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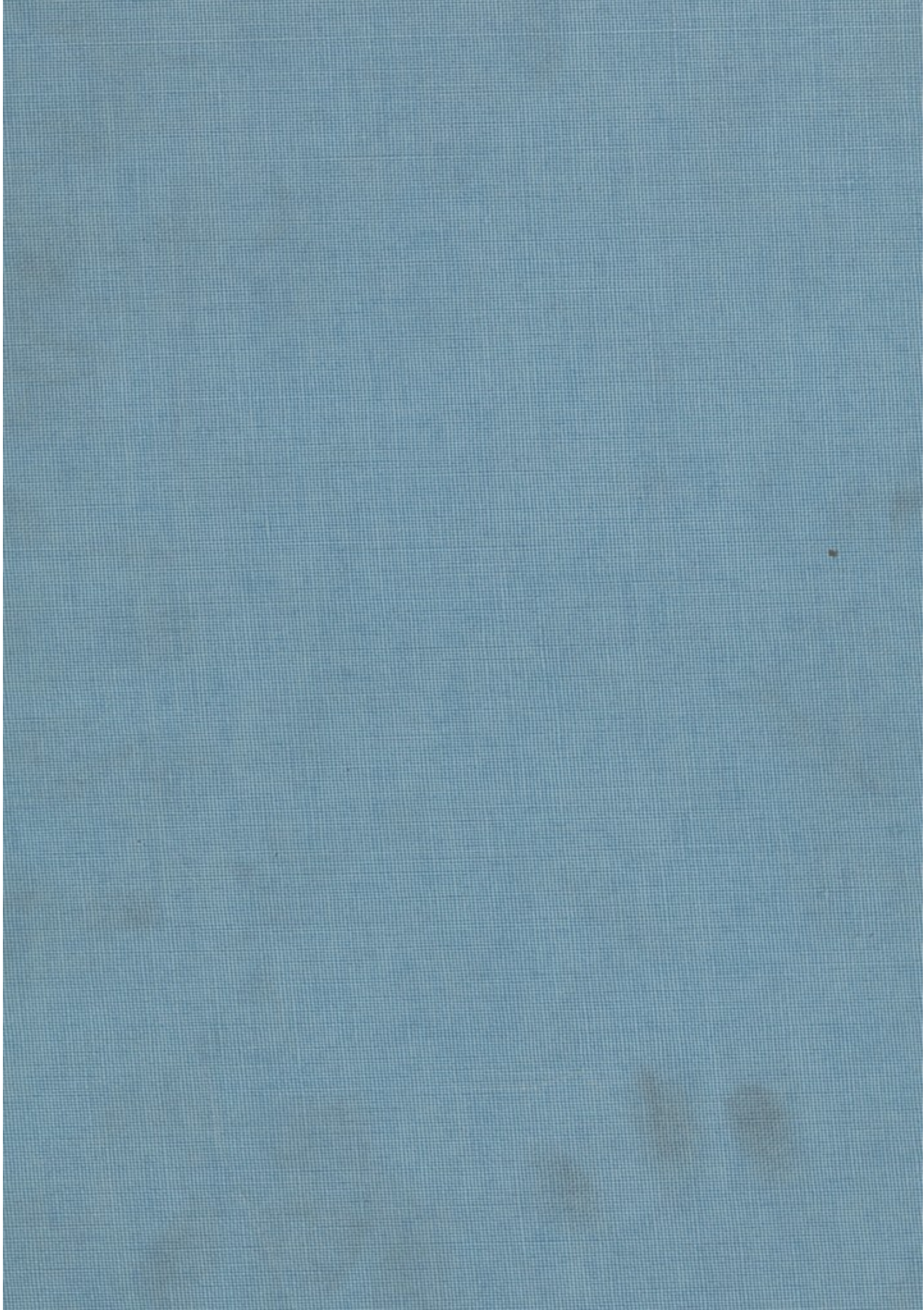
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LONDON BOROUGH OF TOWER HAMLETS



# ANNUAL REPORT

OF

# THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965

79623



# LONDON BOROUGH OF TOWER HAMLETS

TOWER HAMLETS HEALTH COMMITTEE

(As at 31st December, 1965)



## ANNUAL REPORT

OF

## THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965



LONDON BOROUGH OF TOWER HAMLET

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THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965

# TOWER HAMLETS HEALTH COMMITTEE

(As at 31st December, 1965)

*Ex-Officio:* The Worshipful the Mayor, Councillor T.H. Mitchell, J.P.

## CHAIRMAN;

Councillor B. A. McCarthy

## VICE-CHAIRMAN:

Councillor A.W. Downes

Alderman J. Orwell (Stepney)

## COUNCILLORS:

Miss E. Aylward.

G.H. Wall.

D. A. Bales.

S. Kaufman.

P. Connolly.

G. W. Negus.

Mrs. D.M. Couling.

Mrs. K. O'Connor.

Mrs. A. Elboz.

W. O'Dell.

E. W. Hill.

P. Roche.

## Co-opted Member:

Dr. M. Shalet.



HEALTH DEPARTMENT,  
227/233, Commercial Road,  
Stepney, E. 1.

To THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE LONDON BOROUGH OF TOWER HAMLETS.

Mr. Mayor, Ladies and Gentlemen,

This report on the health of the area for the year 1965 incorporates the work of three metropolitan boroughs, and Division 5 of the London County Council in respect of the first quarter January to March. Thereafter, on the appointed day, April 1st, the London Borough of Tower Hamlets, set up as a result of the London Government Act 1963, became fully operative.

Such a simple statement embodies one of the greatest reorganisations in local government since the formation of County Borough/County Councils in 1888, or the metropolitan boroughs in 1901. Long preparation to lay the groundwork by the staffs of the former local authority units was essential. It would be difficult to determine which was the more daunting task: to amalgamate the health departments of three very independent, individualistic local sanitary authorities in the East End, or to detach a functional L.C.C. health division limb from the main body at County Hall and marry it with the amalgamating boroughs. High praise and gratitude is due to the various working parties, who in their detailed recommendations gave guidance to the embryonic staff of the new borough before April 1st 1965, which helped greatly to plan for a smooth change-over. Inevitably, there was a general feeling of insecurity amongst the staff regarding their future. This, associated with the endeavour of all London Boroughs to engage the 'best' staff, sparked off a staff explosion which persisted until the end of the year. Many were called, and many were chosen, such that at times the filling of establishments led to a movement laterally and vertically between departments of the same borough, as well as between different boroughs. Despite the resulting difficulties of discontinuity of service of certain grades of staff, particularly administrative and clerical, the service to the public in this area continued unabated. Due praise should be accorded to those members of the staff remaining loyal, and often working over many months long hours under very trying conditions. These, as always, are the 'leaven in the lump' who form the mainstay of any department through the years. By the end of the year, a state of balanced equilibrium was reached from which it is hoped to build a stable future.

A brief description of the new borough is given in a subsequent page. Although in population, <sup>204</sup>~~244~~ 560, Tower Hamlets is smaller than some other new London boroughs, the complex problems of the East End, and its riparian association, more than compensate for a deficiency in numbers.



## Infectious Diseases

Detailed reports follow later but some topics seem worthy of emphasis. Typhoid notifications over the year numbered 3. Each case necessitates detailed investigation of cases and contacts. Recent immigrant families have provided more cases this year than have travellers returning from abroad. One such family having a typhoid case was found to have travelled during the incubation period of the disease from Singapore.

A full account is given in the infectious and other diseases section of a fatal case of pulmonary anthrax in a man working in a local factory, handling charcoal. The chain of events described demonstrates graphically the need for constant vigilance in the environmental health field. This case had wide epidemiological implications which need to be taken up at national, and international, level. Coincidental with this occurrence, a Ministry of Health circular recommending an immunisation procedure for anthrax was acted upon. Paradoxically, at the factory in question, no worker was willing to be immunised despite the recent death of a fellow worker. Suffice it to say, that real prevention based on the 'sanitary idea' of nineteenth century pioneers acting at the appropriate link in the environmental chain will be more efficacious, and cheaper in the long run in terms of public health, than immunological procedures offered to volunteers working in what appear to be greater risk sections of an industry. The natural history and spread of infectious diseases is not bound by the rules of public health administration.

The department, with many other health departments, continued its co-operation in the Medical Research Council's investigation into the usefulness and practicability of types of measles vaccine. A report since published, has led to proposals in a Ministry circular for schedules of vaccination to selected groups. At present no proposals under Section 26 of the National Health Service Act 1946 are being made by this authority. Local family doctors are the best judges of the need for this vaccine amongst their child patients until further work clarifies its optimum utility.

A localised outbreak of diphtheria in the Poplar area occurred in the months of February and March. A child admitted to hospital from an L.C.C. homeless families unit suffering from measles and chickenpox subsequently developed a sore throat from which a virulent strain of diphtheria was isolated. Other positives were then discovered in the unit and at the schools attended by these patients. In addition some thirty families who had moved meantime from the unit to intermediate accommodation in the area were found to be infected with a virulent non-toxic strain. There were in all eight positive cases with a virulent toxic strain and 29 with a non-toxic strain.



## TUBERCULOSIS

The notification rate of respiratory tuberculosis of 0.71 per 1,000 population for the year is more than twice as high as the national average of 0.31 for 1964. Certain parts of the Borough have particularly high rates, for instance the north-west wards. Accounts of the work of the chest clinics have been supplied by the chest physicians and appear on page 21. Much remains to be done to eradicate this preventable disease. Our problem centres largely around the immigrant population, principally the Asiatic peoples, and the occupants of common lodging and seamen's lodging houses with which the area is blessed. Under the Ministry's scheme set up in January reports from sea and airport medical officers giving the forwarding addresses of arriving immigrants are received. However, many time-consuming abortive visits by day and night are required to produce one fruitful response. As the addresses given in this area are frequently overnight points of call, this scheme can be of only limited value. Yet, even if adult immigrants are difficult to track down, their children attending school can be checked to ensure that protection is maximal, and at times a lead to a family infection discovered. A pilot survey of Heaf testing in a school with a large immigrant population is described on page 76. It would appear necessary to extend this to all immigrant children as B.C.G. may need to be offered to much younger children in these groups than has been customary for indigenous children of this country. However, the problem amongst adult immigrants will require a broader concept. Ascertainment and control of tuberculosis in adults will be one facet of a community approach seeking the integration of immigrant groups. Educational - including health education - and sociological procedures need to be incorporated. The department is co-operating with a recently formed Council for the Citizens of East London which receives official support from the Borough Council. Such help to immigrants must include guidance on hygienic standards acceptable in our society. It is naive to assume that a few posters printed in the appropriate language will solve problems of communication where many are illiterate in English and in their own language. More personal contact is being made in maternity and child welfare clinics using interpreters, and pictorial media.

## Housing

Despite the upheavals of the changeover period, the new 1966-70 quinquennial slum clearance programme was prepared. The Minister of Housing and Local Government required a return to be made based on slums as existing, and not those considered to be capable of being dealt with over a five-year period. The resulting proposals for the period amount to 5,000 dwellings, this being one-third of the total for the same period over the whole inner London area. Agreement on the allocation of areas of development as between the Greater London Council and this Borough is proceeding. Recognition of past efforts of the London County Council and the renewed goodwill of the Greater London Council, in this field of co-operation, is well deserved.



Included in the slum clearance programme is a considerable number of tenement blocks. The remaining sub-standard blocks are under review, in conjunction with the Greater London Council, to decide on improvement schemes where suitable. New powers to require the provision of amenities to the 12-point standard, or to the best reasonable standard in dwellings considered suitable for improvement, would be helpful in dealing with structurally sound premises. As is obvious to the passer-by, local authority building proceeds apace such that many erstwhile blighted areas now begin to take on a worthier appearance. Still, much remains to be done, and whilst derelict areas remain undeveloped the work of the department is unnecessarily increased in attempts to maintain them nuisance (and caravan) free.

The good work to check abuses in houses in multiple occupation continued. A scheme for registration of these houses in the worst affected wards put forward by Stepney Borough Council is being redrafted for the new borough in consultation with the Ministry.

### Clean Air

The whole area of Bethnal Green is now a smokeless zone. A further large area covering parts of Poplar and Stepney districts was declared this year. It is hoped to declare the final area in 1966/7 which will complete the clean air programme for the whole Borough of Tower Hamlets. Following this it should be possible to ensure by arrangement with merchants and dealers that only approved fuels are delivered in the borough. However, atmospheric pollution must also take into account sulphur dioxide, and other known or perhaps unknown hazardous pollutants, so perhaps the clean air campaign has only just begun.

### Staff

Apart from the 'teething' difficulties discussed above, a reasonable complement of staff has been recruited. The effective establishment of health visitors and public health inspectors fluctuates in the manner to which one has grown accustomed over the years. A greater use of ancillary workers, and technical assistants, helps to remedy the overall shortage in these grades. Whether the efforts of the London Boroughs Training Committee, supported by most London boroughs, will stimulate recruitment and training of 'scarcity staff' in the personal health and welfare services remains to be judged. One finds perhaps an increased tendency for some grades of staff to seek work in easier areas than the East End but of those who come, and stay awhile, most usually remain. The attachment of health visitors to general practitioners has not been considered practicable in an area where individual doctors draw on catchment areas covering in some cases the whole Borough and even beyond. It would be a wasteful deployment of staff in the present setting. Family doctors are informed of the details, including telephone numbers, of Health Visitors covering districts in their practice areas, and increasing co-operation is being achieved. There are plans for a 'Health Centre' in a large area due for residential development over the next few years.



It is hoped this will combine group practice premises with provision for local authority health and welfare services, within the same curtilage. Local doctors affected by redevelopment are willing to associate together, and if it were possible to restrict a specific catchment area to this group at the Health Centre, integration of the general practitioners/local health authority and hospital sides would be possible in the specified area.

## **Mental Health**

The year brought changes for the mental health section, both geographically and administratively. The staff moved to join the main health department office in June 1965. On the disbanding of the London County Council mental health sections, with their partly centralised arrangements, new borough schemes had to be made. In some areas of inner London, conjoint arrangements between contiguous boroughs were planned. Tower Hamlets is fortunate in having a mental hospital, St. Clement's, within its boundaries, and with the co-operation of the hospital an emergency admission scheme for the Borough was based thereat. Considerable benefits accrued from this, as our statutory duty to provide in addition to a day service, a night and weekend service, would have required a complicated and expensive system. However, under a joint scheme, mental welfare officers from this department are available, either by telephone at home or resident at the hospital whilst on duty, to attend on patients requiring assistance in their homes. A fuller account is given on page 39. Just as important for the future, the furtherance of closer co-operation and integration of the two parties will be increasingly of mutual benefit whilst providing a better service to the public. In-service training and refresher courses have already been arranged.

Almost half the Borough, the eastern part, is now part of the catchment area, for all purposes, of St. Clement's Hospital. Some commitments, particularly in respect of the long-term aged mentally disturbed patients, will have to remain for the time being the responsibility of Long Grove Hospital, Epsom. It is intended to accelerate provision within the district for most, if not all, mentally ill patients so saving relatives and friends a long journey outside the locality. Much will depend on the results of the schemes being tried at St. Clement's to ensure a reduced duration of hospital stay, concomitantly with the extension of an efficient and humane community mental health service. The latter is by no means deficient, for both voluntary and statutory aspects are flourishing (as is discussed later in this report). The Borough has other complex problems in addition to the routine provision of services in, for instance, the large number of socially inadequate persons, alcoholics and 'meth drinkers' who congregate in its boundaries.



## Cervical Cytology

An early approach to provide arrangements for a cervical cytology service to 'well women' in the area was made. The Consultant Pathologist at Mile End Hospital was able to make available trained technicians to 'read' the slides, and additional provision was offered to local practitioners by St. Andrew's Hospital, Bow. This is fortunate for the borough as one of the limiting factors elsewhere has been the scarcity of such trained staff. Following discussions with local doctors, and consultation with the Inner London Medical Committee an agreeable working method was evolved. The policy of the department has been to assist family doctors to provide the service for their own patients, and where required to supplement this provision with sessions at our own clinics. Equipment including cervical spatulae and aerosol fixative, slide containers and record forms are made available to doctors wishing to take specimens in their own surgeries. Initially, a local authority clinic session was commenced, on alternate weeks, at two centres. Family doctors can refer patients direct, or women may attend of their own volition. In addition to the taking of a smear the doctor examines the breasts, and a specimen of urine is tested. At the same time, opportunity is given to the woman to discuss other health matters, and general advice on hygiene is given in this setting. Such an approach limits the number able to be dealt with in a session. However, it is considered that the criterion of utility depends less on quantitative factors than on the general service now being presented and therefore not more than 12 or so persons per session are seen. Reports from other areas of 50 women examined per session are based on a smear examination scheme only. This can only ignore the many other incidental findings which are revealed in the course of these examinations, and by-pass the extremely important health education function that is possible.

All results, whether positive or negative, are sent to the family doctor. Where a re-examination is called for, from whatever cause, a home visit is made by the health visitor to explain the need for a further test. With positive results, the general practitioner on being informed accepts full responsibility for such further investigation of his patient as is required.

Subsequently, to facilitate attendance of women on the Isle of Dogs, arrangements were made whereby a local general practitioner, also having a session as a general practitioner obstetrician at our 'Island' clinic, could take specimens from his own patients able to attend this clinic. Some ancillary help is being provided. Again, a pilot scheme has commenced with a general practitioner who maintains a 'sex/age' register of his patients. This enables rapid delineation of the names/addresses of patients known to be 'at risk'. A weekly afternoon session is held at his surgery to which his patients are invited to attend by letter sent from the health department. Clerical and nursing assistance is provided by the department. It is hoped, after a suitable interval, to evaluate the above methods i.e. direct work by the general practitioner (general practitioner assisted by health department), general practitioner at local authority clinic, and local authority clinic sessions.



Doubtless, if and when a new charter for general practice gives financial encouragement to family doctors to undertake such tests, the pattern of relationship will be altered. Exploratory work on the possibility of district nurses also undertaking the work on a domiciliary basis is being pursued. It may well be that, as elsewhere, those women greatest 'at risk' will not attend either their own doctor, or clinics, for these pre-symptomatic diagnostic procedures, but, domiciliary visiting by accepted trained staff will cover these groups. Once more, in this sphere the limiting factor is the availability of trained technicians to read the slides.

By arrangement, the local family planning clinics have been brought into the scheme, so that continuity of re-testing every three years is maintained.

### Future Plans

The ten-year development programme for the health services is outlined on page 68. This is subject to annual review, and, as has been made clear this year, to financial sanction if the state of the economy requires restraint on public sector expenditure. Envisaged is a programme of construction of purpose-built training centres, and clinics, to replace some older premises. With the building of one such clinic in a large redevelopment area it is hoped to include premises for a group general practice. Much discussion and planning will precede any realisation but auguries for the future appear good. Combinations of general practices having closer links with local authority services must be the pattern for the future in this area. Recently there has been evidence of an encouraging change in the attitude of some practitioners—many younger doctors perhaps see less to fear in such a setting?

The need for new Centres in the mental health field is accentuated by the growing emphasis on increased community care, both for the mentally ill and the subnormal patient. With fairly long waiting lists for long-term hospital care for the severely subnormal, special care units have been set up attached to day nurseries for the under five's, and in training centres for the over five's. To relieve the burden on parents, particularly of children with multiple handicaps, these provisions are to be expanded. Special transport facilities are required for this category. There will remain some severely subnormal patients, with other handicaps, for whom community care centres (as we know them) will not offer a reasonable alternative to hospital care. If a local hospital could provide "day hospital" facilities, as given for the mentally ill; these children could be cared for adequately at home by night, and during the weekend. Whatever the solution, such special units will be expensive to run partly due to the large staff-to-patient ratio. It is heart-warming to see what is being achieved to aid these children by a limited staff working under adverse conditions and with a paucity of facilities, thus helping the parents carry an otherwise intolerable burden on their family whilst often also coping with normal children.



Links with hospitals exist but closer co-operation is essential. Health visitors and social workers attend at hospital clinics to discuss cases, in addition to the constant interchange of knowledge at field level. The particularly close relationship with St. Clement's Hospital for mentally ill patients is commented on elsewhere. The hope is to extend this further to achieve a fully comprehensive mental health service for the Borough providing continuity of care and help both in and out of hospital.

Joint appointments of staff at all levels may be the best way to reach this goal. If it were possible to overcome the financial dichotomy between hospital and local authority expenditure on capital schemes, rapid progress would ensue. There can be little difference between day hospital care under the hospital service, and day centre care provided by the local authority. With mental hospital nurses working in the community as at present for part of their training, and our staff attending at the hospital, the distinctions are even now becoming blurred.

Another fruitful field of co-operation with other branches of the health services is in the care of the handicapped. At present, rehabilitation, resettlement, after-care and the welfare services for these groups are fragmented. It would be beneficial for example with the physically handicapped for a unified approach to be made by all interested agencies. Hospital resettlement clinics have been tried in other areas, following the recommendations of the Ministry of Health, and the findings of the Piercy Committee 1956. Many authorities utilise the case conference approach and co-ordinating committee procedure in the field of child welfare. A similar method could be applied to other groups in need; for instance, attendance at hospital case conferences by local authority officers, and vice-versa, with the co-operation and advice of family doctors, would assist in this field. To base a resettlement clinic entirely on a hospital, in my view would be to over-emphasize the role of hospitals in the rehabilitation and resettlement back into the community where life is lived, for the most part, by most of us for most of our days.

With the continuing good health of infants and children is there not opportunity for a shift of emphasis to helping the more vulnerable older age groups, not forgetting that constant vigilance is required to maintain all health standards? Geriatric assessment clinics, in an analogous role to that of infant welfare clinics, ought to be given a pilot trial. The domiciliary services for the aged in this area are first class, fulfilling indirectly an important preventive health function. To enlarge 'club' facilities to include periodic medical assessment, and preventive advice, seems a logical extension. The family general practitioner would be kept fully informed, as with other welfare clinics, about his patient. Once more, the new charter for general practice with its proposal for extra capitation fee for aged persons in a list will give further encouragement to aid schemes for the elderly.



In conclusion I wish to record my thanks to the Chairmen and Members of Committees for their encouragement and support, and to the Town Clerk and other Chief Officers of the Council for their ready assistance. My gratitude is due to the Staff who transferred from the former metropolitan boroughs and the County Council and to those recruited during the year for their loyal and efficient service throughout this difficult period of early infancy of the new Borough.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,  
Your obedient Servant,

R. W. WATTON.  
*Medical Officer of Health.*

May, 1966.

## STAFF OF HEALTH DEPARTMENT

as at 31st December, 1965

**MEDICAL OFFICER OF HEALTH:**  
Dr. R.W. Watton.

**DEPUTY MEDICAL OFFICER OF HEALTH:**  
Dr. S.A. Boyd.

**ASSOCIATE MEDICAL OFFICER OF HEALTH:**  
Dr. W.C. Turner.

**SENIOR MEDICAL OFFICER:**  
Dr. C.M. Gourlay.

*Assistant Medical Officers:*  
Full-time: 3 Part-time: 21

**CHIEF ADMINISTRATIVE OFFICER:**  
E.P. Webber.

C.H. Drake:

J.E. Pestell:

M. Pliskin:

G.R. Williamson.

*Administrative and Clerical Staff: Full-time: 66 Part-time: 13*

**CHIEF PUBLIC HEALTH INSPECTOR:**  
H.W. Luke.

**DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:**  
H.S. Davies.

*Public Health Inspectors: 25*

*Pupil Public Health Inspectors: 10*

**CHIEF DENTAL OFFICER:**  
D. Waller.

*Dental Officers: Full-time: 3 Part-time: 6*

**PRINCIPAL NURSING OFFICER:**  
Miss E.J. Early.

**DEPUTY PRINCIPAL NURSING OFFICER:**  
Miss A.M. Thomson.

**ASSISTANT NURSING OFFICER:**  
Miss A.M. Collins.

*Health Visitors:*  
Full-time: 22 Part-time: 4

*Clinic and School Nurses:*  
Full-time: 17 Part-time: 4

**PRINCIPAL SOCIAL WORKER (MENTAL HEALTH):**  
Miss A.M. Joseph.

**ASSISTANT PRINCIPAL SOCIAL WORKER (MENTAL HEALTH):**  
F. Sullivan.

*Social Workers (Mental Health): 10*

*Supervisory Staff at Mental Health Training and Day Centres: 13*

**PRINCIPAL SOCIAL WORKER (HEALTH SERVICES):**  
Miss E. Brett

**ASSISTANT PRINCIPAL SOCIAL WORKER (HEALTH SERVICES):**  
Miss C.M. Chase.

*Social Workers and Family Caseworkers: Full-time: 3 Part-time: 1*

*OLD PEOPLE'S VISITORS: 6*

**NON-MEDICAL SUPERVISOR OF MIDWIVES:**  
Miss I.M. Clarke.

**NURSING SUPERINTENDENTS (AGENCY): 2**

*Midwives (Agency): 8*

*District Nurses (Agency): Full-time: 21 Part-time: 9*

**HEALTH EDUCATION OFFICER:**  
Miss P.G. Hodges.

**HOME HELP ORGANISERS: 3**

**ASSISTANT HOME HELP ORGANISERS: 6**

*Total Staff of Department 794 (Equivalent full time 720)*



**SUMMARY OF STATISTICS, 1965**

Area of Borough (Acres) ...	4,994	Rateable Value (1st April)	£14,685,867
Population:			
Mid-year estimate ...	204,560		
Census, 1961 (former Boroughs) ...	205,682	Sum represented by a penny rate (1965-66) ...	£57,200
Density of population (persons per acre) ...	45.19	General Rate (1965-66)...	10s. 6d. in £
Number of inhabited dwellings according to Rate Books ...			60,913
" " structurally separate dwellings - Census 1961 ...			59,885
" " private households - Census 1961 ...			67,858
<b>Births</b>		<b>Total</b>	<b>Male</b>
All Births ...		3,925	2,014
Live Births	Legitimate ...	3,390	1,761
	Illegitimate ...	477	225
	Total ...	3,867	1,986
Still Births	Legitimate ...	49	24
	Illegitimate ...	9	4
	Total ...	58	28
<b>Deaths</b>			
All Causes ...		2,280	1,294
Maternal ...		Nil	Nil
Infants under 1 year	Legitimate ...	68	42
	Illegitimate ...	8	6
	Total ...	76	48
<b>Rates</b>			
Live birth-rate per 1,000 population ...			18.90
Death rate per 1,000 population ...			11.10
Still-birth rate per 1,000 total births ...			14.77
Maternal death rate per 1,000 total births ...			-
Infant death rate (under 1 year) per 1,000 live births ...			19.65
Legitimate infant death rate per 1,000 legitimate live births ...			20.07
Illegitimate infant death rate per 1,000 illegitimate live births ...			16.77
Neo-natal death rate (under 4 weeks) per 1,000 live births ...			13.44
Early neo-natal death rate (under 1 week) per 1,000 live births ...			10.86
Perinatal death rate (stillbirths plus deaths under 1 week) per 1,000 total births ...			25.47
Illegitimate live births per cent of total live births ...			12.33
<b>Area Comparability Factors</b>	Births ...	0.93	Deaths ... 1.15



# I. STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Information

The Borough of Tower Hamlets is bounded on the west side by the City of London, on the east by the borough of Newham, on the north by the borough of Hackney and on the south by the river Thames. The river boundary is some seven miles in length along which are found numerous wharves engaged in trans-shipment activities. The area of the Borough is 2,384 acres being approximately four miles long, and four miles wide at distant points. Some 305 acres cover parks and enclosed docks, the latter being the East India Docks, West India Docks, and the Millwall Dock.

## PART I

The predominant geological strata is "dark blue London clay" found at a depth of between 20-30 feet from the surface; above this level are layers and patches of gravel and sand, with brown and yellow clays found nearer the surface. In some parts of the Borough there are layers of "made" ground, the result of the building of the docks and wharves along the river front.

## STATISTICS & SOCIAL CONDITIONS

The area is to a large extent industrial in character, factories and workshops being spread throughout the area, and concentrated in the eastern end, with docks and wharves stretching along the whole of the river front, which forms the southern boundary.

## OF THE AREA

The chief industry of the Borough is the manufacture of clothing of all kinds and it is estimated that one-third of the tailoring industry of London is carried on in this area. Other major industries include brewing, engineering, the manufacture of furniture and ship repairing. Tower Hamlets is also one of the most important wholesaling districts in London. Spitalfields wholesale fruit and vegetable market and the London Fruit Exchange are situated in the Borough, and there are many wholesale food depots from which goods are distributed throughout the country.

Notable landmarks in the Borough include the Tower of London and the Royal Mint.

## Population

The Registrar-General's estimated mid-year population of the Borough was 204,550, a decrease of 1,570 from the total of the three former metropolitan boroughs for the year 1904. This is a continuation of the downward trend which has occurred since 1847, with the exception of last year when the estimate was 2,230 higher than in 1903.

Births exceeded deaths by 1,537, so that as the estimated population increase was 1,550, the net estimated movement of residents out of the Borough amounted to 2,107 persons.

The density of population is 85.18 persons per acre.



# I. STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Information

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The predominant geological stratum is dark blue London clay found at a depth of between 20-30 feet from the surface; above this level are layers and patches of gravel and sand, with brown and yellow clays found nearer the surface. In some parts of the Borough there are layers of "made" ground, the result of earlier habitation, and as is to be expected the flow of subsoil water is towards the river.

The area is to a large extent industrial in character, factory premises being spread throughout the borough but tending to concentrate in the western end, with docks and wharves stretching along the whole of the river front, which forms the southern boundary.

The chief industry of the Borough is the manufacture of clothing of all kinds and it is estimated that one-third of the tailoring industry of London is carried on in this area. Other major industries include brewing, engineering, the manufacture of furniture and ship repairing. Tower Hamlets is also one of the most important wholesaling districts in London. Spitalfields wholesale fruit and vegetable market and the London Fruit Exchange are situated in the Borough, and there are many wholesale food depots from which goods are distributed throughout the country.

Notable landmarks in the Borough include the Tower of London and the Royal Mint.

## Population

The Registrar-General's estimated mid-year population of the Borough was 204,560, a decrease of 1,520 from the total of the three former metropolitan boroughs for the year 1964. This is a continuation of the downward trend which has occurred since 1947 with the exception of last year when the estimate was 2,230 higher than in 1963.

Births exceeded deaths by 1,587, so that as the estimated population decrease was 1,520, the net estimated movement of residents out of the Borough amounted to 3,107 persons.

The density of population is 45.19 persons per acre.



**Live Births**

There were 6,054 live births registered in the Borough during the year. After correction for place of residence, the number allocated to the Borough was 3,867, comprising 1,986 boys and 1,881 girls, a decrease of 159 from 1964, giving a birth rate of 18.90 per 1,000 population compared with 19.53 last year. When adjusted by the Registrar-General's area comparability factor for the Borough, which makes allowances for differences in the age and sex distribution of the population throughout the country, the rate is 17.58, compared with 18.0 for England and Wales.

**Illegitimate Live Births**

The number of illegitimate live births during the year was 477, equivalent to 12.33% of the total live births. The percentage for the former three boroughs for 1964 was 12.04.

One in every eight babies born of Tower Hamlets residents in 1965 was illegitimate. This is almost twice the national percentage and is probably accounted for by a high proportion of immigrants in the Borough and the influx of unmarried women from all parts of the country who come to London to have their babies under the cloak of anonymity and where they can receive assistance from moral welfare organisations.

**Stillbirths**

This year stillbirths numbered 58, equivalent to a rate of 14.77 per 1,000 total births compared with 17.21 in 1964. The rate for England and Wales was 15.7.

**Deaths**

The number of deaths registered, 2,280, shows an increase of 24 over the figure for last year. The death rate was 11.10, and when adjusted by the comparability factor becomes 12.76 as compared with 11.5 for the country as a whole. The largest single cause of death was heart disease - 28% of total deaths, followed by cancer 23% and respiratory conditions 17%.

The various causes of death and distribution by age groups are set out in Table 1, on page 79.

**Infant Mortality**

Deaths during the first year of life numbered 76 equivalent to a rate of 19.65 per 1,000 live births. The rate for the three former boroughs for the previous year was 22.4 and for 1963 23.6. Minor fluctuations occur in years in the same decade but generally the downward trend continues: in 1931 the comparable rate for the area was 77 per 1,000 live births and in 1921 almost one in ten babies died before their first birthday. The rate for England and Wales was 19.0, the lowest rate ever.



## Maternal Mortality

No maternal deaths occurred in the Borough during the year.

## Neo-Natal Mortality

During the year there were 52 deaths of infants under 4 weeks of age representing a neo-natal mortality rate of 13.44. In the three former boroughs last year there were 57 deaths giving a comparable rate of 14.11 per 1,000 live births.

## Peri-Natal Mortality

This term is used to describe the combination of stillbirths and deaths in the first week of life expressed as a rate per 1,000 total live and still births. The rate for this year was 25.47, a record low level, the rate for England and Wales being 26.9.

## Accidental Deaths

Deaths due to accidents numbered 78, motor vehicles being the cause of 33 deaths. Statistics supplied by the Road Safety Officer will be found on page 79.

Fatalities resulting from accidents in the home showed a decrease throughout the country of 2 per cent, the second successive annual reduction. Nevertheless 7,017 persons died from these preventable causes, more than the combined total of road and industrial deaths due to accidents. The greatest incidence of deaths is in the elderly.

Non-fatal domestic accidents requiring medical attention are estimated to number at least 15,000 every week, the greatest incidence occurring among children under five years.

## Morbidity

The number of first claims for sickness benefit are obtained from local offices of the Ministry of Pensions and National Insurance and are included for information in a monthly bulletin circulated by the Department to all hospitals and general practitioners in the area. The Ministry's offices are not coterminous with the Borough boundaries so that these claims do not relate entirely to borough residents; they cover the E.1, E.2, E.3 and E.14 postal districts. Similar statistics were not kept by all the three former boroughs so it is not possible this year to make comparisons with earlier years. (Monthly figures are to be found on page 82).

## Marriages

The number of marriages solemnised in the Borough during the year was 1,633.



## Unemployment

The number of unemployed persons in the area covered by the Stepney and Poplar Employment Exchanges as at 31 December, 1965 was 1,460 men and 136 women. Figures for the Bethnal Green area could not be broken down by the Shoreditch Employment Exchange. Unemployed young persons (under 18) for the Borough, as supplied by the Youth Employment Officer, numbered 44 boys and 15 girls.

## Open Spaces

There are 306 acres of parks and open spaces within the Borough, representing 1.49 acres for every 1,000 population. The County of London plan provides for 4 acres within the County per 1,000 population, with an interim standard of  $2\frac{1}{2}$  acres. A list of the sites is given on page 98.

## Comparative Statistics

A table showing vital statistics for the area covered by the Borough at various years from 1901 is on page 80.

## II. PREVALENCE OF AND CONTROL OVER INFECTIONS AND OTHER DISEASES

### Weather Conditions

January was an exceptionally sunny start to the year, February being dry, dull and rather cold. March continued wintry, but warmed up after the "Ides" to give on the 15th the sunniest March day in London for 45 years. April lived up to its 'above average' with snow on Easter Monday. May began warm but turned exceedingly cold at the end, with June continuing dull and below average temperature.

### PART II

July was cold and dull, August and September being cool and wet. Generally it was the dulllest summer for 10 years. October made some compensation for the poor summer being mild, dry and sunny. It was the sunniest November on record at sea, without fog but very cold. There was no snow in December but it was the wettest.

## INFECTIOUS AND OTHER

### Infectious Diseases - Notifications

## DISEASES

The number of notified infectious diseases, corrected for revised diagnosis and duplicate notifications, was 3072.

Liaison is maintained with general practitioners and hospitals in the area by a monthly bulletin circulated to them giving information of infectious diseases occurring in the Borough during the month, the number of new claims for sickness benefit received at local offices of the Ministry of Pensions and National Insurance in the area, and other relevant information from time to time.

A summary of notifications of infectious diseases received during the year will be found on page 82 and a list of diseases notifiable in the Borough on page 81.

### Anthrax

During the year, a man working in this area as a charcoal grinder died from Pulmonary Anthrax which he had contracted when handling infected sacks previously containing imported animal products (kibbled bones, boneseal, etc.) The vector in this case was imported from abroad for processing in the manufacture of animal charcoal. The end product was subsequently placed in the infected bags for transmission by road to a factory in the Borough.

Investigations into the source of the infection revealed that sacks and charcoal at the factory were both contaminated with *B. Anthracis*. Another batch of the same consignment was found to be stored in the neighbouring Borough of Newham. The contaminated sacks and charcoal were buried in lime, the factory plant and premises disinfected, and all necessary action taken to prevent any further spread of infection. No further cases occurred.





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### Weather Conditions

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The Ministry of Health issued a circular in September concerning the desirability of offering active immunisation against anthrax to workers at risk of contracting the disease. Employees of three firms handling furskins were considered to be 'at risk' to whom it was proposed to offer immunisation facilities by the Council's staff. However, the appointed Factory Doctor for the firms concerned undertook the task.

### **Cancer**

Deaths from cancer this year numbered 529 of which 148 were due to cancer of the lung. The male death rate of lung cancer in England and Wales is now 957 per million population, an increase of 38 per cent in ten years.

### **Diphtheria**

Cases of diphtheria notified numbered 24 the diagnosis being confirmed in eight cases, all from the same source, as referred to in the preface to this report.

Particulars relating to children immunised against diphtheria will be found on page 83 .

There were no deaths from the disease.

### **Dysentery**

Notifications of dysentery during the year numbered 61. compared with 271 in the previous year.

### **Enteric Fever**

Notifications of persons suffering from Typhoid Fever received during the year numbered 3.

In June, notification was received of a female Pakistani child, aged 8 years, who had arrived in this country from Pakistan four weeks previously. All the home contacts were swabbed, and no contact contracted the disease. The child had not attended school in this country, and was discharged from hospital in August.

In October, notification was received of a boy, aged 6 years, who with his mother, an Indian, and his father, an Englishman domiciled in India, had arrived by air in this country in September from a refugee camp in East Pakistan, after staying overnight in R.A.F. officers' quarters in Singapore. On arriving in this Borough, the mother and child stayed in one Salvation Army hostel and the father in another. All the occupants and personnel of the former hostel and contacts in the latter were investigated. The child was discharged from hospital in November.



In December, notification was received of suspected typhoid in a Pakistani male, aged 48, who had been domiciled in this country for 20 years but who had visited Pakistan from the 13th August to 2nd November, and became unwell soon after arriving back in this country. The diagnosis was not confirmed and the laboratory isolated salmonella-typhi. The man was discharged from hospital in January.

### **Food Poisoning**

Food poisoning notifications for the year numbered 42, compared with 10 last year. Salmonella typhi-murium was isolated in one instance, salmonella enteritidis in 7 and salmonella Bredeney in 2 cases. Family outbreaks involved 29 cases with 14 sporadic outbreaks.

### **Measles**

Notified cases of measles in the Borough numbered 2,236, exceeding last year's figure by 859. Reference is made in the preface to this report on Circular No. 6/1966 issued by the Ministry of Health concerning vaccination against this disease.

### **Meningococcal Infection**

Five cases were notified (2 last year) and there was one death, a child aged 11 months.

### **Ophthalmia Neonatorum**

Four cases only were notified, the same number as last year.

### **Poliomyelitis**

It is gratifying to report that there were no cases of poliomyelitis in the Borough during the year. Details of vaccination given against poliomyelitis will be found on page 83.

### **Puerperal Pyrexia**

Notifications numbered 13. Of these ten related to residents of the Borough.

### **Scabies**

Cases notified numbered 86 compared with 91 in the previous year. Patients and contacts numbering 153 were given medicinal baths and their clothing disinfested at the Council's cleansing station, the number of baths given totalling 245.



## **Scarlet Fever**

There were 171 confirmed cases notified, 45 less than in 1964.

## **Smallpox**

No cases of smallpox were notified during the year and it was not necessary to take action under the Public Health (Smallpox) Regulations.

Notifications are frequently received from Port and Airport Authorities of persons coming into the Borough who may have been in contact with smallpox. Observation is kept on such persons by officers of the Health Department for the necessary period.

The number of children under 15 years successfully vaccinated or revaccinated against smallpox at the Council's clinics during the year, was 1,499.

## **Tuberculosis**

The number of primary notifications of pulmonary tuberculosis received during the year was 146, giving a notification rate of 0.71 per 1,000 population compared with 0.65 last year. Non-pulmonary cases notified numbered 17. The mortality rate for pulmonary tuberculosis was 9.7 per 100,000 population compared with 4.2 for England and Wales.

Statistical data relating to new cases, deaths and variations in the register will be found on page 84 .

Persons X-rayed by the two Mobile Mass Radiography Units of the Regional Hospital Board which pay periodic visits to the Borough are referred to on page 86 .

## **Public Health (Prevention of Tuberculosis) Regulations, 1925.**

These regulations provide that persons suffering from tuberculosis of the respiratory tract shall not be employed in the handling of milk or milk receptacles. Power is given to the Council to cause such persons to discontinue their employment. It was not found necessary to take action under the regulations during the year.

## **B. C. G. Vaccination.**

The numbers of children vaccinated during the year, under the Council's schemes for the B.C.G. vaccination of susceptible (tuberculin negative) child contacts of known tuberculous patients, diabetic children, thirteen-year old schoolchildren, students at further education establishments and mentally subnormal persons at training centres, are shown in table 58.



### **Other preventive measures.**

In addition to the B. C. G. vaccination schemes, other preventive measures include the chest X-ray of all newly appointed staff who are likely to work in close and frequent contact with children, staff at the Council's training centres for mentally subnormal persons and of tuberculin reactors discovered among thirteen-year old schoolchildren, students and others tested with a view to B. C. G. vaccination.

Epidemiological investigations are made among the contacts of cases of tuberculosis notified in children, staff or residents in the Council's establishments. Similar investigations are carried out at secondary schools where the reactor rates disclosed by tuberculin surveys are significantly higher than the average for secondary schools in the area.

### **Chest Clinics**

In conjunction with the North-East Metropolitan Regional Hospital Board and the Brompton Hospital, and in accordance with proposals under Section 28 of the National Health Service Act 1946, tuberculosis prevention, care and after-care services for patients living at home are provided at three chest clinics in the Borough staffed by chest physicians, tuberculosis visitors, welfare officers and clerks.

Services include (i) B. C. G. vaccination of persons who have been in contact with tuberculous patients;

(ii) Home visiting by health visitors;

(iii) Social work by welfare officers;

(iv) Assistance in cash or kind not available from official sources by Chest Clinic voluntary committees from their voluntary funds. The welfare officers act as secretaries to these voluntary committees;

(v) Boarding-out of child tuberculous contacts;

(vi) Home nursing including the loan of bedding and nursing equipment;

(vii) Home helps;

(viii) Extra nourishment;

(ix) Rehousing of selected tuberculous families;

(x) Recuperative holidays;

(xi) Maintenance during industrial rehabilitation at voluntary village settlements;

(xii) Admission to hostels for homeless tuberculous men.

Statistics relating to these services are on page 85 .

### **Chest Diseases Care Committees**

Three such committees operate in the Borough. During the year they continued to give help to those in need who attend the Chest Clinics. Assistance was given by way of clothing, payments for holidays, television licences, fuel allowances, electricity accounts, fares for relatives to visit patients in hospital, pocket-money for patients in hospital, also Christmas parcels and outings.



## Venereal Disease

Mr. Ambrose King, F.R.C.S., Medical Director, Whitechapel Clinic, reports as follows:-

"The areas in which syphilis and gonorrhoea were contracted in the first 10 months of 1965 and the results of contact tracing in 1965 as compared with 1964, are shown in Tables I-IV, on page 87/88.

It will be seen from Table 1 that two-thirds of early syphilis in 1965 was contracted in Tower Hamlets and that of a total of 62 cases of early syphilis 48 occurred in Pakistanis and, although the table does not reveal it, most of these were acquired in the Brick Lane and surrounding area.

Table II shows that the percentage of cases of gonorrhoea acquired in Tower Hamlets was 33.8 in 1965 (it should be pointed out that these figures refer roughly only to the first 10 months of 1965 and are taken from some work that was done by Dr. J.W. Race in this department).

The graph opposite shows clearly the preponderance of Pakistanis with primary and secondary syphilis and it is interesting that there were three peaks, in March, July and September.

Table III, Contact Tracing, Syphilis, shows that whereas in 1964 only one contact of syphilis attended and she was found not to be infected, in 1965 13 contacts attended and 10 of them were found to have early syphilis.

Table IV, Gonorrhoea., shows that in 1965 the percentage of contacts who were found to be suffering from gonorrhoea was almost doubled as compared with 1964, namely 16.3% as against 8.9%.

The relative success in contact tracing in 1965 as compared with the previous year is attributable to the appointment of a Welfare Officer at the end of 1964 with the object of trying to improve upon the previous system of contact tracing which relied mainly upon the efforts of the patients themselves."

(There are now two Welfare Officers appointed by the Health Department for this purpose, who work from a permanent base at the Whitechapel Clinic under the direction of Mr. King.)

## Whooping Cough

Cases notified during the year numbered 101. There were no deaths. Statistics relating to immunisation are on page 83.

## VENEREAL DISEASES

Graph showing numbers of patients attending clinics by months suffering from Primary and Secondary Syphilis





## Zymotic Enteritis

This disease was formerly notifiable in the Metropolitan Borough of Poplar. It is not now notifiable in Tower Hamlets.

### Compensation for Stopping Employment

Section 41 of the Public Health Act 1961 makes provision for a medical officer of health to request any person to discontinue work with a view to preventing the spread of infectious disease, such person to be compensated for any loss suffered as a consequence.

Action was taken in one instance during the year in respect of a man whose son was a confirmed case of typhoid fever, compensation of £15.3s. being paid.

### III. PERSONAL HEALTH SERVICES.

In consequence of the passing of the National Health Service Act 1948, after a period of some 40-odd years the personal health services which had been provided by the Metropolitan Borough Councils passed to the London County Council on 25th July, 1948. These services, in addition to some others, were transferred back to the new borough councils, this time to the London Boroughs, on 1st April, 1965, as a result of the London Government Act 1963. The Council is now one of 174 local authorities in the country for providing its own personal health services.

#### PART III

##### Anti- and Post-Natal Clinics.

Sessions are conducted in Council clinics by midwives and medical officers for ante- and post-natal examinations. In addition some general practitioners undertake ante-natal work for their own patients in the Council's clinics which are made available to domestic midwives in attendance. (Statistics on page 88).

#### PERSONAL HEALTH SERVICES

##### Anti-Natal Nurseries and Relaxation Classes

#### SERVICES

These classes are held by domestic midwives and health visitors in Council clinics for both institutional and domestic booked cases. (Statistics on page 89).

##### Adoption and Boarding-Out.

Children are medically examined by Health Department medical officers prior to admission to children's homes or private foster homes on request from the Children's Department. Reports are also made to the Children's Officer as to the suitability of persons wishing to adopt or foster children. Advice is provided to the Children's Officer on children being considered for adoption or boarding out.

##### Chiropody.

By the appointed day arrangements had been made for this service to be administered by the Health Department. Previously, three borough Old People's Welfare Associations ran their own schemes with sessions at clubs, settlements and in church halls. A service was also provided at clinics under the direction of the local L.C.C. divisional health office. With the centralization of the service it was possible to plan a co-ordinated use of staff, and premises, based wherever possible on the available local authority clinics. All existing staff were taken into the new borough scheme without detriment to their conditions of service and to date there has been no difficulty in maintaining the level of work. Recruitment of professional staff, many on a part-time basis, has been satisfactory. As a number of local chiropodists also take part in the scheme, the provision of short term courses is comparatively easy.





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#### **Ante- and Post-Natal Clinics.**

Sessions are conducted in Council clinics by midwives and medical officers for ante- and post-natal examinations. In addition seven general practitioners undertook ante-natal work for their own patients in the Council's clinics which are made available to them free of charge, and with a domiciliary midwife in attendance. (Statistics on page 89).

#### **Ante-Natal Mothercraft and Relaxation Classes.**

These classes are held by domiciliary midwives and health visitors in Council clinics for both institutional and domiciliary booked cases. (Statistics on page 89).

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A 'national chiropody service' (within a reorganised National Health Service) has been discussed for some years. Whether this is a possibility in the foreseeable future depends on many factors, not the least administrative and financial even ignoring the need for recruitment of more trained staff. For the present within the limits of the agreed scheme, the priority groups i.e. the aged, and school children are provided with a reasonable service in this area. Health education, with the emphasis on care of the feet and the imparting of knowledge on preventive measures forms part of the work in the chiropody clinics. Supplementing this, school nurses, and others, in their work with school children lay special emphasis on instructing children in the care of their feet, and in the selection of footwear. However, the blandishments of commercial advertising make, and reinforce, the tenets of teenage fashion which so often nullify our work with the younger generation.

Foot clinics are held at 7 of the Health Department's establishments and at four other premises. Treatment is provided for corns, callosities and malformed nails; advice is given on shoe fitting, foot hygiene and exercises. A total of 35 sessions are held each week by one full-time and 8 part-time chiropodists. For those unable to attend clinics, 5 of the chiropodists visit their homes to give treatment. Treatment is free to old persons, to those on retirement pensions, and to schoolchildren. A charge of 4/- per treatment is made to other persons, which is abateable in necessitous circumstances. (Statistics on page 100).

**Congenital Defects**

Notification of congenital abnormalities under the national scheme recommended by the Ministry of Health in 1963 continued throughout the year. Defects found in stillborn and liveborn children within thirty-six hours of birth are made on birth notification forms by hospital or domiciliary staff, details of which are as follows:-

Number of babies notified as having		
one or more congenital defects	...	63
Number of stillbirths and livebirths		
notified over the same period	...	3,747
Inward transfer of notifications	...	197

The rate of malformities per 1,000 total births was 17, the rate for England and Wales for 1964 being 20.

There are obvious difficulties in assessing the real incidence of congenital defects under such a voluntary scheme but some help does flow in maintaining observation registers, and in follow-up to assess any handicap.



## 'Observation' and 'Handicap' Registers

At the end of last year the number in the 'observation' register was 1,603. These registers are kept at clinics, where children can be called up for periodic assessment and from where health visitors can maintain supervisory visits in the home. There is always a danger of the registers becoming so grossly inflated that the value of follow-up where needed is lost in a plethora of unnecessary recordings. Selection and pruning is essential so that the list is maintained in a viable state and of use to workers engaged in follow-up studies. With some trepidation an attempt has been made to decide which persons should be removed from the register: the total now stands at approximately 1,400. Screening surveys continue to help in the detection of those conditions likely to be missed by the routine 'at risk' selection procedure; - for example, phenylketonuria.

The 'Handicap' register comprised 229 cases made up as follows:-

Physically handicapped	116
Mentally retarded	54
Blind (Registered)	4
Visual defects	15
Speech defects	11
Fits	11
Diabetic	1
Deaf	17

## Day Nurseries

There are four non-residential day nurseries in the Borough operated by the Council, providing places for a maximum of 210 children under 5 years of age. In one of the nurseries there is a special unit for the care of mentally handicapped infants for whom transport is provided. The aim of this service is to provide relief for the parents, particularly the mother, rather than to afford her the opportunity of going out to work.

Two of the day nurseries are classified as training nurseries and provide practical training facilities for student nursery nurses undertaking courses for the examination of the Nursery Nurses Examination Board.

In addition the Council has a claim on 25 places at a voluntary day nursery in respect of which an annual grant is made to the voluntary body concerned. The Council's nurseries are staffed by 75 persons, which include matrons and nursing and domestic staff.

Children are admitted to the nurseries in the following circumstances :-

First priority is given to cases where the mother is in ill-health and cannot adequately care for the children; where living conditions are detrimental to health or where it is considered desirable for the health of the child that it should be admitted to a nursery; where mothers are required to work because they are widows, unmarried, separated or divorced.



In addition there are the second and third priority categories, for children whose mothers are compelled to go to work as an economic necessity, and where vacancies are not required in the other priority classes, for children whose parents are both working, provided that the mother is employed 35 hours a week.

Private day nurseries, of which there are 4 in the Borough (maximum capacity 115 children), are subject to registration and inspection by the Council under the provisions of the Nurseries and Child Minders Regulation Act 1948 (Statistics on page 90 ).

### **Child Minders**

Anyone looking after more than two children for payment for a fair part of the day must register with the Council under the provisions of the Nurseries and Child Minders Regulation Act 1948. There is also a system of voluntary registration of persons caring for less than 3 children. Lists of child-minders and day nurseries are available on application to the Health Department. At the end of the year there were 7 statutory and 63 voluntary child-minders.

### **Creches**

Children can be placed in creches for an afternoon at many of the infant welfare centres by mothers who wish to attend the mothers' club or sewing class at the centre or who have hospital appointments.

No charge is made where the mother is attending a centre activity but a charge of 1/9d. per session is made if the mother wishes to leave her child there whilst she attends to shopping or other domestic duties.

Creches provide facilities for mothers to be relieved of their children for two or three hours during the day; they also provide an opportunity for an only child to associate with other children of the same age.

Nationally one understands there is an urgent demand for day nursery places by mothers who go out to work. It has even been argued that increased productivity will require mobilisation of woman-power which can only be made available by an expansion of day nursery/creche facilities. It should be stressed that the Council's existing service is more than adequate to cope with the defined first priority groups for whom the day nursery service is now principally maintained. To date it has not been central government policy to encourage expansion to meet the needs of other groups. Even today, one would have thought that ideal child care and development required the presence of the mother at home under ordinary circumstances. If mothers of young children are to be urged, or encouraged to go out to work then creche facilities provided at their place of work would seem to be most suitable. Experience of this approach in the area, namely by a firm providing creche services for its workers so that women would seek employment with them, was not a success.



## **Playgroups**

There are 4 playgroups in the Borough, organised by a voluntary association. They are open mornings or afternoons, or both, and cater for approximately 170 children daily.

## **Dental Services**

Details of dental treatment provided for expectant and nursing mothers and pre-school children will be found on page 100.

## **Family Planning**

Where further pregnancy would be detrimental to the health of a married woman she is referred for advice on family planning to the Family Planning Association. The Council pays a fee of £2.2.0. in respect of oral contraceptive patients and 17/6d. for others, and in addition pays for the oral contraception supplied.

The Family Planning Association is given free use of accommodation in two of the Council's clinics (Wellington Way and Underwood Road) for holding family planning sessions weekly. (Statistics on page 91).

## **Feeding Difficulties**

Facilities are provided at a centre outside the Borough for the in-patient treatment of mothers and babies when breast feeding difficulties are being experienced or for babies with dietary problems. One child was accommodated at the Centre during the year for a period of two weeks.

## **General Practitioner/Obstetricians**

Approved general practitioner/obstetricians are allowed free use of the Council's clinics to see their patients who are booked for maternity medical services. Eight general practitioners availed themselves of these facilities during the year.

## **Health Education**

A review of existing facilities and services in this field has been made over the past year. It is intended to cater, in a comprehensive programme, for both the pre-school and school age groups and to cope with the increasing demands from older persons for help and guidance. Projects with aged persons continued, particularly on home safety and the prevention of accidents. Evaluation of the methodology, and efficacy, of the present modes of health education is required to select the most economical and effective approaches. In-service training schemes for staff such as home helps, day nursery students, and clinic nurses are to be expanded in parallel with training schemes offered by local further education centres and those run under the aegis of the London Boroughs' Training Committee.



Links with the local schools have been strengthened through the Divisional Officer (Education) and headteachers. Certain schools have welcomed the help of the Department in planning courses covering a range of biological studies, including hygiene in its widest context. There has been an increase in seminars and talks given by members of staffs at schools. Included in the syllabuses, sex hygiene instruction is now offered to the lower age groups in secondary schools. Mothercraft and other allied topics are presented at welfare centres in day sessions, and by demand to mixed groups at night in some centres. These centres do play a role as foci for community activities which is gratifying and encouraging to the enthusiastic staff who often put in work beyond the normal call of duty to meet this demand.

The appointment of a professional health education officer will advance the ordered planning of syllabuses and the application of evaluated techniques. Topics receiving close attention are the Venereal Diseases, Tuberculosis, and the relationship of smoking to the incidence of lung cancer. In respect of the two former, the Borough has a high incidence rate correlated to a degree with the immigrant section of the population. Effective health education is difficult enough with the indigenous population, but the task is formidable when dealing with Asiatic illiterate persons who are culturally alienated. In co-operation with a local committee set up to further the integration into the community of immigrants, the health education officer is attempting with small groups to inculcate simple rules of hygiene and aids to healthy living in our society. The printed word, and didactic method achieve little here for the illiterates do not understand, neither do the literates comprehend the rules of a foreign culture. A combination of pictorial demonstrations and personal contact using an interpreter appears the ideal method to get a message across. Of course, fortunately the younger immigrant generation at school acquires both literacy and the cultural standards more rapidly and easily.

The expansion of public health responsibility for pre-symptomatic diagnosis of disease, is opening up a wider field. The provision of 'well women' clinics in Tower Hamlets, teaching self-examination of breasts, taking cervical smears, and testing urine is also creating a public demand for increased knowledge in the sphere of preventive and 'positive' health. Letters are received from members of the public seeking early appointments at our clinics, expressing their need to exorcise long held fears of cancer often originating in experiences of the effects of the cancerous process in relatives. A service to satisfy the superficial presenting demand can only be part of the answer. To allay fears and dispel ignorance, so releasing needlessly wasted mental energy for more active living, is one of the challenges to our health education programmes.



The abuse of alcohol and drugs in modern society is reflected in our own community. 'Living for kicks' may be a symptom of an underlying malaise associated with an apathetic rejection of modern urban life. Can living for a purpose be implanted to replace the often existing negative mores? The affluent society has brought much material gain but 'man does not live by bread alone' as modern youth rebelliously proves to us. There are local developments amongst youth workers to re-think their role in a new society. Juvenile delinquency which remains at a high level seems as often to be the product of boredom in the community as it is to alleged deep-seated personality disturbance. Community service schemes planned in the area may be one solution to canalise youthful energy. Our work with youth on a health education level must be integrated in these wider schemes.

### **Health Visiting and Clinic Centre Activities**

Health Visitors maintain close liaison with the staffs of statutory and voluntary bodies, general practitioners and hospitals in the Borough. Their visits to expectant mothers and to children under five years of age are shown with other statistics on page 91. Health Education work is carried out by means of personal contact as well as in group sessions held at the clinics. At the request of the paediatricians concerned health visitors attended the out-patients departments at hospitals to provide a link between hospital and home.

The numbers of Health Visitors and Tuberculosis Visitors employed at the beginning and end of the year were 32 and 35 respectively, there being 10 resignations and 12 new appointments during the year. Command Paper 1973 recommended an establishment for the year 1967 of 37 Health and Tuberculosis Visitors, based on a proportion of 0.18 visitors per 1,000 population.

### **The Principal Nursing Officer, Miss E. Early, reports as follows:-**

During the early part of the year there was an acute shortage of health visitors, but fortunately the position improved in the autumn following the successful completion of training by the ten students sponsored by the Borough.

Health Visitors carry out combined school nursing-health visiting duties, and all school nurses participate in some measure in the maternity and child welfare services.

The thirteen Clinic Centres provide a service within pram-pushing distance for mothers and children. In addition to infant welfare sessions, toddlers' sessions, and ante-natal sessions, a number of group activities attract enthusiastic participants.



Dressmaking classes have continued to be popular, and during the year a second class commenced at Greenwood Centre. Seven centres had regular meetings of Mothers' Clubs, and talks on a variety of subjects were arranged, frequently on subjects suggested by the members. Films on health and related topics were a popular feature. Each club had a party during the pre-Christmas period for mothers and children.

### **Training facilities for Students**

Facilities were made available during the year for practical work and/or experience in the public health field to health visitor students from the Royal College of Nursing and Institute of Education, London University, to medical students and nurses from local hospitals, to post graduate social studies students and others.

### **Health Education in Centres**

During the year the Health Visitors continued to develop group education activities. In addition to the Mothers' Clubs which held regular meetings, special programmes were arranged at two Centres to which invited audiences came. The chief aim of these evening sessions was to enable expectant mothers and fathers to attend together. Programmes for invited audiences have proved more successful in this field than regular programmes.

Mothercraft Classes for girls were taken by Health Visitors in four secondary schools during the year. It is hoped to expand this service more fully in the future.

Health Visitors have been encouraged to attend the weekend courses on Psycho-prophylaxis arranged by the National Birthday Trust. Groups of expectant mothers receive instruction from Health Visitors at two Centres, and in one hospital ante-natal department. These classes are followed by an informal Parentcraft discussion.

School girls living in the Wapping area have met in the Centre on alternate Thursdays at 6.30p.m. for health education and a social evening under the guidance of the Health Visitor.

### **Participation in Research Projects**

Parents in the Borough have continued to show a willingness to participate in surveys aimed at increasing knowledge of the normal development of children and the efficacy of procedures aimed at the prevention of disease.

During 1965 the Tower Hamlets area was included in three such surveys, two of which were continuations of earlier projects



### **Measles Survey**

The follow-up of babies vaccinated against measles during the latter quarter of 1964 proceeded during the year. This survey was carried out under the auspices of the Medical Research Council. Nearly three-quarters of the parents of babies of the appropriate age agreed to participate.

In July babies in the control group were vaccinated, following a promising report on short-term results of protection given.

### **National Child Development Study**

In 1958 a national survey of virtually every baby born in the week 3rd to 9th March was carried out. As a result of this study a great deal was learned which led to an improvement in maternity services and a saving of infant life.

Co-operation in a follow-up study was sought, and parents who were involved in the original study once again expressed their willingness to co-operate. The study was in two parts: one a report to be completed by the Health Visitor at a home visit; the second entailed a medical examination.

### **Survey of diet and dental caries in young Children**

In view of already heavy commitments, a limit of 50 participants in this survey was set. Health Visitors completed questionnaires, with the consent of the parents, of a random selection of babies either one or two years of age, at a home visit.

The survey is being carried out under the auspices of the School of Dental Surgery, University of Liverpool.

### **Day Nurseries**

Mixed grouping of children has now become an established practice in each of the four Day Nurseries administered by the Health Department. Handicapped children may be admitted to any day nursery, the six places in Queen Mary Day Nursery Special Unit being reserved for the more severely handicapped. Children in the special unit are not kept segregated, but spend part of each day in the more stimulating atmosphere of the groups of more fortunate children.

Deaf children, or children of deaf parents are admitted to day nurseries without charge for up to three hours each day. During the year two children attended under this scheme to enable them to have the stimulus of speaking to children of their own age.



Four students successfully completed their training in the two nurseries recognised to Nursery Nurse Training. Facilities were given to students from a voluntary day nursery and from a nursery school to enable them to gain experience with the under-tuos.

### **Provision of specially trained Home Helps**

In order to equip them to work alongside mothers who are in need of special help to enable them to care for their children and households, selected Home Helps are given a course of in-service training. The service has limited uses, but has proved worthwhile during the year. These home helps, although remaining under the administrative supervision of the Home Help Organiser co-operate closely with the Health Visitor concerned.

### **Home Bathing**

Aged persons who are bedfast or homebound are given bed baths and, where the person is sufficiently agile, complete baths in their own homes by the Council's cleansing attendants. If the dwelling is without a bath, a 'bungalow' bath is taken to the premises, together with hot water in insulated containers.

This service is much appreciated, and perhaps not greatly realised until unforeseen circumstances e.g. sickness of the cleansing attendant causes a postponement of the service. (Statistics on page 92).

### **Home Help Service**

Home helps are provided under Section 29, National Health Service Act 1946 to undertake domestic work in homes during emergencies, such as illness or confinements, and to assist aged persons who are unable to fend unaided for themselves. Increasingly the service is attending to the demands of the latter category, understandably because of the growing number of aged in the community, earlier discharge from hospital as the community care service expands, and the policy of keeping the aged in their own homes as long as possible rather than admitting them to a hospital or welfare home. At the end of the year 291 home helps were employed by the Council, the majority on a part-time basis, the equivalent full-time number being 177, somewhat below the need of 200 forecast for 1967 (the figure set in Command Paper 1973 on the Development of Community Care) based on 0.98 helps per 1,000 population for the London area.

Recruitment of home helps remains a problem and wastage is considerable, especially during the first three months of service when recruits realise that the work is more exacting than at first anticipated. However a local publicity campaign carried out in the latter part of the year made some impact.



The present standard charge for home help service is 5/8d. an hour which is reduced according to the financial circumstances. The service is free to certain classes, e.g. persons in receipt of old age or retirement pension or on national assistance, or suffering from toxæmia of pregnancy where a medical certificate is submitted.

Specially trained helps are utilised to provide assistance to problem families.

Households numbering 3,553 were provided with the service during the year. (Statistics on page 92).

### **Day Care Service**

An experimental day care service has been commenced in the Borough home help service by which help is given to aged persons in selected cases by neighbours or persons living in the immediate vicinity. This service is supplementary to the home help service and is intended to cater for those persons who are chronically ill, or bedridden and living alone and who require visiting and attention several times a day.

### **District and Home Nursing**

Arrangements were made prior to 1st April, 1965 for home nursing to continue on the existing agency basis. Certain administrative difficulties in regard to Bethnal Green and Shoreditch District Nursing Associations had to be overcome. This was achieved by sharing the available staff so that approximately half were allocated to form a Bethnal Green contingent to work in Tower Hamlets. The Superintendent came over to Tower Hamlets with charge of a home nurses' sub-centre at Rochelle Infant Welfare Centre. By mutual consent a unified East London and Bethnal Green District Nurses Association was set up to administer the service within the new Borough. The Nursing Sisters of St. John the Divine continued to provide a home nursing service in part of Poplar, in addition to their responsibility for domiciliary midwifery in the eastern half of the Borough.

Home nurses (East London and Bethnal Green District Nursing Associations) paid 77,728 visits to a total of 1936 patients. Of these visits, approximately 72% were to the aged in their homes. Some 52% of visits were for the purpose of giving an injection, or to supervise the taking of prescribed medicines. In the latter case, the aged and particularly the mentally confused, create an increasing demand for assistance. However the tendency over the last decade for a reduction in the overall work load for all aged groups continued owing partly to the further substitution of oral for parental therapy. Movements of population, improved environmental conditions and the state welfare provisions contributing to a general improvement in the health of the community, are other factors in the decline of home nursing visiting.



Staffing remains a problem with a shortage of recruits combined with high and early marriage rates. Closer integration of the service with the borough provisions for bathing attendants, and domiciliary chiropody for the aged ensures maximum efficiency in the use of scarce nursing staff. The expanding use of disposal equipment is time-saving and allows more personal assistance to be given to help the rehabilitation of patients. The provision of an Occupational Therapist on the staff of the Health Department able to make domiciliary visits is proving a boon to the housebound patient and helping 'to add life to years, when modern therapy adds years to life'. (Statistics on page 93).

#### **Laundry Service for Incontinent Persons**

Soiled personal clothing, bed linen, etc. is collected twice weekly from the homes of persons who are incontinent, and cleansed and laundered in the laundry at Branch Road cleansing station. (Statistics on page 93).

The Council also provides this service on an agency basis for the City of London.

#### **Loan of Nursing Equipment**

Articles of nursing equipment are loaned free of charge to persons being nursed in their own homes. The Council purchased many items of additional equipment required to meet requests for loans. In addition equipment is loaned to persons by the British Red Cross Society and by the Council's Welfare Department to handicapped persons in particular. (Statistics on page 94).

#### **Incontinence Pads**

The provision of incontinence pads free in suitable cases began this year for use by some incontinent and chronically ill aged persons.

#### **Domiciliary Midwifery**

The Council operates a domiciliary midwifery service under Section 23 of the National Health Service Act 1946, by arrangements for utilising the services of midwives employed by the Nursing Sisters of St. John the Divine and the London Hospital.

In addition the Council directly employs a midwife who is also the Non-medical Supervisor of Midwives. In all, nine midwives operate in the area of the Borough. Pupil midwives in training at the end of the year numbered 5.



**The Non-medical Supervisor of Midwives, Miss I.M. Clarke, reports:**

Tower Hamlets has five hospital maternity units in its area. There is consequently less demand for the domiciliary service than in many other areas. A hospital bed should be available for any mother needing it on medical or social grounds, provided reasonable notice is given.

The midwives work in conjunction with general practitioners on the Obstetric List, and (in the case of the London Hospital) with the medical staff of the hospital. Five joint ante-natal sessions are held weekly, to help liaison between doctor and midwife.

An emergency Obstetric Unit may be obtained through the Ambulance Service, when required, though fortunately this is rarely needed; it was, in fact, called upon once this year.

A limited 'early transfer' scheme is in operation at the Mile End, Bethnal Green and the London Hospitals; by prior arrangement, some patients are transferred home in the care of the domiciliary midwife 2 to 5 days after their babies are born. This scheme is not widely used, because it is felt that the practice is not always in the best interests of the mother, baby and the family, but with co-operation between hospital midwife and family, it can be a satisfactory compromise in a few cases.

The midwives assist in training pupil midwives and medical students, who are given experience in working under domestic, as opposed to hospital, conditions.

A total of 446 mothers were attended by domiciliary midwives, many of whom were supervised for some months beforehand, but it is somewhat disturbing to note that one in six saw the midwife for the first time less than three months before their babies were due, thus failing to avail themselves of the full care provided by the service."

Further statistics will be found on page 95.

**Midwives Act 1951.** The Council is a local supervising authority under the Midwives Act 1951, supervising functions under the Act being carried out by the Council's Non-medical Supervisor of Midwives. The number of midwives who notified their intention to practise as midwives within the Borough, including those in hospitals, and who were practising at the end of the year, was 115. The Council is also responsible under the Act for payment of fees to medical practitioners summoned for medical aid to 'unbooked' patients, fees amounting to £26.7.6d. being paid during the year ended 31st March, 1966. These occasions may arise as a result of a doctor not being booked in advance by the mother or urgent requests for immediate help by a midwife from a local practitioner.



**Maternity Liaison Committees.** The department is represented on the local Maternity Liaison Committees by the medical officer of health or deputy medical officer of health and the non-medical supervisor of midwives or the principal nursing officer. Meetings were attended during the year when common problems were discussed. As the Borough is now served by two Hospital Management Committees, there are separate maternity liaison committees for each group catchment area.

### **Phenylketonuria**

During 1965, babies numbering 3,477 were tested either in clinics or in their homes about the fourth week of life. No cases of phenylketonuria were detected.

### **Recuperative Holidays**

Recommendations for recuperative holidays are submitted by general practitioners, hospitals, health visitors and social workers. Applications received during the year and placed in recuperative holiday homes numbered 509, the majority at the seaside. (Statistics on page 93).

### **Care of the Unmarried Mother and her Child**

(a) **Mother and Baby Homes.** Voluntary organisations provide accommodation in mother and baby homes for those in need. Such organisations are supported by grants from the Council via the Health and Welfare Committees. Expectant and nursing mothers admitted to such homes during the year numbered 31.

(b) **Moral Welfare Associations.** Financial assistance is also given to Moral Welfare Associations providing service for residents of the Borough.

### **Residential Establishments for Children in Care.**

The Department's visiting medical officers regularly attend at the Children's Department's residential establishments to examine the children, treat any cases of illness occurring and advise on medical aspects of child welfare, hygiene and the prevention of infection. The department is also responsible for the provision of relief nursing staff as required at these establishments.

### **Mental Health Services**

**Day Centres.** There is a Council Day Centre for the mentally ill and another run by a voluntary organisation in the Borough. Their aim and purpose is to provide a meeting place where patients who live at home can obtain occupational and educational therapy. Patients are also able to discuss with mental health social workers, and obtain advice, on their personal problems and difficulties. The patients attend for the whole day on 5 days a week and are provided with a midday meal obtained from the Inner London Education Authority School Meals Service. Another incidental object of the day centres is to provide some relief to relatives from the care of mentally ill persons.



**Junior Training Centres.** The Council has no junior training centre, but provision has been made in the 10-year Plan for the construction of a purpose-built centre to accommodate 100 juniors. It is anticipated that juniors at present attending centres in Hackney will be transferred back to Tower Hamlets where accommodation will be provided temporarily by adapting an existing centre.

**Adult Training Centres.** Three adult training centres are operated by the Council, two for women and one for men, which provide training and work for the mentally handicapped. The majority are so handicapped as not to be able to take up outside employment, but the introduction to working conditions and routine gives sufficient support and self-confidence to enable some of the less severely handicapped to take up open employment.

**Referrals.** The number of patients referred to the Council during the year and the number under community care at the end of the year are shown on page 96.

**Admissions to Hospital.** In addition to community care for patients and their families the mental health social workers are responsible for the statutory admission where necessary of patients to hospital. Informal and compulsory admissions for the year numbered 250.

**Industrial Work at Training and Day Centres.** Industrial work undertaken during the year included such tasks as the making of playing bricks, toy ironing boards, basketry bases, pencil cases, sorting trays, easels, assembling paint boxes, lining spectacle cases, skipping ropes, sorting of chess sets, pocket games, cardboard boxes, complete whip and top sets, general packing, plastic eggcups, packing diaries, packing men's tie sets, trimming plastic mouldings.

Money earned by the trainees amounted to £2,808, against which has to be offset the cost of materials. The payment made to trainees, based on attendances, is regarded as incentive pocket-money to supplement state benefits which they receive. £1,536 was paid out as incentive pocket-money during the year.

**Guardianship.** Five severely subnormal patients were transferred from the guardianship of the London County Council and remained under guardianship of the Council at the end of the year. None was placed under, or discharged from guardianship during the year.

Patients are placed with the Guardianship Society and are cared for by being boarded-out with specially chosen families in the Sussex area. The Council is financially responsible for these patients.

**Emergency Night and Weekend Service.** A designated Mental Health Officer must, statutorily, be available at all times to deal with emergency calls for the mental health service. This means providing a 24-hour service, seven days a week, including Bank Holidays.



In addition to their normal full day service, the mental health social workers also provide a night and weekend duty service on a rota basis, but in order to provide a viable scheme, it was necessary to expand the number of officers available for rota duty after office hours. For this purpose it was decided to utilise the services of selected senior trained nursing staff to relieve the burden on the social workers, thereby also creating a working liaison on the districts between these two sections of the health services.

This emergency service operates from 5 p.m. on Friday to 8.45 a.m. on Monday, during which period all requests are directed to the duty doctor at St. Clement's Hospital, Bow Road, E.3. who contacts the mental health officer on duty as required.

Details of any action taken are reported to the Principal Social Worker (Mental Health) for any necessary follow-up.

**Approval of Doctors under Mental Health Act 1959.** The Mental Health Act 1959 provides that one of the two medical recommendations required for the compulsory removal of mentally disordered persons to hospital shall be made by a doctor approved for this purpose by the local health authority as having special experience in the diagnosis or treatment of mental disorders. Applications received during the year from practitioners for approval numbered 7 and following the appropriate consultation with members of the advisory panel all the applications were approved for a period of five years.

**Short-term Care.** Temporary care is arranged in homes or hospitals for mentally subnormal patients to give relatives a welcome relief and to allow them to take a holiday.

**Long-term Care.** In addition to the patients placed with the Guardianship Society, one other is boarded out with a family.

**Residential Hostel Accommodation.** The Council accepts financial responsibility for the care of mentally disordered persons in residential hostel accommodation provided in the Borough by a voluntary organisation, and in hostels provided by other local authorities and voluntary associations. Where patients are in employment or have other incomes, an assessment is made to determine their contribution towards their maintenance.

**Special Care Units.** A Special Care Unit for juniors operates at the Cornwall Avenue Training Centre, which caters for those trainees who are too severely handicapped to be able to be taught and trained with other juniors.

In addition there is a special unit in one of the Council's day nurseries for severely handicapped children under 5 years of age.



**Transport.** Transport is provided by coach and minibus to take trainees to and from their homes and the Training Centres each day. Transport covers trainees attending the junior centres, adult female centres, the special care unit and the day nursery special unit, whilst those attending the Men's Industrial Training Centre make their own way.

**Holidays.** Many trainees from the training centres take part in a holiday at the Holiday Camp at Dymchurch, Kent, joining groups of trainees from other London boroughs.

Recuperative holidays are arranged for mentally ill persons under community care.

**The Principal Social Worker (Mental Health) reports:**

The first year of the working of the Mental Health Services by the Borough has ended and, despite periods of strain, on review it would seem to have been one of some progress. Home visiting has increased and emergency work has decreased mainly due to the co-operation of St. Clement's and Long Grove Hospitals. Mentally ill patients have been seen regularly at clinics and we are grateful for the co-operation of the psychiatrist in giving prompt appointments. This obviated the possibility of many patients having to be admitted to hospital.

A number of people have visited the Centres both for the mentally ill and severely handicapped. The medical students from St. Bartholomew's Hospital continued to attend regularly at the Cornwall Avenue Training Centre and the Special Unit. Nurses from St. Clement's Hospital have attended once a week for the greater part of the year to accompany social workers on domiciliary visits.

Pritchard's Road Day Centre is progressing and more patients have returned to employment after a period in the Centre. The Disablement Resettlement Officer, Ministry of Labour attends the Centre fortnightly to interview patients. This has been most helpful and his visits have frequently inspired other patients with a desire to return to work. The centre club is proving successful and welcomes patients from Nicholas House and any others who wish to attend.

The group for the elderly held twice weekly at Trinity Congregational Church is supported by the Council and is of great benefit to the patients attending. Work for the mentally handicapped is being maintained despite the pressure to deal with cases of mental illness. The Training Centres have been able to cater for all suitable admissions and for them it has been a satisfactory year. It is hoped that before long all Tower Hamlets' children will be catered for in the Borough and that in time new centres will be built for them. A special Welfare Clinic held monthly is much appreciated by the parents.



The Parents' Association remains active and runs a very successful club for which the Council provides the use of premises twice weekly for reading and writing, and also allows the use of Poplar Baths for swimming. Whilst the Association is always grateful for the help given by the Council the Borough also benefits by having such an active Association which renders great help to parents and provides necessary social activities. A small club is run for school-leavers from the Grenfell Educationally Subnormal School. This caters for girls who do not fit into clubs for normal boys and girls. Arrangements are made where desired to admit boys and girls to clubs and evening institutes, and our thanks are due to those who run these organisations for helping to integrate the retarded with normal people.

We have maintained close contact by visiting schools for the educationally subnormal and also the one residential school for the maladjusted. It is more difficult to visit maladjusted schools which are some distance from London, but we have had correspondence and telephone contact wherever necessary. The number of maladjusted girls and boys referred after leaving school has increased. They frequently require a great deal of attention in the settling down period and it is clear that much home visiting is necessary.

Close co-operation has been maintained with the Ministry of Pensions, National Assistance Board and the Ministry of Labour. We greatly appreciate the assistance which they have given us during the year. The department has continued to co-operate with many statutory and voluntary organisations in the area."

#### **St. Clement's Hospital.**

I am indebted to the Medical Director of St. Clement's Hospital, John Denham, M.D., D.P.M., for the following report on the work of the Hospital for the year ended 31st March, 1966.

#### **Catchment Area**

From 1st April, 1965, St. Clement's Hospital was given an official catchment area, namely the postal districts of E. 3. and E. 14. All patients, who are resident in these districts and who required admission would be received at St. Clement's Hospital and no longer at Long Grove Hospital, Epsom. A special proviso was made for the care of the elderly in view of the absence of long-stay psychogeriatric beds at St. Clement's Hospital. It had been agreed that Long Grove Hospital would continue to admit those psychogeriatric patients who require long-stay care.

During the year 462 male and 733 female patients were admitted. It appears significant that the admission rate for the E. 3. area as calculated on a monthly basis dropped from 12 to 6.



### **After- and Community-care**

Special arrangements were made with the Local Authority regarding the after- and community-care of the patients. One Mental Welfare Officer was allocated for each of the two postal districts. These two officers were informed of admissions as they arose from the area. They visited the patients and their relatives soon after admission, kept in touch with them throughout their stay and followed them up afterwards. They attended the hospital weekly to receive referrals and to report on the progress of patients under their community care.

During the year, 33 patients resident in the postal district of E.3. were referred to the Mental Welfare Officer; of these 9 required readmission during the same year. 54 patients were referred from the postal district of E.14 and 10 required readmission.

In addition to the provision of this community care a Day Centre in Burdett Road provided by the Psychiatric Rehabilitation Association accepted patients during the latter part of their stay in hospital. They attended daily while still resident in St. Clement's Hospital, and continued to do so after their return home. This was of great assistance in their rehabilitation and return to the community.

The Psychiatric Rehabilitation Association provided a weekly club at Poplar House, catering both for in and out-patients attending St. Clement's Hospital.

### **Emergency Service.**

From 1st April, 1965, St. Clement's Hospital undertook to provide an emergency service for psychiatric patients for the London Borough of Tower Hamlets after the hours of 5 p.m. on weekdays and on Saturdays and Sundays. During this period all emergency calls were relayed to the Duty Doctor at St. Clement's Hospital who would deal with these calls by either advising or arranging for out-patients or domiciliary examination of the patient, and providing emergency treatment either on a domiciliary or in-patient basis. A Mental Welfare Officer was available in case Compulsory Orders under the Mental Health Act were needed.

In addition, emergency referrals from General Practitioners were accepted at all times. The availability of emergency services in the London Borough of Tower Hamlets led to a reduction of emergencies from an average of 12 per month to 4 per month within three months of the inception of the emergency service. Patients admitted under Section 25 and 29 of the Mental Health Act numbered 23 and 44 respectively.

### **Admission Policy.**

With the provision of community services for the catchment area of St. Clement's Hospital only one-fifth of the number of beds available was required for the admission of patients. During the year 1,195 patients were admitted, 531 being from Tower Hamlets.



With the opening of the Psychiatric Unit at Hackney Hospital in 1966 the greater number of patients previously admitted to St. Clement's Hospital from the London Borough of Hackney will be admitted to the Psychiatric Unit at Hackney Hospital and, therefore, application has been made to the Board that St. Clement's Hospital should increase its catchment area to include the postal district of E. 1.

#### **Out-Patient Department**

The out-patient department continued to develop during the year. Attendances rose by 3,184 over the previous year to 7,800 and Day Hospital attendances by 2,031 to 8,114.

#### **Geriatric Unit**

92 patients were admitted to Dundee Ward, 33 being from the E. 3. and E. 14. districts, the remaining 59 mainly from the catchment area of Long Grove Hospital. There were 53 admissions to and 39 discharges from the Day Hospital.

In addition, Day Centre facilities continued to be provided on two days a week at Trinity Church and a new Day Centre for the elderly was provided at Pritchards Road by the Local Authority. A separate report has been made by Dr. J.J. Cockburn, Consultant in charge of the Psychogeriatric Unit.

#### **St. Clement's Psychogeriatric In-patient Unit and Day Hospital.**

The Consultant Psychiatrist to St. Clement's Hospital, J.J. Cockburn, M.B., M.R.C.P.I., D.P.M., has kindly supplied the following report on the year's work of the Hospital's Psychogeriatric In-patient Unit and Day Hospital.

**Dundee Ward.** The total number of admissions to the in-patient unit (Dundee Ward) is 107 and this is practically the same as the admissions for 1964. There is a gently rising trend particularly if one takes into account the first quarter of 1966 when 35 patients were admitted. Of the 107 patients admitted to Dundee Ward in 1965, 68 were first admissions and 39 were readmissions.

Of the 115 patients discharged from Dundee Ward during the year, 63 went home and 21 were transferred to Long Grove Hospital for long stay care. This high number of transfers to Long Grove reflects the policy of admitting dementing patients for investigation and assessment when it appears to be indicated. I consider that all dementing patients under the age of 65 years ought to be carefully assessed. Another group which is often best admitted to a short term psychogeriatric unit is of older patients who show a recent rapid deterioration and who exhibit troublesome behavioural problems such as aggression or wandering. These patients, though they often have deteriorated on account of physical factors such as pneumonia, are difficult to deal with on a general medical ward.



We have had much help on the general medical and geriatric side from our colleagues at St. Andrew's Hospital and are most grateful for this. This policy of admitting selected dementing patients has led to problems of disposal, and turnover has suffered accordingly.

There are sometimes considerable delays in getting patients into Welfare Homes and the shortage of long stay geriatric accommodation is a national problem. My control of the long stay female beds at Long Grove has helped with this problem. On account of this joint appointment, I am occasionally able to admit an urgent case to St. Clement's, if it appears the appropriate unit, by arranging a quick transfer of a long stay patient to Long Grove. Flexibility also exists between Dundee Ward and the Day Hospital and it is often possible to discharge patients earlier if they can be supported by attendance at a Day Hospital or Day Centre.

**Day Hospital.** Both the total admissions and the patient attendances have increased during the year and the Day Hospital continues to play a valuable role in the area. We have emphasised the importance of links with the Day Centre at Trinity Church, Poplar and occasionally patients are referred back to the Day Hospital from Trinity for assessment. The Day Hospital offers support for patients and relatives and also a useful means of assessing the severity of behavioural problems which may be difficult to assess on an out-patient basis, particularly when there is tension between the patient and her relatives. Valuable information about social conditions is obtained by the Day Hospital Sister, or Nurse who regularly goes out on the ambulance to collect patients for the Day Hospital.

In September, following negotiations with the Medical Officer of Health for the London Borough of Tower Hamlets, the Day Centre at Trinity Church, Poplar, was opened for a second day per week. Since the end of the year Tower Hamlets Borough Council extended the Day Centre at Pritchards Road, E. 2. to take geriatric patients on two days a week, and appropriate transport has been arranged. The support and interest of Tower Hamlets and the Medical Officer of Health has been most encouraging.

This Council undertakes all mental health functions for the City of London on an agency basis as provided for in Section 5(2) of the London Government Act 1963.



## Health Department Establishments.

A list of all Health Department Establishments showing clinic sessions held and other services provided is given in the Appendix on pages 130 to 137 .

## IV. ENVIRONMENTAL HEALTH SERVICES

### Aged Persons

The amalgamation brought together from the three Boroughs a visitors to the aged. The interchange of ideas, pooling of knowledge and a common policy has been to the benefit of the Borough's "senior citizens". Good liaison is maintained between the Council's Welfare Department, other social workers, statutory and voluntary, and hospital geriatric consultants. Exchange of information between the old people's visitors and hospitals is of extreme importance, particularly prior to the discharge home of patients, so that any necessary services can be provided for their wellbeing and comfort and so obviate the necessity for further admission to hospital.

### P A R T I V

The Council is empowered by Section 47 of the National Assistance Act 1948, as amended by the National Assistance (Amendment) Act 1951, to make application to a court of law to have a person living in insanitary conditions and who is in need of care and attention, removed to a hospital or institution of his own, infirm or physically incapacitated person living in insanitary conditions and who is in need of care and attention.

## ENVIRONMENTAL HEALTH

### S E R V I C E S

This year it was found necessary to apply for eight such Orders under this enactment, in respect of 7 old persons who were removed to hospital and of one to a welfare home.

Home visiting forms the major part of the work of the department's old people's visitors leading to arrangements for the provision of services needed, but attention is made elsewhere of departmental services also supervised by them, viz, incontinent laundry service, home bathing service, emergency removal to hospital, treatment of scabies and cleansing of infectious persons.

Statistics will be found on page 22, 23, 24.

### Animals

The Corporation of London, through its veterinary officers and inspectors, carries out on an agency basis duties imposed on the Council under the Diseases of Animals Act 1950 and associated acts, the Animals Act 1926, Performing Animals Act 1925, and Animal Breeding Establishments Act 1955.

A summary of the work carried out appears on page 25.





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The Council is empowered by Section 47 of the National Assistance Act 1948, as amended by the National Assistance (Amendment) Act 1951, to make application to a court of summary jurisdiction for an order for the removal to a hospital or institution of any aged, infirm or physically incapacitated person living in insanitary conditions and who is in need of care and attention.

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Home visiting forms the major part of the work of the department's old people's visitors leading to arrangements for the provision of services needed, but mention is made elsewhere of departmental services also supervised by them, viz. incontinent laundry service, home bathing service, compulsory removal to hospital, treatment of scabies and cleansing of verminous persons.

Statistics will be found on page 92, 101, 104.

### Animals

The Corporation of London, through its veterinary officers and inspectors, carries out on an agency basis duties imposed on the Council under the Diseases of Animals Act 1950 and associated Acts, Pet Animals Act 1951, Performing Animals Act 1925, and Animal Boarding Establishments Act 1965.

A summary of the work carried out appears on page 101.



During the year three Smoke Control Orders were confirmed by the Minister of Housing and Local Government, and all will become operative on 1st July, 1966. These three Orders are the Stepney No.5 covering 139 acres, Stepney No.6 covering 306 acres, and the Poplar No.16 covering 488 acres. When these three Orders become operative a total of 3,629 acres will be covered by the 27 Orders made by the three constituent authorities, leaving 1,169 acres to be covered by future orders, which it is hoped will be made in 1966/7. Facing this page is a map showing the smoke control areas established in the Borough.

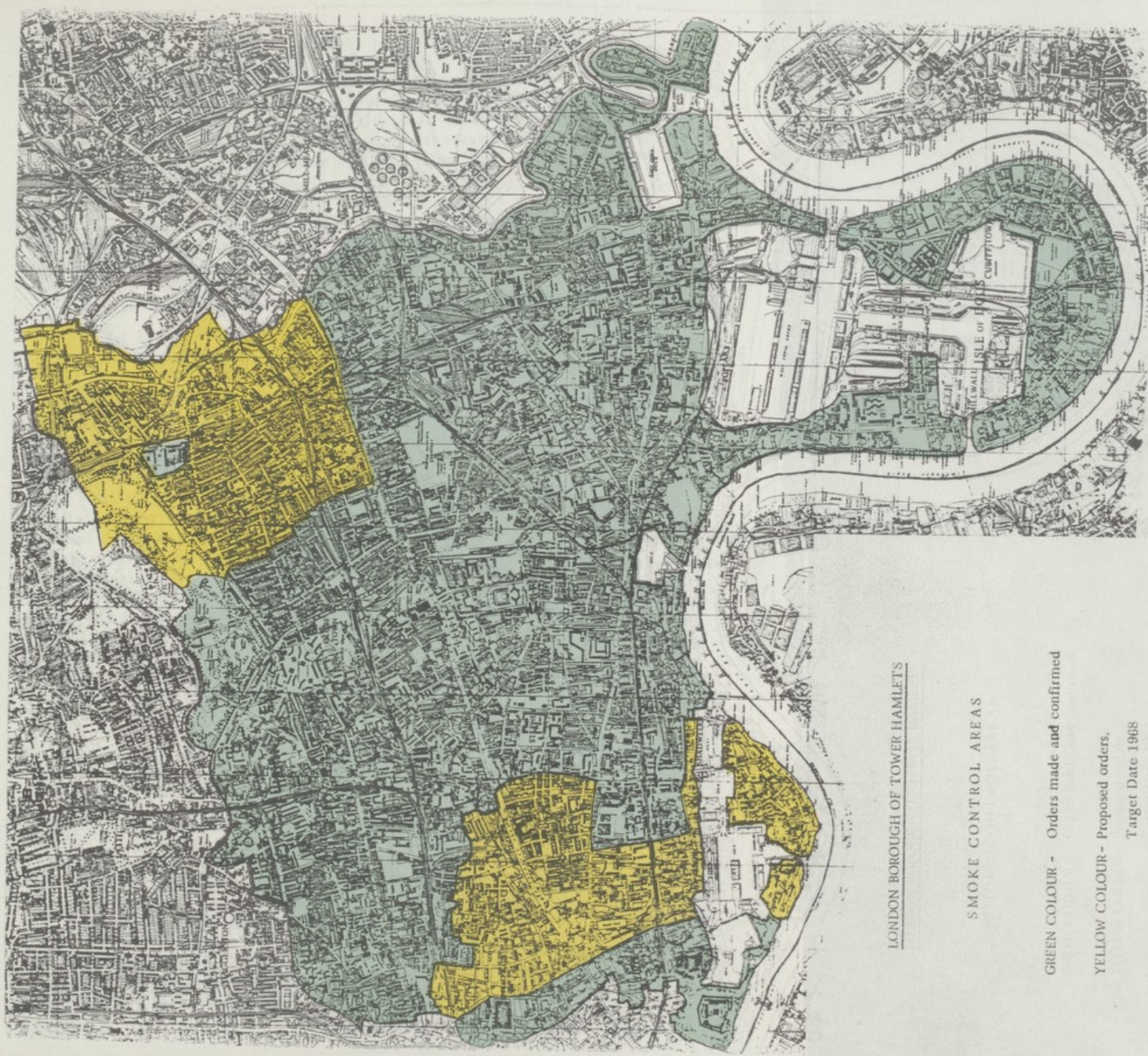
During the year a number of complaints were received and investigated and, as in previous years, the most serious and persistent source of nuisance from smoke and grit proved to be the Electricity Generating Stations, particularly that at Watts Grove. This is a booster station, and is only required to supply electricity to the national grid during periods of heavy demand in the winter. There are six steam generators which together produce sufficient steam for the two turbo-alternators, which have a combined output of 25 megawatts. Originally the steam generators at this Station were intended to be fired on pulverised fuel, but after installation they were converted to solid fuel utilising chain grate stokers. This has proved to be an unsatisfactory adaptation, by virtue of the fact there is a large combustion space, the upper part of which remains relatively cool thus causing excessive cooling of the flue gases with the resultant emission of smoke. The Central Electricity Generating Board has undertaken to endeavour to improve the supply position to the point where it will be possible to close this station within the next two or three years.

The atmospheric pollution recording stations which were set up by the three constituent authorities, have remained in use, and recordings of the amount of grit and sulphur dioxide present in the atmosphere are measured thereat. There are in all seven recording stations at strategic points within the Borough; three in Poplar, three in Stepney and one in Bethnal Green. The results of the recordings are sent to the Warren Springs Laboratory who co-ordinate them and in due course make their findings available to local authorities.

Under the provisions of Section 3(3) of the Clean Air Act 1956, a furnace may not be installed in a building unless notice of proposal to install has been given to the Council. Notices were given to the Council of proposal to install furnaces in 8 premises, applications for prior approval under Section 3(2) being submitted and approved in 7 instances.

Statistics on page 101.





LONDON BOROUGH OF TOWER HAMLETS

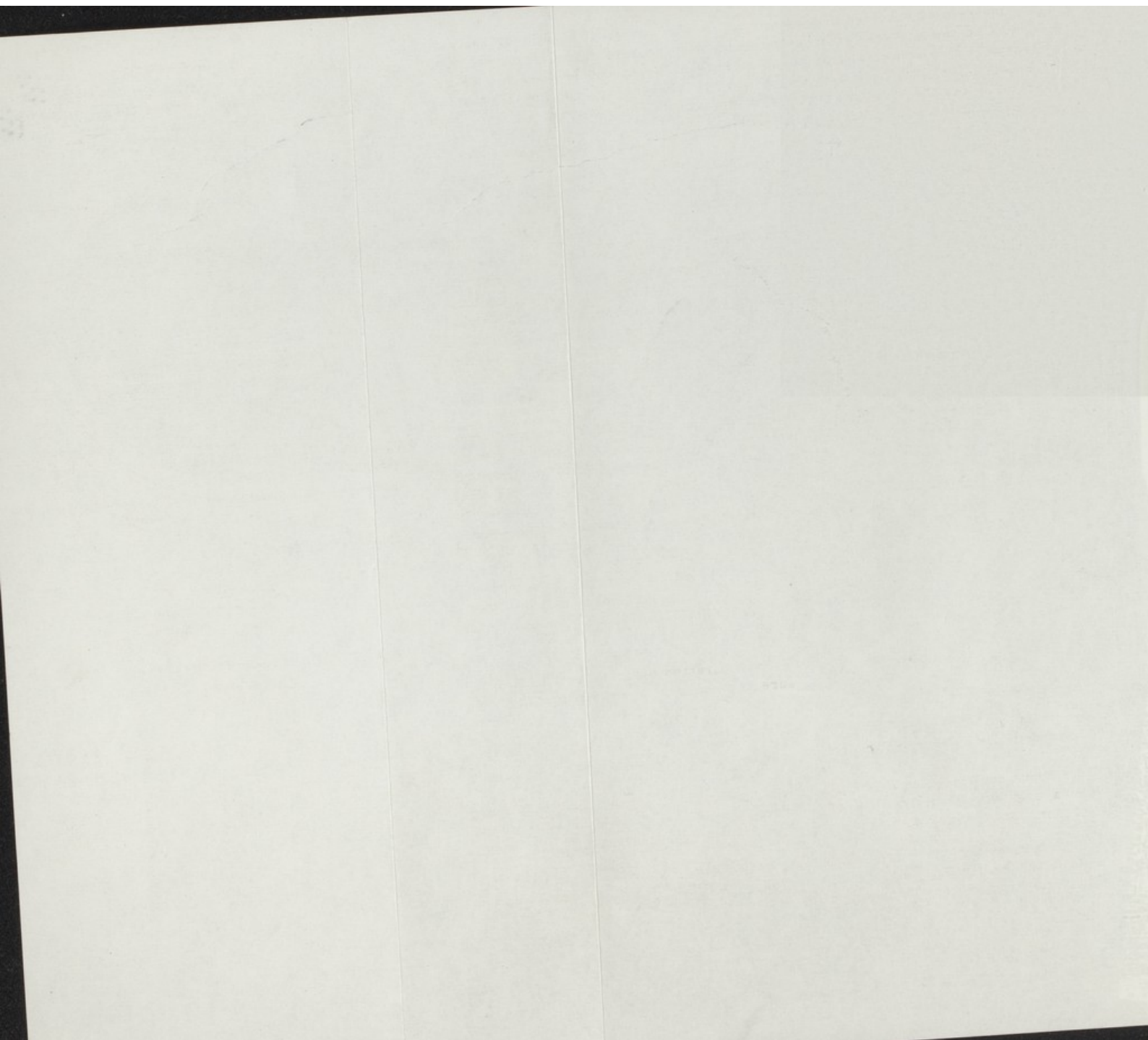
SMOKE CONTROL AREAS

GREEN COLOUR - Orders made and confirmed

YELLOW COLOUR - Proposed orders.

Target Date 1968





## Food

**Analysis of Food and Drugs Samples.** For the first quarter of the year reports on the analysis of food and drugs samples were submitted by Mr. W.B. Chapman in respect of the Boroughs of Bethnal Green and Poplar, and by Mr. D.F.H. Button for the Borough of Stepney. Thereafter, the Public Analyst appointed for the Borough of Tower Hamlets was Mr. W.B. Chapman who submitted reports for the period April to December.

During the year 823 samples of food and drugs were submitted for analysis, 81 being purchased formally, 730 informally, and 12 were private samples. Irregular samples ascertained numbered 153.

Action taken with respect to the irregular samples was as follows:

Legal proceedings were instituted with regard to 17 samples; namely, the sale of bread and margarine as bread and butter (13 summonses), cake contaminated with mould growth, lemonade contaminated with paraffin oil, minced meat containing sulphur dioxide preservative and sausages contaminated with mould and yeast. Fines imposed and costs awarded amounted to £114 and £71 respectively. Warnings were given regarding the sale of bread contaminated with oil and cake contaminated with mould growth.

Matters taken up with manufacturers or importers included sausages containing undeclared preservatives, angelica and hops containing excessive copper, bread containing particles of carbon, etc., meat products containing less than the standard quantity of meat, prunes containing prohibited sorbic acid preservative, skimmed milk and cocoa butter substitutes used in the manufacture of milk chocolate products, corned beef unfit for human consumption, crab meat, ham and tongue contaminated by metallic compounds, currants contaminated with mould growth, cream soda and lemonade containing minute quantities of petrol, fullcream milk powders deficient in fat, glycerin deficient in glycerin content, ground nutmeg deficient in volatile oil, ice lolly containing calcium, non-alcoholic ginger containing an excessive amount of benzoic acid and synthetic colouring on shells of pecan nuts.

The absence, inadequacy or improper declaration of ingredients on labels were ascertained in 56 samples and were the subject of correspondence with manufacturers or importers.

Unsatisfactory foodstuffs detained under the Imported Food Regulations included tea dust containing excessive sand and siliceous matter.

Foods condemned as being unfit for human consumption included lemon juice decomposed due to the presence of yeast, oranges damaged by contact with sulphuric acid and pork luncheon meat discoloured by iron and tin compounds.

A summary of the samples analysed and included in quarterly reports submitted by the Public Analysts in compliance with Section 99 of the Food and Drugs Act 1955 will be found on page 102.



**Bacteriological Examination of Foodstuffs.** Samples submitted for bacteriological examination numbered 203. These comprised 32 samples of pasteurised milk, 5 tuberculin tested (pasteurised) milk, 1 sterilised milk, 1 Channel Islands milk, 23 ice cream, 4 ice lolly, 3 Parev (Kosher) ice cream, 8 desiccated coconut, 53 imported dried and frozen egg, 20 dried fruit, 4 luncheon meat, 2 salami, 2 pressed beef, 1 sausage roll, 1 liver sausage, 1 saveloy, 6 pork tenderloin, 18 shoulder ham, 11 pressed ham, 5 corned beef, 2 imported canned shrimps.

Unsatisfactory results from 49 of the samples included stoneless dates, 10,000 cases of which were destroyed, sultanas which were allowed to be used for animal food and consignments of ham and pork which were surrendered and destroyed.

**Cautionary Letters.** On the instructions of the Health Committee, a cautionary letter was sent in respect of bread which contained a piece of wire, delivered to a hospital.

**Ice Cream.** There are 32 premises in the Borough registered for the manufacture of ice cream. Inspections were made from time to time under the Ice Cream (Heat Treatment, etc.) Regulations 1959 and no contraventions were found.

Twenty-six samples of ice cream submitted to the Methylene Blue reduction test gave the following results:-

Ice Cream:	Manufactured		Total
	In Borough:	Outside Borough:	
Grade I -	3	12	15
Grade II -	1	4	5
Grade III -	1	1	2
Grade IV -	1	-	1

**"Parev" Ice Cream:**

Grade I -	1	-	1
Grade II -	1	-	1
Grade III -	1	-	1
Grade IV -	-	-	-

In the cases of the unsatisfactory samples (Grades III and IV) investigations were carried out and advice given on improving methods of production. Further samples are being taken.

**Food Hygiene (General) Regulations 1960.** Food premises in the Borough are subject to frequent inspection by the Public Health Inspectors to ensure that the provisions of the Food Hygiene Regulations are being observed. This is no mean task since there are over 4,000 food premises, including stalls, in the area. Notices of requirements served numbered 482 and legal proceedings were instituted in 10 cases.

**Food Export Certificates.** Certificates numbering 137 were issued in respect of a variety of foodstuffs exported to Aden, Antigua, Belgium, Ceylon, Canada, Finland, Greece, Holland, Israel, Italy, Malta, South Africa, Sweden, Tanzania and the United States.

Before certificates are issued the foodstuffs destined for export are examined and where necessary samples taken for analysis. Relevant investigation is also made into the methods of production.

**Imported Food.** 211 Detention Notices and 214 Release Notices were served under the Public Health (Imported Food) Regulations 1937-48. These notices affected a variety of foodstuffs including: Chillies, Tea, Milk Powder, Dried Egg, Canned Pineapple Juice, Prunes, Liver Shapes, Canned Meats, Coconut, Frozen Egg White, Hops, Orange and Lemon Peel, Sugar, Coffee, Whale Meat Extract, Angelica, Sultanas, Currants, Cocoa, Animal Casings, Pepper, Beans, Sago, Gum Tragacanth, Chillie Powder, Frozen Mutton, Almonds, Curry Powder, Turmeric, Tomato Juice, Groundnut Kernels, Gum Alebanum, Rice, Canned Mussels, Coriander Seed, Turtle Meat, Walnut Kernels, Dried Fruits, Tomato Paste, Dates, Desiccated Coconut and Mace.

Five crates of Belgian Liver Shapes, two consignments of Belgian Canned Hams and Shoulders and five of Animal Casings, which arrived unaccompanied by official certificates, were subsequently released on production of the certificates. One consignment of Animal Casings similarly uncertified was re-exported. One consignment of Chillie Powder, found to contain a non-permitted colour, was re-exported.

**Liquid Egg Pasteurisation.** There are two plants in the Borough where liquid egg is pasteurised. Hygiene at the larger establishment was maintained at a high level during the year, and many representatives of foreign governments and trade organisations continue to visit these premises. The smaller of the plants is due for demolition in the near future which prohibits the undertaking of any major improvements.

Several times during the year there was a dearth of shell eggs for pasteurising resulting in one plant working short time whilst the other kept operating by pasteurising tinned frozen whole eggs.

Ten samples taken proved satisfactory when submitted to the Alpha-amylase test.



**Milk Supply - Samples.** Milk samples submitted for chemical analysis, numbered 39 including 6 taken at hospitals, schools and day nurseries in the Borough. The average fat and solids-not-fat content of ordinary milk samples analysed was 3.80 and 8.55 per cent, respectively, and of the superfatted variety 4.66 and 8.83 per cent.

No raw milk is processed nor indeed sold in the Borough. Consequently, no samples were taken for the purpose of examination for the presence of *Brucella abortus*.

**Unsound Food.** The following quantities of unsound foodstuffs were disposed of under the Public Health (Imported Food) Regulations 1937-48 and the Public Health Acts:-

Wharves ... ..	193 Tons
London Fruit Exchange and Spitalfields Market. ...	137 Tons
Other Premises ... ..	107 Tons
	—
	<b>437 Tons</b>
	==

About 40 tons of unsound food was allowed to be used for chemical or animal feeding purposes or for manufacturing purposes other than for human consumption, the remainder being delivered to, or collected by, the Public Cleansing Department at whose riverside depot it was mixed with household refuse, under supervision, and removed by barge to a controlled tipping site in Essex.

Approximately 1,600 Condemnation Certificates in respect of unsound food were issued in 1965.

**Unsound Food, etc. - Complaints.** Complaints made by members of the public as to the alleged unsound condition etc. of foods, and which were investigated during the year, numbered 35.

The complaints referred to

**Alleged unsound condition;**

Biscuits 1, Bread 3, Butter 1, Cakes 3, Chocolates 2, Corned Beef 4, Food (At restaurant) 1, Ice Lolly 1, Pie (Meat) 2, Salmon (tinned) 1, Sausage roll 1, Sausages 1, Steak and Kidney 1, Sweets 1.

**Alleged dirty conditions and/or foreign body or deposit:**

Bread 5, Cakes 2, Chicken Noodle Soup 1, Milk 2, Orange Drink 1, Pie (fruit) 1.



## Housing

**Clearance Areas.** During the year, four Clearance Areas involving 301 houses were declared by the Borough Council.

**Closing Orders.** Two appeals lodged against Closing Orders made by the Council in respect of dwelling-houses are still under consideration.

**Overcrowding.** Alleged overcrowding was investigated in 59 instances, 42 being confirmed and added to the Register.

Twenty-eight overcrowded families were rehoused by the Greater London Council and 18 by this Council, the register of overcrowded premises being reduced, during the year, from 263 to 259 families.

**Underground Rooms.** There are approximately 2,000 underground rooms in the Borough used for living or sleeping purposes, of which approximately 1,500 are unfit. During the year, 15 such rooms were closed.

**Town and Country Planning(Housing Accommodation)Direction 1952.** Under this Order the Department is consulted by the Borough Architect and Planning Officer before applications are determined for planning permission for development involving change of user of premises from use as a dwelling. Investigations of 11 such applications were carried out during the year.

**Applications for Rehousing.** At the end of the year, there were 7700 applications for rehousing on the Housing Officer's register. These included tenants of 820 Council dwellings who desired transfer to larger or smaller accommodation.

**Preferential Housing on Health Grounds.** Applications for preferential housing on health grounds investigated during the year, numbered 656. Of these 21 were granted an 'urgent' assessment and 605 were awarded balancing points under the Council's Housing Points Scheme. Thirty cases were referred to the Greater London Council.

**Houses in Multiple Occupation.** The routine procedures adopted by the former Stepney Council for dealing with houses in multiple occupation were extended to the Bethnal Green and Poplar areas, whereby Technical Assistants investigate all houses considered likely to fall within the category of houses in multiple occupation, and make appropriate surveys and submit reports with a view to implementation of the Council's powers under the provisions of Part II of the Housing Act 1961 and Regulations made thereunder. Management Orders were made with respect to 22 premises following the service of 45 notices of intention to make such orders.

Necessary works to remedy conditions caused by neglect of management were completed in 76 houses, 70 summonses being issued for contraventions of the Regulations.



Notices numbering 16 were served under the provisions of Section 90 of the Housing Act 1957 for permitting overcrowding in houses in multiple occupation. Many visits in the late evening and early hours of the morning are necessary to check that these notices are being complied with. 28 summonses were issued for contravention of Notices, resulting in fines of £195 being imposed with costs of £51.12.0.

Summonses were issued in three instances for contraventions of Directions to prevent or reduce overcrowding made under Section 19 of the Housing Act 1961.

**Standard Grants and Improvements.** In conjunction with officers of the Borough Engineer and Surveyor's Department, the Housing Inspector inspected 27 premises regarding which applications had been made to the Council for standard or improvement grants.

**New Housing.** During the year 970 new permanent dwellings were completed in the Borough: 225 by the Borough Councils and 745 by the County and Greater London Councils (See appendix on page 103).

At the end of the year units of accommodation owned by the Borough Council numbered 12555 comprising 10306 erected by the Council and 2249 formerly requisitioned and other premises purchased.

#### **Personal Cleansing Stations.**

A cleansing service for verminous persons and persons suffering from scabies operates at Branch Road and Digby Street Cleansing Stations, in addition to the service provided for schoolchildren at the School Treatment Centres. The several large common lodging houses in the area provide a continuous flow of men to the Branch Road Station for delousing. (Statistics on page 104).

#### **Disinfection and Disinfestation**

These services are provided on site at Branch Road and Digby Street Disinfecting Stations where teams of operators are also based to deal with infection and infestation at premises.

Premises and fomites are disinfected after the occurrence of certain infectious diseases, generally by means of steam under pressure or formaldehyde. Articles of clothing, etc. for export are also dealt with where the country to which the goods are being exported requires an official certificate.

A service is provided for the disinfestation of premises infested by insects, etc. including ants, bed bugs, cockroaches, fleas, carpet beetles, woodlice, clovermites, firebrats, larder beetles and silverfish.



The Council carries out on behalf of the East London and Thames Group Hospital Management Committees any necessary work of disinfection at hospitals and other premises in the Borough coming under their direction. (Statistics on page 104).

#### **Factories.**

Provision is made in Section 153 of the Factories Act 1961 for the Medical Officer of Health to include in his Annual report prescribed particulars with respect to matters under the Act administered by the Council. These details are given on page 108.

#### **Hairdressers and Barbers.**

Prior to 1st April, barbers and hairdressers in the area could not conduct such businesses unless they and their premises were registered with the Borough Councils, which also had powers to make byelaws for the conduct of the businesses. The byelaw powers are contained in the Public Health Act 1961, and byelaws were made by the Council on 24th November, 1965, but there is now no provision for compulsory registration. Moves are afoot to attempt to re-enact compulsory registration.

**Legal Proceedings.** A summary of legal proceedings instituted during the year under various Acts and Regulations following ascertainment of contraventions by the Public Health Inspectors and Technical Assistants will be found on page 105.

#### **Licensing Act, 1961.**

Applications for registration of clubs under the Licensing Act 1961 are dealt with by a magistrate's court, copies of the applications being sent to the Council for any observations it may wish to make. Public Health Inspectors visit the premises to report on their suitability as regards the requirements of Public Health and Food and Drugs legislation. Premises inspected and reported on during the year numbered 20.

#### **Lodging Houses - Common.**

There are four licensed common lodging houses in the Borough, providing accommodation for 970 persons as follows:-

Salvation Army Hostel, Garford Street.	244 Men
Salvation Army Women's Hostel, Hopetown Street.	228 Women
Salvation Army Hostel, 177, Whitechapel Road.	323 Men
Church Army Hostel, 10/22, Johnson Street.	175 Men



The premises are inspected regularly to ensure that the byelaws relating thereto are complied with. A visit at night was paid to each of the premises during the year.

#### Lodging Houses - Seamen

Four such premises in the Borough provide accommodation for 593 seamen as follows:-

Empire Memorial Hostel, 747, Commercial Road.	...	145 seamen
Queen Victoria Seamen's Home, 121/131, East India Dock Road.	...	187 seamen
Sailors' Home, Dock Street.	...	243 seamen
137, Lemn Street.	...	18 seamen

The lodging house at 137, Lemn Street was first licensed in May of this year.

Regular inspections are carried out at these premises. A visit at night was also paid to each of these lodging houses.

#### Mortuary Service

The Council's Mortuary is situated in Cottage Street, Poplar High Street, and adjoins the coroner's court. The mortuary premises which were constructed in 1939 provide refrigerated accommodation for 15 bodies and serve the Poplar and Stepney areas. Prior to the formation of the Borough, Bethnal Green Council had an arrangement with Hackney Council for the use of the latter's mortuary, which is being continued by Tower Hamlets Council for the Bethnal Green area. (Statistics on page 105).

#### Offensive Businesses

There are 21 offensive businesses in the Borough. The register comprises the following premises:-

##### Dresser of Furskin (3)

34/38, Brodlove Lane.  
132, Carpenters Road.  
74, Florida Street.

##### Poultry Slaughterhouses (18)

19, Bell Lane.*	7, Leyden Street.*
105, Bethnal Green Road.	10b, Leyden Street.*
28, Burslem Street.	13, Leyden Street.
161, Cannon Street Road.	15, Leyden Street.
163, Cannon Street Road.*	7, Lower Hessel Street.*
16/18, Cobb Street.	21/22, Lower Hessel Street.*



14, Hessel Street.\*  
36, Hessel Street.  
75, Hessel Street.

4, Monthope Street.\*  
6, Monthope Street.\*  
10a, Monthope Street.

(\* Establishment Orders on these premises are subject to renewal, from time to time.)

#### Offices, Shops and Railway Premises Act, 1963.

**Registration.** An examination of the combined registration and inspection records of the three former metropolitan boroughs revealed that many employers had failed to register their premises in accordance with Section 49 of the Act. The survey of premises to determine those requiring registration, already begun in Stepney, was extended to cover the remainder of the Borough, and was almost completed by the end of the year. Largely as a result of the survey 849 additional registrations were received, the total number of premises registered at 31st December, 1965 being 2,915. Many employers have not yet made the requisite return, and when the survey is completed all unregistered premises will be visited with a view to legal proceedings being taken to enforce registration.

**Exemptions.** One exemption under Section 9 (Sanitary conveniences and Section 10 (washing facilities) was granted during the year.

**Accidents.** Accidents reported during period April - December numbered 17. Enquiries made during the course of inspections led the inspectors to believe that many accidents are not being reported. Employers have been advised with regard to the provisions of Section 48 of the Act and the Prescribed Dangerous Machines Order 1964.

**Lighting.** In accordance with Supplement No. 1 to L.A. Circular No. 9, a detailed report (summarised below) was made to the Ministry of Labour on lighting conditions found during inspections of premises carried out in the last quarter of the year.

**Offices.** Modern office blocks, banks and large well established businesses have, as a rule, satisfactory lighting, both natural and artificial.

The offices of smaller businesses, however, are often unsatisfactorily lighted. When these businesses were established the first essential was sales promotion, the available space being planned for ease and speed of storing, packing and despatching of goods. Offices were cramped into as little space as was available, and placed in as convenient a position as was necessary to facilitate the efficient and prompt entry and exit of merchandise.

Artificial lighting is usually provided by means of a single central pendant, often without a diffusing bowl, directed into the central working area. Little is done by the management to minimise glare, though staff sometimes shade the light bulb with paper or cardboard.



There is a third group of offices, small in number, and mostly situated in old buildings, where genuine attempts are made to provide sufficient light for staffs, but in these guidance is often needed with regard to siting and the avoidance of glare.

**Shops.** The former practice of brilliantly lighting some goods or some part of shop premises (i.e. a shop window or counter display) and having the remainder of the space in comparative gloom, is falling into disuse, the present trend being for the entire shopping area to become an enlarged and brightly lit display area. Light readings recorded in some of the selling areas of shops are much higher than the recommended standard in the Illuminating Engineering Society's Code, and indicate how this new procedure, designed to give goods exposed for sale a strong visual impact, has benefitted the persons employed.

**Examples of Unsatisfactory Lighting.** Typical adverse conditions found have been referred to above. However, the following example of unsatisfactory lighting which is associated with a particular type of premises may be of interest.

Restaurant owners aim at producing an intimate atmosphere by employing a subdued form of lighting. In such cases it is difficult to assess a suitable standard to satisfy the separate requirements of the staff and of the public. The proposed Lighting Regulations should prove helpful in this respect.

**Lighting Standards.** Every effort has been made during the year to enforce the recommended standards contained in the Code of the Illuminating Engineering Society. Though reasonable co-operation has been received from employers, the making of Regulations under Section 8(2) will be welcomed.

In the meantime, it has been considered expedient to limit requirements to those premises where illumination levels are very low. In the circumstances where premises are not appreciably below I.E.S. standards, action has been necessarily limited to suggested improvements and not enforcement.

**Excessive Glare.** The distinction already made in this report between new premises and old, also obtains when the question of excessive glare is considered.

Artificial lighting systems in the older offices and shops have "grown up" rather than been planned, and consequently little attention has been given to the problem of glare.



The commonest instance of glare observed is where undiffused batten fittings have been provided to give light to a particular part of a room, without proper orientation in relation to other users of the room. Another common example of glare exists where there is an extreme contrast between the illumination level of a staircase and the room to which it gives access, giving an impression of poor lighting on the staircase, although the level of illumination may be relatively high. Such conditions as these cause accidents.

While a rigid standard as to what constitutes excessive glare has not been adopted, suitable suggestions and advice have been given to employers or their representatives, especially with regard to steps necessary to decrease sharp contrasts of light in working and other areas, as well as to matters of orientation and diffusion. Statistics are shown on page 106 .

#### **Outworkers.**

Employers of outworkers in the Borough in certain specified occupations are required by the provisions of Section 133 of the Factories Act 1961 to supply the Council, in February and August each year, with a list of the names and addresses of all persons employed by them as outworkers during the preceding six months. Where the outworker resides in another area, the Council is required to forward details to the local authority for that area. It is an offence to fail to submit lists of outworkers or to give outwork to be done in a place which is considered to be injurious to the health of the persons employed therein.

Statistics will be found on page 107 .

#### **Pet Animals Act, 1951.**

There are 73 licensed pet shops in the Borough including stalls in markets. No contraventions were discovered of the conditions subject to which annual licences are granted by the Council.

#### **Pharmacy and Poisons Act, 1933.**

The sale of certain poisons (chiefly those used for sanitary, domestic and horticultural purposes) by persons other than pharmacists is subject to the provisions of this Act and the Rules made thereunder. A person selling such poisons must have his name entered on a List kept by the Council, and must make application annually for re-entry and pay a prescribed fee. Compliance must be made with the requirements relating to storage, transport, labelling and containers. There are 131 names on the List.



## **Rag, Flock and Other Filling Materials Act, 1951.**

This Act, designed to secure the use of clean filling materials in articles which are upholstered, stuffed or lined, requires the licensing or registration, as the case may be, of premises where rag flock is manufactured or stored or filling materials are used. Regulations made under the Act prescribe standards of cleanliness for filling materials.

Premises registered for the use of filling materials number 66, there being no licensed premises. Three samples of filling materials were obtained from registered premises during the year and all were reported as satisfactory.

## **Refuse Disposal.**

The Cleansing Officer of the Council has kindly supplied some statistics relating to refuse disposal for the year, given on page 107. Domestic refuse collection can have its bizarre side. Found by the refuse collector in the communal refuse bin of a block of flats were 195 Chinese Weasel Skins. As the owner could not be traced the skins were sold and the finder suitably rewarded.

## **Rent Act, 1957.**

Twelve applications under the Rent Act 1957 were received from tenants for Certificates of Disrepair, 3 certificates being issued.

## **Rodent Control.**

In accordance with the requirements of the Ministry of Agriculture, Fisheries and Food, statistics on rodent control work for surface infestations carried out by the Department during the year were submitted to the Ministry. In this period, of 2772 dwellings and other premises requiring inspection some 2,401 were found to be infested with mice or rats. Treatments were carried out by the Department's rodent control staff in 2,880 properties, the charges for servicing business premises amounting to £4,672. Business premises under regular servicing contract with the Council numbered 1,481 at the end of the year.

A copy of the Return furnished to the Ministry is shown on pages 110, 111.

## **Swimming Baths.**

The water in the seven public swimming baths in the Borough and in the Bath at the Council's Hornchurch Children's Home is sampled at monthly intervals by the Scientific Department of the Greater London Council on this Council's behalf. A total of 60 samples was taken during the year.

One sample was found to be in an unsatisfactory bacteriological condition. This was due to the chlorine plant being out of action owing to a leak.



## Water Supply

The domestic water supply in the Borough is taken from the Metropolitan Water Board. The supply to the area is a mixture of filtered water derived from the River Thames and River Lee in varying proportions and is not plumbosolvent. Samples of the water are subjected to regular routine chemical and bacteriological examination at the Board's laboratories and the results are available to the local authority.

The water supply to the Borough has been satisfactory both in quality and quantity during 1965.

Immediate action is taken in respect of any form of contamination revealed by inspection or analysis. All new and repaired mains are disinfected with chlorine and the water in them is subsequently checked as to its quality, before the structures are restored to service.

There are 19 deep wells in the Borough used for industrial purposes. Bacteriological and chemical analyses of water from these wells are made periodically and results reported to this Department. All were reported as satisfactory.

The number of instances where water supply to premises was reinstated or repaired following action taken by the department was 77 and the Board was notified on 44 occasions where wastage of water was taking place. Notifications were received from the Board on 20 occasions of intention to withdraw supply from premises because of non-payment of rates.

The Council resolved in favour of fluoridation of the water supply. However, in this respect the Councils in the Greater London area do not have overall control of the water supplies to their boroughs which are provided by the Metropolitan Water Board, and other boards.

More than a year has passed since local authorities were given powers to proceed with fluoridation, and it is to be hoped that another year will not be allowed to lapse before our children's teeth are given protection and the nation's dental service costs thereby reduced. Unfortunately, a vocal minority group creates dissention amongst lay members of Councils whenever this issue is debated. It would appear that short of further enabling legislation the "impasse" will continue.

### **The Chief Public Health Inspector, Mr. H. Luke, reports:**

Although the duties of Public Health Inspectors may be divided into a number of categories, two main groups emerge - subjects requiring immediate attention and those of a routine character which may be dealt with as time allows.



It is understandable in a riparian district like Tower Hamlets, active in industry and commerce and with extensive housing programmes, that much time is spent on matters of urgency such as investigation of complaints, housing surveys and inspection of works with the consequence that the time available for work of a routine nature is limited. Nevertheless, while it is acknowledged that much remains to be done, statistics in this respect show considerable achievements particularly in relation to inspection of food, food premises, offices and shops, food sampling and smoke control duties.

Probably the most tedious and frustrating task falling to the inspectors is endeavouring to secure that the many houses included in Compulsory Purchase Orders are kept in some sort of tolerably habitable condition until demolition takes place. When organising clearance and redevelopment areas it is inevitable that a period of time must elapse between making an order and decanting the occupants of houses. As this period, however, sometimes becomes protracted through somewhat obscure reasons, it is not unnatural that some families, having been stimulated by survey and public advertisement, become weary of waiting and press claims for urgent rehousing.

The numerous cleared sites awaiting development create a constant problem. Throughout the year sites have become invaded by groups of trespassing caravan dwellers resulting in public deputations to the Council and enormous numbers of complaints regarding nuisance and conduct. The repeal of Section 22 of the London County Council (General Powers) Act 1959 by the London Government Act 1963, weakened the power of the Inner London Boroughs in dealing direct with the trespasser - a matter now referred to the London Boroughs Committee. Action is taken, however, by serving Public Health Act notices on trespassers and notifying the owners of sites (the Greater London Council being in possession of the majority) with a request to evict the trespassers and protect the land with corrugated iron sheeting. It is common practice for caravan dwellers, having been evicted from one site, to move to another within the district so that the operation has to be commenced all over again.

Nuisance caused by smoke, noise and disgraceful litter frequently spreading from the site to the adjoining highway, created by the many car breakers occupying land in the Borough, is another source of public grievance. Inquiries reveal that the occupiers of these sites obtain Town Planning consent to use the land for car or lorry parking only. It would, therefore, seem appropriate that rigid enforcement action should be pursued under Town Planning legislation in addition to the action taken by the Health Department.



In an area where standards of hygiene in the home have improved so enormously in the past generation, it is disappointing to find that certain sections of the public regard a cleared site as a sort of "no-man's-land" for dumping every form of rubbish including discarded furniture and bedding, particularly when this may be collected as house refuse. A concentrated effort to secure the speedy development of sites is the obvious solution to the problem but in the meantime it is essential that the land should be adequately protected by high closed fencing.

Complaints of noise continue to be received fairly frequently; most relate to industrial activities and noise created by road transport vehicles at unreasonable hours. Public Health Inspectors are often required to be on duty outside normal hours for the purpose of investigating these complaints. It has been found that complaints do not always refer to sounds which are particularly loud and some are little more than vibration but there is no reason why these should not be regarded as a nuisance particularly if the noise is continuous and irritating. It must be remembered, however, that where noise arises from business premises a defence is provided that the best practicable means have been used to mitigate it and with some trades it is **virtually** impossible to remove noise altogether. For the purpose of reducing the problem of noise nuisance in the future it is important when considering Town Planning applications in connection with trade premises that the noise created by the business should be considered in relation to the proximity of domestic premises.

From the large number of complaints received regarding dampness due to condensation in new dwellings a more considered study of heating, ventilation and thermal insulation of modern buildings is indicated. There are, of course, contributing factors: the constantly rising cost of fuels, the use of oil heaters in unventilated rooms, and rooms left unheated for long periods of the day due to both partners being at work.

**Food supervision.** Having regard to the number and extent of street markets in the Borough which include the well-known "Petticoat Lane" and Club Row, it was considered advisable to arrange for a rota of Public Health Inspectors to be on duty during trading hours on Saturdays and Sundays.

Special attention has also been given to the many catering establishments including restaurants, canteens, public houses and hot dog stalls. Only too often most unsatisfactory conditions have been found in food premises and on stalls and although many traders are responsive to advice a number of prosecutions were necessary before improvements were achieved.



Food imported into the Country through the many wharves along the River Thames has been kept under constant observation. The inspection procedure of imported meat and meat products has become very much more elaborate since this year the Ministry of Agriculture, Fisheries and Food revised most of the Official Veterinary Certificates. Not only has the country of origin now to be checked but also the establishment from which the product is derived.

In connection with food sampling it is interesting to recall that the first reports to the Metropolitan Boroughs in the year 1900 clearly indicated that unscrupulous food traders were increasing their profits by fraudulent sales. Butter adulterated with 88 per cent foreign fat; milk deficient in cream to the extent of 43 per cent and cocoa adulterated with 58 per cent arrowroot are examples of the gross adulteration then found.

Today the pattern has changed and adulteration as a deliberate act is a rare occurrence. Irregularities in the labelling of prepacked food is the predominant fault found in samples purchased from retailers. Many labels fail to disclose the name and address of the packer or contain anomalies in the list of ingredients.

On the other hand considerable concern has been expressed regarding chemical additives in food, a subject at present being studied by the Food Additives and Contaminants Committee, and the number of complaints regarding foreign matter in food appears to increase. Although some of the foreign bodies found in food may not be regarded as a health hazard their presence indicates negligence and lack of care. Investigation of this type of complaint should be pursued with enthusiasm and the need for sound hygienic methods should be emphasised.

**Rodent Control.** Arrangements are being made to extend to the whole of the Borough of Tower Hamlets the method of sewer disinfection employed by the former Stepney and Poplar Councils. It is proposed that a continuous baiting of the sewers, using fluoracetamide, be carried out throughout the year by gangs of men consisting of one rodent operative and two sewer men from the Borough Engineer's Department acting under the supervision of the Health Department's Officers.

The Council has approved a scale of charges for disinfection of business premises whereby firms may receive for an annual fee continuous treatment, usually five or six baitings spread over the year, or alternatively meet the charges for each individual treatment.



In a circular letter dated 14th May, 1965, the Ministry of Agriculture, Fisheries and Food advised local authorities that it is not obligatory to make charges for rodent control in business premises; advice which is welcome since it clearly allows the local authority full discretion. Where notification or complaint of an infestation is received and baiting is being carried out solely for the purpose of investigation or where an infestation is clearly from a source outside the premises of the person from whom the notification was received it may be desirable to waive charges. On the other hand the scheme providing continuous service is extremely popular, particularly with wharfingers and food firms. Most firms are introduced to the scheme as the result of an infestation and prefer a continuous treatment as a precautionary measure. It does not seem unreasonable in these circumstances that a charge should be made.

Many complaints continue to be received of infestations in dwelling houses and on cleared sites and derelict buildings. The most common source of infestation by rats is still defective or unsealed drainage systems. The position not infrequently is aggravated by accumulations of refuse which provide a hiding ground, food and nesting materials.

**Public Relations and Health Education.** Several parties of students reading health subjects have been entertained in the Department, including a group who were received at the request of the Ministry of Overseas Development. The latter party stayed with the department for a week and the Ministry have made tentative enquiries regarding the reception of a similar group next year. It is hoped to expand this type of service particularly in relation to talks to organisations within the Borough.

**Staff.** Six Public Health Inspectors resigned from the Council's service during the year, two on the grounds of ill health, the remainder to take up appointments with other authorities. No applications were received when the vacancies were advertised. It is unfortunate that competition between authorities to secure staff now appears to border on poaching, the principal baits being housing accommodation and home loans. Ten Pupil Public Health Inspectors are employed in the Health Department, two of whom will be sitting for the final examination next year and it is hoped they will be successful and supplement existing staff.

To assist with duties carried out by Inspectors the fullest use is made of technical assistants, seven being employed on work in connection with clean air, houses in multiple occupation, offices and shops, and rodent control.



**Statistics.**

Tables 47 to 50 of the Appendix give additional statistical information on the environmental health services.

Ambulance Facilities.

The Greater London Council is responsible under Section 77 of the National Health Service Act 1946 for the provision of ambulance transport in the area.

Authentication of International Certificates of Vaccination and Inoculation.

Persons proceeding abroad to certain countries to produce a certificate of recent successful vaccination and/or inoculation and, in addition, the signature of the vaccinating doctor must be verified by the medical officer of health of the district. During the year, 3,368 signatures on certificates were verified as those of medical practitioners practising in the Borough and the certificates endorsed accordingly.

PART V

Blind and Partially Sighted Persons.

It is necessary, in order to provide welfare services under the National Assistance Act 1945 for the blind and partially sighted, to arrange medical examinations in connection with the certification of such persons. The Department arranged 114 examinations by a consultant ophthalmologist, at a cost of £113. Transport to the clinic for examination is arranged for those persons where necessary.

SERVICES

In addition, certificates accepted from other local authorities, hospitals and private ophthalmologists numbered 61.

Conferences.

Conferences and courses attended by members of the Council and/or officers of the Department are summarised on pages 115/117.

Deceased Persons.

Inquests. Inquests were held on 92 residents of the Borough during the year, the verdicts being: 21 deaths due to road accidents, 29 other accidents, 18 suicides, 1 acute alcoholism, 4 misadventure, 1 murder, 3 natural causes, 10 open verdicts, 1 manslaughter, 1 drug addiction, 1 asbestosis and 2 other causes.

Burials. Section 50 of the National Assistance Act 1945 places a duty on the Council to arrange for the burial of any person found dead within the Borough where no private arrangements have been made. Burials numbering 31 took place during the year - 24 adults, 4 children and 3 stillbirths, - at a cost of £382 which was recovered at the end of the year either from the estates of the deceased persons or from liable relatives, or by way of grants made under the National Insurance Act 1946. 20 requests for burial came from H.M. Coroner's Office, 9 from relatives of the deceased, and 2 from other persons.





## MISCELLANEOUS SERVICES

### **Ambulance Facilities.**

The Greater London Council is responsible under Section 27 of the National Health Service Act 1946 for the provision of Ambulance transport in the area.

### **Authentication of International Certificates of Vaccination and Inoculation.**

Persons proceeding abroad are required in certain countries to produce a certificate of recent successful vaccination and/or inoculation and, in addition, the signature of the vaccinating doctor must be verified by the medical officer of health of the district. During the year, 2,568 signatures on certificates were verified as those of medical practitioners practising in the Borough and the certificates endorsed accordingly.

### **Blind and Partially Sighted Persons.**

It is necessary, for the purpose of the Council's scheme for providing welfare services under the National Assistance Act 1948 for the blind and partially sighted, to arrange medical examinations in connection with the certification of such persons. The Department arranged 114 examinations by a consultant ophthalmologist, during the year, at a cost of £413. Transport to the clinic for examination is arranged for those persons where necessary.

In addition, certificates accepted from other local authorities, hospitals and private ophthalmologists numbered 61.

### **Conferences.**

Conferences and courses attended by members of the Council and/or officers of the Department are summarised on pages 115/117.

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**Inquests.** Inquests were held on 92 residents of the Borough during the year, the verdicts being: 21 deaths due to road accidents, 29 other accidents, 18 suicides, 1 acute alcoholism, 4 misadventure, 1 murder, 3 natural causes, 10 open verdicts, 1 manslaughter, 1 drug addiction, 1 asbestosis and 2 other causes.

**Burials.** Section 50 of the National Assistance Act 1947 places a duty on the Council to arrange for the burial of any person found dead within the Borough where no private arrangements have been made. Burials numbering 31 took place during the year - 24 adults, 4 children and 3 stillbirths, - at a cost of £342 which was recovered at the end of the year either from the estates of the deceased persons or from liable relatives, or by way of grants made under the National Insurance Act 1946. 20 requests for burial came from H.M. Coroner's Officer, 9 from relatives of the deceased, and 2 from other persons.



**Transport of bodies abroad.** From time to time certificates are issued regarding bodies being transported abroad, to the effect that the deceased had not died from an infectious disease and that the coffin was hermetically sealed. Two such certificates were issued this year, relating to bodies flown to Israel and Malta for burial.

#### **Development of Health Welfare Services (10-Year Plan).**

Following receipt of Ministry of Health Circular No. 14/65, a planned programme of capital works for the Health Services covering the period 1965 to 1971 was drawn up and approved by the Council. An outline of the programme is given below:-

#### **PROGRAMME.**

- 1965-6 A purpose-built Health Centre and School Treatment Centre in a Greater London Council Housing Scheme, at present under construction, to replace centres at 69, East India Dock Road, 17, Rhondda Grove and part of the area covered by the centre at 673, Commercial Road.  
Expected year of opening 1966-7.
- 1966-7 The temporary transfer of a Men's Industrial Training Centre for mentally subnormal patients, following termination of a short lease, to existing Council premises to be vacated by the Housing Department, pending the construction of purpose-built premises.  
Expected year of opening 1966-7.
- 1966-7 The construction of a 100-place Junior Training Centre and Special Care Unit for mentally subnormal children.  
Expected year of opening 1967-8.
- 1966-7 The construction of a Health Centre and School Treatment Centre on a Greater London Council Housing Estate, to replace the centre at Library Place and the School Treatment Centre at the Bernhard Baron Settlement.  
Expected year of opening 1967-8.
- 1967-8 The construction of an 80-place Adult Training Centre for mentally subnormal males and females to replace the Men's Industrial Training Centre referred to above and an existing training centre for females.  
Expected year of opening 1967-8.
- 1967-8 Purchase and adaptation of two existing suitable adjoining properties to form a Hostel for mentally ill adults, providing accommodation for 15 persons plus a Warden to supplement accommodation of a voluntary organisation used by the Council.  
Expected year of opening 1968-9.



- 1968-9 Construction of a Health Centre and School Treatment Centre in the Wapping area to replace existing Health Centre at 5, Pier Head.  
Expected year of opening 1969-70.
- 1970-1 Construction of a 60-place Training Day Nursery to replace existing nursery at University House.  
Expected year of opening 1971-2.
- 1970-1 Construction of Health Centre and School Treatment Centre to replace existing centre at 673, Commercial Road.  
Expected year of opening 1971-2.

#### Hospital Facilities.

The undermentioned hospitals are situated within the Borough :

	No. of Beds.
Bethnal Green Hospital, Bethnal Green Road, E. 2.	302
East End Maternity Hospital, 384, Commercial Road, E. 1.	58
The London Hospital, Whitechapel Road, E. 1.	685
London Chest Hospital, Victoria Park, E. 2.	142
London Jewish Hospital, Stepney Green, E. 1.	128
Mildmay Mission Hospital, Austen Street, E. 2.	70
Mile End Hospital, 275, Bancroft Road, E. 1.	476
Poplar Hospital, East India Dock Road, E. 14.	120
Queen Elizabeth Hospital for Children, Hackney Road, E. 2.	152
St. Andrew's Hospital, Devons Road, E. 3.	433
St. Clement's Hospital, 2a, Bow Road, E. 3.	123

#### Laboratory Facilities

Bacteriological investigations for infectious diseases are carried out on behalf of the Health Department by the Regional Hospital Board's Group Laboratory at Mile End Hospital and for food samples by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at County Hall, S. E. 1.

Investigations are carried out on specimens submitted by the Medical Officer of Health and by general practitioners in the Borough.

#### Legislation

The following Acts, Byelaws, Orders and Regulations affecting the Department were made during the year:

	Date Operative
Public Health (Notification of Births) Act 1965 . . . . .	5.9.65
Dried Milk Regulations 1965 . . . . .	10.3.65
Cheese Regulations 1965 . . . . .	1.2.67



	Date
Housing (Prescribed Forms (Amendment) Regulations 1965. . . . .	18. 2. 65.
London Authorities (Miscellaneous Health Provisions) Order 1965 . . . . .	1. 4. 65.
Meat Inspection (Amendment) Regulations 1965 . . . . .	1. 10. 65.
Milk (Special Designation) (Amendment) Regulations 1965. . . . .	1. 10. 65.
Offices, Shops and Railway Premises Act (Exemption No. 3) Order 1965 . . . . .	1. 1. 66.
Offices, Shops and Railway Premises Act 1963 (Conduct of Inquiries) Regulations 1965 . . . . .	2. 8. 65.
Poisons List Order 1965 . . . . .	14. 6. 65.
Poisons Rules 1965. . . . .	1. 10. 65.
Public Health Act 1961 (Commencement) Order 1965 . . . . .	6. 7. 65.
Rag Flock and Other Filling Materials Regulations 1965. . . . .	2. 8. 65.
School Health Service Amending Regulations 1965 . . . . .	1. 4. 65.
Smoke Control Areas (Authorised Fuels) Regulations 1965 . . . . .	1. 9. 65.
Smoke Control Areas (Authorised Fuels) No. 2 Regulations 1965 . . . . .	13. 12. 65.
Tower Hamlets Council Byelaws for Business of Hairdresser and Barber 1965 . . . . .	1. 7. 66.

A summary of Circulars issued by Ministries during the year is as follows:-

**Ministry of Agriculture, Fisheries and Food.**

Relating to Official Certificates accompanying foodstuffs imported from other countries (70 circulars); Cleansing of Milk Tankers.

**Ministry of Housing and Local Government**

Relating to London Government Act 1963; Clean Air Act - Grant arrangements - Tall buildings and industrial emissions; Provision of Handwashing facilities in Public Conveniences, Slum Clearance.

**Ministry of Health.**

Relating to Annual Reports of Medical Officers of Health; Training of Health Visitors and Health Visitor Tutors; Control of Communicable Diseases in Man; Day Care of Children; Development of Local Authorities Health and Welfare Service; Use of ancillary help in Local Authority Nursing; Fluoridation of Water supplies; Refresher and Supplementary Courses for Nursery and allied staff; Deferment of expenditure on capital programmes etc.; Care of the Elderly in Hospitals and Residential Homes; Vaccination against Anthrax; Home Help Service; Mental Health.

**Establishments for Massage and special treatment.**

The Council is now the licensing authority for establishments for massage and special treatment, under Part IV of the London County Council (General Powers) Act 1920. Byelaws made by the London County Council in 1921 with respect to these establishments continue in force.

Establishments licenced during the year numbered 7.



## Medical Examination of Staff.

The Department's Medical Officers undertake for the Council the medical examination of new entrants to the Council's service, of staff and employees absent due to sickness exceeding one month, of employees considered for participation in the Sick Pay Scheme and for extension of service beyond the age of 65 years, as well as assessments for gratuities and other reasons as required.

Examinations carried out during the year numbered 670. (Details will be found on page 117.)

## Staff Changes.

The frequent changes in staff was not conducive to the administration of an efficient service during the first nine months of the Department's existence. The following list will give some indication of the difficulties experienced in this respect.

	Resignations.	Appointments.
Administrative Staff.	3	6
Clerical Staff.	18	12
Clinic Auxiliaries.	-	2
Creche Assistants.	2	2
Clinic Nurses.	3	3
Day Nursery Assistants.	7	3
Day Nursery Staff Nurses.	6	1
Day Nursery Students.	3	3
Day Nursery Wardens.	1	-
Dental Officers (Sessional).	2	1
Dental Surgery Assistants.	1	1
Health Visitors.	10	13
Health Visitor Students.	1	3
Instructor (Craft).	1	1
Occupational Therapists.	-	2
Public Health Inspectors.	6	2
Pupil Public Health Inspectors.	2	3
School Nurses.	2	2
School Nursing Sisters.	1	-
Social Workers (Health Services).	3	2
Social Workers (Mental Health).	2	3
Assistant Supervisor, Training Centres.	2	1
Telephone Operator.	1	1
	-----	-----
TOTAL	77	67
	=====	=====



## Social Problems

Parts of the Borough have had adverse publicity in recent years by reason of the 'meth drinkers' and other social misfits. For many centuries, the East End has offered a haven to successive waves of immigrants since the days of the Huguenots in the 17th century, through to the Irish famine of the 18th-19th centuries, and so to the Jewish people arriving in the late 19th century onwards. In the last decade, immigrants have included a large number of Asiatics, usually unaccompanied males later to be joined by their families and dependants. Coming as they do from a different cultural background, the problem of their integration is very complex as is discussed elsewhere in the report. However, the really undesirable 'immigrants' to the area (who are the public nuisances) come largely from different parts of our own country. The combination of a "twilight area" environment, a large number of common and other lodging houses, and the relative ease of obtaining casual work in the wholesale markets attracts such persons to the Borough. An almost intractable problem out of all proportion to their numbers, which probably are not more than a few hundred, has now developed. They form a floating population which drifts between prison, mental hospital, lodging house and derelict sites, according to their economic state and physical or mental condition.

Organisations and agencies endeavouring to help these people include the local churches, the Salvation Army, the Church Army as well as statutory after-care services. A particularly interesting project commenced this year in the crypt of a church in the Spitalfields Ward where groups of social misfits abound. Men with multiple social problems, including alcoholism, are taken into the community at the Crypt. Facilities for cleansing, delousing, reclothing and rehabilitation are provided. Help is offered by both medical staff and trained social welfare workers. The numbers taken into residence are strictly limited to maintain close supervision within the premises while not enforcing an excessive authoritarian approach. Another, nonconformist church group holds an evening 'soup kitchen' type of club. Attenders are given assistance to find night shelter and such other social help as is acceptable. A hostel for rehabilitation of those desirous of receiving aid toward restoring them to normal society is run in conjunction with the club. Groups of men live under supervision in a converted house in the locality whence they can take up work in the neighbourhood. Both these schemes report some successes but the task is arduous and full of frustrations in many instances.

A more debatable approach has been attempted by a non-denominational organisation whereby volunteer workers live with the misfit and outcast at his own level. By precept, example and sharing, the intention is gradually to raise the standards of the clients to a more satisfactory level of life. For this purpose, a house in an infamous area was used as a haven. However, the degree of overcrowding and the associated deplorable standards of hygiene of the occupants necessitated the Health Department bringing pressure to bear to abate the nuisances. It is commendable that the lost sheep should be brought back to the fold but surely not at the expense of the health of the remaining ninety-nine.



One comes with some reluctance to the view after studying these local problems, and the attempts to alleviate them, that the hard core of these social deviants will need the ultimate sanction of compulsory powers to remove them from the community. The powers under the Mental Health Act 1959 are not definable to include alcoholics, per se, and so often interpretation will depend on the individual prejudices of the examining doctors. The Inebriates Act 1898, which is still in force, contemplates the use of such powers associated with the provision of retreats in which such persons can be placed.

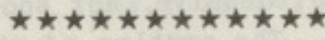
Unfortunately, in this modern welfare state, attempts at rehabilitation of the practically irredeemable are pursued, to a greater or lesser degree, by altruistic bodies. Consequently, society never faces up to the inadequacy of present legislation to remove from the community its social misfits. This leads to further degradation in areas already overloaded with social problems. Whilst this borough continues to have districts requiring, in the modern idiom, urban renewal, it will be plagued with itinerant misfits. Rapid development of derelict sites and the comprehensive, not sporadic, development of districts will solve the local problem. The problem of these individuals themselves in society will however remain. One is sorely tempted to put on parochial blinkers in this regard having seen the nuisance and distress caused to the citizens of the Borough by these unwelcome visitors.

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One comes with some reluctance to the view after studying these local  
 conditions and the attitude of the community towards them that the bulk of these social  
 problems will be solved in the hands of the community itself. It is not  
 the Government which has to take the lead in these matters but the community  
 itself. The Government should rather be in a position to help the community  
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 encouraged to take the lead in these matters and the Government should  
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A more detailed study of the conditions in these localities would show  
 that the Government should be in a position to help the community in its  
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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
ON THE SCHOOL HEALTH SERVICE

Under the provisions of Section 20 of the London Government Act, 1953 the Inner London Education Authority became the local education authority for the Inner London area, and as such was responsible for the provision of the School Health Service. The joint use of staff and premises by the Inner London Education Authority and the London Borough Councils is provided for by Section 23 of the Act and in order to achieve maximum co-ordination, as well as in the interests of efficiency and economy, for the joint use of premises and relevant staff were made. My report in the capacity of Principal School Medical Officer on the School Health Service for the year submitted to the Inner London Education Authority follows:-

PART VI

SCHOOL HEALTH

SERVICE

The school health service was maintained at a consistently high level throughout the year. By retaining the use of the old divisional health office for the personal and school health services for a period of three months after the change-over on April 1st, certain administrative difficulties were avoided. A new health officer was appointed to take charge of the day-to-day administration of the section. Local recruitment of nursing and other staff continued at a satisfactory level. There is an all-round shortage of medical officers recruits to the public health services in London, the existing panel of approved seasonal doctors proved more than adequate to meet the need.

As will be seen from the statistical table a total of 34,644 pupils in attendance at schools within the borough were given a routine inspection during the year - the highest percentage for the Inner London boroughs. In addition, nearly 10,000 non-routine inspections were carried out. Of the routine inspections, 24.5% were referred for treatment of defects, 6.8% being for defects other than vision. This is a measure of the need in an area such as this to continue the inspection of school children.

A disturbing feature of the data for the borough was the high incidence of children found to be verminous. With the continued improvement of local environmental conditions it might have been hoped that a continuing decline in these figures would result. The modern fashion of both male and female children and youths to wear long hair, and the similar custom often on religious grounds, amongst immigrant children is a partial explanation of the increase. Significantly, the upsurge in the rate of infestation began a few years ago at the time when "Lorexane" shampoo had proved its worth in treatment. It is to be noted that these synthetic shampoos do not maintain good hygienic standards and are used in inadequate homes without the real assurance that such prophylactic measures are also adopted. If so, a reversion to the 'wet hair' idea will prove more efficacious in this as in other public health fields of therapy. Additional steps have now been taken to ensure the adequate cleansing of infested children, if necessary by means of the borough cleansing stations. The school treatment was always efficient, centres were reviewed during the year. Their present-day role alongside the other available provisions of the National Health Service remains equivocal.





**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
ON THE SCHOOL HEALTH SERVICE**

Under the provisions of Section 30 of the London Government Act, 1963 the Inner London Education Authority became the local education authority for the inner London area, and as such was responsible for the provision of the School Health Service. The joint use of staff and premises by the Inner London Education Authority and the London Borough Councils is provided for by Section 32 of the Act and in order to achieve maximum co-ordination, as well as in the interests of efficiency and economy, arrangements for the joint use of premises and relevant staff were made. My report in the capacity of Principal School Medical Officer on the School Health Service for the year submitted to the Inner London Education Authority follows:-

The school health service was maintained at a consistently high level throughout the year. By retaining the use of the old divisional health office for the personal and school health services for a period of three months after the change-over on April 1st, certain administrative difficulties were minimised. A senior medical officer was appointed to take charge of the day-to-day administration of the section. Local recruitment of nursing, and other staff, continued at a satisfactory level. There is an all round shortage of full time medical officer recruits to the public health services, but despite this, the existing panel of approved sessional doctors proved more than adequate to meet the need.

As will be seen from the statistical data, of a total of 34,044 pupils in attendance at schools within the borough, some 42.6% were given a routine inspection during the year - the highest percentage for the inner London boroughs. In addition, nearly 10,000 non-routine inspections were carried out. Of the routine inspections, 15.7% were referred for treatment of defects; 8.6% being for defects other than vision. This is a measure of the need in an area such as Tower Hamlets for the continued inspection of school children.

A disturbing feature of the data for the borough was the high incidence of children found to be verminous. With the continued improvement of local environmental conditions it might have been hoped that a continuing decline in these figures would result. The modern fashion of both male and female children and youths to have long hair, and the similar custom, often on religious grounds, practiced by immigrant children is a part-explanation of the increase. Significantly, the upsurge in the rate of infestation began a few years ago at the time when "Lorexane" shampoo had proved its worth in treatment. Could it be that these curative aids to maintain good hygiene standards are issued for use in inadequate homes without the real assurance that basic preventive measures are also adopted? If so, a reversion to the 'sanitary idea' will prove more efficacious in this, as in many other modern fields of therapy. Additional steps have now been taken to ensure the adequate cleansing of infested children, if necessary by action at the borough cleansing stations. The school treatment, and minor ailment, centres were reviewed during the year. Their present-day role alongside the other available provisions of the National Health Service remains equivocal.



It has been found advisable to maintain centres in which routine minor ailment treatment can be given, along with provision for selective and other examination of children as required. By rational use of the centres, it was possible to recommend a reduction of some sessions.

In the last few years, local authorities have been urged to review their medical arrangements for long term immigrants. By arrangement, information of a forwarding address given by immigrants on arrival at ports of entry, is passed to the appropriate health departments. Home visits are made to encourage immigrants to register with family doctors who may then arrange health checks as required. Within Tower Hamlets, whilst large numbers of Asiatic and other immigrants pass through in transit, many have settled. Certain of these groups are known to have a high incidence of tuberculosis as is shown on analysis of notification rates by wards. Within these wards some schools have immigrant children populations of 30 - 50% of the total roll. The results of a pilot scheme of Heaf testing carried out at one such school were as follows.

	Juniors Tested	Heaf Positive	Infants Tested	Heaf Positive
1. U.K. born	105	3	75	-
2. One parent immigrant child born U.K.	23	-	16	-
3. Both parents immigrant, child born U.K.	22	1	21	3
4. Child born abroad - parents subsequently emigrated to U.K.	11	5	17	2
5. Other children already had B. C. G. (15 U.K. origin, 14 possibly with immigrant parents).	29		12 (4 U.K. origin 8 possibly with immigrant parents)	
Absentees -	10		1	
Total participating in testing.	200		142	
Total on Roll	268		152	



As will be noted, the ratio of positive reactors amongst children of immigrant parents born either abroad or in this country, far exceeds that for U.K. born children of the indigenous population. There are certain inherent difficulties of interpretation of Heaf tests but this small pilot study indicates the need for further similar investigations to ensure that foci of T.B. are discovered and eradicated.

In the school ophthalmic service delays were encountered resulting in long waiting lists. The number of children seen per session shows a large variation as between different clinics and ophthalmologists. Additional sessions have been arranged with local hospitals to reduce the delays.

#### **Health Education for Schools.**

The appointment of a professional health education officer will advance the ordered planning of the syllabus and the application of evaluated techniques. Links with the local schools have been strengthened through the Divisional Officer (Education) and head teachers. Certain schools have welcomed the help of the department in planning courses covering a range of biological studies, including hygiene in its widest context. There has been an increase in seminars and talks given by members of staff at schools. Sex hygiene instruction is now offered to the lower age groups in secondary schools. Topics receiving close attention are the Venereal Diseases, and the relationship of smoking to the incidence of lung cancer. Effective health education is difficult enough with the indigenous population, but the task is formidable when dealing with Asiatic illiterate persons who are culturally alienated. Here, a combination of pictorial demonstrations and personal contact using an interpreter appears the ideal method to get across a message. Fortunately the younger immigrant generation at school acquires both literacy and cultural standards more rapidly and easily.

#### **School Dental Service.**

The service operated efficiently over the year. A Chief Dental Officer and Principal School Dental Officer was appointed toward the end of the year and is planning an active programme of dental health education for 1966.

#### **Deaf and Partially-hearing Children.**

Children suspected of hearing loss are tested by Health Visitors at health centres. Where such loss is confirmed or there is any doubt, the child is referred to a Audiology Clinic and seen by a specialist and a teacher of the deaf. Action taken includes referral to hospital for treatment or for the issue of a hearing aid; to school for the deaf & partially hearing, or to a health centre for further observation where loss is slight. There are no special schools for this defect in the Borough, children having to go to school either in Hackney or Islington.



## **Physiotherapy**

A physiotherapy clinic service providing ultra-violet light, remedial exercises, massage and infra-red treatment operates for children who have posture and breathing defects, flat feet, knock knees, bow legs and valgus ankles, etc.

## **Juvenile Employment**

It is a requirement of the Children and Young Persons Act 1933/ Education Act 1944 where children wish to take up part-time employment such as delivering newspapers, etc. that they be medically examined to ensure they are fit for the proposed employment. Children numbering 341 were examined for this purpose during the year.

## **Speech Therapy**

Six Speech Therapists are employed in clinics and schools for the treatment and education of speech defects in children, 41 children being treated during the year, with 78 under observation.

## **Educationally Subnormal Children**

The Education Act 1944 (a) makes provision for the statutory examination of children who may require special educational treatment and (b) as amended by the Mental Health Act 1959 for the examination of children who are deemed to be unsuitable for education at school, and for review examinations of such children.

Children examined for these purposes during the year numbered 182.

There are two schools in the Borough for the education of these children.

## **Pupils on School Rolls**

Pupils on school rolls at schools in the Borough numbered 34,332 at the end of the year. (Details on page 121).

## **Statistics**

Statistics relating to the School Health Service will be found on pages 118 to 128.

Thanks must be expressed to the Medical Adviser and his central Staff; also to the local divisional officers of the Inner London Education Authority. The co-operation and goodwill achieved ensures hopeful planning for the future wellbeing of the service.

TABLE 1

TOTAL DEATHS BY CAUSE AND AGE OF TOWER HAMLETS RESIDENTS - 1965  
(Registrar-General's Return)

CAUSE OF DEATH	ALL AGES		AGE GROUP									
	Total	M	F	1-4	5-9	10-25	25-35	35-45	45-55	55-65	65-75	
1. Tuberculosis - Respiratory							2	4	5	5	4	
2. " - Other									1			
3. Syphilitic Diseases										2	2	
4. Diphtheria												
5. Whooping Cough												
6. Meningococcal Infection				1								
7. Acute Poliomyelitis												
8. Measles												
9. Other Infective and Parasitic Diseases	4	2	1			1		2	1			
10. Malignant Neoplasms - Stomach	53	42	11				1	7	23	27	25	
11. " " - Lung, Bronchus	142	122	20				2	24	51	45	25	
12. " " - Breast	43		43					4	13	11	7	
13. " " - Uterus								2	1	4	1	
14. " " - Other												
15. Leukemia, Myeloid	14	6	8				1		4	2	3	
16. Diabetes	21	6	15						5	5	11	
17. Vascular Lesions of Nervous System	202	85	117			1		2	10	27	65	
18. Coronary Disease, Angina	288	270	18					11	43	65	117	
19. Hypertension with Heart Disease		6	23							4	9	
20. Other Heart Disease		77	102					1	6	28	41	
21. Other Circulatory Diseases	122	51	61					2	6	19	32	
22. Influenza												
23. Pneumonia	170	92	78			1	3	2	3	13	42	
24. Bronchitis	276	140	136				2	6	10	40	52	
25. Other Diseases of Respiratory System										6	3	
26. Ulcer of Stomach and Duodenum									4	5	6	
27. Gastritis, Enteritis and Diarrhoea	1	2	1						1	2	1	
28. Nephritis and Nephrosis	16	7	9				1	2	1	2	4	
29. Hypertension of Prostate	11	11								2	3	
30. Pregnancy, childbirth, abortion												
31. Congenital malformations	21	12	9	2	4	2		1	2	1	1	
32. Genital defects and ill-defined diseases	152	52	100					11	3	20	25	
33. Motor vehicle accidents	22	16	6			2	2	2	4	2	6	
34. All other accidents	45	25	20	2	1	7	2	6	6	5	11	
35. Suicides	10	27	17			1	5	2	5	4	3	
36. Homicide and operations of war	2		2					1	1		1	
		Male	Female									
		154	150	12	7	6	15	28	42	132	282	
		150	150	10	7	4	2	6	22	52	142	
		304	300	22	14	10	21	70	126	284	424	
		GRAND TOTAL										
		304	300	22	14	10	21	70	126	284	424	

PART VII

APPENDICES

OF

STATISTICAL TABLES

TABLE 2

SUMMARY OF ROAD ACCIDENTS OCCURRING IN THE BOROUGH

	Fatalities	Other Casualties	Persons Injured	Other Road Users	TOTAL
Killed	10	5	5	5	25
Injured	500	300	200	710	1,710





TABLE 1

**TOTAL DEATHS BY CAUSE AND AGE OF TOWER HAMLETS RESIDENTS - 1965**  
(Registrar-General's Return)

CAUSE OF DEATH	ALL AGES			AGE GROUP									
	Total	M	F	-1	1-	5-	15-	25-	35-	45-	55-	65-	75-
1. Tuberculosis - Respiratory	20	14	6	-	-	-	-	-	2	4	5	5	4
2. " - Other	1	-	1	-	-	-	-	-	-	-	1	-	-
3. Syphilitic Disease	4	1	3	-	-	-	-	-	-	-	-	2	2
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infection	1	1	-	1	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	4	3	1	-	-	-	-	1	-	2	1	-	-
10. Malignant Neoplasm - Stomach	83	49	34	-	-	-	-	-	1	7	23	27	25
11. " " - Lung, Bronchus	148	132	16	-	-	-	-	1	2	24	51	45	25
12. " " - Breast	43	-	43	-	-	-	-	-	4	6	15	11	7
13. " " - Uterus	11	-	11	-	-	-	-	-	2	1	4	1	3
14. " " - Other	230	126	104	-	-	2	2	4	12	25	58	64	63
15. Leukaemia, Aleukaemia	14	8	6	-	-	2	2	1	1	-	4	2	2
16. Diabetes	21	6	15	-	-	-	-	-	-	-	5	5	11
17. Vascular Lesions of Nervous System	205	89	116	-	-	-	1	-	2	10	27	65	100
18. Coronary Disease, Angina	420	270	150	-	-	-	-	-	11	48	82	117	162
19. Hypertension with Heart Disease	29	8	21	-	-	-	-	-	-	-	4	9	16
20. Other Heart Disease	180	77	103	-	-	-	-	1	6	6	26	41	100
21. Other Circulatory Diseases	112	51	61	-	-	-	-	-	2	8	10	32	60
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	170	92	78	10	1	-	1	3	2	3	13	48	89
24. Bronchitis	216	149	67	3	3	-	-	2	4	10	40	62	92
25. Other Diseases of Respiratory System	15	11	4	-	-	1	-	-	-	-	9	3	2
26. Ulcer of Stomach and Duodenum,	22	18	4	-	-	-	-	-	-	4	5	8	5
27. Gastritis, Enteritis and Diarrhoea	9	3	6	-	-	-	-	-	-	1	2	1	5
28. Nephritis and Nephrosis	16	7	9	-	-	-	-	1	2	1	2	4	6
29. Hyperplasia of Prostate	11	11	-	-	-	-	-	-	-	-	3	3	5
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	31	18	13	19	4	2	-	-	1	2	1	1	1
32. Other defined and ill-defined diseases	164	85	79	43	1	4	2	-	11	8	30	28	37
33. Motor vehicle accidents	33	18	15	-	2	2	3	2	4	3	3	8	6
34. All other accidents	45	33	12	-	2	1	7	3	6	6	6	3	11
35. Suicide	19	13	6	-	-	-	1	5	2	5	4	2	-
36. Homicide and operations of war	3	1	2	-	-	-	-	-	1	1	-	-	1
Males:	1294			48	6	6	15	15	46	133	289	361	375
Females:		986		28	7	8	4	9	32	52	145	236	465
GRAND TOTAL		2280		76	13	14	19	24	78	185	434	597	840

TABLE 2

**SUMMARY OF ROAD ACCIDENTS OCCURRING IN THE BOROUGH**

	Pedestrians	Motor Cyclists	Pedal Cyclists	Other Road Users	TOTAL
Killed	10	3	1	4	18
Injured	560	336	109	710	1,715



COMPARATIVE VITAL STATISTICS													
Year	Popula- tion	Live Births		Deaths		Deaths under 1 year		Maternal Deaths		Cancer Deaths (all forms)		Tuberculosis Deaths (all forms)	
		No.	Rate★	No.	Rate★	No.	Rate★	No.	Rate★	No.	Rate★	No.	Rate★
1901	597,106	21,515	36.0	12,143	20.3	N.A.		N.A.		420	0.7	1,670	2.8
1911	570,429	17,461	30.6	10,272	18.0	2,664	152.5	51	2.9	506	0.8	1,223	2.1
1921	530,656	13,283	25.0	6,863	12.9	1,219	91.8	29	2.1	571	1.1	751	1.4
1931	491,300	8,585	17.5	6,268	12.7	685	79.8	26	2.9	692	1.4	565	1.1
1941	174,520	2,607	14.9	3,733	21.4	117	44.8	5	1.8	399	2.2	272	1.5
1951	229,118	4,092	17.8	3,083	13.4	101	24.7	5	1.2	531	2.3	90	0.4
1961	204,340	4,037	19.7	2,484	12.1	95	23.5	5	1.2	480	2.3	25	0.1
1962	204,050	4,086	20.0	2,474	12.1	79	19.3	0	0	503	2.5	24	0.1
1963	203,850	3,988	19.6	2,531	12.4	96	24.1	2	0.5	510	2.5	24	0.1
1964	206,080	4,026	19.5	2,256	10.9	92	22.8	1	0.2	523	2.5	12	0.05
1965	204,560	3,867	18.9	2,280	11.1	76	19.6	0	0	529	2.6	21	0.1
★ Per 1,000 population						✱ Per 1,000 total births							
N.A. - Not available													
<u>Note:-</u> Figures prior to 1965 relate to those of the former metropolitan boroughs of Bethnal Green, Poplar and Stepney.													

TABLE 4

DISEASES NOTIFIABLE IN THE BOROUGH

<u>Disease</u>	<u>Authority for Notification and Regulations</u>
Acute Encephalitis	Public Health Act, 1936 (Section 143); S. I. 1949/2259
Acute Poliomyelitis	- do -
Acute Influenzal Pneumonia	Public Health Act, 1936 (Section 143); S. I. 1953/299
Acute Primary Pneumonia	- do -
Anthrax	Public Health Act, 1936 (Section 143); S. I. 1960/1989
Cholera	Public Health Act, 1936 (Section 144)
Diphtheria	- do -
Dysentery	Public Health Act, 1936 (Section 143); S. I. 1953/299
Enteric Fever (including Typhoid and Paratyphoid)	Public Health Act, 1936 (Section 144); S. I. 1953/299
Erysipelas	Public Health Act, 1936 (Section 144)
Food Poisoning	Food and Drugs Act, 1955 (Section 26)
Leprosy ★	Public Health Act, 1936 (Section 143); S. I. 1951/1036
Malaria	Public Health Act, 1936 (Section 143); S. I. 1953/299
Measles	Public Health Act, 1936 (Section 143); S. R. O. 1938/1100, 1940/205; S. I. 1948/420
Membranous Croup	Public Health Act, 1936 (Section 144)
Meningococcal Infection	Public Health Act, 1936 (Section 143); S. I. 1949/2259
Ophthalmia Neonatorum	Public Health Act, 1936 (Section 143); S. R. O. 1926/971, 1928/419, 1937/35.
Plague	Public Health Act, 1936 (Section 143); Regulations of Local Government Board, 1900.
Puerperal Pyrexia	Public Health Act, 1936 (Section 143); S. I. 1951/1081, 1954/1691
Relapsing Fever	Public Health Act, 1936 (Section 144).
Scabies	Public Health Act, 1936 (Section 143); S. R. O. 1943/1016
Scarlet Fever (Scarlatina)	Public Health Act, 1936 (Section 144)
Smallpox	- do -
Tuberculosis	Public Health Act, 1936 (Section 143); S. I. 1962/704
Typhus Fever	Public Health Act, 1936 (Section 144)
Whooping Cough	Public Health Act, 1936 (Section 143); S. R. O. 1938/1100, 1940/205; S. I. 1948/420

★ By virtue of Statutory Instrument 1966/No. 12, which revokes S. I. 1951/1036, Leprosy is notifiable to the Borough Medical Officer of Health, instead of the Chief Medical Officer of the Ministry of Health, as from 1st March, 1966.



TABLE 5

INFECTIOUS DISEASE NOTIFICATIONS				
	Total Notifi- cations	Corrected Notifica- tions	Removed to Hospital	Notified in Area in 1964
Acute Encephalitis -				
Infective	4	4	4	0
Post-Infectious	2	2	2	1
Acute Poliomyelitis				
Paralytic	0	0	0	0
Non-Paralytic	0	0	0	0
Diphtheria	24	8	24	0
Dysentery	61	61	14	271
Enteric Fever	3	3	3	0
Erysipelas	10	10	1	9
Food Poisoning	42	42	13	10
Malaria	0	0	0	0
Measles	2,237	2,236	30	1,377
Meningococcal Infection	5	5	5	2
Ophthalmia Neonatorum	4	4	2	4
Pneumonia	158	158	11	89
Puerperal Pyrexia	13	13	13	7
Scabies	86	86	1	91
Scarlet Fever	172	171	26	216
Tuberculosis -				
Pulmonary	146	146	-	134
Non-Pulmonary	17	17	-	17
Whooping Cough	102	101	25	111
Zymotic Enteritis ★	5	5	0	20

(★) Notifiable in Poplar area until 31st March, 1965 only

#### MORBIDITY - First Claims for Sickness Benefit

Claims made to local offices of the Ministry of Pensions and National Insurance covering postal districts E. 1, E. 2, E. 3, E. 14 during July- December 1965 were as follows:-

July	2,750
August	3,367
September	3,278
October	4,566
November	3,941
December	<u>3,091</u>
Total	<u>20,993</u>

(Figures not available for first 6 months of the year).

TABLE 6

VACCINATION AND IMMUNISATION

Details of children vaccinated or immunised during the year are as follows:-

	Year of Birth					Others		TOTAL
	1965	1964	1963	1962	1958-61	Under 16	Over 16	
Diphtheria	1535	1361	191	88	334	97	58	3663
Reinforcing Dose	-	974	798	178	2015	1277	7	5249
Tetanus	1535	1359	190	89	337	112	24	3646
Reinforcing Dose	-	974	797	178	1845	553	1	4348
Whooping Cough	1527	1345	176	69	80	3	-	3200
Reinforcing Dose	-	950	765	155	302	32	-	2204
Poliomyelitis	808	1756	373	191	725	418	26	4297
Reinforcing Dose	-	29	17	9	1618	868	4	2545

Smallpox Vaccination	Under 1	1 year	2 - 4	5 - 14	15 and over	TOTAL
Primary	34	1009	343	52	54	1492
Revaccination	-	-	24	37	207	268

Diphtheria  
 Children under 5 immunised during 1961-1965..... 13,252

Estimated population under 5 as at 30th June, 1965.....	17,400
Percentage protected.....	76%



TABLE 7

## TUBERCULOSIS - NEW CASES AND DEATHS

New Cases and Deaths: Primary notifications of 146 Pulmonary and 17 Non-Pulmonary cases were received. 23 other cases came to light via death returns from Registrars.

Pulmonary tuberculosis accounted for 20 deaths, there being one death from non-pulmonary tuberculosis.

Age distribution of new cases and deaths is as follows:-

		-1	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
<b>(a) <u>New Cases</u></b>															
Pulmonary	M	-	1	1	2	-	2	11	30	20	18	20	8	5	118
	F	-	-	1	-	-	2	3	10	2	7	2	-	1	28
Non-Pulmonary	M	-	-	-	-	-	-	2	2	5	1	1	-	-	11
	F	-	-	-	-	-	-	1	5	-	-	-	-	-	6
<b>(b) <u>Deaths</u></b>															
Pulmonary	M	-	-	-	-	-	-	-	-	1	2	4	4	3	14
	F	-	-	-	-	-	-	-	-	1	2	1	1	1	6
Non-Pulmonary	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	1	-	-	1

TABLE 8

## TUBERCULOSIS - VARIATIONS IN REGISTER

	Pulmonary		Non-Pulmonary		Total Cases
	Males	Females	Males	Females	
No. cases on Register at 1/1/65	1443	826	122	107	2498
No. cases notified during 1965	118	28	11	6	163
Other cases added to register	83	30	2	1	116
No. cases removed from register	166	81	15	5	267
Remaining on register at 31/12/65	1478	803	120	109	2510

TABLE 9

**TUBERCULOSIS - CARE AND AFTER CARE**

<b>Home care and treatment</b>		
Patients awaiting admission to hospital	...	Nil
Patients under treatment in their own homes	...	1
Patients receiving attention by home nurses	...	7
Total home visits (including contacts) by T. B. Health Visitors	...	6,049
<b>Work of Chest Clinic Welfare Officers</b>		
Patients assisted for the first time with		
Beds, bedding	...	7
Clothing, footwear	...	39
Patients at end of year receiving		
Extra nourishment	...	114
Home Help	...	30
<b>Diversional Therapy</b>		
Patients receiving instruction in their own homes		5
<b>Rehabilitation Hostels</b>		
Patients in residence at end of year	...	2
<b>Hostels for homeless infective tuberculous men</b>		
Patients in residence at end of year	...	2
Child contacts boarded out during year	...	2
Child contacts boarded out for segregation during BCG vaccination		9
<b>TUBERCULOSIS VISITORS</b>		
First visits to tuberculous households	...	2,092
Total visits - effective	...	5,421
- unsuccessful	...	689



**TABLE 10**

**MASS RADIOGRAPHY**

Chest X-ray by Mass Miniature Radiography is carried out in the Borough by two Mobile units of the North-East Metropolitan Regional Hospital Board. Unit 6A, whose headquarters are at the Connaught Hospital, Walthamstow, covers mainly the Stepney area of the borough whilst Unit 6B, sited at First Avenue, Plaistow, is responsible for the Bethnal Green and Poplar areas. I am indebted to the Medical Directors and Organising Secretaries of the Units for the following information on visits to the Borough by the Units during 1965:-

No. of Factories, sites, etc. visited	...	36
Persons X-rayed - Males	...	10,159
- Females		<u>4,532</u>
Total		<u>14,691</u>

**Abnormalities discovered**

Tuberculosis requiring immediate treatment	...	11
" " clinic supervision	...	30
Cancer of lung	...	5
Other	...	84
Active tuberculosis cases discovered per 1,000 examined		2.8

**TABLE 11**

**TUBERCULIN TEST AND B.C.G. VACCINATION**

	<u>Contacts</u>	<u>Schoolchildren and Students</u>	<u>Total</u>
No. of Skin Tests	325	1425	1750
No. found positive	132	74	206
No. found negative	193	1351	1544
No. vaccinated	188	1351	1539

I

AREAS IN WHICH SYPHILIS CONTRACTED BY NATIONALITY/RACE  
1965 (January-October incl.)

	Born in United Kingdom	British West Indian	Pakis- tani	Indian	Maltese	Other Coloured	Other White	TOTAL	%
Tower Hamlets	5	5	48	1	1	1	1	62	65.2
Other London Areas	5	3	5	-	1	1	-	15	15.8
Other British and Irish Areas	3	1	2	1	-	-	-	7	7.4
Outside Britain and Ireland	3	1	-	-	-	4	3	11	11.6
Totals	16	10	55	2	2	6	4	95	100%

II

AREAS IN WHICH GONORRHOEA CONTRACTED BY NATIONALITY/RACE  
1965 (January-October incl.)

Tower Hamlets	80	91	60	18	18	27	8	302	33.8
Other London Areas	176	159	22	4	25	25	14	425	47.6
Other British and Irish Areas	60	16	9	2	2	4	2	95	10.7
Outside Britain and Ireland	38	5	-	-	4	7	17	71	7.9
Totals	354	271	91	24	49	63	41	893	100%

Persons attending the Whitechapel Clinic, London Hospital

VENEREAL DISEASES

TABLE 12



III

<b>CONTACTS OF SYPHILIS ATTENDING in 1964 and 1965</b>				
	1965 (Jan-Oct)		1964	
	Initial	Secondary	Initial	Secondary
Total Nos. of contacts	107	30	59	35
Total No. of contacts attending	13 (12.1%)	9 (30%)	1 (1.7%)	13 (37.1%)
Contacts attending with syphilis	10 (9.3%)	2 (6.7%)	0 (0%)	8 (22.9%)

IV

<b>CONTACTS OF GONORRHOEA ATTENDING in 1964 and 1965</b>				
	1965 (Jan-Oct)		1964	
	Initial	Secondary	Initial	Secondary
Total Nos. of contacts	1021	121	1355	125
Total No. of contacts attending	201 (19.7%)	69 (57%)	143 (10.6%)	58 (46.4%)
Contacts attending with gonorrhoea	166 (16.3%)	45 (37.2%)	121 (8.9%)	46 (36.8%)

TABLE 14

ANTE AND POST NATAL SERVICES

No. Ante and Post Natal sessions held by:

Medical Officers	...	-
Midwives	...	51
Sessional general practitioners	...	152
No. women attending for Ante Natal examination	...	236
No. women attending for Post Natal examination	...	229
Total attendances	...	1935
No. general practitioners holding sessions in Council Clinics		7

Mothercraft and Relaxation Classes:

No. women attending (a) Institutionally booked	...	293
(b) Domiciliary booked	...	1
No. attendances	...	1484
No. sessions held by Health Visitors	...	185

CHILD WELFARE CLINICS

No. Clinic premises at end of year	...	15
No. sessions during year held by:		
Medical Officers	...	267
Health Visitors	...	250
Sessional general practitioners	...	1507
Hospital medical staff	...	52
Total sessions:		2076
No. children attending - born this year	...	3117
- born last year	...	3047
- born 1960-1963	...	3533
No. attendances of children of all ages	...	62126
Average attendance per session	...	29.9
No. children referred elsewhere		610
No. children on "at risk" register at end of year		1774



TABLE 15

## DAY NURSERIES AND CHILD MINDERS

## DAY NURSERIES

Council Nurseries

Capacity	...	...	...	...	210
No. attending at end of year	...	...	...	...	170
Child/Day attendances - Under 2	...	...	...	...	11,571
- Over 2	...	...	...	...	29,120
Total	...	...	...	...	40,691
No. of days open	...	...	...	...	254
Average daily attendance	...	...	...	...	160.2

Voluntary Day Nursery

Borough places in Nursery	...	...	...	...	25
No. attending at end of year	...	...	...	...	23
Child/Day attendances - Under 2	...	...	...	...	Nil
- Over 2	...	...	...	...	5,620
No. of days open	...	...	...	...	241
Average daily attendance	...	...	...	...	23.3

## CHILD MINDERS

Statutorily Registered

No. at 1st January, 1965	...	...	...	...	8
Additions during the year	...	...	...	...	7
Deletions " " "	...	...	...	...	1
Total No. at 31st December, 1965	...	...	...	...	7
No. children authorised to be minded during the year	...	...	...	...	33
No. being minded at 31st December, 1965	...	...	...	...	27

Under Voluntary Scheme

No. at 1st January, 1965	...	...	...	...	60
Additions during the year	...	...	...	...	37
Deletions " " "	...	...	...	...	34
Total No. at 31st December, 1965	...	...	...	...	63
No. children authorised to be minded during the year	...	...	...	...	112
No. being minded at 31st December, 1965	...	...	...	...	44
No. Child-Minders receiving fees at 31st December, 1965	...	...	...	...	39

TABLES 16, 17 & 18

FAMILY PLANNING CLINICS

Attendances at the weekly sessions held at two clinics in the Borough totalled 2,621, as follows:-

	<u>Underwood Road</u>	<u>Wellington Way</u>	<u>TOTAL</u>
	<u>Clinic</u>	<u>Clinic</u>	
New cases ... ..	189	135	324
Transfers ... ..	44	27	71
Second visits ... ..	143	100	243
Check visits ... ..	723	443	1166
For supplies ... ..	<u>496</u>	<u>321</u>	<u>817</u>
Total Visits	<u>1595</u>	<u>1026</u>	<u>2621</u>

HEALTH VISITING

First visits to children born 1965	...	...	3,732
" " " " " 1964	...	...	2,799
" " " " " 1961 - 3	...	...	6,878
Persons over 65	...	...	198
Mentally disordered persons	...	...	47
Persons excluding maternity cases discharged from hospital (other than mental hospitals)	...	...	55
Tuberculous households	...	...	27
Total unsuccessful visits	...	...	9,436
Total effective visits	...	...	44,488

CARE OF PREMATURE INFANTS

	<u>No. of</u> <u>Premature</u> <u>Live Births</u>	<u>No. died</u> <u>within</u> <u>24 hours</u>	<u>No. died</u> <u>in</u> <u>1 - 28 days</u>	<u>No. of</u> <u>Premature</u> <u>Stillbirths</u>
Born in Hospital	253	9	23	34
Born and nursed at home or in nursing home	11	-	-	1



TABLES 19 & 20

HOME BATHING				
	Branch Road	Digby Street	E. India Dock Road	TOTAL
Persons serviced during year:-				
Male	23	25	34	82
Female	45	65	86	196
Total	68	90	120	278
Persons receiving service at end of year:-				
Male	17	24	26	67
Female	35	56	76	167
Total	52	80	102	234
Total Baths given during year	458	552	1,001	2,011

HOME HELP SERVICE			
Persons for whom service provided during the year:-			
Aged persons	...	...	2,862
Chronic sick and tuberculous persons	...	...	451
Mentally disordered	...	...	23
Maternity cases	...	...	32
Others	...	...	185
		Total:	3,553
No. of persons receiving service at end of year			2,376

Staff:	Number	Wholetime equivalent
Organisers	3	3
Assistant Organisers	5	4.6
Home Helps	291	177.3

TABLES 21, 22 & 23

HOME NURSING

Total number of persons nursed during year	...	2,510
Number aged under 5 at first visit in 1965	...	97
" " over 65 " " " " "	...	1,380
Total number of visits during year	...	94,980

LAUNDERING FOR AGED AND INCONTINENT

No. articles cleansed and laundered during year	...	14,768
Total collections made during year	...	1,230
No. of persons who received service during year	...	154
No. of persons receiving service at end of year	...	61

RECUPERATIVE HOLIDAYS

Category		No. for whom holiday arranged
Expectant and nursing mothers	...	2
Adults - psychiatric	...	17
" - tuberculous	...	4
" - other	...	181
Accompanied children		
1. at school	...	3
2. pre-school	...	13
Unaccompanied children		
1. <u>Placed by I. L. E. A.</u>		
at school	...	275
pre-school	...	1
2. <u>Placed by Tower Hamlets</u>		
at school	...	13
pre-school	...	-
		—
	Total	509
		—



TABLE 24

LOAN OF NURSING EQUIPMENT

Nursing equipment loaned, free of charge, by the Council to residents of the Borough during the year by the Health Department was as follows:-

<u>Article</u>	<u>No. loans during 1965</u>	<u>No. on loan at 31. 12. 65</u>
Chair commodes	91	151
Stool commodes	4	7
Wheelchairs	35	30
"    self-propelling	13	6
Fracture boards	12	13
Bed pans	5	5
Bottles	6	10
Hospital bed	8	9
Dunlopillo mattress	8	13
Ordinary mattress	-	2
Penrhyn Hoist	4	5
Levitt Bath lift	-	1
Rubber sheet	-	5
Cot bed and mattress	-	1
Bed cradle	2	3
Back-rest	3	2
Air cushion	2	3
Sani-cushion	1	4
Inflatable toilet seat	-	1
Quadruped stick	3	7
Tripod stick	33	22
Walking frame	1	4
Zimmer adjustable walking-aid	1	1

TABLE 25

**DOMICILIARY MIDWIFERY**

**Attendances by Midwives**

		<u>Doctor present</u>	<u>Doctor not present</u>
1.	<u>Doctor not booked</u>		
	Midwife - Council	-	1
	- Nursing Sisters of St. John the Divine	-	6
	- The London Hospital	-	5
			<hr/>
			12
2.	<u>Doctor booked</u>		
	Council	1	12
	Nursing Sisters of St. John the Divine	8	172
	The London Hospital	11	230
		<hr/>	<hr/>
	Total:	20	426
		<hr/>	<hr/>
3.	Institutional deliveries attended by Midwife on discharge before tenth day		<u>199</u>
4.	Patients receiving - Gas and Air		94
	Trilene		85
	Pethidine alone		10
	Pethidine with gas/air		3
	Pethidine with Trilene		8
	No analgesia		180
	Unspecified		66
	(period Jan. - Mar.)		<hr/>
	Total:		<hr/>
			446
			<hr/>



**MENTAL HEALTH**  
**PATIENTS REFERRED TO COUNCIL DURING YEAR**

Referred by	Mentally Ill		Subnormal		Total
	Under 16	Over 16	Under 16	Over 16	
General practitioners	1	116	2	-	119
Hospitals, on discharge from in patient treatment	2	173	2	3	180
Hospitals, after or during out- patient or day treatment	-	29	1	1	31
Education authorities	1	2	26	33	62
Police and Courts	-	18	-	-	18
Other sources	2	134	3	10	149
<b>TOTALS</b>	<b>6</b>	<b>472</b>	<b>34</b>	<b>47</b>	<b>559</b>

**MENTAL HEALTH**  
**Admissions to Hospital under Mental Health Act, 1959**

<u>Mental Health Act, 1959</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Admitted under Section 25 ...	28	26	54
Admitted under Section 26 ...	2	2	4
Admitted under Section 29 ...	43	46	89
Admitted under Section 60 ...	4	4	8
Admitted under Section 136 ...	15	8	23
Admitted informally ...	27	45	72
	<b>119</b>	<b>131</b>	<b>250</b>
Other cases investigated but not admitted ...	162	196	358

TABLE 28

## MENTAL HEALTH

PATIENTS UNDER CARE AT 31st DECEMBER, 1965

	Mentally Ill		Subnormal and Severely Subnormal		Total
	Under 16	Over 16	Under 16	Over 16	
1. Total Number	3	479	176	455	1113
2. Attending day training centre	-	68	65	97	230
Awaiting entry	-	-	7	-	7
3. In residential training centre	-	-	-	-	-
Awaiting entry	-	-	-	-	-
4. Receiving home training	-	1	3	-	4
Awaiting home training	-	-	-	-	-
5. Resident in L. A. hostel	-	-	-	-	-
Awaiting residence in L. A. hostel	-	-	-	-	-
6. Residents at L. A. expense in other hostels	-	27	1	9	37
7. Boarded out at L. A. expense	-	-	-	1	1
8. Receiving home visits and not included in 2-7 above	3	383	100	348	834
9. Attending training centre and not included above	-	-	6	-	6
10. Admissions to Guardianship during year	-	-	-	-	-
Under Guardianship at end of year	-	-	-	5	5
11. On waiting list for admission to hospital					
(a) in urgent need	-	-	9	-	9
(b) not in urgent need	-	-	-	1	1
12. Admission for temporary residential care					
(a) to N. H. S. hospitals	-	-	2	1	3
(b) elsewhere	-	-	8	9	17



**TABLE 29**  
**PARKS AND OPEN SPACES IN THE BOROUGH**

(a) Administered by Borough Council

<u>Location</u>	<u>Area in Acres</u>
Albert Square Gardens	.66
Alfred Street Playground	.42
All Saints Gardens (Poplar)	1.06
Arbour Square Gardens	.66
Arnold Circus Bandstand	.07
Bazeley Street Playground	.30
Blair Street Nursery School Site	.68
Beaumont Square Gardens	1.00
Bromley Recreation Ground	1.52
Brunswick Road Gardens	.45
Cable Street Schoolhouse Lane Playground	.18
Carlton Square Gardens	.75
Christchurch Gardens (Spitalfields)	1.25
Club Row Gardens	.07
Dee Street Playground	.45
Ford Square Gardens	.40
Ford Street Playground	.09
Gale Street Playground	.24
Glaucus Street Playground	.70
Globe Road Memorial Gardens	.08
Jodrell Road Gardens	.10
Kingward Street Playground	.13
Kirkwall Place Playground	.12
Kingsley Hall Gardens	.13
Mallon Gardens (Commercial Street)	.19
Peel Grove Gardens	1.12
Pelter Street Playground	.12
Poplar Recreation Ground	4.41
Mile End Gardens	.50
Newby Place Playground	.49
Rochelle Street Gardens	.07
St. Bartholomew's Gardens (Bethnal Green)	.45
St. George's-in-the-East Gardens	2.25
St. George's, Cable Street, Shadwell Gardens	.75
St. Matthew's Gardens (Bethnal Green)	2.06
St. James's Gardens, Ratcliffe	2.00
Sidney Square Gardens	.33
Stepney Green Gardens	1.50
Swanfield Street Playground	.23
Swedenborg Square Playground	.67
Trafalgar Square Gardens	.60

TABLE 29 (continued)

<u>Location</u>	<u>Area in Acres</u>
Tredegar Square Playground	1.24
The Triangle Gardens	.07
Trinity Square Gardens	1.23
Tunnel Gardens, Blackwall	.86
Vallance Road Recreation Ground	1.69
Wakefield Gardens, Tower Hill	.06
Wyvis Street Playground	.26
York Square Gardens	.20
Claredale Estate Playground	.07
	<hr/>
	35.43
	<hr/>

(b) Administered by Greater London Council

Allen Gardens	1.69
Bartlett Park	7.74
Bethnal Green Gardens	11.97
Brickfield Gardens	5.73
Burdett Gardens	1.49
Carlton Square	1.64
Diggon Street Playground	.13
Gosling Gardens	1.66
Grove Hall Park	4.5
Ion Square	1.75
Island Gardens	3.0
King Edward VII Memorial Park, Shadwell	8.5
King George's Field, Stepney	14.91
Langdon Park	1.15
Limehouse Churchyard	2.0
Meath Gardens	9.74
Millwall Park	13.5
Ropewalk Gardens	1.51
Shandy Park	3.18
Stepney Churchyard	9.75
Stepney Green Open Space	5.29
Trinity Garden	1.03
Vallance Road	.07
Victoria Park (part)	148.5
Wapping Gardens	3.56
Waterside Gardens	1.92
Weavers' Fields	5.18
	<hr/>
	271.09
	<hr/>

TOTAL ACREAGE - 306.52



**CHIROPODY STATISTICS**

	<u>Treated at Clinics</u>		<u>Domiciliary Treatments</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
New patients ... ..	14	110	18	122
Total patients ... ..	342	686	137	276
Treatments - children ... ..	8	19	-	-
- adults ... ..	-	33	-	-
- aged persons ... ..	2733	5432	1098	2210
Total treatments ... ..	2741	5484	1098	2210
No. of Chiropodists ... ..	10		5	
No. of sessions held ... ..	1370		661	
No. of patients treated per session	6		5	
Percentage of total patients receiving domiciliary treatment	28.6%			

**DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS  
AND PRE-SCHOOL CHILDREN**

	<u>Expectant Mothers</u>	<u>Children</u>
Persons examined ... ..	15	172
Commenced treatment ... ..	9	89
Completed treatment ... ..	13	60
No. extractions ... ..	12	7
No. fillings ... ..	55	278
No. silver nitrate treatment ... ..	2	114
General anaesthetic ... ..	-	-
Radiographs ... ..	-	-
Dentures - full ... ..	3	-
- partial ... ..	8	-
No. made dentally fit ... ..	13	60
No. of sessions ... ..	86	
No. of treatment centres ... ..	4	

TABLES 32, 33 & 34

AGED PERSONS

No. of aged persons on register at 1st January	...	...	...	7,012
No. of new cases added during year	...	...	...	1,944
No. cases removed from register during year	...	...	...	588
No. on register at 31st December	...	...	...	8,368
No. of effective visits to aged persons during year by visitors	...	...	...	7,870
No. of persons removed to hospital compulsorily	...	...	...	8

ANIMALS ACTS

Kosher Poulterers and Poultry Slaughterhouses

Inspections for cleanliness and fowl pest control	...	...	...	311
---	-----	-----	-----	-----

Street Markets

Inspections re sale of animals and observations on movements of live poultry	...	...	...	13
--	-----	-----	-----	----

Pet Shops

Visits	...	...	...	4
--------	-----	-----	-----	---

Animal Boarding Establishment:

Visits	...	...	...	1
--------	-----	-----	-----	---

VISITS BY PUBLIC HEALTH INSPECTORS (CLEAN AIR)  
AND TECHNICAL ASSISTANT

To premises regarding complaints				129
" " " Smoke Control Orders				4,055
" " " for Smoke Observations				192
" " regarding applications under Sec. 3(2) of Act				7
No. of Notices served under Sec. 12(2)				87
" " " " " Sec. 16				24



TABLE 35

## SUMMARY OF PUBLIC ANALYST'S QUARTERLY REPORTS

The following is a summary of the samples analysed and included in reports submitted each quarter of the year in compliance with Section 99 of the Food and Drugs Act, 1955, by the Council's Public Analyst.

A copy of each quarterly report is submitted to the Minister of Agriculture, Fisheries and Food in accordance with the Act.

During the year 823 samples were submitted for analysis, as follows:-

1	Acetic Acid	44	Dried Fruits	1	Paprika
1	Arrowroot	6	Dried Herbs	1	Peppers in vinegar
3	Beer, canned	48	Drugs	5	Puddings
3	Biscuits	9	Eggs	1	Peanut Butter
4	Bread	4	Eggs, pasteurised	3	Saccharin
27	Bread and butter	36	Fats	1	Salmon Spread
3	Butter	1	Flavourings	1	Salt tenderising
2	Cake	7	Fish	14	Sauces
3	Cake Decoration	12	Fish preparations	29	Sausages
7	Cake Mix	1	Flour	17	Soft Drinks
8	Canned Fish	39	Fruit (canned and dried)	28	Soups (canned and dried)
41	Canned Meats	24	Fruit Preparations		
1	Canned Poultry	3	Gelatine	1	Soup extract
1	Canned Pudding	3	Gravy and Gravy powder	32	Spices
3	Canned Vegetables	1	Ground Almonds	13	Spirits
6	Cereals	17	Ice Cream	3	Suet
2	"Chandy" canned	20	Jelly	3	Sugar
3	Cheese	13	Meals	26	Sugar confectionery
1	Chicken fillets in jelly	6	Meat paste	66	Tea and Tea Dust
6	Chocolate preparations	44	Meat preparations	1	Tea "Instant"
1	Coffee	25	Milk	1	Treacle
1	Coffee and Chicory	4	Milk powder	12	Tomato paste, canned
1	Cold Cream	9	Nuts	1	Tyrozet tablets
1	Coldrex Tablets	5	Oils	2	Vegetable extract
1	Colourings	1	Pastry	8	Vegetables
1	Condiment, non-brewed	27	Pickles	1	Vinegar
1	Cream	1	Potato preparation	2	Yoghourt
1	Curry	6	Preserves		

TABLE 36

## DWELLINGS ERECTED DURING 1965

<u>Addresses of Premises</u>	<u>No. of Dwellings</u>	
<b>(a) <u>By Council and former Metropolitan Borough Councils:</u></b>		
Bede Road	20	
Cadell Street	7	
Finwhale House, Glengall Grove	14	
Kelloran House, Galbraith Street	6	
Kimberley House " "	17	
Kingdon House " "	54	
McCullum Road	52	
Montford House " "	18	
Raphael House, Mile End Road	3	
Ravenscroft Street	7	
Shipton Street	5	
Stavers House, Tredegar Road	<u>22</u>	225
<b>(b) <u>By Greater London Council or former London County Council:</u></b>		
Brock Place, Glaucus Estate	17	
Brockmer House, St. George's Estate	69	
Carvel House, Schooner Estate	12	
Clipper House " "	16	
Donegal House, Collingwood Estate	31	
Frigate House, Schooner Estate	12	
Gale House, Perring Estate	54	
Gordon House, Glamis Estate	97	
Luke House, Bigland Estate	81	
Orion House, Collingwood Estate	75	
Pennyfields, Birchfield Estate	64	
Rapley House, Avebury Estate	33	
Redcastle Close, Glamis Estate	12	
Violet Road, Glaucus Estate	20	
Waverton House, Locton Estate	76	
Winford House " "	<u>76</u>	745
	<b>Total:</b>	<b>970</b>



**CLEANSING STATIONS**

**Persons treated for Scabies**

Men	...	61
Women	...	45
Children	...	<u>47</u>
<b>Total</b>		<b>153</b>

No. treatments given 245

**Persons treated for Verminous conditions:**

Men	...	344
Women	...	33
Children	...	<u>43</u>
<b>Total</b>		<b>420</b>

**DISINFECTING STATIONS**

**Disinfection:**

No. of rooms disinfected after infectious disease	...	36
No. of articles disinfected by steam	...	15,482
-do- (for export)	...	9
-do- by formaldehyde	...	557
-do- (for export)	...	5,824

**Disinfestation:**

No. of rooms disinfested for bed bugs	...	722
No. of rooms disinfested for other infestations	...	979
Other sites, premises disinfested	...	<u>1,290</u>

**Drains:**

No. of premises tested	...	547
No. found defective	...	56

TABLES 39 & 40

LEGAL PROCEEDINGS INSTITUTED DURING THE YEAR

	No. of Summonses	Fines			Costs		
		£.	s.	d.	£.	s.	d.
Housing Act 1961, - Houses in Multiple Occupation:							
Contravention of Directions	... 3	10.	0.	0.	3.	7.	0.
Contravention of Regulations	... 70	343.	0.	0.	84.	7.	0.
Housing Act 1957:							
Overcrowding in Houses in Multiple Occupation	... 28	195.	0.	0.	51.	12.	0.
Contravention of Closing Orders	... 4	55.	0.	0.	15.	2.	0.
Public Health (London) Act 1936 and Public Health Act 1936:							
Nuisance Orders	... 103	40.	0.	0.	409.	4.	0.
Non-compliance with Nuisance Orders	... 6	95.	0.	0.	23.	3.	0.
London County Council (General Powers) Act 1959, Section 22:							
Using unlicensed land for siting caravans	... 4	20.	0.	0.	14.	9.	0.
Food and Drugs Act 1955	... 24	204.	0.	0.	109.	11.	0.
Food Hygiene (General) Regulations 1960	... 10	39.	0.	0.	12.	12.	0.
Preservatives in Food Regulations 1962	... 1	2.	0.	0.	2.	0.	0.
Totals:	253	1,003	0.	0.	725.	7.	0.

MORTUARY SERVICE

	Tower Hamlets Mortuary	Hackney Mortuary	Total
Bodies received	... 395	58	453
Post-mortems	... 334	47	381
Inquests	... 60	11	71



TABLE 41

## OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Type of Premises	Registered during year	Total Registrations	Registered premises inspected during year	Persons Employed
Offices	228	923	79	13,786
Retail Shops	398	1,153	112	4,203
Wholesale Shops	143	569	51	5,515
Catering Establishments	80	265	24	1,714
Fuel Storage Depots	-	5	-	47
Totals:	849	2,915	266 ★	25,265
(★) Other visits to registered premises	...	...	492	
Visits to non-registered premises	...	...	3,192	
<u>Informal Notices served under :-</u>				
Offices, Shops and Railway Premises Act 1963	...	...	...	109
Washing Facilities Regulations 1964 and Sanitary conveniences Regulations 1964	...	...	...	26
Notification of Employment of Persons Order 1964	...	...	...	396
Factories Act 1961	...	...	...	2
<u>Accidents Notified - Causes</u>				
Falls of persons - on or from fixed stairs	...	...	...	2
Transport - stationary vehicle	...	...	...	1
Struck by falling object	...	...	...	2
Other falls from one level to another	...	...	...	3
Stepping on or striking against object or person	...	...	...	1
Handling goods	...	...	...	2
Falls on the same level	...	...	...	2
Hand tools	...	...	...	1
Not otherwise specified	...	...	...	3

**TABLES 42 & 43**

**OUTWORKERS**

Firms in the Borough employing Outworkers	...	128
Outworkers residing in, and employed by firms in the Borough	...	548
Outworkers residing outside the Borough employed by firms in the Borough	...	935
Outworkers residing in the Borough employed by firms outside the Borough	...	159
<b>Total Outworkers in Borough</b>	...	<b>707</b>

**REFUSE DISPOSAL**

Home and Trade Refuse		72,088 Tons
Street and Market collections		14,694 "
Waste Paper Salvage		454 "
Scrap Metal		9 "
No. of bulk containers in use		2,301
No. of street gullies cleansed		15,014



TABLE 44

**PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE  
FACTORIES ACT, 1961**

1. Inspections for purposes of provisions as to health

Type of Factory	No. on Register	Inspections	Written Notices
Factories without mechanical power	642	144	5
Factories with mechanical power	3,459	1,024	247
Other premises under the Act (Electrical Stations, Institutions, and sites of building operations and works of engineering and construction)	172	33	-
<b>Total:</b>	<b>4,273</b>	<b>1,201</b>	<b>252</b>

2. Cases in which Defects were found

Particulars	Found	Remedied	Referred	
			to H. M. Inspector	by H. M. Inspector
Want of cleanliness	48	43	5	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	4	4	-	-
Ineffective drainage of floors	1	-	1	-
Sanitary Conveniences:				
(a) insufficient	3	3	-	4
(b) unsuitable or defective	80	80	-	21
(c) not separate for sexes	-	-	-	-
Other offences against the Act (not including those relating to outwork)	12	-	12	-
<b>Total:</b>	<b>148</b>	<b>130</b>	<b>18</b>	<b>25</b>

TABLE 44 (continued)

Part VIII of the Act - Outwork

Section 133

Nature of Work	No. of Outworkers in August list	No. Cases of default in sending lists to the Council	No. Prosecutions for failure to supply lists to the Council.
Wearing Apparel: Making etc.	1,522	-	-
Cleaning and washing	-	-	-
Household Linen	-	-	-
Lace, lace curtains and nets	-	-	-
Curtains and furniture hangings	-	-	-
Furniture and upholstery	-	-	-
Electro-plate	-	-	-
File Making	-	-	-
Brass and brass articles	-	-	-
Fur Pulling	-	-	-
Iron and steel cables and chains	-	-	-
Iron and steel anchors and grapnels	-	-	-
Cart Gear	-	-	-
Locks, latches and keys	-	-	-
Umbrellas, etc.	3	-	-
Artificial Flowers	3	-	-
Nets (other than wire nets)	-	-	-
Tents	-	-	-
Sacks	-	-	-
Racquet and Tennis Balls	-	-	-
Paper Bags	-	-	-
Making of boxes and other receptacles or parts thereof made wholly or partially of paper	106	-	-
Brush Making	2	-	-
Pea Picking	-	-	-
Feather Sorting	-	-	-
Carding, etc. of Buttons, etc.	-	-	-
Stuffed Toys	3	-	-
Basket Making	-	-	-
Chocolates and sweetmeats	3	-	-
Cosaques, Christmas Stockings	-	-	-
Textile Weaving	-	-	-
Lampshades	-	-	-
Total:	1,642	-	-

Section 134. There were no instances of work found in unwholesome premises.



TABLE 45

RODENT CONTROL

	Type of Property			TOTAL
	Local Authority	Dwelling Houses (inc. Council Houses)	All Other (including Business Premises)	
No. of properties in Area	146	60,913	15,281	76,340
No. of properties inspected as result of notification	30	1,580	1,724	3,334
No. of such properties found to be infested by:				
Common rat				
<u>Major</u>	-	-	10	10
<u>Minor</u>	9	660	536	1,205
Ship rat				
<u>Major</u>	-	-	-	-
<u>Minor</u>	-	-	-	-
House mouse				
<u>Major</u>	-	30	106	136
<u>Minor</u>	-	503	418	921
No. of properties inspected in course of survey under the Act	2	722	531	1,255
No. of such properties found to be infested by:				
Common rat				
<u>Major</u>	-	2	2	4
<u>Minor</u>	1	139	158	298
Ship rat				
<u>Major</u>	-	-	-	-
<u>Minor</u>	-	-	-	-
House mouse				
<u>Major</u>	-	30	63	93
<u>Minor</u>	-	137	132	269
No. of properties otherwise inspected	-	160	95	255
No. of such properties found to be infested by:				
Common rat				
<u>Major</u>	-	-	-	-
<u>Minor</u>	-	28	7	35
Ship rat				
<u>Major</u>	-	-	-	-
<u>Minor</u>	-	-	-	-
House mouse				
<u>Major</u>	-	-	-	-
<u>Minor</u>	-	20	7	27

TABLE 45 (continued)

RODENT CONTROL (continued)				
	Type of Property			TOTAL
	Local Authority	Dwelling Houses (inc. Council Houses)	All Other (including Business Premises)	
Total inspections carried out including re-inspections	84	2, 822	9, 430	12, 336
No. of infested properties treated by Council	10	1, 549	1, 439	2, 998
Total treatments carried out including re-treatments	15	1, 562	1, 451	3, 028
No. of notices served under Section 4 of the Act:				
(a) Treatment	-	-	-	-
(b) Structural work (i. e. proofing)	-	14	35	49
No. of cases in which default action taken following Section 4 notice	-	-	-	-
Legal Proceedings	-	-	-	-
No. of "Block" control schemes carried out		12		

**TABLE 46**  
**VISITS MADE BY HOUSING INSPECTORS AND TECHNICAL ASSISTANTS**

Underground Rooms	157
Section 16, Housing Act, 1957)	6
Section 17 - do- )	
Slum Clearance	295
Compulsory Purchase Orders	262
Overcrowding	131
Permitted Numbers	75
Standard and Improvement Grants	27
Betting Offices (Betting and Gaming Act, 1960)	10
Town Planning Applications	572
Houses in Multiple Occupation	527
Miscellaneous	637
Re-inspections	2, 758



TABLE 47

VISITS BY PUBLIC HEALTH INSPECTORS				
Type of Premises	Number	Visits or Inspections	Notices	Legal Proceedings
<u>Registered and Licensed Premises:</u>				
Milk Distributors	410	263	7	-
Licensed premises under the Milk (Special Designation) Regulations 1963	397	-	-	-
Ice Cream Premises: Sale	589 (	282	11	-
Manufacture	32 (			
Storage only	5 (			
Prepared Food Premises: Meat	112 (	204	32	1
Fish	56 (			
Rag Flock Premises	66	25	-	-
Pet Shops	73	35	-	-
Offensive Businesses	21	16	4	-
Pharmacy and Poisons Premises	131	140	-	-
Common Lodging Houses	4	31	-	-
Seamen's Lodging Houses	4	20	-	-
Massage Premises	7	7	-	-
<u>Other Premises:</u>				
Mechanical Factories	3,459	1,024	247	-
Non-Mechanical Factories	642	144	5	-
Other Factories	172	33	-	-
Outworkers	707	-	-	-
Bakehouses	52 (	173	33	7
Baker Shops	90 (			
Butcher Shops and Stalls	199	201	43	-
Catering Establishments	1,473	749	107	8
Fish Shops	126	124	21	-
Greengrocers and Fruiterers	473	189	34	1
Grocers (wholesale and retail)	493	419	67	2
Public Houses and Off-Licences	534	307	63	1
Poultry Dealers (excluding butchers)	42	74	16	-
Railway Depots	4	400	-	-
Wharves	70	1,516	-	-
Miscellaneous Food Premises	647	444	48	15
Meat Vehicles	-	123	-	-
Revisits	-	426	-	-
<b>TOTALS:</b>	<b>10,390</b>	<b>7,369</b>	<b>738</b>	<b>35</b>

There are 4,566 food premises including stalls in the Borough. Some of the premises listed above are included under more than one trade category.

**NOTICES SERVED BY DISTRICT PUBLIC HEALTH INSPECTORS**

Public Health (London) Act 1936, Section 40	...	8
-do- " 82	...	386
Public Health Act 1936, Section 39	...	57
-do- " 44	...	1
-do- " 45	...	17
-do- " 75	...	81
-do- " 89	...	1
-do- " 93	...	1,607
Public Health Act 1961, Section 17	...	148
Factories Act 1961	...	252
Prevention of Damage by Pests Act 1949	...	49
London County Council (General Powers) Act 1954, Sec. 12	...	14
-do- 1955 " 25	...	30
-do- 1955 " 27	...	10
London County Council Drainage Byelaws	...	1
Stepney Borough Council (Staircase Lighting) Byelaws	...	18
-do-(Yard Paving) Byelaws	...	3
-do-(Hairdressers) Byelaws	...	7
		<hr/>
		2,690
		<hr/>

**DEFECTS IN DWELLINGS REMEDIED FOLLOWING SERVICE OF NOTICES**

Dirty and dilapidated rooms	...	474
Defective and/or choked drains and water-closets	...	526
Defective and/or dirty water-closets	...	672
Defective water supply	...	77
Defective paving	...	45
Defective gutters and rainwater pipes	...	329
Defective roofs	...	510
Dampness	...	744
Dustbins supplied	...	98
Accumulations of refuse removed	...	202
Smoke nuisances abated	...	8
Miscellaneous defects remedied	...	1,570



TABLE 50

MISCELLANEOUS WORK OF PUBLIC HEALTH INSPECTORS

**Rent Act 1957 - Certificates of Disrepair**

1.	Applications for Disrepair Certificates	...	12
	Notice of proposal to issue certificates	...	12
	Undertaking accepted	...	9
	" refused	...	-
	Certificates issued	...	3
2.	Applications for cancellation of Disrepair Certificates	...	8
	Cancellations issued	...	11
	" refused	...	3

Tenant      Landlord

3.	Applications for certificates as to remedying of defects	5	7
	Certificates issued - All defects remedied	-	5
	" " - Some defects remedied	5	2

**Complaints**

Number received at Office 4,807

**Dangerous Structures**

Number of premises notified to District Surveyor. 40

**Drainage Plans**

Number of plans on which observations submitted to Borough Engineer and Surveyor 168

**Land Charges**

Number of premises reported upon 3,762

**Public Houses**

Number of premises reported upon to Licensing Justices 85

TABLE 51

## CONFERENCES

The Council was represented at the following Conferences during the year:

Conference	Venue	Dates	Representatives
Royal Society of Health	Eastbourne	26th-30th April, 1965	Councillor Mrs. D. M. Couling Dr. S. Boyd (Deputy Medical Officer of Health)
National Association for Maternal and Child Welfare	Edinburgh	16th-18th June	Councillor B. A. McCarthy (Chairman) Dr. R. W. Watton (Medical Officer of Health)
National Nursery Examinations Board (Area Conference)	London	21st June	Miss E. J. Early (Principal Nursing Officer)
Association of Public Health Inspectors	Blackpool	14th-17th September	Councillor B. A. McCarthy (Chairman) Mr. H. W. Luke (Chief Public Health Inspector) Mr. T. Jones (Public Health Inspector)
Institute of Shops Act Administration	Weymouth	28th-30th September	Mr. W. Hart (Public Health Inspector)
Royal Institute of Public Health and Hygiene	Weymouth	6th-8th October	Councillor Mrs. D. M. Couling Dr. W. C. Turner (Assoc. Medical Officer of Health)
National Association for Mental Health	London	7th-8th October	Mr. J. Strain (Social Worker - Mental Health)
Queen's Institute of District Nursing	London	11th October	Miss E. J. Early (Principal Nursing Officer)
Royal Society of Health 'Health and Welfare Problems of Immigrants'	London	15th October	Councillor A. W. Downes (Vice-Chairman)
National Society for Clean Air	Eastbourne	26th-29th October	Councillor Mrs. D. M. Couling and Mr. L. Windsor (Public Health Inspector)
Health Visitors Association	Cheltenham	30th October	Councillor B. A. McCarthy (Chairman) Miss E. Collins (Assistant Nursing Officer)
Nursery Schools Association	London	5th November	Miss A. E. Tennant (Health Visitor)
National Council of Home Help Services	London	12th November	Mrs. D. Ward (Home Help Organiser)



TABLE 52

## REFRESHER COURSES ETC.

Courses attended by staff during the year were as follows: -

Course	Venue	Dates	Attended by
Royal College of Nursing Refresher Course	Southampton	31st March-9th April	Miss I. Mathews (School Nursing Sister)
Association of P.H.I.s. Week-end School	Folkestone	2nd-4th April	R. E. Williams and J. A. Leary (Public Health Inspectors)
National Institute for Social Work Seminar for Student Supervisors	London	29th-30th April	Miss E. Brett (Principal Social Worker Health Services)
National Childbirth Trust (Seminar)	London	9th-11th July	Miss P. Wilcox (Health Visitor)
Royal College of Nursing Refresher Course	Durham	14th-23rd July	Miss E. Howlett (Centre Superintendent)
Central Council for Health Education Summer School for Field-workers	Bangor	10th-20th August	Miss E. Read (Health Visitor)
Health Visitors Association (Environment and Health)	Bangor	4th-18th September	Miss B. McGarry (Health Visitor)
National Association for Mental Health - (Mentally sub-normal children)	London	13th September - 1st October	Dr. A. J. V. Lawson (Assistant Medical Officer)
Institute of Home Help Organisers Annual Week-end School	Nottingham University	23rd-25th September	Mrs. B. Kenworthy (Home Help Organiser)
Association of Public Health Lay Administrators Week-end School	Oxford University	15th-18th September	Mr. E. P. Webber (Chief Administrative Officer)
London Borough Training Committee Seminars for Supervisors 'Training of Students'	London	12 Weekly sessions 30th September-16th December	Miss E. Brett (Principal Social Worker Health Services)
Editorial Press and Publicity Service Ltd. Cookery Demonstrations 'Young mothers food problems'	London	7th October	Mrs. E. Evans Miss S. Cant (Centre Superintendents) Miss B. McGarry (Health Visitor)
Psychiatric Social Workers Training Course (Arranged by former L. C. C.)	London	October 1965 - June 1966	Miss A. Norman (Senior Social Worker - Mental Health)

TABLE 52 (continued)

SCHOOL REFRESHER COURSE (continued)			
Course	Venue	Dates	Attended by
Royal College of Nursing Study day for Nursery Matrons	London	13th October	Miss V. Dyson Miss L. Hayes Miss M. Olive Mrs. L. Way (Matrons: Day Nurseries ) Miss A.M. Thomson (Deputy Principal Nursing Officer) Miss J. Chase Mrs. E. Evans (Centre Superintendents) Miss L. Young Miss B. McGarry (Health Visitors)
London Boroughs Training Committee. Introductory Courses for School Nurses	London	28th-29th October and 4th - 5th November	Miss P. Maguire Miss S. Dale (School Nurses)
College for the Distributive London Trades (Poultry Refresher Course)	London	9th November - 19th November	R. Scanes W. Kidson (Public Health Inspectors)
National Society for Mentally Handicapped Children "Tour" Sheltered Workshop and Hostel	Slough	17th November	Mrs. H. Puttick (Social Worker Mental Health)
Women's Advisory Council on Solid Fuel	London	28th November	Dr. R.W. Watton (Medical Officer of Health)
Health Visitors Association (Groups within the Community)	London	December 1965- January, 1966	Miss H. Meredith (School Nursing Sister)
Health Visitors Association Fieldworkers Instructors Course	London	29th December 1965 - 11th January 1966	Miss E. Laird (Health Visitor)

TABLE 53  
MEDICAL EXAMINATION OF STAFF

New Entrants to the Council's Service	349
Absences due to sickness	135
For Sick Pay Scheme	150
Extension of service beyond age 65	30
For Gratuity or other reasons	6
	670



TABLE 54

## SCHOOL HEALTH STATISTICS

**School Medical Inspections**

Routine	...	14,494
Special	...	5,149
Reinspections	...	4,730
Number of medical inspections per 1,000 population, age 5-14		852
Health Surveys - comprehensive	...	21,563
"    "    - selective	...	7,818
"    "    - communicable diseases	...	4,578

**Audiometry**

Number of children given sweep test	...	4,178
Number of children given pure tone test	...	604
Number of children referred to otologist at audiology centre		202

**School Medical Treatment****Hospital and Specialist Clinics****Vision centres**

Vision sessions	...	417
Number of new cases	...	1,808
Number per 1,000 population, age 5-14	...	63
Total attendances	...	4,332
Errors of refraction and squint	...	2,481
Other eye defects	...	79
Spectacles ordered	...	1,089
Orthoptic sessions	...	84
Number of new cases	...	61
Total attendances	...	281

**Ear, nose and throat centres**

Sessions	...	92
Number of new cases	...	183
Total attendances	...	606

**Local Authority Clinics****Audiology centres**

Sessions	...	22
Number of new cases	...	45
Total attendances	...	141

## SCHOOL HEALTH STATISTICS (continued)

**Special investigation clinics**

Sessions	...	64
Number of new cases	...	68
Total attendances	...	421

**Minor ailment centres**

Sessions: Medical Officer	...	42
Nursing Sister	...	233
Number of new cases seen by medical officer	...	408
Number of new cases seen by nursing sister only	...	454
Number of new cases per 1,000 population, age 5 - 14	...	30
Total attendances	...	7,633

**Defects treated:**

Athletes foot	...	5
Verrucae	...	122
Ringworm; body	...	-
Impetigo	...	11
Other skin diseases	...	93
Eye diseases	...	66
Ear diseases	...	28
Miscellaneous: Bruises, lacerations, etc.	...	551

**Bathing centres**

Number of attendances for:		
Scabies	...	27
Impetigo	...	-
Vermin and nits	...	69
Total	...	96

**DENTAL CENTRES**

Number of sessions:		
Treatment	...	2,256.4
Anaesthetic	...	-
Inspection	...	117.0
Total sessions	...	2,373.4

## Treatment sessions -

Number of new cases:		
(a) given appointments	...	15,670
average per session	...	6.9
(b) attended by appointment	...	5,200
average per session	...	2.3



TABLE 56

## SCHOOL HEALTH STATISTICS

## DENTAL CENTRES (continued)

Number of on-treatment cases:		
(a) given appointments	...	15,988
average per session	...	7.1
(b) attended by appointment	...	11,486
average per session	...	5.1
Other attendances (emergencies)	...	310
average per session	...	0.1
General anaesthetic session attendances	...	-
average per session	...	-
Total attendances		16,996
Inspections:		
first inspection at school	...	8,493
first inspection at clinic	...	1,297
percentage found to require treatment	...	67.6
re-inspections at school or clinic in 1965	...	1,043
percentage found to require treatment	...	73.3
Number of dentists employed (effective whole-time equivalent)	...	4.1
Number of dental auxiliaries employed	...	-

## Recuperative holiday homes

Schoolchildren (including nursery schoolchildren):	
Number admitted during year	339

## No. of premises in Borough at 31 December 1965 where Clinics are held for treatment of schoolchildren as necessary

<u>Clinics</u>	<u>Number</u>	<u>No. of sessions per week</u>
Minor ailments	10	46
Audiology	1	2
Chiropody	11	35
Ophthalmic	4	7
Orthoptic	1	2
Speech Therapy	2	5
Special Investigation	3	5½
Vaccination and Immunisation	6	4½
Dental	7	51
Bathing	2	5

TABLE 57

PUPILS ON SCHOOL ROLLS AND ESTIMATED CHILD POPULATION

Pupils on School Rolls

	December 1964	December 1965
Under 5 years (full-time)	1,769	1,740
" 5 " (part-time)	1,199	1,167
Infants	6,300	6,591
Juniors	11,353	11,302
Seniors	12,928	12,645
Special	869	887
<b>Total</b>	<b>34,418</b>	<b>34,332</b>

Estimated Child Population

The Registrar General estimated the child population at 30th June, 1965, as follows:-

Age under 1 year	3,890
1 - 4 years	13,510
5 - 14 years	28,600
<b>Total under 15 years</b>	<b>46,000</b>



**B. C. G. VACCINATION - SCHOOLCHILDREN**

(1)	No. of schools visited	...	29
(2)	No. of 13 year old children (i. e. consent forms issued	...	2,654
(3)	No. of consents received	...	2,225
(4)	No. of children tested and read	...	1,425
(5)	No. of children not dealt with		
	because of refusal of consent or absence	...	1,229 (46.3%)
(6)	No. of positive reactors among (4)	...	74 (5.2%)
(7)	No. of negative reactors vaccinated	...	1,351

**HEARING AIDS**

No. of pupils known to have been provided with hearing aids during the year	...	19
No. of pupils (still at school) known to have been provided with hearing aids in previous years	...	60

**ORTHOPAEDIC AND POSTURAL DEFECTS**

No. of pupils treated at clinics or out-patients departments	...	109
No. of pupils treated at school for postural defects	...	87

**OTHER TREATMENT**

No. of children attending clinics at 31 December, 1965:-

Ear, Nose and Throat	...	100
Audiology	...	265
Special investigation	...	179

TABLES 59 & 60

**STAFF OF SCHOOL HEALTH SERVICE**  
**(Full-time equivalent as at 31 December 1965)**

Medical Officers and Sessional Medical Officers	...	7.07
Nursing (all categories of staff)	...	20.50
Speech Therapists	...	3.10
Social Workers	...	3.60
Physiotherapists	...	0.90
Dental Officers	...	6.08
Dental Surgery Assistants	...	6.60

**SCHOOL MEDICAL INSPECTIONS**  
**(Excluding Dental and Health Surveys)**

School Roll - 21. 1. 66 34,044

Routine Inspections

Number inspected 14,494

Percentage of Number inspected of:

Parent present	...	57.6
Care Committee present	...	75.1
No. vaccinated against smallpox	...	64.6
No. immunised against diphtheria	...	85.9
No. immunised against whooping cough	...	65.2
No. vaccinated against poliomyelitis	...	79.6
Physical condition unsatisfactory	...	0.3
Referred for treatment of defects	...	15.7
Referred for treatment of defects other than vision	...	8.6

Non-Routine Inspections

(i) Specials	...	5,149
(ii) Re-inspections	...	4,730

No. of routine inspections as percentage of school roll 42.6

No. of non-routine inspections as percentage of school roll 29.0



TABLE 61

## ROUTINE MEDICAL INSPECTIONS - DEFECTS

Number of children noted for treatment or observation expressed as  
a rate per 1,000 inspected

No. inspected - 14,494

<u>Defects</u>	<u>Treatment</u>	<u>Observation</u>
Skin ...	8.42	8.42
Eyes - Vision ...	78.93	88.11
- Squint ...	11.59	6.07
- Other ...	3.04	1.66
Ears - Hearing ...	4.83	4.83
- Otitis Media ...	1.93	2.83
- Other ...	2.48	1.31
Nose and Throat ...	13.45	31.05
Speech ...	2.83	5.38
Lymphatic Glands ...	0.62	2.00
Heart ...	2.14	4.90
Lungs ...	3.93	7.52
Developmental - Hernia ...	0.76	2.00
- Other ...	1.45	7.11
Orthopaedic - Posture ...	1.45	2.41
- Feet ...	5.45	9.18
- Other ...	4.48	6.28
Nervous System - Epilepsy ...	1.52	1.17
- Other ...	1.38	1.31
Psychological - Development ...	2.21	3.10
- Stability ...	1.03	4.14
Abdomen ...	0.07	0.28
Other ...	17.25	17.39

TABLE 62

## FINDINGS AT HEALTH SURVEYS

<b>School Roll - 20.1.66</b>		34,044
<b>1. Comprehensive Surveys</b>		
(a) Number examined	...	21,563
(b) Number (occasions) found verminous	...	550
(c) Percentage found verminous	...	2.55
<b>2. Selective Surveys</b>		
(a) Number examined	...	7,818
(b) Number (occasions) found verminous	...	583
(c) Percentage found verminous	...	7.46
(a) Total times vermin found	...	1,133
(b) Total percentage found verminous	...	3.86
(c) No. of individual pupils found verminous	...	780
(d) Percentage of individual pupils found verminous (of school roll)	...	2.29
<b>3. Action taken with verminous cases</b>		
(a) Advice and/or Lorexane	...	992
(b) Further action	...	141
(c) 3(b) expressed as a percentage of 3(a)	...	14.2
<b>Analysis of 3(b) cases - referrals of hardcore cases to bathing centres</b>		
<b>Voluntary attendances at bathing centres</b>		
No. of pupils	...	140
No. of statutory notices issued	...	1
<b>No. cleansed at centres following statutory notices</b>		
Voluntarily	...	1
Compulsorily	...	-
<b>Communicable Disease Surveys</b>		
Number examined for:		
Athlete's foot	...	1,741
Plantar Warts	...	2,816
Dysentery	...	-
Other communicable diseases	...	21



TABLE 63

## SCHOOL DENTAL STATISTICS

<b>(1) Number of Sessions</b>		
Treatment - ordinary	...	2256.4
"    - General Anaesthetic	...	-
Inspection	...	117.0
<b>(2) First Inspections</b>		
(a) Number of first inspections in school	...	8493
(b) Number of first inspections at clinic	...	<u>1297</u>
(c) TOTAL	...	9790
(d) Total as percentage of School Roll (3(c) as percentage of (1)	...	28.8
(e) No. inspected found to require treatment	...	6617
(f) Percentage of no. inspected found to require treatment	...	67.6
(g) Number offered treatment	...	5911
(h) Percentage of number requiring treatment offered treatment	...	89.3
(i) Percentage of number requiring treatment elected for private treatment	...	10.7
<b>(3) Reinspections</b>		
(a) Reinspections in school	...	-
(b) Reinspections at clinic	...	<u>1043</u>
(c) TOTAL	...	1043
(d) No. of reinspections as percentage of first inspections (3(c) as percentage of 2(c)	...	10.7
(e) No. reinspected found to require treatment	...	765
(f) Percentage of no. reinspected found to require treatment (3(e) as percentage of 3(c)	...	73.3
<b>(4) Number of appointments given to</b>		
(a) New cases	...	15670
(b) On treatment cases	...	15981
<b>(5) Number of attendances made by</b>		
(a) New cases	...	5200
(b) On treatment cases	...	11486
(c) Emergencies	...	<u>310</u>
(d) Total attendances	...	16996
<b>(6) Response rate</b>		
(a) New cases (5(a) as percentage of 4(a)	...	33.2
(b) On treatment cases (5(b) as percentage of 4(b))	...	71.9
<b>(7) Cases discharged dentally fit</b>		
		2636
<b>(8) Lapse Rate (treatment not completed)</b>		
Item (5(a) plus 5(c) less item 7 expressed as percentage of 5(a) plus 5(c)		52.2

## NON-ROUTINE MEDICAL INSPECTIONS

## Type of Inspection

Reinspections	...	4,730
Bathing Centre inspections - scabies	...	-
" " " - other	...	6
Employment certificates	...	341
Theatrical children	...	-
School Journeys	...	1,894
Recuperative holidays - pre-departure	...	266
" " - on return	...	3
Secondary School annual surveys	...	-
Candidates for higher awards	...	-
Nautical school entrants	...	8
Outward bound courses	...	4
Infectious disease investigation	...	-
T. B. contacts	...	-
Boarding Schools for the Delicate - pre-departure	...	11
" " - on return	...	4
Handicapped pupils - statutory examination	...	182
" " - periodic special defects examination	...	465
Research investigations and enquiries	...	90

## SPECIALS - At request of:

Head teacher - child's name entered in special book	...	172
" " - others	...	686
School nurse - following health survey	...	56
" " - others	...	277
Divisional (Education) Officer	...	136
District Care Organiser or Care Committee	...	117
Parent	...	177

## OTHERS:

Accident on school premises	...	-
Referred by school medical officer	...	69
Boxing - reference from schools, A. B. A., or similar association	...	-
Rheumatism follow-up	...	-
Reference (i) connected with remedial exercises	...	-
foot classes	...	-
(ii) by gymnast or physiotherapist	...	-
Referred by hospital	...	-
Referred by speech therapist	...	-
Referred by general practitioner	...	1
Miscellaneous	...	184



**ROUTINE MEDICAL INSPECTIONS - VISION**

	<u>Boys</u>	<u>Girls</u>
Number tested	6, 146	5, 607
<u>Not wearing glasses</u>	<u>Percentage of number tested</u>	
6/6	78.8	75.2
6/9	7.6	9.2
6/12 or worse	6.3	6.8
Noted for treatment	6.2	7.1
<u>Wearing glasses</u>	<u>Percentage of number tested</u>	
6/6	3.0	4.0
6/9	1.8	2.3
6/12 or worse	2.5	2.5
Noted for treatment	3.5	2.7
<u>Boys and Girls</u>	<u>Percentage of number tested</u>	
	<u>with or without glasses</u>	
Noted for treatment	9.7	
Noted for Observation	10.9	
Total noted for treatment or observation	20.6	

**COMPARISON OF DEFECTS NOTED AT 7-PLUS ROUTINE MEDICAL INSPECTIONS**

Number of children noted for treatment and Observation expressed as a rate per 1,000 inspected

No. inspected at 7-plus Routine Inspections	3,364
<u>Defects</u>	
Skin	12.49
Eyes - Vision	187.28
- Squint	20.51
- Other	5.05
Ears - Hearing	17.54
- Otitis Media	3.86
- Other	2.68
Nose and Throat	49.94
Speech	8.92
Lymphatic Glands	2.38
Heart	8.32
Lungs	12.78
Development - Hernia	3.57
- Other	9.22
Orthopaedic - Posture	7.13
- Feet	14.57
- Other	8.62
Nervous System - Epilepsy	3.57
- Other	3.27
Psychological - Development	7.43
- Stability	5.65
Abdomen	0.30
Other	38.94

HEALTH DEPARTMENT ESTABLISHMENTS

Particulars of clinics held and services provided  
as at 31st December, 1965

Establishment	Address	Days	Time	Staff	Services
St. James' Hospital	St. James' Road, Dublin 8	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Vincent's Hospital	St. Vincent's Place, Dublin 4	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Mary's Hospital	St. Mary's Street, Dublin 7	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Patrick's Hospital	St. Patrick's Street, Dublin 8	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. John's Hospital	St. John's Road, Dublin 8	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Elizabeth's Hospital	St. Elizabeth's Street, Dublin 7	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Andrew's Hospital	St. Andrew's Street, Dublin 7	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. George's Hospital	St. George's Street, Dublin 7	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Michael's Hospital	St. Michael's Street, Dublin 7	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. James' Hospital (Dublin 1)	St. James' Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Vincent's Hospital (Dublin 1)	St. Vincent's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Mary's Hospital (Dublin 1)	St. Mary's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Patrick's Hospital (Dublin 1)	St. Patrick's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. John's Hospital (Dublin 1)	St. John's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Elizabeth's Hospital (Dublin 1)	St. Elizabeth's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Andrew's Hospital (Dublin 1)	St. Andrew's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. George's Hospital (Dublin 1)	St. George's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.
St. Michael's Hospital (Dublin 1)	St. Michael's Street, Dublin 1	Mon-Fri	9.00 a.m. - 5.00 p.m.	Medical Officer, Health Visitor, School of Clinic Nurse, Midwife, Social Worker	General Practice, Maternity, Paediatrics, Geriatrics, Physiotherapy, Occupational Therapy, Speech Therapy, Psychological Services, X-ray, Laboratory, etc.



HEALTH DEPARTMENT

ESTABLISHMENTS

Particulars of Clinics held and

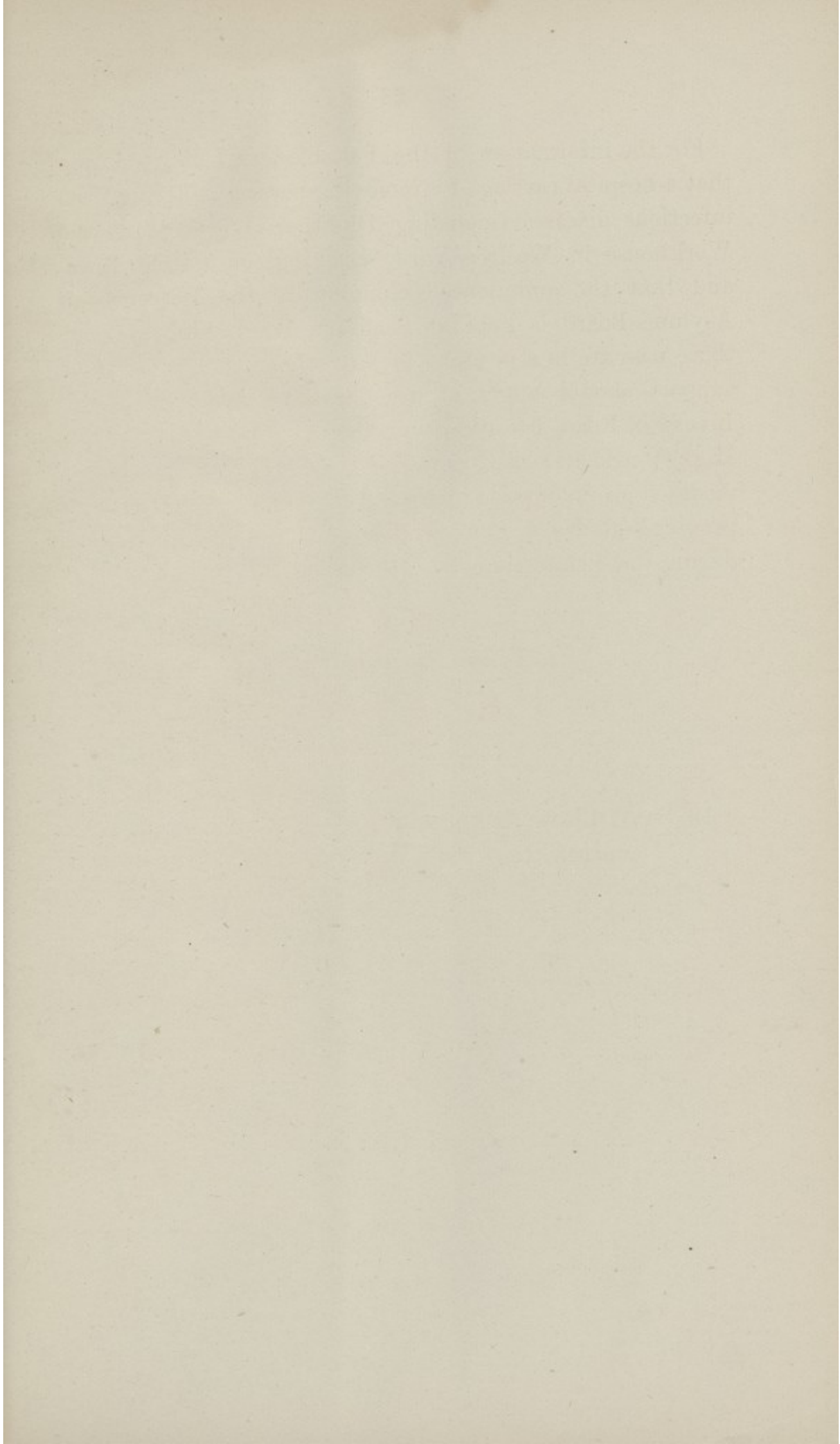
Services Provided as at 31.12.65.

ABBREVIATIONS.

- M.O. Medical Officer.
- H.V. Health Visitor, School or Clinic Nurse.
- Mid. Midwife.
- S.W. Social Worker.

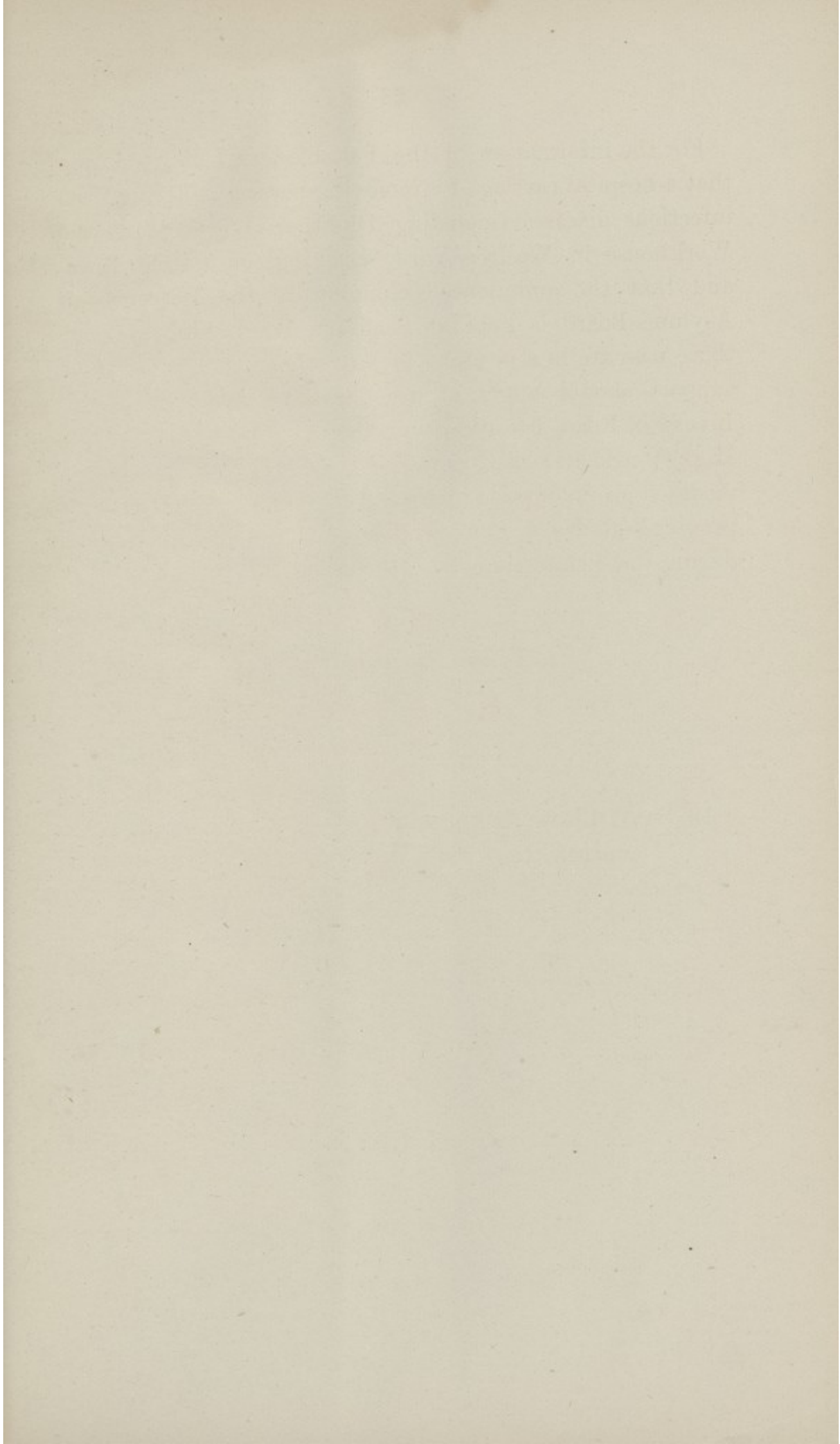
Premises (a) Clinic & School Treatment Centres	Ante Natal	Audiology	Chiropody	Dental	Infant Welfare	Minor Ailments
Bethnal Green Centre, Lyte Street, E. 2.		Mon. p. m. & Tues. a. m. (M.O. & H.V.) (S.W.)	Mon. & Thurs. eve. Weds. am/ pm.	Tues. a. m. p. m. and eve. Thurs. a. m.		Mon, Weds, Thurs. & Fri. a. m. (H.V.) Tues. a. m. (M.O. & H.V)
Bromley Centre, 3/4, Phillips House, Coventry Cross, E. 14.				Mon. am, pm and eve. Tues, Weds and Fri. a. m. and p. m.		Mon - Fri a. m. (H.V.)
Bromley Health Centre, Newmill House, Empson Street, E. 3.					Fri. a. m. Mon. & Tues. p. m. (M.O. & H.V)	
Greenwood Centre, Peel Grove, E. 2.	Mon. p. m. Thurs. a. m. (M.O. & H.V)				Tues. p. m. (H.V.) Weds. & Fri. p. m. (M.O. & H.V)	

Occasional Creches	Physio- therapy	Special Investigations	Toddlers	Vaccination & Immunisation	Vision	Other
					Thurs. p. m. (M.O. & H.V.)	
		Weds. a. m. Fri. p. m. (M.O. & H.V) (S.W.)				
			Weds. a. m. 2nd & 4th in month (M.O. & H.V)	4th Thurs. in month a. m. (M.O. & H.V)		
Tues. & Thurs. p. m.	Mon. p. m. Fri. a. m.		Fri. p. m. 2nd & 4th in month (M.O. & H.V.)	Weds. p. m. (M.O. & H.V)		<u>G. P. Obstetricians:</u> Mon. p. m. <u>Mothercraft</u> Mon. & Thurs. pm (HV) <u>Dressmaking</u> Tues. & Thurs. pm. <u>Blind - Examination of</u> Tues. a. m. (M.O) <u>Cervical Cytology</u> Alt. Weds. am (M.O. & H.V.) <u>Mothers Club</u> Thurs. p. m. - last in month (H.V.) <u>Health Education</u> Tues. p. m. 2nd and 4th in month (H.V.) <u>Relaxation</u> Weds. a. m. (H.V.)



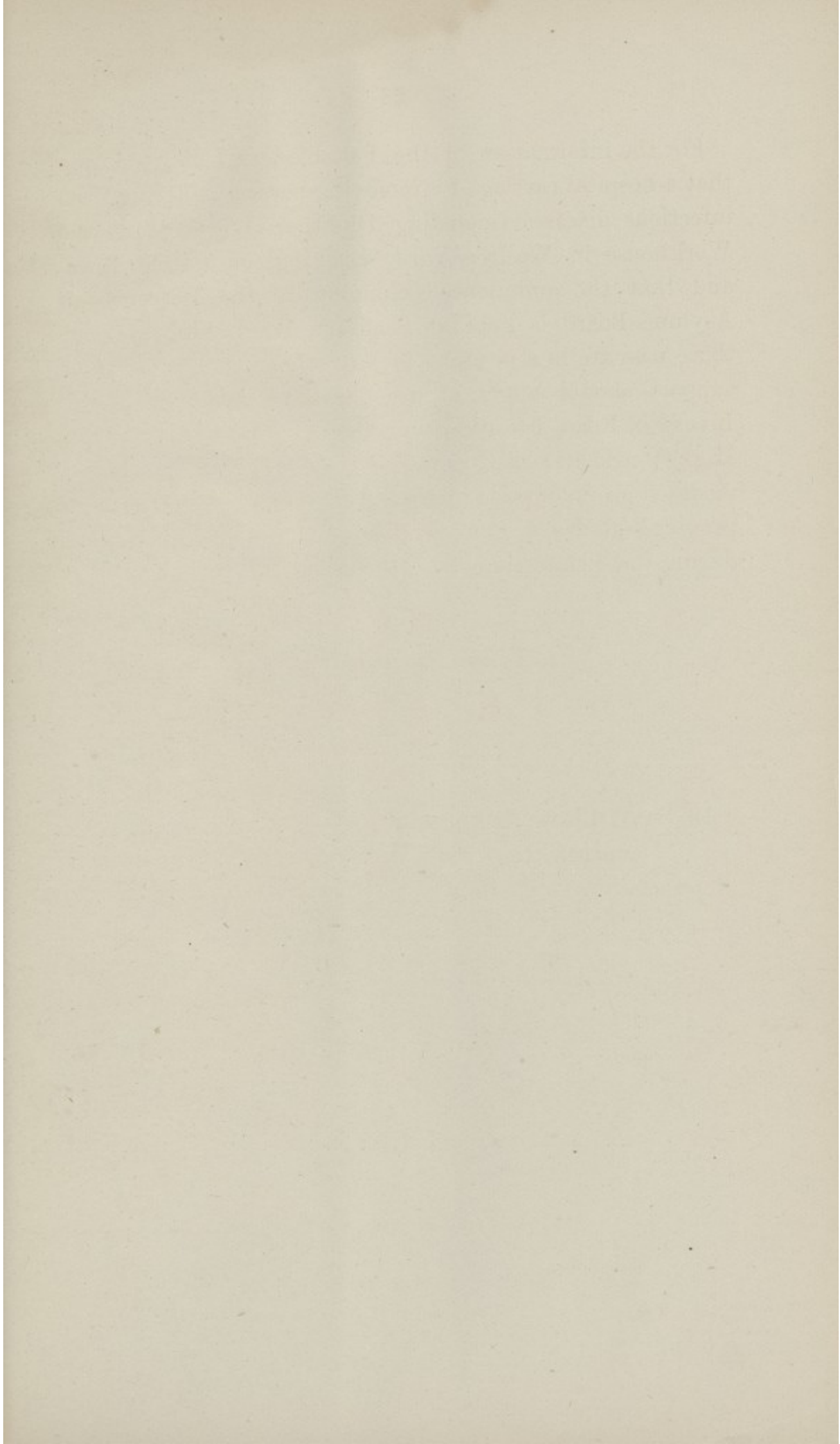


Premises	Ante Natal	Audiology	Chiropody	Dental	Infant Welfare	Minor Ailments	Occasional Creches	Physiotherapy	Special Investigations	Toddlers	Vaccination & Immunisation	Vision	Other
Island Centre, Roserton Street, E. 14.			Thurs. a. m.	Thurs. a. m. & p. m.	Mon. p. m. (H. V.) Weds. p. m. (M.O. & H.V.)	Tues. & Thurs. a. m. (H. V.) ★ Mon, Wed, and Fri a. m. (HV)				Weds. a. m. 1st and 3rd in month (M.O. & H.V.)	Thurs. p. m. (M.O. & H.V.)		Mothers Club Thurs. p. m. 1st in month (H. V.) G. P. Cervical Cytology Alt. Fri. p. m. G. P. Obstetricians Fri. pm (Mid-weekly - G. P. alt. weeks)
			★ Held at Harbinger School										
Limehouse Centre, 673, Commercial Road, E. 14.						Tues. & Thurs. p. m. & Fri. a. m. (MO & HV)				Mon. p. m. (M.O. & H.V.)			G. P. Obstetrician Weds. p. m. Relaxation class Weds. a. m.
Marian Richardson Centre, Marian Richardson School, Commercial Road, E. 1.						Tues. & Fri. a. m. (H. V.)							
Mary Hughes Centre, Underwood Road, E. 1. and (Ida Samuel T. C.)			Mon. & Tues. p. m. & eve. Weds. a. m.	Tues. & Fri. a. m. & p. m.	Mon, Wed, Thurs. p. m. (M.O. & HV)	Mon to Fri. a. m. (H. V.) Mon p. m. (M.O. & HV)	Alt. Tues. p. m.		Alt. Mon. a. m. Tues. p. m. Thurs. a. m. (MO & HV) (SW)	Tues. p. m. 1st & 3rd in month (MO & HV)			Family Planning Mon. eve Mothers Club Alt. Tues. p. m.
Nursing Sisters of St. John the Divine, Lodore Street, E. 14.	Thurs. a. m. & p. m. (MO & Mid.)												
Poplar Centre, 89, East India Dock Road, E. 14.			Mon, Tues. & Fri. a. m. & p. m. Wed. & Thurs. p. m.		Tues. a. m. Thurs. a. m. & p. m. (MO & HV)	Mon. Weds & Thurs. a. m. (H. V.)	Tues. p. m.		Tues. p. m. (MO. & HV) (SW)	Weds. a. m. 1st & 3rd in month (MO & HV)	Weds. p. m. 1st in month (MO. & HV)	Mon. a. m. Fri. a. m. & p. m. (MO. & HV)	Bathing Clinic Mon. eve Tues, Weds. & Thurs. p. m. Mothers Club Mon. p. m. (HV) 2nd in month Dressmaking Tues. p. m. Orthoptist Mon. a. m. & p. m.



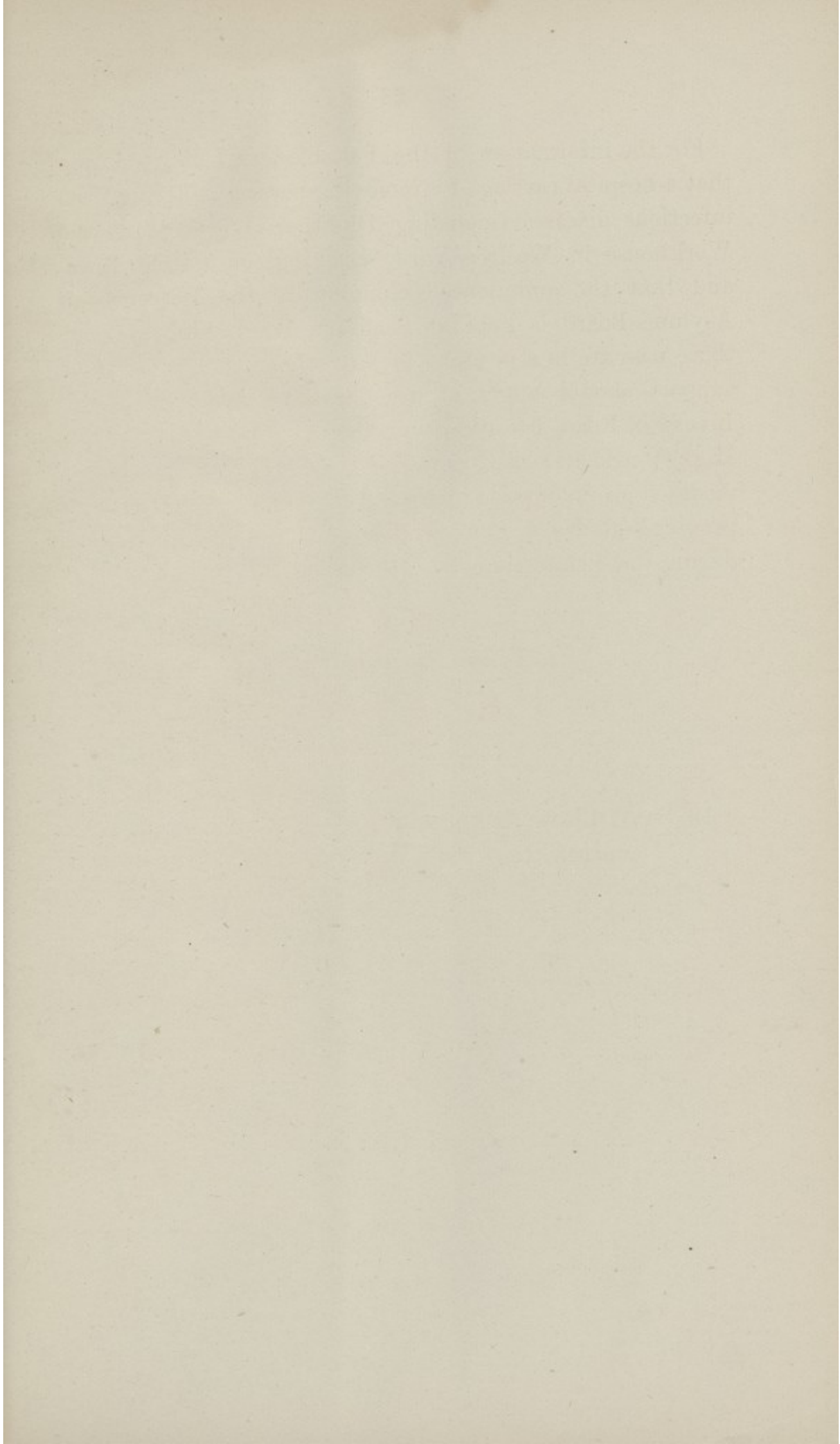


Premises.	Ante Natal	Audiology	Chiropody	Dental	Infant Welfare	Minor Ailments	Occasional Crèches	Physio-therapy	Special Investigations	Toddlers	Vaccination & Immunisation	Vision	Other
Prunella Centre, Bernhard Baron Settlement, Henriques Street, E. 1.				Mon. a. m. p. m. & eve. Tues, Weds, Thurs. & Fri. am & pm.		Mon. to Thur. a. m. (HV) Fri. a. m. (MO & HV)						Thurs. p. m. (MO & HV)	
Rochelle Centre, Rochelle School, Club Row, E. 2.					Mon. p. m. & Weds. am (MO & HV)	Mon. a. m. (MO & HV) Tues. to Fri. a. m. (HV)				Weds. p. m. 4th in month (MO & HV)			<u>Bathing Clinic</u> Tues. a. m. and Thurs. p. m.
Rhondda Grove, 17, Rhondda Grove, E. 3.					Mon. & Thurs. p. m. (MO & HV)								
Ruston Street Centre, Ruston Street, E. 3.			Tues a. m. & p. m. Fri. a. m.	Tues a. m. & p. m. Thurs a. m. p. m. & eve.	Thurs. a. m. & p. m. (MO & HV)	Mon. to Fri. am. (HV)				Fri. a. m. 2nd & 4th in month (MO & HV)		Weds. p. m. Fri. a. m. (MO & HV)	<u>Dressmaking</u> Mon. p. m. <u>G. P. Obstetrician</u> Weds. p. m. <u>Special Advisory Clinic</u> Fri. a. m. (MO & HV) 3rd in month <u>Speech Therapy</u> Tues a. m. & p. m.
St. George's Centre, Library Place, Cable Street, E. 1.			Thurs. am. & p. m.		Tues, Weds. & Fri p. m. (MO & HV)					Tues. a. m. 1st in month (MO & HV)			
Stepney Green Centre, 35, Stepney Green, E. 1.			Mon. a. m. p. m. & eve. Thurs. a. m.		Tues. a. m. & Weds. p. m. (MO & HV) Thurs. pm. (HV)						Tues. p. m. (MO & HV)		
Wapping Centre, Pier Head, E. 1.					Weds. p. m. (MO & HV)	Mon. to Fri. a. m. (HV)	Weds. a. m.						<u>Mothers Club</u> Alt. Thurs. eve. <u>Girls Club</u> Alt. Thurs. eve.





Premises	Ante Natal	Audiology	Chiropody	Dental	Infant Welfare	Minor Ailments	Occasional Creches	Physio-therapy	Special Investigations	Toddlers	Vaccination & Immunisation	Vision	Other
Wellington Way Centre, Bow, E. 3.				Mon, Weds. & Fri. a. m. & p. m.	Tues. a. m. & Weds. p. m. (MO & HV) Thurs. p. m. (HV)		Tues. p. m. 2nd & 4th in month & Fri. p. m.	Tues. & Thurs. a. m. & p. m.		Thurs. am. 1st & 3rd in month (MO & HV)	Weds. p. m. (MO & HV)		G. P. Obstetrician Mon. p. m. Mothers Club Tues p. m. (HV) 2nd & 4th in month Cervical Cytology Alt. Weds. a. m. (MO & HV) Family Planning Fri. a. m. Dressmaking Fri. p. m. Blind - Examination of Fri. a. m. (MO) Marriage Guidance Council Weds. a. m.
Will Crooks Centre, Wigram House, Wades Place, E. 14.					Mon. p. m. 1st, 2nd & 5th in month (HV) Tues. a. m. & p. m. (MO & HV)		Alt. Thurs. p. m.	Mon. a. m. Weds. a. m. & p. m. Fri. p. m.		Tues. a. m. 2nd & 4th in month (MO & HV)			Speech Therapy Mon, Weds & Fri. p. m. Mothers Club Alt. Thurs. p. m. (HV)
<b>(b) Chest Clinics</b> London Chest Hospital, Victoria Park, E. 2. Mon, Wed, Thurs, Fri, Sat. 9.15 am - 11.30 am. Wellington Way Clinic, Bow Road, E. 3. Tues. 2.0 - 4.0 (adults) 5.30 - 7.0 (adults) Stepney Chest Clinic, Steel's Lane, E. 1. Mon. 10.0 - 12.0 & 2.0 - 4.0. Tues. 10.0 - 12.0.							Sat. 9.15 am - 11.0 a. m. Wed. 5.0 pm. - 6.30 pm. Thurs. BCG Clinic 2.30 p. m. Thurs. 10.0 - 12.0 (children) 2.0 - 4.0 (adults) Fri. 10.0 - 12.0 (adults) & 2.0 - 4.0 & 5.0 - 7.0. Wed. 10.0 - 12.0. Fri. 10.0 - 12.0. Sat. 10.0 - 12.0.						
<b>(c) Day Nurseries</b> Mary Hughes, 22, Underwood Road, E. 1. Mondays to Fridays 8.0 a. m. - 6.0 p. m. Christian Street, E. 1. " " " 7.30 " - 5.30 " University House, Sugar Loaf Walk, E. 2. " " " 7.30 " - 5.30 " Queen Mary, Tidey Street, E. 3. " " " 7.30 " - 5.30 " Alice Model, 14/24, Beaumont Grove, E. 1. " " " 8.0 " - 6.0 " (Voluntary)													
<b>(d) Mental Health Training Centres.</b> Whitechapel Centre, 28 Underwood Road, E. 1. Mondays to Fridays 9.30 a. m. - 4.0 p. m. Bethnal Green Training Centre, Cornwall Ave., E. 2. " " " 9.30 a. m. - 4.0 p. m.													
Unity Hall Industrial Training Centre, 56a, East India Dock Road, E. 14. " " " 9.30 a. m. - 4.30 p. m.													
<b>(e) Mental Health Day Centre.</b> Pritchards Road, E. 2. " " " 9.30 a. m. - 4.0 p. m.													
<b>(f) Disinfecting &amp; Cleansing Stations.</b> Digby Street, E. 2. " " " 8.0 a. m. - 5.0 p. m. Branch Road, Commercial Road, E. 14. " " " 8.0 a. m. - 5.0 p. m.													





Occasional Courses	Physiotherapy Investigation	Specialist Investigation	Physiotherapy Examination	Visiting Lectures	Distinctions
Tues p.m. 2nd & 4th in month & 21st p.m.	Tues 6.00 Thurs 6.00 in month & 21st p.m.	Wed 9.00 am Thurs 9.00 am in month (MO & HV)	Wed 9.00 am (MO & HV)	Mon 9.00 am Monders Club 3.30 Tues 9.00 am (HV) 2nd & 4th in month Cervical Cytology Aft Weds 9.00 am (MO & HV) Family Planning Fri 9.00 am Dressmaking Fri 9.00 am Blind - Examination of Fri 9.00 am (MO) Planning Guidance Council Wed 9.00 am	
Mon 9.00 am Wed 9.00 am Fri 9.00 am Sat 9.00 am	Mon 9.00 am Wed 9.00 am Fri 9.00 am Sat 9.00 am	Tues 9.00 am Wed & 4th in month (MO & HV)	Tues 9.00 am (MO & HV)	Mon 9.00 am Mon 9.00 am Monders Club 3.30 Aft Thurs 9.00 am (HV)	

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- (4) Details of Courses
- London Chess Club, 11, St. Dunstons, London E.C.4
- Wellington Way Clinic, 10-12, Wellington Way, London E.C.4
- Stepney Chess Club, 10-12, Wellington Way, London E.C.4
- (a) Day Courses
- |  |                                      |
|--|--------------------------------------|
| Mary Hughes, 23, Underwood Road, E.1.    | Monday to Friday 9.0 a.m. - 5.0 p.m. |
| Christina Street, E.1.                   | 7.30 - 5.30                          |
| University House, Sugar Loaf Walk, E.2.  | 7.30 - 5.30                          |
| Queen Mary, Tidley Street, E.2.          | 7.30 - 5.30                          |
| Alice Model, 14/16, Beaumont Grove, E.1. | 9.0 - 5.0                            |
- (Voluntary)
- (b) Mental Health Training Centres
- |   |                                       |
|---|---------------------------------------|
| Whitechapel Centre, 28 Underwood Road, E.1.                           | Monday to Friday 9.30 a.m. - 4.0 p.m. |
| Beulah Green Training Centre, Cornwall Ave., E.2.                     | 9.30 a.m. - 4.0 p.m.                  |
| Joby Hall Industrial Training Centre, 54, East India Dock Road, E.14. | 9.30 a.m. - 4.30 p.m.                 |
- (c) Mental Health Day Centres
- |                    |                      |
|--------------------|----------------------|
| Mitcham Road, E.2. | 9.30 a.m. - 4.0 p.m. |
|--------------------|----------------------|
- (d) Bicycles & Cleaning Stations
- |                                    |                     |
|------------------------------------|---------------------|
| High Street, E.2.                  | 9.0 a.m. - 5.0 p.m. |
| Beach Road, Commercial Road, E.14. | 9.0 a.m. - 5.0 p.m. |

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