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Contributors

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TOWER HAMLETS

LONDON BOROUGH

1967



ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

&

PRINCIPAL SCHOOL MEDICAL OFFICER

LONDON BOROUGH OF TOWER HAMLETS

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R.W. WATTON M.B., B.S., D.P.H., D.C.H., D.I.H.,
Medical Officer of Health
and
Principal School Medical Officer

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TOWER HAMLETS HEALTH COMMITTEE

(as at 31st December, 1967)

Ex-Officio: The Worshipful the Mayor, Councillor M.J.Durell, J.P.

CHAIRMAN:

Councillor J. O'Connor

VICE-CHAIRMAN:

Councillor C. Dimes

ALDERMAN J. Orwell (Ex-Officio)

ALDERMAN L.A. Coan

COUNCILLORS:

E. Bishop

Mrs. D.M. Couling

Mrs. L.D. Crook

A.W. Downes

Mrs. A. Elboz

A. Friedlander

E.W. Hill

E.T. Johns

S. Kaufman

B.A. McCarthy

J. Milrood

Miss H. Morsman

C.W. Mudd

P. Roche

W.T. Tuson

E.G. Walker

G.H. Wall

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

TO: *The Mayor, Aldermen and Councillors
of The London Borough of Tower Hamlets*

Mr. Mayor, Ladies and Gentlemen,

Steady progress was the key-note of the year with further developing co-ordination between the various sections of the department and the other social services of the Council. Whilst one would not wish for, nor expect in this area, the routine life, it has been pleasant to live at a little less tension than in recent years.

COMMUNICABLE DISEASES

As I reported last year, the incidence of scabies has risen over the last few years, and the year 1967 showed a continuance of that trend. Cases coming to notice totalled 450, compared with 104 in 1966. In default of available powers for official notification, the local liaison arrangements with all medical practitioners and hospitals worked satisfactorily to deal with known cases.

Tuberculosis notifications again declined, both for pulmonary and non-pulmonary forms of the disease. As is underlined by the local chest physicians this encouraging sign is dependent on sustaining the vigilant work and methods so well proven in the past in the diagnosis, treatment and prevention of this disease.

Dysentery and food poisoning outbreaks showed marked reductions compared with last year.

Discussed fully in the main body of the report, venereal diseases still present an important challenge to the public health services. Special tribute should be paid to the diligent work of the Council's two welfare officers employed at the Whitechapel Clinic, under the direction of the consultant venereologists, which has enabled an increasing number of case contacts to be brought for treatment, so lessening the reservoirs of infection for these diseases in the community at large.

CANCER

Total deaths in the borough from all types of cancer increased to 539 from 481 last year. Significantly, deaths from cancer of the lung totalled 181 compared with 157 in 1966. Despite exhortation, and intensive health education campaigns on the dangers of smoking in this regard, the public at large appears to ignore the warnings. This disdain to accept good advice is reflected in the rising mortality rate.

HOUSING



As always, this field of work continues to challenge, and requires deployment of large resources of the department's environmental health section. Outlined in the main report are details of the many areas represented, with public inquiries often necessary. An increasing tendency for objections to be made by affected parties to these orders has been noted placing further demands on staff time in the preparation of full schedules of defects and the submission of supporting evidence of unfitness. Representations by the borough in its present quinquennial slum clearance quota are in advance of schedule. Other properties have also been added, including some tenement blocks long overdue for demolition. Of particular note, is the Council's acceptance of the representations of a large area of tenement blocks in the Spitalfields ward which should, at last, open up this long deprived area for new development in a few years' time, and not leave it unprogrammed to the year 2000 as was the case till very recently. Considered with work proceeding in the adjacent comprehensive development areas, largely the responsibility of the Greater London Council, this should accelerate the early demise of the worst environmental conditions remaining in the borough.

Such large scale redevelopment, and its associated rehousing commitments, have often required families to leave the borough. This is not popular for, despite the 'press image' of the area, many people have their roots in the borough and have no desire to move out of it. However, with the early contemplated closure of St. Katharine & London Docks, a great deal of land (and water) will be released for housing and amenity provision in this still congested locality. What an opportunity for a comprehensive scheme covering the frontage of the river from Tower Bridge to Wapping Wall, and beyond, and to the north to include many acres of the isle of Wapping. Surely, such a chance in a century demands the talents of the best planners to provide a "new look" fitting to last for decades, and one which could set the seal for all time by ensuring the planned use of a large area possessing a perfect riparian setting. Perhaps the day may soon dawn when a decaying precinct of warehouses, dock walls, docks, sub-standard dwellings will become famous instead for the delights of its riverside walks. Already the infamous district of Cable Street to the north is being eroded by new development replacing the tawdry old. It would be a most welcome change to receive visitors wishing to view the new wonder of London, built around one of the most ancient, The Tower of London, already in the borough. Before such a time, much dirty water will flow down the Thames. Yet it remains a possible goal which may still be realised.

HEALTH SERVICES, LIAISON

The publication of the 'Sheldon' report during the year vindicated, if this was necessary, the continuing work of local health authorities in the field of child health and welfare. Many of its recommendations are already in operation here. Selected general practitioners are playing an increasing role in the medical staffing of infant welfare clinics. Discussions on the furtherance of liaison or attachment schemes of the authority's health visiting and nursing staff to family doctors have also continued. The London Hospital is setting up an 'assessment centre' for handicapped children, as an extension of its existing spastics clinic. The borough council has agreed to the joint appointment of one of its senior medical officers (maternity

and child welfare) to this centre as an honorary research fellow part-time with the duty of co-ordinating, on behalf of the borough, our work on handicapped children and young persons with that of the hospital. This will ensure that specialist advice will be readily obtainable from local hospitals, and in particular from the special clinic at 'the London'.

The setting up of health centres, including the provisionally planned Watney Street centre, has been delayed in part by economic conditions affecting the speed of general redevelopment of areas.

The designation of St. Clement's Hospital, in addition to Mile End Hospital, to the London Hospital creates a group combining teaching, district hospital and mental health functions within the borough. Close liaison already exists with the parent hospital with some conjoint appointments and the integrated use of staff in certain fields. Further impetus to this relationship will follow after consideration of the recommendations in the Seebom report and the 'Green Paper' of the Minister of Health both due to be published in 1968.

FAMILY PLANNING

The provisions of the National Health Service (Family Planning) Act 1967 were accepted in full by the health committee, and endorsed by the Council to be put into operation as soon as possible. Discussions took place with the Family Planning Association at the latter end of the year to this end and for an extension of the services in the borough. All the provisions of the Act were to be operated from 1st January 1968 with the Council accepting financial responsibility for the Family Planning Association's increased work, on an agency basis. In addition, a domiciliary family planning service has commenced by borough field staff, acting in liaison with the Family Planning Association.

DRUG ADDICTION

Following the recommendations of the Inter-Departmental Committee on Drug Addiction, the Minister of Health in Circulars 21/67 and H.M.(67)83 gave guidance on rehabilitation and after care of heroin addicts. As a consequence, special facilities were set up, both for in-patients and out-patients, at designated hospitals of which there is one in the borough, St. Clement's. A limited service began toward the end of the year, pending preparations for extended provision as from the beginning of 1968. Discussions have taken place on the role of the local health authority's staff to ensure necessary community care. The need for a hostel providing longer term rehabilitation, and an occupation centre, was being explored at the end of the year. Ways of prevention, and the best approach to the problem using health education techniques remain conjectural.

It is true, that the majority of addicts for whom the new legislation is designed are in the younger age groups, many less than 21 years of age. Effective action may be conditional on a change in the cultural goals of the sub-groups themselves, with at best a 'holding action' on the part of professional groups working with them. Adolescent counselling clinics, linked with the activities of youth workers, have been set up by a local church and a settlement in the borough.

ALCOHOLISM AND CRUDE SPIRIT DRINKING

Exaggerated reports of the incidence, and social effects, of "meths drinkers" in parts of the borough continue to circulate. A deputation from the Council attended on Lord Stonham, Minister of State, Home Office, supported by representatives of local tenants' associations, to discuss the existing rehabilitation procedures and to explore possible programmes of action designed to assist the individual and to help relieve this borough of its inequitable case load of social misfits. Assurances were given that additional hostels proposing to cater for crude spirit drinkers would not be officially encouraged in Tower Hamlets. The question of the provision of places of refuge, or compulsory detention, as envisaged in the Inebriates Acts of the last century seems to engender equivocal reactions in modern thinkers on penology. It is understood that hostels, linked with prison after-care services, are planned for other parts of the country.

Various steering committees, under the aegis of the Tower Hamlets Council of Social Services, finally arranged the formation of a Council of Alcoholism for the borough. The counselling and ancillary services of such a Council will meet a need particularly by giving assistance to wives and other relatives of alcoholics. The borough council has been represented at the preliminary meetings, and the inaugural public meeting recently convened. No doubt it will be considering its future relationship to the voluntary body when the latter is actively at work. In addition to financial support however, the endeavour can only be truly viable if it receives positive encouragement from the local community.

Finally, the borough services which have now settled down and provide an efficient and worthy service to the inhabitants of the area may need to face further reorganisation in the near future, in the light of the findings of various committees set up at national level. It is hoped that this may be planned and phased to produce the least trauma to the newly developed borough departments.

My thanks are extended to the Chairmen and Members of Committees for their support, and to the Town Clerk and other Chief Officer colleagues of the Council for their help and assistance through the year. To the staff of the Health Department I express my gratitude for their willing and loyal service.

I am,

Yours faithfully,

R. W. WATTON.

Medical Officer of Health.
and Principal School Medical Officer.

May, 1968.

STAFF OF HEALTH DEPARTMENT

(as at 31st December, 1967)

MEDICAL OFFICER OF HEALTH
Dr. R. W. Watton

DEPUTY MEDICAL OFFICER
OF HEALTH
Dr. C. M. Gourlay

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

SENIOR MEDICAL OFFICER
Dr. K. Winship

Assistant Medical Officers
Full-time: - Part-time 27

CHIEF ADMINISTRATIVE OFFICER
E. P. Webber

C. H. Drake

SENIOR ADMINISTRATIVE OFFICERS
J. E. Pestell M. Pliskin

G. R. Williamson

Administrative and Clerical Staff: Full-time: 70 Part-time: 7

CHIEF PUBLIC HEALTH INSPECTOR
H. W. Luke

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR
H. S. Davies

Public Health Inspectors: 21 Technical Assistants: 9 Pupil Public Health Inspectors: 8

CHIEF DENTAL OFFICER
D. Waller

Dental Officers: Full-time: 3 Part-time: 7 Dental Auxiliaries: 2 Dental Surgery Assistants 9

PRINCIPAL NURSING
OFFICER
Mrs. D. E. Marrin

DEPUTY PRINCIPAL NURSING
OFFICER
Miss A. M. Thomson

ASSISTANT NURSING
OFFICER
Mrs. A. Cowell

Health and Tuberculosis Visitors:
Full-time: 28 Part-time: 4

Clinic and School Nurses:
Full-time: 18 Part-time: 7

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: 16

PRINCIPAL SOCIAL WORKER
(HEALTH SERVICES)
Miss E. Brett

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

Social Workers and Family Caseworkers: 5

CHIEF CHIROPODIST - P. Twort

Chiropodists Part-time: 7

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

NURSING SUPERINTENDENTS (Agency): 3

Midwives (Agency): 8 District Nurses (Agency): Full-time: 24 Part-time: 7

HEALTH EDUCATION OFFICER
Miss P. G. Hodges

ASSISTANT HEALTH EDUCATION OFFICER
Miss H. Chester

HOME HELP ORGANISERS: 3

ASSISTANT HOME HELP ORGANISERS: 6

Total Staff of Department 844 (equivalent full-time 649)

SUMMARY OF STATISTICS, 1967

Area of Borough (Acres) ...	4, 994		Rateable Value (1st April) ...	£14, 897, 024
Population:				
Mid-year estimate ...	198, 230		Sum represented by a penny rate (1967-68) ...	£62, 107
Census, 1966 ...	205, 682		General Rate (1967-68)	
Density of population (persons per acre) ...	40. 67		Dwelling houses ...	11s. 11d. in £
			Other hereditaments ...	12s. 4d. in £
Number of inhabited dwellings according to Rate Books at 1st April, 1967 ...				62, 107
" " structurally separate dwellings - Census 1961 ...				59, 885
" " private households - Census 1961 ...				67, 858

Births	Total	Male	Female
All Births ...	3, 317	1, 666	1, 651
Live Births			
Legitimate... ..	2, 821	1, 412	1, 409
Illegitimate.. .	441	223	218
Total:	3, 262	1, 635	1, 627
Still-Births			
Legitimate... ..	48	29	19
Illegitimate.. .	7	2	5
Total:	55	31	24
Deaths			
All Causes ...	2, 130	1, 174	956
Maternal ...	1	-	1
Infants under 1 year			
Legitimate... ..	48	26	22
Illegitimate.. .	8	5	3
Total:	56	31	25
Rates			
Live birth-rate per 1, 000 population ...	...	...	16. 45
Death rate per 1, 000 population ...	...	...	10. 74
Still-birth rate per 1, 000 total births ...	...	...	16. 58
Maternal death rate per 1, 000 total births ...	...	...	0. 30
Infant death rate (under 1 year) per 1, 000 live births ...	...	...	17. 16
Legitimate infant death rate per 1, 000 legitimate live births ...	...	...	17. 01
Illegitimate infant death rate per 1, 000 illegitimate live births ...	...	...	15. 87
Neo-natal death rate (under 4 weeks) per 1, 000 live births ...	...	...	11. 34
Early neo-natal death rate (under 1 week) per 1, 000 live births ...	...	...	8. 89
Perinatal death rate (stillbirths plus deaths under 1 week) per 1, 000 total births ...	...	...	25. 32
Illegitimate live births per cent of total live births ...	...	...	13. 52
Area Comparability Factors	Births ...	0. 93	Deaths ...
			1. 15

1. STATISTICS AND SOCIAL CONDITIONS OF THE AREA

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 exist numerous wharves engaged in trans-shipping activities. The area of the borough is 4,094 acres, being approximately four miles long, and four miles wide at the east district points. Some 300 acres cover canals and enclosed docks including St. Katharine and London Docks, East and West India Docks and the Millwall Docks. Mileage of roads covered is 170.5.

PART I

The predominant geological strata is the 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.

STATISTICS AND SOCIAL CONDITIONS

The area is to a large extent residential, many professions being spread throughout the borough with light industry, which concentrate in the western end, and heavy industry in the east.

OF THE AREA

One of the chief industries 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 198,230, a decrease of 4,330 from last year's figures. This is a continuation of the downward trend which has occurred since 1947. The 1966 10% sample census showed the population to be 196,820, although the Report states that in Greater London the population is understated by from 2% to 3 per cent.

Births exceeded deaths by 1,134 so that as the estimated population decrease was 4,330, the net estimated movement of residents out of the borough amounted to 5,202 persons.

The density of population is 48.27 persons per acre.

The estimated child population is as follows:-

Under 1 year	1-4 years	5-14 years	Total under 15 years
2,450	13,170	24,100	44,720

I. STATISTICS AND SOCIAL CONDITIONS OF THE AREA

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 exist numerous wharves engaged in trans-shipping activities. The area of the borough is 4,994 acres, being approximately four miles long, and four miles wide at the most distant points. Some 266 acres cover canals and enclosed docks including St. Katharine and London Docks, East and West India Docks and the Millwall Docks. Mileage of roads covered is 178.5.

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 with light industry tending to concentrate in the western end, and heavy industry in the east.

One of the chief industries 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 198,230, a decrease of 4,330 from last year's figures. This is a continuation of the downward trend which has occurred since 1947. The 1966 10% sample census showed the population to be 196,830, although the Report states that in Greater London the population is understated by from 2½ to 3 per cent.

Births exceeded deaths by 1,132 so that as the estimated population decrease was 4,330, the net estimated movement of residents out of the borough amounted to 5,462 persons.

The density of population is 40.67 persons per acre.

The estimated child population is as follows:-

Under 1 year	1-4 years	5-14 years	Total under 15 years
3,430	13,170	28,100	44,700

LIVE BIRTHS

There were 5,164 live births registered in the borough during the year. After correction for place of residence (inward transfers 163 outward transfers 2,065), the number allocated to the borough was 3,262 comprising 1,635 boys and 1,627 girls, a decrease of 441 from 1966, giving a crude birth rate of 16.45 per 1,000 population compared with 18.28 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 15.3 compared with 17.2 for England and Wales, a ratio of 0.89 to the national rate. The crude rate for Inner London is 17.7.

ILLEGITIMATE LIVE BIRTHS

The number of illegitimate live births during the year was 441 equivalent to 13.52% of the total live births, compared with 11.64% last year. The comparable figure for Inner London was 15.3%.

STILLBIRTHS

This year stillbirths numbered 55 equivalent to a rate of 16.58 per 1,000 total births compared with 16.73 in 1966. The rate for England and Wales was 14.8, and for Inner London 13.5.

DEATHS

The number of deaths registered - 2,130, shows a decrease of 115 from the figure of last year. The death rate was 10.74 and when adjusted by the comparability factor becomes 12.35 as compared with 11.2 for the country as a whole. The crude death rate for Inner London is 11.0. The largest single cause of death was heart disease - 29% of total deaths, followed by cancer 25% and respiratory conditions 15%. Last year cancer accounted for 21% of deaths.

The various causes of death and distribution by age groups are set out in Table I, on page 91.

INFANT MORTALITY

Deaths during the first year of life numbered 56 equivalent to a rate of 17.16 per 1,000 live births. The rate for the previous year was 16.74 and 19.65 for 1965. 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 1 in 10 babies died before their first birthday. The rate (provisional) for England and Wales was 18.3 for 1967 and for Inner London 19.8. Details of causes of death at various ages under 1 year will be found in the Appendix on page 92.

MATERNAL MORTALITY

One maternal death occurred during the year, that of a mother of seven children and aged 39 years, the cause of death being retro peritoneal haemorrhage following a ruptured uterus.

NEO-NATAL MORTALITY

During the year there were 37 deaths of infants under 4 weeks representing a neo-natal mortality rate of 11.34, the rate for England and Wales being 12.5 and for Inner London 13.5. Last year there were 45 deaths giving a rate of 12.15 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 25.32 the rate for England and Wales being 25.4, and for Inner London 24.9.

ACCIDENTAL DEATHS

Deaths due to accidents numbered 66, motor vehicles being the cause of 25 deaths. Statistics supplied by the Road Safety Officer will be found on page 91.

EXPECTATION OF LIFE

On the basis of the mortality experience for the years 1964-6, the expectation of life of a boy at birth is 68.5 years, and of a girl 74.7 years, stated the Registrar General. Ten years ago life expectations were 67.6 and 73.1 years respectively. Sixty years ago the expectation of life of a boy at birth was 48.5 years and of a girl 52.4 years.

MORBIDITY

The number of first claims for sickness benefit are obtained from local offices of the Ministry of Social Security 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 but rather with postal districts, 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. (Monthly figures are to be found on page 96).

MARRIAGES

The number of marriages solemnised in the borough during the year was 1,530, made up as follows:-

Register Office	...	...	676
Church of England	...	...	553
Authorised persons and other denominations	...	...	301

The marriage rate per 1,000 population was 15.4 the same as last year.

PUBLIC RELATIONS

Health Department activities are publicised in "Tower Hamlets News" a publication issued by the Council to the public after each Council meeting. Topics included in the publication during the year related to a summary of Health Department Services, the Domiciliary Midwifery Service, Laundry Service for Incontinent patients, Vaccination and Immunisation, Cervical Cytology, the Observation Register, Sale of Welfare Foods, Amendments to Clinic Schedules and publicity for the Mass Radiography Unit's weekly service in the borough.

In addition, a monthly bulletin is circulated to general practitioners and hospitals in the borough giving information on infectious disease, morbidity, and relevant topical matters.

UNEMPLOYMENT

The number of wholly unemployed adult persons registered at the Poplar, Shoreditch and Stepney Employment Exchanges at 18th December, 1967 totalled 3,872 men and 295 women, an increase of 477 over last year.

It must be borne in mind that the above figures do not apply solely to Tower Hamlets residents as one does not need to be a resident to register with an employment exchange of a particular area. Furthermore the Shoreditch Exchange figures include the Shoreditch area of the London Borough of Hackney.

Information supplied by the Youth Employment Officers shows that unemployed young persons (under 18), numbered 81 boys and 16 girls, compared with 1966 figures of 115 and 40 respectively.

OPEN SPACES

There are 317 acres of parks and open spaces within the borough, representing 1.6 acres for every 1,000 population, some 5 acres being added this year. The County of London plan provides for 4 acres within the county per 1,000 population, with an interim standard of 2½ acres. A list of the sites is given on pages 113 and 114.

COMPARATIVE STATISTICS

A table showing vital statistics for the area covered by the borough at various years from 1901 is on page 93

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 142 to 150.

II. PREVALENCE OF AND CONTROL OVER INFECTIONS

AND OTHER DISEASES

WEATHER CONDITIONS

January was a dry and generally mild month, and February commenced dry but then became unsettled and windy. March also was rather mild, April being cool and mainly dry. May saw the wettest Whitsun since records began. Overall the month was wet and thundery. Sunshine in June was average, with some heavy rain in the latter part. July was the warmest since 1959; August being changeable at first but settled later. September had less than average sunshine, and was followed by a wet October. A dry frosty November was almost fog free, the year terminating with alternating mild and cold spells in December.

PART II

INFECTIOUS DISEASES - PREVALENCE OF AND CONTROL OVER

INFECTIOUS AND OTHER DISEASES

The number of notified infectious diseases for revised diagnosis and duplicate notifications, was 2,225, compared with 2,227 during the previous year.

Liaison is maintained with general practitioners and hospitals in the area by a monthly bulletin which is circulated giving them information on the number 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 Social Security 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 36 and a list of diseases notifiable in the Borough, on page 37.

ANTHRAX

No case of anthrax was reported during the year.

CANCER

Of a total of 536 deaths from cancer occurring this year 181 were due to cancer of the lung. The death rate of lung cancer was 0.81 per 1,000 population, an increase of 18% over last year.

In a Parliamentary answer on 5th May, the Minister of Health stated that, in 1955 deaths of 23,231 males and 4,167 females in England and Wales were certified as being the result of cancer of the lung and bronchus, averaging 60.9 and 21.4 deaths per day. If average rates of increase experienced in years 1953 - 1955 were maintained until 1970 it is estimated that deaths from this cause per year would number 26,000 equivalent to 69 per day for males, and 6,500 equivalent to 18 per day for females.

II. PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

WEATHER CONDITIONS

January was a dry and generally mild month, and February commenced dry but then became unsettled and windy. March also was rather mild, April being cool and mainly dry. May saw the wettest Whitsun since records began in 1871, and overall the month was wet and thundery. Sunshine in June was average, with some heavy rain in the latter part. July was the warmest since 1959; August being changeable at first but settled later. September had less than average sunshine, and was followed by a wet October. A dry frosty November was almost fog free, the year terminating with alternating mild and cold spells in December.

INFECTIOUS DISEASES - NOTIFICATIONS

The number of notified cases of infectious disease, corrected for revised diagnosis and duplicate notifications, was 2,265, compared with 2,267 during the previous year.

Liaison is maintained with general practitioners and hospitals in the area by a monthly bulletin which is circulated giving them information on the number 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 Social Security 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 96 and a list of diseases notifiable in the borough on page 95.

ANTHRAX

No case of anthrax was reported during the year.

CANCER

Of a total of 539 deaths from cancer occurring this year 181 were due to cancer of the lung. The death rate of lung cancer was 0.91 per 1,000 population, an increase of 18% over last year.

In a Parliamentary answer on 8th May, the Minister of Health stated that, in 1965 deaths of 22,231 males and 4,167 females in England and Wales were certified as being the result of cancer of the lung and bronchus, averaging 60.9 and 11.4 deaths per day. If average rates of increase experienced in years 1962 - 1966 were maintained until 1970 it is estimated that deaths from this cause per year would number 25,000 equivalent to 69 per day for males, and 5,500 equivalent to 15 per day for females.

At the beginning of the year, the Ministry of Health issued a Circular enclosing a copy of a statement made to Parliament concerning the Government's policy on smoking. The Circular stated that the Government felt that in places such as cinemas, restaurants and theatres, proprietors should consider the interests and wishes of their clients and customers by asking the public not to smoke on their premises, or by setting aside parts of large premises, such as restaurants, for non-smokers. The Health Committee directed that a copy of the statement be sent to the proprietors of all catering premises in the borough.

DIPHTHERIA

No cases of diphtheria came to the notice of the department during 1967.

Particulars relating to children immunised against diphtheria will be found on page 97.

DYSENTERY

Notified cases of dysentery totalled 50, compared with 181 during the previous year.

An outbreak of diarrhoea occurred in a Nursery School. Faecal specimens were taken from 14 suspects, and organisms of shigella sonné were isolated in 6 cases.

Particular attention is paid to personal hygiene during an outbreak, paper hand-towels and hand-dipping solution are issued and surfaces which are touched by children when using the water-closet are frequently cleansed with disinfectant. The staffs of schools and nurseries keep constant vigilance for incidents of diarrhoea and vomiting and advise the Health Department of suspected cases among absentees so that they may be followed up by the public health inspectors.

ENTERIC FEVER

No cases were notified during the year.

FOOD POISONING

There were 78 notifications of food poisoning during the year. Organisms of Salmonella typhi-murium were isolated in 6 cases, 3 being in one family and 3 were sporadic cases. Eight persons infected by Clostridium welchii were discovered in an outbreak at an old people's home. The source of infection was not traced. Organisms of Salmonella newport and Salmonella thompson were found in two instances and Salmonella dublin in one family outbreak. 16 outbreaks were reported to the Ministry of Health as required by Memorandum 188 Med. issued by the Ministry.

The number of cases of food poisoning and Salmonella infection in 1966 in England and Wales was the lowest recorded during the last decade, and as in previous years, the foods most frequently incriminated were meat products, mainly pre-cooked or made-up meat dishes.

LEPROSY

No notifications of leprosy were received during the year.

MALARIA

A case of malaria, contracted abroad, was notified by a hospital in the borough.

MEASLES

Notified cases of measles totalled 1,690 during 1967. In the previous year 1,469 notifications were received.

MENINGOCOCCAL INFECTION

No cases were notified, compared with eight during 1966.

OPHTHALMIA NEONATORUM

There was one notified case, compared with two last year.

POLIOMYELITIS

It is gratifying once again to report that no cases of poliomyelitis occurred in the borough during the year. Details of vaccination against poliomyelitis will be found on page 97.

PSITTACOSIS

A diagnosis of psittacosis was confirmed in a resident of another borough, who had purchased a parrot in a street market in this borough. The parrot was destroyed before an examination could be made.

PUERPERAL PYREXIA

Notifications of puerperal pyrexia numbered 15 (26 in 1966). Of these 5 related to residents of Tower Hamlets.

SCABIES

Cases of scabies which came to notice during the year totalled 450, compared with 104 in 1966. Patients and contacts numbering 450 were given medicinal baths and their clothing disinfected at the Council's cleansing station. The number of baths given was 780.

Instances of scabies are increasing, and although it ceased to be a notifiable disease on 1st April, 1965, by the co-operation of the general practitioners information is forwarded to the Health Department of persons suffering from the condition, and arrangements made for

follow-up by home visits to ensure that the patients and their contacts receive treatment at the Council's cleansing stations.

SCARLET FEVER

There were 91 confirmed cases notified, 4 less than in 1966.

SMALLPOX

No cases of smallpox were notified during the year although the advice of the Medical Officer of Health was sought by general practitioners in some instances where the disease was suspected.

Notifications are occasionally 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 1,730.

WHOOPING COUGH

Cases notified during the year numbered 89, compared with 127 during 1966. Statistics relating to immunisation are on page 97.

TUBERCULOSIS

The number of primary notifications of pulmonary tuberculosis received during the year was 102, giving a notification rate of 0.51 per 1,000 population compared with 0.53 last year. Non-pulmonary cases notified numbered 13. The mortality rate for pulmonary tuberculosis was 8.1 per 100,000 population compared with 10.8 last year.

The number of cases on the register fell during the year by 49 comprising 42 pulmonary and 7 non-pulmonary cases.

Statistical data relating to new cases, deaths and variations in the register will be found on page 98.

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.

A new venture in the Borough was commenced this year by Unit 6A. Commencing on the 3rd October, 1967, the Unit is now stationed at Toynbee Hall, Aldgate, each Tuesday afternoon from 2 - 6 p.m.

I am indebted to the medical directors and organising secretaries for the information on visits to the borough by the units during 1967 which will be found on page 100. (Details of abnormalities ascertained are not yet available in respect of this year's survey and those figures given relate to 1966).

Medical Arrangements for Long-stay Immigrants

With the growing numbers of long-stay immigrants who have come to this country during recent years, special problems have arisen in connection with their health and treatment. Many of them are unfamiliar with our customs and are, in particular, ignorant of the scope and arrangements of the National Health Service. They may, at first, live under very difficult conditions and some of them are from countries where tuberculosis is a serious hazard.

The problem has been to ensure that, at an early date, these immigrants learn to use the Health Service. They are encouraged to have a chest X-ray as soon as possible after arrival, if they come from a country with a high incidence of tuberculosis.

Arrangements were, therefore, made by the Ministry of Health for long-stay immigrants to be given a leaflet at the port of entry, printed in several languages, encouraging them to register with a medical practitioner so that, if necessary, a chest X-ray can be arranged. In addition, these immigrants are asked to provide their destination addresses, which are forwarded to the Medical Officer of Health of the area concerned.

In this borough, the public health inspector visits each address of which the department is informed and newly-arrived immigrants are again urged to register with a doctor and further copies of the leaflet are supplied, in cases where the original has been mislaid.

During the year, 506 advice notes, of immigrant arrivals, were received in the department from various ports of entry and successful contact was made in 271 instances. Of the remaining 235 some had moved to addresses outside the borough and details were forwarded to the authority concerned but the majority were either not known or had never arrived at the address given.

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 scheme 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 on page 100.

Other Preventive Measures

In addition to the B.C.G. vaccination scheme, other preventive measures include the chest X-ray of all newly appointed staff and an annual X-ray of those who are likely to work in close and frequent contact with children, staff at the Council's training centres for mentally subnormal persons and 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 99.

Chest Diseases Care Committees

Three such committees operate in the borough and I append the reports of the consultant chest physicians on the work of the committees and clinics during the year.

Dr. M. Caplin, Consultant Chest Physician to the Chest Clinic at The London Chest Hospital reports:

"The work of the Chest Clinic at the London Chest Hospital during 1967 has changed little compared with the last few years. From the public health point of view the main function of the Clinic is still the diagnosis, treatment, prevention and aftercare of tuberculosis. This disease still remains a problem though fortunately a decreasing one; its eradication will require amongst other measures greater emphasis on the examination of contacts at home, at school and at work, than has been customary in the past.

Other chest conditions such as chronic bronchitis, cancer of the lung, asthma and pneumonia form the major portion of the work of the Chest Clinic. These conditions also pose public health problems, and their proper management must include attention to the patient's social circumstances. The close integration of the medical and welfare sections of the Chest Clinic, set up originally for dealing with tuberculosis, is admirably suited for dealing also with the problems of those suffering from non-tuberculous chest conditions.

In this work we are considerably aided by the Hackney and Bethnal Green Chest Diseases Care Committee. We are grateful to the members of this Committee, who represent statutory and voluntary bodies, for their help. Though the income of the Committee is decreasing - especially that from Christmas Seals - we have been supported considerably by the National Society for Cancer Relief in our help to lung cancer patients."

Dr. R.M. Orpwood, Chest Physician at the Poplar and Stepney Chest Clinics, reports:

"There has been no significant change in the function and work of the Poplar and Stepney Chest Clinics compared with 1966. The diagnostic facilities remain unaltered and the continuing and increasing use by family doctors of the chest X-ray service emphasises the value of this. In 1967, 2,312 films were taken compared with 2,281 in 1966. Of these X-rays, 801 were reported to show abnormalities, and 230 cases were further investigated at the chest clinic: 9 cases of notifiable T.B. were discovered and 18 cases of carcinoma of the lung, a slight decrease of the former and an increase of the latter.

In addition, the mass X-ray unit has been working locally on a regular one-day-weekly basis, during the latter part of the year, and 31 abnormalities were referred to the clinic for further investigation.

The continued effort by these, and other means, to discover new cases of tuberculosis (apart from other chest diseases) is one of the most important ways in which this disease may eventually be eradicated. The number of new cases of tuberculosis, however, falls slowly, but apart from unexpected developments this pattern should be expected to continue each year. There are still, however, sufficient new cases, particularly in respect of recent immigrants, to make it justifiable not to relax any of our efforts. 23% of all new notifications of T.B. in the Stepney area in 1967 were amongst such immigrants. This percentage fluctuates a little from year to year but still remains a significant portion of the total number.

My general impression is that the health of immigrants in our community is steadily improving, certainly as far as general nutrition is concerned. Presumably this is due to the improved standard of living enjoyed here. This is most marked amongst those in regular work, as one would expect.

The social needs of these patients under the care of the clinics are not forgotten; these have been investigated and the Care Committees have made grants to those in need. Patients are advised about the statutory services for which they are recommended, and arrangements made for home helps, extra nourishment for the tuberculous, recuperative holidays and rehabilitation. Those patients with financial problems which could not be met through statutory sources were referred to the Care Committees, or to other voluntary societies for assistance. Particular attention was paid to the needs of the chronic elderly sick, and grants were made for extra fuel during the cold weather.

The Stepney Care Committee made a grant to provide a free coach outing to Brighton for some chronic sick patients, and at Christmas, gifts were taken to many at home in both areas, to provide extra comforts.

Funds were raised by an appeal to local firms and we much appreciate the support given in this way."

VENEREAL DISEASE

Annual returns received from venereal disease clinics at the London Hospital, Dreadnought Seamen's Hospital, Greenwich, Albert Dock Hospital, Woolwich, St. Bartholomew's and St. Thomas's Hospitals show that new cases attending these hospitals during the year were as follows:-

At The Whitechapel Clinic; London Hospital

Area of Residence	Syphilis	Gonorrhoea	Other Conditions	Total	(1966)
Tower Hamlets	86	722	2,143	2,951	(2,192)
Other London Boroughs	112	827	3,563	4,502	(3,302)
Other Areas	22	122	780	924	(811)
	220	1,671	6,486	8,377	(6,305)

At Other Hospitals named above:

Tower Hamlets residents	2	10	90	102
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Two welfare officers appointed by the Council work from the Whitechapel Clinic under the direction of Dr. E.M.C. Dunlop, M.D., M.R.C.P., Medical Director of the Clinic, for tracing contacts and following up defaulters.

Dr. Dunlop reports as follows:-

"We dealt with 172 new cases of syphilis in 1967 compared with 203 in 1966, with 1,671 cases of gonorrhoea compared with 1,639 and with 6,486 cases of other conditions compared with 6,478.

This is the first year for which complete figures are available for area of residence. The highest total of new cases (2,951) is that for Tower Hamlets, the next highest being that for Hackney. The figures for Tower Hamlets include 86 cases of syphilis of which 21 were primary or secondary. There were 722 cases of gonorrhoea.

The Welfare Officers have given valuable assistance in the work of the clinic by tracing contacts of infectious disease. Some of the patients suffering from infectious syphilis who have been brought for treatment by our social workers, were prostitutes. Treatment in these cases has undoubtedly lessened the incidence of these serious infections in the borough.

TABLE A

Alleged Sources of Infection EARLY SYPHILIS

Year	Total	Attended	Infected
Jan. - Oct. 1964	59	1 (1.7%)	0
Jan. - Oct. 1965	107	13 (12.1%)	10 (76.9%)
Jan. - Oct. 1966	51	10 (19.6%)	9 (90.0%)
Jan. - Dec. 1966	55	10 (18.2%)	9 (90.0%)
Jan. - Dec. 1967	27	4 (14.8%)	4 (100%)

Other contacts: 1966 - 2. 1967 - 3.

With regard to gonorrhoea, in 1967 1,160 alleged sources of infection were named, of this number 344 were persuaded to attend and no less than 304 were found to be suffering from gonorrhoea and were treated.

Table B summarizes the result of contact tracing by our social workers in respect of gonorrhoea. It will be seen that 10.6% of women alleged to be sources of infection with gonorrhoea were persuaded to attend in 1964, since then the percentage of 'named' women persuaded to attend has steadily risen so that in 1967 it had reached 29.7%.

TABLE B**Alleged Sources of Infection GONORRHOEA**

Year	Total	Attended	Infected
Jan. - Oct. 1964	1,355	143 (10.6%)	121 (84.6%)
Jan. - Oct. 1965	1,021	201 (19.7%)	166 (82.6%)
Jan. - Oct. 1966	975	260 (26.7%)	238 (91.5%)
Jan. - Dec. 1966	1,162	321 (27.6%)	295 (91.9%)
Jan. - Dec. 1967	1,160	344 (29.7%)	304 (88.4%)

Other contacts: 1966 - 124. 1967 - 135.

This increase reflects great credit on the efforts of our social workers particularly when we bear in mind that many of our patients are seamen or transients who have been infected abroad or in other parts of the country."

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. It was found necessary to take action this year in respect of a schoolteacher in whose family there were confirmed cases of food poisoning, compensation of £16.16.1 being paid.

Food handlers excluded from work on account of suffering from infectious disease and for which certificates were issued for the purpose of claiming National Insurance benefit numbered 11 during the year.

III: PERSONAL HEALTH SERVICES

The Principal Nursing Officer, Mrs. D. Martin reports:

There have been two changes in the staffing of the senior nursing officers during 1967, with the inevitable difficulties which such changes in senior staff entail. The present Principal Nursing Officer was appointed in June and the Assistant Nursing Officer in February. The smoothness with which the new team is settling down has been due in no small measure to the effort exerted by the continuity given by the Deputy Principal Nursing Officer during and after the changes.

PART III

The trend in the services at the school clinic centres is steadily becoming more family centred, and with a view to improving still further the continuity in the services available to the families, close liaison between school nurses and health visitors is practised and where appropriate joint visits are being based at clinic centres.

PERSONAL HEALTH SERVICES

Health visitors have played an active part in the health education programmes in the borough, in the homes, schools, clinics and hospital, not least successful being the parents meetings occasionally held in clinics in the evenings to enable fathers to attend. One health visitor was seconded to the health education section.

All the day nurseries have continued to help handicapped children (in addition to the special unit at Queen Mary's Day Nursery) despite the difficulty of recruiting and retaining staff of suitable calibre, especially the nursery nurse grade. The children appear to be responding well to the stimulation, as well as providing a certain amount of relief to the parents.

Three additional play-groups for children under 5 years, which are organized by voluntary organisations, have been registered, and are supervised by health visitors at field level and centrally by the nursing officers.

Health visitors also continue to supervise the registered and voluntary child day-time) centres.

Additional crèche sessions in five clinics have provided much needed play opportunities for under fives, and relief of stress to parents in many instances.

Difficult facilities in one area of the borough who were unwilling or unable to attend the recognised bathing centres, have been persuaded and satisfactorily cleaned by the repeated efforts of the health visitor.

Routine preventive health work has continued, not least important the work of the nursing staff at the chest clinics with particular reference to respiration, together with the comprehensive vaccination and immunisation services.

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Health visitors also continue to supervise the registered and voluntary child (day-time) minders.

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Difficult families in one area of the borough who were unwilling or unable to attend the recognised bathing centres, have been persuaded and satisfactorily cleansed by the repeated efforts of the health visitor.

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During the year, the non-medical supervisor of midwives obtained a Queen's Certificate in District Nursing. In view of the decreasing number of domiciliary confinements, she ceased working as a district midwife in December. In addition to her statutory functions relating to all practising midwives in the area (including those in hospitals) she has been assisting in the supervision of the home bathing service, and in assessment visits for provision of laundry service and nursing equipment.

Liaison with the local hospitals is being maintained and strengthened, both in the midwifery and health visiting services by attendance of staff at paediatric and maternity wards. Induction talks to new members of the nursing and health visiting staff with a view to orientating them quickly into the wide scope of the local authority services, have been given by the senior nursing officers who have also given talks on the local authority services to hospital staff, student social workers from overseas and other groups.

The staff have continued to assist with the large number (approximately 400) of observation visits made to the clinics, schools, nurseries and homes in the borough by medical students, student nurses and social workers from overseas and this country.

Six health visitor students successfully completed their training in September and eight commenced training during the year, in addition to which practical experience was also provided for eight additional health visitor students in co-operation with four training colleges.

Difficulty has been experienced in recruiting trained nursery nurses and nursing staff for the sick bay at the Hornchurch children's home. Recruitment in the clinic nurse/school nurse grade has been steady, and when selecting for this grade consideration is given to possible future recruitment from these applicants for the health visitor's training."

ANTE- AND POST-NATAL CLINICS

Sessions are conducted in Council clinics by midwives and medical officers for ante- and post-natal examinations. In addition six general practitioners undertake ante-natal work for their own patients in Council clinics which are made available to them free of charge, and with a domiciliary midwife in attendance. (Statistics on page 101).

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 101).

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, and advice provided on children being considered for adoption or boarding-out. During the year 95 children were examined and reports were made on 56 prospective adopters.

CERVICAL CYTOLOGY

In 1966 the Minister of Health approved the Council's proposals to extend the services provided under Section 28 of the National Health Service Act by the provision of a service for the collection of cervical smears for cytological investigation by hospital authorities.

This service was expanded during the year by increased sessions in the Council's clinics, a further weekly session being arranged at one clinic centre, and a fortnightly session at another. In addition two general practitioners continued holding regular sessions in their surgeries, assisted by members of the staff of the Health Department, and the Family Planning Association continued taking smears at sessions held in Council clinics. From these 1,764 examinations were carried out. In addition, hospitals in the area read 11,103 slides and although all the latter did not refer to borough residents it can be assumed that the majority did.

Details will be found on page 103 of the Appendix.

CONGENITAL DEFECTS

Notifications 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 36 hours of birth were 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	52
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Number of stillbirths and livebirths notified over the same period	3,317
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The rate of notifications per 1,000 total births was 15.6 compared with 13.5 last year.

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.

Private day nurseries, of which there are 3 in the borough (maximum capacity 172 children), are subject to registration and inspection by the Council under the provisions of the Nurseries and Child Minders Regulation Act 1948. Two additional nurseries were registered during the year providing accommodation for 37 children. (Statistics on page 102).

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 three children. Lists of child minders and day nurseries are available on application to the Health Department. At the end of the year there were 6 statutory and 52 voluntary child-minders.

CLINIC CENTRES

There are 6 clinic centres in the borough 3 school treatment centres and 7 combined clinic and school treatment centres.

CRECHES

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

Creches provide facilities for mothers to be relieved of their children for 2 or 3 hours during the day; they also provide an opportunity for an only child to associate with other children of the same age.

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 were provided this year for the first time at three clinic centres, and additional sessions at two centres. Attendances numbered 5,860 compared with 3,970 last year.

CHARGES AND ASSESSMENT SCALES FOR THE SOCIAL SERVICES

During the year the London Boroughs Association considered the report of a Working Party set up to consider the calculation of charges levied for certain Health, Children and Welfare Services, and the abatement of these charges where appropriate by means of assessment scales. The Association after making certain amendments commended the report to the London Boroughs as a memorandum of advice and guidance.

Following consideration of the matter by the Council's Co-ordinating Committee for Social Services and the other relevant Committees, certain amendments were made to the proposals and the amended scheme was adopted by the Council, the consequent revised charges and assessment scales to come into operation on 1st April 1968. The general principle of the revised scheme is that the standard charge for any particular service for which a charge is required to be made should be the full unsubsidised cost, and if the applicant cannot afford to pay the standard charge the contribution made by him should be computed on his means.

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 unit 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 73 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, or during a mother's confinement: 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, or whose husbands are totally disabled or in prison, provided the mother works at least 35 hours a week.

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.

FAMILY PLANNING

Hitherto under the Council's existing family planning service the Family Planning Association was reimbursed the cost of giving advice, examination and supplies of substances or appliances to those persons whose applications were approved by the Medical Officer of Health. The Council, following consideration of the National Health Service (Family Planning) Act 1967, and of the Ministry of Health Circular 15/67 dated 31st July 1967, agreed to extend the service by also reimbursing the Family Planning Association with the cost of giving advice to or examining any person, male or female, married or unmarried, seeking assistance on social grounds, and also reimbursing the cost of providing prescriptions, drugs and appliances, to such persons subject to payments for these articles being made by the person based on a scale of assessment of ability to pay according to income, size of family etc.

The Council also agreed to provide a domiciliary service if and when required, particularly for families with multiple, social, or other handicaps. The extended service comes into operation next year.

This year new patients numbered 624, an increase of 37% over 1966. (Statistics on page 105).

FEEDING DIFFICULTIES

Facilities are provided at a centre outside the borough for in-patient treatment of mothers and babies when breast feeding difficulties are experienced or of babies with dietary problems. No children were accommodated at the centre during the year.

HEALTH EDUCATION

The appointment of an assistant health education officer at the end of this year resulted in greatly increased numbers of topics on health education being dealt with and to more varied classes of audience. Better co-ordination with the various sections of the department has led to a more efficient and streamlined machine. By changes in teaching techniques, lectures have given way to discussion groups, stocks of visual aids have been augmented and made more freely available, courses of health education in schools have increased and more staff have attended part-time courses in teaching as well as psycho-prophylactic and projectionist courses.

Considerable attention has been given to immigrant groups, smoking and lung cancer, sex education and venereal disease, prevention of accidents in the home, mass radiography, and cervical cytology.

(Statistics on page 104).



Domiciliary Services - Home Help and Home Nurse.

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 105. 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 33 and 32 respectively, there being 14 resignations and 13 new appointments during the year. Command Paper 1973 recommended an establishment for the year 1967 of 36 health and tuberculosis visitors, based on a proportion of 0.18 visitors per 1,000 population.

The deficit on establishment of health visitors is offset by the appointment of clinic and school nurses whose training and qualifications enable them to carry out certain of the duties which are not necessarily required to be performed by health visitors.

HOME NURSING

The home nursing service for the borough is carried out on an agency basis by the East London District Nursing Society and the Nursing Sisters of St. John the Divine.

In September the Council adopted a recommendation that having regard to the wide range of health services now provided directly by the Council in pursuance of its statutory powers, it would be in the interest of the borough and its inhabitants for the home nursing service to be brought under the Council's direct control and directed that discussions be commenced with the East London District Nursing Society and the Nursing Sisters of St. John the Divine with a view to formulation of proposals which would enable such arrangement to be brought into operation on 1st April, 1969.

Exploratory discussions with both organisations took place towards the end of the year.

Statistics relating to the home nursing service are on page 107, and examples of home nurse/home help co-operation are illustrated opposite pages 29 and 43.

LAUNDRY SERVICE

Soiled personal clothing, bed linen, etc. is collected at least twice weekly from the homes of persons who are incontinent, and cleansed and laundered in the laundry at Branch Road cleansing station. Increased demands led to an expansion of the service necessitating the purchase of an additional tumbler drying machine. (Statistics on page 107).

INCONTINENCE PADS

Special commercially prepared disposable pads and/or knickers are supplied free in suitable cases for use by incontinent and chronically ill aged persons. Over 15,000 pads were purchased during the year and issued to 65 persons.

LOAN OF NURSING EQUIPMENT

Articles of nursing and sick room equipment are loaned at the request of the general practitioner, district nurse or hospital medico-social worker, etc. free of charge for an indefinite period 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 by the British Red Cross Society and by the Council's Welfare Department to handicapped persons. (Statistics on page 108).

DOMICILIARY MIDWIVES

The Council operates a domiciliary midwifery service under Section 23 of the National Health Service Act 1946, by an arrangement 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.

The joint scheme for training midwives by the Nursing Sisters of St. John the Divine and the Mile End Hospital, continued during the year. Pupils who completed the course numbered 12 with 3 pupils under training at the end of the year. The Council pays to the hospital 40 per cent of the expenditure involved under the provisions of the Ministry of Health Circular 8/56. There were 348 home confinements attended by the midwives. Six general practitioners from practices in the borough provided ante-natal care, with midwives, at 6 of the Council's clinics. Statistics on page 109.

MIDWIVES ACT, 1951

The Council is a local supervising authority under the Midwives Act 1951, supervising functions being carried out by the Council's non-medical supervisor of midwives. The number of midwives who notified their intention to practice as midwives within the borough, including those in hospitals, and who were practising at the end of the year was 100. By virtue of the provisions of the Medical Practitioners (Fees) Regulations 1967, made under Section 14 of the Midwives Act 1951, the Council is not now responsible under the Act for payment of fees to medical practitioners summoned for medical aid to 'unbooked' patients.

MATERNITY LIAISON COMMITTEES

The department is represented on 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 served by two hospital management committees, there are separate maternity liaison committees for each group catchment area.

VACCINATION AGAINST MEASLES

Approval was given by the Minister of Health for the Council to include vaccination against measles in its arrangements under Section 26 of the National Health Service Act 1946.

General practitioners were invited to participate, a fee of 5/- being payable by the Council for each separate record of completed vaccination received in respect of any child resident in the borough between the ages of 10 months and 2 years.

By the end of the year notifications were received from general practitioners that they had vaccinated 10 children.

OBSERVATION REGISTER

During the year a completely new observation register was compiled in accordance with the recommendations of the Working Party set up following the issue of the Minister of Health's Circular No. 7/1966.

At the end of the year, the Register totalled 5,167 persons, comprising:-

Children under 5 "at risk"	2,369
- do - handicapped	344
Young persons aged 5-21 years handicapped	2,123
Children non-resident but attending schools in the borough	331
	5,167

The senior medical officer keeps the register under constant review. Further details relating to the register will be found on page 94.

A booklet was produced by the department setting out details of the services available for the care of handicapped children and young persons provided by the Council, the Inner London Education Authority and by other statutory and voluntary bodies.

PHENYLKETONURIA

During 1967 babies numbering 2,392 were tested either in clinics or in their homes at about the fourth week of life. No cases of phenylketonuria were detected.

PREMATURE BABIES

Any child weighing 5½lbs. (2,500 grammes) or less when born is regarded as premature, and necessary advice and assistance is afforded to mothers with premature babies.

Statistics relating to premature births occurring during the year will be found on page 105.

RECUPERATIVE HOLIDAYS

Recuperative holidays for mothers and young children are provided under Section 22 of the National Health Service Act, and for the prevention of illness, care and after-care of other persons under section 28 of the Act. Medical recommendations for holidays are submitted by general practitioners, hospitals, health visitors and social workers in respect of persons who are recovering from a recent acute physical or mental illness and who do not need nursing care.

A total of 345 adults and children were placed in recuperative holiday homes during the year, including 185 schoolchildren for whom the Inner London Education Authority made arrangements.

The majority of recuperative holiday homes used by this Council, and by other Inner London Borough Councils, are situated at the seaside on the South and East coasts. Since it was obviously unnecessary and uneconomic for each Council to have the homes used regularly inspected, not only by reason of distances involved, but also because most homes are used by more than one authority, this Council agreed to participate in a scheme whereby one Inner London Borough became responsible for the inspection service on behalf of other boroughs included in the scheme which share the costs involved. During the year reports were received of 15 homes inspected 13 of which were recommended for continued use. (Statistics on page 107).

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 27.

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

RENAL DIALYSIS EQUIPMENT

An application was submitted to and approved by the Ministry of Health, for arrangements being made by the Council under Section 28 of the National Health Service Act 1948 for the adaptation of any dwelling or provision of any additional facilities found necessary to instal renal dialysis equipment (artificial kidney machine) in the dwelling.

Adaptations for this purpose were carried out by the Borough Engineer and Surveyor's Department during the year in a dwelling at a cost of £108.

RESIDENTIAL ESTABLISHMENTS FOR CHILDREN IN CARE

The Health 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.

SALE OF WELFARE FOODS & NUTRIENTS AT CLINIC CENTRES

As the result of a review of the sales of foods and nutrients at Clinic Centres following the recommendation of the Sheldon Report, fifteen items were withdrawn from sale.

SERIOUSLY DISTURBED ADOLESCENTS

In 1966 the London Boroughs Association set up a Working Party to study the problem of provision for seriously disturbed adolescents with a view to ascertaining what could be done to alleviate the difficulties existing in placing these young people in accordance with their needs.

The Working Party proposed the establishment of a pilot project, aimed at the statistical assessment of the needs of disturbed adolescents and the provision of co-ordinating services for them, in an area comprising the London Boroughs of Newham and Tower Hamlets; following recommendations made by the Medical Officer of Health and the Children's Officer the Council concurred with the proposal of the Working Party as to the pilot project.

SMALLPOX VACCINE

This year the Ministry of Health changed the arrangements for the supply of smallpox vaccine. Hitherto, the Public Health Laboratory Service issued supplies direct to hospitals and general practitioners. From 12th June 1967 the Public Health Laboratory Service issues only to local health authorities from whom hospitals and general practitioners are now required to obtain their supplies.

SURVEYS

The Department has taken part in a number of surveys during the year in association with various research studies being carried out by the following bodies/authorities:-

Department of Social Medicine, Oxford University:	Survey of childhood cancers.
Greater London Council:	Children suffering from spina bifida.
Medical Research Council:	Measles.
Inner London Education Authority:	Height and weight survey of schoolchildren.
Department of Medical Microbiology, St. George's Hospital Medical School:	Investigation of virus aetiology in mental deficiency.

DENTAL CARE FOR THE PRIORITY CLASSES

Section 22 of the National Health Service Act 1946 puts Local Authorities under an obligation to provide dental care for expectant and nursing mothers and children not yet at school. Schoolchildren and their teeth are, however, looked after by the School Health Service.

In practice, it is the same Dental Officers in the same clinics who treat both groups and though separate sessions are at present devoted to mothers and pre-school children, changes in administration will in future allow mothers and children of both age groups to be seen together at any time that the clinics are open.

Ideally all expectant and nursing mothers should routinely attend their family dentist and, whilst this is so in many cases, there are many others who do not do so. The personal dental health of mothers during and after pregnancy is vitally important and the need to consider the developing teeth of the unborn child must be understood both by mothers and their ante-natal advisers. The fact that our dental clinics will in future be open to mothers at all times should ensure that those referred by clinic staff for dental examination during pregnancy will find it easy to attend.

Before and after the birth of their babies, mothers must continually be made to realise how they can protect and properly care for their children's teeth and gums. It is equally important for all concerned to understand the need to take children to the dentist regularly from before their second birthday. In establishing a pattern at this early age, the young child can easily accept the dentist and his environment, and fear need never develop. Far better that the child's first visit should merely include simple rides in a dental chair and the polishing of teeth, than wait until dental decay has brought pain and discomfort which will always be associated with the dentist. Advice on measures which can be used to prevent dental disease and applications which can be made to the teeth to strengthen them against decay will be made available at the same time.

The simple rules which clinic staff and parents can follow to help reduce dental disease are as follows:

1. Avoid eating sweet and sticky drinks and foods, especially between meals.
2. Never give children undiluted blackcurrant, orange or similar vitamin syrups. These are exceedingly harmful to teeth if taken from a spoon, bottle or miniature feeder.
3. Clean teeth immediately after breakfast and supper.
4. Finish meals with a fibrous food such as apples, carrots and nuts, and then rinse mouth with water.
5. Eat full meals at regular intervals throughout the day, but avoid between-meal snacks and sweets whenever possible.
6. Eliminate sticky toffees and long-lasting sweets from the diet. It is not unreasonable to allow children the occasional sweet but reasonable restrictions can make a big difference.

The Service continues to meet the small demands made upon it. During 1967 Maternity and Child Welfare Dental Sessions were held at Ida Samuel, Old Ford and Prunella Dental Clinics. The overwhelming demands of the School Dental Service continue to occupy the great majority of our Dental Officers' time and have precluded the stimulation of demand for treatment for the pre-school child, important as this is known to be.

Examination of children's teeth in Nursery schools and in Toddlers' Clinics should be commenced by the middle of next year and the appointment of three Dental Auxiliaries, anticipated early in 1968, will increase our treatment potential, Dental Auxiliaries being particularly trained to provide dental treatment in this age bracket.

During the year, talks were given to Mothers' Clubs and Clinic personnel by our present Dental Auxiliary and this will feature more and more when the other Dental Auxiliaries have been appointed.

Details of dental treatment provided for expectant and nursing mothers and pre-school children will be found on page 103.

PART IV

COMMUNITY CARE SERVICES

IV. COMMUNITY CARE SERVICES

MENTAL HEALTH

The Principal Social Worker (Mental Health), Miss A.M. Joseph reports:-

"It is now three years since the borough has been responsible for the Mental Health Services. Usually it is not good to look back but it is interesting and the only way to show that progress has been made in the various services.

PART IV
Pritchard's Road Day Centre (staffed) was opened in August 1964 with eight patients. Since then 270 patients have been referred, but not all have agreed or been found suitable to attend. Patients placed back in employment number 60. The income on contract work has progressed from £31 in 1964-65 to £630 in 1967-68 and ex gratia payments and travelling expenses from nil in 1964-65 to £900.

COMMUNITY CARE SERVICES

Among the facilities

- 1) Personal interviews at the centre by disabled resettlement officers.
- 2) Full time services of a social worker at least 2 days a week for consultation, assessment, employment placement, etc.
- 3) Two evening social clubs.
- 4) Laundry facilities.
- 5) Services of government training centre hairdressers - (male) by kind permission of the manager, men's hair being cut free of charge once in three weeks.
- 6) Emergency clothing replacement.
- 7) Daily newspapers, small library and "Centre View" - the centre's own magazine.
- 8) Patient orientated Social Club Committee.

The day centres for the elderly psycho-geriatric patients are happy groups and so far the two, one at Trinity Congregational Church, Poplar, financially supported by the Council, and the other at Pritchards Road, have been able to cater for all referred.

The centres for the physically handicapped have progressed and the premises now being occupied by the Industrial Centre at 45, Whitehorse Road, are very satisfactory and already expansion has been possible.

The mixed teenage group at Underwood Road has proved the value of continuing to mix males and females.

The Junior Training Centre now being run on the new methods of play and development has stimulated the children. Every effort is being made to help the children to learn to read, write and have some knowledge of numbers; of course not all will achieve this.

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Pritchard's Road Day Centre for the mentally ill opened in August 1964 with eight patients. Since then 270 patients have been referred, but not all have agreed or been found suitable to attend. Patients placed back in employment number 60. The income on contract work has progressed from £31 in 1964-65 to £630 in 1967-68 and ex gratia payments and travelling expenses from nil in 1964-65 to £990.

Among the facilities available now are:-

- 1) Personal interviews at the centre by disablement resettlement officer.
- 2) Full time services of a social worker at least 2 days a week for consultation, assessment, employment placement, etc.
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The special care unit children are now transported in the specially constructed coach purchased by the Council, which is greatly appreciated. The special care unit in the day nursery for handicapped children under 5 years has helped parents who need relief before the children are old enough to be admitted to the training centres.

Home visits by occupational therapists have continued to those unable through physical disabilities to attend centres. Ruston Street Diagnostic Clinic is much appreciated by the parents. Home visiting by the social worker has been increasing and heavy demands are made on this department by other departments of the Council, hospitals and voluntary organisations.

Contact with the schools for maladjusted has grown and should help when these children leave school. The satisfactory relationships with the schools for educationally sub-normal children have been maintained as also with the Youth Employment Service. More students have been accepted and many more visitors have come to see the various activities. The various departments of the Council have been co-operative and I hope have found this department equally helpful. Our thanks to all who have helped us to help our patients."

Referrals

Persons referred to the department showed an increase of 10 per cent over last year and 37 per cent over 1965. The number under community care increased by 19 per cent over 1966.

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 246 a decrease of 14 per cent from last year.

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.

The mental health social workers augmented by some nursing staff provide a night and weekend duty service on a rota basis. This emergency service operates from 5 p.m. each evening to 8.45 a.m. the following morning and at weekends from 5 p.m. on Fridays to 8.45 a.m. on Mondays, 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.

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. Four applications were received during the year for approval and following the appropriate consultation with members of the advisory panel the applicants were approved for a period of five years.

Short-Term Care

Temporary care is arranged in homes and hospitals for mentally subnormal patients to give relatives a welcome relief and to allow them to take a holiday.

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. Apart from those under guardianship, 38 other persons were in hostels at the end of the year.

By reason of the large amount of accommodation existing in the borough for transients e.g. common lodging houses, seamen's lodging houses and other lodging houses and houses in multiple occupation, an inordinate burden is thrown upon the Council by requests from hospital and other authorities to it to accept full responsibility for the care of mentally disordered persons in residential homes, on the grounds that the person had a Tower Hamlets residence prior to admission to hospital. The Ministry of Health Circular which governs the responsibility of local health authorities for providing such accommodation, is capable of varying interpretations. Accordingly, steps were taken during the year to have this matter brought before the London Boroughs Association with a view to obtaining agreement as to which authority should accept responsibility in the various categories of circumstances likely to arise. The outcome of the deliberations of the London Boroughs Association is awaited.

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 from their homes and training centres each day. Transport covers trainees attending the junior centres, adult female centres, the special care units and the day nursery special unit, whilst those attending the

men's industrial training centre make their own way. A purpose built coach provided with a lift at the rear for handling persons in wheelchairs, was purchased and came into use during the year, its main use being for transporting children to and from the special care unit.

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.

Parents Association

Effective liaison with the Tower Hamlets Society (formerly the Peter Pan Society) continued throughout the year. This society comprising mentally handicapped children and young persons receiving community care and their parents, relatives and friends is a very active organisation in the borough and arranges many activities, social and cultural, for its charges.

Following meetings between the Chairman of the Health Committee, officers of the Society and of the Council to discuss common problems and suggestions to improve the services and facilities provided by the Council and by the Society, the Council agreed to make available the use of its day centre premises to the Society one evening a week, and on a Saturday evening each month for social and sports activities. The junior training centre premises are also made available one evening each week for experimental reading and writing classes for mentally sub-normal children, at which the supervisor of the training centre gives her services.

Quarterly meetings of the Society are attended by an officer of the department to further the liaison between the Society and the Council.

Day Centres

There is a Council day centre for the mentally ill and two others administered 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 able to discuss with mental health social workers their personal problems and difficulties. An incidental object of the day centres is to provide some relief to relatives from the care of mentally ill persons. The patients attend for the whole day on five days a week and are provided with a midday meal and light refreshments.

Junior Training Centre

Progress continues on the new junior training centre project, albeit slowly. By the end of the year, residents of the houses within the site allocated were decanted, the site cleared of buildings, approval to the plans was given by the Minister of Health and the scheme is now out to tender.

The centre will provide training places for 95 mentally severely sub-normal children of school age, plus a special unit for 20 children suffering from physical as well as mental handicap. The accommodation to be provided will include assembly hall, 7 class rooms, 3 rooms for the special care unit, a nursery, handicraft room and domestic science room. There will also be recreational facilities including playground, grassed area and children's flower garden.

Adult Training Centres

There are two centres in the borough for training subnormal adults, one being an industrial centre for males and the other comprising a senior group for females aged 16 and over with an adolescent group of both sexes aged 13 plus.

Pending the construction of a purpose built adult training centre, an opportunity arose during the year to transfer the men's industrial training centre to more satisfactory premises on their vacation by the Council's Housing Department staff. Considerable improvement in working conditions and amenities have been much appreciated by the trainees and staff. One of the assistant supervisors was seconded to attend a year's residential diploma course organised by the National Association for Mental Health.

At these centres social and work training are given. 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.

Industrial Work at Training and Day Centres

Industrial work undertaken during the year included such tasks as assembling cardboard boxes, sets of darts, skipping ropes, paint boxes; packing curtain rails, toys, pencil cases, cardboard boxes; sorting chess-sets, pocket games, plastic egg-cups, whips and tops; making playing bricks, toy ironing boards, tidy boxes, sorting trays, easels, test-tube racks, basketry bases, cots; trimming and bundling plastic mouldings, thumb-holing medical boxes, and repairs to furniture.

Amounts received for work executed by the trainees amounted to £3,450, against which has to be offset the cost of materials. Payment is made to trainees, based on attendance, and is regarded as incentive pocket-money to supplement state benefits which they receive. £1,890 was paid out as incentive pocket-money during the year.

A revised system of payments of incentive money to adult females attending the training centre was approved by the Health Committee to take effect from 1st April, 1968, payments of a fixed amount to be made each week to replace the existing system whereby trainees share income received for individual contracts as and when they are completed. It is considered that a regular weekly "wage packet" being collected by trainees as for persons in normal employment would have a beneficial effect.

Guardianship

Three severely subnormal patients remained under guardianship of the Council at the end of the year. One person was discharged from guardianship.

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

Provision of Services for City of London

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.

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.

"The general policy of the unit was described in detail in the two previous annual reports and will not be repeated now. It will be seen from the graph that the unit was again actively employed. Though admission figures show a decline from 1966, they are still at a high level compared with previous years. The lower figures appear to be due to a reduced demand for admission particularly to Dundee ward at the beginning of the year. Requests for admission increased towards the end of 1967, and admissions to Dundee for the last half of the year (63) were nearly at the 1966 rate. Both the Day Hospital and Dundee ward continued to play a valuable part in the general policy of supporting old people in the community.

As before, a flexible policy has been pursued and severely physically ill patients have been accepted for admission to the Day Hospital, many of whom were originally referred by consultant geriatricians in the area. As before, we have had much support from geriatricians, and general physicians and surgeons, and this co-operation has enabled old people to be supported at home longer. More efficient utilisation of resources has resulted and old people can be admitted quickly to a bed when the need does arise.

The importance of communication and discussion has been mentioned in previous reports. The quarterly meetings continue to be well attended, and provide an opportunity for medical and nursing staff to meet local authority and voluntary social workers. The long stay bed requirements for the elderly are being considered by several committees in the region, with the aim of making the area self-sufficient."

STATISTICS

Statistics relating to the Mental Health Services appear on pages 110 to 112.

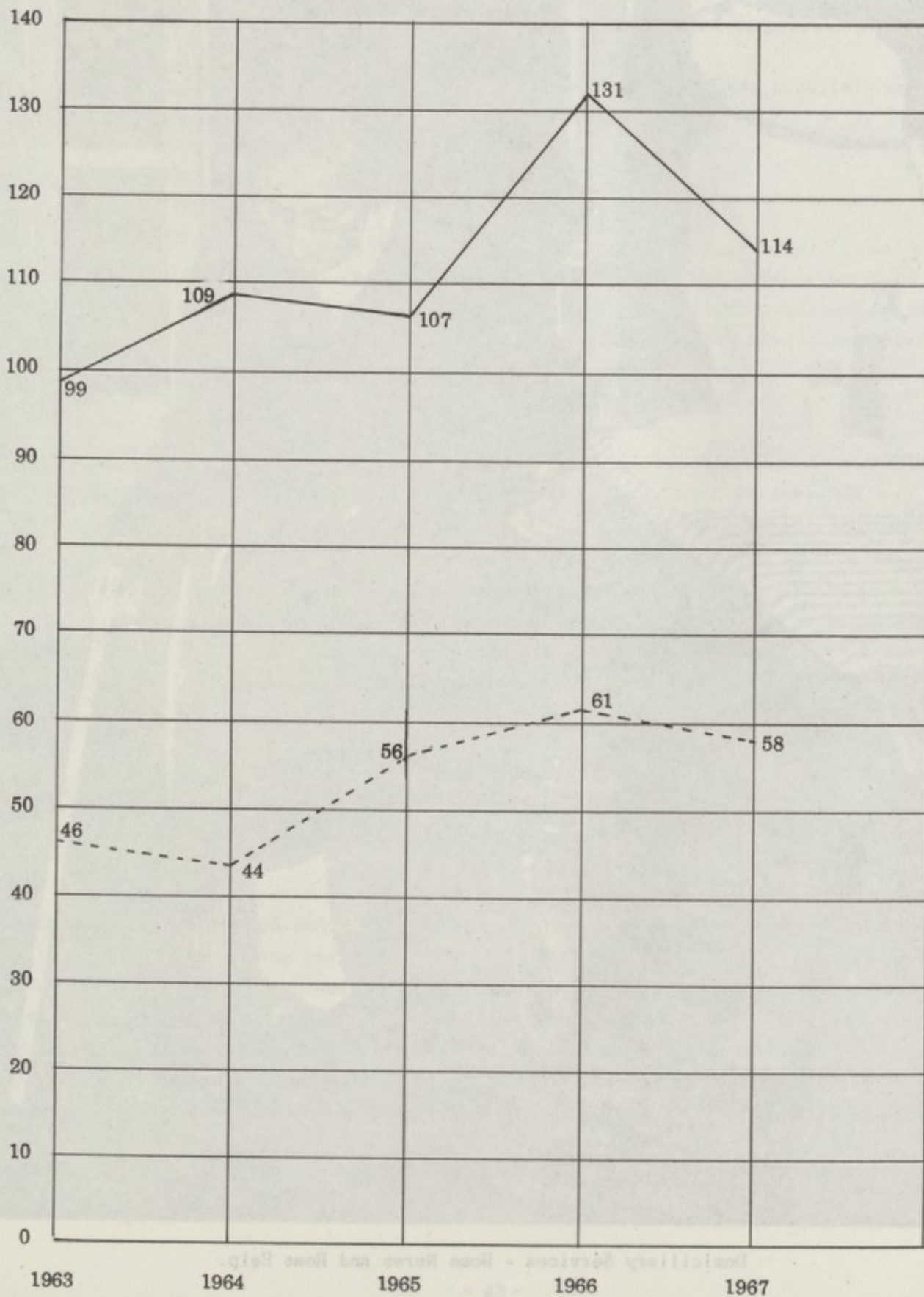
PSYCHOGERIATRIC UNIT, ST. CLEMENT'S HOSPITAL

ADMISSIONS

Key:

Admissions Dundee Ward _____

Admissions Day Hospital - - - - -





Domiciliary Services - Home Nurse and Home Help.

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 155 examinations by a consultant ophthalmologist, during the year, at a cost of £315. Transport to the clinic for examination is arranged for these persons where necessary.

In addition, certificates accepted from other local authorities, hospitals and private ophthalmologists numbered 44, payments totalling £143 being made.

CHIROPODY

Foot clinics are held at 7 of the Health Department's establishments and at 3 other premises. Treatment is provided for corns, callosities and malformed nails; advice is given on shoe fitting, foot hygiene and exercises. A total of 40 sessions are held each week by one full-time and eleven part-time chiropodists. For those unable to attend clinics, five of the chiropodists visit their homes to give treatment. Treatment is free to old persons, to those on retirement pensions, expectant mothers and to schoolchildren.

In addition a chiropody service is provided by the Welfare Department of the Council for residents of old people's homes, and I am indebted to the Chief Welfare Officer for the information on this service provided by him and included in the statistics on page 103.

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 bathing attendants. If the dwelling is without a bath, a 'bungalow' bath is taken to the premises, together with hot water in insulated containers.

More than five thousand baths were given during the year.

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 (86%) understandably because of the growing number of aged persons 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. Examples of home help/home nurse co-operation are illustrated opposite pages 29 and 43. At the end of the year 290 home helps were employed by the Council, the majority on a part-time basis, the equivalent full-time number being 187.

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. those persons in receipt of supplementary benefit from the Ministry of Social Security, or families where the mothers, suffering from toxæmia of pregnancy, have submitted a medical certificate.

Specially trained helps are utilised to provide assistance to problem families. An in-service course of 8 lectures designed to assist helps in their work was attended by 24 home helps.

Improved scales of issue of protective clothing to home helps were made this year. In addition to full-time home helps being supplied with a gaberdine raincoat, shoes and overalls, part-time employees giving a minimum of 10 hours service per week are issued with overalls, and those giving 20 or more hours per week are, after 2 years qualifying service, being issued with raincoats and shoes.

In a parliamentary answer, the Minister of Health stated that the national cost of the Home Help Service in 1966/67 was £18,900,000, less charges of £1,800,000.

Households numbering 3,585 were provided with the service during the year compared with 3,700 last year. (Statistics on page 106).

DAY CARE SERVICE

The day care service continued to function satisfactorily. This service which is additional to the normal home help service, is given to selected aged persons by neighbours or persons living in the immediate vicinity, and is intended to cater for those persons chronically ill, or bedridden and living alone who require visiting or attention several times a day. The service is however, limited by the availability of the neighbours willing to undertake this paid work.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

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 hospital or institution of any aged, infirm or physically incapacitated person living in insanitary conditions, and who is in need of care and attention.

It was found necessary this year to apply for Removal Orders under this enactment in respect of 3 persons who were removed to hospital.

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 undertaken during the year numbered 42. (Statistics ^{on page} ~~in Table~~ 114).

V. ENVIRONMENTAL HEALTH SERVICES

The Chief Public Health Inspector, Mr. H.F. Lake, reports as follows:-

Rodent Control

The number of complaints of rodent infestation received in the Health Department in 1968, created considerable consternation. It is noted that when investigated infestations by mice account for about sixty per cent, but it was felt, particularly having regard to the severity and persistence of many infestations that the number of rat infestations was far too high.

PART V

It was, therefore, decided to make a concentrated effort to combat this problem. That defective sewers and drainage systems are the source of most infestations in urban areas has long been the popular belief, and experience serves only to endorse this point of view, but in addition there is evidence that accumulations of refuse and litter left undisturbed in domestic sites provide ideal refuge and breeding ground for rats.

ENVIRONMENTAL HEALTH SERVICES

Investigation of infestations commences with test baitings to assess the degree of the infestation, and simultaneously search is made for rat runs followed by smoke tests on runs and drains found in the locality. As the result of this procedure many defective drains have been repaired and disused drains sealed off.

With an active housing programme the demolition and clearance of slum houses is a continuous process, taking place in every corner of the borough. When existing buildings are taken out of use and cleared away it is imperative that the drainage connections should be disconnected from the sewer. Accordingly arrangements have been made both by the Tower Hamlets Council and the Greater London Council for the borough Engineer to carry out the necessary work of disconnecting and sealing. This is now done by opening the roadway and sealing off the sewer. Where private development takes place such as new factories or office blocks, the developers are encouraged to provide new drainage connections to the sewer and dispense with the old drainage systems previously used for the site.

Fencing of vacant land for the purpose of preventing rubbish dumping has become an urgent necessity. The greater majority of cleared sites in the borough are in possession of the Greater London Council, who co-operate responsibly and particularly so freshly cleared sites which are protected with corrugated iron sheeting immediately the property demolition has been completed. There are in addition a number of sites in the borough which have been cleared of buildings for some time and where the owners are difficult to trace or cannot be found at all.

Following the submission of a report on this situation the Council voted a sum of money for clearing and fencing sites by its own contractor where land owners cannot be found. The procedure followed is to serve notices under the Prevention of Damage by

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It was, therefore, decided to make a concentrated effort to combat this problem. That defective sewers and drainage systems are the source of most infestations in urban areas has long been the popular belief, and experience serves only to endorse this point of view, but in addition there has been ample evidence that accumulations of refuse and litter left undisturbed in derelict houses and on vacant sites provide ideal refuge and breeding ground for rats.

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Following the submission of a report on this situation the Council voted a sum of money for clearing and fencing sites by its own contractor where land owners cannot be found. The procedure followed is to serve notices under the Prevention of Damage by

Pests Act on owners when known, requiring them to clear and fence the site within a specified time, and where there is failure to comply with the notice, take legal action. Where owners have not been traced notices are served on the site, and after expiration of the time specified in the notice the necessary work is carried out by the Council and the cost entered as a charge against the property.

Rodent control in the many business premises in the borough has been continued with emphasis of effort concentrated on trades likely to create the greatest attraction to rodents such as wharfingers and food storing and producing undertakings.

All the Council's sewers have been treated by poisoning with sodium fluoracetamide five times during the course of the year; approximately sixteen thousand baits being laid. Readings of a test baiting indicate a substantial improvement in the degree of infestation of sewers compared with last year, particularly in the western half of the borough where an additional treatment was carried out to the older and more severely infested sewers.

The result of the year's efforts appears to be rewarding for the number of complaints regarding rodents received, always a significant indicator, has fallen from 2,700 in 1966 to 1,800 in 1967. It would not be wise to become too elated over the apparent result of one year's work, but an improvement of over thirty per cent is extremely encouraging and will undoubtedly stimulate further effort in the future.

The Council is faced with a serious problem which will undoubtedly act as a barrier for some time to the ideal objective, namely the complete eradication of rat infestation, and that is the defective condition of the many older sewers in the borough, mostly brick barrel sewers constructed over 100 years ago.

A general survey is being carried out by the borough engineer to ascertain the condition of the Council's 180 miles of main sewers. Television cameras are extensively used in the investigation and many supporting photographs have been taken.

The borough engineer has reported to the Council on about 13 miles of sewers included in the survey, which has been concentrated on brick type sewers so far as it has progressed. In his report he lays emphasis on the poor condition of drain connections to these sewers and comments that little regard appears to have been paid in the past to making connections at the correct gradient and at the correct point of entry, holes being punched in the sewer at any convenient point and pipes pushed through without proper jointing - cavities and earth being visible in many cases. Collapsed inverts, collapsed, badly cracked and distorted crowns and unsealed redundant drain connections leaving ideal breeding places for rats, are also a feature of the report. The comment is also made that rat infestation was prevalent and had obviously been a contributory cause to some undermining.

It is estimated that in only about one fifth of the sewers surveyed is little or no work necessary.

Renewal of the Council's defective sewers will be a lengthy and extremely costly operation, but until substantial progress has been made with the task it will be necessary to make every effort to reduce the number of rats to a minimum by poisoning and confining them to the sewers, but it is unlikely that any appreciable progress will be made towards eradication of the problem in areas served by the sewers in question.

Clean Air

This year the Health Committee recommended the Council to make the London Borough of Tower Hamlets Smoke Control Orders Nos. 3 and 4. These Orders when confirmed by the Minister of Housing and Local Government in July completed the Council's programme and brought the whole of the borough under Smoke Control Orders. It is true that much was done by the constituent authorities, but the Council may, nevertheless, be justifiably proud to be among the first three London Boroughs to complete its programme, despite the disturbance caused by amalgamation of boroughs in 1965, its many other commitments and the fact that at no time were the constituent authorities or the Council entirely free from staffing problems.

Health Education

Public health inspectors have continued to play an active part in the field of health education. Many parties studying subjects related to environmental hygiene have been received in the department. Requests for assistance in connection with student training are now received from the Ministry of Overseas Development at regular intervals.

It is pleasing to record the spirit of co-operation and splendid liaison existing between public health inspectors and the health education officer. As a result of the combined efforts of these officers talks and conducted educational visits have been organised for senior schoolgirls and guidance given to parties of women employed in the home help service.

The success of these arrangements, firstly the education of the young and secondly the education of untrained personnel employed in the health services may be measured by the enthusiasm with which they are received, and the popularity of this programme has been so great as to leave no doubt that it should be continued in the future.

Food Hygiene

Efforts to secure the necessary improvements to food stalls bringing them up to the standard set by the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, have been frustrated by an extraordinary obstinacy and resistance which seems to be a peculiar characteristic of street traders. All street traders were circularised at the beginning of the year, advising them of the introduction of the regulations and summarising the provisions. Visits to the stalls by public health inspectors followed.

It was the general experience that explanations by the public health inspectors of the purpose and requirements of the regulations were countered by arguments that the regulations were impracticable and unnecessary. The principal points of contention were that there is insufficient space on a stall for water supply and washing facilities, screening the stalls would ruin the display and displaying the name and address of the stall holder would invite burglaries at home.

Further visits by the inspectors exercising pressure and warning of legal enforcement, followed by letters detailing contraventions produced protests of victimisation and complaints of inspectors' officious conduct. And yet, when interviewed at the office, many stall holders agreed that inspectors had been both patient and tolerant.

Not until well into the year when enforcement action in the courts was intensified was any material advance made.

Many stallholders are now fitting insulated hot water units holding two gallons of hot water, and capable of retaining water at a reasonable temperature for washing purposes for at least six hours. A specimen of one of these units has been tested in the department and is considered quite serviceable for its purpose.

Screening of stalls takes a variety of forms, and it may be said that there is a tendency towards improvement, slow though it may be, but too many stallholders by far are using flimsy plastic sheetings with very doubtful durability, giving the impression that it has been provided more to appease than conform.

Offices and Shops

A considerable amount of work has been done for the purpose of preventing accidents in offices and shops, particularly in connection with the proper guarding of machinery.

It is not uncommon, however, for occupiers to express resentment at complying with the regulations where considerable expense is involved, particularly when, probably by very good fortune, they have accident free records.

For example, many of the older types of food slicers used in shops and wholesalers premises are not designed to receive safety guards and it has become necessary to require the provision of new machines.

Experience in the administration of the Offices, Shops and Railway Premises Act 1963 leads to the belief that many accidents occurring in offices and shops are not reported to the local authority, as required by the statute. It has, therefore, been decided to stimulate notification and interest in this subject by local action in the form of a special explanatory circular devoted to this particular matter.

Staff

The position regarding technical staff has remained almost numerically static.

Four public health inspectors were lost to the department during the year by death, retirement and resignation. This loss was partly compensated by three pupil health inspectors passing their final examinations and remaining in the service of the Council.

One pupil public health inspector was appointed, bringing the total under training to eight. This number was pressed as a maximum by the Public Health Inspectors Education Board, and is related to a ratio fixed by the Board of one pupil to three inspectors employed. The effect is a reduction of two in the number of pupils under training in previous years. Two students will be sitting for their final examination next year.

Having regard to the additional detailed work involved in connection with the survey, clearing and fencing of vacant sites, the Council agreed to appoint two additional technical assistants, bringing the number now employed in the department to ten."

CLEAN AIR

Two smoke control orders covering 862 acres became operative during the year, namely the Tower Hamlets No. 1 Order made on 8th July, 1966, and Tower Hamlets No. 2 Order made on 29th December, 1966. The orders came into operation on the 1st August 1967 and 1st October, 1967 respectively.

Tower Hamlets Nos. 3 and 4 Orders made by the Council this year will both become operative on the 1st July, 1968, when the whole of the borough will be covered by smoke control orders.

As the result of schemes of modernisation, amendment of development programmes and/or additions to the slum clearance programme, six variation orders to exempt premises not previously exempted from smoke control orders were made by the Council and confirmed by the Minister during the year, all becoming operative in 1968.

The proposed installation of 2,716 heating appliances was approved for the purpose of grant during the year, the estimated grants totalling £27,498.

Discretionary grants in respect of the 30 per cent balance of cost of works of adaptation to heating appliances in dwellings were approved by the Committee in 5 cases, on grounds of hardship. Grants towards costs of adaptation in educational establishments were made in four instances.

Under the provisions of Section 3(3) of the Clean Air Act 1956 furnaces 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 proposals to install furnaces in three premises, applications for prior approval under Section 3(2) being submitted and approved in 14 instances.

DISEASES OF ANIMALS

The Corporation of London, through its veterinary officers and inspectors, carried out on

an agency basis duties imposed on the Council under the Diseases of Animals Act 1959 and associated acts, Pet Animals Act 1951, Performing Animals Act 1925 and the Animal Boarding Establishments Act 1965.

Visits were paid during the year to the 17 poultry slaughterhouses and 14 live poultry dealers in the borough. Each of 13 pet shops received quarterly visits and a routine inspection regarding renewal of licence was made of an animal boarding establishment. Close attention has been paid to the animal market held on Sunday mornings in Club Row, and visits of inspection made at frequent intervals.

Investigations were made into an alleged infringement of the Conveyance of Live Poultry Order, an alleged case of cruelty to chickens at the premises of a poulterer, and into a case in which a person was said to be suffering from psittacosis allegedly as a result of the purchase of a parrot in the Club Row Market.

The Ministry of Agriculture Fisheries & Food requested the tracing of a goat which had come into the country without a licence. Upon enquiry it was found that the owner who had imported the animal from Ireland found it difficult to control and had sold it to an Indian. He was unable to supply the name or address of the purchaser.

Statistics on page 115.

FOOD AND DRUGS

Analysis of Food and Drugs Samples

During the year 1,179 samples of food and drugs were submitted for analysis by the Public Analyst, 16 being purchased formally, 1,141 informally, and 22 were private samples. Irregular samples ascertained numbered 99.

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

Legal proceedings were instituted in respect of five samples; namely three of rolls and margarine being sold as rolls and butter, one of bread containing grease and one of an apple puff contaminated with mould growth. The total fines and costs awarded amounted to £40 and £15.15.0d. respectively.

Matters taken up with manufacturers or importers included bread, canned tomato puree, Brazil nuts, ground nuts, pork pie and stout contaminated with mould growth; chewing gum, rose syrup, sugar strands, and dragees containing prohibited colouring; coffee and canned rhubarb contaminated with oil; raw sugar contaminated with graphite; custard slices contaminated with aluminium particles; canned braised pork kidneys, frankfurters, chicken fillets in jelly, pork sausages, and beef steak pie deficient in total meat content; nutmegs deficient in oil; brandy deficient in declared alcohol content; soda water deficient in sodium bicarbonate; flour deficient in calcium carbonate; canned grapefruit segments containing excessive tin and iron; myalgic tablets containing excessive salicylic acid;

walnut kernels infested with insects; pork kidney containing sodium nitrite; doughnut containing poppy seed; prunes containing non-permitted preservative and milk containing sterilising solution.

The absence, inadequacy or improper declaration of ingredients on labels were ascertained in 47 samples and were the subject of correspondence with manufacturers or importers.

A summary of the samples analysed and included in quarterly reports submitted by the Public Analyst in compliance with Section 99 of the Food & Drugs Act 1955 will be found on page 116.

Bacteriological Examination of Foodstuffs

Samples submitted for bacteriological examination numbered 226, comprising:

1 Shrimp flavoured chips	2 Liver sausage
1 Fruit flavoured chocolates	31 Canned meats
18 Desiccated coconut	5 Milk
3 Currants	2 Pancake roll
1 Roasted duck	2 Salami
46 Imported dried egg	12 Sea food
66 Egg products	6 Canned soups
1 Frankfurter sausages	1 Steak, kidney and oyster pudding
1 Roasted goose	1 Steak and kidney pie
4 Canned gooseberries	2 Sultanas
15 Ice cream	1 Tomatoes
2 Ice lolly	
2 Ice parev	

Unsatisfactory results from 13 of the samples included:

2 Belgian Mini-pate	Plate counts in excess of 1 million organisms per gram. Stock destroyed.
1 Sultanas	Cl. welchii and non-faecal coli isolated - released for manufacture.
4 Egg noodles	Salmonella organisms isolated. Goods in stock destroyed.
5 Prague Hams	Blown and collapsed tins. High bacteriological plate counts and presence of faecal streptococci. Consignment destroyed.
1 Ice Cream	Grade III (See following item).

Ice Cream

There are 35 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.

17 samples of ice cream submitted to the methylene blue reduction test gave the following results:

Grade	Manufactured		Total
	In Borough	Outside Borough	
I	3	6	9
II	5	-	5
III	1	-	1
IV	-	-	-
"Parev" Ice Cream:			
Satisfactory	2	-	2

In the case of the unsatisfactory sample (Grade III), an investigation was carried out and recommendations made.

Catering Premises

Catering premises in the borough numbered 1,581 at the end of the year, an increase of 104 over last year. Consideration was given during the year to the suggestion for the introduction of legislation requiring that catering establishments register with local authorities. The Council agreed that there was a need for registration and supported the proposal of the London Boroughs Association to seek inclusion of suitable provisions in the next Greater London Council (General Powers) Bill.

Food Hygiene (General) Regulations 1960

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966

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, and a public health inspector visits the borough's Sunday markets each week. There are over 4,000 food premises, including stalls, in the area. Notices of requirements served numbered 700 and 389 summonses involving 65 premises/stalls were heard during the year.

Details of action taken under Regulations 16 and 19 of the Food Hygiene (General) Regulations 1960, are contained in the Appendix, page 117.

Food Export Certificates

Certificates numbering 78 were issued in respect of a variety of foodstuffs exported to Belgium, Brazil, Canada, Greece, Italy, Jordan, Kuwait, Lebanon, Libya, South Africa, Portugal, Spain and Sweden.

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

The public health inspector dealing with inspection of imported foodstuffs at wharves in the borough reports that a sample of Japanese chewing gum taken from a consignment at a wharf was found to contravene the Colouring Matter in Food Regulations by containing a prohibited colour. The local authority of the area to which the consignment had been transported were advised and were able to detain the gum and recall any distributed stocks. Similar action was taken in respect of a sample of Cyprus rosehip syrup containing the prohibited colour Rhodamine B. The consignment was destroyed.

From time to time foodstuffs on board ship become contaminated by spillage of chemicals, fuel oils, etc. Although instances are infrequent, they point to the necessity for careful loading and handling of consignments so that foodstuffs in transit are stored well away from possible contaminants. Recent examples include tea on which zinc chloride powder had been spilled and sugar and coffee contaminated by spillage of fuel oil.

Samples of salami sausage submitted for bacteriological examination showed plate counts running into many millions of organisms per gram, though pathogens were absent. Enquiries elicited that because of the process of manufacture, which includes fermentation, it is not unusual for salami to have such high counts, but the manufacturer concerned was requested to improve his process to reduce the bacterial count.

There have been a number of cases where foodstuffs have been incorrectly labelled, to which the attention of manufacturers and importers has been drawn with subsequent amendment of the labels.

Four samples of Portuguese tomato paste were found to have mould counts in excess of the permitted limit (50%) and the consignment was refused entry into the United Kingdom.

In September, a random sample of imported egg noodles was taken by an inspector of the Port Health Authority and submitted for bacteriological examination. The laboratory reported the presence of an unidentified salmonella organism in the sample. The consignment had been transferred to a warehouse in the borough for distribution, where it was detained pending further investigation. Part of the consignment had already been distributed to grocery shops in various parts of the country, and the health departments for these areas were alerted and requested to arrange for the products to be withdrawn from sale pending further investigation. Twenty nine further samples were taken at the warehouse and it was found that three samples of the variety which had been sampled by the Port Health Authority were positive to salmonella typhimurium, and that two samples taken from other varieties were also positive, one to salmonella braenderup and the other to salmonella meleagridis. All the affected egg noodles not already sold were destroyed.

The Ministry of Health and the commercial attache of the exporting country's embassy were advised of the position, and the manufacturers were asked to investigate. Representatives of the latter attended a meeting held at the bacteriological laboratory to consider the matter. It was discovered that the manufacturers had used the services of a smaller firm to manufacture the affected consignment owing to a rush of orders, and that the latter had been using unpasteurised imported egg.

As a result, the co-producers have agreed to use only pasteurised egg, but the main producer has decided not to accept goods from the former in future. Samples of subsequent consignments of egg pasta have proved negative, but supervision and sampling is still being maintained, and arrivals of egg pasta by other manufacturers are being similarly treated.

Excessive "blowing" of tins of Czechoslovakian pasteurised hams lying at a wharf led to bacteriological examination of samples. Counts as high as 50 million colonies per gram were found, with the presence of some coliform bacilli and faecal streptococci. Similar excessive "blowing" was discovered in a consignment of pasteurised Czechoslovakian canned pork shoulders. These consignments had lain at the wharf for periods of 12 and 6 months respectively, but were not kept under refrigeration. For technical reasons, canned hams are heated to pasteurisation temperature, not, as with other canned products, to sterilisation temperature, and they must therefore be stored under refrigeration. Both consignments were destroyed.

Samples of Belgian meat pates taken from a wharf and submitted for bacteriological examination were found to have high plate counts, in two of the samples exceeding one million organisms per gram. However, no Salmonellae were isolated, although staphylococcus aureus of phage type 2, not normally associated with food poisoning organisms, was present in one sample. The affected stocks were surrendered for destruction, and the manufacturers and importer were warned that future consignments would be refused entry if the standards were not improved.

Samples of imported dried egg, desiccated coconut and frozen prawns and shrimps, periodically submitted for bacteriological examination during the year, were all found to be satisfactory.

215 detention notices and 213 release notices were served under the Public Health (Imported Food) Regulations 1937-48. These notices affected a variety of foodstuffs, including: advocaat, animal casings, dried apricots, butter, chillies, chilli powder, cocoa, coffee, dried egg, egg noodles, fish, gooseberries, grapefruit, groundnuts, gum tragacanth, ham, liquorice root, liver paste, meat pate, nuts, oyster flavour sauce, pistachio kernels, prawns, sugar, shellfish, sultanas, tapioca, tea, tomato puree and walnut kernels.

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.

14 samples taken proved satisfactory when submitted to the alpha-amylase test.

Milk Supply - Samples

Milk samples submitted for chemical analysis numbered 29 including 12 taken at hospitals,

schools and day nurseries in the borough. The average fat and solids-not-fat content of ordinary milk samples analysed was 3.61 and 8.63 per cent, respectively, and of the super-fatted variety 4.46 and 8.86 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	208 tons
London Fruit Exchange and Spitalfields Market	81 tons
Other Premises	76 tons
TOTAL	365 tons

About 12 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 1,200 condemnation certificates in respect of unsound food were issued in 1967.

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 36.

The complaints referred to -

Alleged unsound condition:

Bread 1, cake 1, chinese food 1, chicken 1, chocolate rings 1, confectionery 1, fish 1, ham 1, ham roll 1, meat pies 4, canned pineapple 1, potato chips 1, sausages 1, sausage roll 1, tomatoes 1.

Alleged dirty condition and/or foreign body or deposit:

Bread rolls 1, bread 5, cake 1, doughnuts 2, dried fruit 1, milk 2, minerals 1, mince pie 1, canned raspberries 1, canned rhubarb 1, rice 1, stout 1.

HOUSING

The number of commonwealth immigrants coming into the borough continues to demand vigilance to be exercised by all sections of the department not least the environmental health section, particularly in respect of overcrowding and houses in multiple occupation.

Slum Clearance

During the year, 15 clearance areas involving 606 dwellings were declared by the Borough Council. Three compulsory purchase orders and five clearance orders were confirmed involving 215 dwellings.

Overcrowding

Alleged overcrowding was investigated in 80 instances, some overcrowded families being rehoused by the Greater London Council and by this Council.

Underground Rooms

There are numerous underground rooms in the borough used for living and sleeping purposes. When the Housing Officer is about to rehouse the occupier of an underground room, closing order procedure under the Housing Act, 1957, part II is used, but apart from this there is very little that can be done due to the risk of a double rehousing commitment eventually.

During the year Closing Orders were made in respect of two such rooms.

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. Investigation of one application was carried out during the year.

Applications for Rehousing

At the end of the year, there were 8,026 applications for rehousing on the Council's waiting list, an increase of 11 on last year. Tenants of Council dwellings who have applied for transfer to larger or smaller accommodation number 1,040.

Preferential Housing on Health Grounds

Applications for preferential housing on health grounds investigated during 1967 numbered 650, an increase of 55% on last year. An 'urgent' assessment was granted in 44 cases and balancing points were awarded in a further 183. Tenant transfer was supported in the case of 117 tenants of Council dwellings.

Houses in Multiple Occupation

In November 1964 the former Stepney Metropolitan Borough Council made a scheme under Section 22 of the Housing Act 1961 as amended by Section 70 of the Housing Act 1964, for the registration of houses in multiple occupation in certain wards of the borough. The scheme was submitted for confirmation to the Minister of Housing and Local Government in January, 1965, but by 1st April when the new London boroughs were formed the scheme had not been approved, the Minister stating that this was the first scheme presented for confirmation and a special study was taking place in connection with which visits were made to local authorities all over the country. Several discussions took place with the Ministry's officers and changes in the scheme were agreed. In consequence of these amendments and of alterations to the wards following the formation of the new borough of Tower Hamlets, an amended scheme was approved by the Council in September 1966. The Minister's confirmation of the amended scheme was received in February 1967 and during the year 167 houses were registered.

Continued progress was made during the year by the technical assistants in dealing with houses known to be in multiple-occupation and in the use of the Council's powers under the provisions of Part II of the Housing Act 1961 and regulations made thereunder. Management orders were made in respect of 47 premises following the service of 91 notices of intention to make such orders. Representations received from the owners of two premises for revocation of Management Orders were not accepted as it was considered that the houses were likely to fall into disrepair.

Necessary works to remedy conditions caused by neglect of management were completed in 54 houses, 244 summonses being granted for contraventions of the regulations, fines amounting to £1,451 being imposed.

Sixteen notices were served under the provisions of Section 90 of the Housing Act, 1957, for permitting overcrowding in houses in multiple occupation. Many visits by the technical assistants in the late evening and early hours of the morning are necessary to check that these notices are being complied with. Eighteen summonses were issued for contravention of notices, resulting in fines amounting to £260.

Nineteen directions to prevent or reduce overcrowding were served under Section 19 of the Housing Act 1961. Summonses were issued in five instances for contravention of the directions.

A person was fined £10 for failing to comply with a notice served, under Section 16 of the Housing Act, 1961, to secure the provision of means of escape in case of fire.

At the end of the year 910 houses in multiple occupation were under surveillance.

Standard Grants and Improvements

In conjunction with officers of the Borough Engineer and Surveyor's Department, the housing inspector inspected 29 premises regarding which applications had been made to the Council for standard or improvement grants.

New Housing

During the year 1,120 new permanent dwellings were completed in the borough: 267 by the Borough Council, 848 by the Greater London Council and 5 by other persons. Details are given on page 118 and some new dwellings completed this year are illustrated opposite pages 58 and 59.

At the end of the year units of accommodation owned by the Borough Council numbered 12,960 comprising 10,849 erected by the Council, 204 prefabricated bungalows and 1,907 properties acquired.

Dwellings in the borough owned by the Greater London Council totalled 23,019 at the end of the year.

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 pages 119 and 120.

There are four basement bakehouses in the borough in respect of which certificates of suitability under Section 70 of the Act continue in force.

HAIRDRESSERS AND BARBERS

Section 18 of the London County Council (General Powers) Act, 1954, requiring the registration of a hairdressers or barbers premises, was repealed by the London Government Act, 1963. These powers were re-enacted during the year by Section 21 of the Greater London Council (General Powers) Act, 1967, the "appointed day" approved by the Council being the 1st January, 1968. Byelaw powers are contained in the Public Health Act, 1961, and byelaws made by the Council were confirmed by the Minister on 31st May, 1966, and came into operation on 1st July, 1966.

LEGAL PROCEEDINGS

Under the provisions of Section 92 of the Criminal Justice Act 1967, increases in maximum fines for certain offences under the Public Health Act 1936 take effect from the 1st January 1968. In the case of failure to abate a nuisance the maximum fine is increased from £5 to £20, and for offences in connection with common lodging houses the maximum is increased from £5 to £10. In addition the maximum fine in respect of breaches of byelaws made under the Local Government Act 1933 is increased from £5 to £20. Newspaper publicity drawing attention to these matters was arranged by the Town Clerk.

A summary of legal proceedings instituted during the year is on page 121.

PERSONAL CLEANSING STATION

A cleansing service for verminous persons and persons suffering from scabies operates at

New Housing - 21st Fl. of the Campus of the City of New York



New Housing
Knottisford Street - Tuscan Street Area.



New Housing
Mace Road - Stage II of the Cranbrook Estate.

Branch Road Cleansing Station, in addition to the service provided for schoolchildren at school treatment centres. The several large common lodging houses in the area provide a continuous flow of men to the Station for delousing. Statistics on page 122.

DISINFECTION AND DISINFESTATION

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

In the interests of efficiency and economy the disinfecting and cleansing services for the borough were concentrated during the year in one depot, viz. at the Branch Road premises, use of the depot at Digby Street being given up.

Premises and fomites are disinfected after the occurrence of certain infectious diseases, generally by means of steam under pressure or by 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 disinfection 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 Group Hospital Management Committee any necessary work of disinfection at hospitals and other premises in the borough coming under its direction. (Statistics on page 122).

LICENSING ACT, 1961

Applications for registration of clubs under the Licensing Act 1961 are dealt with by a magistrates' court, copies of the applications being sent to the Council for any observations they 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 11.

LODGING HOUSES - COMMON

There are four licensed common lodging houses in the borough, providing accommodation for 949 persons as follows:-

Salvation Army Hostel, Garford Street	223 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 including visits made at night (8 this year) to ensure compliance with the byelaws relating thereto.

LODGING HOUSES - SEAMEN

Three such premises in the borough provide accommodation for 545 seamen as follows:-

Empire Memorial Hostel, 747, Commercial Road	115 Seamen
Queen Victoria Seamen's Home, 121/123, East India Dock Road	187 Seamen
Sailors' Home, Dock Street	243 Seamen

Conversion of the Empire Memorial Hostel during the year improved the facilities and reduced the accommodation from 145 to 115 places.

Regular inspections are carried out at these premises.

MORTUARY SERVICE

The Council's mortuary is situated in Cottage Street, Poplar High Street, and adjoins the coroner's court. The mortuary has accommodation for 15 bodies and serves 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 arrangement continues in respect of mortuary accommodation for that part of the borough, the cost being shared on a population basis.

A total of 584 bodies were received during the year (471 in the Council's mortuary and 113 in Hackney mortuary) including the bodies of 140 persons who were resident in other areas. Other statistics will be found on page 121).

OFFENSIVE BUSINESSES

There are 20 offensive businesses in the borough. The register comprises the following premises:-

Dresser of Furskin (2)	34/38, Brodlove Lane
	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	*4, Monthope Street
36, Hessel Street	*6, Monthope Street
75, Hessel 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 and Inspection

A preliminary survey of all offices and shops has been made and Forms OSR.1. distributed where necessary. However, registration is not yet complete.

Small businesses in the borough, many of which are carried on by commonwealth immigrants, are often comparatively short lived, and are soon replaced by other similar establishments. In these cases voluntary registration is the exception rather than the rule. When requirements of the Act are brought to the notice of those concerned, a real or pretended ignorance is expressed.

Attempts to overcome this ignorance by advertisement and other means does little to improve the situation, and only when the Act has been in force for a considerable period will registration of offices and shops be effected as readily as factories under the Factories Act.

In addition to 1,050 general inspections, referred to in the statistical section (page 123), a further 410 visits of a "general" nature were made for the purpose of reports under the Town & Country Planning Act, 1962, and the Betting, Gaming and Licensing Act, 1963. These visits are normally made prior to occupation, and, for this reason, cannot be regarded as general inspections of "registered premises". They do, however, ensure that employers observe the requirements of the Act, and that occupation can be suitably planned, so avoiding the necessity for the inspector to require internal structural alterations and additions after occupation.

Exemptions

Exemption from the provisions of Section 9 of the Act, which relates to sanitary conveniences, was granted to a retail shop for a period of 2 years.

Operation of the General Provisions of the Act

Measures taken by occupiers of registered premises to prevent robbery and vandalism include the closure of window openings by steel plates, brickwork, wood and other materials. Often this has been done on the advice of the Police. A compromise to meet the requirements of security and of ventilation is sought, but is often difficult to achieve. A liaison with crime prevention officers has been set up, which it is hoped will improve these matters.

The change from traditional "shop" to "self-service store", which is widespread and increasing, frequently results in more congested conditions. Usually the largest possible space is allocated to the sales area, the remainder being seldom sufficient for storage and other purposes. As a consequence stock is often stored on floors of passageways, in sanitary conveniences and lobbies thus causing obstruction, making walls, floors and ceilings inaccessible for periodic cleansing, and obscuring light sources.

These conditions often exist even in new "self-service" premises in recently completed local authority estates.

Certain provisions of the Act relating to overcrowding came into operation this year. Overcrowding was abated in four instances following service of notices.

Accidents

Unfortunately, many of the older types of food slicers still in use were not made to receive guards, and to comply with Section 17, occupiers have to purchase new machines. Resentment is frequently encountered, especially where there are accident free records, but so far it has been found possible to achieve proper guarding of machines without recourse to legal proceedings.

A successful prosecution was taken during the year against a shop employer for permitting a young person to clean machinery so as to expose himself to a risk of injury, for not giving sufficient training in work at the machines and not giving adequate supervision.

It is believed that many unreported accidents occur in offices and shops. The requirement of the National Insurance Act relating to the keeping of an accident book applies only to premises where ten or more persons are employed, so that this valuable check upon accidents at the very small businesses in the area is not available to the Inspector.

MISCELLANEOUS REPORTS BY DISTRICT AND SPECIALIST PUBLIC HEALTH INSPECTORS

Some 665 reports were submitted to the Borough Architect and Planning Officer in respect of applications for planning permission under the Town and Country Planning Act, 1962, for redevelopment or change of use.

In connection with applications under the Betting, Gaming and Lotteries Act, 1963, 17 reports in respect of betting offices were submitted to the Chief Officer, Public Control.

104 reports in respect of the transfer of publicans' licences under the Licensing Act, 1964, were submitted to the Licensing Justices.

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.

The number of outworkers included in the August list was 872, compared with 1,586 in the corresponding list last year. Details of trades included are on page 120.

PET ANIMALS ACT, 1951

There are 67 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. (See page 115 Diseases of Animals).

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 106 names on the list, 25 being removed from and 2 added to the list during the year.

POULTRY PROCESSING AND PACKING

(i) Number of poultry processing premises within the district	18
(ii) number of visits to these premises	118
(iii) total number of birds processed during the year	1,912,167
(iv) types of birds processed - Chickens, hens and a small seasonal number of turkeys, geese and ducks.	
(v) percentage of birds rejected as unfit for human consumption	.338%
(vi) weight of poultry condemned as unfit for human consumption	11½ tons
(vii) comments on poultry processing and inspection -	

There are eighteen poultry slaughterhouses in the borough in which 1,912,167 birds were slaughtered during the year.

Of this number there are ten premises in private occupation where kosher poultry only is handled. Top quality birds from farms are selected for slaughter and though a small number are eviscerated the greater majority are passed direct to dealers and retailers as slaughtered. In addition four premises are occupied by the Board of Shechita where no birds are eviscerated or plucked, all being taken away by dealers or individuals for whom they have been slaughtered. In these slaughterhouses a high standard of inspection is carried out by the Jewish Inspectorate.

At the remaining four premises, birds are slaughtered for the Muslim trade and since no system of inspection is organised by the trade it was considered that closer supervision is necessary and this is to be undertaken by the district public health inspectors.

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 used. Regulations made under the Act prescribe standards of cleanliness for filling materials.

Premises registered for the use of filling materials number 50, there being no licensed premises. Five samples of filling materials were obtained from registered premises during the year and all were reported as satisfactory.

REFRESHMENT HOUSES

In connection with the provisions of Section 89 of the Public Health Act, 1936 and Section 80 of the Public Health Act, 1961 relating to sanitary conveniences in refreshment houses, 42 notices were served during the year requiring the provision of sanitary accommodation to comply with the Council's standards.

There are 1,581 refreshment houses in the borough, 1,136 of which comply with the Council's standards.

REFUSE DISPOSAL

The Cleansing Officer of the Council has kindly supplied some statistics relating to refuse disposal for the year, given on page 124.

RENT ACT, 1957

Four 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, out of 4,431 dwellings and other premises requiring inspection 2,709 were found to be infested with mice or rats. Treatments were carried out by the department's rodent control staff in 2,805 properties the charges for servicing business premises amounting to £5,000. Business premises under regular servicing contract with the Council numbered 231 at the end of the year.

Continuous baiting of the sewers, using fluoracetamide, is 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.

Statistics are given on page 125.

SEWERAGE

The arrangement in the area for sewerage and sewage disposal are satisfactory. Following a survey of the sewers by the Borough Engineer's Department using television cameras, many were found to be in a defective condition. A planned programme of reconstruction of these sewers is taking place.

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 99 samples were taken during the year.

Two samples were found to be in an unsatisfactory condition, due to high free chlorine content.

In addition 54 samples were taken from eight school swimming baths in the borough, 2 samples being unsatisfactory.

VACANT SITES

At the end of 1966, following a report considered by various committees of the Council, it was decided that in view of the provisions existing in various acts of Parliament enabling the Council to take action regarding derelict sites the problem could best be dealt with by one committee and one chief officer. The Health Committee and Medical Officer of Health were designated for the purpose. The problem was attacked vigorously during the year. Two technical assistants acting under the direction of a public health inspector have the responsibility among other duties to deal with this problem. Action is taken under the most suitable legislation available for the purpose, whether the Prevention of Damage by Pests Act 1949 or the Civic Amenities Act 1967, or other means, not only to have the rubbish removed from the site but also to have erected corrugated steel fences to enclose the site and so prevent further misuses. Default powers are used and contractors employed to carry out the necessary work. By the end of the year considerable improvement was evident throughout the Borough, 68 sites being effectively cleared of refuse and fenced.

By the provisions of Section 23 of the Civic Amenities Act 1967, referred to above, a local authority may remove refuse deposited on any land after service of notice. The cost of removing and disposing of the refuse may be recovered from any person who has abandoned the refuse and who is convicted therefor under the Act.

VAGRANT METHYLATED SPIRIT DRINKERS

Residents of some parts of the borough, notably the Spitalfields area, have for some time, had their senses, moral and material, hygienic and aesthetic, offended by the habits of an influx of vagrant methylated spirit drinkers who utilise derelict premises, vacant sites and open spaces in the area for their activities.

In an attempt to rehabilitate such persons, a voluntary body took occupancy of a derelict house situated in a row of shops and warehouses due for early redevelopment. In view of the overcrowding at these premises and the deplorable environmental conditions, a limit of occupancy was placed on the house against which the voluntary association appealed, the Court allowing a much higher occupancy level.

A Residents' Association in the area made strong representations to the Council with regard to these vagrant methylated spirit drinkers in general and to the voluntary association's activities in particular. Subsequently the Council appointed members to serve on a deputation to wait upon Lord Stonham, Joint Parliamentary Under Secretary of State, for the purpose of urging the Government to take more positive measures to deal with the problems created by vagrant methylated spirit drinkers.

The deputation, which also included representatives of the London Boroughs' Association, the London Borough of Southwark and the Tower Hamlets Residents' Association, was received at the Home Office in July, 1967. The Council's representatives gave details of the Council's experience of the public nuisances created within the borough, and concluded by urging that the problem be tackled immediately on the following basis:-

- (i) The recognition that the problem must be dealt with by co-ordinated effort of public authorities, and not left to voluntary organisations.
- (ii) That the co-ordination and direction should come from the Home Office in consultation with the Ministry of Health.
- (iii) That the use of compulsory treatment under the Mental Health Act, 1959 be exercised to the fullest possible extent.
- (iv) That compulsory treatment be instituted either under the Inebriates Acts, 1879-1900, or by means of new legislation.
- (v) That preventive measures be adopted to prevent addiction by:-
 - (a) the control of the sale of methylated and surgical spirits;
 - (b) the addition of more effective denaturants to methylated and surgical spirits;
 - (c) the removal of facilities for crude spirit drinkers to congregate;
 - (d) an extension of social work in an endeavour to prevent the crude drinking habit being contracted by socially inadequate persons.

Lord Stonham indicated that the Home Office felt that the solution lay in the provision of hostels and community centres where alcoholics could be treated under a supportive but permissive regime, and that the Home Office were aiming at providing these facilities, but agreed that it would be unwise to open any new hostels in the immediate areas under discussion. He urged the boroughs' representatives to do all they could to assist those that were already in existence, and expressed the hope that the Council would give evidence to the Working Party on Habitual Drunken Offenders.

The Council's representatives subsequently gave evidence to the Working Party referred to and at the end of the year, the findings of the Working Party were awaited as was also action by the Home Office in providing hostel facilities.

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 plumbo-solvent. Samples of the water are subjected for quality control to regular routine chemical and bacteriological examination at the Board's laboratories.

The water supply to the borough has been satisfactory both in quality and quantity during 1967. No fluoride was added, there being a small amount of fluoride naturally present in the supply.

MISCELLANEOUS SERVICES ETC

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 subsequently checked as to quality, before the structures are restored to service. No houses are permanently supplied by standpipe.

There are 16 deep wells in the borough. Bacteriological and chemical analyses of water from these wells are made periodically and the results reported to this department.

The number of instances where the water supply to premises was reinstated or repaired following action taken by the department was 65 and the Board was notified on 37 occasions where wastage of water was taking place. Notifications were received from the Board on 18 occasions of intention to withdraw the supply from premises because of non-payment of rates.

In October 1965 the Council resolved in favour of fluoridation of the water supply. However, in this respect councils in the Greater London area do not have overall control of the water supplies to their boroughs which are provided by the metropolitan and other water boards.

Section 23 of the Greater London Council (General Purposes) Act 1967 empowers the Council to carry out work and recover the reasonable expenses incurred thereby to secure that the supply of water to a building is restored by the statutory water undertakers where such supply has been disconnected by reason of the defective state of the supply pipe etc. The Medical Officer of Health was authorised by the Council to exercise its powers under this enactment in appropriate cases.

WORKS IN DEFAULT

Works were carried out by the Council on 80 occasions during the year in default of persons on whom notices were served requiring the execution of works.

They comprised two instances of failure to abate nuisances under Section 93 of the Public Health Act, 1936, 52 instances of failure to comply with notices served under Section 17, Public Health Act, 1961, regarding choked drains, 10 instances of failure to comply with notices served under Section 75 of the Public Health Act, 1936 with respect to the provision of dustbins, and 16 instances of failure to comply with notices served under Section 4 of the Prevention of Damage by Pests Act, 1949, for clearance of refuse from sites and erection of corrugated steel fencing.

STATISTICS

Tables 53 to 56 of the Appendix give additional statistical information on the environmental health services.

VI. MISCELLANEOUS SERVICES, ETC.

ACCIDENTS IN THE HOME

Inquests were held on 21 fatalities in the borough arising from accidents which occurred in the home.

Information is received monthly from the Medical Adviser to the Greater London Council of the number of borough residents removed to hospital by the London Ambulance Service following the occurrence of home accidents. The total for the year was 515. An analysis of the figures shows that a large proportion (37%) of accidents are, as may be expected, sustained by old people.

PART VI

The powers and duties of the Council under the Home Safety Act 1951, relating to the dissemination of information and advice for promoting safety in the home and encouraging proper precautions against fire, are administered by the Health Committee. With a view to the prevention of home accidents, leaflets and filmstrips have been given to those groups shown to be statistically at greatest risk. A specially simplified filmstrip on the care of oil heaters has been used throughout and in particular to old people and to small gatherings of immigrants, especially women with young children. Mobile display stands on care of poisons and medicines and use of oil heaters have also been widely circulated.

MISCELLANEOUS SERVICES ETC.

Nearly 4 thousand posters on accidents in the home have been put up on prominent poster sites and in clinics and public buildings throughout the borough on three occasions during routine publicity, leaflets also being distributed.

It is sad to record that home accident deaths in Great Britain during 1955 totalled 5,325, which included 1,729 deaths from poisoning and 951 from burns and scalds.

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, 3,412 signatures on certificates were verified as those of medical practitioners practising in the borough and the certificates accordingly endorsed.

CONFERENCES

Conferences and courses attended by members of the Council and/or officers of the department are summarized on pages 129 to 134.

VI. MISCELLANEOUS SERVICES, ETC.

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Inquests were held on 21 fatalities in the borough arising from accidents which occurred in the home.

Information is received monthly from the Medical Adviser to the Greater London Council of the number of borough residents removed to hospital by the London Ambulance Service following the occurrence of home accidents. The total for the year was 613. An analysis of the figures shows that a large proportion (37%) of accidents are, as may be expected, sustained by old people.

The powers and duties of the Council under the Home Safety Act 1961, relating to the dissemination of information and advice for promoting safety in the home and encouraging proper precautions against accidents, are exercisable by the Health Committee. With a view to the prevention of home accidents, talks illustrated by films and filmstrips have been given to those groups shown to be statistically at greatest risk. A specially simplified filmstrip on the care of oil heaters has been used throughout and in particular to old people and to small gatherings of immigrants, especially women with young children. Mobile display stands on care of poisons and medicines and use of oil heaters have also been widely circulated.

Nearly a thousand posters on accidents in the home have been put up on prominent poster sites and in clinics and public buildings throughout the borough on three occasions during routine publicity, leaflets also being distributed.

It is sad to record that home accident deaths in Great Britain during 1966 totalled 8,583, which included 1,719 deaths from poisoning and 951 from burns and scalds.

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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.

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CONFERENCES

Conferences and courses attended by members of the Council and/or officers of the department are summarised on pages 129 to 136.

DECEASED PERSONS

Inquests

Inquests were held on 90 residents of the borough during the year, the verdicts being 20 deaths due to road accidents, 21 home accidents, 12 other accidents, 18 suicide, 5 misadventure, 3 murder, 1 manslaughter, 1 infanticide, 4 open verdicts, 1 asbestosis, 2 unascertainable and 2 inquests not resumed.

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. Three such certificates were issued this year, relating to bodies flown to Israel and Turkey.

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. ...	54
The London Hospital, Whitechapel Road, E.1. ...	707
London Chest Hospital, Victoria Park, E.2. ...	143
London Jewish Hospital, Stepney Green, E.1. ...	128
Mildmay Mission Hospital, Austen Street, E.2. ...	72
Mile End Hospital, 275, Bancroft Road, E.1. ...	410
Poplar Hospital, East India Dock Road, E.14. ...	121
Queen Elizabeth Hospital for Children, Hackney Road, E.2. ...	146
St. Andrew's Hospital, Devons Road, E.3. ...	433
St. Clement's Hospital, 2a, Bow Road, E.3. ...	128

The Minister of Health decided that in order to improve the hospital services in the area and to further the expansion of medical education undertaken by teaching hospitals, the Queen Elizabeth Hospital for Children be transferred from the North East Metropolitan Regional Hospital Board to the administration of the Board of Governors of the Hospital for Sick Children, Great Ormond Street, and the Mile End and St. Clement's Hospitals to the administration of the Board of Governors of the London Hospital. The transfers are to take effect as from 1st April, 1968.

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 infection of food samples are carried out by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at County Hall, S.E.1.

Investigations carried out by the Group Laboratory on specimens submitted by the Medical Officer of Health and by general practitioners in the borough totalled 559, comprising 507 faeces, 25 throat swabs, 18 urine, 7 blood, 1 nasal swab and 1 sputum. Bacteriological investigation on 226 food samples was carried out during the year.

LEGISLATION

The following acts, byelaws, orders and regulations affecting the department were made during the year:

Acts and Byelaws	Date made	Date Operative
Civic Amenities Act, 1967	27. 7.67.	27. 8.67.
Greater London Council (General Powers) Act, 1967	14. 7.67.	Various
National Health Service (Family Planning) Act, 1967	28. 6.67.	28. 6.67.
Refreshment Houses Act, 1967	28. 6.67.	28. 7.67.
Slaughter of Poultry Act, 1967	10. 5.67.	To be appointed
Tents, Vans, Sheds and Similar Structures used for Human Habitation Byelaws	16. 2.67.	5. 5.67.
Orders and Regulations		
Abstract of Factories Act Order 1967	1. 8.67.	21. 8.67.
Artificial Sweeteners in Food Regulations 1967	24. 7.67.	1.12.67.
Canned Meat Product Regulations 1967	31. 5.67.	31. 5.67.
Civil Defence (Casualty Services) Regulations 1967	21. 7.67.	1. 9.67.
Coffee and Coffee Product Regulations 1967	14.12.67.	4. 1.71.
Food (Control of Irradiation) Regulations 1967	13. 3.67.	1. 6.67.
Ice Cream Regulations 1967	14.12.67.	4. 1.71.
Importation of Carcasses and Animal Products (Amendment) (No.2) Order 1967	4.12.67.	4.12.67.
Importation of Carcasses and Animal Products (Amendment) (No. 3) Order 1967	6.12.67.	6.12.67.
Labelling of Food Regulations 1967	14.12.67.	Various
Landlord and Tenant (Notices) Regulations 1967	8.12.67.	19.12.67.
Margarine Regulations 1967	14.12.67.	4. 1.71.
Meat Pie and Sausage Roll Regulations 1967	31. 5.67.	31. 5.67.
Medical Practitioners (Fees) Regulations 1967	21. 7.67.	1. 8.67.
Merchandise Marks (Imported Goods) No. 7 Order 1934 Amendment Order 1967	20.12.67.	20. 3.68.
National Assistance (Charges for Accommodation) Regulations 1967	4. 7.67.	30.10.67.
Nurses (Area Nurse-Training Committee) Order 1967	27. 6.67.	1. 7.67.
Poisons List Order 1967	30. 3.67.	17. 4.67.
Poisons (Amendment) Rules 1967	30. 3.67.	17. 4.67.

Orders and Regulations (Continued)	Date Made	Date Operative
Removal of Refuse Regulations 1967 ...	15. 8.67.	24. 8.67.
Rent Regulation (Forms, etc.) (England and Wales) (Amendment) Regulations 1967 ...	8.11.67.	28.11.67.
Sausage and Other Meat Product Regulations 1967 ...	31. 5.67.	31. 5.67.
Slaughter of Animals (Prevention of Cruelty) Regulations (Appointed Day) Order 1967 ...	28. 2.67.	1. 4.67.
Slaughterhouses (Hygiene) Regulations (Appointed Day) Order 1967 ...	28. 2.67.	1. 4.67.
Slaughterhouse (Meat Inspection Grant) (Revocation) Regulations 1967 ...	20. 3.67.	1. 6.67.
Solvents in Food Regulations 1967 ...	25.10.67.	3.11.67.
Solvents in Food (Amendment) Regulations 1967 ...	19.12.67.	3.11.69.

A summary of relevant 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 and to approved chemical agents.

Ministry of Health

Relating to: Annual Reports of Medical Officers of Health; Smoking in Public; Changes Consequential to the Introduction of Certain Items of Service Payments to General Practitioners; Treatment and Supervision of Heroin Addiction; Distribution of Smallpox Vaccine; Health Centres; Food Hygiene Codes of Practice - Hygiene in the Operation of Coin Operated Food Vending Machines; Local Authority Health and Welfare Services; First Aid Services in War; Prevention of Illness, Care and After Care Protection of Children from Tuberculosis; Homeless Families - Temporary Accommodation; Training of District Nurses.

Ministry of Housing and Local Government

Prevention of Condensation in Housing; Industrial Noise; Supplies of Solid Smokeless Fuels; Safety in the Home; Grit and Dust; Gypsies and Other Travellers; Chimney Heights; Slum Clearance; Disposal of Abandoned Vehicles and Other Refuse; Trade Sewer Effluent.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

The Council is 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 licensed during the year numbered 6.

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 826, details on page 115.

RADIOACTIVE SUBSTANCES

Persons who keep or use radioactive materials, unless exempted, are required, under the provisions of the Radioactive Substances Act 1960, to register with the Ministry of Housing and Local Government and to obtain authority for the accumulation or disposal of radioactive waste.

The Ministry has issued 8 registration certificates under Section 1 of the Act with respect to premises in the borough.

In addition two hospitals for which registration certificates are not required used radioactive materials.

STAFF CHANGES

Staff changes which took place during the year are summarised as follows:-

	Resignations	Appointments
Administrative Staff ...	3	2
Assistant Health Education Officer ...	-	1
Assistant Nursing Officer ...	-	1
Assistant Supervisors, Training Centres ...	2	1
Assistant Supervisors, Day Centres ...	2	2
Chiropodists (Sessional) ...	1	1
Clerical Staff ...	11	10
Clinic Auxiliaries ...	1	2
Clinic Nurses ...	12	14
Clinic Centre Superintendents ...	2	3
Craft Instructor ...	-	1
Creche Assistants ...	2	4
Day Nursery Assistants ...	16	13
Day Nursery Staff Nurses ...	5	4
Day Nursery Students ...	7	7
Day Nursery Wardens ...	1	1
Dental Officers (Sessional) ...	6	6

Staff Changes (Continued)

Resignations Appointments

	Resignations	Appointments
Dental Officers	3	3
Dental Surgery Assistants	7	9
Family Caseworkers	2	1
Health Visitors	12	13
Health Visitor Students	6	8
Medical Officers	1	-
Medical Officers (Sessional)	1	2
Medical Officers, Visiting	1	-
Old People's Visitors	3	-
Principal Nursing Officer	1	1
Public Health Inspectors	4	3
Pupil Public Health Inspectors	3	1
Rodent Investigator	1	-
Senior Medical Officer	-	1
Senior Occupational Therapist	1	-
School Nurses	11	7
School Nurse (Residential)	1	1
School Nursing Sisters	1	-
Social Worker (Health Services)	2	4
Social Worker (Mental Health)	1	2
Storekeeper	1	1
Superintendent, Cleansing Services	-	1
Supervisor, Training Centre	1	-
Technical Assistants	3	5
Trainee Teachers (Mental Health)	-	2
Tuberculosis Visitors	2	-
TOTAL	140	138

TRAINING, etc. FOR STUDENTS

As part of their training and studies, students such as student nurses, medical students and others need to make visits of observation to local health authority establishments and to spend time with certain field staff. Such students accepted during the year numbered 483, comprising:-

151	Medical students,	London and St. Bartholomew's Hospitals.
234	Student nurses,	London, Queen Elizabeth, Bethnal Green, Mile End, St. Andrews and London Jewish Hospitals.
2	Child care officer students	North West Polytechnic.
21	Social studies students	London School of Economics.
18	Social worker students	Barking Regional College of Technology.
3	Diploma course students	National Association for Mental Health.
12	Student health visitors	North West Polytechnic.
33	Post graduate students	London School of Hygiene & Tropical Medicine.
9	Other students	Various organisations.

VII. REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICE

PART VII

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

The advisory services for children are continued from the infant welfare clinics in to the schools, where the health visitors, school nurses, and medical officers, with joint responsibility to the borough and the Inner London Education Authority, carry out regular inspections, and assist parents and teachers with problems regarding the health and well-being of the children. Ideally, these health visitors and medical officers of the clinic which the child attended at home, so that he met familiar faces at the first medical examination in the new surroundings of school, but this is rarely possible in an urban population where there are several schools of choice. Changes of staff also make this principle difficult to follow, and this applies to teachers as well as to doctors and nurses. An experienced teacher who knows his families well, can do much to promote their health and well-being. The school medical officer varies in his approach in health education, if properly used, can do much to promote the health of the children, and bring to light significant problems which others do not see. The school nurse, who is the general practitioner's busy surgery. The observations of the teachers who have the children in their care all day, are invaluable in assessing a child's needs.

The Medical Officer of Health and his Deputy are also Principal and Deputy Principal School Medical Officers, and are assisted by occasionally employed medical officers. State registered or state enrolled nurses and school health visitors assist medical officers in carrying out medical inspections in schools, at immunisation sessions and are responsible for vision testing of all pupils.

Routine medical inspections are arranged as soon as possible after entry to nursery school, infant and junior schools (primary) or secondary school, and during the six months prior to leaving school.

In addition every child between the age of 5 and 6 years is given an audiometry test for hearing.

Special inspections are carried out at any age at request of parents, teachers, family doctors, or school health service staff.

Vision testing is carried out at all medical inspections, including a test for colour blindness at 11 years.

Minor ailments clinics are held at school treatment centres each weekday morning, where schoolchildren attend to receive dressings and other treatment from the school nurse. Doctors' sessions are periodically held at the minor ailments clinics for children referred by the school nurse.

VII. REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

ON THE SCHOOL HEALTH SERVICE

The advisory services for children are continued from the infant welfare clinics in to the schools, where the health visitors, school nurses, and medical officers, with joint responsibility to the borough and the Inner London Education Authority, carry out regular inspections, and assist parents and teachers with problems regarding the health and well-being of the children. Ideally, these would be the health visitor and medical officer of the clinic which the child attended from infancy, so that he met familiar faces at the first medical examination in the new surroundings of school, but this is rarely possible in an urban conurbation where there are several schools of choice. Changes of staff also make this principle difficult to follow, and this applies to teachers as well as to doctors and nurses. An experienced teacher who knows his families well, can do much to promote their health, by bringing to the attention of the school medical officer variations in behaviour, for which help may be given. The school medical examination, if properly used, can do much to promote the health of the children, and bring to light significant problems which mothers perhaps would not consider worth taking to the general practitioner's busy surgery. The observations of the teachers who have the children in their care all day, are invaluable in assessing a child's needs.

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The following clinic sessions are also held at school treatment centres:-

Audiology
B.C.G. Vaccination
Dental Care
Ophthalmology
Physiotherapy
Speech Therapy

Close liaison with the Medical Adviser's Department of the Inner London Education Authority was maintained during the year, and co-operation with the local Divisional Education Officer and between teaching and health staff continued to develop.

SCHOOLS AND SCHOOL ROLLS

Pupils on school rolls numbered 33,533 at the end of the year, attending 100 maintained schools in the borough which include three schools for the educationally subnormal, two for the maladjusted, one for delicate children, and one for the physically handicapped. There are no direct grant or independent schools included in the School Health Service. At the end of the year the school registers were as follows:-

Type of School	No. of Schools	Pupils
Primary	66	19,746
Secondary	22	12,407
Nursery	5	518
Special	7	862

MEDICAL INSPECTION OF SCHOOLCHILDREN

Routine medical examinations

These are carried out by medical officers of the department assisted by school nurses. Where further examinations are found to be required children are referred to special clinics e.g., vision, hearing, dental, ear nose and throat, special investigation clinics, etc. This year 13,262 examinations were carried out.

Non-routine medical examinations

These examinations are carried out for various reasons e.g. prior to departure on school journeys; for ascertainment of suitability for ordinary school; at the request of the head-teacher, school nurse, parent, medical officer, etc. Non-routine examinations carried out during the year totalled 9,803.

CLEANSING OF VERMINOUS SCHOOLCHILDREN

As stated in the Report for 1965 the high rate of verminous children was to be met by additional measures, if necessary invoking legal sanction for cleansing at the borough cleansing stations. As a result for the year 1967, the number of treatments for 'vermin and nits' increased from 528 to 817. The schools principally affected are those with high ratios of immigrant children on their roll some of whom move on before adequate treatment can be completed. Attendances for treatment of scabies at the bathing centres increased from 172 last year to 308 in 1967. There has undoubtedly been an increased incidence over the last few years of scabies which is confirmed by reports from other parts of the country. A combined approach with the co-operation of local schools, general practitioners and the borough cleansing station staff continued during the year to ensure where possible that all known cases, and their family and other contacts, are given a complete course of treatment.

HANDICAPPED PUPILS

Tower Hamlets children placed in special schools are as follows:-

Handicap	No. at Day Schools	No. at Boarding Schools
Blind ...	-	3
Partially sighted ...	25	2
Deaf ...	29	8
Partially hearing ...	30	1
Educationally subnormal ...	358	140
Epileptic ...	1	1
Maladjusted ...	43	90
Physically Handicapped ...	90	27
Delicate ...	119	24
Speech Defects ...	1	-
Multiple Handicaps ...	28	38
TOTALS	724	334

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 an 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 and 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.

22 new cases were added to the deaf register during the year, the register now totalling

EDUCATIONALLY SUBNORMAL CHILDREN

The Education Act 1944 makes provision (a) 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 by specially qualified medical officers numbered 194.

There are three schools in the borough for the education of these children who are medically examined each year.

VISION

During the year tests were carried out on 10,709 schoolchildren.

HEALTH EDUCATION IN SCHOOLS

The pattern of the health education service this year was slightly changed from the date of the inclusion on the staff of a trained teacher, and a health visitor who is an experienced midwife.

Due to the professional experience each one brought to the service it was now possible to offer teaching sessions with children in some primary schools and in the first year of the secondary schools, so that discussions held in the final year will now be more profitable due to the earlier establishment of a relationship with the children. Small discussion groups have been made possible due to the increase in staff and thus individual questions have increased and topics have been covered in a manner more closely related to the experience and interests of the children.

The following subjects were dealt with at schools during the year:-

Subject	Occasions	No. Participating
General Health Topics ...	654	6,945
Mothercraft ...	3	52
Sex Education and Venereal Disease	10	95
Newsom Course ...	32	717
Mental Health ...	15	448

INFECTIOUS DISEASE IN SCHOOLS

Notification is made by head teachers of pupils absent from school on account of infectious and other illnesses. Where the notifications from any particular school warrant further investigation special visits are made and any necessary investigations carried out, including

the taking of specimens for bacteriological examination, to ascertain the sources of, and contain, the outbreak.

Notifications were received of 1,527 children so absent, chicken pox being the reason for the largest number viz. 521.

ENVIRONMENTAL HYGIENE IN SCHOOLS

Visits were made to schools by public health inspectors in instances in connection with enquiries and investigations concerning infectious diseases, sanitary conveniences, etc.

MINOR AILMENTS CLINICS

Children suffering from minor ailments may be referred to minor ailment clinics where they are seen by a nurse and/or doctor and the appropriate treatment given. There are 8 such clinics situated in school treatment centres in the borough. Use of these clinics is gradually declining, attendances this year totalled 19,246 compared with 25,227 last year.

VACCINATION AND IMMUNISATION RECORDS OF SCHOOLCHILDREN

A survey was carried out during the year to ascertain the number of children attending each school in the Borough who had completed a course of immunisation against diphtheria, tetanus, poliomyelitis and smallpox with the following results:-

Percentage of schoolchildren on school rolls immunised:

Diphtheria	Tetanus	Poliomyelitis	Smallpox
80.7	*47.6	78.5	60.4

* Children generally speaking only given opportunity during late 1950's.

B.C.G. VACCINATION

The arrangements continued during the year for vaccinating 13-year old schoolchildren against tuberculosis using B.C.G. This year 28 schools were visited compared with 38 schools last year, 9.37 per cent more children being tested than in 1966.

PART TIME EMPLOYMENT OF SCHOOLCHILDREN

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 290 were examined for this purpose during the year, all being found fit for the employment proposed.

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.

SCHOOL NURSING SERVICE

Increasing use on school health work is made of health visitors who participate in this work in addition to the school nurses employed for the purpose.

THE SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Mr. D.F. Waller, reports as follows:-

"It is pleasing to be able to show that the controlled evolution of the dental services for the thirty four thousand school children in the Borough, already outlined in the 1966 Report, was maintained during the year. The effect of the modern image of the School Dental Service which recent improvements have created was being felt more and more towards the end of the year. The provision of modern equipment in the Borough's redecorated dental surgeries, combined with the enthusiasm of the dental staff, who are genuinely concerned with Child Dental Health, has already motivated many local parents, whose opinion of the School Dentist had led them away from our clinics, to reconsider their views.

The draft model scheme for the School Dental Service states that "The aim of the service is to ensure that, as far as possible, through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them". The four main headings under which this aspect of Dental Public Health can be subdivided are Prevention, Inspection, Treatment and Education.

(a) Prevention

Prevention has, of recent years, become more and more important in the maintenance of child dental health but has not as yet taken the place that it should in the School Dental Service or the General Dental Practitioner Service. Preventive measures which could greatly reduce the incidence of dental disease are readily available to both the profession and its patients. On the whole, children and their parents care very little about their teeth, give dental matters a low priority and cannot be bothered to take preventive action themselves. Unfortunately, many members of the dental profession do not regularly give preventive advice and treatment. Mass preventive measures are either uneconomic in general dental practice, impractical on a large scale in the School Dental Service or unacceptable politically.

A complete preventive service for handicapped children and those on the "At Risk" register is being planned for 1968-69 and it is hoped that from this, more general measures may evolve.

In spite of the Council's support for the fluoridation of water supplied by the Metropolitan Water Board, the Borough's children are no nearer to receiving this, the most effective dental health measure of them all, than they were at the time of last year's Report. Of the thirty five Local Authorities, (representing 6,219,000 people) supplied by the Board, nine Local Authorities (representing 918,000 people) are still opposed to fluoridation.

In these circumstances, it seems that a paragraph of the 1966 Report is worth repeating "In view of the Council's wish to improve the dental health of our children by the fluoridation of water, it is hoped that strong pressure will be applied in the near future in concert with other London boroughs to reduce the present position of stalemate and achieve the introduction of this simple, safe and effective public health measure."

(b) Inspection

Inspections are probably the most important routine dental health measure carried out within the School Dental Service and should carry priority over other aspects of the Service. Inspections are the one means whereby parents and children can be regularly informed and advised. To this end, school dental inspections must be carried out to such a standard that little doubt can be cast on the finding of examining Dental Officers. At present, school dental inspections are routine every twelve months but should, in future, be developed and carried out every six months or every second school term. Provided that the standard of examination is such that one can be certain whether or not treatment has been carried out since the last inspection, and provided that reasonable liaison is maintained with the dental profession outside the School Dental Service, only good can accrue to all concerned when treatment is found to be necessary.

The administrative details involved in school dental inspections and the tactful handling of communications with parents and practitioners presents many problems. If satisfactorily solved, the dental health of local children will inevitably improve.

The revised scheme for annual school dental inspections, which was inaugurated in October last year, has continued to develop and only six of the seventy eight primary and six of the eighteen secondary schools in the Borough were not inspected during the year. An average of 70.6% of children of all age groups examined were found to require treatment.

The method of recording the state of oral health of each child has been further developed and this assessment is detailed enough to provide a check on the pattern of dental disease in each individual as it evolves. The practical application of this system, when used to chase those children and their parents who do not take appropriate action when treatment has been found necessary, is still being developed.

An analysis of the state of the children's teeth in each school is made after each inspection and a copy of this is sent to the head teacher of the school. The report shows in each year's age group the total number of decayed teeth which need filling, decayed teeth to be extracted, teeth assumed missing because of extraction caused by

dental disease, and teeth already filled. These figures are also averaged out in each age group so that the pattern of dental caries is shown. The state of the oral hygiene in each age group is also shown, as are: the number of children dentally fit, those requiring treatment, and those requiring orthodontic consultation. Further record is made of those children requiring urgent or considerable treatment and these, together with those found to have poor oral hygiene, are listed by name for the head teacher to take such action as he may think fit. The number of parents opting for the School Dental Service, opting for other practitioners or the Hospital service, and those who did not reply, are recorded. In this way, the school staff are fully informed of the results of the inspection and can become involved in dealing with the problem if they so desire. The figures quoted allow all concerned to see whether the effect of inspection, treatment and Dental Health Education is in fact producing results. The practical effect of this exercise in improving the relationship between dental and educational staff and involving teachers in dental health is already being felt.

(c) Treatment

Treatment was needed by three quarters of the children in Tower Hamlets, examined in school in 1967. It is obviously impossible for the dental staff in our own clinics to cope with the dental restorations required by twenty five thousand children. At present, inspections are limited in schools where treatment facilities at the local clinic are overstretched. It is, however, entirely wrong for children and their parents to be deprived of information regarding their treatment needs because these needs cannot be met within our own Service. In future, and until our treatment facilities are greatly expanded, this situation must be admitted and means found to meet the problem. It may well be necessary to tell parents that there are long waiting lists at their local clinic and the opportunity of obtaining treatment with local General Dental Practitioners willing to treat young children will have to be promoted.

The treatment provided in the clinics continues to be of an overwhelmingly conservative nature. An increase in the number of fillings completed, from 10,406 in 1966 to 16,324 in 1967, (8,889 in permanent and 7,435 in temporary teeth) is satisfactory. Extractions include only 195 permanent and 1,018 temporary teeth, showing an overall ratio of permanent teeth filled to permanent teeth extracted of 45.6:1, and temporary teeth filled to temporary teeth extracted of 7.3:1. Compared with the national average for fillings to extractions of 5.3:1 (permanent) and 0.6:1 (temporary), the Borough's figures may be accounted very satisfactory.

Grave concern is still felt for the number of broken appointments at our clinics. 49.9% of new cases who had asked for appointments after school dental inspections did not attend and there were 31.4% broken appointments during subsequent treatment for those who did attend after school dental inspections. (6,339 broken appointments out of 20,135 appointments given for treatment). This situation can only be remedied by the influence of the dental personnel at the clinics themselves and they are asked to take such action as they may think fit to meet the local conditions in their area and the whims of the individual patients.

The total number of attendances at all the clinics in the Borough during 1967 was 20,166. It is obvious that the output of work in each clinic would have increased considerably if the number of broken appointments could have been reduced to a reasonable level.

Much closer liaison is being developed with local head teachers, school secretaries and school staff so that appointments in term time are known to all concerned. Appointments in school holidays are now limited, where possible, to those known to be reliable attenders. The long term solution to this problem lies in taking dentistry to the patient by the use of mobile clinics, surgeries built into large schools and mobile equipment which can be taken to schools and set up on a temporary basis. Dentistry provided in, or alongside, schools is just as appropriate in urban areas as in rural communities. It not only eliminates broken appointments but improves the image of dentistry, which becomes part of school life and allows the dentally deprived child, who would never be taken to the dentist except in pain or other emergency, to get essential treatment.

(d) Dental Health Education and Dental Health Stamps

Education of children and parents so that they can help to control dental disease and the stimulation of their interest in their own dental needs is imperative. The main causes of dental neglect are ignorance and fear. Patients are ignorant of the facts that regular visits to the dentist, routine oral hygiene and simple dietary control will largely prevent dental distress. Fear of the dentist and his task which largely stems from fear of the unknown can be eliminated. Once ignorance is overcome then parents are able to help their children to retain healthy mouths; once fear has gone, it will be found that teeth will really matter to the majority of parents and children.

Once this situation exists, the majority of young children respond to some form of reward for attendance at the dentist. Tangible evidence in the form of dental health stamps, which prove that the children have made an effort to help themselves, has continued to stimulate attendances for treatment during the year.

The campaign, instituted during May, 1966, was continued until the latter part of 1967. The Dental Health Stamp project, which was fully described in last year's report, was designed to provide children with rewards for attendance and treatment, to involve all the dental profession in Tower Hamlets in a single enterprise and to provide some analysis of treatment given. The stamps issued by the dentist were of four colours - red for examination, silver for fillings, black for extractions and gold to signify dental fitness - and were collected on each child's individual card. Twelve stamps brought the reward of a badge.

The whole campaign was amazingly successful in that the children's enthusiasm for stamps and badges increased as the campaign progresses. Unfortunately, it was this enthusiasm, together with the difficulties of detailed administration, which has precluded the production of conclusive results. Children have been so enthusiastic about their own

collection that in many cases they could not be persuaded to give up their cards. In many cases, the loss of the cards for one reason or another was a difficult feature to control. In these circumstances, and at the request of many children and their parents, dental surgeons operating the scheme and many of the school teachers involved, Dental Health Stamps will be reintroduced during 1968 in a modified form. Collection will in future take place on wall charts to be made available in school. It is hoped that the advantages of this alternative method of collection will meet the criticism of the original system and provide a competitive element which did not exist in the previous campaign. The basic enthusiasm for the scheme certainly warrants its forthcoming development.

Routine Dental Health Education was continued during the year by our one Dental Auxiliary who spent all her time in the schools teaching the children in class. Every primary school in the Borough was visited at least twice during the year and her considerable efforts have brought a tangible reward. The use of a Dental Auxiliary at the time of a school dental inspection was tried during the latter part of the year. As each class completed their dental inspection, the Auxiliary would go back to the classroom with them and discuss the Dental Officer's findings generally and then individually with the worst dental offenders. This experiment will be developed further during 1968.

A float depicting "Healthy Teeth for Tower Hamlets" was entered in the Borough's annual carnival, achieving considerable publicity during this event.

Teaching material relating to dental matters was supplied to science departments of some local secondary schools during the year. The development of dental teaching kits for biology classes, which could instruct and inform senior pupils in secondary schools and being available on demand, will continue in 1968. This project can also be combined with "Careers in Dentistry" talks and displays at school Careers Conventions, several of which were produced during the year.

The plans for a Dental Health Education Centre and a permanent Dental Health Exhibition and lecture theatre at Ida Samuel Clinic in Underwood Road are well advanced but current financial restrictions prevent them being developed fully during the coming year. It is hoped, however, to proceed with all the plans, which will then be available for implementation as soon as financial provision can be made. The Centre has been planned for children from secondary schools attending for half a day during their second or third school year. The Centre would also be available as a lecture theatre for health education talks, etc., at other times.

STAFF

At December 31, 1967, the professional staff consisted of the Principal School Dental Officer, three full-time Dental Officers and nine part-time Dental Officers, together providing a whole time equivalent of 8.6, (compared with 6.5 at December, 1966). These Dental Officers were aided by one Dental Auxiliary. The professional staff were ably assisted by eight full-time Surgery Assistants and one full-time clerk. The number

of professional officers is still inadequate to meet the examination and treatment needs of the Service and will have to be again increased when the provision of new buildings or conversion of present premises allows expansion. It may well be that the provision of more mobile caravans, or facilities for dentistry on school premises, will allow more dental manpower to be used before an expensive building programme can be carried out.

As stated in 1966, the recruitment of suitable full time paedodontists to the Service is directly related to the image the Service maintains, both locally and nationally. As conditions improve, there should be no shortage of recruits of the highest calibre for the full-time professional posts and there already exists an improvement directly due to the new local image. The situation cannot improve substantially, however, in spite of anticipated improvements in national scales of pay for Dental Officers, until the differential which favours the sessional Dental Officer working in two different authorities is seen to be the factor which precludes the recruitment of the recently qualified to full-time service.

The need for the incentive of a better career structure for Dental Officers, and the increased responsibility given to those Dental Officers who have to supervise the work of a Dental Auxiliary, makes the need for several Senior Dental Officer posts imperative. Early in 1968, three Dental Auxiliaries will be appointed and will require three full-time Dental Officers to supervise them. It should be possible for those supervising Dental Officers to qualify for Senior Dental Officer grade and they can then also be given the responsibility for one aspect of routine administration within the Dental Department.

Once again attention must be drawn to the severe problems of recruitment of Dental Surgery Assistants, because of their entirely unrealistic national scale of pay. This scale is particularly bad for the very young girl who has recently left school and who would in normal circumstances be considered the best recruit for the job. We need a high calibre recruit and will only attract the right person by being able to offer a reasonable salary.

PREMISES AND EQUIPMENT

The collective planning which has had to be arranged so that developments can be agreed between those administering the Service in the Borough, the Dental Adviser and all those involved in various departments of the Inner London Education Authority, and also the Principal School Dental Officers of the other Inner London Boroughs, precludes any dramatic advance. However, in spite of frustrations, the willing co-operation of the large number of people involved in planning and administration has resulted in steady progress in the re-equipment and redecoration programme which achieved fruition towards the latter part of the year. The details of this programme of modernisation are as follows:-

Bethnal Green Clinic

Lyte Street - installation of new dental unit, aspirator and X-ray machine in Surgery 1 and the provision of a completely new Surgery 2. Redecoration throughout and the provision of modern sink units, dental cabinets, etc.

Bromley Clinic

Coventry Cross - installation of new mobile dental unit, cuspirator, operating light and X-ray machine. Redecoration throughout and the provision of modern sink unit, dental cabinets, etc.

Island Clinic

Roserton Street - installation of X-ray machine, aspirator and dental cabinets, etc.

Ida Samuel Clinic

Underwood Road - installation of aspirators in both surgeries. Redecoration throughout and the provision of modern sink units, dental cabinets, etc.

Old Ford Clinic

Ruston Street - installation of aspirator and X-ray machine in Surgery 1 and the provision of a completely new surgery 2, with mobile dental unit, cuspirator and operating light. Redecorating throughout and the provision of modern sink units, dental cabinets, etc.

Prunella Clinic

Henriques Street - installation of modern dental unit, aspirator and X-ray machine. Redecoration throughout and the provision of modern sink unit, dental cabinets, etc.

Wellington Way Clinic

Bow - movement of dental surgery to a new and more appropriately sized room and installation of modern dental unit, aspirator and X-ray machine. Redecoration throughout and the provision of built-in sink units, dental cabinets, etc.

In Bromley, Ida Samuel, Old Ford, Prunella and Wellington Way, the waiting rooms were decorated and now only await the provision of new waiting room furniture in 1968. It is hoped that the remaining redecoration will be carried out in 1968, together with the replacement of the remaining pre-war dental units and the provision of X-ray developing machines and other necessary apparatus.

The two-surgery dental suite being built at Leopold Street for handicapped and "difficult" children was still under construction at the end of the year, but should be open for treatment by the summer of 1968.

During 1968, it is anticipated that complete dental modernisation and rebuilding will have been obtained throughout the Borough.

For part of the year, the Borough was fortunate enough to have the use of one of the Inner London Education Authority's first two mobile dental surgeries (trailer caravans) which has been in continuous circuit round the special schools. As soon as the Inner London Education Authority have more mobiles built, it is hoped that one will be permanently in use in Tower Hamlets for the regular treatment of the handicapped children in school. It may be possible to experiment with a second caravan for use by a Dental Auxiliary, in conjunction with the first one, and to extend the experimental use of dental caravan(s) to certain secondary schools.

Future plans include the provision of a third (orthodontic) dental surgery at Ida Samuel Clinic, postponed from this year, and the building of a three surgery preventive dental clinic at Watney Street (to replace Prunella Clinic).

Plans will also have to be made for an additional surgery at Wellington Way Clinic and for a two surgery unit instead of the single surgery at Bromley Clinic. In this way, it is anticipated that each clinic will eventually accommodate a dental surgeon, working with a dental auxiliary. It is not anticipated, however, that the Island Clinic would require an additional surgery, unless the building programme on the Isle of Dogs produces a very large increase in local population. The provision of a part-time dental surgery at the Wapping Clinic must be planned to meet the needs of the increasing population in this area.

SPECIAL SERVICES

Dental treatment for mentally and physically handicapped children in special schools was developed during the year by using a mobile dental caravan in circuit round four of our seven special schools. Children from the two smallest special schools were transported to the clinic by car whilst the remaining school awaits the caravan when access to its playground has been improved to make this possible.

The new conception of having the caravan parked in the school playground, whilst the Dental Officer and Dental Surgery Assistant become integrated with the school routine, the children and the teaching staff, has proved immensely successful. Acceptance for treatment has been obtained from almost every child who does not regularly attend his or her local practitioner or hospital. Almost all the children have eventually accepted treatment, the changed image of the Dental Officer and dental surgery helping them to overcome their apprehension. The service provided is equally popular with head teachers and their staff.

In 1968, it is hoped that Leopold Street Clinic will be available for those children who, for one reason or another, are untreatable in the caravan. It is also hoped to inaugurate a full service at Leopold Street for those in the Borough's training centres. Treatment will also be made available for those on the "At Risk" register who wish to have it at the clinic.

The Orthodontic Service continued in 1967 with the two sessions at Ida Samuel Clinic, was augmented even more this year by orthodontic cases being treated by other dental

officers in their own clinics. When it is possible to set up the new orthodontic surgery at Ida Samuel, it is still hoped that the appointment of a full-time orthodontist can be made. This full-time orthodontist might be in the person of two Dental Officers, each spending half his time in the Borough and the other half in a post-graduate post at a London Teaching Hospital. This would produce a useful position for orthodontists training for consultant appointments and also enable the Borough's orthodontic treatment commitments to be met.

The regular dental care of children in the Borough's residential homes was kept under review during the year. The children at Langley House continue to receive regular inspections at the home and treatment at Bethnal Green Clinic. St. Leonard's, Hornchurch, is visited on one day each week by a Dental Officer who works in our own surgery on the premises. At all other residential homes outside the Borough, satisfactory arrangements continue for examination and treatment by local general dental practitioners.

LIAISON WITH THE LONDON HOSPITAL

The very happy liaison which exists between the Health Department and the Dental Institute of the London Hospital developed further during the year and continues to be fostered by the Chief Dental Officer's part-time appointment in the Department of Child Dental Health. Liaison with the Dental Health Study Unit is also maintained and plans are being prepared for several dental epidemiological studies to be carried out within the borough.

The unique position which the London Hospital occupies in the minds of the local community means that many local parents take their children to the Dental Institute whenever dental problems arise. It may well be that the Borough's dental staff could establish greater liaison with the Dental Institute in the treatment and follow-up of these patients.

During the year, groups of fifth year students spent three half days viewing the activities of the Borough's dental services and thus obtained first hand experience of Dental Public Health in action.

LIAISON WITH OTHER LOCAL DENTAL SERVICES

The dental resources within the Borough boundary include 53 General Dental Practitioners working within the National Health Service, thirteen dental officers in our own service and other special services available at the Dental Institute of the London Hospital. A far greater understanding of the role that each of these branches of the dental profession play in improving the health of our children's teeth must be determined. All three branches have a part to play but for a really effective and efficient service, much more mutual understanding and integration is essential. The basis for greater understanding between many of the dental personnel involved already exists and is being fostered. It is hoped that 1968 will see even greater achievements in this important work, including the possibility of a much closer liaison between the Dental Officer who

inspects children in school and those outside the School Dental Service who regularly treat many of them."

STATISTICS

Statistics relating to the School Health Service will be found on pages 137 - 141.

PART VIII

APPENDIX A

STATISTICAL TABLES

inspects children in school and those outside the School Dental Service who regularly attend for treatment. It is hoped that this will be a valuable service to the community and that it will be a valuable service to the community and that it will be a valuable service to the community.

The regular visits of children in the Borough's residential homes was kept under review during the year. The children at Langley House continue to receive regular treatment at the home and treatment is available at St. Leonard's, Bromley, Kent, on one day each week by a Dental Officer who works in our own surgery on the premises. At other residential homes liaison with the Borough, satisfactory arrangements continue for treatment and treatment by local general practitioners.

LIAISON WITH THE LONDON HOSPITAL
 ★★★★★★★★

The very happy liaison which exists between the Health Department and the Dental Institute of the London Hospital developed further during the year and continues to be fostered by the Chief Dental Officer's part-time appointment to the Department of Child Dental Health. Liaison with the Dental Institute is also maintained and plans are being prepared for several dental appointments to be carried out within the Borough.

The original position which the London Hospital occupies in the minds of the local community means that many local parents take their children to the Dental Institute whenever dental problems arise. It may well be that the Borough's dental staff could establish greater liaison with the Dental Institute in the treatment and follow-up of these patients.

During the year, groups of fifth year students spent three half days viewing the activities of the Borough's dental services and thus obtained first hand experience of Dental Public Health in action.

LIAISON WITH OTHER LOCAL DENTAL SERVICES

The dental resources within the Borough comprise 52 General Dental Practitioners working within the National Health Service, thirteen dental officers in our own service and other special services available at the Dental Institute of the London Hospital. A far greater utilization of the resources of the dental profession is required to improve the health of our children and it is essential that there should be a part to play for a variety of services, such as those of the dental profession and integration is essential. The basis for greater understanding between many of the dental personnel involved already exists and is being fostered. It is hoped that DSS will see even greater achievements in this important work, including the possibility of a much closer liaison between the Dental Officer and

1967
TOTAL DEATHS BY CAUSE AND AGE OF TOWN AND HAMLETS RESIDENTS - 1967
 (Registrar-General's Returns)

CAUSE OF DEATH	ALL AGES			AGE GROUP										
	Total	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95+		
1. Tuberculosis - Respiratory	14	9	2	-	-	-	-	2	3	1	2	6		
2. " " - Other	2	2	-	-	-	-	-	1	-	-	-	-		
3. Syphilitic disease	2	2	1	-	-	-	-	-	-	1	2	-		
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-		
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-		
6. Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-		
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-		
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-		
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	1	1	-	-	-		
10. Malignant neoplasms - stomach	2	2	-	-	-	-	-	1	1	2	18	16		
11. " " - lung, bronchus	161	155	15	-	-	-	-	2	20	73	73	20		
12. " " - breast	49	1	20	-	-	-	-	2	8	13	8	2		
13. " " - uterus	13	-	15	-	-	-	-	1	1	1	8	2		
14. " " - other	235	181	23	-	-	2	2	2	24	27	64	27		
15. Leukaemia, lymphoma	13	5	2	-	1	1	1	2	-	2	2	2		
16. Diabetes	2	2	-	-	-	-	-	-	-	-	-	-		
17. Vascular lesions of nervous system	-	-	-	-	1	-	-	-	-	-	-	-		
18. Coronary disease, Myocardial	2	2	-	-	-	-	-	2	1	7	27	109		
19. Hypertension with heart disease	2	2	-	-	-	-	-	2	27	22	126	127		
20. Other heart disease	-	-	-	-	-	-	-	-	-	-	2	13		
21. Other circulatory diseases	-	-	-	-	-	-	-	1	12	12	20	72		
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-		
23. Pneumonia	143	25	74	8	-	-	-	-	2	2	27	100		
24. Bronchitis	179	192	45	3	-	-	-	1	2	2	27	42		
25. Other diseases of respiratory system	12	12	1	-	-	-	-	1	-	-	2	2		
26. Ulcer of stomach and duodenum	23	27	2	-	-	-	-	-	-	2	2	21		
27. Gastritis, enteritis and diarrhoea	4	2	2	-	-	-	-	-	-	-	1	1		
28. Nephritis and nephrosis	11	2	2	-	-	-	-	1	1	1	1	2		
29. Hypertension of prostate	2	2	-	-	-	-	-	-	-	-	-	2		
30. Pregnancy, childbirth, abortion	1	-	1	-	-	-	-	-	1	-	-	-		
31. Obstetrical complications	26	14	12	27	2	1	-	-	1	2	1	-		
32. Other defined and ill-defined diseases	132	22	72	22	2	-	-	-	14	22	32	24		
33. Motor vehicle accidents	22	12	7	-	1	1	4	1	1	2	2	4		
34. All other accidents	27	22	12	1	-	2	4	2	7	4	2	22		
35. Suicide	20	20	20	-	-	-	2	1	4	2	7	2		
36. Homicide and operations of war	1	2	1	2	-	-	-	2	1	-	-	-		
Male	1274	-	-	21	7	2	12	12	21	110	272	241		
Female	1274	-	-	20	2	1	7	7	20	20	232	120		
GRAND TOTAL	2548			41	9	3	19	19	41	130	504	361		

PART VIII

**APPENDIX OF
 STATISTICAL TABLES**

TABLE 2

NUMBER OF ROAD ACCIDENTS OCCURRING IN THE BOROUGH

YEAR	KILLED	INJURED	PASSENGERS		OTHER VEHICLES		TOTAL
			DRIVERS	OTHER OCCUPANTS	DRIVERS	OTHER OCCUPANTS	
1967	21	243	2	2	1	2	268
1966	18	208	3	3	2	3	234

PART VIII

APPENDIX OF
STATISTICAL TABLES

TABLE 1

TOTAL DEATHS BY CAUSE AND AGE OF TOWER HAMLETS RESIDENTS - 1967

(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	16	9	7	-	-	-	-	-	2	3	1	2	8
2. " - Other	2	2	-	-	-	-	-	-	1	-	-	-	1
3. Syphilitic disease	3	2	1	-	-	-	-	-	-	-	1	2	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	1	1	-	-	-	-	-	-	1	-	-	-	-
10. Malignant neoplasm - stomach	65	36	29	-	-	-	-	1	1	9	19	17	18
11. " " - lung, bronchus	181	155	26	-	-	-	-	-	3	20	73	56	29
12. " " - breast	40	1	39	-	-	-	-	-	6	8	13	6	7
13. " " - uterus	13	-	13	-	-	-	1	-	1	1	3	6	1
14. " " - other	225	121	104	-	-	1	2	2	8	24	57	64	67
15. Leukaemia, aleukaemia	15	8	7	-	1	1	1	2	-	-	3	3	4
16. Diabetes	27	10	17	-	-	-	1	-	1	1	4	8	12
17. Vascular lesions of nervous system	206	83	123	-	1	-	-	2	1	7	27	60	108
18. Coronary disease, Angina	450	276	174	-	-	-	-	-	11	37	89	156	157
19. Hypertension with heart disease	21	4	17	-	-	-	-	-	-	-	-	8	13
20. Other heart disease	154	69	85	-	-	-	1	1	6	13	19	39	75
21. Other circulatory disease	88	39	49	-	-	-	-	-	1	6	6	20	55
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	142	68	74	8	-	-	-	-	-	2	5	27	100
24. Bronchitis	170	124	46	6	-	-	-	1	2	6	32	48	75
25. Other diseases of respiratory system	19	12	7	-	1	-	-	1	-	-	3	6	8
26. Ulcer of stomach and duodenum	23	17	6	-	-	-	-	-	-	-	6	6	11
27. Gastritis, enteritis and diarrhoea	4	2	2	-	-	-	-	-	-	-	1	2	1
28. Nephritis and nephrosis	11	6	5	-	-	-	-	1	1	1	1	1	6
29. Hyperplasia of prostate	4	4	-	-	-	-	-	-	-	-	-	-	4
30. Pregnancy, childbirth, abortion	1	-	1	-	-	-	-	-	1	-	-	-	-
31. Congenital malformations	26	14	12	17	2	1	-	-	1	3	1	-	1
32. Other defined and ill-defined diseases	132	59	73	22	4	-	1	-	-	14	22	33	36
33. Motor vehicle accidents	25	16	9	-	1	1	4	1	1	5	5	3	4
34. All other accidents	41	22	19	1	-	1	5	4	2	7	4	4	13
35. Suicide	20	10	10	-	-	-	2	1	4	2	7	2	2
36. Homicide and operations of war	5	4	1	2	-	-	-	2	1	-	-	-	-
Males:	1174			31	7	4	11	12	31	110	270	341	357
Females		956		25	3	1	7	7	25	59	132	238	459
GRAND TOTAL		2130		56	10	5	18	19	56	169	402	579	816

TABLE 2

SUMMARY OF ROAD ACCIDENTS OCCURRING IN THE BOROUGH

		PEDESTRIANS	MOTOR CYCLISTS	PEDAL CYCLISTS	OTHER ROAD USERS	TOTAL
1967	Killed	11	2	1	2	16
	Injured	683	248	110	772	1,813
1966	Killed	18	2	2	3	25
	Injured	736	225	121	939	2,051

TABLE 3

TOTAL DEATHS BY CAUSE AND AGE OF TOWER HAMLETS RESIDENTS - 1967

INFANT MORTALITY, 1967.

Deaths from stated causes at various ages under 1 year

(compiled from local death returns)

	AGE PERIODS									Total★ Deaths under 1 year	Per cent of Total
	Under 24 hours	1-6 days	Weeks			Months					
			1-	2-	3-	1-	4-	7-	10-		
Bronchitis	-	-	-	-	-	2	3	3	-	8 (4)	15.1
Pneumonia	-	-	-	-	2	1	1	-	-	4 (4)	7.5
Salmonella typhimurium	-	-	-	-	-	-	-	-	-	- (1)	-
Congenital malformations	-	1	1	-	-	-	-	-	-	2 (9)	3.8
Premature birth	6	6	-	1	1	-	-	-	-	14 (18)	26.4
Asphyxia, Atelectasis	4	1	-	-	-	-	-	-	1	6 (6)	11.3
Meningococcal Infection	-	-	-	-	-	-	-	-	-	- (-)	-
Meningitis	-	-	1	-	-	1	1	-	-	3 (2)	5.7
Birth injuries	1	-	-	-	-	-	-	-	-	1 (-)	1.9
Other causes	2	4	4	-	-	-	2	2	1	15 (15)	28.3
TOTALS	13	12	6	1	3	4	7	5	2	53 (59)	100.0

(★) Figures in parenthesis denote corresponding deaths in 1966

TABLE 4

INFANT MORTALITY, 1967

Comparative table showing deaths of infants at various ages under 1 year

Year	Under 24 hours	1-6 days	1-4 weeks	Total under 4 weeks	1-12 months	Total under 1 year	Percentage deaths under 4 weeks of total Infant deaths
1965	20	27	10	57	19	76	75
1966	16	20	6	42	17	59	71
1967	13	12	10	35	18	53	66

COMPARATIVE VITAL STATISTICS

Year	Population	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
1966	202,560	3,703	18.3	2,245	11.1	62	16.7	0	0	481	2.4	22	0.1
1967	198,230	3,262	16.4	2,130	10.7	56	17.2	1	0.3	539	2.7	18	0.1

★ Per 1,000 population

★ Per 1,000 total births

N. A.- Not available

NOTE: Figures prior to 1965 relate to those of the former metropolitan boroughs of Bethnal Green, Poplar and Stepney.

TABLE 6

OBSERVATION REGISTER

(i) Observation Register (Children under 5)

No. on Register at 1st January, 1967	...	1,930	
No. added during year	...	<u>1,634</u>	3,564
No. removed during year - died	...	19	
- moved away	...	299	
- no longer at risk	...	467	
- transferred to ages 5-21 Register		<u>66</u>	851
Total on Register at 31st December, 1967			<u>2,713</u>
No. of above total suffering from handicaps		344	

Year of Birth of those on Register at 31st December, 1967

1967	1,102
1966	971
1965	380
1964	156
1963	104
Total:	<u>2,713</u>

(ii) Observation Register (5-21 years)

Total on Register at 31st December, 1967 2,123

(iii) Handicaps of children and young persons on Observation Register

	<u>0 - 4 years</u>	<u>5 - 21 years</u>
Educationally subnormal	-	788
Severely subnormal	-	150
Physically handicapped	203	422
Mentally retarded	44	-
Maladjusted	-	187
Blind (Registered)	12	4
Visual defects	-	73
Speech defects (requiring special or other school)	18	30
Epileptic	12	31
Deaf and partially hearing	12	151
Delicate (including diabetic)	3	93
Multiple handicaps	40	194
Total:	<u>344</u>	<u>2,123</u>

In addition there are 331 children suffering from handicaps attending schools in the Borough, but living outside the Borough.

TABLE 7

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. 1966/12
Malaria	Public Health Act, 1936 (Section 143); S. I. 1953/299
Measles	Public Health Act, 1936 (Section 143); S. R. O. 1940/204
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, 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);
Scarlet Fever	-do-
Smallpox	-do-
Tuberculosis	Public Health Act, 1936 (Section 143); S. I. 1952/704
Typhus Fever	Public Health Act, 1936 (Section 144);
Whooping Cough	Public Health Act, 1936 (Section 143); S. R. O. 1940/204

TABLE 8

INFECTIOUS DISEASE NOTIFICATIONS

	Total Notifi- cations	Corrected Notifi- cations	Removed to Hospital	Notified in 1966
Acute Encephalitis -				
Infective	-	-	-	-
Post-infectious	-	-	-	1
Acute Poliomyelitis -				
Paralytic	-	-	-	-
Non-paralytic	-	-	-	-
Diphtheria	-	-	-	-
Dysentery	49	50	11	181
Enteric Fever	-	-	-	1
Erysipelas	11	11	-	15
Food Poisoning	80	78	6	48
Malaria	1	1	1	1
Measles	1,690	1,690	8	1,469
Meningococcal Infection	-	-	-	8
Ophthalmia Neonatorum	1	1	1	2
Pneumonia	124	124	17	160
Puerperal Pyrexia	15	15	15	26
Scarlet Fever	91	91	3	95
Tuberculosis				
Pulmonary	102	102		109
Non-pulmonary	13	13		24
Whooping Cough	89	89	3	127
TOTALS:	2,266	2,265	65	2,267

TABLE 9

MORBIDITY - First Claims for Sickness Benefit

Claims made to local offices of the Ministry of Social Security covering postal districts E. 1, E. 2, E. 3, E. 14 during 1967 were as follows:-

January	4411	(4970)	July	2625	(2909)
February	3797	(5648)	August	2506	(3188)
March	2989	(4621)	September	4105	(2908)
April	3951	(3311)	October	3584	(4642)
May	2844	(3618)	November	3550	(4185)
June	3572	(2916)	December	5191	(3712)
			TOTAL	43125	(46528)

Comparative figures for 1966 are shown in brackets

TABLE 10

VACCINATION AND IMMUNISATION

	Children vaccinated/immunised					Others aged		Total
	Year of birth					Under 16	Over 16	
	1967	1966	1965	1964	1960-63			
<u>Diphtheria</u>	1,295	1,231	116	84	287	151	-	3,164
Reinforcing dose	-	1,056	873	191	2,234	1,441	4	5,799
<u>Tetanus</u>	1,295	1,232	116	85	288	183	66	3,265
Reinforcing dose	-	1,056	873	192	2,204	1,209	14	5,548
<u>Whooping Cough</u>	1,283	1,202	105	64	80	4	-	2,738
Reinforcing dose	-	1,001	836	133	231	16	-	2,217
<u>Poliomyelitis</u>	1,248	1,300	157	137	521	368	88	3,819
Reinforcing dose	-	971	756	173	2,053	1,299	18	5,270
	Under 1	1 year	2-4	5-15	16 and over		Total	
<u>Smallpox vaccination:</u>								
Primary	38	979	511	85	77		1,690	
Revaccination	-	-	20	97	377		494	
<u>Diphtheria immunisation of children under 5</u>								
Children under 5 immunised during 1963-67	...						13,251	
Estimated population under 5 as at 30th June, 1967	...						16,600	
Percentage protected	...						80	
<u>Vaccinations/immunisations (all ages) carried out at clinics/general practitioners' surgeries</u>								
	At Council Clinics		By General Practitioners		% Primary by General Practitioners			
	Primary	Reinforcing	Primary	Reinforcing				
Diphtheria	2,897	5,463	267	336	8.4			
Tetanus	2,955	5,195	310	353	9.5			
Whooping cough	2,486	2,031	252	186	9.2			
Poliomyelitis	3,525	4,991	294	279	7.7			
Smallpox	1,445	196	245	298	14.5			

TABLE 11

TUBERCULOSIS - NEW CASES AND DEATHS

New Cases and Deaths: Primary notifications of 102 pulmonary and 13 non-pulmonary cases were received. 11 other cases came to light via death returns from Registrars.

Pulmonary tuberculosis accounted for 16 deaths, there being 2 deaths 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)	
(a) <u>New Cases</u>	Pulmonary	M	1	-	3	-	-	3	1	13	17	16	12	10	2	78
		F	1	1	-	1	1	3	1	1	5	2	3	3	2	24
	Non-pulmonary	M	-	-	1	-	-	1	4	1	-	-	-	-	-	7
		F	-	-	-	-	-	-	-	1	3	-	1	1	-	6
(b) <u>Deaths</u>	Pulmonary	M	-	-	-	-	-	-	-	-	-	2	-	2	5	9
		F	-	-	-	-	-	-	-	-	2	1	1	-	3	7
	Non-pulmonary	M	-	-	-	-	-	-	-	-	1	-	-	-	1	2
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 12

TUBERCULOSIS - VARIATIONS IN REGISTER

	Pulmonary		Non-pulmonary		Total Cases
	Males	Females	Males	Females	
No. cases on register at 1. 1. 67	1,420	774	122	107	2,423
No. cases notified during 1967	78	24	7	6	115
Other cases added to register	56	17	2	2	77
No. cases removed from register	149	68	17	7	241
Remaining on register at 31. 12. 67	1,405	747	114	108	2,374

TABLE 13

TUBERCULOSIS - CARE AND AFTER CARE

Home Care and Treatment

Patients awaiting admission to hospital	...	...	Nil
Patients under treatment in their own homes	...	...	Nil
Patients receiving attention by home nurses	...	...	4
Total home visits (including contacts) by Tuberculosis Visitors	...	...	5,975

Work of Chest Clinic Welfare Officers

Patients assisted for the first time with			
Beds, bedding	...	...	3
Clothing, footwear	...	...	41
Patients at end of year receiving			
Extra nourishment	...	...	85
Home help	...	...	34

Diversional Therapy

Patients receiving instruction in their own homes	5
---	-----	-----	---

Rehabilitation Hostels

Patients in residence at end of year	2
--------------------------------------	-----	-----	---

Hostels for homeless infective tuberculous men

Patients in residence at end of year	1
--------------------------------------	-----	-----	---

Child contacts boarded out during year	Nil
--	-----	-----	-----

Child contacts boarded out for segregation during B. C. G. vaccination	Nil
--	-----	-----	-----

TUBERCULOSIS VISITORS

First visits to tuberculous households	...	...	1,659
Total visits - effective	...	...	5,975
- unsuccessful	...	...	1,065

TABLE 14

MASS RADIOGRAPHY

	<u>Unit 6A</u>	<u>Unit 6B</u>	<u>Total</u>
No. of factories, sites, etc. visited	6	17	23
Persons X-rayed - Males	1,237	6,136	7,373
- Females	227	2,130	2,357
No. referred for further investigation	42	88	130
Toynbee Hall (from 3rd October, 1967)			
- persons x-rayed	1,482	-	1,482
- referred for further investigation	48	-	48
Abnormalities discovered in 1966 Surveys:			
Total persons x-rayed	5,910	10,682	
Tuberculosis requiring immediate treatment	5	2	
" " clinic supervision	2	1	
Cancer of lung	1	7	
Other	72	144	
Active tuberculosis cases discovered per 1,000 examined...	1.18	0.28	

TABLE 15

TUBERCULIN TEST AND B.C.G. VACCINATION

	Contacts	Schoolchildren and Students	Total
No. of skin tests	245	2,233	2,478
No. found positive	67	154	221
No. found negative	178	1,822	2,000
No. vaccinated	175	1,822	1,997

TABLE 16

ANTE AND POST NATAL SERVICES

No. Ante and Post Natal Sessions held by:

Medical officers	...	...	-
Midwives	...	...	50
Sessional general practitioners	...	...	152
No. women attending for ante natal examination	...	...	189
No. women attending for post natal examination	...	...	175
Total attendances	...	...	1,437
No. general practitioners holding sessions in Council clinics			6

Mothercraft and Relaxation Classes:

No. women attending (a) Institutionally booked	...	...	207
(b) Domiciliary booked	...	...	3
No. attendances	...	...	1,452
No. sessions held by health visitors	...	...	162

CHILD WELFARE CLINICS

No. clinic premises at end of year	...	...	...	...	14
No. sessions during year held by:					
Medical officers	...	...	...	...	200
Health visitors	...	...	...	...	196
Sessional general practitioners	...	...	...	...	1,568
Hospital medical staff	...	...	...	...	52
			Total sessions:		<u>2,016</u>
No. children attending - born this year	...	...	...	...	2,631
- born last year	...	...	...	...	2,684
- born 1962-5	...	...	...	...	3,626
No. attendances of children of all ages	...	...	...	...	52,008
Average attendance per session	...	...	...	...	25.7
No. children referred elsewhere	...	...	...	...	733
No. children on observation register at end of year	...	...	...	...	2,713

TABLE 17

DAY NURSERIES AND CHILD-MINDERS

<u>DAY NURSERIES</u>	<u>Voluntary Nurseries</u>	<u>Council Nurseries</u>
No. of nurseries	1	4
Capacity	25	210
No. attending at end of year	22	177
Child/day attendances - Under 2	-	8,982
- Over 2	3,893	26,948
	<hr/>	<hr/>
TOTAL	3,893	35,930
No. of days open	232	254
Average daily attendance	16.7	141.4

OTHER PREMISES REGISTERED UNDER NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

No. of premises registered at end of year	...	8
Capacity	...	172

CHILD MINDERS

Statutorily Registered

No. at 1st January, 1967	...	6
Additions during the year	...	1
Deletions during the year	...	1
No. at end of year	...	6
		<hr/>
No. of children authorised to be minded at end of year		24
No. being minded at end of year	...	19

Under Voluntary Scheme

No. at 1st January, 1967	...	52
Additions during the year	...	34
Deletions during the year	...	34
No. at end of year	...	52
		<hr/>
No. children authorised to be minded at end of year		98
No. being minded at end of year	...	47
No. Child-minders receiving fees at end of year	...	35

TABLE 18

CERVICAL CYTOLOGY

<u>Premises</u>	<u>Number</u>	<u>Sessions</u>	<u>Examinations</u>
Council Clinics	3	158	1,510
General Practitioners Surgeries	1	38	126
Family Planning Clinics	2	211	128
<u>Other Slides read in Hospital Laboratories</u>			
<u>Thames Group Hospitals</u>	<u>Submitted by G. P. s</u>		<u>Hospital</u>
St. Andrew's Hospital	208		695
Other Hospitals in Group	-		130
<u>East London Group Hospitals</u>			
Mile End Hospital	656		2,126
Other Hospitals in Group	-		1,581
<u>London Hospital</u>	-		6,571 (Residents of all areas)

TABLE 19
CHIROPODY

	<u>Treated at Clinics</u>	<u>Domiciliary Treatments</u>
New patients during year	356	120
Total patients at end of year	1,626	683
Treatments - children	209	-
- expectant mothers	2	-
- physically handicapped	10	-
- aged persons	10,844	5,497
No. of chiropodists employed	...	11
No. of clinic sessions held		1,770
No. of patients treated per clinic session		6.3
Percentage of total patients receiving domiciliary treatment		29.5
(Total No. of treatments 16,602 (plus 1,107 by Welfare Department in Old People's Homes))		

TABLE 20

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS

	<u>Expectant Mothers</u>	<u>Children</u>
Persons examined	5	155
No. requiring and offered treatment	3	72
Visits during the year	8	325
Courses of completed treatment	1	74
Teeth extracted	3	-
Teeth filled	9	132
Emergencies treated	-	-
General anaesthetics given	-	-
No. patients x-rayed	-	-
No. patients treated by scaling etc.	2	52
Dentures - full	-	-
- partial	-	-
No. of sessions for treatment		47.5
- do- for health education		10
No. of treatment centres at end of year		4

TABLE 21

HEALTH EDUCATION ACTIVITIES

Discussion groups or talks on the following subjects were arranged during the year:

<u>Subject</u>	<u>No. Occasions</u>	<u>Persons participating</u>
Smoking and Lung Cancer	10	270
Sex Education and Venereal Disease	53	800
Mothercraft	195	1,891
Cervical Cytology	4	69
Needs of the Elderly	32	203
Home Accidents	12	182
General Health Subjects	1,122	10,162
Psychoprophylaxis	67	252
Health Education Techniques	93	683
Total:	1,588	14,512

Films or filmstrips were shown on 281 of the above occasions

Posters on health subjects are displayed on poster sites and in clinics and public buildings throughout the borough, the topic being changed in accordance with a monthly programme. The distribution of leaflets is planned to coincide with the poster displays and topical health education activities. During the year 3,530 posters were exhibited and 6,330 leaflets distributed.

TABLE 22

FAMILY PLANNING CLINICS

Patients and attendances at the once-weekly sessions held at clinics in the borough were as follows:-

	Wapping		Underwood Road		Wellington Way		TOTAL	
	1967	1966	1967	1966	1967	1966	1967	1966
New cases	66	25	340	221	218	208	624	454
Transfers	12	12	59	5	7	9	78	26
Old patients	30	-	248	261	271	283	549	544
Total patients	108	37	647	487	496	500	1,251	1,024
Total visits	256	-	1,532	1,118	1,104	933	2,892	2,117
No. doctors' sessions	48	-	93★	-	70	-	2,111★	-

★ Includes 40 sessions for I. U. D.

TABLE 23

HEALTH VISITING

First visits to children born this year	...	...	...	...	3,041
First visits to children born last year	...	...	...	...	2,820
First visits to children born 1962-5	...	...	...	...	7,128
Persons over 65	...	...	...	...	92
Mentally disordered persons	...	...	...	...	70
Persons excluding maternity cases discharged from hospital (other than mental hospitals)	...	...	...	...	52
Tuberculous households	...	...	...	...	17
Other visits	...	...	...	...	1,148
Total unsuccessful visits	...	...	...	...	9,812
Total effective visits	...	...	...	...	47,264

TABLE 24

PREMATURE BIRTHS

	<u>Born in Hospital</u>			<u>Born at Home or in Nursing Home</u>		
	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
No. of births	213	238	253	11	21	11
Died within 24 hours	16	11	9	-	4	-
Died within 28 days	8	18	32	-	4	-
Premature stillbirths	28	32	34	1	-	1

TABLE 25

HOME BATHING

Persons serviced during the year:	Male	89
	Female	235
	Total	324
Persons receiving service at end of year:	Male	62
	Female	164
	Total	226
Total baths given during year:		5,036

TABLE 26
HOME HELP SERVICE

Persons for whom service provided during year:		
	<u>No. of persons</u>	<u>Hours of Service as % of total</u>
Aged persons	2,922	86.6
Chronic sick and tuberculous persons	464	11.3
Mentally disordered	36	0.7
Maternity cases	30	0.2
Others	133	1.2
	<hr/>	<hr/>
Total:	3,585	100.0
	<hr/>	<hr/>
No. of persons receiving service at end of year:	...	2,492
Staff	Number	Whole-time equivalent
Organisers	3	3
Assistant Organisers	6	5.6
Home Helps	290	186.7

TABLE 27

HOME NURSING

Total number nursed during year	...	...	...	2,478
Number aged under 5 at first visit in 1967	...	...	...	82
" " over 65 " " " " "	...	...	...	1,421
Total number of visits during year	...	...	...	94,630

TABLE 28

LAUNDERING FOR AGED AND INCONTINENT

No. of articles cleansed and laundered during year	...	...	34,574
Total collections made during year	...	...	2,315
No. of persons who received service during year	...	...	83
No. of persons receiving service at end of year	...	...	54

TABLE 29

RECUPERATIVE HOLIDAYS

Category	No. for whom holiday arranged
Expectant and nursing mothers	1
Adults - Psychiatric	16
- Tuberculous	3
- Other	134
Accompanied children:	
1. At school	1
2. Pre-school	5
Unaccompanied children:	
1. Placed by I. L. E. A. at school	182
pre-school	3
2. Placed by Tower Hamlets Council at school	-
pre-school	-
Total:	345

TABLE 30

LOAN OF NURSING EQUIPMENT AND FIREGUARDS

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

	No. on loan at 1/1/67	No. loaned during year	No. returned during year	No. on loan at 31/12/67
Chair commodes	177	136	128	185
Stool commodes	10	5	4	11
Wheelchairs	38	41	37	42
Wheelchair headrests	-	-	-	-
Fracture boards	12	5	3	14
Bed pans	4	14	6	12
Bottles	5	10	4	11
Bed - hospital	7	6	3	10
Dunlopillo mattress	12	9	7	14
Ordinary mattress	-	-	-	-
Penrhyn hoist	5	5	4	6
Rubber sheet	10	16	6	20
Cot bed and mattress	-	2	-	2
Bed cradle	7	4	4	7
Back-rest	6	10	5	11
Air cushion	1	-	-	1
Air ring	3	2	-	5
Sani-cushion	1	-	-	1
Inflatable toilet seat	2	1	-	3
Quadruped stick	6	-	3	3
Tripod stick	20	8	9	19
Walking frame	7	7	4	10
Wheeled walking aid	-	1	-	1
Zimmer adjustable walking-aid	1	-	-	1
Hoist	1	2	1	2
OTHER EQUIPMENT LOANED				
Fireguard	346	63	17	392

TABLE 31

DOMICILIARY MIDWIFERY

Attendances by Midwives

	<u>Doctor present</u>	<u>Doctor not present</u>
Doctor not booked		
Midwife - Council	-	-
- Nursing Sisters of St. John the Divine	-	2
- The London Hospital	-	5
Total	-	7

Doctor booked

Council	-	4
Nursing Sisters of St. John the Divine	37	103
The London Hospital	12	185
Totals	49	292

No. of planned early discharges ... 79

Institutional deliveries attended by midwife on discharge before tenth day ... 111

Patients receiving - Gas and air ...	105
- Gas and oxygen ...	15
- Trilene ...	103
- Pethidine alone ...	9
- Pethidine with gas/air ...	3
- Pethidine with gas/oxygen ...	1
- Pethidine with trilene ...	9
- No analgesia ...	103

Total: 348

TABLE 32

MENTAL HEALTH							
(i) Patients referred to Council during the year							
Referred by	Mentally Ill		Psychopathic		Subnormal		Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
General practitioners	-	116	-	-	1	3	120
Hospitals, on discharge from in-patient treatment	-	260	-	5	1	10	276
Hospitals, after or during out-patient or day treatment	-	117	-	-	1	3	121
Education authorities	11	1	-	1	34	50	97
Police and courts	-	24	-	-	-	4	28
Other sources	1	100	-	-	9	13	123
Totals	12	618	-	6	46	83	765
(ii) Psychogeriatric Unit, St. Clement's Hospital							
In-patient Unit - Dundee Ward			1967	1966	1965		
Admissions			114	131	107		
Discharges - Home			65	70	63		
- Long Grove Hospital			23	23	21		
- Other			28	29	31		
Total			116	122	115		
Day Hospital							
Admissions			58	61	56		
Patient/day attendances			5,699	5,382	5,567		
Discharges - Home			5	9	17		
- Long Grove Hospital ...			3	3	3		
- St. Clement's - ih-patient			26	25	8		
- General hospitals			25	22	1		
- Other			3	6	3		
Total			62	65	32		
Out-Patient Attendances							
New Referrals			36	48	36		
Follow-up patients			184	195	103		
(iii) Admissions to Hospital under Mental Health Act, 1959							
			Male	Female	Total		
Admitted under: Section 25			26	44	70		
Section 26			3	3	6		
Section 29			12	25	37		
Section 60			7	-	7		
Section 136			3	2	5		
Admitted informally			53	68	121		
Total:			104	142	246		

MENTAL HEALTH
Patients under Care at 31st December, 1967

	Mentally Ill		Elderly	Psychopathic		Subnormal and Severely Sub-normal		Total
	Under 16	Over 16	Mentally Infirm	Under 16	Over 16	Under 16	Over 16	
1. Total number	1	608	46	-	1	132	407	1,195
2. Attending training/day centre	-	36	12	-	-	78	81	207
3. Awaiting entry	-	3	-	-	-	5	5	13
4. Receiving home training	1	8	1	-	-	-	5	15
5. Awaiting home training	-	-	-	-	-	-	-	-
6. Resident in L. A. hostel	-	-	-	-	-	2	-	2
7. Awaiting residence in L. A. hostel	-	-	-	-	-	-	-	-
8. Resident at L. A. expense in other hostels	-	29	-	-	-	2	8	39
9. Boarded out at L. A. expense	-	-	-	-	-	-	-	-
10. Attending day hospital	-	7	15	-	-	-	-	22
11. Receiving home visits and not included in 2-10 above	-	525	18	-	1	45	308	897
12. Admissions to guardianship during year	-	-	-	-	-	-	-	-
13. Under guardianship at end of year	-	-	-	-	-	-	3	3
14. On waiting list for admission to hospital;								
(a) in urgent need	-	-	-	-	-	-	1	1
(b) not in urgent need	-	-	-	-	-	3	3	6
15. Admission for temporary residential care;								
(a) To N. H. S. hospitals	-	-	-	-	1	2	4	7
(b) to L. A. residential accommodation	-	-	-	-	-	-	-	-
(c) elsewhere	-	-	-	-	-	6	7	13

MENTAL HEALTH

Day and Training Centres, 1967

Trainees	Adult Training Centre Underwood Road		Men's Industrial Training Centre	Junior Training Centre Cornwall Ave.		Special Care Unit Cornwall Ave. Centre		Day Centre Pritchard's Road		Geriatric Unit Pritchard's Road		TOTAL
	M	F		M	F	M	F	M	F	M	F	
No. on roll at 1/1/67	13	38(1)	36	26	25	7	4	26(2)	14	-(1)	8	197(4)
New entrants	-	4	5	12	5	2	1	49	22	3	10	113
Transferred from other centres	3	2	-	-	-	-	-	-	-	-	-	5
Removals												
Moved out of borough	-	1	1	1	-	-	-	4	1	-	-	8
Excluded	-	-	-	-	-	-	-	5	-	-	-	5
Self-discharged	1	1	-	-	-	-	-	11	5	1	4	23
Failed to attend	-	5	-	1	-	-	-	19	8	-	-	33
Admitted to hospital	-	-	1	-	-	-	-	-	2	1	1	5
Transferred to other centres	-	-	-	4	2	1	-	-	-	-	1	8
" " E. S. N. school	-	-	-	-	1	-	-	-	-	-	-	1
Residential placing	-	-	-	1	-	-	1	-	-	-	1	3
Died	-	-	-	-	-	-	-	1	-	-	-	1
Left to take up employment	-	-	2	-	-	-	-	13	6	-	-	21
No. on roll at 31/12/67	15	37(1)	37	31	27	8	4	22(2)	14	1(1)	11	207(4)

TABLE 34

PARKS AND OPEN SPACES IN THE BOROUGH

(a) Administered by Borough Council

Location	Area in Acres
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
Christchurch Gardens (Spitalfields)	1.25
Clarede's Estate Playground	.07
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
Mile End Gardens	.50
Newby Place Playground	.49
Peel Grove Gardens	1.12
Pelter Street Playground	.12
Poplar Recreation Ground	4.41
Rochelle Street Gardens	.07
St. Bartholomew's Gardens (Bethnal Green)	.45
St. George's-in-the-East Gardens	2.25
St. James's Gardens, Ratcliffe	2.00
St. John's Parish	2.50
St. Matthew's Gardens (Bethnal Green)	2.06
Sidney Square Gardens	.33
Stepney Green Gardens	1.50
Swanfield Street Playground	.23
Swedenborg Square Playground	.67
Trafalgar Square Gardens	.60
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
	<hr/>
	36.43

TABLE 35 (continued)

PARKS AND OPEN SPACES IN THE BOROUGH (continued)

(b) Administered by Greater London Council

<u>Location</u>	<u>Area in Acres</u>
Allen Gardens	1.69
Bartlett Park	11.57
Bethnal Green Gardens	11.97
Brickfield Gardens	5.73
Burdett Gardens	1.49
Carlton Square Gardens	1.95
Diggon Street Playground	.13
Gosling Gardens	2.29
Grove Hall Park	4.5
Ion Square	1.75
Island Gardens	3.0
King Edward VII Memorial Park	8.5
King George's Field	15.93
Langdon Park	2.61
Limehouse Churchyard	2.0
Meath Gardens	10.54
Millwall Park	13.5
Ropewalk Gardens	1.51
St. Mary's Churchyard	1.26
Shandy Park	3.18
Stepney Churchyard	9.75
Stepney Green Open Space	5.29
Trinity Garden	1.03
Victoria Park (part)	148.5
Wapping Gardens	3.56
Waterside Gardens	1.92
Weavers' Fields	5.25
	<u>280.40</u>
Total Acreage	316.83

TABLE 36

BURIALS UNDERTAKEN

Under Section 50, National Assistance Act, 1948

Number of Adults	...	...	34
" " Children	...	...	7
" " Stillborn	...	...	1
Total cost	...	...	£643★
Burials requested by - Coroner	...	...	27
- Relatives	...	...	12
- Others	...	...	3

★ Part irrecoverable

TABLE 37

MEDICAL EXAMINATIONS OF COUNCIL STAFF

(a) Reason for Examination	Number examined
New appointees	298
Transfers to permanent staff	153
Entry to Council's Sick Pay Scheme	90
Sickness absence exceeding one month	200
Extension of service beyond 65 years of age	53
Reviews, etc.	32
Total:	826
(b) Medical assessments for entry to Sick Pay Scheme	508
Examinations arranged with other authorities	10
Abortive appointments	198

TABLE 38

DISEASES OF ANIMALS ACTS

Kosher Poulterers and Poultry Slaughterhouses			
Inspections for cleanliness and fowl pest control	...	...	299
Street Markets			
Inspection re sale of animals and observations on movements of live poultry	...	...	120
Pet Shops			
Visits	...	...	52
Animal Boarding Establishments			
Visits	...	...	1

TABLE 39

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

To premises regarding complaints	...	...	103
" " " Smoke Control Orders	...	...	4,269
" " " miscellaneous visits	...	...	22
" " " for smoke observations	...	...	86
" " " " applications under Sec. 3(2)	...	...	17
" " " " routine boiler inspections	...	...	34
No. of notices served under Sec. 12(2)	...	...	268
" " " " " Sec. 16	...	...	-

TABLE 40

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 by the Council's Public Analyst in compliance with Section 99 of the Food and Drugs Act, 1955.

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

During the year 1,179 samples were submitted for analysis, as follows:-

1	Acetic Acid	39	Fish (canned and preparations)	1	Non-brewed condiment
1	Almonds	1	Fish paste	6	Noodles
3	Baby foods	2	Flavourings	11	Nuts
15	Beer and Cider	27	Flour	3	Oats, breakfast
6	Biscuits	8	Food additives	5	Oils (edible)
1	Blancmange powder	1	Lamb's liver	1	Oil (embrocation)
3	Brandy	95	Fruit (canned)	11	Pepper
15	Bread	1	Fruit (crystallised)	21	Pickles
4	Bread and butter	39	Fruit (dried)	2	Potatoes
2	Breakfast foods	7	Fruit (fresh)	2	Poultry (canned)
18	Butter	12	Fruit (puree)	3	Preserves
4	Cakes	33	Fruit juices	3	Puddings
7	Cake confectionery	1	Fruit pie filling	2	Rum
3	Cake decorations	1	Gelatine	2	Saccharin
3	Cake mixtures	1	Ginger	4	Salad Cream
18	Cereals	4	Gin	1	Salt
16	Cheese	2	Gravy	22	Sauces
1	Cheese spread	12	Herbs, dried	27	Sausages
1	Chewing gum	6	Honey	5	Seasonings
1	Chocolate liqueurs	38	Ice cream	6	Slimming preparations
10	Chocolate products	1	Ice lollies	45	Soft drinks
14	Coffee	12	Jam	26	Soups
7	Coffee and chicory	10	Jellies and jellied preserves	1	Sparkling wine
6	Coffee extract	6	Macaroni products	28	Spices
4	Colourings	1	Margarine	5	Sugar
1	Crab (canned)	4	Marmalade	33	Sugar confectionery
7	Cream	5	Meals (canned)	4	Suet (shredded)
5	Curry powder	9	Meat paste	65	Tea
12	Desiccated coconut	7	Meat	3	Treacle
1	Dessert wine	19	Meat (canned)	17	Vegetables (canned)
1	Dextrose	22	Meat preparations	8	Vegetables (dried)
1	Dripping	5	Meat pies	1	Vegetable juices (canned)
87	Drugs	29	Milk	1	Vinegar
12	Eggs	10	Milk (condensed)	5	Whisky
6	Fats	5	Mincemeat	1	Yeast (baking)
20	Fish	5	Miscellaneous samples	1	Yoghourt

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Type of premises (excluding stalls)	Regulation 16				Regulation 19			
	Total No. of premises	No. of premises fitted to comply with Regulation	Notices served 1967	Notices complied with	No. of premises to which Regulation applies	No. of premises fitted to comply with Regulation	Notices served 1967	Notices complied with
Bakehouses	53	53	1	-	53	53	1	-
Baker Shops	98	98	2	1	98	91	1	-
Butchers	178	178	16	12	178	177	3	2
Catering	1,581	1,581	39	21	1,581	1,581	14	13
Fish	118	118	6	-	118	118	4	-
Greengrocers/ Fruiterers	409	373	11	9	409	409	5	1
Grocers	832	826	15	9	832	705	7	1
Public Houses	499	499	19	16	499	499	6	3
Poultry Dealers	46	46	2	2	46	46	1	1
Confectioners	87	76	6	2	62	61	2	1
Totals:	3,901	3,848	117	72	3,876	3,740	44	22

TABLE 41

TABLE 42

VISITS MADE BY HOUSING INSPECTORS AND TECHNICAL ASSISTANTS			
Underground rooms	...	...	34
Section 16. Housing Act, 1957)			
" 17 -do- )	...	...	80
Slum clearance	...	...	2,629
Overcrowding	...	...	104
Standard and improvement grants	...	...	29
Betting offices (Betting and Gaming Act, 1960)	...	...	14
Town planning applications	...	...	67
Houses in multiple occupation	...	...	1,225
Preferential re-housing	...	...	674
Miscellaneous	...	...	67
Re-inspections	...	...	2,847
Notices served	...	...	190

TABLE 43

DWELLINGS ERECTED DURING 1967			
		No. of	
		Dwellings	
(a) By Borough-Council			
Bethnal Green Road 395A-405	...	6	
Blythendale House, Mansford Street	...	54	
Bonner Street 60-72	...	7	
George Vale House, Mansford Street	...	22	
Knottisford Street 17-23	...	7	
Mace Street 1-15	...	8	
Morpeth Street 11-55	...	45	
Pickard House, Bow Common Lane	...	10	
Portman Place 11-59	...	25	
Scoulding House, Mellish Street	...	18	
Steadman House, Bow Common Lane	...	5	
Walter Street 2-24	...	12	
Walvisch House, Bow Common Lane	...	5	
Wyndham Deeds House, Hackney Road	...	38	
Zeital House, Bow Common Lane	...	5	267
(b) By Greater London Council			
Alpha Grove	...	40	
Balfroon Tower, Barkantine Estate	...	146	
Ballin Court, Samuda Estate	...	58	
Bay Court, Osier Estate	...	18	
Bloomfield House, Chicksand Estate	...	43	
Chalkwell House, Pitsea Estate	...	12	
Dagmar Court, Samuda Estate	...	92	
Downy House, Osier Estate	...	12	
Elmslie Point, Leopold Estate	...	76	
Halyard House, Samuda Estate	...	34	
Havannah Street	...	6	
Kedge House, Barkantine Estate	...	40	
Leopold Street	...	5	
Madison House, Jefferson Estate	...	40	
Malabar Street	...	2	
Monroe House, Jefferson Estate	...	40	
Noble Court, St. George's Estate	...	111	
Norwood House, Galloway Estate	...	26	
Talia House, Samuda Estate	...	45	
Yarrow House, Samuda Estate	...	2	848
(c) By others			
Bigland Street - Ebenezer and Coverdale Tabernacle (Flat above)	...	1	
Narrow Street 82-84	...	2	
Newell Street - Limehouse Church Vicarage	...	1	
Whitepost Lane - Queens Yard	...	1	5
Total:			1,120

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	636	126	8
Factories with mechanical power	3,667	736	90
Other premises under the Act (Electrical stations, institutions, and sites of building operations and works of engineering and construction)	132	98	1
Total:	4,435	960	99

2. Cases in which defects were found

Particulars	Found	Remedied	Referred	
			To H. M. Inspector	By H. M. Inspector
Want of cleanliness	4	4	-	1
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	1	1	-	-
Sanitary conveniences:				
(a) insufficient	2	2	-	-
(b) unsuitable or defective	107	102	5	25
(c) not separate for sexes	7	7	-	-
Other offences against the Act (not including those relating to outwork)	21	15	6	-
Total:	142	131	11	26

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. of prosecutions for failure to supply lists to the Council
Wearing apparel; Making etc.	731	-	-
cleaning and washing	-	-	-
Household linen	7	-	-
Lace, lace curtains and nets	1	-	-
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.	5	-	-
Artificial flowers	-	-	-
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	114	-	-
Brush making	8	-	-
Pea picking	-	-	-
Feather sorting	-	-	-
Carding, etc. of buttons, etc.	3	-	-
Stuffed toys	-	-	-
Basket making	-	-	-
Chocolates and sweetmeats	-	-	-
Cosaques, Christmas stockings	3	-	-
Textile weaving	-	-	-
Lampshades	-	-	-
Total:	872	-	-

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

TABLE 45

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	5	60.	0.	0.	29.	8.	0.
Contravention of Regulations	244	1,451.	0.	0.	197.	19.	0.
Means of escape in case of fire	1	10.	0.	0.	-		
Housing Act, 1957:							
Overcrowding in Houses in Multiple Occupation	18	260.	0.	0.	38.	17.	0.
Contravention of Closing Orders (Basements)	3	30.	0.	0.	8.	8.	0.
Public Health Act, 1936:							
Nuisance Orders	80	-			296.	2.	0.
Non-compliance with Nuisance Orders	20	94.	0.	0.	63.	0.	0.
Defective drains (S. 39)	4	16.	0.	0.	18.	18.	0.
Defective water-closets (S. 45)	2	7.	0.	0.	4.	4.	0.
Defective dustbins (S. 75)	1	1.	0.	0.	-		
Food and Drugs Act, 1955	19	299.	0.	0.	135.	9.	0.
Food Hygiene (General) Regulations, 1960	159	1,143.	0.	0.	192.	12.	0.
Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966	230	923.	0.	0.	169.	0.	0.
Offices Shops and Railway Premises Act, 1963	6	260.	0.	0.	21.	0.	0.
L. C. C. (General Powers) Act 1956	2	-	(Absolute discharge)				
L. C. C. Drainage Byelaws 1962	7	105.	0.	0.	10.	10.	0.
Total:	801	4,659	0.	0.	1,185	7.	0.

TABLE 46

MORTUARY SERVICE

	Tower Hamlets Mortuary	Hackney Mortuary	Total
Bodies received	471	113	584
Post-mortems	400	97	497
Inquests	66	16	82

TABLE 47

CLEANSING STATIONS

Persons treated for scabies:	Men	...	...	143
	Women	...	...	94
	School children	...	...	140
	Children under 5	...	...	73
	Total			<u>450</u>
No. treatments given		...	...	780
Persons treated for verminous conditions:	Men	...	...	834
	Women	...	...	68
	School children	...	...	440
	Children under 5	...	...	72
	Total			<u>1,414</u>

TABLE 48

DISINFECTING STATION

Disinfection:				
No. of rooms disinfected after infectious disease	...	...	...	Nil
No. of articles disinfected by steam	...	...	...	23,461
" " " " " " for export	...	...	...	173
" " " " " " formaldehyde	...	...	...	216
" " " " " " for export	...	...	...	253
Disinfestation:				
No. of rooms disinfested for bed bugs	...	...	...	1,637
No. of rooms disinfested for other infestations	...	...	...	1,234
Other sites, premises disinfested	...	...	...	1,239
Drains:				
No. of premises tested	...	...	...	171
No. found defective	...	...	...	41

TABLE 49

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Type of premises	Registered during year	Total Registrations	Registered premises receiving general inspections during year	Persons employed
Offices	79	1,044	251	15,091
Retail shops	100	1,276	480	4,531
Wholesale shops	49	632	250	6,097
Catering establishments	41	328	69	1,953
Fuel storage depots	-	5	-	39
Total:	269	3,285	1,050★	27,711
			(Males:	17,576
			(Females:	10,135
(★) Other visits to registered premises			2,076	
Visits to non-registered premises			1,067	
<u>Informal Notices served under:</u>				
Offices, Shops and Railway Premises Act, 1963			614	
Notification of Employment of Persons Order, 1964			217	
<u>Accidents Notified - Causes</u>				
Falls of persons - on or from fixed stairs			4	
- Transport - vehicle in motion moved by power			3	
- " " " not " " "			1	
- " stationary			3	
Struck by falling object			3	
Other falls from one level to another			3	
Stepping on or striking against object or person			3	
Handling goods			11	
Falls on the same level			3	
Hand tools			4	
Fall on person - on or from ladder			3	
Machinery - non-power driven or part in motion			2	
Not otherwise specified			2	
			<hr/>	
			Total:	45

TABLE 50

OUTWORKERS			
Firms in the borough employing outworkers	...	...	93
Outworkers residing in, and employed by firms in the borough	...	...	487
Outworkers residing outside the borough employed by firms in the borough	...	...	831
Outworkers residing in the borough employed by firms outside the borough	...	...	385
Total outworkers in the borough	...	...	872

TABLE 51

REFUSE DISPOSAL			
Home and trade refuse	...	...	73,551 tons
Street and market collections	...	...	15,633 tons
Waste paper salvage	...	...	465 tons
No. of bulk containers in use	...	...	2,689
No. of street gulleys cleansed	...	...	23,695

TABLE 52

RODENT CONTROL					
	Number Inspected	Number found infested by			
		Rats		Mice	
		Major	Minor	Major	Minor
Properties inspected					
(a) following notification	2,857	9	1,045	117	1,326
(b) in survey	188	1	53	23	66
(c) other reasons	110	1	14	1	66
Total:	<u>3,155</u>	<u>11</u>	<u>1,112</u>	<u>141</u>	<u>1,458</u>
Properties in Borough		78,041			
Inspections (including re-inspections)		4,973			
Properties treated by Council		2,570			
Treatments carried out		2,805			
Notices served under Section 4 of the Act		(a) treatment	...	...	NIL
		(b) structural work (proofing)	...	...	87
Cases where default action taken following service of notice		...	...	...	14
Number of "Block Control" schemes carried out		...	...	...	NIL
No. of Business premises under servicing contract at 1st January, 1967		...	...	...	246
No. of new contracts during year		...	...	...	16
No. of contracts terminated during year		...	...	...	31
No. remaining under contract at 31st December, 1967		...	...	...	231
Sewer manholes					
- number poison baited		...	...	...	3,235
- complete takes		...	...	...	152
- partial takes		...	...	...	363

TABLE 53

VISITS BY DISTRICT PUBLIC HEALTH INSPECTORS

Type of Premises	Number	Visits or Inspections	Notices	Legal Proceedings
<u>Registered and Licensed Premises</u>				
Milk Distributors	371	-	-	-
Licensed premises under the Milk (Special Designation) Regulations 1963	371	239	2	-
Ice Cream Premises - Sale	394	346	1	-
- Manufacture	35			
- Storage only	4			
Prepared Food Premises - Meat	114	145	-	-
- Fish	61	92	-	-
Rag Flock Premises	50	24	-	-
Pet Shops	67	74	-	-
Offensive Businesses	20	118	4	-
Pharmacy and Poisons Premises	106	121	-	-
Common Lodging Houses	4	44	-	-
Seamen's Lodging Houses	3	24	-	-
Massage Premises	6	6	-	-
Animal Boarding Establishments	1	1	-	-
<u>Dwellings</u>				
No. first visited during year		3,264	2,064	152
No. visits		25,552		
No. revisits		13,044		
<u>Other Premises</u>				
Mechanical Factories	3,667	736	90	2
Non-Mechanical Factories	636	126	8	-
Other Factories	132	98	1	2
Outworkers	871	51	-	-
Bakehouses	53	116	5	-
Baker Shops	98	185	6	11
Butcher Shops and Stalls	178	492	30	7
Catering Establishments	1,581	1,168	87	15
Fish Shops	118	209	12	-
Greengrocers and Fruiterers	409	224	17	-
Grocers (Wholesale and Retail)	832	617	46	6
Public Houses and Off-Licences	499	606	134	-
Poultry Dealers (excluding butchers)	46	62	7	2
Wharves	82	1,246	-	1
Miscellaneous Food Premises	539	712	35	-
Meat Vehicles	-	41	-	-
Totals:		46,519	2,549	198

There are 4,157 food premises including stalls in the borough. Some of the premises listed above are included under more than one trade category.

TABLE 54

NOTICES SERVED BY DISTRICT PUBLIC HEALTH INSPECTORS			
Food Hygiene (General) Regulations 1960	...	...	316
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966			384
Public Health Act, 1936, Section 39	...	...	43
-do- " 44	...	...	5
-do- " 45	...	...	21
-do- " 56	...	...	1
-do- " 75	...	...	76
-do- " 89	...	...	42
-do- " 93	...	...	1,744
Public Health Act, 1961, Section 17	...	...	164
Factories Act 1961	...	...	99
Prevention of Damage by Pests Act, 1949	...	...	87
Stepney Borough Council (Staircase Lighting) Byelaws	...	...	17
Tower Hamlets Council (Hairdressers) Byelaws	...	...	5
Miscellaneous	...	...	15
		Total:	3,019

TABLE 55

DEFECTS IN DWELLINGS REMEDIED FOLLOWING SERVICE OF NOTICES			
Dirty and dilapidated rooms	...	...	250
Defective and/or choked drains and water-closets	...	...	508
Defective and/or dirty water-closets	...	...	871
Defective water supply	...	...	65
Defective paving	...	...	57
Defective gutters and rainwater pipes	...	...	317
Defective roofs	...	...	645
Dampness	...	...	1,687
Dustbins supplied	...	...	74
Accumulations of refuse removed	...	...	542
Smoke nuisances abated	...	...	28
Miscellaneous defects remedied	...	...	2,111

TABLE 57

CONFERENCES

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

Conference	Venue	Dates	Representatives
British Association in Social Psychiatry	London	14th January	Miss A. M. Joseph (Principal Social Worker, Mental Health) Mr. H. Mayer (Social Worker, Mental Health)
The Central Council for Health Education	London	25th January	Cr. (Mrs.) D. M. Couling Miss P. G. Hodges (Health Education Officer)
The Royal Society of Health	Brighton	25th January	Cr. B. A. McCarthy Mr. E. P. Webber (Chief Administrative Officer)
The Royal Society of Health Annual Congress	Eastbourne	24th-28th April	Cr. (Mrs.) D. M. Couling Dr. R. W. Watton (Medical Officer of Health)
National Association for Mental Health	London	23rd-24th February	Miss A. M. Joseph (Principal Social Worker, Mental Health)
Royal College of Midwives	London	3rd March	Miss I. M. Clarke (Non-Medical Supervisor of Midwives)
Federation of Association of Mental Health Workers	Brighton	31st March to 3rd April	Miss A. M. Joseph (Principal Social Worker, Mental Health)
Association of Public Health Inspectors	London	7th April	Cr. (Mrs.) D. M. Couling Mr. G. S. Freeman (Public Health Inspector)
Association of Public Health Inspectors	Eastbourne	25th-29th September	Cr. T. E. Phillips Mr. J. A. Leary (Public Health Inspector)
Chest and Heart Association	Eastbourne	4th-7th April	Cr. (Miss) H. Morsman Dr. C. M. Gourlay (Deputy Medical Officer of Health)
British Paedodontic Society	London	19th-21st April	Mr. D. F. Waller (Chief Dental Officer)
Medical Practitioners' Union National Health Centre Conference	London	6th-7th May	Cr. (Miss) H. Morsman Cr. C. Dimes Dr. R. W. Watton (Medical Officer of Health)

(continued over)

TABLE 57 (continued)

CONFERENCES (continued)			
Conference	Venue	Dates	Representatives
Association of Psychiatric Social Workers	London	20th May	Mr. H. Mayer and Mr. J. Strain (Social Workers, Mental Health)
Association of Sea and Air Port Authorities	London	7th - 9th June	Cr. J. O'Connor, J. P. Cr. W. T. Tuson Dr. W. C. Turner (Associate Medical Officer of Health)
International Dental Federation	Paris	7th - 15th July	Mr. D. F. Waller (Chief Dental Officer)
Institute of Water Pollution Control	Torquay	20th - 23rd June	Cr. W. T. Tuson Mr. E. P. Webber (Chief Administrative Officer)
National Association for Maternal and Child Welfare	Cardiff	21st - 23rd June	Cr. J. Milrood Mrs. D. E. Marrin (Principal Nursing Officer)
The Spastics Social	Cambridge-shire	5th July	Miss A. M. Joseph (Principal Social Worker, Mental Health) Mrs. C. Likeman (Social Worker, Mental Health)
British Dental Association	Birmingham	24th-28th July	Mr. D. F. Waller (Chief Dental Officer)
Institute of Shops Acts Administration	Hastings	12th - 14th September	Cr. J. O'Connor, J. P. Mr. W. Hart (Public Health Inspector)
The Royal Society of Health	Oxford	2nd June	Cr. (Miss) H. Morsman Mrs. A. Cowell (Assistant Nursing Officer)
Greater London Home Safety Council	Hounslow	16th September	Miss J. Skoyles (Health Visitor)
University of Manchester ("Maladjustment - a problem in the Community School")	Manchester	22nd/23rd September	Miss I. Mathews (School Nursing Sister)
			(continued over)

TABLE 57 (continued)

CONFERENCES (continued)			
Conference	Venue	Dates	Representatives
Royal Institute of Public Health and Hygiene	Brighton	4th - 6th October	Cr. A. C. Jacob Mr. C. S. Stewart (Senior Administrative Assistant)
National Society for Clean Air	Blackpool	17th - 20th October	Cr. (Miss) H. Morsman Mr. H. S. Davies (Deputy Chief Public Health Inspector)
The Royal Society for the Prevention of Accidents	London	18th - 19th October	Cr. C. Dimes Miss P. G. Hodges (Health Education Officer)
Royal College of Nursing "The Use and Abuse of Drugs"	London	23rd - 24th November	Miss J. Skoyles (Health Visitor)
National Council on Alcoholism	London	28th November	Cr. C. Dimes Miss A. M. Joseph (Principal Social Worker, Mental Health)
<u>London Boroughs Training Committee</u>			
Conference: For Family Caseworkers	London	25th May	Miss E. Brett (Principal Social Worker, Health Services)
" For Supervisors - Staff in junior training centres	London	13th June	Mrs. E. M. Granger (Assistant Supervisor)
" The Social Services and a multi-racial Society	London	18th/19th October	Miss E. Brett (Principal Social Worker, Health Services) Miss I. M. Clarke (Non-Medical Supervisor of Midwives)

TABLE 58

REFRESHER COURSES, ETC

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

Course	Venue	Dates	Attended by
<u>London Boroughs Training Committee:</u>			
Seminars: In co-operation with the National Institute for Social Work Training	London	16 weekly sessions commencing 6th February	Miss E. Brett (Principal Social Worker, Health Services)
-do-	London	22 weekly sessions commencing 18th October	Miss C. E. Laver (Social Worker, Health Services)
Fieldwork Instructors Course	London	Wednesdays (10) commencing 12th April	Miss M. Imlach (Health Visitor)
		Wednesdays (10) commencing 11th October	Miss P. G. Rolph (Health Visitor)
Study Day for District Nurses and Health Visitors	London	18th May	Miss E. Laird Miss S. M. Mowat (Health Visitors)
Study Day for Nursing Staff and Social Workers	London	6th November	Mrs. M. N. Kalu (Health Visitor) Mrs. C. M. Earp (Health Visitor) Miss A. Norman (Social Worker, Mental Health)
Introductory Course for School Nurses	London	31st May, 1st, 2nd and 8th June	Mrs. K. Salsbury Mrs. M. J. Gillan (Clinic Nurses)
	London	7th, 8th, 14th and 15th December	Mrs. D. Herbert (School Nurse) Mrs. M. J. Kirby (Clinic Nurse)
Residential Course for Matrons and Deputy Matrons of Day and Residential Nurseries	Sunningdale	4th - 8th September	Miss S. Hebbs Miss V. Dyson (Nursery Matrons)
Residential Course for Senior Officers in Health, Children and Welfare Departments	Sunningdale	9th - 13th January	Mr. F. Sullivan (Assistant Principal Social Worker, Mental Health)

TABLE 58 (continued)

REFRESHER COURSES, ETC. (continued)			
Course	Venue	Dates	Attended by
Study Day for District Nurses and Health Visitors	London	14th November	Miss P. Stratford (Health Visitor) Miss I. M. Clarke (Non-Medical Supervisor of Midwives) Mr. T. J. Devine (Senior District Nurse)
<u>North Western Polytechnic:</u>			
Course for Staff holding qualifications other than N. N. E. B. certificate	London	10th - 28th April	Miss F. Knight (Warden Day Nursery)
"Non Communicating Child in the Nursery"	London	8th - 12th May	Miss I. Tunbridge (Nursery Nurse) Miss H. Sawyer (Nursery Deputy Matron)
Unqualified Nursery Assistants	London	5th - 23rd June	Miss B. Dawes Miss D. Victory (Nursery Assistants)
Experienced Qualified Nursery Staff	London	25th September - 3rd November	Miss J. Bayes (Nursery Nurse)
Child Care Course	London	13th November - 1st December	Miss G. Mitchell (Nursery Assistant)
<u>National Childbirth Trust:</u>			
Seminar: "Psychoprophylactic Method"	London	13th - 15th January	Miss M. Dorman Miss P. A. Langston (Health Visitors)
		15th - 17th September 10th - 12th November	Miss B. Lay (Health Visitor) Miss M. G. Morris (Health Visitor)
Seminar: "Psycho-Physical Preparation in Childbirth"	London	29th September - 1st October	Miss S. Mowat (Health Visitor)
"The Relief of Menstrual Pain"	London	13th May	Miss M. E. Maskell (School Nurse)

TABLE 58 (continued)

REFRESHER COURSES, ETC. (continued)			
Course	Venue	Date	Attended by
<u>Inner London Education Authority:</u>			
Society of Teachers of the Deaf and the National College of Teachers of the Deaf - Course Teach In.	London	3rd June	Dr. P. L. Winship (Sessional Medical Officer) Miss C. M. Chase (Assistant Principal Social Worker, Health Services)
Training in Teaching Techniques	London	26th September	Mrs. M. H. Bell Miss P. Boland Miss E. C. Galgey Miss E. Laird Miss J. Skoyles (Health Visitors)
Refresher Course in Audiometry	London	25th October	Mrs. F. A. Cleur (School Nurse)
<u>Association of Public Health Inspectors:</u>			
Week-end School	Folkestone	17th - 19th March	Mr. P. Barnes Mr. G. Bethell Mr. T. Jones (Public Health Inspectors)
<u>Association of Public Health Lay Administrators:</u>			
Week-end School	Bangor	13th - 16th September	Mr. M. Pliskin (Senior Administrative Officer)
<u>British Dental Association:</u>			
Course in Administration	London	16th - 18th November	Mr. D. F. Waller (Chief Dental Officer)
<u>Civil Defence:</u>			
Course for Medical Officers	Sunningdale	25th-29th September	Dr. R. W. Watton (Medical Officer of Health)
Course for Public Health Inspectors	Sunningdale	12th - 17th November	Mr. J. E. Steeden (Public Health Inspector)
<u>College for the Distributive Trades:</u>			
	London	1st May	Mr. H. S. Davies (Deputy Chief Public Health Inspector)

TABLE 58 (continued)

REFRESHER COURSES, ETC. (continued)

Course	Venue	Date	Attended by
<u>Greater London Whitley Council:</u>			
Residential - Staff Training Course	Debden	25th - 29th September	Mr. E. R. Foy (Clerical Assistant)
<u>Health Visitors Association:</u>			
Refresher Courses (Residential)	Liverpool	9th - 16th September	Mrs. A. Cowell (Assistant Nursing Officer)
" " "	London	28th December 1967 to 9th January, 1968	Mrs. D. M. A. Turner (Health Visitor)
" " "	Cheltenham	29th March to 11th April	Miss M. Imlach (Health Visitor)
Study Day for Health Visitors	Leicester	7th October	Mrs. D. E. Marrin (Principal Nursing Officer) Miss E. Laird (Health Visitor)
Refresher Course (Residential)	Cambridge	15th - 29th July	Miss M. Ripley (Health Visitor)
<u>Royal College of Nursing:</u>			
Refresher Course	London	12th - 21st July	Mrs. D. A. Jarvis (School Nurse)
<u>Chiswick Polytechnic:</u>			
Fieldwork Instructors Course	London	30th October - 10th November	Miss S. M. Mowat Mrs. D. M. A. Turner (Health Visitors)
Course for Administrative Assistants in Local Government Service	London	26th September (Tuesdays) (10)	Miss B. Cleasby (Administrative Assistant)
<u>The Tottenham Technical College:</u>			
"Industrial Noise"	London	Wednesdays (6) commencing 4th October Wednesdays (6) commencing 15th November	Mr. G. Bethell (Public Health Inspector) Mr. C. Whitelock (Public Health Inspector)

TABLE 58 (continued)

REFRESHER COURSES, ETC. (continued)			
Course	Venue	Date	Attended by
<u>University of Birmingham:</u>			
Postgraduate Course	Birmingham	2nd - 7th April	Miss I.M. Clarke (Non-Medical Supervisor of Midwives)
<u>The National Association for Mental Health:</u>			
Diploma Course for Staffs of Training Centres	Birmingham	Commenced September (for one academic year)	Mr. C. W. Granger (Assistant Supervisor, Industrial Training Centre)
<u>South West London College:</u>			
Office and Clerical Management for Local Government Officers	London	Mondays (8) half days commencing 17th April	Mr. G. J. Empson Mr. J. J. Parker (Senior Administrative Assistants) Mr. C. Coveley (Administrative Assistant)
"O and M" Appreciation	London	Fridays (6) commencing 19th May	Mr. B. O'Halloran (Administrative Assistant)
<u>London Borough of Hackney:</u>			
District Nurse Training	London	22nd May - 20th August	Miss I. M. Clarke (Non-Medical Supervisor of Midwives)
Study Day for Nurses and Nursery Assistants	London	20th July	Mrs. C. Hollis (Nursery Nurse) Mrs. K. Little (Nursery Assistant)
<u>Goldsmiths College:</u>			
Film Projectionists Course	London	Tuesday evenings(10) commencing 10th January Tuesday evenings (10) commencing April	Miss M. Long (Health Visitor) Miss B. Eadon (Dental Auxiliary)

TABLE 59

SCHOOL HEALTH STATISTICS

Pupils on School Rolls at December, 1967

Under 5 years - full-time	...	...	...	1,747
- part-time	...	...	...	1,343
Infants	...	...	...	6,196
Juniors	...	...	...	10,978
Seniors	...	...	...	12,407
Special	...	...	...	862
Total:				<u>33,533</u>

Routine Medical Inspections

Number of children inspected	...	...	...	13,262
Percentage of total inspected	...	...	...	39.5
Percentage referred for treatment of defects	...	...	...	16.0
Percentage referred for treatment of defects other than vision	...	...	...	8.9
Percentage whose physical condition not satisfactory	...	...	...	0.2

Non-routine Medical Inspections

Re-inspections	...	...	...	5,380
Secondary School reviews	...	...	...	12
Theatrical children	...	...	...	-
Employment Certificates	...	...	...	234
School journeys	...	...	...	1,801
Recuperative holidays - before holiday	...	...	...	126
Outward Bound courses	...	...	...	1
Infectious disease investigations	...	...	...	-
Tuberculosis contacts	...	...	...	1
Boarding Schools for the Delicate - before departure	...	...	...	12
- on return	...	...	...	-
Handicapped pupils - statutory examinations	...	...	...	221
- periodic special defect examinations	...	...	...	554
Research investigations and enquiries	...	...	...	<u>6</u> 2,968
Specials: at request of				
- Head Teacher - special book	...	...	...	165
- others	...	...	...	473
- School Nurse - after health survey	...	...	...	71
- others	...	...	...	203
- Divisional Officer (Education)	...	...	...	87
- District Care Organiser/Care Committee	...	...	...	49
- Parent	...	...	...	147
- School Medical Officer	...	...	...	<u>162</u> 1,357
All other non-routine inspections	...	...	...	89
Total non-routine medical inspections				<u>9,794</u>

(continued over)

TABLE 59 (continued)

Defects ascertained at Routine Medical Inspections

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

Defects	Treatment		Observation	
	1967	1966	1967	1966
Skin ...	9.50	11.55	12.22	10.74
Eyes - Vision ...	79.40	79.25	69.82	85.85
- Squint ...	10.93	12.74	9.95	5.63
- Other ...	2.04	2.89	3.32	2.67
Ears - Hearing ...	6.56	5.41	5.35	5.63
- Otitis Media ...	1.81	2.30	2.71	3.18
- Other ...	1.81	3.33	1.43	1.70
Nose and Throat ...	11.84	11.70	32.12	34.37
Speech ...	4.60	3.33	6.41	6.89
Lymphatic Glands ...	0.23	0.81	3.47	5.33
Heart ...	2.34	2.15	7.46	7.70
Lungs ...	6.33	4.44	9.80	9.48
Development - Hernia ...	1.13	0.59	2.49	1.93
- Other ...	2.04	0.96	10.71	9.33
Orthopaedic - Posture ...	0.45	1.04	3.32	2.22
- Feet ...	8.29	7.33	16.51	14.15
- Other ...	3.85	3.70	5.81	6.74
Nervous System - Epilepsy ...	1.06	0.59	1.06	0.89
- Other ...	0.90	1.19	1.28	2.34
Psychological - Development ...	1.58	1.41	3.77	4.52
- Stability ...	1.51	1.26	5.81	4.89
Abdomen ...	0.30	0.07	0.75	0.52
Other ...	18.40	18.15	34.38	30.22

TABLE 59 (continued)

<u>Recuperative Holiday Homes</u>		<u>1967</u>	<u>1966</u>
Number of Schoolchildren (including Nursery schoolchildren)			
admitted during the year		184	240
<u>School Dental Service</u>			
Number of half day sessions devoted to:			
Treatment	...	3,028.5	2,081.5
Inspections in schools	...	198	32.0
Dental Health Education...	...	459	39.0
Total sessions	...	3,685.5	2,152.5
<u>Inspections</u>			
Pupils first inspected at school	...	18,279	1,466
Pupils first inspected at clinic	...	3,934	3,292
Percentage requiring treatment	...	70.6	81.7
Pupils reinspected	...	1,008	1,912
Percentage requiring treatment	...	53.5	62.2
<u>Treatment sessions (average per session in brackets)</u>			
New cases appointed	...	12,153 (4.0)	12,476 (6.0)
New cases attended	...	6,076 (2.0)	5,282 (2.5)
On-treatment cases appointed	...	20,135 (6.6)	14,553 (7.0)
On-treatment cases attended	...	13,796 (4.6)	10,660 (5.1)
Emergencies	...	294 (0.1)	255 (0.1)
Total attendances	...	20,166	16,197
<u>Treatment given (average per session in brackets)</u>			
Fillings in permanent teeth	...	8,889 (2.9)	6,293 (3.0)
Fillings in temporary teeth	...	7,435 (2.5)	4,113 (2.0)
Extraction of permanent teeth	...	195 (0.1)	236 (0.1)
Extraction of temporary teeth	...	1,018 (0.3)	922 (0.4)
Other operations	...	4,738 (1.6)	3,111 (1.5)
Number of dentures supplied	...	5 (0.001)	-
<u>Orthodontic treatment</u>			
Cases remaining from last year	...	118	142
New cases commenced in year	...	163	168
Cases completed in year	...	51	50
Number of removable appliances fitted	...	148	173
Number of fixed appliances fitted	...	5	6
<u>Staff (full-time equivalent)</u>			
Medical	...	5.75	5.35
Nursing	...	18.00	19.00
Social Workers	...	5.00	3.00
Physiotherapists	...	1.40	1.40
Dental Officers	...	8.01	6.18
Dental Auxiliaries	...	1.00	1.00
Dental Surgery Assistants	...	8.32	6.68

(continued over)

TABLE 59 (continued)

Routine Vision Tests - Visual acuity standards expressed as percentage of children tested								
	Not wearing spectacles				Wearing spectacles			
	6/6	6/9	6/12 or worse	Referred for treatment	6/6	6/9	6/12 or worse	Referred for treatment
Boys	80.4	7.2	5.5	5.5	3.5	1.8	1.6	4.5
Girls	78.8	7.7	5.3	5.2	4.0	2.1	2.1	4.5
No. of boys tested - 5,852				No. of girls tested - 4,857				
<u>Health Surveys</u>								
		<u>No. examined</u>			<u>Occasions vermin found</u>			<u>Percentage</u>
(a) Comprehensive		15,656			330			2.10
(b) Selective		8,108			587			7.24
No. of individual pupils found verminous					...		434	
Percentage of school roll				...	...			1.29
Vermin - occasions advice and/or Lorexane given					...		781	
- occasions attendance at bathing centre					...		136	
(c) Communicable disease - No. examined for:								
Athlete's foot					...		9,134	
Plantar warts					...		9,134	
Other communicable diseases							274	
<u>Routine Audiometer Testing</u>								
No. of children given screening test				...	...		3,685	
No. failing screening test and given pure tone test					...		343	
No. failing pure tone test and referred to Otologist					...		176	
<u>School Medical Treatment</u>								
	<u>Clinic</u>				<u>No. of premises</u>	<u>Sessions in year</u>	<u>New cases</u>	<u>Attendances</u>
Audiology	...	...			1	90	199	569
Bathing	...	...			2	590★	610	1,140
Ear, Nose and Throat	...	...				83	241	558
Minor ailments - Medical Officer			}		8	(105	892	19,246
- Nurse						(878	1,352	
Ophthalmic	...	...			4	310	1,286	3,222
Orthoptic	...	...			1	86	76	296
Physiotherapy	...	...			2	416	53	3,287
Special Investigation	...	...			3	177	235	1,663
<u>Physiotherapy treatments</u>								
- Remedial exercises					...		3,220	
- Massage					...		3,161	
- Ultra-violet light					...		182	
- Infra-red					...		96	
★ includes also adult sessions								

TABLE 59 (continued)

DEFECTS TREATED AT SCHOOL TREATMENT CENTRES AND HOSPITAL CLINICS

Errors of refraction and squint	...	...	1,669
Other eye defects	...	...	30
Spectacles ordered	...	...	798
Athlete's foot	...	...;	32
Verrucae	...	...	532
Ringworm - body	...	...	-
Impetigo	...	...	62
Other skin diseases	...	...	378
Eye diseases	...	...	169
Ear diseases	...	...	56
Miscellaneous lacerations, etc.	...	...	1,017
Orthopaedic and postural defects	...	...	51
Orthopaedic and postural defects (treated at schools)			121
Pupils provided with hearing-aids	...	...	15

B. C. G. Vaccination - Schoolchildren

Number of Schools visited	...	...	28
Number of 13-year old children offered test	...	...	2,886
Number of consents received	...	...	2,373
Number of children tested	...	...	2,253
Number of positive reactors	...	...	152
Number of children vaccinated	...	...	1,822

Other Treatment

Number of children - Ear, nose and throat treated - Audiology			131
- Special investigation			330
			180

Infectious and Other Diseases notified by Schools

<u>Disease</u>			<u>No. of Notifications</u>
Chickenpox	...	...	521
Dysentery, Diarrhoea	...	...	49
Food Poisoning	...	...	1
Gastric Flu	...	...	1
German Measles	...	...	68
Glandular Fever	...	...	11
Impetigo	...	...	22
Influenza	...	...	7
Jaundice	...	...	36
Measles	...	...	370
Mumps	...	...	234
Ophthalmic conjunctivitis	...	...	17
Pulmonary Tuberculosis	...	...	1
Ringworm	...	...	31
Scabies	...	...	26
Scarlet Fever	...	...	39
Tonsillitis	...	...	58
Whooping Cough	...	...	35
		Total:	1,527

(Number notified last year - 2,173)

HEALTH DEPARTMENT

PARTICULARS OF CLINICS HELD AND

ABBREVIATIONS

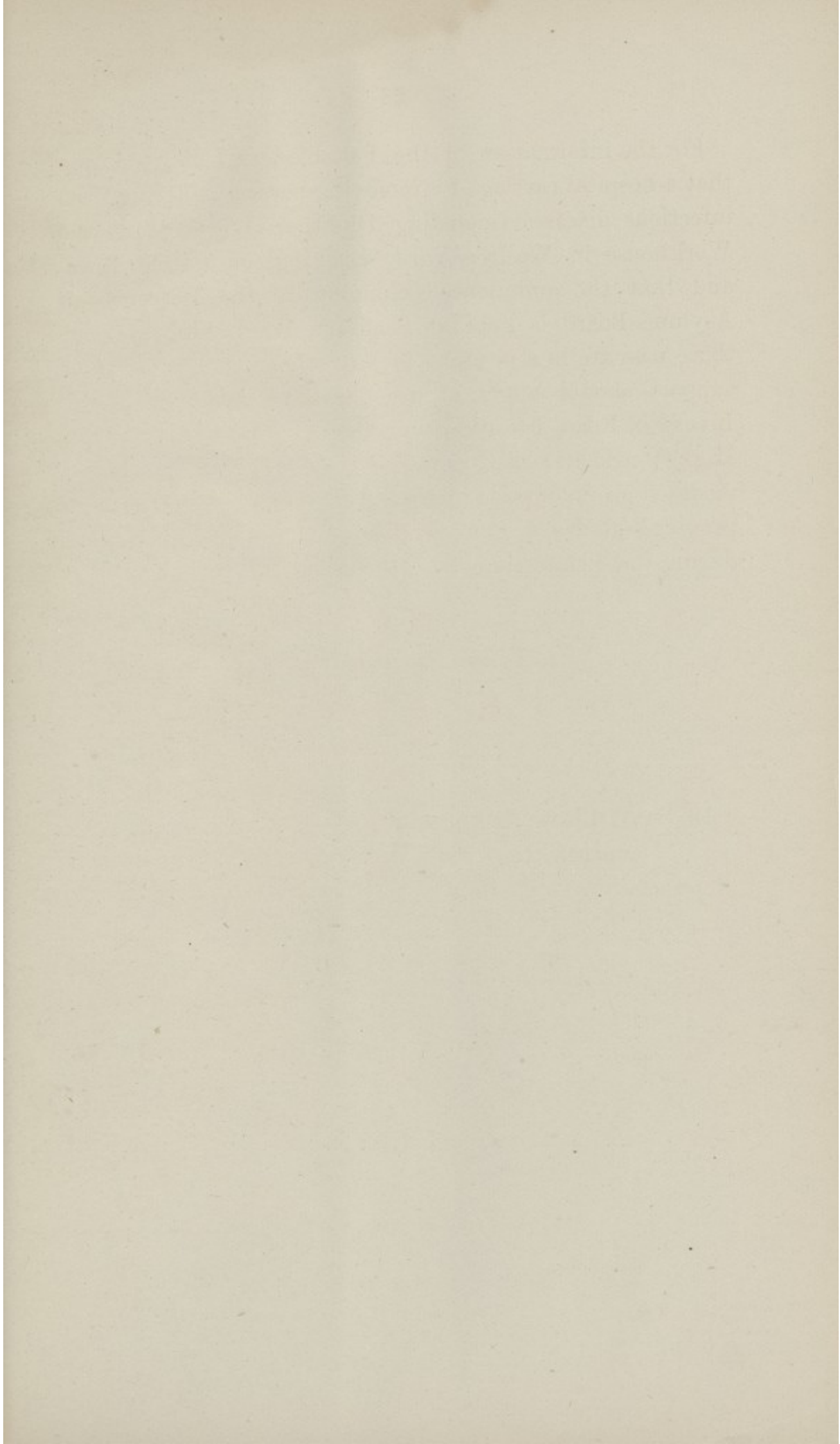
- M. O. = MEDICAL OFFICER
- H. V. = HEALTH VISITOR, SCHOOL OR CLINIC NURSE
- M. I. D. = MIDWIFE
- S. W. = SOCIAL WORKER

PREMISES (a) CLINICS AND SCHOOL TREATMENT CENTRES	ANTE-NATAL	AUDIOLOGY	CHIROPODY	DENTAL	INFANT WELFARE	MINOR AILMENTS
School Treatment Centre, Lyte Street, E. 2.		Tues. a. m. Wed. a. m. and p. m. (M. O. & H. V.)	Mon. & Tues. p. m. and evening Wed. p. m. Thurs. a. m. Tues. a. m.	Mon., Tues. Wed. Thurs and Fri. a. m. and p. m.		Mon., Weds. Thurs. and Fri. a. m. (H. V.) Tues. a. m. (M. O. & H. V.)
Bromley Clinic Centre, 1-2, Newmill House, Empson Street, E. 3.					Mon. and Tues. p. m. Fri. a. m. (M. O. & H. V.)	
School Treatment Centre, 3-4, Phillips House, Coventry Cross, E. 3.				Mon, Tues, Weds, Thurs, and Fri. a. m. and p. m.		Mon. - Fri. a. m. Tues. p. m. (alternate weeks) (H. V.)
Greenwood Clinic Centre, Peel Grove, E. 2.	Mon. p. m. Thurs. a. m. (M. O. & H. V.)				Tues. p. m. (H. V.) Wed. and Fri. p. m. (M. O. & H. V.)	

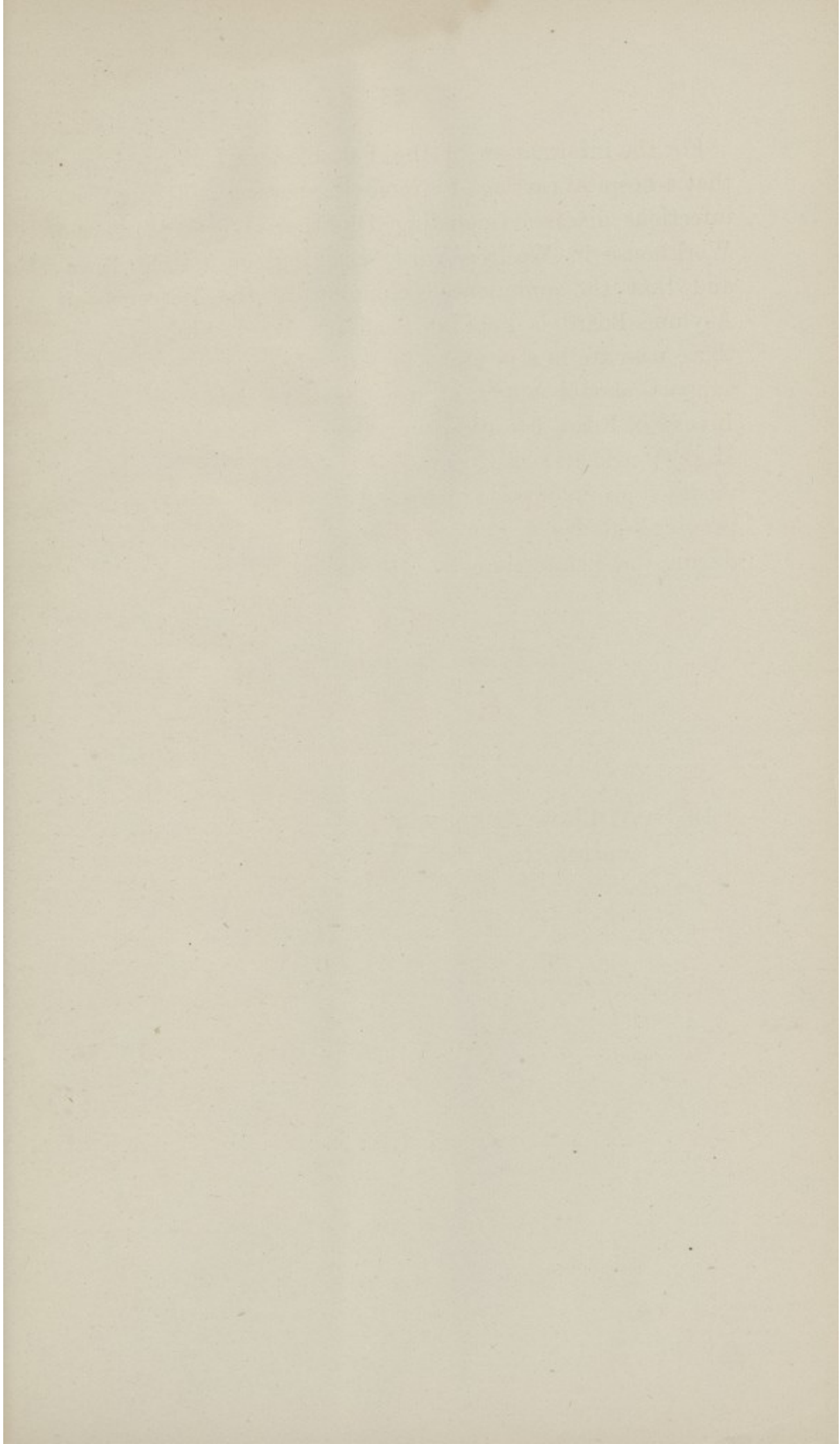
ESTABLISHMENTS

SERVICES PROVIDED AS AT 31st DECEMBER, 1967

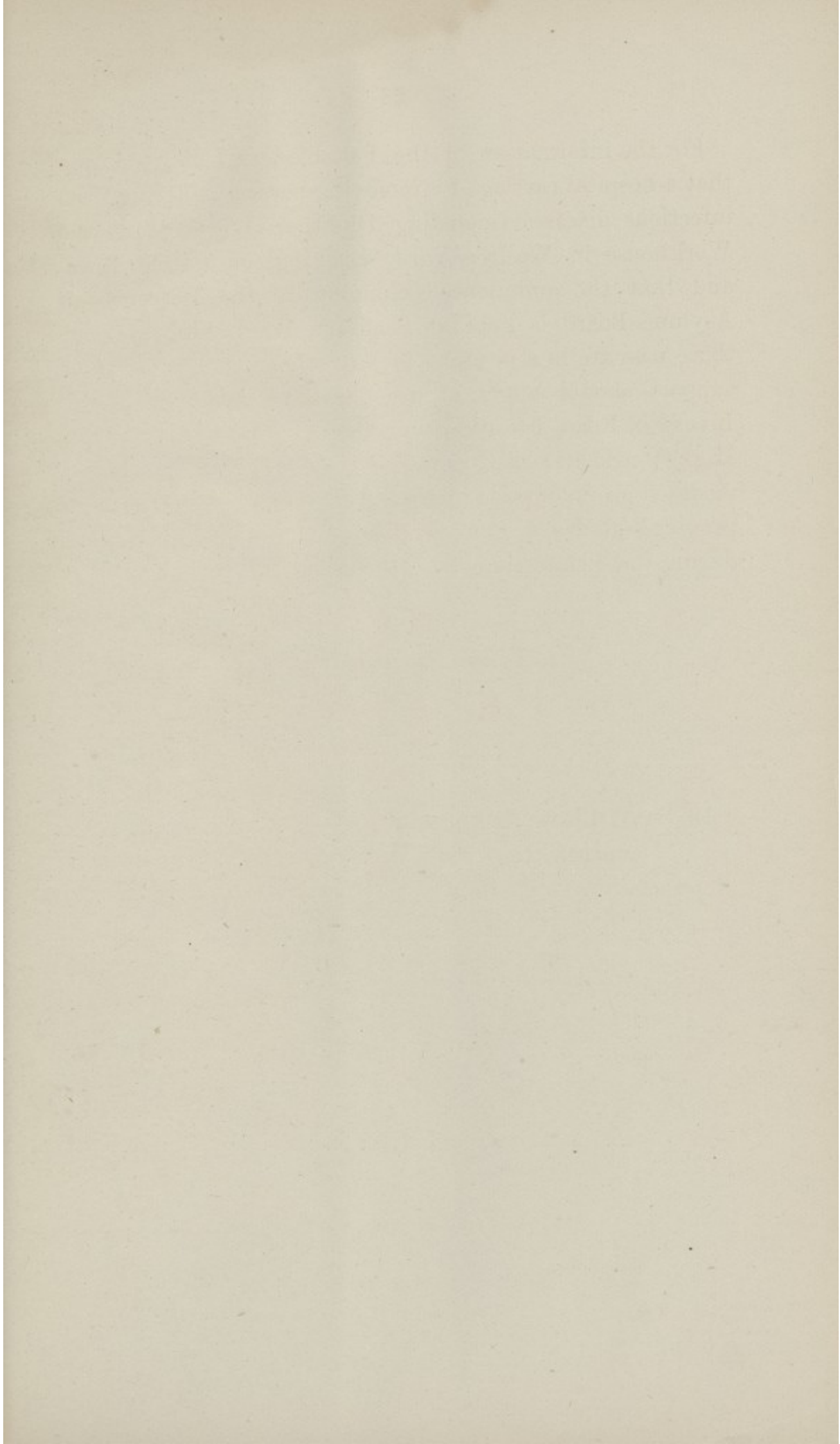
OCCASIONAL CRECHES	PHYSIOTHERAPY	SPECIAL INVESTI- GATIONS	TODDLERS	VACCINATION AND IMMUNISATION	VISION	OTHER
Tues. a. m.			Wed. a. m. 2nd and 4th in month (M. O. & H. V.)	Thurs. a. m. 4th in month (M. O. & H. V.)	Thurs. p. m. (M. O. & H. V.)	
Tues. and Thurs. p. m.	Mon. p. m. Fri. a. m.	Fri. p. m. Tues. p. m. (alternate weeks) M. O. & H. V.)	Fri. p. m. 2nd and 4th in month (M. O. & H. V.)	Weds. p. m. (M. O. & H. V.)		Cervical Cytology Mon. a. m. (M. O. & H. V.) Fri. a. m. (M. O. & H. V.) 2nd and 4th in each month. Psychoprophylaxis Tues. a. m. (H. V.) Dressmaking Tues. and Thurs. p. m. Keep fit class Thurs. p. m. 1st, 2nd and 3rd in each month. Blindness and Partial Sight Examinations Fri. a. m.



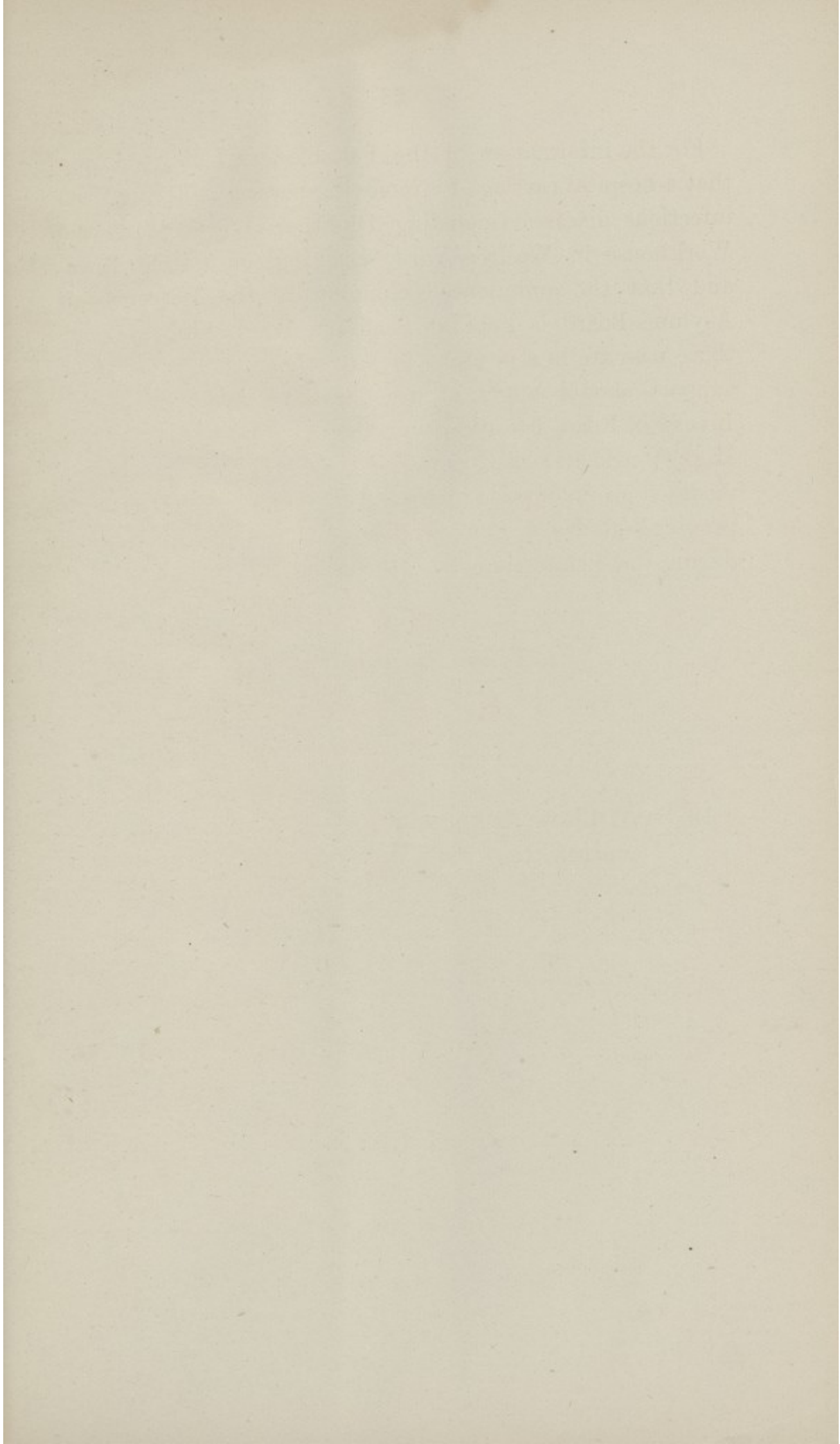
PREMISES CLINICS AND SCHOOL TREATMENT CENTRES	ANTE-NATAL	AUDIOLOGY	CHIROPODY	DENTAL	INFANT WELFARE	MINOR AILMENTS	OCCASIONAL CRECHES	PHYSIOTHERAPY	SPECIAL INVESTIGATION	TODDLERS	VACCINATION AND IMMUNISATION	VISION	OTHER
Greenwood Clinic Centre, (Continued)													G.P. Obstetrician Mon. p. m. Mothers' Club Thurs. p. m. 4th in month (H. V.)
Island Clinic Centre, Roserton Street, E. 14.	Fri. p. m. Midwives and G.P. Clinic		Thurs. a. m.	Mon. - Fri. a. m. and p. m.	Mon. p. m. (H. V.) Wed. p. m. (M.O. & H. V.)	Tues. and Thurs. a. m. (H. V.) Mon. * Wed * and Fri. * a. m. (H. V.)	Mon. a. m. and p. m. Thurs. and Fri. p. m. Tues. p. m. 1st in month.			Weds. a. m. 1st, 3rd & 5th in month (M.O. & H. V.)	Thurs. p. m. (M.O. & H. V.)		Mothers' Club Tues. p. m. 1st in month (H. V.) Mon. and Thurs. p. m. Cervical Cytology Fri. p. m. (alternate weeks)
* (Held at Harbinger School)													
Clinic Centre, Leopold Street, Bow, E. 3.			Mon. and Fri. a. m. and p. m. Thurs. p. m.		Tues. a. m. Thurs. a. m. and p. m. (M.O. & H. V.)	Mon., Wed. and Thurs. a. m. (H. V.) Tues. a. m. (alternate weeks)	Tues. p. m. and Mon. p. m. (2nd in month)		Tues. p. m. (M.O. & H. V.) (S. W.)	Weds. a. m. 1st and 3rd in month (M.O. & H. V.)	Weds. p. m. 1st in month (M.O. & H. V.)	Mon. a. m. Fri. a. m. and p. m. (M.O. & H. V.)	Mothers' Club Mon. p. m. (H. V.) (2nd in each month) Dressmaking Tues. p. m. G.P. Obstetrician Weds. p. m. Auditory Training Fri. a. m. and p. m. Orthoptist Mon. a. m. and p. m.
Limehouse Clinic Centre, 673, Commercial Road, E. 14.					Tues. and Thurs. p. m. Fri. a. m. (M.O. & H. V.)		Tues. a. m. Wed. p. m.			Mon. p. m. (M.O. & H. V.)			Psychophylaxis Fri. p. m.
Mary Hughes Clinic Centre, and Ida Samuel School Treatment Centre, Underwood Road, E. 1.	Mon. a. m. and p. m. Tues. a. m.		Mon. and Thurs. p. m. Tues. p. m. and evening Wed. a. m.	Mon. - Fri. a. m. and p. m. Tues. eve.	Tues. p. m. 1st and 3rd. in month Thurs. a. m. Thurs. p. m. (London Hosp. M. O.)	Mon. - Fri. a. m. (H. V.) Mon. p. m. (M.O. & H. V.)	Tues. p. m. 2nd and 4th in month		Tues. p. m. Thurs. a. m. (M.O. & H. V.) (S. W.)	Mon. p. m.	Mon. p. m. (Polio only)		Mothers' Club Tues. p. m. 2nd and 4th in month Family planning Mon. eve. Fri. p. m.
Nursing Sisters of St. John the Divine, Lodore Street, E. 14.	Thurs. p. m. (G. P. & Mid.)												Post-Natal Thurs. p. m. (G. P. and midwives)



PREMISES CLINICS AND SCHOOL TREATMENT CENTRES	ANTE-NATAL	AUDIOLOGY	CHIROPDOY	DENTAL	INFANT WELFARE	MINOR AILMENTS	OCCASIONAL CRECHES	PHYSIOTHERAPY	SPECIAL INVESTI- GATION	TODDLERS	VACCINATION AND IMMUNISATION	VISION	OTHER
Prunella School Treatment Centre, Bernhard Baron Settlement, Henriques Street, E. 1.				Mon. - Fri. a. m. and p. m.		Mon. - Thurs. a. m. (H. V.) Fri. a. m. (M. O. & H. V.)					By appoint- ment once monthly (No specific day of the week)	Thurs. p. m. (M. O. & H. V.)	
Rochelle Clinic Centre, Club Row, E. 2.					Mon. p. m. Weds. a. m. (M. O. & H. V.)	Mon. p. m. (M. O. & H. V.) alternate weeks Mon - Fri. a. m. (H. V.)				Weds. p. m. 4th in month (M. O. & H. V.)	Mon. p. m. (M. O. & H. V.) alternate weeks		Bathing Tues. a. m. Thurs. a. m.
Clinic Centre, Ruston Street, E. 3.			Tues. a. m. and p. m. Fri. a. m.	Mon-Fri. a. m. and p. m.	Thurs. a. m. and p. m. (M. O. & H. V.)		Mon. p. m.			Fri. a. m. 2nd and 4th in month (M. O. & H. V.)		Weds. p. m. (M. O. & H. V.)	Dressmaking Mon. p. m. G. P. Obstetrician Weds. p. m. Special Advisory Friday a. m. 3rd in month (M. O. & H. V.) Speech Therapy Tues. a. m.
St. George's Clinic Centre, Library Place, Cable Street, E. 1.			Thurs. a. m. and p. m. alternate Fri. a. m.		Tues. Wed. and Fri. p. m. (M. O. & H. V.)					Tues. a. m. (M. O. & H. V.)			
Clinic Centre, 35, Stepney Green, E. 1.			Mon. a. m. p. m. and eve. Thurs. and Fri. a. m. Thurs. p. m.		Tues. a. m. Weds. p. m. (M. O. & H. V.) Thurs. p. m. (H. V.)					Mon. p. m. (M. O. & H. V.) 1st and 3rd in month	Tues. p. m. (M. O. & H. V.)		



PREMISES CLINICS AND SCHOOL TREATMENT CENTRES	ANTE-NATAL	AUDIOLOGY	CHIROPODY	DENTAL	INFANT WELFARE	MINOR AILMENTS	OCCASIONAL CRECHES	PHYSIOTHERAPY	SPECIAL INVESTIGATION	TODDLERS	VACCINATION AND IMMUNISATION	VISION	OTHER
Wapping Clinic Centre, 5, Pier Head, E. 1.					Wed. p. m. (M. O. & H. V.)	Mon. - Fri. a. m. (H. V.)	Wed. a. m. Thurs. p. m.						Family planning Mon. p. m. Dressmaking Thurs. p. m.
Clinic Centre, Wellington Way, E. 3.				Mon. - Fri. a. m. and p. m.	Tues. a. m. Wed. and Thurs. p. m. (M. O. & H. V.)		Tues. - Fri. p. m.			Thurs. a. m. (M. O. & H. V.)	Weds. p. m. (M. O. & H. V.)		G. P. Obstetrician Mon. p. m. Mothers' Club Tues. p. m., 2nd and 4th in month (H. V.) Cervical Cytology Wed. a. m. (M. O. & H. V.) Tues. p. m. (M. O. & H. V.) (1st and 3rd in month) Marriage Guidance Council Wed. a. m. Dressmaking Wed. and Fri. p. m. Family Planning Fri. a. m.
Will Crooks Clinic Centre, 1-2, Wigram House, Wades Place, E. 14.					Mon. p. m. (H. V.) Tues. a. m. 1st, 3rd and 5th in month Tues. p. m. (M. O. & H. V.)			Mon. a. m. Wed. a. m. and p. m. Fri. p. m.			Tues. a. m. 2nd and 4th in month (M. O. & H. V.)		Speech Therapy Wed. and Fri. a. m. and p. m.



(b) CHEST CLINICS

London Chest Hospital,
Victoria Park, E. 2.

Mon. Wed. Thurs. Fri. 9.15-11.30 a. m.
Sat. 9.15 - 11.0 a. m.
Wed. 5. 0 - 6.15 p. m.
Thurs. B. C. G. Clinic 2.30 p. m.

Wellington Way Clinic,
Bow Road, E. 3.

Tues. 2. 0.-4. 0 p. m. (adults), 5.30-7. 0 p. m.
(adults)
Thurs. 10. 0. -12 noon (children), 2. 0 - 4. 0 p. m.
(adults)
Fri. 10. 0. - 12 noon (adults)

Stepney Chest Clinic,
Steels Lane, E. 1.

Mon. 10. 0 - 12 noon and 2. 0 - 4. 0 p. m.
Tues. 10. 0- 12 noon and 2. 0 - 4. 0 p. m.,
5. 0 - 7. 0 p. m.
Wed. 10. 0 - 12 noon
Fri. 10. 0 - 12 noon
Sat. 10. 0 - 12 noon

(c) DAY NURSERIES

Mary Hughes, 22 Underwood Road, E. 1.
Christian Street, E. 1.
University House, Sugar Loaf Walk, E. 2.
Queen Mary, Tidey Street, E. 3.
Alice Model, 14/24, Beaumont Grove, E. 1.
(Voluntary)

Monday to Friday 8.0 a. m. - 5.30 p. m.
" " " 8.0 a. m. - 5.30 p. m.
" " " 8.0 a. m. - 5.30 p. m.
" " " 7.30 a. m. - 5.30 p. m.
" " " 8.0 a. m. - 5.30 p. m.

(d) MENTAL HEALTH TRAINING CENTRES

Adult Centre, 28, Underwood Road, E. 1.
Junior Centre, Cornwall Avenue, E. 2.
Industrial Centre,
43, Whitehorse Road, E. 1.

" " " 9.30 a. m. - 4.0 p. m.
" " " 9.30 a. m. - 4.0 p. m.
" " " 9.15 a. m. - 4.30 p. m.

(e) MENTAL HEALTH DAY CENTRE

Marian Place,
Pritchards Road, E. 2.

" " " 9.30 a. m. - 4.30 p. m.

(f) DISINFECTING AND CLEANSING STATION

Branch Road, Commercial Road, E. 14.

" " " 8.0 a. m. - 5.0 p. m.

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