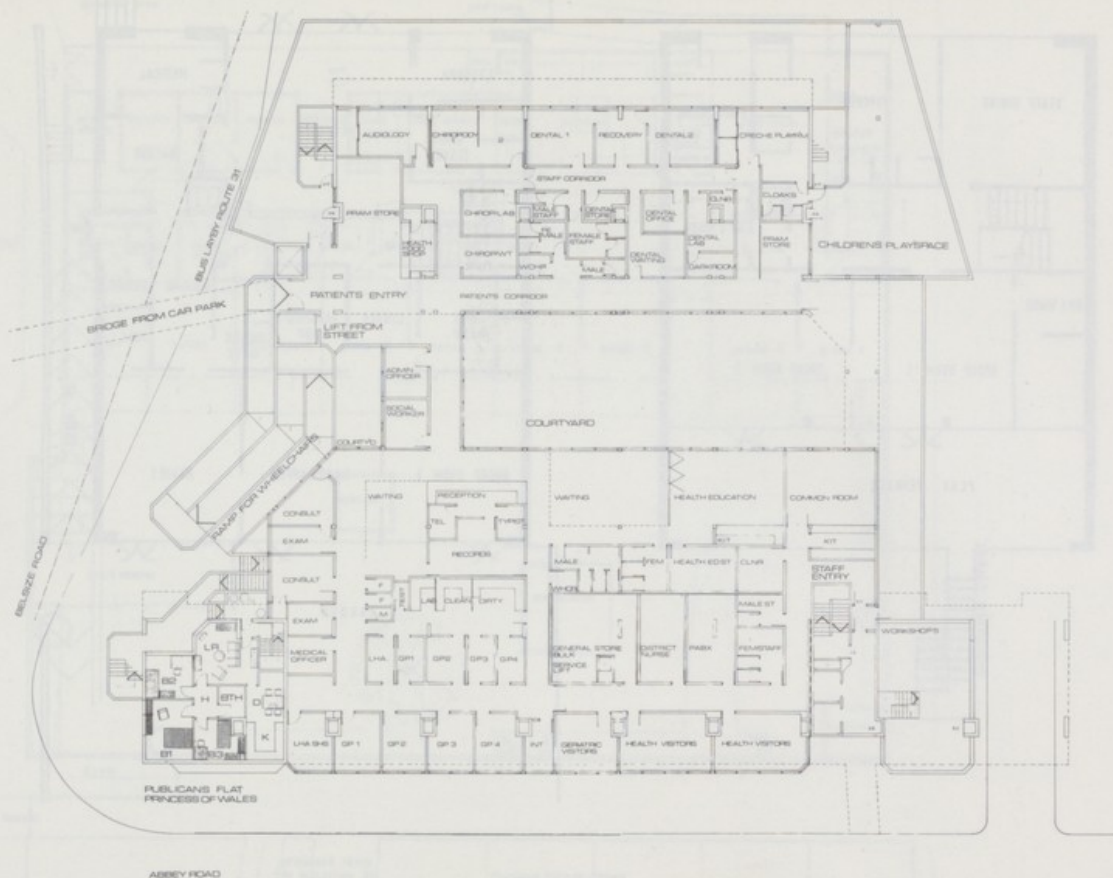




REGENTS PARK DAY NURSERY  
(iv)



SHOOT-UP HILL DAY NURSERY  
(v)



ABBEY ESTATE HEALTH CENTRE  
(vi)

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