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BOROUGH OF WALTHAMSTOW

REPORT

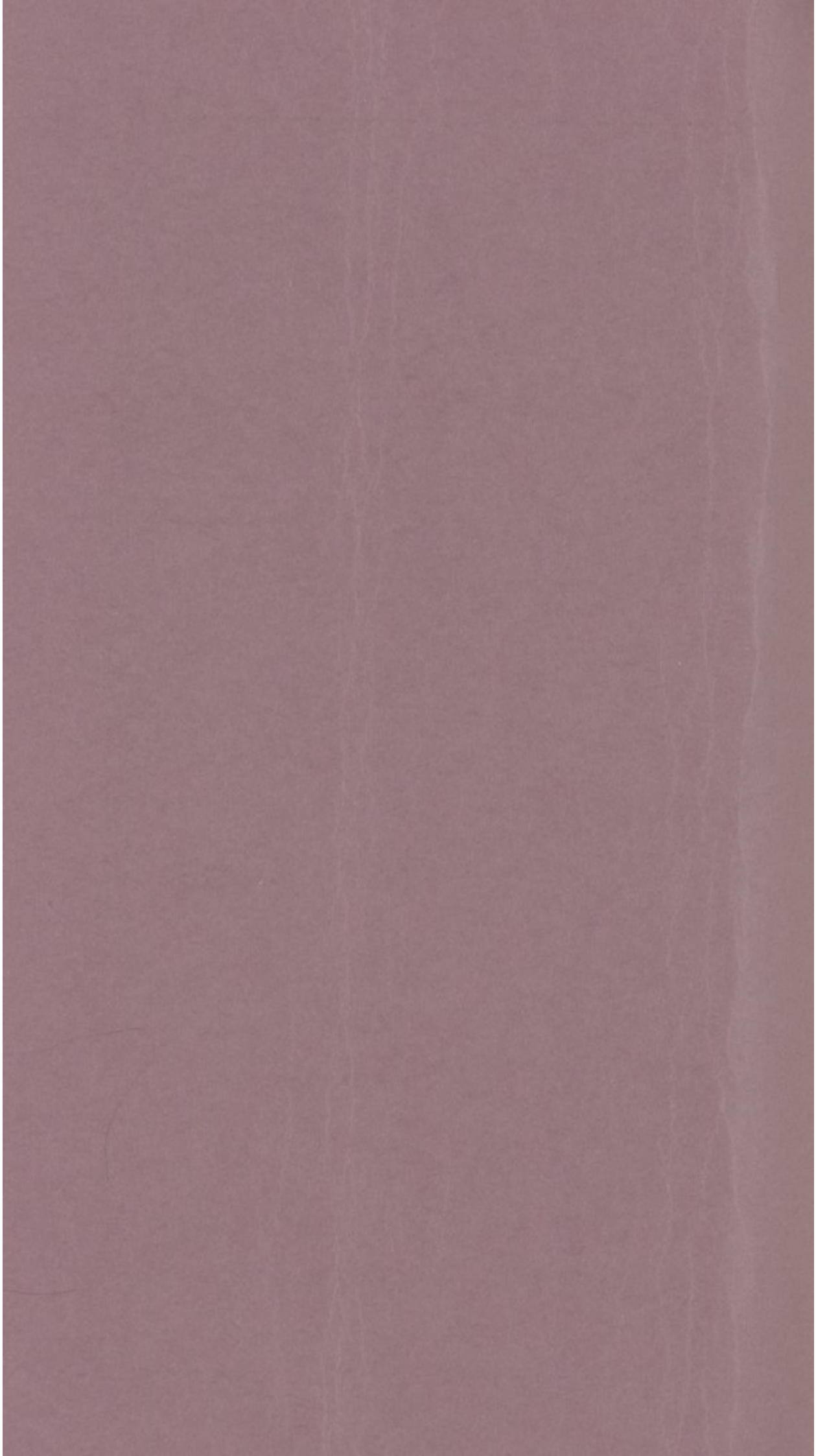
OF THE

**MEDICAL OFFICER OF
HEALTH**

for the Year 1960

MELVILLE WATKINS, M.R.C.S., L.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH





BOROUGH OF WALTHAMSTOW

REPORT
OF THE
MEDICAL OFFICER OF
HEALTH
for the Year 1960

MELVILLE WATKINS, M.R.C.S., L.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

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**HEALTH COMMITTEE
1960-61**

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COUNCILLOR MRS. W.M. PALETHORPE

Vice-Chairman:

COUNCILLOR MRS. C.E. STANNARD

Ex-officio:

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THE DEPUTY MAYOR - ALDERMAN S.N. CHAPLIN, J.P.
CHAIRMAN OF FINANCE COMMITTEE - ALDERMAN ROSS WYLD, O.B.E., J.P.

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P.F.A. WEBSTER

D. WEINSTEIN

Medical Officer of Health:

M. WATKINS, M.R.C.S., L.R.C.P., D.P.H. (Part-time)

Deputy Medical Officer of Health:

G.H. POOLE, M.B., B.S., D(Obst.) R.C.O.G., D.P.H. (Part time)

Chief Public Health Inspector:

W. RICHARDS, D.P.A., M.A.P.H.I.

Deputy Chief Public Health Inspector:

N. SMITH, M.A.P.H.I.

Chief Clerk:

R. ROSE

**TO THE MAYOR ALDERMEN AND COUNCILLORS OF
THE BOROUGH OF WALTHAMSTOW**

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present herewith my Annual Report for 1960. As is customary, it includes an account of the services administered by the Walthamstow Health Area Sub-Committee on behalf of the Essex County Council.

VITAL STATISTICS

Judged by the simple yard sticks of Infant Mortality, Birth and Death Rates and overall incidence of Infectious Diseases compared with other years and with the rest of the country, the medico social state of our community appears to be satisfactory, but closer analysis reveals a few disquieting aspects.

Although the excess of births over deaths was about 200, yet the Registrar General's estimate of the mid year population showed a decrease of 1,390. This is due entirely to a fairly substantial migration from the borough. This trend is not new and will probably continue until a balance is achieved between population and housing accommodation. The mere loss of population is not in itself a cause for regret if what it achieves is a better standard of accommodation for those that remain. But unfortunately it is the younger people, in the reproductive age groups, that are moving out, leaving a disproportionate number of the elderly who are less able to sustain the demands of a modern community. There will also be a tendency for the birth rate to fall, although it has remained about the same for the past few years.

A study of the causes of death show a steady decline in the communicable diseases and a tendency to an increase in those caused by diseases of the heart and blood vessels and malignant growths. Even deaths due to accidents in the home and on the street now far outstrip those of infectious diseases.

Of particular interest to us is the steadily increasing deaths from cancer of the lung as opposed to the levelling out of the numbers of deaths due to other cancers. More than half the 67 cases in Walthamstow occurred in the age group 45-64yrs. Research carried out for many years into this phenomenon has shown that the liability to lung cancer in a heavy smoker is forty times greater than that in a non-smoker, and the greater the number of cigarettes smoked the greater the risk. Even giving up smoking lessens the risk. Apparently cigarettes are implicated more than pipes or cigars. Since the war women have

been smoking as much as men, and this is reflected in the increasing incidence of lung cancer in women. Unfortunately the smoking habit is being acquired at very early ages. Some authorities have found that 25% of boys start smoking at the ages of 13 to 14, and as many as 47% at 14 to 15 yrs.

Although it is not claimed that cigarette smoke is the causal factor, it seems clear that smoking is a potent factor in precipitating the disease in those who are susceptible. We have here therefore much scope for preventive action.

INFECTIOUS DISEASES

The total number of notified cases due to all causes was down during the year. This gratifying fall tends to confirm the prevalent belief that the traditional role of the M.O.H. with regard to the control of communicable diseases is assuming less importance. The prodigious efforts of years in the improvement of all aspects of environmental health are now bearing fruit. Yet there is much that remains. One cannot be complacent in the face of sporadic outbreaks of such dangerous diseases as diphtheria, and poliomyelitis, and the continued hazards of tuberculosis. Even such a seemingly attenuated disease as scarlet fever can still cause complications such as kidney trouble and rheumatism and the occurrence of German measles in the expectant mother is known to cause congenital defects in the baby. These are but a few examples of the hazards that are still with us, and of the reasons why our efforts at prevention must continue unceasingly.

Diphtheria

The infrequency of diphtheria nowadays throws any outbreak that occurs into stark relief. The one that occurred in the Higham Hill area this year, causing the death of a child, appears a good example of the unceasing watch that must still be exercised over all infectious diseases. It affords us such a lesson that it is worth describing in full in the report. The efforts to contain it involved long and tedious measures, including the isolation in hospital of about seventy carriers. A high immunisation rate could have avoided all this.

Paratyphoid

Paratyphoid is not regarded as serious a disease as Typhoid. Even so, the patients can be seriously ill, but what is more important, it can result in prolonged absence from work with consequential economic embarrassment to the family. The disease is normally transmitted through food usually infected by man. It is interesting to note that the bacteria have been isolated from quite a number of samples of imported dried eggs and

desiccated coconut. The risk of multiple cases occurring at the same time is therefore very real and it was with some apprehension that notification of the first case was received, especially as we were in the throes of the diphtheria outbreak.

There were nine cases in all, due to the same strain of organism. Eight of the cases occurred within a short time of each other and appeared to be associated, but in spite of a vigorous search and intensive sampling of the foods that might have been implicated, the origin of the outbreak was, unfortunately, never discovered.

A detailed account of the outbreak will be found in the report.

Poliomyelitis

The scheme for vaccination against poliomyelitis was extended this year to include everybody up to the age of 40. The response to vaccination varied enormously with the age ranges, being very disappointing in the 15 to 25 age group.

Only two cases were notified this year in children aged 4 and 9 years. Neither had been immunised but fortunately both made a satisfactory recovery.

CLEAN AIR

The impetus given by the Council last year to the implementation of the provisions of the Clean Air Act has now gathered such momentum that there is every indication that the eight-year programme will be on schedule.

CHIROPODY SERVICE

During the year the Minister of Health gave local health authorities permission to establish chiropody services where they did not exist, and where already in existence, to extend them. Owing to the great foresight of the Walthamstow Council before the appointed day we were fortunate to be one of the few authorities where a chiropody service was in existence. With the shortage of chiropodists there was a danger that the extension of these facilities to other authorities would cause us to lose some of our staff. Fortunately we have maintained, and even increased, our establishment. An account appears in the report of the re-organisation that was effected to attain this.

Once again I am indebted to the Chairman, Vice-Chairman, members of the Committee, and all staff, for their co-operation during the year.

I have the honour to be,
Your obedient Servant,

M. WATKINS

Medical Officer of Health.

A. - STATISTICS & SOCIAL CONDITIONS OF THE AREA

Area (in acres)	4,343
Population (Registrar-General's Estimate, mid-year 1960)	111,610
Number of Assessments (31st December 1960)	40,170
Rateable Value (31st December 1960)	£1,780,136
Estimated Product of a penny rate (1960/61)	£7,200

Population. - The Registrar-General's Estimate of the home population at mid-year, 1960, is 111,610, a decrease of 1,390 on the previous year. The steady decline continues.

This figure has been used for the calculation of the following statistics:-

Live Births:

Number	1,428
Rate per 1,000 population	12.79
Illegitimate Live Births per cent of total live births	3.8

Stillbirths:

Number	19
Rate per 1,000 total live and stillbirths	13.1
Total Live and Stillbirths	1,447

Infants Deaths (deaths under 1 year)	26
--	----

Infant Mortality Rates:

Total infant deaths per 1,000 total live births ..	18.2
Legitimate infant deaths per 1,000 legitimate live births	16.7
Illegitimate infant deaths per 1,000 illegitimate live births	54.5

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	10.5
--	------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.1
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Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	22.1
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Maternal Mortality (including abortion):

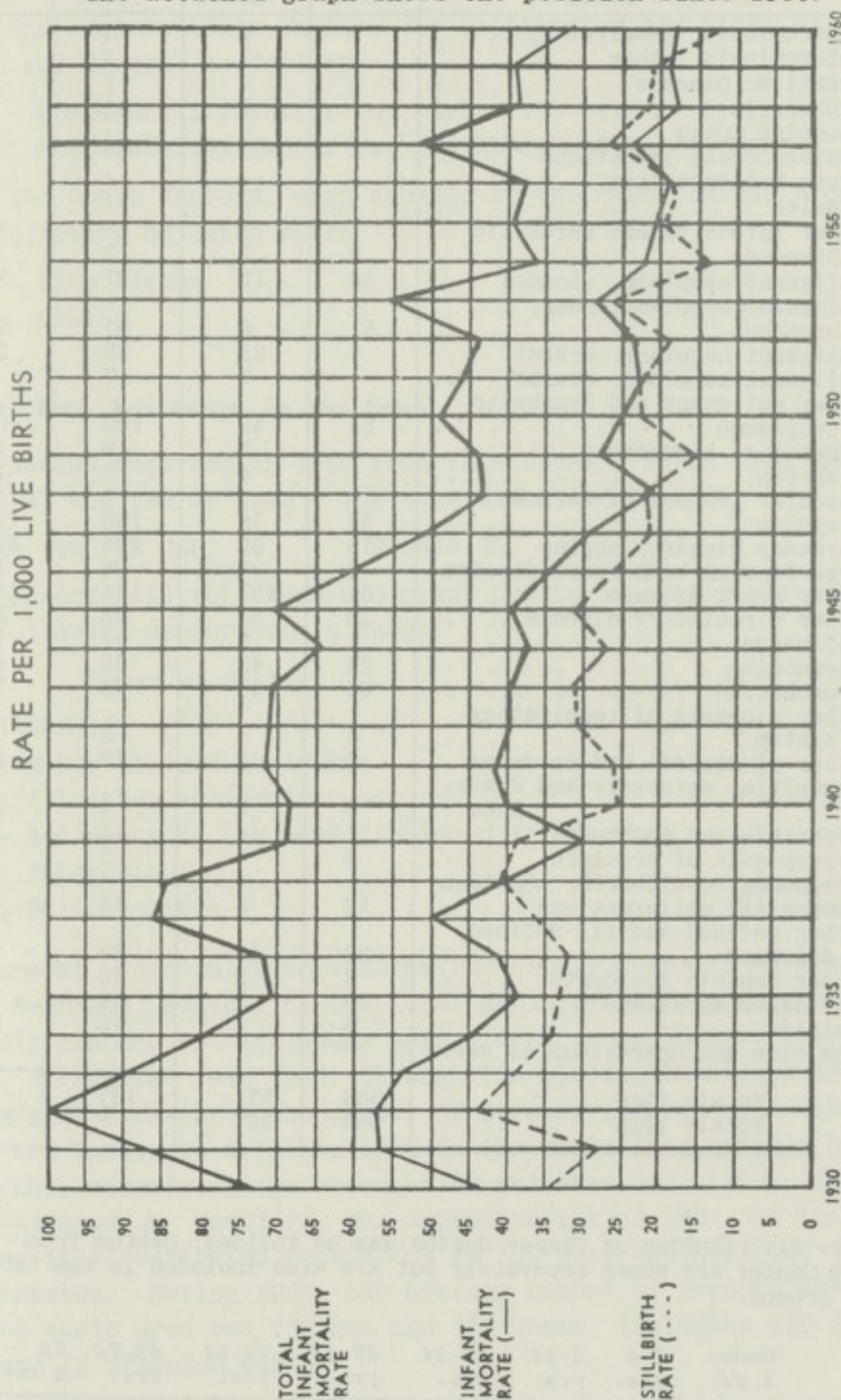
Number of deaths	Nil
Rate per 1,000 total live and stillbirths	Nil

Deaths. - The Registrar-General's classification of causes of death by sex totals is given on page 10.

Total Infant Mortality

This is defined as the sum of the deaths that occur during child-birth and during the first year of life.

The attached graph shows the position since 1930: -



If the infant mortality rate for the quinquennium 1931/35, i.e. 49, had applied to the births during the quinquennium 1956/60 there would have been approximately 347 infant deaths instead of 131. This represents a saving of 216 infant lives in the five-year period, or, say, 43 infant lives each year.

**Causes of Death as given by the Registrar-General for the
Year 1960**

<i>Causes of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>1959</i>
1. Tuberculosis, Respiratory	5	2	7	4
2. Tuberculosis, other	-	1	1	-
3. Syphilitic Disease	1	-	1	8
4. Diphtheria	-	1	1	-
5. Whooping Cough	-	-	-	-
6. Meningococcal Infections	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-
8. Measles	-	-	-	-
9. Other Infective and Parasitic Diseases	2	1	3	3
10. Malignant neoplasm, stomach ..	20	11	31	39
11. Malignant neoplasm, Lung, bronchus	61	6	67	71
12. Malignant neoplasm, breast ..	-	33	33	25
13. Malignant neoplasm, uterus ..	-	7	7	9
14. Other malignant and lymphatic neoplasms	58	42	100	107
15. Leukaemia, aleukaemia	4	5	9	17
16. Diabetes	1	4	5	10
17. Vascular lesions of nervous system	47	79	126	128
18. Coronary disease, angina	115	89	204	221
19. Hypertension with heart disease	6	20	26	16
20. Other heart disease	51	103	154	164
21. Other circulatory disease	23	33	56	50
22. Influenza	1	2	3	17
23. Pneumonia	24	45	69	89
24. Bronchitis	62	16	78	71
25. Other diseases of respiratory system	5	-	5	9
26. Ulcer of stomach and duodenum ..	8	4	12	15
27. Gastritis, enteritis and diarr- hoea	3	6	9	1
28. Nephritis and nephrosis	1	4	5	10
29. Hyperplasia of prostate	5	-	5	7
30. Pregnancy, childbirth, abortion	-	-	-	1
31. Congenital malformations	12	3	15	13
32. Other defined and ill-defined diseases	32	41	73	73
33. Motor Vehicle Accidents	8	2	10	10
34. All other accidents	5	7	12	18
35. Suicide	6	4	10	14
36. Homicide and operations of war..	-	-	-	-
Totals 1960	566	571	1,137	
Totals 1959	653	567	-	1,220

The age distribution of Cancer deaths was as follows: Deaths from Lung Cancer are shown separately but are also included in the total age groups.

	<i>Under 1 yr.</i>	<i>1-4 yrs.</i>	<i>5-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-44 yrs.</i>	<i>45-64 yrs.</i>	<i>65-74 yrs.</i>	<i>75 & over</i>
Total deaths	-	-	1	1	6	102	75	62
Lung -								
Males	-	-	-	-	-	34	13	14
Females	-	-	-	-	-	2	2	2

The total number of deaths in 1960 (1137) compares with 1220 in 1959, the respective death rates being 10.1 and 10.8 per 1,000 population.

The comparability factors for Walthamstow are given by the Registrar-General as follows:-

Comparability factor for births	1.01
Comparability factor for deaths	1.05

The above factors, when applied to the crude rates, produce the following adjusted rates:-

Live births	12.9
Deaths	10.6

Deaths from Accidents in the home

Five deaths occurred in 1960 from this cause. Three died in hospital and two at home. The ages and sexes were:-

Male 49, 73, 80, 80. Female 85.

In order to put these and other deaths in proper perspective, the following comparison is made:-

<i>Cause of Death</i>	1959	1960
(a) Suicide	14	10
(b) Motor Vehicle Accidents	10	10
(c) All other accidents	18	12
(d) Accidents in the home (included in line (c))	13	5
(e) Tuberculosis	4	7
(f) Poliomyelitis	Nil	Nil

Employment - According to information kindly supplied by Miss D.M. Rogerson, Manager of the Local Employment Exchange approximately 365 men and 145 women were placed in employment every month during the year 1960, through the placing machinery of the Employment Exchange. The number of persons insured under the National Insurance Acts employed in the whole area covered by the Exchange, comprising the boroughs of Walthamstow, Leyton, Chingford and Wanstead & Woodford, was approximately 82,500. Of this number it is estimated that about 35,500 were employed in Walthamstow. During 1960, the average number of persons unemployed in the whole area was 750 men and 110 women, including 110 disabled men and 15 disabled women.

Note - The figures of insured persons are based partly on the number of N.I. cards exchanged during the June to September quarter and partly on returns rendered by certain employers showing the number of N.I. cards they hold. Caution should be exercised in comparing the number of persons unemployed with the insured persons. An unemployed person need not necessarily

register at an Employment Exchange in the area where his N.I. card is exchanged. Normally an employed person's N.I. card would be counted in the area in which he works, while if he became unemployed he would be likely to register at the Employment Exchange in the area in which he lives.

B. - GENERAL PROVISION OF HEALTH SERVICES IN THE BOROUGH

Public Health Officers of the Authority

The following changes in the Officers employed in the Health Department took place during the year: -

<i>Appointments</i>	<i>From</i>
Miss M. Heffernan, S.R.N., S.C.M., B.T.A. Infectious Diseases Nurse	4. 1. 1960
Mr. A. Austin Rodent Operative	1. 7. 1960
Mr. G. Bowley Inspecting Assistant	2. 2. 1960
Mr. R. Hamilton Rodent Operative	29. 2. 1960
Mr. W. Potter Inspecting Assistant	1. 3. 1960
Mr. C. Rampling Pupil Public Health Inspector	12. 9. 1960
Mr. N. Smith Deputy Chief P.H. Inspector	2. 8. 1960
<hr/> <i>Resignations</i> <hr/>	
Mr. W. Hill Rodent Operative	27. 2. 1960
Mr. R. Hamilton Rodent Operative	7. 5. 1960
Mr. H. Hughes Deputy Chief P.H. Inspector	31. 5. 1960

Laboratory Facilities

Arrangements continued with the Public Health Laboratory Service at Colindale. The number of specimens examined during the year was as follows: -

<i>Specimens</i>	<i>Total</i>
Faeces and rectal swabs	814
Nose and throat swabs	8,154
Urine	1
Food	2
Miscellaneous ..	10
Total ..	<u>8,981</u>

In addition over 10,000 swabs were examined in connection with the Diphtheria outbreak. This was a mammoth task and we have nothing but admiration for the way the Laboratory staff came to our assistance. The laboratory service is essential in the control of any such outbreak.

Ambulance Facilities

These are available from a local depot in Walthamstow which is administered centrally from Chelmsford, via the Control Centre at Ilford.

Treatment of Scabies and Verminous Conditions

The arrangement, detailed in the report for 1953, with the Hackney Borough Council continued, and eight cases were referred there during 1960 receiving ten treatments.

Hospital Accommodation

(a) *Acute Cases.* - There were no major changes in 1960 in regard to the hospital accommodation available for the inhabitants of the Borough.

(b) *Chronic Cases.* - Regional Hospital Boards have asked that Medical Officers of Health shall support when necessary on 'social grounds' the recommendations of medical practitioners for the admission of the chronic sick to hospital. All possible help was given when requested.

The following table shows the position in regard to hospital and hostel admissions considered and/or supported on 'social' grounds.

Total number of cases	32
New Cases	30
Brought forward from 1959	2
M.O.H. requests to Langthorne Hospital or Area Welfare Officer	13
Admitted to Hospitals	10
Admitted to Part III accommodation	7
Died before admission	1
Refused Hospital or Hostel accommodation	2
Cancelled or deferred	9
Waiting Part III accommodation	1

It is a pleasure again to record the unfailing help and consideration experienced from Dr. DeLargy at Langthorne Hospital, from Mr. R.S.J. Potter, Area Welfare Officer and my staff.

(c) *Infectious Diseases.* - St. Ann's Hospital, Tottenham, is the main hospital to which any infectious disease cases are admitted. Because of the lessening demand for this type of bed there has been a gradual reduction of infectious disease accommodation over the years, so when an outbreak of diphtheria occurs such as we had during the year the sudden demand for beds for the treatment of both cases and carriers is too great for that hospital to undertake. We were therefore very grateful for the ready assistance given by Honey Lane Hospital, Waltham Abbey, and the Eastern Fever Hospital, Homerton, for admitting the large number of carriers which could not be accommodated elsewhere.

Aged and/or Chronic Sick

NATIONAL ASSISTANCE ACT, 1948 (SECTION 47)

Two cases required consideration during 1960 in regard to possible action under this Section.

Consideration of one case was deferred, and the other patient died at home.

Public Health Act, 1936 - Nursing Homes: -

There is no Nursing Home registered in the Borough.

Essex County Council Act, 1933 (Establishments for Massage and Special Treatment)

One new licence was granted under the Act during 1960.

During the year the medical staff paid sixteen visits to the establishments registered for massage and special treatment.

Old People's Welfare

Many services are still carried out by the Old People's Welfare Association and the Town Clerk as Honorary Secretary informs me that 34,334 meals were provided during 1960 by the Association's 'Meals on Wheels' service as compared with 24,415 during 1959. This service is of great benefit to those old people who would not otherwise be able to get a cooked meal.

The Health Department also help in the care of old people and arrange for domiciliary chiropody treatment for those unable by reason of illness or infirmity to attend the County Council's Foot Clinic. In addition various items of equipment, where possible, were supplied.

There is no doubt that the Laundry service for the Incontinent is a boon in those cases where friends or relatives are unable to cope with soiled linen and I am pleased to report that the number of cases dealt with during 1960 was less than in 1959.

The number of cases dealt with was as follows:-

Total number of cases	21
Average number of cases per week	11
Total number of articles laundered	10,277
Average number of articles per week	201
Total number of journeys	974

Funeral Arrangements

Arrangements continued with regard to burials within the terms of the National Assistance Act, 1948.

Medical Examinations

During the year the medical staff carried out 173 examinations of Borough Council employees in respect of the Superannuation and Sick Pay Schemes.

Disinfection

The Council continued to provide facilities for steam disinfection for the Chingford and Leyton Corporations.

General

The Borough Engineer and Surveyor contributes the following information:-

Public Conveniences

	<i>Erected</i>
Forest Road, Lloyd Park - Men and Women	1922
Forest Road, Higham Hill Road - Men and Women	1923
Wood Street - Men and Women	1933
Oak Hill - Men and Women	1949
Crooked Billet - Men and Women	1951
Tamworth Avenue - Men and Women	1952
Larks Hall Road - Men and Women	1953
St. James Street Car Park - Men and Women	1955
Selborne Road - Men and Women	1957

Free Washing facilities continued to be available by the supply of soap and paper towels at the Public Conveniences.

A charge of 2d. continues for the issue of cloth towels.

No charges are made for the use of public conveniences.

Cremation

Facilities for cremation are available at the City of London Crematorium at Manor Park and also the Manor Park Crematorium, Manor Park.

Inquests and Post Mortems

	<i>Walthamstow</i>	<i>Others</i>	<i>Total</i>
Post Mortems only	89	188	277
Post Mortems and Inquests.. .. .	21	64	85
Inquests only	2	67	69

Rainfall

The annual rainfall at the Ferry Lane Station was 28.57 ins. In 1959 it was 16.69 ins.

Flooding

Flooding occurred eight times during the year, affecting the whole Borough on four occasions.

Work continued on the Brooke Road Area Relief Scheme during the year, and the Low Hall Farm Storm Tanks were commenced in March, 1960. Both schemes will be completed during the summer of 1961.

**C. - PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES**

General. - The following tables show the age and ward incidence of the various infectious diseases which are referred to in later pages of the report.

<i>Disease</i>	<i>St. James Street</i>	<i>High Street</i>	<i>Hoe Street</i>	<i>Wood Street</i>	<i>Hale End</i>	<i>Higham Hill</i>	<i>Total</i>
Scarlet Fever.. ..	34	30	20	14	34	46	178
Whooping Cough ..	25	23	27	24	71	72	242
Measles	31	10	11	74	19	53	198
Diphtheria	-	-	-	-	-	5	5
Pneumonia	3	7	4	7	8	7	36
Meningococcal Infection	-	-	-	-	-	-	-
Acute Poliomyelitis:							
Paralytic	-	-	-	-	-	2	2
Non-Paralytic ..	-	-	-	-	-	-	-
Acute Infective							
Encephalitis	-	-	-	-	-	-	-
Post Infectious							
Encephalitis	1	-	-	-	-	-	1
Dysentery	22	4	5	11	53	35	130
Ophthalmia Neonatorum	-	-	-	-	-	-	-
Puerperal Pyrexia	1	1	5	11	3	5	26
Smallpox	-	-	-	-	-	-	-
Paratyphoid Fever	-	2	4	3	-	1	10
Typhoid Fever ..	-	-	-	-	-	-	-
Food Poisoning ..	1	20	9	1	8	28	67
Erysipelas	2	-	-	2	3	5	12
Malaria	-	-	-	-	-	-	-
Tuberculosis:							
Respiratory ..	6	6	5	6	10	8	41
Meninges and Central Nervous System	-	-	-	-	-	-	-
Other Forms ..	2	-	3	1	1	3	10
Totals, 1960 ..	128	103	93	154	210	270	958
Totals, 1959 ..	365	259	223	273	494	493	2,107

Diphtheria Outbreak

In January an outbreak of diphtheria occurred, (the first in Walthamstow for ten years) which resulted in five clinical cases, with one death, and the discovery of 74 carriers.

The infection, which was due to a virulent atypical mitis strain, was limited to children attending the Junior and Infants departments of Roger Ascham School and to their families living within a circumscribed area.

Of the five clinical cases only one had been immunised (0.5 c.c. B.W. A.P.T. x 2) 7½ years previously. The other four, including the fatal case, had never been immunised. Of 59 carriers of school age 49 (84%) had been immunised, while of the school population at risk approximately 70% had been immunised.

The first case R.C. a boy of 13, attending Sidney Chaplin Secondary Modern School, was reported by St. Ann's General Hospital on 16.1.60 as a case of faucial diphtheria.

Case 2 (19.1.60), his sister, Y.C. aged 8, was found to have nasal diphtheria as a result of follow-up of home contacts. She attended the Roger Ascham Junior School.

Case 3 P.S. aged 8, was a boy in Y.C.'s class who developed the disease on 29.1.60 after having given negative nose and throat swabs a week before.

Case 4 L.E. aged 3, was the sister of a boy in Y.C.'s class who was a carrier. She was diagnosed as acute diphtheria on 30.1.60 and was at once admitted to hospital. Unfortunately she died the next day.

Case 5, the last confirmed case, occurred on February 8th when D.B. a boy of 6½ attending the Infants' Department, developed symptoms later confirmed as diphtheria.

CONTROL OF THE OUTBREAK

On the first notification, 16.1.60 (a Saturday morning) R.C.'s family were visited and nose and throat swabs taken by a health visitor. All these proved negative. All local doctors were informed, and this contributed to the early recognition of cases 3 and 5.

On Monday, January 18th, R.C.'s school was alerted and his class and other school contacts were swabbed and Schick tested. All swabs were negative. Of the 44 children (aged 14) involved, 15 had never been immunised, 13 had received the primary course only, and 16 had received a booster dose in addition. Schick tests (4 absentees) showed 25 positives and 15 negative. No spread occurred at this school.

On the same day R.C.'s family and their co-tenants were swabbed and Schick tested. Y.C. had a sanious nasal discharge and gave a positive swab while an aunt, M.G. aged 35, was found to be a carrier and excluded from work. Immunisation (1 c.c. F.T.) was offered to all contacts.

Attention was now directed to Y.C.'s school Roger Ascham Junior, and 66 contacts were swabbed and Schick tested. Six positive swabs were obtained and Case 3, a class contact, was negative at that time but subsequently developed the disease (29.1.60). Of these children 74% had been immunised.

The discovery of six carriers in this group indicated the possibility of a widespread carrier state, and it was decided to swab the entire school of 350 children, including absentees and, later, to extend the mass swabbing to the adjacent infants school because of family contacts.

The policy to be adopted was discussed with Dr. T.J.B. Geffen, Senior Medical Officer, Ministry of Health and Dr. C.E.D. Taylor, Director of the Public Health Laboratory, Colindale, and it was decided to control the spread of infection by removing carriers as well as cases from the community by admitting them to hospital as soon as possible. This was particularly necessary since the affected district consisted of working class dwellings, including much Council property and consequently contained many large families with children attending a number of different schools. This, coupled with the fact that many of the mothers were in employment, rendered the maintenance of proper isolation at home impossible. Children excluded on suspicion with strict instructions to remain indoors were often found playing with others in the streets.

After the initial stages Schick testing was abandoned, since, with the very limited trained staff available, it was felt that the information gained from the test did not justify the amount of time spent as the large numbers involved would inevitably lead to delay in carrying out more active measures. In the two schools alone there were more than 600 children at risk and many of these were from families with a large number of home contacts. Schick testing would have been of no assistance whatever in identifying possible carriers, which was the most urgent task facing us.

Passive immunisation with anti-diphtheritic serum was not generally given, for the same reason, but active immunisation was offered to all for future protection although no immediate effect could be expected. As the outbreak dragged on for a further four months to the end of May it is certain that active immunisation of this compact community at the outset was amply justified.

In order to detect carriers as quickly as possible repeated mass swabbings were carried out. The first three of these were of selected classes but the remaining sixteen covered whole schools (including Staffs) and disclosed 6, 4, 0, 0, 6, 8, 5, 3, 0, 0, 0, 2, 0, 2, 0, 0 carriers. Two consecutive negatives were obtained from the infants school by May 3rd and from the juniors by June 21st. In addition absentees (at one time amounting to 40%), home contacts of carriers and of children excluded on suspicion were swabbed at intervals of from 24 - 72 hours until three consecutive negatives were obtained from all members of the affected family.

Over ten thousand swabs were taken, representing a tremendous volume of work for the Public Health Laboratory as well as for my own staff, who worked at high pressure and put in a good deal of voluntary overtime.

Conclusions

This outbreak has demonstrated that a virulent strain can cause a widespread infection even when 70% of the community are immunised. The small number of cases prevents a statistically valid comparison, but it is striking that of the infected children who developed the disease only one in five had been immunised, while of those who did not (the carriers) four out of five had been immunised.

The comparatively high index of immunisation (70%) among the children at risk was undoubtedly responsible for the occurrence of only five cases in the presence of over seventy infected persons, while the policy of concentrating on the early identification and prompt removal to hospital of all carriers reduced the infective pool. This was made possible only by the ready co-operation of the Public Health Laboratory Service and the admitting hospitals (St. Ann's, Honey Lane and the Eastern Hospital) as well as by the head teachers and staff of the schools concerned.

Most of the parents of infected children were quite co-operative, but some were the reverse. One parent withdrew her children from one hospital without clearance and put up a tremendous resistance to proper control at home. Eventually she and her four children were all admitted together to another hospital. Suggestions and demands from parents varied from closing the schools to swabbing the entire adult population of Walthamstow.

The decision not to close the schools was, in my view, amply justified by the limited amount of spread which occurred in the schools where the children were kept under surveillance and repeatedly swabbed to exclude carriers. No school spread occurred from Case 1, who infected, or was infected by, his sister (Case 2) or his aunt.

Case 3, a class-mate of Case 2 who developed the disease ten days later, was presumably infected by the same source, possibly at school. Case 4, the pre-school child, was undoubtedly infected by her brother, while in Case 5, the only one at the infants school, no definite source was incriminated.

In favour of the occurrence of spread in the home rather than at school is the fact that whole families became carriers. In one family a parent and five children were infected, and in three

families a parent and four children. Almost always at least two of the family were carriers, and eight families accounted for thirty-one of these. Control of the adult carriers proved difficult but family doctors were most helpful in arranging treatment at home. Some anxiety was felt about one expectant mother who was advanced in pregnancy and booked for hospital confinement. Fortunately she was cleared from infection before admission.

Within the schools themselves the spread was clearly related to the presence of cases rather than carriers, as shown by the following tables:-

Junior School

Class	1	4	5	6	7	8	9	10
Cases	0	0	0	0	2	0	0	0
Carriers	1	0	1	4	11	0	3	0

Infants School

Class	1	2	3	4	5	6	J3*	J4*
Cases	0	0	1	0	0	0	0	0
Carriers	3	0	6	10	0	5	1	1

* Junior School classes accommodated in Infant building.

Contact between classes was restricted as far as possible, e.g. at play and meal times, but some inter-class contact inevitably occurred especially out of school. The use of the schools for club meetings was suspended.

The same, rather unusual, strain of diphtheria bacillus was found in all those infected but the original source was never traced.

Paratyphoid Outbreak

On January 5th Notification was received that a nurse, K.M, aged 19, who had been in the sick bay in Connaught Hospital for a week, was suspected of having Paratyphoid Fever 'B' (Phage Type I). My Deputy at once visited her and obtained details of her relevant medical history and of her contacts during the previous four weeks. The diagnosis was not in doubt and she was transferred to the Infectious Diseases Unit at St. Ann's General Hospital the next day. Treatment was given with chloramphenicol in full dosage (G.1, 6 hrly.) for a week and at reduced dosage for a further fortnight. Apart from some peripheral neuritis no complications

occurred, but she continued to produce positive specimens and when a further course of treatment (Streptomycin, 5 days) still failed to eliminate the organisms she was sent home (to Ireland) to recuperate, rather than subject her immediately to a further barrage of antibiotics. The patient was told of the precautions she must observe as a carrier, and the County Medical Officer of Health (in Ireland) was given details of her case. She was later admitted to a fever hospital there for further treatment but remained a chronic carrier for many months.

This young lady had some weeks of acute illness, and several more of hospitalisation in the attempts to clear her of the carrier state which made her a danger to all with whom she came in contact.

Paratyphoid can be a serious illness with a mortality rate of up to 4 per cent but, from a Public Health point of view, its worst feature is its tendency to induce a chronic carrier state lasting for months or even years after the acute infection has subsided. No effort was spared, therefore, in attempting to trace the source of K.M.'s infection. Living in the Nurses' Home she had had little contact and few meals outside the hospital. These were all followed up without result but the hospital notified three more cases.

The first of these, T.W, aged 53, was admitted soon after the Nurse, K.M. had been taken ill. He too, proved to have Paratyphoid 'B' (phage type I) but all his contacts were negative, and the most extensive enquiries failed to discover any common contact or source of infection (e.g. food) which they might have shared.

The other two cases were girls, S.B, aged two and a half, and S.S. aged four. S.B. was admitted to Connaught on December 28th with a temperature of 104° , and S.S on the 29th. Again, no contact or common infecting source could be found, either with each other or with the two previous cases. All three were transferred to St. Ann's Hospital where they recovered, but both girls became persistent carriers. The fifth case was a lady of thirty three, E.L, who was admitted to Connaught Hospital on January 5th, having been ill at home with colicky abdominal pain, diarrhoea and vomiting, with a severe cough for about a month. She too was transferred to St. Ann's on January 9th and made a complete recovery.

The Ministry of Health, local health authorities, local hospitals and general practitioners were advised of the presence of an outbreak of Paratyphoid in the district, and four more cases came to light. C.F. (36) was sent in from Chingford Hospital where he had been admitted on January 6th after having

symptoms for about a week at home. He was admitted to St. Ann's on January 14th and required two courses of treatment to clear him of the infection. R.F. (39) (no relation) had been ill since Christmas but responded to treatment at home, although his condition was confirmed as Paratyphoid on January 18th. B. McN. (aged 37), another nurse, became ill on January 18th, and hers was the only case in which contact could be demonstrated, she having nursed cases 1, 3 and 4 some two to three weeks earlier. The final case, M.H. aged 24, was sent into St. Ann's on February 11th by her family doctor, who had suspected the condition within a few days of onset. Both these ladies recovered fully without complications.

At first sight it seems extra-ordinary that eight cases of a comparatively rare infectious disease could occur in a circumscribed area within a few weeks of each other without some direct contact between them being discovered but, in fact, it is extremely difficult to trace the source of infection in this condition. Although it is a food-borne infection and quite extensive outbreaks have occurred due to contaminated egg products and (more recently) desiccated coconut, it is most often spread by human carriers who may infect only one or two people at a time and who, moreover, may only excrete the organism intermittently and give repeated negative tests between episodes of excretion.

Unlike bacterial food poisoning where the effects follow within a few hours of eating the affected food, Paratyphoid is a systemic infection whose symptoms may not develop for several days. The early symptoms of headache, loss of appetite, lassitude and feeling generally 'off colour' are not very specific (especially on this occasion just after Christmas) and it was difficult to 'date' the onset in most of the cases with any accuracy. Even where the date of onset was known with certainty, as in the first case, (December 26th), the actual infection might have occurred from a day or two to almost two weeks before, so that the tracing of contacts was extremely difficult and examination of any suspicious foodstuff consumed, quite impossible. Apart from the second nurse, who clearly picked up the infection from her patients, only one other promising lead was discovered. The family of S.S. had suffered from a gastro-intestinal upset during the first week in December, which they attributed to a ready-cooked meat pie bought from a local trader. S's father and grandmother were affected, but her mother, who had also consumed part of the pie, was not, but she (Mrs. S.) was the only one of all the contacts of all the cases to produce a positive specimen. She was, in fact, a symptomless carrier (subsequently cleared by prolonged treatment at home) and she, rather than the pie, may well have been the source of infection to her family. However, the pie supplier's premises were at

once inspected and the standard of hygiene found entirely satisfactory. Two pies were taken for bacteriological examination on January 11th and both were free from infection.

Failing any common source of contact between the cases intensive sampling was carried out on foodstuffs liable to be contaminated with paratyphoid organisms and during the second week in January twenty-three samples of egg products and synthetic cream, etc., were examined by the bacteriologist. One sample proved to be infected with a food poisoning organism but none with paratyphoid. Towards the end of February information was received from a trade source that some supplies of desiccated coconut from Ceylon had been found to be contaminated with paratyphoid germs and this was later confirmed by the London Port Health Authority. This at once suggested a possible source of the local outbreak and we endeavoured to obtain samples of all supplies of desiccated coconut in the town. Forty-two samples were taken and two of these were contaminated with food poisoning organisms, but we again drew blank for paratyphoid.

The outbreak ceased as abruptly as it began, and apart from McN. no secondary cases arose. We were most thankful for this as we were by this time coping with a more serious outbreak of diphtheria. The satisfaction in controlling effectively an outbreak of infectious disease is always tempered by some disappointment if the source of origin remains untraced but, for the reasons I have given, this is the usual experience with paratyphoid.

The Chief Medical Officer, Ministry of Health, reported 379 cases during 1959 and, in describing a widespread outbreak, stated - 'despite extensive investigations the vehicle of infection was not identified'. Sir John Charles went on to say - 'Man remains the ultimate source of well-nigh all the infections causing the enteric fevers, and the transmission of the organisms concerned is closely related to the various means by which food and drink become contaminated by infected human excreta.'

Vigorous enforcement of the provisions of the Food Hygiene Regulations, and continued efforts to educate the public, and especially food handlers, in personal hygiene, is our best defence against these costly outbreaks of enteric infections.

FOOD POISONING

Fifty-seven cases were notified and in addition ten cases were 'ascertained' i.e. became known otherwise than by notification, by following up notified cases. None was fatal.

There were three small familial 'outbreaks', in each case the

infecting agent being Salmonella Typhi-murium, and two further 'outbreaks' occurred in which cases the infecting agent was Cl. Welchii and Staphylococci.

Five of the single cases were due to Salmonella Typhi-murium, one to Staphylococci and in one case the infecting agent was Salmonella Waycross.

Poliomyelitis

Only two cases of Poliomyelitis (paralytic) were notified during the year, one school-child and one pre-school child. Neither patient had been immunised.

Tuberculosis

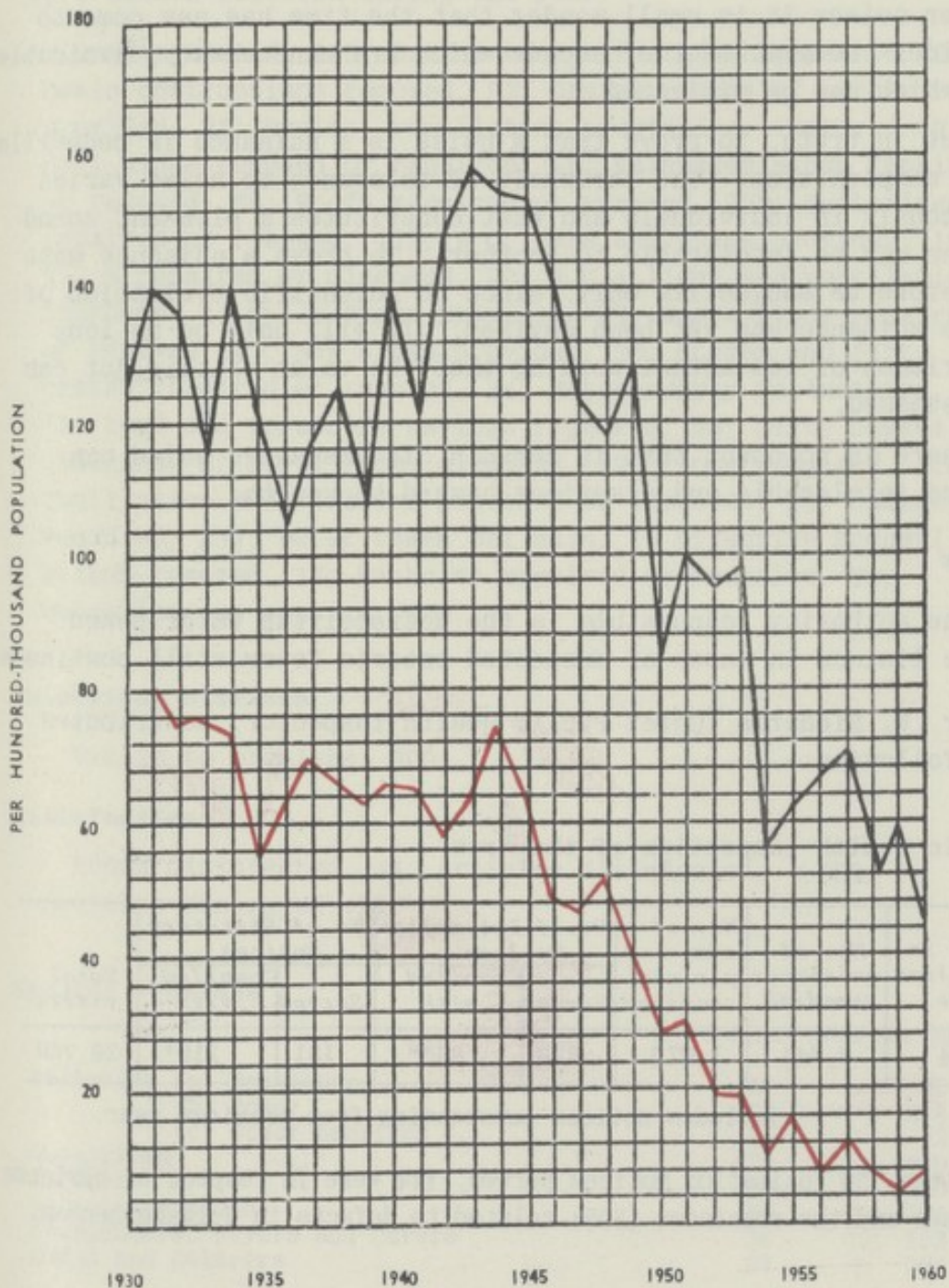
The following table shows particulars of new cases of tuberculosis and of all deaths from the disease in the Borough during 1960:-

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year ..	-	-	-	-	-	-	-	-
1-4 years ..	-	-	-	-	-	-	-	-
5-9 years ..	-	-	1	-	-	-	-	-
10-14 years ..	-	1	-	-	-	-	-	-
15-19 years ..	-	1	-	1	-	-	-	-
20-24 years ..	-	4	-	-	-	-	-	-
25-34 years ..	1	3	3	-	-	-	-	-
35-44 years ..	2	5	2	1	-	1	-	1
45-54 years ..	4	1	1	-	1	-	-	-
55-64 years ..	10	1	-	-	3	-	-	-
65 and over ..	5	3	-	1	1	1	-	-
Totals ..	22	19	7	3	5	2	-	1
	41		10		7		1	
	51				8			

TUBERCULOSIS-NOTIFICATION AND DEATH RATES

The following graph shows the trend of notification of tuberculosis since 1930, and of deaths from tuberculosis. The fall in the latter results in the survival (and increased longevity due to new methods of treatment) of many infective patients, i.e., an increase in the infecting pool.

Notifications of tuberculosis (all forms) in persons of all ages are shown in black, and deaths from tuberculosis (all forms) in persons of all ages are shown in red.



D. - SANITARY CIRCUMSTANCES OF THE AREA

Noise

The 'Noise Abatement' Act came into force this year. It is designed to control and abate nuisances caused by noise and vibration. Noise is an inevitable concomitant of ever-increasing mechanisation, of bigger and faster vehicles of travel on land and in the air, and of a quickening tempo of life. The portable transistor radio set is fast becoming a normal appendage of one's apparel just as a collar and tie used to be. With these opportunities that modern age affords us for making bigger and better noises it is small wonder that the time has now come to consider the abatement of sounds which are unnecessary, avoidable, and which can be mitigated.

But in truth, to prove that a noise is a nuisance is bedevilled with complexities. The threshold of tolerance to noise varies enormously in individuals and what constitutes a pleasant sound to one may be intolerable to another. To prove a nuisance must therefore be subjective only, since no scientific evaluation of noise nuisance has yet been devised. It will only be by long experience of its actual working that the value of this Act can be assessed.

There is no doubt that in certain circumstances noise can become intolerable and a serious hazard to health.

Water

The authority responsible is the Metropolitan Water Board. Close liaison in cases of suspected enteric fever still continues.

Mr. W. Richards, Chief Public Health Inspector, contributes the following:-

Public Health Inspection of the Area

No. of inspections made	No. of nuisances remedied	No. of complaints received	No. of Intimation Notices		No. of Statutory Notices		Total visits
			Served	Complied with	Served	Complied with	
23,554	3,244	1,678	739	855*	181	210*	29,720

* Includes notices outstanding from previous year.

Of the 739 Intimation Notices served, 144 were in respect of business premises and the remainder (595) related to defects in private houses.

Of the latter figure, 414 were complied with without resort to statutory procedure.

It was found necessary to institute legal proceedings against owners for non-compliance with Abatement Notices served in respect of twenty-six properties. Orders, each of twenty-eight days, were made in four cases; three cases were adjourned sine die and then withdrawn; in nineteen cases proceedings were withdrawn as the works were completed before the date of hearing and in three of these cases, costs of £1. 1. 0. were awarded.

The following table shows the nature of work executed and improvements effected during the year: -

Drains tested, 365; Drains reconstructed or repaired, 200; Drain obstructions removed, 92; Drains, means of access provided, 21; Drains, ventilation provided or improved, 9; Soil pipes renewed or repaired, 60; Rainwater pipes repaired or renewed, 68; Roofs repaired or renewed, 272; Gutterings repaired or renewed, 173; W.C. pans and traps provided, 102; W.C.s repaired or cleansed, 90; W.C.s light and ventilation improved, 1; Gully traps provided, 37; Waste pipes repaired or renewed, 47; New sinks provided, 20; Stoves and fire-grates repaired or renewed, 34; Water supply re-instated, 15; Yard and forecourt pavings repaired, 56; Dirty houses cleansed, 6; Dirty rooms cleansed, 22; Floors repaired, 118; Ventilation under floors provided or improved, 22; Dampness remedied, 357; Water taken off main, 1; Offensive accumulations removed, 17; Manholes repaired or resealed, 76; Miscellaneous repairs, 930.

Infectious Diseases

Visits to premises, 300.

Disinfections

Rooms disinfected, 44; Articles disinfected, 4,632; Articles destroyed, 31.

Special Premises

	<i>Number Visits paid</i>	
Factories (a) Non-power	53	20
(b) Power	477	218
(c) Other premises	14	2
Outworkers	420	420
Butchers	85	289
Bakers and Shops	42	158
Fishmongers, Fryers and Curers	36	103
Cafes and Caterers	91	296

	<i>Number</i>	<i>Visits paid</i>
Grocers	241	503
Greengrocers	84	135
Ice Cream Manufacturers	5	56
Ice Cream Vendors	358	163
Dairies	2	22
Milksellers	130	168
Laundries	1	10
Ladies' Hairdressers	35 (Combined	28
Gentlemen's Hairdressers	32 14)	38
Rag Dealers	3	4
School Kitchens	20	85
Street Stalls	130	601
Stables	4	9
Schools	61	42
Public Houses	38	44

As a result of the regular periodical visiting of the above premises the following works were carried out:-

Butchers - Cleansings, 11; Accumulations removed, 1; New bins provided, 4; W.C.s repaired and cleansed, 2; Other improvements, 17.

Bakers - Cleansings, 28; New ceilings fixed, 3; Floors repaired, 6; Other improvements, 23; Roofs repaired, 2; Light and ventilation improved, 1.

Fishmongers - Cleansings, 2; Accumulations removed, 1; Other improvements, 4.

Cafes and Caterers - Cleansings, 26; Floors repaired, 9; Other improvements, 43.

Grocers - Store rooms cleansed, 36; Washing accommodation improved, 11; Other improvements, 41.

Greengrocers - Store rooms cleansed, 4; Washing accommodation improved, 4; Other improvements, 16.

Ice Cream Manufacturers and Vendors - Improvements, 5.

Hairdressers - Cleansings, 4; Other improvements, 8.

Dairies and Milksellers - Cleansings, 9; Fittings and other improvements, 3.

Laundries - Improvements, 3.

Rag Dealers - Cleansings, 2.

School Kitchens - Improvements, 1.

Street Traders - Stalls improved, 49.

Stables - Cleansings, 1; Accumulations removed, 1.

Public Houses - Cleansings, 1; Hot water supply improved, 1.

Smoke Abatement

Observations on smoke nuisance from premises in the Borough amounted to 40. Investigations were carried out in all cases; new boiler plant being installed in some factories and improvement being effected in others. Several applications were received under the provisions of the Clean Air Act, 1956, for prior approval of new boiler plants, and most of these were approved by the Council, subject to certain modifications being carried out.

Atmospheric pollution instruments for measurement of sulphur pollution are in operation at the Sir George Monoux Grammar School, in Willow Walk, in Blackhorse Lane and at the Woodford County High School.

The readings of these instruments for the year are as follows: -
(the figures given are in milligrams of sulphur per day)

	Jan.	Feb.	Mar.	April	May	June
Sir George Monoux Grammar School	4.3	2.8	1.7	1.2	1.1	0.98
Willow Walk site	2.2	2.5	-	1.1	0.94	0.69
Woodford County High School	1.5	1.6	0.83	0.83	0.80	0.55
Blackhorse Lane site	2.4	3.1	1.1	1.2	1.2	0.99
	July	Aug.	Sept.	Oct.	Nov.	Dec.
Sir George Monoux Grammar School	0.71	0.79	1.0	1.4	2.3	2.6
Willow Walk site	0.62	0.69	0.94	2.2	1.4	2.4
Woodford County High School	0.46	0.51	0.54	0.96	1.4	1.5
Blackhorse Lane site	0.85	0.83	1.1	2.0	2.8	2.3

The above figures are similar to those obtained by adjacent authorities and are lower than those given for Central London. The highest figure for Central London being 7.2.

An instrument for measuring smoke pollution is in operation at the Town Hall. Daily readings are taken and the figures obtained are in milligrams of solid matter per 100 cubic metres of air. The lowest average monthly reading was 3.0 milligrams in July and the highest monthly average reading was 17.5 milligrams in December.

Smoke Control Areas

The detailed survey in respect of Smoke Control Area No.1 was completed during the year and details were submitted to the Ministry of Housing and Local Government for confirmation. This area was confirmed by the Minister and will come into operation on 1st June, 1961. By the end of the year, a number of fireplaces in this area had been converted to burn smokeless fuel.

The No.1 area is situated around the Town Hall and comprises 218 acres.

The detailed survey in respect of Smoke Control Area No.2 is proceeding and will be completed early in 1961. This area adjoins No.1 area and is bounded by the railway line from Hoe Street Station to Wadham Road, along Wadham Road to Chingford Road and along Hoe Street to Hoe Street Station. It comprises an area of 346 acres.

Verminous Premises - The number of houses reported to be verminous remains comparatively small.

Sixty rooms were disinfested and insecticides were issued free of charge to tenants of twenty-seven houses.

Swimming Baths and Pools - There are two public swimming baths and three school swimming baths within the Borough. The water used in these baths is obtained from the Metropolitan Water Board mains and is re-circulated and treated by filtration plants consisting of pressure filters, chlorination plants and in some cases aeration plants. The water in the baths is changed as often as necessary, depending on the amount of use.

Samples of water from all these baths are taken at frequent intervals for both chemical and bacteriological examination. All samples taken during the year indicated that the water was suitable for bathing purposes.

Sewerage - Arrangements for sewerage and sewage disposal in the district are reasonably adequate.

Hairdressers - Eighty-one premises are registered under the Walthamstow Corporation Act, 1956. Inspections of these premises were carried out under the Bye-Law requirements and most were found to be in a reasonable condition.

Rent Act, 1957 - This Act empowers the landlords of dwelling houses to increase rent provided the property is in good repair. On receipt of a notice of increased rent from the landlord, the tenant if he considers that the property is not in good repair, must serve a notice on the landlord specifying the works he considers should be carried out. If the landlord does not carry out the works specified or does not give an undertaking to carry out the work, within six weeks, the tenant may apply to the Council for a Certificate of Disrepair. This Certificate if issued will enable the tenant to deduct any increase already paid from the date of the application to the Council and he need not pay the increased rent demanded.

If the landlord has not carried out the undertaking given by him to the tenant in six months following the date of the undertaking, the tenant is again entitled to make a deduction in his rent. If he desires a certificate stating that the undertaking has not been remedied, he may apply to the Council for same. This Certificate is also used when the landlord makes application to the Council stating that he has carried out the undertaking.

There are twenty-one forms specified by the Act for use between landlord and tenant; the Council may be involved in thirteen of these. The following action was taken under the Act during 1960:-

Part I. - Applications for Certificates of Disrepair

(1) Number of applications for certificates	43
(2) Number of decisions not to issue certificates	1
(3) Number of decisions to issue certificates	
(a) in respect of some but not all defects	26
(b) in respect of all defects	16
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	30
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	-
(6) Number of certificates issued	19

Part II. - Applications for Cancellation of Certificates

(7) Number of applications by landlords to Local Authority for cancellation of certificates	28
(8) Number of objections by tenants to cancellation of certificates	8
(9) Number of decisions by Local Authority to cancel in spite of tenant's objection	1
(10) Number of certificates cancelled by Local Authority ..	21

In addition to the above, twenty-six applications were received from landlords and tenants for certificates as to remedying or failing to remedy, the defects set out on the undertaking given by the landlord. Of the twenty-six applications, twenty-three certificates were issued and the remainder (3) were not granted.

Housing Act, 1936, Section 62

Applications for 'permitted number' were received from landlords and certificates issued during the year respecting seventy-one lettings.

Local Land Charges

Enquiries relating to outstanding sanitary notices were dealt with in 2,072 cases.

E. HOUSING

Statistics

The Borough Architect, F.G. Southgate Esq., A.R.I.B.A., A.M.T. P.I. has kindly contributed the following in regard to statistics and improvement grants:-

Houses completed by the Local Authority

1960

Hoe Street Ward	-	-
St. James Street Ward	-	-
Higham Hill Ward.. .. .	38 Flats	1 House
High Street Ward.. .. .	-	-
Hale End Ward	10 Flats	
Wood Street Ward.. .. .	210 Flats	
Total	<u>258 Flats</u>	<u>1 House</u>

Houses completed by Private Enterprise

Hoe Street Ward	-	-
St. James Street Ward	-	-
Higham Hill Ward.. .. .	-	-
High Street Ward.. .. .	20 Flats	
Hale End Ward	8 Flats	5 Houses
Wood Street Ward.. .. .	10 Flats	
Total	<u>38 Flats</u>	<u>5 Houses</u>

Note - All were permanent houses and flats

In addition to the main building programme, improvements and conversions have been carried out to a number of Council owned properties.

Improvement Grants

Applications received from owner/occupiers:-

Discretionary	138
Standard	206

Total number of grants and amounts approved by Council to owner/occupiers:-

Discretionary	99	£27,973
Standard	154	£17,530

Applications received from Warner Estate Ltd; -		
Discretionary	64	
Total number of grants and amounts approved by Council to Warner Estate Ltd; -		
Discretionary	66	£13,571

Summary

Total number of applications; -		
Discretionary	202	
Standard	206	
Total number of grants; -		
Discretionary	165	
Standard	154	
Total amount of grants; -		
Discretionary	£41,544	
Standard	£17,530	

Inspection

The Chief Public Health Inspector reports as follows; -

- I. Inspection of dwelling houses during the year -
- (1) (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) 1,530
 - (b) Number of inspections made for the purpose .. 4 208
 - (2) (a) Number of dwelling houses (included under sub-head (1) above) which are inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 106
 - (b) Number of inspections made for the purpose .. 181
 - (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (N.B. These comprise individual unfit houses) 12
 - (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 595

II. Unfit houses closed:-

(1) Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957.	12
(2) Under Sections 17(3) and 26, Housing Act, 1957	-
(3) Parts of buildings closed under Section 18, Housing Act, 1957.. . . .	-

III. Unfit houses made fit and houses in which defects were remedied:-

(1) After informal action by Local Authority ..	414*
(2) After formal notice under (a) Public Health Acts 210* (b) Sections 9 and 16, Housing Act, 1957	-
(3) Under Section 24, Housing Act, 1957	1

(* including those notices outstanding from previous years)

Clearance Areas

One official representation was made in November in respect of nine dwelling houses - this was confirmed by the Council and forwarded to the Ministry of Housing and Local Government for confirmation. This completes the five year programme 1955-60.

Inspections of dwelling houses were carried out in respect of the first clearance area in the 1960/65 programme. This area will be dealt with in 1961.

General

Mr. C.W. Rayner, A.I.Hsg., the Council's Housing Manager has kindly contributed the following details of rehousing carried out by the Housing Department in 1960:-

No. of new properties made available for letting	..	281
Acquired .. . . .	..	148
Normal vacancies	..	99
Nominations to private landlords	..	30
New properties at Canvey	..	-
New properties at Billericay	..	46
	Total	<u>604</u>

Families rehoused:-

1-bedroom group	..	190
2-bedroom group	..	227
3-bedroom group	..	163
4-bedroom group	..	24
	Total	<u>604</u>

Property under management at December 1960: -

Pre-1939 houses and flats	..	..	..	..	1,615
New houses and flats	..	..	..	..	2,792
Properties at Canvey Island	..	..	..	..	112
Properties at Billericay	..	..	..	..	147
Prefabricated bungalows	..	..	..	..	202
Properties converted into flats	..	..	..	..	253
Properties improved	..	..	..	..	188
Properties acquired for improvement and conversion					544
Properties for Clearance and Demolition	..	..			55
Requisitioned dwellings	..	..	..	..	-
Halfway houses	..	..	..	..	4
General Properties	..	..	..	..	30
Commercial Properties	..	..	..	..	59
Garages	..	..	..	..	679
				Total	<u>6,680</u>

The number of families rehoused in New Towns during 1960 was 84.

The following extracts are taken from the Annual Report of the Housing Management Committee:-

Rehousing - During 1960 the Lettings Sub-Committee considered reports dealing with individual cases submitted in accordance with the Conditions of the Points Scheme:-

*Condition
of
Point Scheme*

'C'	Families living with relatives	..	..	65
'D'	Families living apart	..	..	9
'E'	Irregular overcrowding	..	..	43
'K'	Three or more families (relatives) in house			-
'H'	Transfer of priority housing	..	..	-
'J'	Special cases	..	..	41
'J'	Rehousing subject to nomination..	..	..	18
M.O.H.	Medical recommendations (T.B.)	..	..	8
M.O.H.	Cases for consideration	..	..	8
	Special requests for emergency accommodation			<u>35</u>
	Total	..	..	<u>227</u>

MEDICAL CASES

During 1960, nine cases claiming rehousing priority for tuberculosis were investigated and reported upon. Of these six cases were added to the list.

The position at the end of 1960 was as follows:-

	<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Class 4</i>	<i>Total</i>
On list at end of 1959	2	1	6	-	9
Added to list during 1960	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>6</u>
	3	3	8	1	15
Rehoused or removed from list during 1960	<u>2</u>	<u>1</u>	-	<u>1</u>	<u>4</u>
On list at end of 1960	1	2	8	-	11

In addition to the tuberculosis cases, twenty-nine other cases were recorded as needing special consideration on medical grounds and seventy-one on general housing grounds.

F. - INSPECTION AND SUPERVISION OF FOOD**Designated Milk**

During the year ninety samples of milk were submitted to the Counties Laboratories for bacteriological examination, including Phosphatase, Methylene Blue and Turbidity tests.

These samples of milk were mainly taken from roundsmen during the course of delivery; or on arrival at schools. They include the bi-monthly sampling of the two dairymen holding Pasteuriser's Licences.

The following table gives details of samples of milk taken:-

<i>Grade</i>	<i>No. of Samples</i>	<i>Satisfactory Result</i>
Pasteurised	45	45
Sterilised	5	5
Tuberculin Tested Pasteurised ..	<u>40</u>	<u>40</u>
Totals	<u>90</u>	<u>90</u>

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1953.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.

Licences for the sale of milk under Special Designations were granted as follows:-

Dealers' Licences

Pasteurised	71
Sterilised	142
Tuberculin Tested	27

Supplementary Licences

Pasteurised	5
Sterilised	6
Tuberculin Tested	4

Licences (Plant)

Pasteurisers	2
--------------	---

There are no cow-keepers in the district.

The number of Retail Milk Distributors is 130.

One hundred and ninety visits were paid to registered premises and a satisfactory standard of cleanliness was maintained.

The Milk (Special Designations) (Specified Areas) Order, 1951.

The above Order came into operation on the 1st October, 1951. All milk retailed within the Borough must either be Pasteurised or Sterilised.

Ice Cream

Thirty-nine applications for registration were received and were dealt with as follows:-

Vendors, New	17
Vendors, Transfers	21
Application refused.. .. .	1

Number on Register at end of year	358
Number of premises used for manufacturing	5

Ice Cream (Heat Treatment, Etc.) Regulations, 1947-51.

The trade has continued to co-operate and a good standard has been maintained.

Food Standards (Ice Cream) Order, 1951.

Three samples of ice cream were taken and submitted to the Public Analysts who reported the following satisfactory results:-

Fat Content

10.0%
10.4%
5.7%

Bacteriological Examination of Ice Cream

Ninety-four samples were submitted for examination and for grading in accordance with the provisional test of the Ministry of Health, with the following results:-

Grade I	-	66
Grade II	-	18
Grade III	-	4
Grade IV	-	6

Where unsatisfactory samples were taken, the manufacturer was informed and further check samples taken as soon as possible.

Where samples were taken of ice cream manufactured outside the district, copies of these reports were forwarded to the appropriate local authority.

Lollies (Various)

Sixteen samples were examined for bacterial purity, one being unsatisfactory.

Meat and other foods

There are no slaughterhouses in the Borough.

The following is a summary of food surrendered and condemned as being unfit for human consumption. Where possible, the food was salvaged.

425 tins Evaporated Milk	1 jar Crab Spread
37 tins Full Cream Milk	12 jars Salmon Spread
6 tins Skimmed Milk	1 jar Meat Extract
35 tins Cream	2 jars Pickles
1 tin Butter	1 bott. Mayonnaise
30 tins Baby Food	2 botts. Ketchup
210 tins Soup	10 lb. Apricots
91 tins Stewed Steak	33¾ lb. Apricot Pulp (tinned)
9 tins Steak & Kidney Pudding	30 lb. Prunes
1 tin Steak & Kidney Pie	25 lb. Dried Fruit
1 tin Irish Stew	41 lb. Mincemeat
601 tins Minced Beef Loaf	19 lb. Lemon Curd
9 tins Minced Beef and Onions	64¼ lb. Coconut
9 tins Pease Pudding	30 lb. Cheese
2 tins Potato Salad	10 lb. Tea
6 tins Vegetable Salad	197 lb. Potatoes
20 tins Carrots	952 lb. Onions
61 tins Butter Beans	28 lb. Dried Peas
517 tins Peas	2 lb. Diced Carrots
154 tins Tomatoes	6 lb. Haricot Beans
3 tins Runner Beans	710½ lb. Confectionery
31 tins Plums	14 lb. Walnuts
200 tins Pineapple	1,048¾ lb. Corned Beef
16 tins Grapefruit	150 lb. Corned Mutton
51 tins Fruit Cocktail	226 lb. Chopped Pork
270 tins Peaches	808½ lb. Luncheon Meat
113 tins Mandarin Oranges	102 lb. Minced Beef Loaf
79 tins Pears	30 lb. Jellied Veal

21 tins Rhubarb	10¼ lb.	Pork (tinned)
36 tins Prunes	7 lb.	Pork
16 tins Cherries	584 lb.	Ham (tinned)
15 tins Apricots	61½ lb.	Ham
37 tins Loganberries	159 lb.	Bacon
1 tin Strawberries	27 lb.	Lamb
10 tins Pineapple Juice	828½ lb.	Beef
7 tins Orange Juice	9½ lb.	Stewing Steak
7 tins Tomato Juice	1¾ lb.	Sheep's Tongues
3 tins Grapefruit Juice	197 lb.	Sheep's Liver
24 tins Coffee	24 lb.	Ox Tongues
39 tins Spaghetti	140 lb.	Pigs' Liver
298 tins Baked Beans	10 lb.	Lambs' Liver
5 tins Beans and Sausage	1½ lb.	Kidneys
44 tins Rice Pudding	9¾ lb.	Chicken (tinned)
1 tin Sultana Pudding	96 lb.	Chicken
1 tin Marmalade	1 stone	Cod
75 tins Salmon	2 stone	Haddock
101 tins Pilchards	41 stone	Skate
1 tin Crab	9½ stone	Crab
1 tin Shrimp	25	Chickens
3 tins Roes	270	Eggs
6 tins Silds	579	Ice Cream Cones
9 tins Sardines		

Shellfish and Jellied Eels

The following samples were taken during the year for bacteriological examination:-

Cockles	3
Mussels	2
Jellied Eels	7

Two of these samples were of an unsatisfactory standard and the necessary investigations were carried out.

Cooked Meats

Sampling of these products continued during 1960, sixty-six samples being taken. Twenty-two were classified as unsatisfactory because of bacteriological contamination which occurred during storage and exposure for sale.

Miscellaneous Samples

Seventy-five samples were submitted for bacteriological examination, consisting of the following:-

Dried and Frozen Eggs	17
Synthetic Cream	5
Fresh Cream	1
Dried Milk	1
Cream Trifle and Sponge.. ..	2
Piping Jelly	1
Desiccated Coconut	42
Steak and Kidney Pies	2
Corned Beef	2
Water (Wells)	2

All these samples gave satisfactory results with the exception of one sample of Dried Egg and two samples of Desiccated Coconut. These three samples were found to contain salmonella organisms.

Adulteration, etc. - Food and Drugs Act, 1955

During the year, one hundred and fifty-four samples of food and drugs were submitted to the Public Analysts.

Five samples were reported as being unsatisfactory, details respecting same are given below:-

<i>Description of Articles</i>	<i>Result of Analysis</i>	<i>Action Taken</i>
Sarsaparilla Wine	Alcohol 0.64% Misdescribed as 'wine'	Warning letter.
Gin	Water 4%	Warning letter.
Sausages, Beef	Contained sulphur dioxide within prescribed limit.	Warning letter regarding no notice of preservatives.
Soup, Chicken Noodle	1% fat and lean chicken meat. (Chicken content low)	No action possible.
Rhubarb	Excessive contamination of tin.	Warning letter. Remaining stock withdrawn from sale.

The following summary gives details of food sampled and results of analyses:-

	<i>No. Satisfactory</i>			<i>No. Unsatisfactory</i>		
	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Milk	7	-	7	-	-	-
Cream	1	4	5	-	-	-
Butter.. .. .	-	3	3	-	-	-
Margarine	1	-	1	-	-	-
Tea	1	1	2	-	-	-
Blackcurrant Drink..	1	-	1	-	-	-
Lemon Drink	-	2	2	-	-	-
Orange Drink	-	1	1	-	-	-
Sarsaparilla Wine .. .	-	1	1	-	1	1
Fruit Drink	-	2	2	-	-	-
Mix-a-shake	-	1	1	-	-	-
Gin	1	-	1	1	-	1
Whisky.. .. .	7	-	7	-	-	-
Rum	1	-	1	-	-	-
Brine	-	72	72	-	-	-
Ox Tongue, Cooked .. .	-	1	1	-	-	-
Beef, Salt	-	7	7	-	-	-
Beef, Corned.. .. .	-	1	1	-	-	-
Sausages, Pork	3	-	3	-	-	-
Sausages, Beef	1	-	1	1	-	1

	<i>No. Satisfactory</i>		<i>No. Unsatisfactory</i>		
	<i>Formal</i>	<i>Informal Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Chicken Croquettes	-	1	1	-	-
Soup, Chicken Noodle	-	1	1	-	1
Soup, Mushroom	-	1	1	-	-
Fish Sticks	-	1	1	-	-
Fish Paste	-	1	1	-	-
Crab, Dressed	-	1	1	-	-
Rhubarb	-	2	2	-	1
Sauce	-	1	1	-	-
Jam, Strawberry.. ..	-	1	1	-	-
Nutmeg, Ground	-	1	1	-	-
Pepper	-	1	1	-	-
Olive Oil.. ..	-	1	1	-	-
Cinnamon, Ground	-	1	1	-	-
Ice Cream.. ..	2	1	3	-	-
Ice Lolly Syrup.. ..	-	1	1	-	-
Marzipan	-	1	1	-	-
Jelly	-	2	2	-	-
Gelatine	-	1	1	-	-
Pastilles, Fruit	-	1	1	-	-
Sherbet, Lemon	1	-	1	-	-
Milk Gums.. ..	1	-	1	-	-
Pear Drops	1	-	1	-	-
Brandy Balls	1	-	1	-	-
Custard Powder	-	1	1	-	-
Aspirin Tablets.. ..	-	1	1	-	-
Yeast, Brewers	-	1	1	-	-
Totals..	32	122	154	2	3
				5	

A series of samples of brine has been taken from butchers shops to ascertain the suitability for brining purposes and to estimate the amount of metal absorbed from brining pails, etc. Many brines have been found to be of a poor standard, and excessive metal has been absorbed into the brine. Advice has been given to butchers on this matter and plastic containers have been substituted for metal.

This work was carried out by Mr. H.L. Hughes, former Deputy Chief Public Health Inspector to the Council. He gave a paper on this matter to the Members of the Association of Public Health Inspectors at a meeting held at the Town Hall on 4th January, 1961.

Chemical and Bacteriological Examination of Foods

Chemical examinations of food samples are carried out by the Public Analysts, Dr. J.H. Hammence, F.R.I.C. and Mr. P.S. Hall, A.R.I.C., of 20, Eastcheap, London, E.C.3, and bacteriological examinations by the Counties Public Health Laboratories, Thresh House, Verulam Street, Gray's Inn Road, London, W.C.1.

Food Hygiene (General) Regulations, 1960

These Regulations came into operation on 1st October, 1960.

A reasonably high standard continues to be maintained in the food premises within the Borough. It was found necessary to serve notices under the Regulations in a few cases, most of which had been complied with by the end of the year.

The conditions laid down in the Regulations are being maintained throughout the district.

The following food premises are established in the Borough:-

Butchers, 85; Bakers, 42; Fishmongers, 36; Cafes and Caterers, 91; Grocers, 241; Greengrocers, 84; Milksellers, 130; Ice Cream Manufacturers, 5 and Ice Cream Vendors, 358.

There are two dairy premises in the area registered under the Milk and Dairies Regulations.

The following inspections were carried out in respect of food premises:-

Butchers, 289; Bakers, 158; Fishmongers, 103; Cafes and Caterers, 296; Grocers, 503; Greengrocers, 135; Dairies, 22; Milksellers, 168; Ice Cream Manufacturers, 56 and Ice Cream Vendors, 163.

Condemned food is destroyed at the Council's Depot at Low Hall Farm. The only exception to this is where sufficient meat is condemned and is worth salvaging, and it is then disposed of through reliable sources, being used mainly for soap manufacture.

Legal Proceedings

The following action was taken during 1960:-

Food Hygiene Regulations, 1955

Smoking on food premises (5 cases). Court awarded Penalties of £15 and Costs £3. 5. 0.

Absence of water supply and nailbrushes on Ice Cream Vans (3 cases) One case of two summonses Court awarded £1 Penalty on each summons; £1 Penalty was given in another case and the third case was dismissed.

Dirty conditions of premises and no washhand basin (1 case of 4 summonses) Hearings were adjourned and then withdrawn.

Dirty condition of premises (1 case). Court awarded Costs of £3. 3. 0.

Six summonses were issued in respect of alleged insufficiently protected food on street stalls but the hearings were adjourned by the Court.

Food and Drugs Act, 1955

Unfit food (1 case of 2 summonses). Court awarded £10 Penalty on each summons and £5. 5. 0. Costs.

Dirty bandage on cut thumb of person selling food (1 case). Court awarded £1 Penalty and 10/- Costs.

Milk and Dairies (General) Regulations, 1959.

Dirty milk bottle (1 case). Court awarded £2 Penalty and £2. 2. 0. Costs.

Bag Flock and other filling materials Act, 1951

No applications for approval were received during the year and all premises registered or licenced under the Act were inspected.

Diseases of Animals Act*Swine Fever (Infected Areas) Order, 1953*

No licences were issued during the year.

Fowl Pest Order, 1936

Two Orders were issued by the Minister of Agriculture, Fisheries and Food during the year. No particular action was necessary by the Council.

Foot and Mouth Disease Orders

Four Orders affecting the Borough were issued by the Minister of Agriculture, Fisheries and Food. No cases occurred in the Borough and no particular action was necessary by the Council.

Pet Animals Act, 1951

Twenty-four premises are licensed in the Borough for the sale of pet animals. All licences are renewed annually and all premises were inspected during the year.

Prevention of damage by pests Act, 1949

The agreed scheme of work has continued, and the two trained Operatives have been fully engaged under the general supervision of the Public Health Inspectors.

The following is a summary of the work carried out during the year 1960:-

PREVENTION OF DAMAGE BY PESTS ACT, 1949
Report for the year ended 31st December, 1960

	<i>Type of Property</i>				
	<i>Non-Agricultural</i>				<i>Agri- cultural</i>
	<i>Local Authority</i>	<i>Dwelling houses</i>	<i>All other (including business premises)</i>	<i>Total</i>	
I. Total No. of prop- erties in Local Authority's dist- rict	18	34,676	5,476	40,170	4
II. No. of properties inspected as a result of:-					
(a) Notification ..	29	474	103	606	-
(b) Survey	11	320	12	343	-
(c) A visit prim- arily for some other purpose..	-	-	-	-	-
III. Total inspections carried out - incl- uding re-inspections	145	1,783	404	2,187	4
IV. No. of properties inspected (in Sect. II) which were found to be infested by:-					
(a) Rats Major ..	1	-	12	13	-
Minor ..	7	480	91	578	1
(b) Mice Major ..	-	-	-	-	-
Minor ..	5	62	6	73	-
V. No. of infested properties (in Sect. IV) treated by the Local Authority ..	13	542	109	664	1
VI. No. of 'Block' control schemes carried out ..	3	-	-	-	-

Factories Acts, 1937 & 1948

The following tables show the work carried out under these Acts:-

1. - *INSPECTION OF FACTORIES, ETC.*
(Including Inspections made by Public Health Inspectors)

Premises (1)	No. on Register (2)	In- spections (3)	Written Notices (4)	Occupiers Prosecuted (5)
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	53	20	-	-
Factories not included above in which Section 7 is enforced by the Local Authority ..	477	218	2	-
Other premises in which Section 7 is enforced by the Local Authority ..	14	2	-	-
Totals ..	544	240	2	-

2. - *DEFECTS FOUND IN FACTORIES, ETC.*

Particulars (1)	No. of cases in which defects were found.				
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	Legal Proceedings Instituted (6)
want of Cleanliness (Sec. 1)	18	9	-	2	-
Overcrowding (Sec. 2) ..	-	-	-	-	-
Unreasonable Temp. (Sec. 3) ..	-	-	-	-	-
Inadequate Ventilation (Sec. 4)	-	-	-	-	-
Ineffective drainage of floors (Sec. 6) ..	2	2	-	-	-
Sanitary Conveniences:-					
(a) Insufficient ..	-	-	-	-	-
(b) Unsuitable or Defective	19	19	-	2	-
(c) Not separate for Sexes	-	-	-	-	-
Other offences (not including offences relating to Outwork)	4	3	-	-	-
Totals ..	43	33	-	4	-

NUMBER AND TRADES OF OUTWORKERS NOTIFIED

1960

Wearing Apparel (making of)	357	Brush making	12
Household Linen	1	Stuffed Toys	3
Paper Bags	13	Artificial Flowers	10
Furniture and Upholstery	2	Cosaques, Christmas Crackers, etc.	2
Umbrellas etc.. .. .	3	Lampshades	3
Boxes	14		
		Total	<u>420</u>

SECTION G
NATIONAL HEALTH SERVICE ACT, 1946
PART III SERVICES
WALTHAMSTOW HEALTH AREA SUB-COMMITTEE
(1960/61)

Chairman:

Councillor Mrs. W.M. PALETHORPE (Walthamstow Borough Council)

Vice-Chairman:

Councillor Mrs. C.E. STANNARD (Walthamstow Borough Council)

Members:

Nominated by:-

Essex County Council

Alderman Mrs. M. BALL (Chairman, Health Committee, E.C.C.).	Alderman Mrs. L.P. BAILEY, J.P.
Councillor Mrs. L. FALLAIZE, J.P. (Vice-Chairman, Health Committee, E.C.C.).	Alderman Mrs. B.K. LOWTON.
	Councillor Mrs. E.M. BATES.
	Councillor Mrs. A.M.M. BURRELL.
	Alderman H.J.E. PALETHORPE.

Walthamstow Borough Council

Alderman THE LADY McENTEE, O.B.E., J.P.	Councillor F. FURBER, J.P.
Alderman C.B. REYNOLDS.	Councillor Mrs. L.D. GURR.
Councillor Mrs. E.L. BALDWIN.	Councillor J.H. HAMMOND.
Councillor L.A. BAYLIS.	Councillor Mrs. J.C. OAKMAN.
Councillor J.J. BRACKEN.	Councillor Mrs. C.E. STANNARD.
Councillor Mrs. S. CANDY.	Councillor P.F.A. WEBSTER.
Councillor Mrs. R. COLIN.	Councillor D. WEINSTEIN.

Executive Council for Essex F.A. WORTLEY, ESQ.

Hospital Management Committee Mrs. B.E. BOTTOMLEY, J.P.

Local Medical Committee for Essex Dr. W.R. JOHN.

Voluntary Organisations

Mrs. L.A. BRAZIER.	Mrs. A. CORDELL.
Mrs. M. BROWN.	E.P. MARR, ESQ.

Area Clerk

G.A. BLAKELEY, ESQ.

NATIONAL HEALTH SERVICE ACT (PART III) SERVICES

The Local Health Authority functions under the National Health Service Act are administered by the Walthamstow Health Area Sub-Committee on behalf of the County Health Committee (Essex County Council). Details are given in statistical form on pages 59 to 76.

Section 21. HEALTH CENTRES

Reservation of Sites for Health Service Purposes

Details have been given in previous reports of the six sites that have been reserved and defined under the County Development Plan as being required for health service purposes. During the year the Pretoria Avenue site was transferred to the Education Committee for the erection of a new three-form entry junior school. It is hoped that an alternative site will become available in the vicinity when the old Pretoria Avenue school is demolished.

General Dental Service

The work of the General Dental Service was further reduced during 1960 owing to the contraction of the dental staff. The total of sessions available per week for the treatment of the non-priority groups now amounts to the equivalent of less than one full-time surgeon. Mention is made of this matter because there appears to be an impression among the public that this service is larger than it really is.

Section 23 MIDWIFERY

During the year 24 pupil midwives from Thorpe Coombe Maternity Hospital undertook their district midwifery training at the Nurses' Homes, and all passed the examination.

An additional midwife was appointed in November, and her services have been greatly appreciated. However, the advantage was largely offset by an increase in the number of home confinements from 399 to 447, especially since the increase has been maintained during the first six months of 1961.

Arrangements were made for medical students from Thorpe Coombe Maternity Hospital to attend cases on the district with a midwife, and witness deliveries. Consent was obtained in each case from the patient and family doctor concerned.

Non medical supervision was carried out by the Superintendent of the Nurses' Training Home.

Section 24. HEALTH VISITING

The health visiting statistics are given on page 69

Expectant Mothers - The first visits to expectant mothers shows an increase. Information is now received from Thorpe Coombe Maternity Hospital of all patients booked for hospital confinement. Nevertheless the information is still lacking from some hospitals. This is unfortunate because the ante natal period gives the health visitor an excellent opportunity of establishing a sound relationship with the mother which is the basis of good health visiting.

Co-operation with Hospitals etc, and General Practitioners - A great many telephone calls received by health visitors during the year from family doctors, almoners and others, shows the continued trend of direct and harmonious interchange between those concerned. The majority of these calls are requests for home visits and reports of one kind or another. Parents frequently telephone for advice and assistance. An increasing number of requests for early visits to those being discharged or admitted to hospitals gives the health visitor an opportunity to prevent or relieve distress. These requests provide a link between the patients, their homes and the hospitals.

Toddlers Clinics - Children between the ages of two and five years are invited by appointment and are seen by a doctor. The aim of these periodic medical examinations is the detection and correction of minor defects, mental, physical or environmental. The numbers at each session are limited in order to preserve an unhurried character and to give the parents an opportunity of quiet discussion with the clinic doctor on any matter of concern to them and the child

Aged and Chronic Sick - Over recent years the number of visits paid shows a marked increase. Because of their nature and circumstances these visits are of necessity, time consuming but essential and worthwhile. The care of older members of the community is a sphere in which general practitioners and health visitors must work closely together if the best service is to be given. Local liason between the general practitioner, district nurse, home help organiser and/or the geriatric team continues to be maintained in respect of social needs.

Section 25 HOME NURSING

During 1960 ten hospital and public health students visited the District Nurses' Home, and accompanied the nurses on their morning rounds.

Although there was a slight decrease in the total number of home nursing visits paid during the year (68,128 in 1959 compared with 67,170 in 1960), the average number of home visits per patient increased from 54 per year to 67. This was mainly due to lack of available family help. In some cases the home nurse was required to pay 3 visits a day over a long period to patients living alone. Also there were frequent requests from hospitals and other sources to assist patients in getting up and putting to bed.

Section 26. VACCINATION AND IMMUNISATION

From 1st February the arrangements for vaccination against poliomyelitis were extended to include all persons who had not at the time of their application for vaccination reached the age of forty, and also to the following small groups: -

- (a) Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.
- (b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chair-side assistants, and their families.
- (c) Practising nurses not working in hospitals (those working in hospital are already eligible) and their families.
- (d) Public health staff who might come into contact with poliomyelitis cases, and their families.

Statistical details are given on page 72

Tuberculosis Vaccine Clinical Trials

As reported in previous years, during 1950 an approach was made by the Medical Research Council for co-operation in carrying out trials of Anti-Tuberculosis Vaccine in order to obtain evidence of the value of B.C.G. Vaccine in persons exposed to the ordinary conditions of life in this country.

The final visit to Walthamstow was made by the Medical Research Council team in July 1960, and details are given in my current Report on the School Health Service.

Section 28. PREVENTION OF ILLNESS, CARE AND AFTER CARE

Chiropody

During 1960 an extensive re-organisation of the Chiropody Service provided in the Area was carried out.

In order to provide treatment at places in the Area which would be more easily accessible to patients who, by the very nature of their chiropodial defect, suffer a restricted mobility.

it was decided in June to set up chiropody clinics at each of the four health services clinics, and a whole-time chiropodist working in a single-handed capacity, was appointed to each clinic.

Three members of the existing staff of chiropodists previously employed at the main clinic at the Town Hall were transferred to these posts and the fourth post was filled by a newly appointed officer.

Facilities continued to be available at the Town Hall but the whole-time equivalent of chiropodists working there was reduced to 1.6.

In addition to their duties at the decentralised clinics, the single-handed chiropodist each commenced a weekly session devoted to the treatment in their own homes of those patients eligible to receive this facility because of age and/or medical condition and consequent inability to attend at a foot clinic.

Since a single-handed chiropodist works without the assistance of a receptionist to deal with appointments and the collection of fees, he cannot adequately deal with the same number of patients as a chiropodist who enjoys this assistance, and a reduction in the total number of treatments hitherto undertaken was inevitable. In order to restore the service to its former proportions, it became necessary to increase the overall number of chiropodists employed.

This proved somewhat difficult in view of the shortage of chiropodists generally, which was aggravated by the decision of the Ministry of Health to approve the setting-up of chiropody services by those Local Health Authorities who had not previously been able to provide such a scheme.

By the end of the year however, the whole-time equivalent of chiropodists employed in Walthamstow had risen from the original figure of 4.6 to 5.4 and much had been done to increase the number of weekly treatments.

The position has been further improved in 1961 but the difficulty now is to provide adequate accommodation at the health services clinics to enable two chiropodists to work at each of them in order to reduce the waiting period between treatments to at least twelve weeks. This, it appears, will only be possible by the erection of new and more commodious premises, or by extension, where possible, of the existing buildings.

Section 29. DOMESTIC HELP SERVICE

The demand for home help continues to increase and assistance was given for 181,602 hours compared with 177,764 hours the previous year. Most categories show a general increase with a particular demand for help for maternity cases especially in the East Area.

A directly provided Night Attendance Service was introduced at the beginning of the year to replace the existing agency arrangements.

The types of cases offered assistance are limited to:-

- (a) Patients residing alone who are seriously ill.
- (b) Patients seriously ill in their own homes where an aged husband or wife cannot provide the necessary assistance.
- (c) The relief of relatives who have to give routine night attention to sick people.

The new service is auxiliary to the Domestic Help Service and subject to supervision by the domestic help organisers. The demand for the service is not large.

WALTHAMSTOW CHILD GUIDANCE CENTRE

Report on Children under Five Years of Age

The following report is contributed by Dr. Helen Gillespie, Consultant Psychiatrist at the Walthamstow Child Guidance Centre: -

"Fourteen children under five were referred to clinic in 1960.

Primary reasons for referral:-

Sleep disturbance	...	5
Unmanageable	...	4
Backwardness in speech	...	1
General unhappiness	...	1
Multiple complaints:	...	
Disturbance over sleep;		
feeding, head banging;		
tempers, etc.	...	1
Soiling and wetting	...	2

Analysis of problems found:-

These are mostly forms of disturbance in the mother/child relationship. Typical disturbances were the following: -

1. Highly nervous mother, whose handling was uneven and whose child felt insecure with her.
2. Unwanted child and unhappily married mother.
3. Regression to infantile habits after the birth of a baby brother or sister, based on jealousy and need for attention.
4. Open aggression to younger brother or sister, and resentment of mother's apparent neglect of himself.
5. Over-strict training, and general ignorance in mother of norms of child development.
6. Inherent backwardness in the child.
7. Impaired maternal capacity through brain damage or psychopathy.

“ Results of treatment of mother and child: -

Of these 14 cases, 8 showed marked improvement and 2 were completely cured after a few attendance; 2 mothers failed to co-operate and stopped attendance, and 2 of the patients are still under treatment.

“ Comments: -

During the course of my work in child guidance clinics, I have always been impressed by the fact that the school children referred to me are generally found to have presented problems of behaviour and emotional maladjustment dating back from their pre-school years, and indeed often to infancy. This being the case, it seems natural to suppose that some of these later manifestations of maladjustment have to be regarded as end results of a long-continuing process of faulty adaptation, rather than a simple reaction to current stresses. It is true that some cases seen in the Child Guidance Clinic are of this simple reactive type and are easily dealt with, and absorb little of the Clinic's time. The more intractable cases are those with a long history dating back to early childhood.

“ It is with considerations of this sort in mind that I have always stressed the need for early reference to the clinic of children who present behaviour disturbance and developmental difficulties in infancy. In my experience the therapeutic results are strikingly superior in treatment of the young child as compared with treatment at a later age, for by that time the mutual interaction of parent and child may have led to patterns of behaviour and neurotic reaction in the child which are ingrained by habit and form, so to speak, a defensive armour which the child finds it very difficult to be without.

“ An examination which I made in Walthamstow in 1954, of the histories of 100 school children selected at random at this clinic, showed that all but 10 of them had shown symptoms before the age of 5 years of the type characteristic of the children referred in their pre-school years, and most of them had had two or three such symptoms.

“ It is not unreasonable therefore, to suppose that suitable treatment at an early age might have prevented at least some of the later difficulties. ”

CHELMSFORD DIOCESAN MORAL WELFARE ASSOCIATION

The 'Carville' Home, now at 43 West Avenue Road, E.17. is administered by the Walthamstow Deanery Branch of the above Association. The home provides accommodation for a total of 16 mothers and their babies.

Miss E. Williams, Superintendent of the Home, contributes the following details:-

" The table below summarises our work for the year. All these are new cases, and do not include the follow-up work arising from 1959 cases. The age group of the mothers was 14 - 19 years.

<i>Admitted</i>	<i>Adults</i>	<i>Babies</i>	<i>Total</i>
From Walthamstow	14	12	26
From rest of County	65	47	112
From outside County	2	2	4
Totals ..	81	61	142
<i>Outdoor Work -</i>			
Walthamstow (Mothers and babies)	40	14	54
Other County cases	10	6	16
From outside County	6	-	6
Totals ..	56	20	76

In addition to the fourteen Walthamstow mothers admitted to the Home, Miss Williams made arrangements for twelve others to enter homes elsewhere in the County.

WALTHAMSTOW CHEST CLINIC

Dr. H. Ramsay, Consultant Chest Physician at the Walthamstow Chest Clinic, has contributed the following:-

Total attendances for 1960 again showed a drop compared with the previous year, though new cases referred to the Clinic were only slightly less. These figures do show certain variations and there has again been a substantial increase in the first quarter of 1961.

The total of new cases of tuberculosis was rather less, 59 respiratory, and 13 non respiratory cases being notified in the areas served by the Clinic, namely: Walthamstow and Chingford.

The work of the Clinic generally continues to cover diseases of the chest as a whole and the figure for lung cancer was again 60, the same as in 1959.

The number of cases of tuberculosis remaining on the Clinic Register at 31.12.1960 was:-

Respiratory	1317)	Total 1417
Non-Respiratory	100)	

Building has now commenced on the new Chest Clinic at Whipps Cross Hospital. It is likely to be ready for occupation early next year.

The figures of main interest are set out below. They refer, of course, to the combined attendances of Walthamstow and Chingford patients.

	1959	1960
Total Attendances	15,892	13,370
New Cases	5,548	5,249
" X rays	13,101	12,175
" Screening	196	67
Miniature Camera	3,678	3,640
New Notifications (Walthamstow only)	65	55

WALTHAMSTOW AND CHINGFORD ASSOCIATION OF TUBERCULOSIS CARE HELPERS

Miss. V. Jennings, Honorary Secretary of the Walthamstow and Chingford Association of Tuberculosis Care Helpers reports as follows:

The work of the Association has continued smoothly during

the year with no major changes. The types of cases we have had to deal with have been mixed but the major problem continues to be among the middle aged men who have difficulty in re-establishing themselves in employment, particularly where their previous work has been of the heavy unskilled type. In the case of the younger patients, several months off work may lead to difficulties for a time but in general we have been able to give help which proved adequate to resolve these difficulties and so to assist in a return to the previous job or to other employment which might be more suitable.

"The grocery voucher remains the most effective means of general help to the family during the patient's treatment and rehabilitation and helps reduce that financial strain which is inevitable when the breadwinner is off work for a long period, and particularly where no wages are payable.

"Clothing has been provided for a number of patients and the stock of bedding held in the Clinic has been available for speedy issue as need arose.

' We have continued our policy of helping patients and their families with holidays both through the Health Departments and through the Chest and Heart Association and believe expenditure in this direction to be well worth-while.

' The re-housing of several patients gave us a good deal of pleasurable work and we are glad to record our thanks to the Housing Department for their ready co operation.

' Our Seal Sale Secretary has an increasingly difficult task but it is the revenue from this source which finances our work through the winter months and every effort must be made to enlist local support for this, our only direct appeal for funds.

' Throughout the year we have received willing co-operation from the officers of the National Assistance Board whose sympathetic handling of the patients is much appreciated. The Glasspool Trust have also given generous help to those cases referred to them and in addition have made contributions to assistance arranged by ourselves.

COUNTY COUNCIL OF ESSEX WELFARE COMMITTEE
RESIDENTIAL AND WELFARE SERVICES

Mr. W.E. Boyce, County Welfare Officer has kindly prepared the following table and explanatory notes:-

Extent to which services provided in 1960.	Number of Walthamstow residents in accommodation provided under Section 21 (1) (a) National Assistance Act, 1948.			Number admitted to Residential Accommodation during 1960.		Number admitted to Temporary Accommodation under Section (1) (a) National Assistance Act, 1948.		Blind Persons, etc					Other Classes of Handicapped Persons. Registered.
								Registered	Number employed in: Home Workers Open Industry	Blind	Partially Sighted	Defective Sighted		Workshops
Male	Female	Total	Male	Female	Women	Children	Blind	Partially Sighted					Defective Sighted		Workshops	Home Workers	Open Industry
	60	105	165	20	30	5	11	238	72	24	7	36	149

The above table indicates the extent to which the various services provided by the County Council under the provisions of the National Assistance Act 1948 have been afforded in 1960 to persons having residence in the Borough of Walthamstow.

The County Council continue to develop the provision of residential accommodation for aged persons and a second home is now in the course of erection in Walthamstow and when it is completed will accommodate 62 aged persons.

Welfare services are available for blind and handicapped persons in a variety of ways; these include home visitation by specialised field workers, tuition in handicrafts, recreational and holiday facilities and, especially for the handicapped person, the supply of home aids, gadgets and hoists, and in addition the Committee give financial aid towards the cost of structural alterations designed to assist the handicapped person in overcoming his disability.

It is also intended to open an occupational centre for physically handicapped persons for which purpose a property has been acquired in Walthamstow.

STATISTICAL SUMMARY

Section 21

Health Service Clinics

Low Hall Lane, E. 17. (Opened in 1929)
 Higham Hill Priory Court, E. 17. (Opened in 1959)
 Silverdale Road, Highams Park, E. 4. (Adapted for Clinic purposes
 1948)
 West Avenue, E. 17. (Opened as Health Services Clinic 1949)

General Dental Service

No. of sessions	504	
Number of patients treated	476	
Appointments made	3484	
kept	3152	
Plastic fillings	266	) 1337 total
Amalgam fillings	1071	
Inlays	2	
Crowns	19	
Scalings and gum treatments	365	
Dressings	395	
Extractions	360	
General anaesthetics	83	
Local anaesthetics	362	
X-rays	285	
Impressions	506	
Bites	132	
Try-ins	206	
Full upper dentures	74	) 175 total dentures
Full lower dentures	57	
Partial upper dentures	26	
Partial lower dentures	18	
Repairs	188	
Minor Oral Surgery	22	
Other Operations	403	

Dental Laboratory

	<i>Dentures</i>	<i>Re- pairs</i>	<i>Re- line</i>	<i>Re- makes</i>	<i>Appli- ances</i>	<i>Crowns</i>	<i>Inlays</i>
General Dental Service	167	151	8	6	6	11	2
Walthamstow Committee for Education	43	36	-	-	152	10	1
Leyton Committee for Education	-	-	-	-	19	-	-
Maternity and Child Welfare Patients	9	1	-	-	-	3	-

Section 22 CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

	<i>Domiciliary</i>		<i>Institutional</i>	
	<i>Live</i>	<i>Still</i>	<i>Live</i>	<i>Still</i>
Notified births which occurred in the Area	446	6	1,453	15
Birth notifications transferred out to places outside the Area	1	-	755	6
Birth notifications transferred in from places outside the Area	1	-	378	6

Care of premature infants.

(Weighing 5½lb or under)

Born at Home	17
Born in Hospital or Nursing Home	59

Ante Natal and Post Natal attendances

(Local Authority Clinics)

New Patients -	<i>Ante Natal</i>	<i>Post Natal</i>
Low Hall Lane Clinic	59	3
Silverdale Road Clinic	18	1
West Avenue Clinic	12	1
District Nurses Training Home and Midwives' sessions held at Ante- Natal Clinics	389	-
TOTALS ..	<u>478</u>	<u>5</u>

Total Attendances -		
Low Hall Lane Clinic	163	10
Silverdale Road Clinic	142	15
West Avenue Clinic	39	4
District Nurses' Training Home and Midwives' sessions held at Ante Natal Clinic	2,334	-
TOTALS ..	<u>2,678</u>	<u>29</u>

Birth Control
(Medical Grounds)

New cases	6
Total attendances	55

Orthopaedic and Physiotherapy Clinic
(Children under School age)

New cases seen by Orthopaedic Surgeon	26
Re-attendances	42
Children treated	10
Children attending for aftercare	18
Children attending for U.V.L.	1

Paediatric Clinic
(Children under school age)

New cases	15
Total attendances	30
Physical defects	
Number of cases	29
Discharged	7
Psychological disorders	1

Dental Clinics
Patients inspected and treated during the year:

	<i>Expectant Mothers</i>	<i>Nursing Mothers</i>	<i>Children under school age</i>
Patients examined	17	29	107
Patients found to require treatment	16	28	104
Patients who have commenced treatment	16	27	87
Patients who have completed treatment	11	22	49
Patients awaiting treatment	2	1	18
Attendance for treatment ...	28	88	134
<i>Types of Treatment Given</i>			
Extractions			
(a) Permanent teeth	7	30	-
(b) Temporary teeth	-	-	87
Fillings -			
(a) Permanent teeth	23	53	-
(b) Temporary teeth	-	-	44
Inlays provided	-	-	-
Crowns provided	-	-	-
Anaesthetics administered			
(a) Local	2	3	-
(b) General (i) by Medical Offrs.	2	8	23
(ii) by Dental Officers	1	2	24
Scaling	6	8	-
Prolonged scaling and gum treatment	-	-	2
Silver nitrate treatment ...			37
Dressings	4	1	5
X-ray examinations	-	2	-
Dentures provided -			
(a) Full	-	1	-
(b) Partial	1	2	-
Dentures repaired	-	-	-
Dentures remade			
(a) Full	-	-	-
(b) Partial	-	1	-
Orthodontic appliances -			
(a) Fixed	-	-	-
(b) Movable	-	-	-
Prophylactic treatment and other operations -	-	31	-

Child Welfare

	<i>'Brookcroft' (Voluntary Scheme)</i>	<i>Low Hall Lane</i>	<i>Higham Hill and Priory Court</i>	<i>Silverdale Road</i>	<i>West Avenue</i>	<i>Winchester Road</i>	<i>Total</i>
UNDER 1 YEAR -							
First attendances	255	313	286	154	213	117	1,338
Subsequent attendances	4,125	4,168	3,785	2,079	2,959	1,874	18,990
Total attendances	4,380	4,481	4,071	2,233	3,172	1,991	20,328
1 YEAR OF AGE -							
First attendances	17	17	12	1	11	1	59
Subsequent attendances	1,160	926	1,103	733	928	428	5,278
Total attendances	1,177	943	1,115	734	939	429	5,337
2-5 YEARS -							
First attendances	18	16	15	1	8	1	59
Subsequent attendances	466	1,540	987	753	1,066	494	5,306
Total attendances	484	1,556	1,002	754	1,074	495	5,365
Total attendances (all age groups)	6,041	6,980	6,188	3,721	5,185	2,915	31,030
Number examined by Clinic Doctor	737	1,219	1,028	328	485	289	4,086
Sessions held	104	152	114	117	120	51	658

Welfare Foods

DISTRIBUTION CENTRE	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Packets)	Orange Juice (Bottles)
Brookscroft Welfare Centre ..	2,356	934	578	6,328
Low Hall Lane Health Services Clinic	2,358	792	483	5,334
Northcott House Distribution Centre	8,833	1,204	1,577	15,307
Higham Hill and Priory Court Health Services Clinic	1,948	692	547	5,776
Silverdale Road Health Services Clinic	1,266	563	442	4,532
Thorpe Coombe Maternity Hospital	-	53	821	2,756
West Avenue Health Services Clinic	2,231	687	550	5,428
Winchester Road Infant Welfare Centre	673	411	263	2,810
TOTAL issues at Distribution Centres	19,665	5,336	5,261	48,271
In addition, the following were issued to:-				
Hospitals (National Health Service)	526	-	-	66
Day Nurseries	-	144	-	144
GRAND TOTAL OF ISSUES	20,191	5,480	5,261	48,481

Nutrients and Medicaments

	Sales		Free Issue	
	lbs.	ozs.	lbs.	ozs.
Adecolin	-	-	37	-
Bemax	117	5	-	-
Cow and Gate	4,924	-	-	-
Farex	858	2	-	-
Ferrous Gluconate	-	-	6,000	tablets
Ferrous Fumerate	-	-	1,008	tablets
Glucodin	112	4	-	-
Lactagol	17	4	-	-
Maltoline with Iron	-	-	116	-
Marmite	792	4	-	-
Milk of Magnesia	-	-	16	-
Mist Ferri et Ammon. Cit. Pro Infantibus	-	-	8	10
Ostermilk	4,041	-	-	-
Robinson's Ready Cooked Groats	298	8	-	-
Scott's 'Twin Pack'	412	8	-	-
Virol	853	-	-	-
Trufood	369	-	-	-
S. M. A.	76	-	-	-

Value of Cash Sales £2,173.6s.5d.

Convalescence

*Mothers sent to
Convalescent Home*

Children	1
Mothers and children	1 Mother with 1 child

Day Nurseries

There are two day nurseries in the Borough approved for training purposes each having accommodation for 60 children aged 0-5 years.

	HIGHAM HILL		HANDSWORTH AVE:		TOTAL	
	0-2 yrs	2-5 yrs	0-2 yrs	2-5 yrs	0-2 yrs	2-5 yrs
Number of approved places at end of year	20	40	20	40	40	80
Number of children on register at end of year	15	42	14	48	29	90
Total attendances during year	3 670	9 069	2 492	8,939	6 162	18 008
Average attendances	13.8	34.2	9.4	33.7	23.2	67.9
	48.0		43.1		91.1	
Number of days open	265		265			

Training

Number of Students who gained certificate of National Nursery Examination Board	8
Future Careers:	
General Nursing Training	2
Private children's nursery	1
In Day Nurseries of other Authorities	5

Daily Guardian Scheme

No. of Guardians on Register at end of year	19
No. of applications for services of Daily Guardians	43
Referred to Day Nurseries	39
Referred to Daily Guardian but nothing further heard	2
Placed with Daily Guardian	2
Continued in care of Daily Guardian from previous years	3

PROGRAMME OF CLINICS HELD AT DATE OF PUBLICATION

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Town Hall	A. M.	Dental Foot Clinic Orthoptic Minor Ailment	Dental Foot Clinic (School-children) Ophthalmic Orthoptic Optician	Dental Foot Clinic Ophthalmic (1st, 3rd & 5th) Orthoptic Minor Ailment	Dental Foot Clinic Paediatric (1st & 3rd)	Dental Foot Clinic Orthoptic Orthodontic Minor Ailment	Dental Ophthalmic (2nd & 4th) Optician (2nd & 4th) Minor Ailment
	P. M.	Dental Foot Clinic Ear, Nose & Throat	Dental Foot Clinic Ophthalmic Optician	Dental Foot Clinic Orthoptic Immunisation & Vaccination	Dental Foot Clinic Ophthalmic Orthoptic Optician	Dental Foot Clinic Ophthalmic Orthodontic Optician	
	Evening	Foot Clinic	Foot Clinic General Dental Service	Foot Clinic	Foot Clinic General Dental Service	Foot Clinic Orthodontic	
Silverdale Road	A. M.	Foot Clinic	Minor Ailments Foot Clinic (School-children)	Foot Clinic	Dental Foot Clinic	Dental Foot Clinic	
	P. M.	Ante Natal/ Post Natal (twice monthly) Toddlers Clinic (twice monthly)	Midwives Ante Natal Clinic Foot Clinic	Infant Welfare	Relaxation and Mothercraft Class Dental Foot Clinic	Infant Welfare Dental	
	Evening	Foot Clinic		Foot Clinic			
Higham Hill and Priory Court	A. M.	Foot Clinic	Dental Foot Clinic (School-children)	Dental Foot Clinic	Foot Clinic	Foot Clinic	Dental
	P. M.	Dental Toddlers Clinic (alternate weeks) Foot Clinic	Dental Infant Welfare Foot Clinic	Dental Midwives Ante Natal Clinic Foot Clinic	Infant Welfare Foot Clinic	Relaxation and Mother- craft Class	
	Evening	Foot Clinic			Foot Clinic		
Low Hall Lane	A. M.	Minor Ailment Foot Clinic	Foot Clinic (School-children)	Foot Clinic	Minor Ailment Foot Clinic	Foot Clinic	
	P. M.	Infant Welfare Foot Clinic	Relaxation and Mother- craft class	Infant Welfare Foot Clinic	Ante Natal/ Post Natal Foot Clinic	Infant Welfare Foot Clinic	
	Evening	Foot Clinic			Foot Clinic		
West Avenue	A. M.	Foot Clinic	Foot Clinic (school-children)	Dental Foot Clinic	Dental Foot Clinic	Dental Foot Clinic	
	P. M.	Foot Clinic	Infant Welfare	Relaxation and Mother- craft Class Foot Clinic	Ante Natal/ Post Natal (twice monthly) Infant Welfare Dental	Toddlers Clinic (alternate weeks) Foot Clinic	
	Evening			Foot Clinic		Foot Clinic	
Winchester Road	P. M.		Infant Welfare				
District Nurses Training Home, Carisbrooke Road	P. M.		Midwives Ante Natal Clinic		Midwives Ante Natal Clinic		
Old Monoux School, High Street		Speech Therapy, & Child Guidance Consultations daily (morning and afternoon) from Monday to Friday.					
Orthopaedic Clinic, Wingfield House School, Hale End Road		Speech Therapy, & Massage & Treatment - sessions daily (mornings and afternoon) from Monday to Friday					
Walthamstow Child Welfare Society (Voluntary Society) "Brookscroft" Forest Road	P. M.		Massage, Remedial Exercises and Sunlight Treatment	Weighing Clinic & Cookery Lecture Infant Welfare	Infant Welfare	Massage, Remedial Exercises and Sunlight Treatment Diphtheria & Whooping Cough Immunisation (Alternate weeks)	

		1950-1951	1951-1952	1952-1953	1953-1954	1954-1955	1955-1956
1950-1951	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951
	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951	1950-1951
1951-1952	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952
	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952	1951-1952
1952-1953	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953
	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953	1952-1953
1953-1954	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954
	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954	1953-1954
1954-1955	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955
	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955	1954-1955
1955-1956	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956
	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956	1955-1956

Section 23. MIDWIFERY

Cases attended by Council Midwives

	MIDWIVES		Total
	Domiciliary Midwives	Home Nurse Midwives	
1. Cases attended:-			
(a) No doctor booked or present at delivery	17	3	20
(b) No doctor booked but one present	2	1	3
(c) Doctor booked but not present	276	54	330
(d) Doctor booked and present	74	21	95
	369	79	448 *
2. Cases delivered in institution but attended by Council Midwives on discharge	28	7	35
3. Ante Natal Examination:-			
(a) Patients' Homes	1217	208	1425
(b) Local Health Authority Clinics	1758	576	2334
(c) General Practitioners' Clinics	1743	636	2379
	4718	1420	6138
4. Lying-in visits	4317	922	5239

* Including one case attended outside the Borough by arrangement

Administration of Trilene, and Gas and Air Analgesia

Number of patients who received analgesia 403
 Percentage of district confinements .. 89.95

Medical Aid

Number of medical aid notices received .. 13

Place of Confinement

During the year Walthamstow Mothers were confined as follows:-

Forest Gate Hospital	18
Hackney Hospital	10
Mother's (Salvation Army) Hospital, Clapton	221
North Middlesex Hospital Edmonton	29
Thorpe Coombe Maternity Hospital	695
Wanstead Hospital	44
Other Hospitals or Nursing Homes	62
Total	1,079

At Home:

Council Midwife present	447
Family doctor but not Council Midwife present	3
Total Confined ..	1,529

Section 24. HEALTH VISITING

During the year the Health Visitors made 14,952 visits to homes:

To expectant mothers:-

First visits	359
Subsequent visits	72

To children under 1 year of age:-

First visits	1,401
Subsequent visits	2,687

To children between the ages of 1 and 2 years:-

First visits	282
Subsequent visits	1,824

To children between the ages of 2 and 5 years

3,559

Other visits:-

To the aged	1,349
Tuberculous households	12
After stillbirths	12
Special visits	1,289
Unsuccessful visits	2,106

Number of attendances by Health Visitors at Local Health Authority clinic sessions 796

Number of Health Education talks given in Schools 337

Section 25. HOME NURSING

	<i>New cases</i>	<i>Total visits</i>
Medical	528	48,692
Surgical	169	8,314
Tuberculosis	19	1,286
Operations	1	2
Miscarriages	-	-
Specials	-	9
Out-Patients - Medical	17	166
Out-Patients - Surgical	2	3
Hypodermic Injections	233	8,622
Casuals	20	73
Last Offices	1	5
Totals ..	990	67,172

Section 26. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

<i>Age at date of vaccination</i>	<i>Persons Vaccinated</i>	<i>Persons Re-vaccinated</i>
Under 1 year	738	-
1 year	94	1
2-4 years	25	7
5-14 years	32	17
15 years and over	87	216
Total	976	241
Total vaccinated by local authority staff (included above)	447	49

Vaccinal Condition of Hospital Staff

By courtesy of the Secretary of the Hospital Management Committee, information is available as to the vaccinal condition of the staffs of the two hospitals in Walthamstow. The number vaccinated was as follows:-

	No. now employed	Of those now employed No. successfully vaccinated within 3 years.	Of those now employed No. vaccinated but not within 3 years.	No. re-vaccinated during 6 mths ended 31.3.60
Hospital 'A'	200	181	-	-
Hospital 'B'	83	25	50	2

Immunisation against Diphtheria

Age at date of final injection	Children who completed a full course of primary immunisation during the year	Children who were given a re-inforcing injection during the year
Under 1 year	980	-
1-4 years	373	184
5-9 years	191	944
10-14 years	66	311
Total	1,610	1,439
Total immunised by local authority staff (included above)	834	747

The 1610 children who completed a full course of immunisation during the year received their injections at the following places:-

Schools	147
Welfare Centres	490
Town Hall Clinic	100
Brookcroft	97
General Practitioners' Surgeries	776

The numbers of children under 15 years of age at 31st December 1960 who had completed a course of immunisation at any time before that date are shown in the following groups:-

Under 1 (born 1960)	752
1-4 (born 1959-56)	3,481
5-9 (born 1955-51)	5,606
10-14 (born 1950-46)	9,096

Total immunised under 15 years 18,935

Immunisation against Whooping Cough

<i>Age at time of the final injections</i>	<i>Children who completed a full course of immunisation during the year</i>	<i>Records of combined diphtheria-pertussis immunisation received</i>
Under 6 months	613	99
6-12 months	462	201
1-4 years	124	61
5 years and over	29	21
TOTAL (primary courses)	1,228	382
Total immunised by local authority staff (included above)	622	-
Reinforcing injections	80	38

Poliomyelitis Vaccination

<i>Category</i>	<i>Number of persons vaccinated (2 injections)</i>	
	<i>During 1960</i>	<i>Total since scheme commenced (including vaccinations completed in 1960)</i>
Children born in years 1943/60	1,653	20,731
Persons born in years 1933/42	714	5,611
Persons born before 1933 who were under 40 years of age	2,360	2,360
Others	47	254
Expectant Mothers	218	1,092
Totals	4,992	30,048
Third doses (all groups)	8,523	24,699

B. C. G. Vaccination

<i>Category</i>	<i>Number Skin Tested</i>	<i>Result of Heaf Test</i>		<i>Vaccinated with B.C.G.</i>
		<i>Tuberculin Positive</i>	<i>Tuberculin Negative</i>	
Children under 14 years of age	829	96	733	732
Children 14 years and upwards	119	10	109	109
Students attending further education establishments	27	10	17	17
Totals	975	116	859	858

**Section 28. PREVENTION OF ILLNESS, CARE AND
AFTER CARE**

Chiropody

	<i>New cases during year</i>	<i>Cases being treated at end of year</i>	<i>Clinic attendances during year</i>	<i>Domiciliary treatments during year</i>
Pre-school children	2		2	-
School children	507	388	2,567	
Expectant Mothers	1	4	4	-
Physically handicapped	1	6	8	-
Aged (over 65 years of age)	232	1,316	4,413	218
Others	543	2,578	9,799	-
Total	1,286	4,292	16,793	218

Tuberculosis

Home visits and Clinics attended

	<i>Tuberculosis Visitors</i>	<i>Health Visitors</i>
Total of tuberculous households at end of year	1,026	-
Visits to tuberculous households during the year (excluding non-access visits)	1,225	12
Attendance at Chest Clinic sessions during the year	693	-

Extra Nourishment

Number of new cases during year supplied with free milk ..	48
Total number being supplied free milk at end of year ..	112

Rehabilitation

Number of cases receiving rehabilitation treatment for whom financial responsibility accepted ..	1
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Loan of Sick Room Equipment

Number of issues made to patients during year	228
Number of articles on loan at end of year which had been on loan for:-	
(a) under 1 year	88
(b) 1 and under 2 years	48
(c) 2 and under 5 years	35
(d) 5 years and over	8

Convalescence for Adults

Number of applications during year	59
Length of stay:-	
One week	
Two weeks	37
Three weeks	2
Four weeks	-

Health Education

<i>Teaching to groups by Departmental Staff</i>	<i>No of Sessions</i>	<i>Total Attendances</i>
(a) Clinic, Welfare Centres, Relaxation Classes	200½	1,612
(b) School	339	6,839
(c) Professional Organisations	-	-
(d) Parent/Youth/General Adult Group	3	112
(e) Others	1½	157
Total	544	8 720
Number of film shows given at sessions referred to above 22		
Exhibitions in which department has participated ... 1		

Section 29. DOMESTIC HELP

Visits by Domestic Help Organisers

	Domestic Help Service	Night attendance Service
First visits to homes	569	10
Re - visits to homes		
(a) Domestic help present ...	357	-
(b) Night attendant present	-	-
(c) Help/Attendant not present	2,590	9
Other visits	500	21

Help provided

	Mater- nity	Acute Sick	Tuber- culo- sis	Chronic Sick		Aged not sick	Others	Total
				Aged	Others			
Requests for help from new cases during the year	95	36	3	316	55	1	11	517
Cases not eligible for assistance or not requiring service	9	11	-	68	11	-	2	101
New cases helped during the year	86	25	3	248	44	1	9	416
Total cases completed during the year (a)	83	24	2	334	57	1	9	510
Cases being helped at end of year who have received help for:								
Under 3 months	4	3	-	49	6	-	1	65
3-5 months (incl)	1	1	1	40	9	-	-	52
6-11 months (incl)	-	3	4	140	9	-	-	156
12 months & over		-	10	461	53	8	-	532
Total (b)	5	7	15	690	77	8	1	803
Total cases helped during the year (i.e. total of (a) and (b))	88	31	17	1,024	134	9	10	1,313
Hours of help provided during the year	3,821	1,699	2,410	152,531	18,548	1,785	808	181,602

Night Attendance Service

	<i>Seriously ill patients residing alone</i>	<i>Inability of aged husband or wife to care for seriously ill patients at night.</i>	<i>Relief of relatives who have to give routine night attention to sick people.</i>
Cases completed during the year and helped for:			
4 weeks & under	1	2	3
Over 4 weeks	-	-	1
Total (a)	1	2	4
Cases being helped at end of year who received help for: -			
Under 3 months	-	-	1
Over 3 months	-	-	-
Total (b)	-	-	1
Total cases helped during the year (i.e. total of (a) and (b))	1	2	5
Hours of attendance provided during year	32	68	476

MEDICAL EXAMINATION OF STAFF

<i>Category</i>	<i>No. of medical examinations</i>
County Council employees: -	
(a) Entrants to County Council's service	170
(b) Retirement on Superannuation	4
Walthamstow Borough Council employees	315
Entrants to teaching profession and training colleges	84
Others	8
Total	581