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Contributors

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1966

**London Borough of
Waltham Forest**



**Report of the
Medical Officer
of Health**

Dr. E. W. Wright, M.B., Ch.B., D.P.H.

LONDON BOROUGH OF HANWORTH
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With compliments from the Medical Officer of Health

London Borough of Waltham Forest

Municipal Offices, High Road, Leyton E10. LEY 3650

LONDON BOROUGH OF WALTHAM FOREST

HEALTH AND WELFARE COMMITTEE

1966 - 1967

Chairman:

Councillor F.W.Marshall, J.P.

Vice-Chairman:

Alderman Mrs.E.Bartram

Members:

Alderman H.S.Ceeney

" Mrs.L.D.Gurr, J.P.

Councillor H.J.Berry

" A.L.Chamberlain, J.P.

" Mrs.E.M.Dare, J.P.

" M.C.Fish

" W.G.Kemp

" T.H.Oakman, J.P.

" A.M.O'Reilly, J.P.

" C.B.Reynolds

" Mrs.J.C.Ward

" F.W.Wigg

" C.G.Winter

" Miss D.Wrigley, M.A.

Ex-officio:

The Worshipful the Mayor - Councillor A.C.Punshon, J.P.

STAFF OF THE HEALTH AND WELFARE DEPARTMENT
(at 31.12.1966)

Medical Officer of Health and Principal School Medical Officer:

- E. Walter Wright, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

- Geoffrey H.G. Poole, M.B., B.S., D.(Obst.)
R.C.O.G., D.P.H.

Senior Medical Officers:

- Gwyneth Richards, L.R.C.P., L.R.C.S.,
L.R.F.P.S., D.C.H., D.(Obst.) R.C.O.G.
F. John Goodey, B.A.(Hons.), M.R.C.S., L.R.C.P.

Assistant Medical Officers:

- Margaret J. Caton, M.R.C.S., L.R.C.P.
Eileen M. Cameron, M.B., Ch.B.
Carmel P. Dooley, L.R.C.P. & S.I.
*Margaret Edwards, M.B., Ch.B., D.C.H.
*Eirwen M. Harrison, M.B., Ch.B., D.C.H.
*Mary D. Humphries, M.B., Ch.B., D.(Obst.)
R.C.O.G., D.A.
*Jocelyn N. Newman, M.B., Ch.B., D.(Obst.)
R.C.O.G., D.C.H.
Narishta M.C. Ratnanather, M.B., Ch.B.
Joan Whitaker, L.R.C.P., L.R.C.S., L.R.F.P.S.,
D.(Obst.) R.C.O.G.

*(Part-time)

Plus sessional Medical Practitioners

Psychiatric Adviser:

- *W.R. Little, M.R.C.P., M.B., B.S., D.P.M.

2 Sessional Psychiatrists; 2 Educational Psychologists; 6 Psychiatric Social Workers

Principal Dental Officer:

- G.P.L. Taylor, L.D.S., R.C.S.

Senior Dental Officer:

- T.D.H. Millar, L.D.S., R.C.S.

13 Dental Officers (7 posts vacant); 3 Dental Auxiliaries; 2 Dental Technicians

Chief Welfare Officer:

- Birdie A. Warshaw, A.H.A., A.I.S.W., F.W.I.

Deputy Chief Welfare Officer:

- R. Apperley, M.A.P.H.I.

1 Case Work Adviser; 1 Senior Social Welfare Officer; 12 Social Welfare Officers;
Trainee Welfare Assistants; 5 Survey Assistants

Chief Public Health Inspector:

- B.J. Ashcroft, M.A.P.H.I., M.Inst. B.E.

Deputy Chief Public Health Inspector:

- W. Richards, D.P.A., M.A.P.H.I.

Senior Public Health Inspectors:

- J.H. Butler, F.R.S.H., M.A.P.H.I.
G. Holmes, M.R.S.H., M.A.P.H.I.
N. Smith, M.A.P.H.I.

18 Public Health Inspectors (5 posts vacant); 3 Technical Assistants;
5 Pupil Public Health Inspectors

- Superintendent - Midwifery and District Nursing:** - Elizabeth O'Connor, S.R.N. S.C.M., H.V.Cert., M.T.D., Q.N.
- Assistant Superintendents:** - Winifred Clinton, S.R.N., S.C.M., Q.N.
Miriam Kewley, S.R.N., S.C.M., Q.N.
- 2 Tutors; 22 Midwives; 50 District Nurses plus Pupil Midwives and Student District Nurses
- Superintendent Health Visitor:** - Erna M.Lindsey, S.R.N., S.C.M., H.V.Tutor Cert., Q.N., Dip.Soc.
- Deputy Superintendent Health Visitor:** - Claire Oldham, S.R.N., S.C.M., H.V.Cert.
- 2 Group Advisers; 2 Field Work Instructors; 31 Health Visitors; 5 Tuberculosis Visitors;
25 Clinic Nurses; 5 Student Health Visitors
- Chief Chiropodists:** - R.J.King, M.Ch.S.
J.O'Brien, M.Ch.S.
- 14 Chiropodists
- Senior Psychiatric Social Worker:** - R.Dillon, A.A.P.S.W.
- 2 Psychiatric Social Workers
- Senior Mental Welfare Officer:** - H.West, S.R.N., R.M.P.A., C.S.W., F.W.I.
- 5 Mental Welfare Officers
- Senior Domestic Help Organiser:** - Winifred E.Pickard, S.R.N.
- 4 Domestic Help Organisers
- Health Education Officer:** - H.Bradley, M.I.H.E.
- Chief Administrative Officer:** - W.D.Softley
- Deputy Chief Administrative Officer:** - F.J.Aylward
- Senior Administrative Assistants:** - R.T.Prudden
F.C.Ware
- 5 Administrative Assistants; 12 Section Officers; 1 M.O.H's Secretary; 1 Typing Supervisor;
1 Liaison Officer; 55 Clerical Assistants etc; 14 Clinic Clerks; 7 Supernumeraries

Apart from the House Teachers of the Blind, whose a series of conferences resulted in the loss of the staff, the shortage of staff referred to in my last report, seriously eased, but very hard work by all was the pattern of the year.

THE MAYOR, ALDERMAN AND COUNCILLORS OF THE LONDON BOROUGH OF WALTHAM FOREST

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my report for the year 1966 - a year of shaking down after the turmoil of reorganisation in 1965.

The concept that the Health and Welfare Committee is a forum for kind hearted people to talk over the troubles of children and old folk is of course true but almost trivial. This Committee in fact manages a big business, spending more than any other committee after Education; it has a very varied and a large number of skilled specialist staff and buildings under its control; it is engaged in imaginative and exciting planning of buildings and services of great consequence to the future life of the Borough. Moreover, members of the Committee may agree with my impression that their specialist understanding is being appreciated more and more as an essential contribution to the understanding of the Council as a whole of many other fields to which other members contribute their specialist viewpoints in turn.

In the early days of the new Borough the daily demands of the service inevitably filled our thinking, but gradually it became possible to see in wider perspective how the social services fit into the overall activity of the Council. Not only so, but a much clearer picture emerged of how the activity of the Council fits into the overall life of the Borough.

As regards the first - Health and Welfare as an integral part of Council functioning - the need for and happy experience of close co-operation with other departments was a real feature of the year.

The thorny problem of homeless families gave us no rest and underlined how closely we must work with the Housing and Children's departments and many outside agencies.

Slum clearance has traditional links with house building and all the departments of the Borough connected with this, but during the year the "Population and Housing" report prepared by the Planning Officer, in consultation with other departments, lifted the horizon further than was at first perceived. The need of the future is now seen for Health and Welfare to work closely with Planning, Housing, Education and others in the evolution of gracious urban living, with provision for groups of the population with special needs integrated into it in the proportion appropriate to modern concepts of civilization. It is an inspiring challenge to our ability to co-operate. And this is not only co-operation between Council departments, it is also between the Council and the community.

In retrospect it now seems only to have been expected that an untried new powerful authority should have made many voluntary groups anxious as to their future position.

It will, I think, be agreed that it is in the nature of developing civilization that from time to time public opinion should feel that some social service function inspired and pioneered by volunteers should be given over to full time paid personnel. Many who have built a purpose in life through a voluntary organisation may see this as a threat, fearing that someone will feel they are ripe for take-over.

In those special fields where efficiency of organisation is essential or a high degree of specialist knowledge is possible a few may be ripe for take-over, and it is wise to face this fact when it occurs. But facing facts also makes clear that a very large number of activities, whose mainsprings come from sources independent of the local authority, are going on, are providing meaning to the lives of those involved, and are as fundamental an expression of the life of the community as is the Council itself. That the Council is sincere in its wish to foster all this activity was understandably doubted in the insecure vacuum before these matters had been considered, but this was proved during the year, leading to a rapid growth of good relationships. The list on page 28 illustrates one aspect of this though the truth is much more fundamental than mere financial aid. It is not only that there is a role for both statutory and voluntary effort in the social field. There is far too much work even for both put together.

In recent years there has been a marked increase in the number of social workers, yet whereas they used to feel they could cope, now they all feel overwhelmed with work which they cannot touch for shortage of staff. It is all very harassing but it is a symptom of a gratifying fact: standards have risen and are rising fast. The trouble is that they rise so much faster than resources.

There are now ways of dealing with all manner of needs, ways that formerly did not exist. If there is no way of meeting a need it makes no demand on staff time. One example of this is the fact that no-one feels particularly harassed that the totally deaf are getting almost no help though their disability is indeed dreadful. And why? Because there has been no-one with the skill to provide the necessary specialist service. This used to apply to many problems that can now be met and which therefore now press upon us.

Secondly, social work is now expected, rightly, to be directed to improving human relationships and not only to meeting material needs. A lonely person alone is not a problem, only a fact. Try and help him and he becomes a problem.

And thirdly, modern opinion is that the underprivileged have a right to attention - by no means accepted philosophy in the past - and mentally and physically restricted people are plainly underprivileged.

The fact that officers in the social services plead constantly for more staff gives rise to suggestions that voluntary effort should be further tapped. Yet a problem every bit as acute as the shortage of specialist trained officers is the shortage of voluntary helpers in almost every field. In some parts of the Borough a venture requiring a number of voluntary workers over a period has no chance of success because all those in our modern social ecology who can do voluntary work are already over-extended. It is not declining standards, it is not that people are not what they used to be, it is just another aspect of general shortage of manpower, and it is real.

The rising of standards puts a premium on training and the appointment during the year of a Social Work Adviser to promote and supervise training of social workers, both within the department and coming from the colleges, was a most progressive step. The two new posts of Field Work Instructor have filled a similar function for the Health Visitors. Though intangible, the benefits have been marked, particularly considering how many untrained staff we started with on the Social Welfare side. The effects should be cumulative as the newly trained social workers begin to come back from the colleges in the next two or three years.

Apart from the Home Teachers of the Blind, where a series of coincidences resulted in the loss of all four, the shortages of staff referred to in my last report gradually eased, but very hard work by all was the pattern of the year.

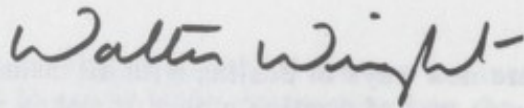
The Council had no occasion during the year to review its decision not to support fluoridation of water supplies and, though my recommendation on this remains as strong, I fear that while the national legislation lacks teeth, so will the nation's children.

I should like to thank all the staff for their work during the year and also on their behalf thank all our colleagues outside our own department. May I also thank the members of the Council, particularly of those committees which officers of this department attend regularly, with special thanks to Councillor F.W.Marshall, J.P., Chairman of the Health and Welfare Committee, and his committee, for all their encouragement and help throughout the year.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant



Medical Officer of Health.

WORK OF THE DEPARTMENT

Control of Infectious Diseases

This, the original *raison d'être* for the appointment of Medical Officers of Health remains still their prime responsibility although it now comprises but a small fraction of the work of a modern Health and Welfare Department. Nevertheless, over 2,000 visits were made by the Deputy Medical Officer of Health and/or Infectious Diseases nurse for this purpose and a total of 1,431 specimens collected and examined during the year.

During 1966 scarlet fever showed a significant fall from 176 cases to 147; as did tuberculosis (79 cases as against 111 in 1965). Measles cases notified totalled 1,157 but 817 of these occurred in the last quarter of the year. In 1965 with 4,147 cases, 3,087 were in the first quarter and only 13 cases in the last quarter so illustrating the established pattern of measles epidemics to occur every second winter and very high figures may be anticipated in the first quarter of 1967.

We are currently participating in a survey, led by a research team from the Public Health Laboratory Service, with the object of developing a more effective vaccine against whooping cough. Despite the high acceptance rate (74% of all Waltham Forest babies are immunised in the first year of life), whooping cough continues to be prevalent unlike poliomyelitis following the widespread acceptance of polio vaccine. During the last ten years the annual number of polio cases in England and Wales has fallen from 3,200 to 32 and deaths from 137 to 4, while over the same period 92,407 cases of whooping cough with 92 deaths have been reduced proportionately much less to 19,482 and 20 respectively. With a more effective vaccine we feel these figures will be substantially reduced.

One case of diphtheria (England and Wales 24 cases, 3 deaths) did occur during the year at Chingford and in a most unusual way. A young lady, after dressing an abscess on a riding horse, developed a sore throat clinically suggestive of diphtheria and later confirmed by isolation of the diphtheria bacillus from throat swabs. With appropriate treatment the patient made a complete recovery. There is little doubt that the horse was infected (horses are, of course, used in the preparation of both diphtheria and tetanus antitoxins) but despite some perseverance necessary to secure its co-operation we could not recover the germ from its throat and the source of infection remains a mystery.

There were two fairly extensive outbreaks of dysentery; characteristically they occurred at midwinter and centred on two infant/junior schools, 24 children in one and 42 in the other being affected in addition to parents and pre-school siblings. Vigorous action was taken, continuous disinfection of the lavatories, and all children made to wash in disinfectant solution and use paper towels after toilet and again before eating.

It is not always realised that when a W.C. pan is flushed a spray of fine droplets of water is thrown up in an invisible mist which, if the last user has dysentery, will contaminate the air and the entire structure of the closet. With commendable initiative one of the head teachers concerned told parents to ensure that their child used the lavatory before coming to school even if it meant missing the first lessons. I believe that this practice materially reduced the extent and duration of the outbreak. The modern design of infants' schools whereby an individual lavatory suite with washbasins is attached to each classroom offers, I believe, the only chance of ending these school outbreaks every winter.

Outbreaks of variola minor, the milder form of smallpox, occurred in the Midlands and in Wales. No case occurred in Waltham Forest but 42 surveillance visits were made to local residents who had been in contact with cases.

Certainly the greatest danger we faced in 1966 was from typhoid. A Pakistani boy aged 14 was admitted to Whipps Cross Hospital on August 1st; a week later he developed symptoms of typhoid and was at once transferred to the Fever Hospital. It reflects great credit on the high standards of the medical and nursing staff at Whipps Cross that whilst they had no idea that the boy was incubating typhoid and was being nursed in an open ward, not one patient or member of the hospital staff caught the disease. Since his arrival by air on July 19th the boy had stayed at two addresses in Walthamstow and had been in close contact with thirteen of his compatriots. These were all kept under surveillance and tested throughout the incubation period but none of them developed the disease; probably, like many adult Pakistanis, they had already become immune after having had the disease in their own country. With treatment the boy made a complete recovery.

The second, and far more dangerous case, was that of a little Indian girl of 13 who arrived by air from Delhi on August 7th and became ill on August 10th. All local doctors, hospitals and neighbouring Medical Officers of Health had been informed by circular of the first case and warned to suspect typhoid in any unexplained fever, especially in Indians or Pakistanis, and the doctor called to the second case promptly took a blood sample which proved positive for typhoid and the child was at once admitted to the Infectious Diseases Unit at St. Ann's Hospital. Meanwhile, she had spent a fortnight in a house in Leyton with nine Indians, six of whom were children and almost certainly susceptible. Enquiries elicited a history of her having had a fever some three weeks before boarding the 'plane at Delhi and that the Indian doctor treating her had died. The girl was almost certainly a relapsed case of typhoid, incompletely treated, and would have been very highly infectious for several weeks. The entire household (which included one man working at a local bakery) was therefore quarantined and examined daily. Queen Mary's Hospital, Stratford, kindly retained in their maternity unit the wife and newborn baby of one of the residents until the expiration of the incubation period, after which the whole house was thoroughly disinfected.

We owe a debt of gratitude to the family doctors of Waltham Forest for their unstinted co-operation, to the staffs of the local hospitals and the public health laboratories for all the detailed and exacting tests they carry out for us and to Dr. McKendrick and his staff at St. Ann's General Hospital, Tottenham, for their readiness to help with advice at all times as well as giving immediate admission to any patient who we suspect to be suffering from a serious contagious condition.

Geoffrey Poole
Deputy Medical Officer of Health

The Environment

Many of the personal health problems referred to elsewhere in this report clearly spring from the conditions in which people live and work. There is some reason to believe that man is more the product of his environment than of his genetic endowment, but the relationship of man to his environment is complicated and as yet not clearly understood.

The notable expansion in the Health and Welfare Services and advances in clinical medicine should not be allowed to obscure the fundamental truth that it would have been better had we been able to reduce the need for these services by prevention rather than cure.

The sphere of the Public Health Inspectorate is constantly being enlarged by a continually increasing number of statutes, orders and regulations, and by new sciences and techniques. But the result of the wide variety of the measures taken to control or eliminate harmful factors in environment in the terms of actual benefit to individuals and the community at large, cannot easily be demonstrated or proved scientifically. The subtle inter-relationship of the effects of bad housing; of the hazards of air pollution; of occupational stresses both physical and mental; of noise; of the tensions of urban living, present a complex set of factors which defy scientific analysis.

There is a need for re-thinking of the relative importance of prevention and cure and a re-affirmation of the inherent superiority of prevention.

During the course of a year, hundreds of notices are served by the Department to alleviate unsatisfactory housing conditions, but slum clearance is the most obvious and drastic method of improving the environment, involving as it does demolition of large aggregations of unfit and obsolescent properties and wholesale redevelopment. Three such areas situated in the south of the Borough are currently being dealt with in this way - Beaumont Road, Cathall Road, Avenue Road.

Slum clearance is only part of the problem of obsolescent housing. Outside the areas scheduled for redevelopment and replacement, there are thousands of houses which are neither bad enough to condemn by statutory standards, nor good enough for modern living.

Suitability for occupation is as much concerned with the environment in which a house stands as with its physical condition and equipment. Living conditions in houses situated close to industrial premises, railway viaducts and heavy traffic may become intolerable as a result of noise, vibration and effluvia.

These twilight neighbourhoods represent the major part of the urban fabric, and relatively speaking they are falling behind; the national income has increased several fold since they were built, the standard of new housing has become much higher and ways of living have greatly altered. The growing discrepancy between twentieth century standards and nineteenth century housing and planning requires a new approach. Physical improvement of individual houses is not enough: the environment, as well as the houses, must be brought up to acceptable standard.

Neighbourhood improvement is a formidable undertaking. It involves segregation of non-conforming industry from residential property, exclusion of through traffic, the creation of open spaces and welfare facilities, the provision of garage space and off-street parking, and generally to provide the area with as many as possible neighbourhood amenities now taken for granted in new housing development.

Grave human, as well as technical, obstacles will have to be overcome before such a revolutionary project reaches fruition, and much detailed research into the manifold problems involved as well as new legislation will be necessary.

Detailed information about the condition of the Borough's existing housing stock is an essential pre-requisite for the satisfactory planning of future housing needs and for co-ordinating and integrating the various facets of the housing problem.

With this objective in view the Department is co-operating with the Greater London Council in carrying out a house condition survey involving a 4% sample of dwellings in each of the London Boroughs - about 3,000 houses per Borough. Statistical analysis of the findings of this survey, when completed, will present the most comprehensive and accurate stocktaking of houses ever undertaken in London.

The Offices, Shops and Railway Premises Act is proving to be an effective instrument for the control of the working environment of persons employed in business premises, and since some of its provisions overlap and extend similar requirements contained in the Food Hygiene (General) Regulations and other legislation, the survey under the Act has provided an excellent opportunity to carry out a general review of business premises. The success of action taken measured in terms of improvements effected to premises and in advancement of the standard of welfare and safety of employees must depend upon the ability of the Department to undertake the necessary follow-up procedure. Every effort is being made, subject to the limitation imposed by severe staff shortage, to carry out a continuing programme of re-inspection.

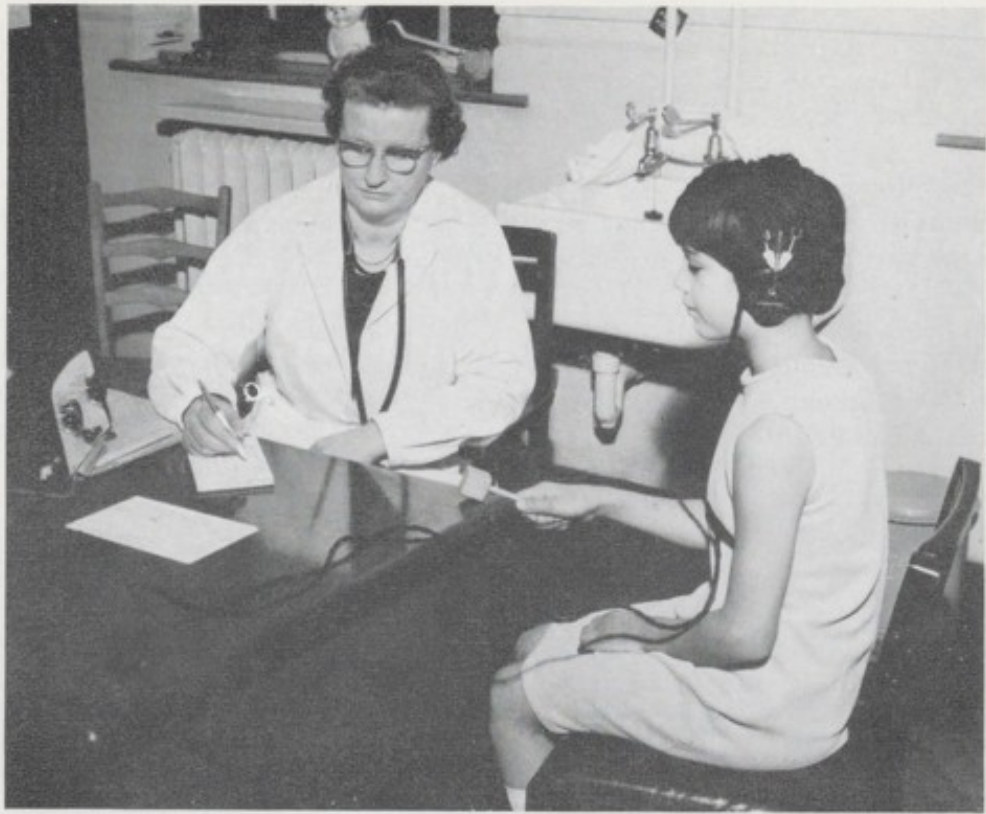
The adverse effects of air pollution on the environment of an urban community was recognised as long ago as the thirteenth century, when smoke abatement legislation was first introduced. But it was not until the disastrous London smog of December, 1952, that the urgency of the problem was finally acknowledged. It needed the tragic consequences of that smog to bring about the current legislation which now empowers local authorities to establish smoke control areas. A separate report dealing with this subject appears on pages 30/34.

The restricted space available permits only the briefest and most generalised conspectus of the work of the Public Health Inspectorate and attention is drawn to the appendix to the report which refers to food and drugs administration, food inspection and sampling, registration and licensing and contains detailed information in tabular and statistical form of the work of the Department.

The difficulties and frustrations created as a result of five vacancies on the Public Health Inspectorate establishment has imposed heavy demands on existing staff. The extra individual effort required in such circumstances, has unstintingly and cheerfully been given and in spite of ever-increasing pressure on the service substantial progress in the various fields of environmental health has been made.

Again I would like to thank my colleagues for their loyal co-operation and support.

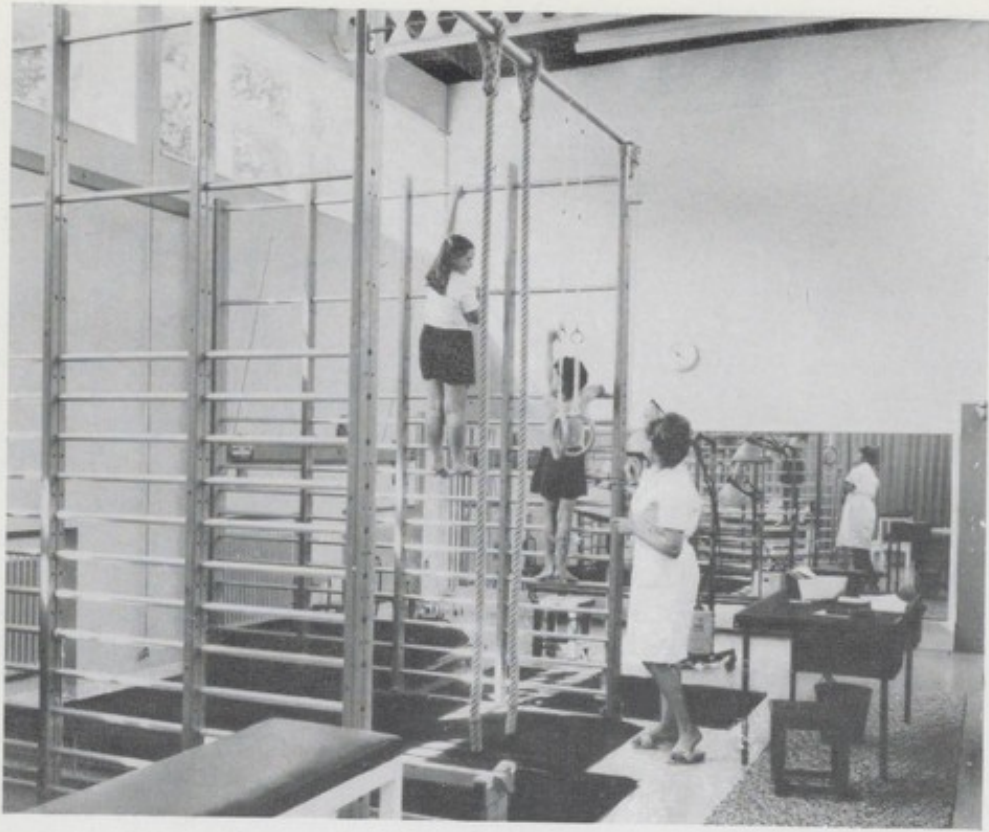
B.J.Ashcroft
Chief Public Health Inspector



Audiometry at a Health Services Clinic



Child Development Session at Health Services Clinic



Physiotherapy at Hurst Road Health Centre



Occupation Centre for Physically Handicapped Adults

Mothers and Children

In 1966 over 4,000 babies were born to Waltham Forest parents; of these 65 were stillborn. More than half of the stillbirths were premature or had severe malformation which would be incompatible with life. The majority of expectant mothers attended ante-natal clinics, but still occasional patients did not attend until the end of pregnancy and others were unwilling to accept advice. This caused great anxiety and extra work for staff who were responsible for their safety. With the improving ante-natal and perinatal care it is unusual for a mother or infant to die at childbirth and many children avoid handicap because of this care. Some who would have died because of severe congenital abnormalities nowadays as a result of medical progress live and require special care and attention, sometimes all their life. These and others who might be handicapped were kept under constant surveillance so early diagnosis and treatment could be carried out.

All babies born in 1966 were visited by a Health Visitor at home soon after they were discharged by the District Midwife or from Hospital and 3,425 of these attended Infant Welfare Clinics. The work of the entire Clinic Staff is now being made more difficult by the varied nationalities of mothers in the Borough, some of whom speak no English and in spite of facilities make no attempt to learn. Interpreters, sign language, letters to and from husbands and literature in various languages are methods used to try to communicate with them. Older pre-school children attended Toddler Clinics and children considered at risk were seen for special investigations and referred for Consultant opinion when handicaps were found.

The majority of children seen in 1966 in the clinics grew normally - physically and mentally - but for the unfortunate minority this is something they will never experience. At present there are 168 children in this Borough under school age already known to have moderate or severe handicaps. Included are mental retardation, defects of vision, hearing, muscular, skeletal or other symptoms. Some will require special educational help on attaining school age in day school, residential school, Hospital school or Training Centre. These children are given special help when necessary and assessed prior to statutory school age.

During the year some children were admitted to hospital. Sometimes the illness was acute and although dramatic in severity and speed of recovery has left no permanent disability. In other cases the illnesses have been severe and permanent.

Some admissions to hospital were preventable and were due to accidents in the home. In spite of health education, television propaganda and common sense, medicines and household cleansing materials are still left where children can lay hands on them. 71 children (mainly toddlers) were admitted during 1966 to one hospital from this Borough having taken pills or liquids. Each family was specially visited after the child's discharge from hospital to see if more advice could prevent further accidents. Fortunately none of these children died but three involved in motor-car accidents did.

All five day nurseries have combined to look after children placed in their care. All have experienced periods of quarantine because of infectious diseases - sometimes two illnesses at the same time, and this meant fewer admissions for some periods. The children have attended for various and carefully screened reasons but an increasing number are attending because they are handicapped mentally, physically or psychologically. The Development Play Sessions in the Clinics which are reserved for pre-school children who are disturbed or because of home circumstances are in danger of becoming disturbed were fully used in 1966 and all had long waiting lists. With the increasing number of flats more and more children have "nowhere to play" and must be kept quiet to avoid complaints from neighbours.

Private Play Groups which are inspected and supervised by the Health Department are providing supervised play sessions and are relieving the Day Nurseries of children who do not need their special facilities.

During 1966 24 new students were admitted to the Nursery Nurses Course and 22 completed their training, sat for and obtained the certificate awarded by the Nursery Nurses' Examination Board.

Four of the Nurseries have continued to receive help from children and staff in Secondary Modern Schools, including the building of an excellent Wendy House in the grounds of one Nursery and mending many broken toys. This work is greatly appreciated and the fifth Nursery will shortly be included in the long list of places where the children give so much help.

During the year, 66 children between the ages of 5 and 16 attended the Junior Training Centre. Unfortunately it is impossible to have more children in the premises so only the children who could benefit from the training available could be admitted this year. One child after making consistent improvement in the Centre for three years was able to transfer to a Special School where his progress has been maintained. The children in the Centre are happy and affectionate, many have brought unexpected joy to their parents and others who meet them. One of the happiest sounds heard just before Christmas was a group of them singing "Jingle Bells" making up with volume for what they lacked in tunefulness. The happiness of their faces and their "joyful noise" brought pleasure to all who heard them. Some children will never reach this stage and will never learn even slowly as these do. They will remain infants all their life, and although loved and wanted by their parents, will become a heavier burden as they grow bigger. Eventually many of these will be admitted permanently for institutional care. Meantime some of the parents accept short term care in hospital or private homes so obtaining a period of time to re-coup for the very difficult task of caring daily for severely handicapped children. Other children were able to attend one morning a week at special sessions held in clinic premises where they were looked after by members of the Waltham Forest Society for Mentally Handicapped Children. All who care in this way for these children in Hospital, Home, Training Centre or Clinic do a great deal to help keep the children with their parents as long as possible.

This year for the first time two young students were admitted to the Staff of the Training Centre and have proved to be very capable and excellent in their approach to the children. The children obviously feel happy and safe with them. After two years of practical work application will be made for them to continue their training in College. This is a new venture and the calibre of these young people indicates that when they complete their training they will continue the high standard of care already found in the Centre. In addition, students from the Chiswick Polytechnic College attended the Centre for four weeks practical work and were examined on their practical ability there. All passed their examinations as well as providing extra hands to help the children.

In addition to the children learning by play and where possible learning to recognise money and read a little, using different new methods, the children are taken out when possible. If children are liable to be worried about travel they are taken individually or with a friend to visit shops, go for short distance on the Underground or to purchase their own cup of tea in a cafeteria. More adventurous outings for the older children included a visit to Loughton Police station followed by a visit to Chigwell Station to see Police horses and the dogs and a visit to Loughton Fire Station where they were allowed to sit on the engine, ring bells and sirens and watch the firemen use their pole and hoses. It is important that they regard the Police and Firemen as friends. Most of the children enjoyed a day at the seaside in the summer and a visit to the Circus on Christmas Eve. Plans have been made for a visit to the Bethnal Green Children's Museum and the Children's Section of the Whitechapel Art Gallery, and a reply is awaited to see if the children can go to an experimental farm next year.

Medical work in the Schools has continued as usual. Medical inspections have been carried out on groups in each school during the year and an almost weekly visit by a Medical Officer to the Special Schools. Children have attended the School Clinics and have seen Consultants, Speech Therapists and Physiotherapists or Chiropodists when necessary.

G.Richards

Senior Medical Officer - Child Care

Midwifery and Home Nursing

The Service has continued to operate satisfactorily and although there have been no outstanding difficulties the Staff have been kept fully occupied in dealing with the day to day care of patients and the training of student nurses.

There was an increase in the number of elderly patients nursed at home, 66 being aged 90 and over and one patient who has actually reached the age of 106.

The recruitment of staff through the Training Scheme continued to prove successful and the staff position remained constant throughout the year. The latest district nursing techniques are in use and progressive patient care observed.

38 Pupil Midwives undertook Part 2 training at The Lady Rayleigh Training Home and 35 Pupils from Thorpe Coombe Maternity Hospital undertook the district part of the training at the Carisbrook Nurses Home. 37 Student District Nurses undertook training for the National Certificate of the Ministry and the Certificate of the Queen's Institute of District Nursing - 14 from the London Borough of Waltham Forest, the remainder from other Authorities.

The Examination results for both Pupil Midwives and Student District Nurses were good.

E.O'Connor

*Superintendent of Home Nurses and
non-Medical Supervisor of Midwives*

Health Visiting

The duties of the Health Visitor are mainly concerned with health education and social advice to encourage and promote the attainment of full physical and mental health within the family group. The establishment of the new Borough offered the unique opportunity of taking a fresh look at the service and how the above aims could be achieved. During the year 1966 emphasis has been laid on the following:-

HOME VISITING

A large part of the Health Visitor's work is undertaken informally when visiting families in their own homes. Her aim is to establish personal relationships which inspire individuals to have confidence in her and in themselves. Her knowledge and experience of the normal and her continued contact with the family enable her to be aware of the beginnings of problems, and if and when to refer for specialist help.

SCHOOL CHILDREN VISITING THE ELDERLY

Pupils under the guidance of the teacher and the Health Visitor regularly visit selected old people. These visits are much appreciated by lonely persons who in turn contribute in many ways to the social development of these youngsters. A school session is set aside to discuss the situations which are encountered, and we feel sure that this scheme will contribute to the social awareness of these children. Furthermore, a few fifteen year old girls take it in turns to attend and help at the play group attached to the Mothers Club at Granleigh Road Clinic.

HEALTH EDUCATION

The work of the Health Visitor at the High School for Girls has been extended to include the first and fourth year pupils. Discussions are held on such topics as:-

- (1) Living in a family
- (2) Becoming an adult
- (3) Life at school - attitudes to people in authority;
making friends;
being in a crowd
- (4) Onset and significance of puberty.

At the request of members of the fifth form, discussion groups are also held after school.

GENERAL PRACTITIONERS

Co-operation with General Practitioners is already very good and many different schemes are developing in their own individual way. Health Visitors attend weekly clinics and/or discussions at 19 family doctors' surgeries. Through this exchange of information, problems come to light much more quickly, especially those related to elderly people and the mentally ill. A good relationship is established with the expectant mother, and when the baby arrives, the Health Visitor is already a trusted friend. Congenital defects which are not apparent at birth become known to the Health Visitor more quickly and, with the help of the General Practitioner, the family are given the necessary support.

Towards the end of the year one Health Visitor was attached to the General Practitioners working at Hurst Road Health Centre. There has been much discussion nationally and locally concerning attachment schemes, and already our relatively short experience has shown the value of this service.

LIAISON WITH HOSPITALS

Thorpe Coombe Maternity Hospital. This liaison scheme is now well established. All expectant mothers are given advice on the social services and how these can be obtained. Particular help is given to the unmarried mothers who can discuss their difficulties with an understanding highly-trained person (the Health Visitor working with this hospital is also an experienced midwife), thus saving the Consultant's time.

Health Visitors also work in close co-operation with Whipps Cross, Langthorne, Claybury, Connaught and Chingford Hospitals. Regular visits are made to the paediatric, geriatric and admission wards. The Health Visitor acts as a link between home and hospital, and by supplying information concerning the patient's home background, the consultant is better able to decide on the action to be taken.

TRAINING OF STUDENTS AND OBSERVATION VISITS

During 1966 Health Visitors have given varying amounts of practical training and experience in social aspects of public health to:-

200 Student Nurses, 10 Nursery Nurses, Several Pupil
Midwives, District Nurses and Social Work Students.

The two Fieldwork Instructors have supervised the practical work of five student Health Visitors.

An integrated community service can only be achieved through teamwork. It was therefore decided to invite other social workers, including those responsible for the physically handicapped and the mental welfare services, to a series of discussions based on the television series "The Social Workers". These programmes described the many aspects of welfare and social work and served as a common basis for discussing the particular problems encountered in this Borough. Furthermore, the monthly Social Workers' lunch-time meetings, which are still well supported, help to strengthen the team spirit which is so essential in providing a good service to the community.

E.M.Lindsey
Superintendent Health Visitor

Psychiatric Services

MENTALLY ILL ADULTS AND SUB-NORMAL PERSONS

(1) In 1966 the Mental Health Section was able to begin to function more as a social work service as staff increased. Statistical figures for the year compared to 1965 show that interviews with patients more than doubled. Although the number of admissions to hospital remained roughly comparable, the number of preliminary visits to assess the need for hospitalization was substantially higher. By no means all the referrals from G.P.s were requests for help in hospital admissions since many were for psychiatric assessment at the emergency clinic held in the Section's offices by the Senior Registrar of the Claybury admission unit, demonstrating how hospital admission can be avoided if treatment can be prescribed early enough on an out-patient basis. Having such psychiatric help so readily available has been of inestimable value to the mental welfare staff, as well as general practitioners.

The number of requests for after-care rose sharply during the year, hospitals having tried to avoid overloading the service to ensure that those referred could gain the help they needed. At the same time, the number of referrals from out-patient clinics for casework help or social work support continued to increase, showing that the wider preventative functions of the service are recognised and utilised.

Co-operation with the two psychiatric hospitals serving the Borough has continued to be good with satisfactory liaison most of the time.

(2) Richmond Fellowship Hostel, Highams Park: The Hostel has been building up nearly to its full complement over the past year. There are one or two patients waiting; mostly the Hostel has been used for patients discharged from Claybury Hospital. A further report next year on the progress of patients who have been to the Hostel will be forthcoming.

(3) Adult Training Centre: On April 1st 1966 the Centre started the year with 128 male and female trainees in attendance. During the year 12 more trainees commenced attendance and two girls left to start work and so we finished the year with 138 trainees on the register. It is very pleasing to report that the two girls are still holding their jobs down and are hoping to continue to do so.

During the year it was necessary to stop taking in more trainees as we have neither the accommodation or staff to cope with any more in the Centre, so have once again had to start a waiting list. During the year the Centre carried on its high standard of work in the handicraft workroom and has made many articles for various departments of the Borough Council.

More work for local factories has been undertaken and regular work for four firms is now carried out.

In July articles made in the workshops by the under-21 trainees were entered in the Waltham Forest Youth Competition and gained many 1st, 2nd and 3rd awards and so scoring the highest points to win the Cup for the second year running.

In September a variety of articles were entered in the Waltham Forest Exhibition for Handicapped persons and here again won many top prizes.

In September 38 trainees, with 12 from the Junior Centre, were taken for a holiday at the Dymchurch Holiday Camp for a week, from which they received great benefit. Also in September an outing to Maldon for the day was arranged to the delight of the trainees.

In December the trainees were taken to Olympia to see Bertram Mills Circus, which was enjoyed by all.

Despite shortage of staff a programme of social training and education has been carried out which has led many of the trainees to become more self-reliant and capable of doing things for themselves and so enjoy a fuller life.

The Centre ends the year more overcrowded than ever, but with the staff working well together problems have been overcome and the Centre kept running smoothly and happily.

CHILD PSYCHIATRY

(1) Requests for help: More families containing children are referred to the clinic because of closer working relationships with medical and social agencies; especially local medical officers, where regular conferences are held with clinic staff. The psychiatric teams are also finding greater selection in referring cases, with a bias towards the younger child, combined with some social treatment, such as Development Clinic Playgroup. Regular visits to all Welfare Clinics in the Borough are maintained, which leads to the discussions with Health Visitors about families they have in common, and Student Health Visitors may be helped by Psychiatric Social Workers. Only a few families can attend on a weekly basis because of the pressure of work, but with increasing interest and understanding of the work to be done, especially in some of the schools (like the special class Margaret Brearley school for educationally subnormal children, where Miss Ford maintains a contact with Miss Barnby; and the Lea Bridge Day school for maladjusted children, where all social workers take an interest in children from families known to them), most of the people in daily contact with the children can work along the same lines, thus broadening the plan of treatment.

It should not be forgotten however, that as all the children who may need the help of the Child Guidance Clinics are, or will be, in school, the work of the two Educational Psychologists is of paramount importance in bringing about an integration of the preventive services. With their special training in psychology as well as their teaching qualifications they are in a unique position to assist the schools to pick out the children most in need of special help, interpret the nature of the help available to both parents and teachers, and see that the children and families who need it most are put in the way of receiving it. Where school conference with the clinic team have been possible, this problem has been eased by making the principles of prevention and treatment more widely known to all the teachers. But as the numbers of children who suffer some degree of emotional handicap must always far exceed those who can receive some special help from clinics or schools, the Educational Psychologists fulfill another function of equal importance to the community by bringing their knowledge and influence to bear on the problem of containing and assisting many disturbed children in the ordinary school environment. Thus the principles of prevention are coming to be applied mainly to the younger age groups of special difficulty.

- (2) Training: Five mental health students attended Hurst Road Centre for supervision by the Psychiatric Social Worker Teachers. Group discussions are held with all Social Workers in the Borough (Mental Welfare, Education Welfare, Child Care and Health Visitors). Assistant School Medical Officers attend monthly conferences.
- (3) Changing Attitude Towards the Service: There is a greater acceptance on the part of the general public, and families in particular who need help, who realise that there is nothing mysterious about psychiatry. This applies to adolescents who have found their own way to the Young People's Consultation Service and have given enough work for two Counsellors. One Secondary School girl referred herself to the psychiatrist, recommended by a friend of hers.

W.R.Little

*Adviser in Psychiatry to the
London Borough of Waltham Forest*

The Old and the Handicapped

INTRODUCTION

The responsibility for the specialist services for the aged, the blind the deaf and the physically handicapped was transferred from the County Council to the Borough Council in 1965 and the first year was concerned largely in getting to know those who were already receiving help, in consolidating the work and in organising the department. As residents of the Borough became aware of these changes so did their applications for assistance increase in number and variety, and 1966 was a year in which work flooded into the department at a speed quicker than it could receive early attention.

The shortage of staff has meant that new applicants for services have waited rather longer than is desirable for their first visit, and those already registered for services have not had follow-up visits as often as were required. These early days are the frustrating ones, but the future is brighter, and we hope some of the difficulties will be resolved.

THE AGED

The proportion of those over 65 years of age has increased over a great many years and the growing numbers of the aged and the outlook for still larger increases make the problem of their care a major one.

A new home, Edith Pearson Lodge, was opened in January, 1966 for 61 old persons.

The average age of admission is higher than it has been before, being about 85 years, and this reflects credit on the domiciliary services which are aimed at supporting old people in their own homes for as long as possible.

The waiting list for those urgently requiring admission to old persons Homes numbered 297 at 31st December, 1966 and it had been hoped that the building of a new Home in Billet Road would have been started this year. However, many factors contributed to there being some delay in the commencement of this work and it is anticipated that the building of this Home will be started in 1967.

Because of the restrictions imposed on new projects by the "squeeze" no new luncheon clubs for the elderly were opened this year. The existing clubs were well patronised and provided a social meeting place.

An additional voluntary organisation started using the Alice Burrell Centre during the year and created a departure from the original idea that these premises should be used only for old people's activities. It is the Waltham Forest Spastics Group which holds regular monthly meetings there and they arrange the evening so that the handicapped youngsters have organised games in the main hall whilst the parents enjoy a quiet evening together in the lounge, discussing their difficulties and helping one another in their common problem.

The day-care scheme for providing meals, baths and company in the Council's Homes for old people in need of care and attention living alone has continued and is being expanded.

At Edith Pearson Lodge several beds are kept filled by short stay cases. Of the Council's six Homes for old people Heathcote Lodge continued to cater for the infirm and confused.

The Leagues of Friends attached to all but one of the Homes have rendered stalwart service and have performed many kind acts to residents and staff.

THE HANDICAPPED

The serious shortage of social workers has greatly curtailed the services to the blind, the physically handicapped and the deaf. The blind handcraft classes have been kept going but home teaching has suffered very much through lack of personnel. White sticks, wirelasses, talking book machines and such like aids have been supplied through the agency of the Essex County Association for the Blind which continued to render most valuable service. The Blind Clubs were always well attended and deep appreciation is recorded of the splendid voluntary workers who give so much of their time to this well-worth-while service.

Several young blind people joined with both young and not so young physically handicapped at the Roberts Hall day centre. Here handcrafts supply the activity for those who desire nothing more than a pastime, but there is also an expanding industrial section engaged in outwork from factories where attendances have to be regular and to time and the work must be of the highest standard.

Insufficient transport presented the biggest problem in all sections of the work but particularly so at the Day Centre. Only those with their own vehicles or who could travel by public transport were able to come all and every day.

Aids and appliances of all kinds were supplied to the handicapped and statistical details are given on page 55.

Some very interesting adaptations were carried out during the year to both Council and private property. One handicapped person was virtually a prisoner in her front room. Owing to her disability it took her about 10 minutes to wheel herself to the front door to answer a knock. There were steps in the middle of the passage and out into the garden and the outside toilet was inaccessible to her. Structural alterations were carried out which removed the steps inside the houses, ramps were laid to the garden from the lounge door and inside access was given to the toilet. Arrangements were made for her to have an electric indoor chair and her life has been made much easier and happier. Many similar cases could be quoted.

Holidays for the blind and physically handicapped were arranged at seaside camps and guest houses and even the most severely disabled were catered for. Many appreciative letters were received from those who had not been away for many years as well as from those who had had this happy experience before.

The exhibition and sale of handcrafts held at Ross Wyld Hall in October was a great success. The exhibitors were the blind, the physically handicapped and the mentally handicapped. The work was of a very high standard and total sales amounted to £292.

Car badges for disabled drivers enabling them to park in normally restricted areas providing no obstruction is caused, continued to be issued.

CONCLUSION

This brief survey of the work with the old and the physically handicapped would not be complete without acknowledgements of the excellent voluntary service rendered by residents of the Borough as private citizens and by the Voluntary Organisations.

B.A. Warshaw
Chief Welfare Officer

Dental Services

It will be seen from the statistics on page 85 that the Department has not provided as much treatment as in 1965. This is largely due to the continual problem of staff shortages and changes. It is also partly due to staff absences through illness.

I am glad, however, to report that the ratio of fillings to extractions is over 3.5 to 1.

We received a visit from a Dental Officer of the Department of Education and Science in March. He spent two days inspecting the clinics and talking to as many dental officers and auxiliaries as were on duty. He made a number of recommendations, one being that "the Authority may wish to consider extending the graded staff structure by creating a further Senior Dental Officer Post. This as well as helping to recruit and retain staff, could lead to increased efficiency". In view of our staff problems this recommendation is one which clearly should be considered and it is to be hoped that this may prove possible in due course.

Another aspect relating to staffing was the recommendation that "the encouragement given to staff to attend conference and refresher courses should ensure that treatment standards will be maintained and improved". This is also a matter which will repay further looking into as quite as great an incentive to recruitment and retention of staff is provided by the feeling that the service being given is efficient and modern. In the present world where advance is so rapid it is important to give the staff the opportunity and encouragement to be up to date, and to make contact with colleagues who are leading the profession.

Another recommendation was that Dental Health Education should be developed and I am glad to report that a campaign has been organised by the Health Education Officer for March, 1967.

There was also some criticism of the accommodation and equipment at the various clinics. In view of the economic situation, a phased programme of equipment replacement has been planned. Financial provision for the first phase has been included in the estimates for 1967/68.

There is no significant change in the amount of treatment provided for M. and C.W. patients but we have planned, in future, to invite parents of school children to bring their pre-school infants to the clinics for dental inspection at an early age.

In consequence of the afore-mentioned staff shortages, the Dental Laboratory has had less work to do. Methods are being urgently sought to remedy this.

G.P.L. Taylor
Principal Dental Officer

Chiropody Service

Chiropody came to the Waltham Forest area in September, 1931, when a Foot Clinic was established in Walthamstow, this being the second municipal service in the country, the first having been established by the then Bermondsey Borough Council in 1930. Our service has been maintained over the years in spite of staff shortages, but we are still one of the few that caters for all age groups.

The question of frequency of domiciliary visits still gives concern, being governed by the number of chiropodists we have available. With a population of some 239,520 one's resources are rather stretched, as with ten Clinics and six Welfare Homes and ever increasing domiciliary demand, and only 16 chiropodists to cope, the urgent cases on our books have to be seen what ever may come.

We still have our old enemy the shoes. Much remains to be done in persuading the public to wear the correct shoes, as quite a lot of foot trouble is thus caused. Some parents need advice on how to resist the demands and dictation of their children when buying shoes.

Our six Welfare Homes, each have one chiropody session per week. These have been maintained in spite of other pressing commitments.

The Children's Clinics still flourish, each school in the Borough being based on one of the ten clinics. This arrangement is working well, but we will be happier when each school can be visited and inspected by a chiropodist at regular intervals, thus stepping up the preventive side of our work.

On June 16th 1966 the Clinic which had been located at the Town Hall, Walthamstow since 1946, moved to the new Hurst Road Health Centre. Here we have accommodation more suited to our profession. The patients now have the privacy that they are entitled to, being treated in separate surgeries with dressing cubicles all in the same suite. This has been much appreciated by the patients; the chiropodist can now talk and listen to his patient's problems without others overhearing and this in itself has added dignity to the Service.

R.J.King
J.C.O'Brien
Chief Chiropodists

Home Help Service

The work of the Home Help Service during 1966 has kept to its familiar pattern. Statistics have shown a steady rise in the number of cases helped throughout the past ten years mainly within the "aged" category and many helpless, bedridden, blind and housebound people have received comfort and succour.

Bookings for help during maternity confinement have been fewer and mostly for part-time; cost is the usual reason given for shorter hours with husbands and relatives covering the remaining time.

All request for help have received attention with the minimum period of delay and every endeavour has been made to give service in relation to need as expeditiously as possible.

Despite the increase in case-loads organisers and clerical staff have remained at the same level for many years and adequate visiting supervision is becoming increasingly difficult to maintain.

Home Helps have shown a remarkable devotion to duty and many letters of appreciation have been received from recipients and relatives.

Recruitment of staff has been easier in Walthamstow than in the Leyton and Chingford districts but the standard is good generally and Leyton West have succeeded in obtaining the services of a Male Home Help for difficult male cases.

"Neighbourly Helps" and Night Attendants are very difficult to obtain but fortunately the demand for these services is at a minimum. We would like to record our thanks to Health Visitors and all domiciliary services for their interservice co-operation and to the cleansing team directed by the Deputy Chief Welfare Officer for the valuable help and relief they have afforded in the initial clearing of rubbish from neglected homes, thus enabling Home Helps to commence duties under reasonable conditions.

W.E.Pickard
Senior Home Help Organiser

The Homeless

During the year homeless people made very heavy demands on the department and strenuous efforts were made to prevent homelessness by every method possible with the aid of all our colleagues.

"Woodlands" temporary accommodation for eight families was opened in February and four families were moved there from "Suttons" Hostel in Hornchurch thus bringing all those for whom we were responsible within the Borough. Continued pressure made necessary an overflow into another property of 1031 Forest Road in October but still pressure increased.

Those homeless through no fault of their own were only difficult to help when we lacked accommodation to shelter them temporarily, and soon we lacked this because the available accommodation was blocked by families of the type unlikely to be acceptable for normal Council housing. These latter families are the most difficult problem with which the social workers of this and other departments have to deal. Homelessness is not a problem of one department only; moreover these families can often pose a problem to which there is no solution, and which the onlookers expect to be solved while they watch with deep-seated emotions unrestrained by knowledge of the facts. Homeless crying children and feckless work-shy parents stir up opposite emotions and yet they are two aspects of the same problem. Sentimental compassion or a rejecting condemnation are equally unhelpful, yet both attitudes are pressed on those who have to deal with this problem by those who do not.

It is greatly to the credit of the staff that by tireless efforts in this situation they, in the very great majority of cases, managed to find other expedients to cope with the situation without resorting to admission to the hostel. These expedients were often poor ones but even so required skill and persistence to be achieved.

The co-ordinating committee of social workers (Health and Welfare, Children's, Housing, Ministry of Social Security, N.S.P.C.C., etc.) has found its proceedings dominated by the problem of possible homelessness which has such administrative urgency, and it may well be that attention to other problem families, where impending homelessness is not a feature, has suffered as a result. Yet considering the work of this committee in this one respect it has indeed achieved a great deal during the year. Of course, it cannot prevent what is already a *fait accompli*, but where advance knowledge of impending homelessness is available (and this applies particularly in the case of Council tenants) the streamlining and rationalization of the social work effort has achieved much.

The problem of homelessness may be easing in the sense that the pressure (if not the length) of the housing waiting list is lessening as years pass, but for the inadequate feckless family it occurs ever more frequently with rising rents. The philosophy of some families is that however you behave, be it irresponsibly, maliciously or psychopathically, the State will see that you do not lose the basic essentials of food and shelter. It is a contemporary point of view as a flower of the Welfare State. It may well be morally right, and it is better than any insurance policy from the feckless family's point of view, but from the social worker's point of view it is disheartening. On the other hand, some families are truly inadequate and no threats, degradation or teaching can alter their basic weakness. For them the State must provide at considerable expense and with little or nothing to see in return.

E.W.W.

In-Service Training for Social Workers

The extension of social work practice in community care has been undertaken by local authorities at a time when the whole conception of the aims and objects of the social services and society's expectations of them is undergoing change and re-evaluation. However exciting this may be, it is important that we should not lose sight of the fact that good social services are directly related to the existence in the department, and the further recruitment of, staff with the attitude of mind that accepts people in need, and has a desire to use every possible resource in helping them.

There is no single service labelled "community care" which can exist separate from all other services, and this has been borne very much in mind in devising the in-service training programme. It will be remembered that the Borough Council have approved the appointment of Welfare Assistants as trainees with the expectation of their secondment to training colleges awarding recognised qualifications in social work. The course is intended primarily to equip men and women for work in Health and Welfare Departments (including Mental Health). We look forward to the return of our first trainee as a qualified officer in the autumn of 1967. Four others began their two-year course in 1966 and another four are due to begin this autumn. The nature and content of these courses is known and has naturally influenced our own programme.

We have started a small library of books recommended for preparatory reading, and have been fortunate in being allowed the long-term loan of some from the public library.

As this "pre-training" is mainly carried out within our own setting, it was realised at the start that it would have an effect upon, and could not be undertaken in isolation from, other members of staff. Simply expressed, the aim has been to assist in the learning process in any area where the need is apparent. Consequently it was seen that pre-training and staff development were two parts of a whole and needed to be looked at together.

Theory and practice are complementary and do not always occur in the same order. Valuable experience and skill in a particular field cannot be over-estimated. No in-service training programme can succeed without the active and full participation of skilled members of staff. Our coming together for visits, talks, to see films and have discussions, has provided opportunities for pooling knowledge and experience and induced the climate where we are ready to learn from each other.

In addition, certain items in the programmes have been made available to staff and students in other departments. It is topical to talk about the multi-disciplinary approach, but there is no doubt that the person in need benefits by his problem being looked at from all angles, and social workers themselves get a deeper understanding of ways of helping by being able to discuss mutual problems in an informal atmosphere.

The programme, as well as increasing knowledge, aims at producing a balance between theory and practice. Broadly this is achieved in two ways. The trainee has regular tutorial sessions that progress from the giving of factual knowledge concerning legislation; the existing social services, both statutory and voluntary; the keeping of records; to discussion of social policy and practice, the definition of case work and how to present a case history. At the same time the trainee, working alongside the experienced social workers, is carrying out essential work in the department and so is faced with living persons with real problems. These are brought back for discussion resulting in a more effective service and a greater understanding on the trainee's part of what he is doing and the reasons for this.

P. J. Godley

Senior Medical Officer - Community Care

Trainees have acted as residential helpers on the holidays arranged for the physically handicapped, and arrangements have been made for them each to spend a week at one of the Borough's residential homes for the elderly.

As well as the above, talks and demonstrations, which have been open to all social work staff, have been given by people with specialised knowledge. These have covered the use of medical terms, the work of the special schools, the welfare of the deaf, the care of the aged, aids and adaptations for the physically handicapped and the partially sighted, mental health in the community, the child guidance service, child care, local government, etc.

It is essential that all social workers have knowledge of the extensive services provided by the Borough, and as well as visits to these, we have also been to adjacent hospitals and to establishments for the disabled in Surrey. Clinical demonstrations of disturbed children undergoing specialist treatment have also been attended.

The value of visual learning has not been overlooked, and every month there has been a film show in the former Council Chamber at Leyton Municipal Offices, which has been followed by discussion. These have highlighted the history, special requirements and ways of helping the physically handicapped, blind and partially sighted, the deaf and hard of hearing, the elderly, the lonely, the law-breaker, and problems relating to family case work. Other departments and students have been invited and have appreciated this opportunity to add to learning. Good films on these subjects are not easy to find, and they have been obtained from as far afield as America and Geneva.

During the year help and guidance has been given to a variety of students who have come to the department to learn about the Borough's services and the practice of social work. They have come from universities and colleges and illustrate the several ways in existence of taking social work training. The universities concerned are Bedford College, London and Nottingham Universities. College students have come from the College of Deaf Welfare and the Barking Regional College of Technology. Student Health Visitors, who are receiving their academic training at the latter college, have also been given an insight into the welfare service.

Close contact is maintained with the London Boroughs' Training Committee, and individual members of staff have attended appropriate seminars or day conferences. This not only extends the social worker's knowledge and understanding, but keeps us abreast of trends and developments in other Boroughs. These are not of uniform pattern, and being aware of the diverse way in which they function, helps us continually to evaluate the aims and structure of our own service.

S.A.Abley
Social Work Adviser

Priority for Rehousing

A major item in the work of this section consists in the assessment of applications for Council housing calling for priority on medical grounds. The very considerable backlog in this work dating from the institution of the new Borough is now overcome.

The effects which can be secured by improvement in housing in the alleviation of ill health and disease are very restricted. For the most part medical benefits must fall under two heads:-

- (1) to lighten the burdens incidental to chronic illness such as bronchitis and joint disease, to causing which poor housing conditions themselves do not contribute;
- (2) to remove the manifestations of severe mental stress which in some cases, in the ordinary sense of words, are the result of difficulties over housing. Complaints may be bizarre; the distress real.

In these two categories especially the proper estimate of remediable disability is very difficult; to discriminate between annoyance which may be literally unspeakable, and pain, discomfort and lack of breath. In cases of mental disability through housing troubles, to secure some uniformity of assessment, it has been found useful and advisable to ask for the opinion of a psychiatric specialist. In general this has been welcomed as relieving the severe burden on the general practitioners concerned.

A particular form of this kind of mental disability is the extreme hatred entertained by many people for life in a tower block of flats. Manifestations are all different, from hysterical outbursts to actual neurosis, from raging and weeping to quiet obsession, but the complaint is always the same. In a proportion of cases an additional cause for outrage is the height; and since older persons are now often housed on the top floors of a tower, this is a prominent symptom with the old; but in fact inability to digest life in the towers is found at every age. A fair estimate is that the towers are satisfactory homes for about 80% of those who try them, and of these many express themselves as delighted with the life; the remaining 20% complain, and half of them complain bitterly; and 5% will stir the infernal powers until they get out to more suitable accommodation.

During the year a survey was carried out of the housing requirements of 120 persons over the age of 65 (not a completely random selection, which is difficult to secure). It seems that these people's wishes as regards homes are surprisingly modest; they hate stairs, they would wish to be dry and warm; and they want to be on the bus routes. The universal dream is to retire to a little cottage with a garden. There is an apparent need in the Borough for dwellings suitable for old people who, though they may be frail, are not invalid; and it is likely that such provision would relieve a considerable amount of the recurrent provision for medical and para-medical services. Taking into account the special problems and conditions of the Borough, it appears that the need amounts to not less than 1,600 suitable dwellings.

The housing application list dealt with by the Health Department is of exceptional interest in that it forms, in important respects, a substantially unbiased selection from the population of working age and over. In all investigations of chronic medical conditions a great difficulty is to obtain a fair sample. It may be hoped that this particularly will lead to further information about such scourges of community health as bronchitis and rheumatism.

F.J.Goodey

Senior Medical Officer - Community Care

Administration

In the first year (1965) of the new Borough the Administrative Services of the Health and Welfare Department were concerned mainly with surmounting the difficulties of the amalgamation and ensuring the continuance of the services to the public.

In 1966, in spite of the stresses of development and extensions of the services, more time has been made available to plan improvements in the administration.

SERVICES DIVISION

A modern Health and Welfare Department such as we have in Waltham Forest employs many professional and technical experts, and the Administrator, by reason of his training, and as his years in office progress, gains a lively appreciation of their functions and needs. Therefore each year the field staff and the administrators work together more closely to render the most effective and prompt service to the public.

During 1966 there has been a great improvement in the integration of the field workers and the supportive staff, and this was considerably helped by a re-disposition of staff so as to improve sectional supervision. It is hoped that in 1967, with more space becoming available, that we shall be able to further integrate the social workers and administrative staff of the department.

MANAGEMENT DIVISION

The responsibilities of this division are more prosaic than those of the Services Division. However, the work is just as essential to the needs of the department.

The Staffing Section dealt with a turnover of staff which involved the appointments of 185 professional, technical or clerical and 215 manual staff. Further to this 1,120 medical examinations were arranged and conducted in respect of staff of all departments of the Council's service.

In the Finance and Supplies Section some 2,000 orders were placed with suppliers and approximately 20,000 accounts, mileage claims and maintenance requisitions were dealt with.

The filing of correspondence and records of the department is the nerve centre of a department of this size. The amount of correspondence received reaches proportions never experienced before, and this has to be dispersed to all sections of the department promptly and with previous correspondence on the same subject attached thereto.

GENERAL

The experience of the last two years has revealed that the original establishment of the department is not sufficient in quality to cope adequately with the needs of the expansion of the services, and I am of opinion that three or four more middle tier appointments are required to strengthen the administrative team.

The supernumeraries have settled in well and given sterling service. However, it has not been possible to give them experience in various sections of the department, as the "routine work" pressures have necessitated them becoming static rather than peripatetic.

At the time of writing the Organisation and Methods Team of the London Boroughs' Management Services Committee have just completed a survey in the department. As we appreciate that there are certain deficiencies in the administration, we await their report with interest and trust that they will produce practical proposals to solve them.

I place on record my appreciation of the responsibilities assumed by the administrative staff and the assistance given by those in the clerical grades.

W.D. Softley
Chief Administrative Officer

Health Education

During the past year arrangements have been made for small exhibits and poster displays on Holiday Safety to be held in Health Services Clinics. The Ministry of Health advocated an immunisation campaign in the autumn and all the Clinics had an intensive poster display on view for a month and leaflets were available for all concerned.

At all of them there was a continuous poster display on Dental Health, changed periodically to keep this all important matter before the public.

The Health and Welfare public notice board at Chingford was kept up to date with all available posters on Health Education matters such as anti-smoking, dental health, immunisation and care of young children.

Films on sex education, personal hygiene, dental health, anti-smoking and development were obtained for use in schools and, in conjunction with these films, talks were arranged by the Health Visitors and School Nurses. As part of the general liaison with Health Education in Schools previewing of films by Head Teachers was arranged so that they could know what is available and also, through discussion, the most profitable lines of approach could be worked out.

Films and talks were arranged at Youth Centres with the co-operation of the medical staff on such subjects as sex, venereal disease and anti-smoking. These talks and discussions were very well received.

Films, filmstrips, slides, together with talks, were given to voluntary organisations such as Mothers' Groups and Young Wives' Groups - chiefly Church Organisations.

The subject of mouth-to-mouth resuscitation is very popular indeed and cannot be too widely publicised. The films were taken to Boy Scouts, Boys' Brigade, Youth Groups, Mothers' Groups and to the Mothers' Clubs at the various clinics in the borough and shown together with a talk and demonstration with the model "Resusci-Anne". They are also a regular part of the training curriculum at the Lady Rayleigh Training Home.

Special training films were obtained and shown at the lectures given to staff and students at the Lady Rayleigh Training Home by medical staff, public health inspectors, the health education officer and others.

Home safety, fire safety and general interest films have been shown at the Alice Burrell Centre on two occasions and at one of the Old People's Homes. It is intended that this service will be extended to other homes later.

Training films, filmstrips, slides and talks have been arranged for the students and staff at the day nurseries and the Social Work Adviser has been assisted in the training of social welfare staff and students by the showing of training films.

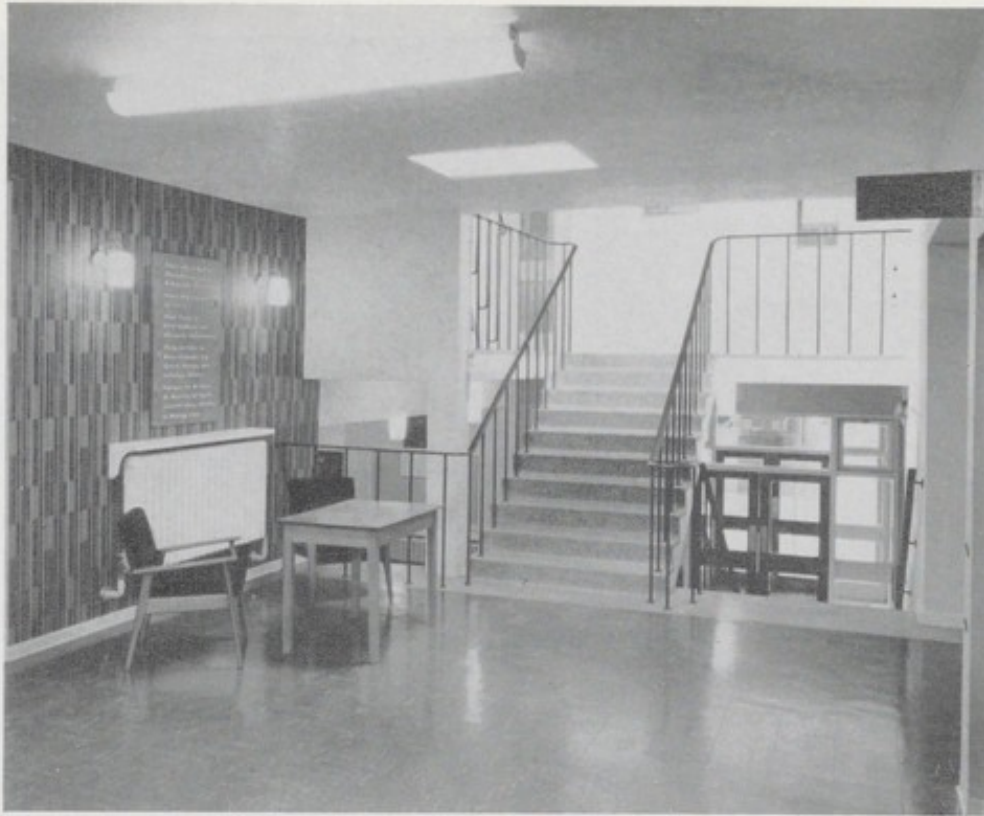
H. Bradley
Health Education Officer

VOLUNTARY ORGANISATIONS

The following received grants from the Council during 1966:-

British Epilepsy Association
Central Council for Health Education
Chingford Committee for the Physically Handicapped
Chingford Old Peoples' Welfare Committee
Chingford Workshop for the Elderly
Essex County Association for the Blind
Essex Physically Handicapped Association
Family Planning Association
Leyton Physically Handicapped Club
Middlesex League for the Hard of Hearing
National Library for the Blind
Nursery School Association
Richmond Fellowship
St. John Ambulance Brigade
Southern Regional Association for the Blind
Voluntary Hostels Conference
Walthamstow Child Welfare Society
Walthamstow Hard of Hearing Club
Walthamstow Physically Handicapped Club
Waltham Forest Association for Mental Health
Waltham Forest Chest & Heart Association
Wingfield Music Club
Women's Royal Voluntary Service

There are, in addition, several important voluntary organisations who do not receive grants from the Council and very many smaller associations and clubs who play a most valuable role in social welfare. Some of these receive indirect assistance from the Council's resources.



HURST ROAD HEALTH CENTRE
(Reception Area; Entrance to Chiropody Clinic—lower level; Stairs to Dental Suite)



HURST ROAD HEALTH CENTRE
(General Practitioners' Patients Waiting Room; Stairs to Audiology & Speech
Therapy Unit)



HURST ROAD HEALTH CENTRE
(Opened June 1966)

HURST ROAD HEALTH CENTRE

Waltham Forest's first purpose built Health Centre was opened in June 1966 on a site roughly $\frac{3}{4}$ of an acre in size situated in the central area of the new Borough and easily accessible by public transport from any direction.

The building had originally been designed as a Health Services Clinic to accommodate those services hitherto provided at the Walthamstow Town Hall and to bring together, under one roof, other services such as Child Guidance, Speech Therapy and Physiotherapy which were housed in old and unsatisfactory premises in various places in the Borough.

During the planning and design stage an approach was made by three general medical practitioners whose surgeries were near to the proposed Clinic regarding the possibility of their being provided with accommodation in the building. The outcome of the discussions which took place in connection with this application was an agreement to modify the design to enable the general practitioners and the local Health Authority to share the use of certain rooms and to provide reception facilities for the general practitioners' patients.

The Ministry of Health approved the project and loan consent was received in May 1964. The total cost, including building works, cost of land, equipment etc. was £139,500.

Work on the site by the appointed contractors began in September 1964 and the project was due for completion in November 1965. A series of difficulties necessitated an extension of the completion date and the building was finally handed over for occupation on 1st June 1966.

Interesting use of the sloping nature of the land has been made by the architects responsible for the design of the building in its internal layout and this, together with the decoration and equipment of the Centre, provides a novel and stimulating experience for those working in and attending the Centre.

The accommodation incorporates three medical consulting rooms with examination rooms adjoining, four dental surgeries with a dental laboratory and x-ray facilities, a four-cubicle chiropody suite, a large room for combined use as a physiotherapy unit and lecture or demonstration hall, a child guidance suite, a minor ailments treatment room, a speech therapy unit and a specially constructed and acoustically treated room for accurately testing children's hearing. Additionally there are various waiting areas and reception offices.

The three general medical practitioners have transferred their practices entirely to the Health Centre and hold regular morning and evening surgeries and occasional afternoon sessions for Ante-natal examinations, vaccination and immunisation etc. Since they commenced operating from the Centre arrangements have been made for the attachment of Health Visiting and District Nursing staff to assist them in dealing with their patients' requirements. This is a "full" attachment appropriate to a Health Centre as distinct from those partial attachments of nursing staff to general medical practices already in existence throughout the Borough

In addition to the Local Authority Services referred to above the following Specialist Services, provided in association with the Local Hospital Management Committee, are available to school children:

Ear, Nose and Throat Clinic
Ophthalmology Clinic
Orthopaedic Clinic
Paediatric Clinic
Physiotherapy

By arrangement with the Executive Council for North East London a General Dental Service is provided. Sessions are held mainly in the evening and some of the dental officers employed during the day time by the Local Authority assist with this work.

The building also includes a two-bedroom flat for a resident caretaker and there is, in the grounds, considerable car-parking space.

Since the Health Centre was opened it has been visited by many interested persons, individually and in groups, among whom have been medical officers of health, general practitioners, members and officers of Borough Councils and Executive Councils, architects etc., and considerable numbers of the general public.

Use of the premises is made available during evening periods to a variety of voluntary organisations whose work is associated with that of the Health and Welfare Department.

CLEAN AIR

INTRODUCTION

As long ago as the thirteenth century the general unpleasantness of pollution of the atmosphere was recognised and legislation was enacted to prohibit the burning of coal, the chief cause of pollution then, as now.

The first recorded sanction enforcing such legislation was the execution, in 1306, of an artificer for using sea-coal in a furnace, although even the most earnest clean air fanatic of today might argue that such drastic measures is carrying enthusiasm to excess. A year later the first official enquiry into the problem of atmospheric pollution was undertaken.

By the mid-seventeenth century the state of atmospheric pollution in London had reached such a point that eminent personalities of the age, such as John Evelyn, the diarist, thought it of sufficient importance to warrant the submission of a lengthy report of some 10,000 words upon the subject ("Fumifugium") to the reigning monarch Charles II and to Parliament - year 1661. Referring to air pollution in the City of London he wrote:-

"... This is that pernicious Smoake which sullyes all her Glory, super-inducing a sooty Crust or Fur upon all that it lights, spoyling the moveables, tarnishing the Plate, Gildings and Furniture, and corroding the very Iron-bars and hardest Stones with these piercing and acrimonious Spirits which accompany its Sulphur; and executing more in one year, than exposed to the pure Aer of the Country it could effect in some hundreds.

It is this horrid Smoake which obscures our Churches, and makes our Palaces look old, which fouls our Clothes, and corrupts the Waters, so as the very Rain, and refreshing Dews which fall in the several Seasons, precipitate this impure vapour, which, with its black and tenacious quality, spots and contaminates whatever is exposed to it.

It is this which scatters and strews about those black and smutty Atomes upon all things where it comes, insinuating itself into our very secret Cabinets, and most precious Repositories ..."

John Evelyn's powerful indictment and most eloquent pleas fell on deaf ears and throughout the eighteenth and nineteenth centuries advocates of clean air were faced with a similar insensitivity of opinion among the great mass of people.

During the early part of the twentieth century clean air campaigners and voluntary organisations intensified their efforts and successive attempts were made to introduce effective legislation that would amend earlier enactments to enable the problem of atmospheric pollution to be dealt with on a national basis. Nevertheless, despite these activities and efforts, no real progress was made in cleaning the air and indeed it was not until the disastrous London smog of 1952 which caused 4,000 deaths, that the urgency of the problem was finally acknowledged. It needed the tragic consequences of that smog to reach the headlines of national newspapers and its social and economic impact led to the appointment of yet another investigating committee in March 1953 under the chairmanship of Sir Hugh Beaver to investigate the nature, causes and effects of atmospheric pollution and to suggest what action could be taken. Their final report and recommendations led to the introduction of the Clean Air Act, 1956 and for the first time in the history of clean air legislation, local authorities were able to establish smoke control areas and deal effectively with smoke from domestic appliances which constitutes as much as four-fifths of the total pollution in the atmosphere.

Subject to certain exemptions and limitations, it is an offence to emit smoke from the chimney of any building within a smoke control area.

SMOKE CONTROL AREAS

Before smoke control areas can be brought into operation much detailed procedural work is necessary involving a survey of premises in the proposed area to ascertain the existing pattern of fuel usage; the number and types of appliances that will have to be adapted or replaced; an estimate of the cost of such conversions; an estimate of smokeless fuel requirements; approval of the scheme by the local authority and the submission of the smoke control order to the Ministry of Housing and Local Government for confirmation.

An essential part of the procedure for the establishment of smoke control areas is that the Council's proposals should receive as much publicity as possible. The Department's main task during the months between the confirmation and the coming into operation of the order is to facilitate the carrying out of conversions and adaptations to fireplaces in dwelling houses and other premises and to give advice to householders. Tenants and owners affected by a smoke control order are given every possible assistance and are supplied with full information about the choice of appliances and the procedure for claiming grant which amounts to 7/10ths of the expenditure necessarily incurred in complying with the order. Arrangements are also made for mobile exhibitions to be stationed at sites within the area and for practical demonstrations to be given on the use of solid fuel and other appliances.

The Council's phased programme for the establishment of smoke control areas aimed at dealing with 4,000 premises per year which means that the whole Borough should be under smoke control within nine years. The programme continues to make satisfactory progress with the confirmation of two more smoke control orders; this brings the total number of orders in operation to nineteen comprising 35,952 premises and covering 5,376 acres, about 55% of the Borough - see map at end of Report.

Other measures taken to mitigate air pollution include approval of new factory furnaces and chimney heights, inspection of existing boiler installations and discussions with engineering and managerial staff.

MEASUREMENT OF AIR POLLUTION

The department continues to co-operate with the Ministry of Technology in the national survey of air pollution. Comparative results of measurements of smoke and sulphur dioxide recorded daily by apparatus installed at three selected sites are set out in Tables 1 and 2 which follow. The average concentration for 1965/66 was 96 microgrammes per cubic metre compared with 236 for 1958/59 - a reduction of nearly 60%. A 36% reduction in sulphur dioxide is also apparent - 161 microgrammes for 1965/66 compared with 251 for 1958/59. Table 2 gives the monthly average concentration of smoke and sulphur dioxide recorded at the three sites during the winter of 1965/66. Available records at Chingford and Walthamstow are incomplete prior to this. It will be noted that the Walthamstow sulphur dioxide figures are abnormally high compared with Chingford and Leyton; this is probably due to a source of pollution located close to the recording apparatus. Since the apparatus was moved to the Hurst Road Health Centre in July 1966, the figures have shown a marked reduction.

Special investigations involving the use of scientific apparatus are also in progress for the measurement of grit and dust deposits in specified parts of the Borough; the results for the past three years are given in Table 3.

Records of the measurements of air pollution in graphical form (page 34) clearly indicate that over the past nine years there has been a marked reduction in smoke pollution in this Borough and in the London area generally; this is directly attributable to the establishment of smoke control areas. The programme for the creation of more areas will ensure that this satisfactory trend will continue.

TABLE No.1

YEARLY AVERAGE SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS (expressed in microgrammes per cubic metre)

YEAR (ending 31st March)	SMOKE	SULPHUR DIOXIDE	SMOKE/SO ₂ RATIO
1957	233	209	1.11
1958	222	217	1.02
1959	236	251	.94
1960	174	184	.95
1961	154	192	.80
1962	130	172	.76
1963	135	214	.63
1964	126	181	.70
1965	107	183	.58
1966	96	161	.60

THOUGHTS ON PEOPLE'S HOUSING

TABLE No.2

**MONTHLY AVERAGE SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS
DURING WINTER OF 1965 TO 1966**
(expressed in microgrammes per cubic metre)

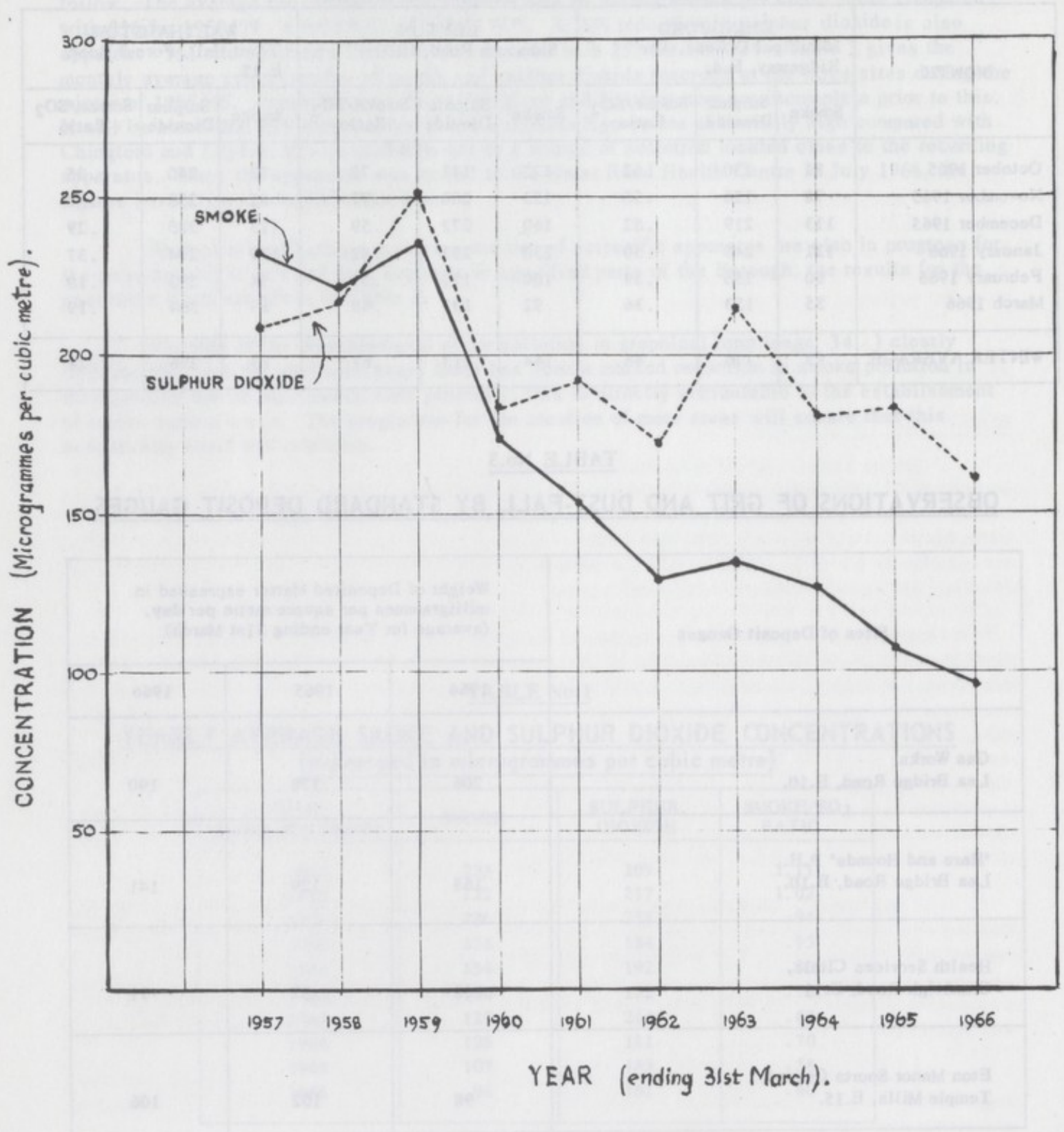
MONTH	CHINGFORD Municipal Offices, The Ridgeway, E.4.			LEYTON Sidmouth Road, E.10.			WALTHAMSTOW Town Hall, Forest Road, E.17.		
	Smoke	Sulphur Dioxide	Smoke/SO ₂ Ratio	Smoke	Sulphur Dioxide	Smoke/SO ₂ Ratio	Smoke	Sulphur Dioxide	Smoke/SO ₂ Ratio
October 1965	81	130	.62	127	177	.72	83	240	.35
November 1965	78	156	.50	153	200	.77	82	258	.32
December 1965	113	219	.52	160	272	.59	113	385	.29
January 1966	121	240	.50	230	279	.82	109	294	.37
February 1966	60	155	.39	100	170	.59	54	293	.18
March 1966	55	153	.36	92	191	.48	59	304	.19
WINTER AVERAGE	85	176	.48	144	215	.67	83	296	.28

TABLE No.3

OBSERVATIONS OF GRIT AND DUST-FALL BY STANDARD DEPOSIT GAUGES

Sites of Deposit Gauges	Weight of Deposited Matter expressed in milligrammes per square metre per day. (average for Year ending 31st March)		
	1964	1965	1966
Gas Works, Lea Bridge Road, E.10.	206	178	190
'Hare and Hounds' P.H., Lea Bridge Road, E.10.	168	129	141
Health Services Clinic, Granleigh Road, E.11	108	87	91
Eton Manor Sports Ground, Temple Mills, E.15.	98	102	106

**YEARLY AVERAGE SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS
1957 - 1966**



THOUGHTS ON OLD PEOPLE'S HOUSING

The provision of higher pensions and opportunities for employment and social activities, whilst meeting most of the basic needs of elderly people, do not meet their full requirements if the four walls within which they live act as architectural barriers to their living a full and satisfactory life. Elderly people still need affection and attention and whilst their families were living at home this was a bit of the environment which was taken for granted as a way of life. When the children marry and move away the old people are left to their own devices and then comes the awareness of their personal loss. There is no one to fetch the coal, to do the shopping, prepare the meals and stairs become difficult to negotiate. If they were in accommodation from which they could go out without having to go up and down stairs half the battle would be won. The other half, however, has still to be fought.

Much attention is focused upon improving the living arrangements of ill-housed elderly people by resolving the immediate and most serious housing needs, but it is essential to have an understanding of the inter-relationships among housing, health, economic and social aspects of the underlying problem. Old people do not all require the same solution to their problems. For many years concentration has been focused on the provision of residential Homes in order to supply adequate shelter for our ageing citizens and although there is definitely a place for residential Homes for the more infirm further thought and research are needed for those who are active and alert but just beginning to slow down physically and whose financial position is at a particular economic disadvantage.

The housing requirements of any family or individual are dynamic, changing almost imperceptibly over time. Housing arrangements that are ideal for the recently retired couple at age 65 will be completely unsuited to a frail survivor of the marriage at age 80. The attack on meeting the needs of the elderly should be phased in four parts, the first phase being when the family heads reach middle age. At this stage their roots are usually well established, they feel a sense of satisfaction at having more than enough room in which to live with greater comfort than had been possible while the children were growing up. Since, as a rule, their health is good and the principal wage earners are still employed with incomes probably at their peak, there is little pressure to make a change. Yet it is at this point in the family cycle that the couple is in the best economic position to make a housing removal or adapt the existing house to meet their later requirements.

The second phase is when the children have left home, principal wage earners are either retired or about to retire and, as a result, incomes are lower than in middle age. Physical changes have taken place and individuals have begun to slow down. Many will have definite physical ailments with limited activity. Stairs may have become difficult to negotiate. Many find the house too big and too expensive to keep up, the garden too much to maintain and the boiler too difficult to tend. Many couples now start to think of changing their accommodation but most of them never get beyond the discussion stage. About 75% of people after retirement are still living in the same houses they occupied when younger with full employment and young families. Some make a satisfactory readjustment but as years pass more find their ability to make satisfactory readjustment in their living arrangements slowly lessening.

At this retirement age those who can afford it start to seek houses more suited to their slower pace of living (even finding houses in a warmer climate) but others increasingly find it necessary to go to live with their children.

During this later period death often dissolves a number of partnerships leaving, in the majority of cases, a widow with readjustment problems which often make her housing problems more acute than those of a spinster of the same age.

By the time couples reach what can be called "early old age" they are at the point of the cycle at which most researchers in housing problems begin their studies. Retirement is now almost universal and only about 20% are in a sufficiently comfortable financial position to meet current housing needs or maintain satisfactory accommodation. A large number of those house owners who decided to stay where they were begin to pay the price for their decisions. They are unable to cope with the maintenance of a large house and have let it run down.

The last phase in this cycle is a smaller number of surviving "late old age". By this time physical infirmities are usually great, and there is a growing number who, as they advance through late old age, need more than satisfactory walls, floors and facilities.

Throughout the country there are houses and flats which, whilst being individually satisfactory, are to be found in districts which do not afford the elderly occupants the social and psychological support which they require.

There will always be room for new thoughts on old people's housing as further understanding is gained of the changing phases of life and the opportunities they present to plan for the future.

CHILDREN'S DEPARTMENT

Contributed by G.H.Baker, Borough Children's Officer

This Department is now two years old and during this time has become fairly established. The staff has been increased to meet the heavy demands made upon their services and a new Children's Home has been opened in Bisterne Avenue, E.17. A site in the Borough has been allocated to the Children's Committee for the building of a Residential Nursery in 1968 to replace the Nursery at Harlow which, owing to its situation and distance from the administrative centre, has proved an uneconomical establishment.

During the year ended 31st December, 1966 the department admitted 204 children into care and discharged 193, most of whom returned to their parents as a result of the work of the Child Care Officers with the families. On the 31st December, 1966, there were 104 children in care living with foster parents, whilst 64 children were in Children's Homes. The appeal for foster parents has met with a fairly good response and is one of the reasons why we have more children boarded out than in residential care. We are hoping, however, to improve the numbers of immigrant children boarded out with foster parents and our publicity at present is geared towards this goal.

As was predicted in the last year's report, the work of preventing families breaking up or children appearing before Juvenile Courts has increased and on the 31st December, 1966 there were 69 families with 187 children between them being visited, helped and supported by the Children's Department. This work has included sending a family to a Rehabilitation Unit for intensive training, matrimonial reconciliation work and advice for families in financial difficulties. There is always an Officer on duty during the week and Saturday mornings at the office at 12 Church Hill to see any member of the public who wishes for any advice or help with their family difficulties.

The work of the Children's Department also included adoption cases, staff acting as guardians *ad litem* in 85 adoptions as well as supervising the children during the probationary period to the Order being made. All children placed "privately" by their parents in foster homes were visited by Child Care Officers during the year in accordance with the statutory regulations. At each Juvenile Court session an Officer was present to represent the local authority and to submit a report when requested. We also helped in the after care of youngsters released from Approved Schools and visited children under Supervision Orders.

Many of the staff have attended short courses or conferences provided by the Central Training Council of the Home Office or the London Boroughs Training Committee to improve their knowledge and to keep abreast of new angles in child care. This department has also given a big contribution with practical training to a number of students from Universities and Colleges during the year for periods of up to six months, the two senior Child Care Officers acting as their tutors and supervisors.

WATER SUPPLIES

Contributed by Dr.E.Windle Taylor C.B.E.,M.A.,M.D.,D.P.H.,F.C.Path.
Director of Water Examination, Metropolitan Water Board

The supply was satisfactory both as to quality and quantity throughout 1966.

It was derived from the following works and pumping stations:-

River Lee water from Lee Bridge Works with some well water from Ferry Lane Pumping Station and Chingford Mill Pumping Station, except for a small portion of Lower Chingford adjoining Sewardstone Road north of Kings Head Hill, which is in supply with River Thames derived water under Sewardstone Green reservoir head.

No new sources of supply were instituted.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on pages 92 & 93. No fluoride was added, and where the fluoride content is indicated it represents the naturally occurring fluoride in the water.

The supply being hard in character is not liable to be plumbo-solvent.

All new and repaired mains are disinfected with chlorine, after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, through the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

The population supplied direct by the Board according to the Registrar General's estimates at 30th June, 1966, was 239,520.

No houses were permanently supplied by standpipe.

There were no changes to the general scheme of supply in the area.

The following additions to the mains in the area took place:-

Trunk Mains - 1,560 yards of 12" main, along the North Circular Road from the Crooked Billet roundabout to the entrance of Greaves Pumping Station, in duplicate of the existing 12" main.

Other Mains - 512 yards.

RAINFALL AND SEWERAGE

Contributed by D.M.P.Sullivan, C.Eng.,A.M.I.C.E.,M.I.Mun.E., Borough Engineer and Surveyor

RAINFALL

The total rainfall last year was 27.56 inches at the Auckland Road Depot and 27.12 inches at the Ferry Lane Station. This was 14 per cent above the average rainfall for the area.

Rainstorms of severe intensity occurred on the 5th July and the 30th August, causing moderate flooding.

SEWERAGE

During the year the following sewerage schemes were completed:-

Hale End Road/The Avenue Relief Surface Water Sewer
West Leyton (Stage III) Main Drainage Scheme
Buck Walk Foul Sewer Reconstruction
Tufton Road Piping of Ditch
Surface Water Sewer adjoining 95 Sewardstone Road

Work on the following sewerage schemes was commenced and is now in progress:-

Sewardstone Road (Epping Way to Hawkwood Crescent)
Walthamstow Southern Area Relief Surface Water Sewer,
Northern Branch

Work on the survey and design for five of the schemes included in the 10 year programme of sewer relief works is now well advanced and has been started on two further schemes. In addition, six smaller schemes are included in this year's capital programme.

Discussions have continued regarding the vesting of main sewers in the Greater London Council under the London Government Act, 1963. The Greater London Council has served Statutory Notice on the Council in respect of several main sewers, together with the storm tanks at Low Hall Farm and Auckland Road. The vesting of further main sewers in the Greater London Council is being considered.

SEWAGE DISPOSAL

The whole of the sewage flow from Chingford has now been diverted to the Greater London Council Deephams Sewage Disposal Works and the Chingford Works have now ceased to operate with the exception of the storm tanks, which have been retained to store the excess flow during heavy rainfall. The vesting of these storm tanks in the Greater London Council is now under consideration.

All sewage disposal responsibilities will be taken over in due course by the Greater London Council with the Council probably acting as their agents for the operation of the storm tanks and pumping stations.

STATISTICAL INFORMATION

VITAL STATISTICS

Area of Borough (in acres)	9,805
Population (Registrar General's Estimate, midyear 1966)	239,520
Number of Rate Assessments at 31st December 1966 ...	91,491
Total Assessable Value	£11,760,876
Product of a penny rate	£46,690

Live Births:

	<u>MALES</u>	<u>FEMALES</u>	<u>WALTHAM FOREST</u>		<u>ENGLAND & WALES</u>
Legitimate	1936	1835	3771		
Illegitimate	170	133	303		
			<u>4074</u>		
Live Birth Rate per 1,000 population			17.00		17.7
" " " as adjusted by comparability factor (1.06)			18.02		
Illegitimate live births per cent of total live births			7.43		

Stillbirths:

Number (31 males : 34 females)			65		
Rate per 1,000 total live and stillbirths			15.95		15.4
Total live and stillbirths			4139		
Infant deaths (deaths under one year)			79		

Infant Mortality Rates:

Total infant deaths per 1,000 total live births			19.39		19.0
Legitimate infant deaths per 1,000 legitimate live births			19.35		
Illegitimate infant deaths per 1,000 illegitimate live births			19.80		
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)			12.51		12.9
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)			11.78		11.1
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)			27.30		26.3

Maternal Mortality:

Number of deaths			1		
Rate per 1,000 total live and stillbirths			0.24		

Deaths:

Total number			2913		
Death rate per 1,000 population			12.16		11.7
" " as adjusted by comparability factor (0.90)			10.94		

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE - 1966

CAUSES OF DEATH	AGE GROUPS - MALES									AGE GROUPS - FEMALES									
	TOTAL	UNDER 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	TOTAL MALES	UNDER 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	TOTAL FEMALES
1. Tuberculosis, respiratory	8	-	-	-	-	1	3	1	1	6	-	-	-	-	-	1	1	-	2
2. Tuberculosis, other	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3
3. Syphilitic disease	3	-	-	-	-	-	1	2	2	5	-	-	-	-	-	-	1	2	3
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	2	1	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ..	5	1	-	-	-	-	2	1	-	4	-	-	1	-	-	-	-	-	1
10. Malignant neoplasm stomach	73	-	-	-	-	-	17	13	7	37	-	-	-	-	1	8	8	19	36
11. Malignant neoplasm lung, bronchus	160	-	-	-	-	1	58	49	25	133	-	-	-	-	8	11	8	8	27
12. Malignant neoplasm breast	67	-	-	-	-	-	1	1	1	3	-	-	-	3	32	17	12	64	
13. Malignant neoplasm uterus	16	-	-	-	-	-	-	-	-	-	-	-	-	3	7	4	2	16	
14. Other malignant and lymphatic neoplasms	288	-	-	-	2	5	48	50	44	149	-	-	-	2	7	45	39	46	139
15. Leukaemia, aleukaemia	14	-	-	1	-	2	1	1	1	6	-	1	-	-	1	2	2	2	8
16. Diabetes	16	-	-	-	-	-	1	-	-	1	-	-	-	-	2	9	4	15	
17. Vascular lesions of nervous system	409	-	-	-	-	3	23	38	72	136	-	-	-	-	1	27	47	198	273
18. Coronary disease, angina	571	-	-	-	-	6	125	90	113	334	-	-	-	-	34	58	145	237	
19. Hypertension with heart disease	30	-	-	-	-	-	3	5	5	13	-	-	-	-	-	2	8	7	17
20. Other heart disease	292	-	-	-	-	3	14	26	53	96	-	-	-	-	2	12	18	164	196
21. Other circulatory disease	126	-	-	-	-	1	10	12	25	48	-	-	-	-	1	6	12	59	78
22. Influenza	9	-	-	-	-	-	2	1	1	4	-	-	-	-	-	1	4	5	
23. Pneumonia	253	10	2	-	-	-	11	26	75	124	4	1	-	-	1	8	25	90	129
24. Bronchitis	143	-	-	-	-	1	21	39	53	114	-	1	-	-	-	5	8	15	29
25. Other diseases of respiratory system ..	27	-	1	-	-	-	6	6	4	17	-	-	-	-	-	5	2	3	10
26. Ulcer of stomach and duodenum	18	-	-	-	-	-	1	6	5	12	-	-	-	-	-	2	2	2	6
27. Gastritis, enteritis and diarrhoea	16	1	-	-	-	-	1	3	-	5	1	-	-	-	-	2	-	8	11
28. Nephritis and nephrosis	12	-	-	-	-	-	1	4	1	6	-	-	-	-	2	2	2	-	6
29. Hyperplasia of prostate	12	-	-	-	-	-	2	2	8	12	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth, abortion	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
31. Congenital malformations	29	11	-	-	-	4	2	1	-	18	9	1	-	-	1	-	-	-	11
32. Other defined and ill-defined diseases ..	201	25	-	1	2	6	16	19	28	97	14	-	1	-	5	21	13	50	104
33. Motor vehicle accidents	36	-	-	2	4	4	7	1	5	23	-	1	-	2	-	2	5	3	13
34. All other accidents	40	1	-	-	5	3	4	3	8	24	-	-	-	-	-	3	3	10	16
35. Suicide	24	-	-	-	2	4	5	1	1	13	-	-	-	1	2	7	-	1	11
36. Homicide and operations of war	4	1	1	-	-	1	-	-	-	3	-	-	-	1	-	-	-	-	1
TOTALS	2,913	51	5	4	15	45	386	401	538	1,445	28	5	2	6	30	245	297	855	1,468

DEATHS FROM CANCER

AGE AT DEATH	MALES	FEMALES	TOTAL
Under 5 years	-	1	1
5 and under 15 years.....	1	-	1
15 and under 25 years.....	2	2	4
25 and under 45 years	8	15	23
45 and under 65 years	125	102	227
65 years and over	198	164	362
Total	334	284	618

Of these 618 deaths, 133 males and 27 females died from cancer of the lungs or bronchus.

BIRTHS

During the year a total of 4,139 births were registered. In the same period 4,170 births were notified in accordance with Section 203 of the Public Health Act which were distributed as follows:-

	DOMICILIARY		INSTITUTIONAL	
	LIVE	STILL	LIVE	STILL
Notified births which occurred in the Borough	1,073	3	2,008	29
Birth notifications transferred outwards	3	-	384	3
Birth notifications transferred inwards.	4	-	1,405	38
Adjusted Total	1,074	3	3,029	64

CARE OF PREMATURE INFANTS (weighing 5½lbs or less)

	<u>LIVE</u>	<u>STILLBORN</u>
Number born at home.....	31	1
Number born in Hospital or Nursing Home	207	32

MIDWIFERY

The work of the Council's Midwives during the year was as follows:-

Domiciliary confinements attended under N.H. S. arrangements where:

(a) a doctor was not booked	10
(b) a doctor was booked	1, 049
Cases delivered in hospital and other institutions but discharged and attended before tenth day	561
Miscarriages attended	10
New cases booked	1, 248
Cases on the books at the end of the year	459
Medical aid notices issued	23
Visits paid (as midwife):	
(a) Ante-natal	6, 799
(b) Nursing	17, 062
(c) Other post-natal	360
Total Visits	<u>24, 221</u>

Administration of Analgesics

Cases in which Gas and Air was administered	519
Cases in which Trilene was administered	137
Cases in which Pethidine or a related compound was administered ...	372

Clinic Sessions

Number of sessions attended:

(a) General practitioner's clinics	868
(b) Midwife's clinics	496
Number of ante-natal examinations by the midwife:	
(a) General practitioner's clinics	5, 859
(b) Midwife's clinics	4, 687
Number of women attending midwife's clinics who had not previously attended any ante-natal clinic in the current year	1, 567

Child Welfare Clinic Attendances

	ASSEMBLY HALL	DAWLISH ROAD	EMMANUEL HALL	HATCH LANE	LEYTON GREEN	LOW HALL LANE	MARMION AVENUE	PARK HOUSE	PRIORY COURT	ST. FRANCIS HALL	SILVERDALE ROAD	WEST AVENUE	WINCHESTER ROAD	"BROOKSCROFT" (VOLUNTARY)	TOTAL FOR YEAR - ALL CLINICS	
Children attending for the first time in 1966 who were born in	1961	-	98	2	11	23	24	14	13	13	-	1	13	4	23	232
	1962	10	163	5	12	58	71	70	54	26	-	4	22	17	37	549
	1963	48	210	6	40	111	115	48	66	56	18	12	70	38	68	906
	1964	126	302	8	54	160	219	140	171	85	70	29	221	78	156	1,819
	1965	298	195	7	114	327	280	314	364	262	123	128	350	130	330	3,222
	1966	144	479	70	87	352	338	261	480	320	103	116	346	105	224	3,425
Total attendances		5,066	8,016	1,970	2,270	6,522	5,917	6,398	7,359	5,860	1,723	2,435	5,972	2,908	6,507	68,923
Attendances of children seen by Medical Officer		519	2,842	31	576	1,529	2,328	805	1,989	2,043	126	949	2,257	742	764	17,500
No. of children referred elsewhere		17	157	2	-	124	12	28	134	58	4	9	5	2	9	561
No. of sessions																
(a) Medical Officers		29	179	3	-	81	113	29	116	149	8	93	146	50	-	996
(b) Sessional G.P.'s		-	15	1	53	79	36	28	51	1	-	2	2	3	101	372
(c) Health Visitors		75	10	51	-	6	-	54	16	-	46	33	-	-	2	293

	NUTRIENTS										WELFARE FOODS			
	ADEXOLINE	OPTROSE	MARMITE	COW & GATE	OSTERMILK NO.2	S.M.A.	HUMSD. TRUFOOD	FAREX	GROATS	TWIN-PACK	NAT. DRIED MILK	COD LIVER OIL	A. & D. TABLETS	ORANGE JUICE
Assembly Hall	609	2,666	500	360	189	254	-	99	43	79	737	259	266	5,526
"Brookscroft"	-	-	-	-	-	-	-	-	-	-	1,819	329	245	3,625
Dawlish Road	1,416	4,677	828	2,466	2,228	344	288	222	324	-	2,892	879	295	6,905
Emmanuel Hall	321	1,100	186	434	254	74	9	48	48	43	533	102	38	1,041
Granleigh Road	1,558	4,120	788	2,017	2,146	535	140	232	114	200	4,606	762	411	7,544
Hatch Lane	506	1,194	295	131	91	164	-	39	22	41	1,249	130	156	2,767
Leyton Green	1,858	4,446	966	1,886	1,146	310	24	199	118	164	2,930	496	384	6,170
Old Monoux School	-	-	-	-	-	-	-	-	-	-	4,720	260	275	5,773
Priory Court	1,551	10,154	1,414	1,716	2,038	321	24	242	135	223	2,626	401	382	5,254
Low Hall Lane	917	7,542	425	1,808	1,314	398	236	189	98	123	2,941	385	239	3,793
Marmion Avenue	1,075	3,718	689	354	424	106	-	135	116	142	1,991	373	357	7,337
St. Francis Hall	193	577	234	261	206	15	79	42	18	36	399	55	38	1,193
Silverdale Road	716	4,632	830	559	505	163	-	212	141	170	946	156	142	4,145
West Avenue	770	7,481	633	1,601	1,492	456	84	285	156	164	2,232	359	257	4,204
Winchester Road	713	4,239	864	826	435	123	-	163	169	95	868	160	176	3,019
W.V.S. Chingford	-	-	-	-	-	-	-	-	-	-	323	35	41	1,322
Hospitals and Nurseries	-	-	-	-	-	-	-	-	-	-	1,477	174	-	1,128
	12,203	56,546	8,632	14,419	12,468	3,263	884	2,107	1,502	1,480	33,289	5,315	3,702	70,746

Distribution of Welfare Foods and Nutrients

Ante Natal and Post Natal Clinic Attendances

	<u>ANTE NATAL</u>	<u>POST NATAL</u>
New Patients	84	22
Attendances	198	24

Mothercraft and Relaxation Classes

New cases	375
Attendances	1,543
No. of classes held	267

Day Nurseries

Attendances:

NAME OF NURSERY	ELLINGHAM ROAD	EPSOM ROAD	HIGHAM HILL	HANDSWORTH AVENUE	CHINGFORD MOUNT	TOTAL
Number of approved places at end of year	50	50	60	60	52	272
Number of children on register at end of year	48	59	68	69	52	296
Total attendance during the year	10,427	11,710	14,343	14,222	9,412	60,114
Number of days open	254	254	254	254	254	

Nurseries and Child Minders Regulations, 1948

	<u>NUMBER</u>	<u>PLACES PROVIDED</u>
Premises registered at the end of 1966	18	505
Persons registered at the end of 1966	19	92

Child Development Sessions

	DAWLISH RD. CLINIC	LEYTON GREEN CLINIC	GRANLEIGH RD. CLINIC	WEST AVE. CLINIC
No. of attendances	1,102	1,290	1,658	730
No. of sessions	105	101	152	102
No. on roll at 31.12.66	31	29	34	31

Congenital Malformation

Eighty cases of congenital malformation were notified to the Ministry of Health during the year.

Children "At Risk"

Children on Register at 1st January 1966	1,696
Children added during year	1,175
Children removed during year	1,140
Children on Register at 31st December 1966	1,731
Children examined during year - Under 1 yr.	732
Children examined during year - Over 1 yr.	314

Cervical Cytology Clinics

	<u>HATCH LANE</u>	<u>GRANLEIGH ROAD</u>
No. of cases referred	583	55
No. of smears taken	290	132
No. of sessions	14	11
No. waiting at 31.12.66	323	95

Dental Treatment of Expectant and Nursing Mothers and Children under five years

	<u>CHILDREN UNDER 5 YRS.</u>	<u>EXPECTANT & NURSING MOTHERS</u>
Number of patients given first inspections during year	430	40
Number of patients who required treatment	232	31
Number of patients who were offered treatment	227	30
Attendances for treatment:		
First visit	537	57
Subsequent visits	694	73
Total visits	1,231	130
Treatment Provided		
Number of fillings	941	63
Teeth extracted	703	56
General Anaesthetics given	137	4
Emergency visits by patients	64	4
Patients X-rayed	7	10
Patients treated by scaling and/or removal of stains		
from the teeth (Prophylaxis)	156	38
Teeth otherwise conserved	176	-
Teeth root filled		-
Inlays	-	-
Crowns	-	-
Number of courses of treatment completed during year	236	24
Patients supplied with full upper or full lower dentures	-	2
Patients supplied with other dentures	-	4
Number of dentures supplied	-	9

Family Planning

	<u>PERSONS TREATED</u>	<u>ATTENDANCES</u>
Marmion Avenue Clinic	1,490	4,044
Hurst Road Clinic	783	5,769

HEALTH VISITING

(a) Sessions Worked

Number of sessions (half days) devoted to:

(i) Health visiting	7,274
(ii) Child welfare centres	3,156
(iii) Ante-natal, post-natal, relaxation etc. clinics	449
(iv) School clinics	933
(v) Other school nursing	1,907
(vi) Health education (including mothercraft)	568
(vii) Other work (including clerical)	<u>4,700</u>
Total sessions	<u>18,987</u>

(b) Cases visited for the first time in the year

(i) children born in 1961	791
" " " 1962	1,319
" " " 1963	1,728
" " " 1964	2,073
" " " 1965	2,672
" " " 1966	4,091
(ii) persons aged 65 or over	2,348
(iii) others (excluding school nursing cases)	2,285

(c) Number included in item (b)

(i) mentally disordered persons	203
(ii) persons discharged from hospital (other than mental hospitals)	375
(iii) tuberculous households	11
(iv) households visited on account of other infectious diseases	5

(d) Number included in item (b) and where appropriate item (c) who were visited at the special request of a G.P. or hospital:

(i) persons aged 65 or over	456
(ii) mentally disordered persons	49
(iii) persons discharged from hospital (other than mental hospitals)	158

(e) Total number of visits to:

	<u>EFFECTIVE</u>	<u>INEFFECTIVE</u>
(i) children under 5 years of age	28,471	4,996
(ii) persons aged 65 or over	5,993	1,355
(iii) others (excluding school nursing cases)	<u>5,271</u>	<u>573</u>
Total effective visits	<u>39,725</u>	<u>6,924</u>

(f) Sessions attended at G.P.'s surgeries (included above)

275

(g) Phenylketonuria

(i) children tested at home or clinic	3,881
(ii) special visits to homes to collect specimens	502

HOME NURSING

(a) Cases visited for the first time in the year:

	CASES	TOTAL VISITS
(i) aged under 5	97	556
(ii) aged 5 and under 65	665	26,812
(iii) aged 65 or over	1,127	91,708
Total cases	1,889	119,076

(b) Cases on the books at the end of the year 1,198

LOAN OF SICKROOM EQUIPMENT

New Loans in 1966

EQUIPMENT	HEALTH & WELFARE DEPT.	CHINGFORD RED CROSS	EQUIPMENT	HEALTH & WELFARE DEPT.	CHINGFORD RED CROSS
Commodes	160	51	Sputum Mugs	1	-
Wheelchairs	125	30	Steam Kettles	1	-
Bed Cradles	45	30	Bed Boards (Sets)	4	-
Air Rings	56	33	Feeding Cups	3	12
Bed Pans	120	73	Crutches (pairs)	1	10
Back Rests	74	29	Air Beds	1	-
Rubber Sheets	1	36	Bed Tables	-	10
Plastic Sheets	145	-	Walking Sticks	-	6
Urine Bottles	60	52			

CHIROPODY TREATMENT

	NEW CASES	CLINIC ATTENDANCES	DOMICILIARY TREATMENTS	TREATMENTS AT OLD PEOPLES' RESIDENTIAL HOMES	CASES BEING TREATED AT END OF YEAR
Children	908	4,864	-	-	468
Expectant mothers	17	75	-	-	8
Physically Handicapped	4	122	-	-	32
Aged (over 65 years of age)....	582	21,663	3,701	1,554	6,206
Others	776	15,733	-	-	5,325
Total	2,287	42,457	3,701	1,554	12,039

CONVALESCENCE

The number of recuperative holidays provided for adult persons in accordance with Section 28 of the National Health Service Act 1946 was 115.

HOME HELP SERVICE

Visits by Home Help Organisers

HOME HELP SERVICE					NIGHT ATTENDANCE SERVICE			
FIRST VISITS TO HOMES	RE-VISITS TO HOMES		MISC. VISITS		FIRST VISITS TO HOMES	RE-VISITS TO HOMES		MISC. VISITS
	HELP PRESENT	OTHERS	HELP SEEN	OTHERS		ATTENDANT PRESENT	OTHERS	
1,509	1,387	5,553	728	616	6	-	-	-

Help provided

	AGED 65 OR OVER	MATERNITY	CHRONIC SICK (UNDER 65 YRS)	OTHERS (UNDER 65 YRS)	TOTAL
Requests for help from new cases during year	1,047	187	171	116	1,521
Cases not eligible for assistance or not requiring service	180	35	26	25	266
New cases helped during year	790	147	145	93	1,175
Cases helped earlier in present year and re-opened	248	2	35	8	293
Total cases completed during year	978	146	165	86	1,375
Cases being helped at end of year	2,281	8	251	37	2,577
Total cases helped during year	3,259	154	416	123	3,952
Hours of help provided during year	371,919	4,113	40,167	6,720	422,919

Analysis of "Others"

REASON FOR PROVISION OF HELP	NEW CASES HELPED	CASES COMPLETED	CASES BEING HELPED AT END OF YEAR
Mental disorder 65 years and over	1	2	-
Mental disorder under 65 years	7	3	11
Help for harassed mothers	4	6	2
Problem family	-	1	-
Absence of mother	8	7	2
Acute Illness	69	61	22
Others	5	8	-

Night Attendance Service

(Attendance provided)

	PATIENTS RESIDING ALONE	INABILITY OF AGED HUSBAND OR WIFE	RELIEF OF RELATIVES
Requests for help from new cases during year	-	-	5
New cases helped during year	-	-	3
Total cases completed during year	-	-	3
Cases being helped at end of year	-	-	1
Total cases helped during year	-	-	4
Hours of attendance provided during year	-	-	446

Neighbourly Help Scheme

	AGED	OTHERS	TOTAL
Cases being helped at beginning of the year	-	2	2
New cases commenced in 1966	6	2	8
Cases completed or ceased in 1966	2	4	6
Cases continuing at end of the year	4	-	4

SERVICES FOR BLIND, PHYSICALLY HANDICAPPED, DEAF AND OLD PEOPLE

1 (a) Blind persons registered at 31st December, 1966

AGE	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & OVER	TOTAL
M	-	1	1	1	8	15	26	14	21	44	28	11	3	173
F	2	4	3	5	5	16	20	18	39	80	51	62	32	337
Total	2	5	4	6	13	31	46	32	60	124	79	73	35	510

(b) Blind persons on register with other handicaps at 31st December, 1966

	MENTALLY ILL	MENTALLY SUB-NORMAL	PHYSICALLY DEFECTIVE	DEAF WITHOUT SPEECH	DEAF WITH SPEECH	HARD OF HEARING	MENTALLY ILL & PHYSICALLY DEFECTIVE	MENTALLY ILL & DEAF WITHOUT SPEECH	MENTALLY ILL & DEAF WITH SPEECH	MENTALLY ILL & HARD OF HEARING	MENTALLY SUB-NORMAL & DEAF WITH SPEECH	PHYSICALLY DEFECTIVE & DEAF WITH SPEECH	TOTAL
M	3	1	42	1	2	7	-	-	-	1	-	-	57
F	4	2	16	-	13	29	-	-	-	-	1	5	70
Total	7	3	58	1	15	36	-	-	-	1	1	5	127

2 Partially sighted persons registered at 31st December, 1966

AGE	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & OVER	TOTAL
M	2	4	4	2	5	5	10	3	6	12	2	4	1	60
F	1	1	-	6	-	4	7	4	13	20	13	18	7	94
Total	3	5	4	8	5	9	17	7	19	32	15	22	8	154

There was one child under the age of 5 years registered at 31st December, 1966

3 Deaf persons registered at 31st December, 1966

Hard of hearing	186
Deaf with speech	204
Deaf and dumb	9
Total registrations	399

N.B. This includes those on the blind register.

4 Physically handicapped persons registered at 31st December, 1966

CATEGORY		1951-1966	1937-1950	1917-1936	1902-1916	- 1901	TOTAL
Amputation	M	-	2	2	2	16	22
	F	-	-	-	8	6	14
Arthritis and rheumatism	M	-	-	3	20	47	70
	F	-	1	11	64	253	329
Congenital malformations and deformities	M	-	1	-	2	1	4
	F	1	2	1	2	3	9
Disease of respiratory system (non-TB)	M	-	-	1	4	11	16
	F	1	-	-	2	2	5
Disease of digestive and genito urinary systems of heart or circulatory and of skin	M	-	3	2	11	18	34
	F	-	1	4	5	17	27
Injuries to head, trunk or limbs ..	M	-	3	2	4	7	15
	F	1	2	5	4	23	35
Disease of spine and limbs	M	-	2	3	12	10	27
	F	-	-	1	11	16	28
Organic nervous disease; epilepsy; poliomyelitis; hemiplegia; sciatica; disseminated sclerosis	M	1	17	30	63	34	145
	F	4	15	45	77	70	211
Neurosis, psychosis and other nervous disorders	M	-	1	-	2	-	3
	F	-	1	1	1	-	3
Tuberculosis (resp.)	M	-	-	-	1	-	1
	F	-	-	1	-	-	1
Tuberculosis (other)	M	-	-	1	-	1	2
	F	-	1	-	2	3	6
Unspecified diseases and injuries	M	-	3	1	2	1	7
	F	-	-	2	8	9	19
Total		8	55	115	507	548	1,033

5 Other services for the handicapped

(a) Roberts Hall Occupation Centre

Attendances during the year were 7,593 out of a possible 10,623

Number on roll at 31st December, 1966 - 84

(b) Rehabilitation

Blind persons sent on course - Nil
Other handicapped persons sent - Nil

(c) Sheltered Workshops

Blind persons in sheltered workshops - 5
Other handicapped persons in sheltered workshops - Nil

(d) Homeworkers

Number of blind workers supplemented by the authority - 7
Number of blind persons sent on training - 1

(e) Adaptation of Premises

Adaptations ordered in 1966 - 34

Nature of adaptations:-

Handrails	19
Provision of garden path	1
Stairlifts	1
Garages	5
Ramps	2
Installation of charging plugs in garages.....	2
Pulley strings	1
Alterations to balcony	1
Receptacle for milk bottles	1
Alterations to interior of house	1

(f) Aids for Handicapped Persons

Aids issued in 1966 - 224 (see table)

(g) Holidays for Handicapped Persons

For the blind - 40
For others - 146
Personal helpers (both categories) - 38

(h) Disabled Drivers

Car badges issued - 28

AIDS FOR PHYSICALLY HANDICAPPED

EQUIPMENT PROVIDED	ISSUED DURING 1966	ON LOAN AT 31.12.1966
Bathing Aids:-		
Bath rails	14	34
" mats	38	66
" seats	3	75
" lift	2	1
Domestic Aids:-		
Egg cup holders	1	1
Helping hands	38	62
Large handled knives	2	4
" " forks	2	2
" " spoons	1	3
Kitchen stools	-	1
Potato peeler	1	2
Tap turners	3	6
Tin openers	2	8
Toilet Aids:-		
Stocking pulls	9	19
Combs and holders	4	13
Long handled sponges	-	10
" " shoe lift	5	2
Toilet tongs	1	21
" seats	7	23
Bed Tables	2	4
Hoists	3	11
Lifting poles	-	8
Special chairs	8	13
Walking aids	73	109
Wheelchairs.....	-	1
Miscellaneous	5	14
	224	513

6 People in Care

Persons provided with accommodation at 31st December, 1966

(a) Analysis according to age:-

	UNDER 30		30 - 49		50 - 64		TOTAL	65 - 74		75 - 84		85 & OVER		TOTAL	TOTAL
	M	F	M	F	M	F	UNDER 65	M	F	M	F	M	F	OVER 65	ALL AGES
Persons accommodated in Waltham Forest Old Peoples' Homes:-															
(a) Waltham Forest Residents	-	-	-	1	10	6	17	13	17	36	73	28	98	265	282
(b) From other Local Authority Areas	-	-	-	-	2	2	4	3	2	7	22	-	16	50	54
Persons from Waltham Forest accommodated in Homes outside the Borough:-															
(a) In Voluntary Organisations' Homes	3	2	4	2	3	10	24	5	10	7	27	5	29	83	107
(b) In other Local Authorities' Homes	-	-	-	-	1	4	5	5	5	13	26	5	33	87	92
Total number of persons from Waltham Forest in Residential Homes	3	2	4	3	14	20	46	23	32	56	126	38	160	435	481

Number of new permanent admissions during 1966 133
 Number of temporary admissions during 1966 35

(b) Analysis according to defect:-

	BLIND	DEAF	EPILEPTIC	PHYSICALLY HANDICAPPED	MENTALLY SUB-NORMAL	MENTALLY ILL	OTHERS	TOTAL
Persons accommodated in Waltham Forest Old Peoples' Homes:-								
(a) Waltham Forest Residents	1	25	2	79	4	4	167	282
(b) From other Local Authority Areas	-	1	-	9	2	1	41	54
Persons from Waltham Forest accommodated in Homes outside the Borough:-								
(a) In Voluntary Organisations' Homes	30	1	6	15	-	-	55	107
(b) In other Local Authorities' Homes	2	6	-	25	-	1	58	92
Total number of persons from Waltham Forest in Residential Homes	33	32	8	119	4	5	280	481

(c) Waiting list for accommodation in homes for the elderly at 31st December, 1966

	<u>MALE</u>	<u>FEMALE</u>
List "A" - priority grading	16	53
List 1 - persons residing at private addresses	33	129
List 2 - persons in hospitals and private homes wishing to be transferred.....	12	40
List 3 - persons in areas outside Waltham Forest wishing to be accommodated within this authority	2	19
List 4 - persons residing in Waltham Forest wishing to be accommodated by another authority	4	13
Total	<u>67</u>	<u>254</u>

HOMELESS FAMILIES ACCOMMODATION

<u>Persons accommodated:-</u>	<u>NO. OF FAMILIES</u>	<u>NO. OF PERSONS</u>
Resident on 1.1.1966	4	19
New admissions during year	17	87
Discharges during year	9	46
Resident on 31.12.1966	12	*61

*One baby born during stay.

Of the nine families discharged during the year one found accommodation privately; seven were rehoused by the Council and one left for an unknown destination.

Length of stay:-

	UNDER 1 MONTH	1 MONTH AND UNDER 6 MONTHS	6 MONTHS AND UNDER 18 MONTHS	18 MONTHS AND OVER
Families discharged.....	1	6	2	-
Families still in residence	3	4	4	1

MEALS-ON-WHEELS AND LUNCHEON CLUBS

<u>Meals provided for:-</u>	<u>MEALS-ON-WHEELS</u>	<u>LUNCHEON CLUBS</u>
Walthamstow residents	34,334	10,190
Leyton residents	36,274	24,990
Chingford residents	10,563	5,003
Totals	<u>81,171</u>	<u>40,183</u>

BURIAL OF THE DEAD

Burial arrangements were made for 7 people who died within the Borough and for whom no private arrangements could be made.

LAUNDRY FOR THE INCONTINENT

LAUNDRY	ARTICLES LAUNDERED	
	DOMICILIARY CASES	HEATHCOTE LODGE
Sidmouth Road	15,464	18,200
Low Hall Lane	12,293	-

(a) Distribution of cases under care

PATIENTS UNDER L.H.A. CARE AT 31.12.1966	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. 1 - 16
	UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16	16 & OVER	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	UNDER 16	16 & OVER	
(i) Total number	-	1	215	226	-	-	-	-	7	5	217	173	41	38	83	56	91	529	1,062
(ii) Attending day training centre	-	-	-	-	-	-	-	-	7	5	53	21	24	24	40	26	60	140	200
Awaiting entry thereto ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
(iii) Resident in residential training care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence therein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iv) Receiving home training..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting home training...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(v) Resident in L.A. Home/ Hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence in L.A. Home/Hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.A. expense in other residential Homes/ Hostels	-	-	7	4	-	-	-	-	-	-	2	4	-	1	-	-	1	6	18
Resident at L.A. expense by boarding out in private households	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
(vi) Receiving home visits and not included under (ii) to (v):- Suitable to attend a training centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	-	1	208	222	-	-	-	-	-	-	162	148	16	13	42	30	29	382	842

Guardianship: Admission to guardianship during the year - One

Total number under guardianship at end of year - One

(b) Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1966

	MENTALLY ILL				ELDERLY MENTAL		SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. 1-16
	UNDER 16		16 & OVER		INFIRM		UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16	16 & OVER	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
A. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.66																	
(i) in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	1	2	1	-	3	1	4
(ii) not in urgent need of hospital care	-	-	-	-	-	2	-	-	-	-	1	1	2	-	2	2	6
(iii) Total	-	-	-	-	-	2	-	-	-	-	2	3	3	-	5	3	10
B. Number of admissions for temporary residential care (e.g. to relieve the family)																	
(i) to N.H.S. hospitals	-	-	-	-	-	-	-	-	7	2	2	7	9	-	9	18	27
(ii) to L.A. residential accommodation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) Elsewhere	-	-	-	-	-	-	-	-	4	1	2	5	1	2	7	8	15
(iv) Total	-	-	-	-	-	-	-	-	11	3	4	12	10	2	16	26	42

(c) Number of patients referred to Local Health Authority during year ended 31st December, 1966

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL AND SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. 1 - 16
	UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16		16 & OVER		UNDER 16	16 & OVER	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
(i) General practitioners	2	-	264	287	-	-	3	4	-	-	-	-	-	-	-	-	-	-	560
(ii) Hospitals, on discharge from inpatient treatment	-	-	100	89	-	-	3	2	-	-	1	-	-	-	-	1	-	2	196
(iii) Hospitals, after or during out-patient or day treatment	-	-	65	80	-	-	1	1	-	-	-	1	-	-	-	-	-	1	148
(iv) Local education authorities	-	-	-	-	-	-	-	-	1	1	4	4	5	3	-	1	10	9	19
(v) Police and courts	-	1	24	14	-	-	1	2	-	-	-	-	-	-	-	-	-	-	42
(vi) Other sources	-	2	104	205	4	3	4	1	-	-	4	3	1	1	1	1	2	9	334
(vii) Total	2	3	557	675	4	3	12	10	1	1	9	8	6	4	1	3	12	21	1,299

(d) Mental Health Officers - Statutory and other work during the year

VISITS IN CONNECTION WITH HOSPITAL ADMISSIONS OR PATIENTS ALREADY IN HOSPITAL						
PRELIMINARY VISITS FOLLOWING COMPLAINT OR REQUEST FROM G.P.	INFORMAL ADMISSIONS ARRANGED	MENTAL HEALTH ACT, 1959			VISITS TO PATIENTS IN HOSPITAL	VISITS REGARDING PROTECTION OF PATIENT'S PROPERTY
		SECTION 25	SECTION 26	SECTION 29		
779	134	31	25	74	266	28
COMMUNITY CARE						
INTERVIEWS WITH		AGENCIES CONTACTED		OTHER VISITS		
NEW PATIENTS	OTHER PATIENTS					
667	2,575	457		670		

(e) Training Centres

	ADULT TRAINING CENTRE	JUNIOR TRAINING CENTRE
Places provided	100	60
Trainees on register at end of year	136	66
Average daily attendance	114	48

INFECTIOUS DISEASES - NOTIFICATIONS

DISEASE	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL
Scarlet Fever	22	54	23	48	147
Whooping Cough	17	47	20	39	123
Measles	18	111	211	817	1,157
Tuberculosis	20	27	16	16	79
Paratyphoid	-	-	2	-	2
Meningococcal Infection	-	-	1	-	1
Dysentery	24	10	7	2	43
Ophthalmia Neonatorum	1	1	1	1	4
Puerperal Pyrexia	7	11	2	3	23
Acute Pneumonia	9	11	3	6	28
Food Poisoning	10	2	15	1	29
Erysipelas	7	4	4	5	20
Diphtheria	-	1	-	-	1
Totals	135	279	305	938	1,657

TUBERCULOSIS

New Notifications and Deaths during 1965

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	-	-	1	-	-	-	-
10-14 years	1	-	-	-	-	-	-	-
15-19 years	5	-	-	-	-	-	-	-
20-24 years	4	5	-	-	-	-	-	-
25-34 years	6	3	3	2	-	-	-	-
35-44 years	8	2	-	-	1	-	-	-
45-54 years	4	1	-	1	1	-	-	-
55-64 years	10	3	-	-	2	1	-	1
65 and over	10	2	4	3	2	1	-	2
Totals	49	16	7	7	6	2	-	3
	65		14		8		3	
	79				11			

Tuberculosis among Immigrants

Cases of tuberculosis among immigrants seen at the local Chest Clinic numbered 26. These occurred in the following groups:-

	<u>RESPIRATORY</u>	<u>NON-RESPIRATORY</u>
Pakistani	10	4
Indian	2	2
West Indian	1	-
Cypriot	1	-
Other Nationalities	5	1

Tuberculosis - Care and Aftercare

(a) Open Air Shelters

(i) Shelters in use at end of year	Nil
(ii) Visits of inspection made	Nil

(b) Extra Nourishments (all Chest Cases)

(i) Number of new cases supplied with free milk during the year	17
(ii) Persons receiving free milk at end of year	86

(c) Work of Tuberculosis Visitors

(i) Visits to new cases	141
(ii) Total visits to households	3,704
(iii) Sessions attended at Chest Clinic	1,191

(d) Contacts

Examination of contacts during the year

(i) first examinations	504
(ii) subsequent examinations	1,800

VACCINATION AND IMMUNISATION

TYPE OF COURSE OR DOSE	YEAR OF BIRTH					OTHERS UNDER 16 YEARS	TOTAL
	1966	1965	1964	1963	1959-62		
Diphtheria - Primary	1,425	1,565	134	46	100	16	3,286
Booster	5	761	1,444	189	1,976	82	4,457
Whooping Cough - Primary	1,414	1,551	134	41	45	5	3,190
Booster	4	747	1,427	174	686	35	3,073
Tetanus - Primary	1,422	1,567	135	47	362	112	3,645
Booster	6	761	1,444	188	1,895	103	4,397
Poliomyelitis - Primary	1,240	2,286	259	87	277	57	4,206
Booster	6	117	220	59	1,872	73	2,347

TYPE OF VACCINE USED	IMMUNISATIONS OR VACCINATIONS COMPLETED BY GENERAL PRACTITIONERS		IMMUNISATIONS OR VACCINATIONS COMPLETED BY BOROUGH STAFF	
	PRIMARY COURSES	RE-INFORCING DOSES	PRIMARY COURSES	RE-INFORCING DOSES
Diphtheria, Whooping Cough, Tetanus and Poliomyelitis combined	81	43	-	-
Diphtheria, Whooping Cough and Tetanus combined	1,350	1,498	1,759	1,532
Diphtheria and Whooping Cough combined	-	-	-	-
Diphtheria and Tetanus combined	23	327	63	941
Diphtheria only	3	23	7	93
Whooping Cough only	-	-	-	-
Tetanus only	66	29	303	29
Poliomyelitis:-				
(a) Salk	54	31	-	2
(b) Sabin	1,368	266	2,705	1,405
Smallpox	1,226	232	1,183	32

B.C.G. Vaccination of Children

Results of Heaf Test:-

(a) Tuberculin Positive	348
(b) Tuberculin Negative	2,170
Number vaccinated with B.C.G.	2,170

REGISTRATION OF PREMISES

Public Health Act, 1936 - Nursing Homes

	<u>NO. OF HOMES</u>	<u>BEDS PROVIDED</u>	
		<u>MATERNITY</u>	<u>OTHERS</u>
Homes registered at 31st Dec. 1966	1	-	71

National Assistance Act 1948 - Disabled Persons and Old Persons Homes

	<u>NO. OF HOMES</u>	<u>BEDS PROVIDED</u>
Homes registered at 31st Dec. 1966	8	72

Mental Health Act 1959 - Nursing and Residential Homes

	<u>NO. OF HOMES</u>	<u>BEDS PROVIDED</u>
Nursing Homes registered at 31st Dec. 1966	1	128
Residential Homes registered at 31st Dec. 1966	Nil	-

Essex County Council Act 1933 - Establishments for Massage and Special Treatment

	<u>CHIROPODY</u>	<u>MASSAGE ETC.</u>
Establishments registered at 31st Dec. 1966	10	8

MEDICAL EXAMINATIONS OF STAFF

Completed during period 1st January to 31st December 1966:-

Council employees	1,167
Other Local Authorities	33
	<u>1,200</u>

GENERAL DENTAL SERVICE

Number of Sessions	312
Number of appointments made	1,883
Number of new patients seen	312

Analysis of Treatments Provided

Fillings - Plastic	165
Amalgam	677
Inlays	4
Crowns	7
Scaling and gum treatment	312
Dressings	250
Extractions	75
General Anaesthetic given	5
Local Anaesthetic given	203
X-rays	412
Dentures supplied	100
Dentures repaired	108
Impressions	278
Bites	63
Try-in	136
Easings	262
Orthodontic cases completed and discharged	160
Minor Oral surgery	10

DENTAL LABORATORY

	DENTURES	REPAIRS	REMAKES OR RELINE	APPLIANCES	CROWNS	INLAYS	STUDY MODEL	TRAYS
General Dental Service	89	108	11	3	6	4	-	87
School Dental Service	27	28	-	174	11	1	454	5
Maternity and Child Welfare ..	9	-	-	-	-	-	-	-



PUBLIC HEALTH INSPECTION

1. Inspections, Re-inspections, Action

(a) GENERAL

STATUTORY PROVISIONS	COMPLAINTS RECEIVED	INSPECTIONS AND RE-INSPECTIONS	INFORMAL NOTICES SERVED	FORMAL NOTICES SERVED	HOUSES CLASSIFIED
Clean Air Act, 1956	49	10,003	2	379	-
Housing Acts, 1936/61 and Regulations	-	1,785	24	7	63
Public Health Acts, 1936/61, and Noise Abatement Act, 1960	3,423	17,684	1,120	517	-
Prevention of Damage by Pests Act, 1949	2,011	3,839	34	9	-
Food and Drugs Act, 1955 and Food Hygiene (General) Regulations, 1960	376	3,253	389	-	-
Factories Act, 1961	23	277	38	-	-
Pet Animals Act, 1951	-	61	-	-	-
Rag Flock and Other Filling Materials Act, 1951. Sampling Requirements	-	6	-	-	-
Fabrics (Misdescription) Act, 1913, and Regulations, 1957. Sampling Requirements	-	-	-	-	-
Offices, Shops and Railway Premises Act, 1963	-	1,676	708	-	-

(b) DETAILED

(i) Rent Act, 1957 - Para. 4, First Schedule

Applications for certificates received.....	6
Decisions not to issue certificates	Nil
Decisions to issue certificates	6
Undertakings given by landlords under paragraph 5 of the First Schedule	5
Undertakings refused by local authority under proviso to paragraph 5 of the First Schedule	Nil
Certificates issued.....	2
Applications by landlords for cancellation.....	4
Objection by tenants to cancellation.....	1
Certificates cancelled by local authority	3
Applications for certificates (Form P).....	Nil

Discrepancies in the above figures are caused by procedure in some cases extending over December - January.

(ii) Housing Acts, 1957/64. Housing (Consolidated) Regulations, 1925/32

(a) Individual Houses - Demolition/Closing Orders

Undertakings accepted (Section 16)	Nil
Closing Orders made	18
Demolition Orders made (Section 17)	Nil
Closing Orders revoked and Demolition Orders substituted (Section 28)	Nil

(b) Slum Clearance Areas

Number of areas Represented (Sections 42 & 157 (1))	5
Houses unfit for human habitation	182
Houses included by reason of bad arrangement	Nil
Houses on land acquired under 43 (2)	104
Numbers of people to be displaced (a) Individuals	1,466
(b) Families	466

(c) Local Public Inquiries

A Local Public Inquiry was held in December in respect of the second stage of the Waltham Forest Housing (Avenue Road Area) Compulsory Purchase Order, 1966, comprising five clearance areas and containing 286 properties.

(iii) Food and Drugs Act, 1955 (Inspection and Supervision of Food Premises)

The following inspections were carried out at the under-mentioned food premises in accordance with the requirements of the Public Health Act, 1936, Food and Drugs Act, and Food Hygiene (General) Regulations, 1960, Ice-cream (Heat Treatment) Regulations, 1947/52, Shops Act, 1950 Factories Act, 1961, Leyton Corporation Act, 1950, Essex County Council Act, 1952, and relevant legislation

<u>TYPE OF PREMISES</u>	<u>NUMBER OF INSPECTIONS</u>
Retail Food Shops	1,342
Catering establishments (including factory canteens, hospitals, nursing homes)	327
Food Hawkers/Street Traders/Fairgrounds	205
Food Manufacturers/Depots, Dairies	70
Off-Licences	21
Public Houses	38
School Meals	31
	<u>2,034</u>

(iv) The Offices, Shops and Railway Premises Act, 1963(a) Registrations and General Inspections

CLASS OF PREMISES	NO. OF PREMISES REGISTERED DURING THE YEAR	TOTAL NO. OF REGISTERED PREMISES AT END OF YEAR	NO. OF REGISTERED PREMISES RECEIVING A GENERAL INSPECTION DURING THE YEAR
Offices	63	441	135
Retail shops	169	1,524	514
Wholesale shops, warehouses	13	76	29
Catering establishments open to the public, canteens	37	160	77
Fuel storage depots	1	6	3
Totals	283	2,207	758

Number of visits of all kinds by Inspectors to registered premises 1,676

(b) Analysis of Contraventions

SECTION	NO. OF CONTRAVENTIONS FOUND		SECTION	NO. OF CONTRAVENTIONS FOUND	
4	Cleanliness	412	13	Sitting Facilities)	4
5	Overcrowding	6	14	Seats (Sedentary Workers))	
6	Temperature	419	15	Eating Facilities	1
7	Ventilation	16	16	Floors, passages and stairs .	350
8	Lighting	87	17/18/19	Machinery	65
9	Sanitary Conveniences	498	23	Prohibition of heavy work ...	-
10	Washing Facilities	265	24	First Aid General Provisions	345
11	Supply of Drinking Water	11	50	Exhibition of Forms	351
12	Clothing Accommodation	2			
				Total	2,832

(c) Analysis of Persons Employed in Registered Premises by Workplace

CLASS OF WORKPLACE	NUMBER OF PERSONS EMPLOYED
Offices	4,130
Retail shops	7,073
Wholesale departments, warehouses	977
Catering establishments open to the public	1,107
Canteens	70
Fuel storage depots	58
Total	13,415
Total Males	6,073
Total Females	7,342

(d) Reported Accidents

WORKPLACE	NUMBER REPORTED	ACTION RECOMMENDED			NO ACTION
		PROSECUTION	FORMAL WARNING	INFORMAL ADVICE	
Offices	1	-	-	1	-
Retail shops	28	-	-	28	-
Wholesale shops, warehouses ..	5	-	-	5	-
Catering establishments open to public, canteens.....	1	-	-	1	-
Fuel storage depots	-	-	-	-	-
Totals	35	-	-	35	-

(v) Prevention of Damage by Pests Act, 1949 - Rodent Control/Disinfestation

Complaints received	2,011
Inspections and Re-inspections	3,839
Premises treated	1,085

2. Nuisances Abated, Defects Remedied, Improvements Effected

(i) PUBLIC HEALTH ACTS

Nature of work carried out to dwelling houses and other premises:-

Cement work to sink waste gullies repaired	33
Choked drains cleared	11
Dampness remedied	619
Drains relaid or partly relaid	12
Floors repaired	160
Guttering repaired or renewed	187
Miscellaneous defects remedied	374
New W.C. pans and traps provided	23
Plaster work repaired	398
Rainwater pipes repaired or renewed	99
Roofs repaired or renewed	415
Rooms redecorated	11
Sashcords renewed	176
Sinks provided	15
Sink waste pipes repaired or renewed	50
Stoves repaired or renewed	50
Vent pipes repaired or renewed	27
W.C. cisterns repaired or renewed	163
Window-sills, etc., repaired	255
Yard provided	27

(ii) FOOD AND DRUGS ACTS/FOOD HYGIENE REGULATIONS

Nature of contraventions and improvements effected to food establishments and business/industrial premises as a result of statutory and informal action:-

Walls/Doors/Windows not kept clean or repaired	110
Ceilings not kept clean or repaired	145
Floors not kept clean	150
Inadequate ventilation	21
Inadequate receptacles for refuse	27
Accumulation of refuse in room	32
Cleanliness of apparatus and fittings	57
Facilities for personal cleansing and/or washing food and equipment inadequate, i.e.:-	
Wash basins	82
Hot water	94
Soap/Towel/Nail brushes	50
Sinks	54
Food not protected from contamination	43
First-aid equipment	26
Wash-hand notices	150
Inadequate locker (clothing) accommodation	20
Redecoration	189
Miscellaneous	65
Artificial light in W.C.	23
W.C. pans renewed	7
Yard paving	8

3. Registration and/or Licensing of Business Premises

(i) Approximate numbers of business premises in the Borough and functions involved.

		ICE-CREAM	MILK	PRESERVED FOOD	SHELL-FISH	POWER FACTORY	NON-POWER FACTORY	CATERING	OFF-LICENCES	BAKEHOUSES	HAIRDRESSERS	HAWKERS' STORAGE
Cafes	249	22	-	-	-	-	-	249	-	-	-	-
Chemists	93	-	-	-	-	-	-	-	-	-	-	-
Council properties	10	3	-	-	-	-	-	8	-	-	-	-
Dairies/Depots	7	-	7	-	-	-	-	-	-	-	-	-
Factories	982	-	-	-	-	960	10	54	-	30	-	-
Food Factories, depots, etc.	12	4	5	3	-	-	-	-	-	-	-	-
Food Hawkers	160	-	-	-	-	-	-	-	-	-	-	-
Food premises, retail	1,342	714	193	78	14	7	-	-	-	-	-	10
Food storage, hawkers	35	-	-	-	-	-	-	-	-	-	-	35
Hairdressers	209	-	-	-	-	-	-	-	-	-	209	-
Hospitals	5	-	-	-	-	-	-	5	-	-	-	-
Milk vending machines	17	-	17	-	-	-	-	-	-	-	-	-
Multiple stores	20	10	-	-	-	-	-	6	-	-	-	-
Non-food retail premises	1,710	-	-	-	-	-	-	-	-	-	-	-
Off-licences	87	31	-	-	-	-	-	-	87	-	-	-
Pet Animals	30	-	-	-	-	-	-	-	-	-	-	-
Public Houses	104	-	-	-	-	-	-	31	32	-	-	-
Rag Flock	5	-	-	-	-	5	-	-	-	-	-	-
Schools	91	-	-	-	-	-	-	68	-	-	-	-
Totals		784	222	81	14	972	10	421	119	30	209	45

(ii) Details of Registrations/Licences

ACT OR REGULATION	ON REGISTER 31. 12. 1966
<u>Food and Drugs Act, 1955</u>	
Ice-Cream Premises	785
Food Preparation, etc. premises	78
<u>Milk and Dairies (General) Regulations, 1959</u>	
Distributors	216
Dairies	7
<u>Milk (Special Designation) Regulations, 1960</u>	
Pasteurised	160
Sterilised	196
Untreated	25
Ultra Heat Treated	28
<u>Essex County Council Act, 1952</u>	
Hawkers of Food	160
Hawkers' Storage Premises	35
<u>Leyton Corporation Act, 1950</u>	
Section 63 - Vendors of Shellfish	14
Section 48 - Hairdressers' Premises	209
<u>Pet Animals Act, 1951</u>	
Annual Licences	30
Animal Boarding Establishments Act, 1963	3
Rag Flock and Other Filling Materials Act, 1951 ...	5
Riding Establishments Act, 1964	3
Total	1,954

4. Legal Proceedings

(i) Public Health Acts, 1936/61; Clean Air Act, 1956, Offices, Shops etc., Act, 1963

96 applications were made for legal proceedings to enforce the requirements of notices served. 41 cases were subsequently heard by the court and abatement orders made. The remaining 55 cases were withdrawn before the court hearing, or after adjournment, the work required by the notices having been completed.

(ii) Food and Drugs Act, 1955 and Food Hygiene (General) Regulations, 1960

91 complaints regarding foodstuffs were investigated and reported to the Health Committee. A wide variety of food was implicated, i.e. milk, bread, cakes, sausages, tinned goods, bacon and confectionery. The reasons for the complaint was either the presence of foreign matter or the appearance of mould growth on the food. The Committee authorised legal proceedings in respect of 34 cases and dealt with the remainder (57) by warning letters and representations to manufacturers.

5. Sampling - Food and Drugs Act, 1955

Samples Submitted for Chemical and Bacteriological Examination

TYPE OF EXAMINATION AND ANALYSIS OF RESULTS	MISC. FOODS	MILK	ICE CREAM	ICE LOLLIES	COOKED MEATS	WATER	
						DRINKING	SWIMMING POOLS
No. Chemical	275	-	-	-	-	-	4
No. Bacteriological	22	67	121	-	152	-	24
No. Satisfactory	263(C) 10(B)	67	87	-	53	-	19(B) 4(C)
No. Fairly Satisfactory	12(B)	-	24	-	97	-	2(B)
No. Unsatisfactory	12(C)	-	10	-	2	-	3(B)

6. Meat and Food Condemned

Condemnation certificates were issued in respect of the under-mentioned unsound food-stuffs surrendered by various traders in the Borough as a result of routine inspection of food premises.

COMMODITY	TINS	PACKETS & BOXES	QUANTITY			
			TONS	CWT.	ST.	LBS.
Tinned Goods	1,412	-	-	-	-	-
Bacon/Ham	-	-	-	3	1	12
Meat	-	-	1	9	5	11
Offal	-	-	-	-	5	-
Chickens	-	-	-	2	7	11½
Fish	-	50	-	3	5	13
Fats	-	36	-	9	1	12
Cereals	-	-	-	1	-	-
Frozen Foods	-	6,332 pkts.	-	-	-	-
{ Vegetables	-	128	45	3	3	11
{ Fruit	-			-	-	-
Miscellaneous	-	799	-	2	-	1

7. Factories Act, 1961

The following are the prescribed particulars required by Section 153 (1) of the Factories Act, 1961, to be included in annual reports.

1. Inspections

PREMISES (1)	NUMBER ON REGISTER (2)	NUMBER OF		
		INSPECT-IONS (3)	WRITTEN NOTICES (4)	OCCUPIERS PROSECUTED (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	15	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	972	236	32	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	20	26	1	-
Total	1,002	277	34	-

2. Cases in which defects were found

PARTICULARS (1)	NUMBER OF CASES IN WHICH DEFECTS WERE FOUND				NUMBER OF CASES IN WHICH PROSECUTIONS WERE INSTITUTED (6)
	FOUND (2)	REMEDIED (3)	REFERRED TO H.M. INSPECTOR (4)	REFERRED BY H.M. INSPECTOR (5)	
Want of cleanliness (S.1)	9	5	-	2	-
Overcrowding (S.2)	1	-	-	1	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	7	5	-	4	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	10	9	-	1	-
(b) Unsuitable or defective	10	10	-	2	-
(c) Not separate for sexes	2	1	-	-	-
Other offences against the Act (not including offences relating to out-work)	12	10	-	-	-
Total	51	40	-	10	-

3. Outwork

NATURE OF WORK	SECTION 133			SECTION 134		
	NO. OF OUT- WORKERS IN AUGUST LIST REQUIRED BY SECTION 133 (1) (C)	NO. OF CASES OF DEFAULT IN SENDING LISTS TO THE COUNCIL	NO. OF PROSECU- TIONS FOR FAILURE TO SUPPLY LISTS	NO. OF INSTANCES OF WORK IN UNWHOLE- SOME PREMISES	NOTICES SERVED	PROSECU- TIONS
Wearing apparel - Making	492	-	-	-	-	-
Footwear	17	-	-	-	-	-
Umbrellas, etc.	8	-	-	-	-	-
Handbags	1	-	-	-	-	-
Artificial flowers	8	-	-	-	-	-
Garment hangers	16	-	-	-	-	-
Boxes, etc. wholly or partly of paper - Making	45	-	-	-	-	-
Gents Neckwear	2	-	-	-	-	-
Upholstery trimmings	7	-	-	-	-	-
Brushes	11	-	-	-	-	-
Loose cover specialist	-	-	-	-	-	-
Toys	38	-	-	-	-	-
Watch strap	-	-	-	-	-	-
Buttons, carding	-	-	-	-	-	-
Christmas crackers, etc.	39	-	-	-	-	-
Belts for power Transmissions	-	-	-	-	-	-
Lampshades	21	-	-	-	-	-
Household Linen	-	-	-	-	-	-
Curtain and furniture hangings	5	-	-	-	-	-
File making	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Caning	2	-	-	-	-	-
Hampers and Baskets	2	-	-	-	-	-
Paint Boxes	29	-	-	-	-	-
Total	743	-	-	-	-	-

DISINFESTATION AND DISINFECTION

	VERMIN	INFECTIOUS DISEASE	TOTALS
Rooms treated	229	26	255
Articles treated	298	12	310
Articles destroyed.....	10	-	10

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

	NUMBER OF SCHOOLS	NUMBER OF PUPILS ON SCHOOL REGISTERS AT END OF YEAR
Nursery	1	78
Primary	69	16,870
Secondary	30	11,950
Special	6	529

SCHOOL MEDICAL INSPECTION

(a) Periodic Medical Inspections

5 year age group	2,081
10-12 year age group	2,685
14 years age group	2,343
Others	904
Total	<u>8,013</u>
No. of special inspections	1,639
No. of re-inspections	4,740
	<u>6,379</u>

(b) Physical Condition of Children Inspected

AGE GROUP INSPECTED (BY YEAR OF BIRTH)	NO. OF PUPILS INSPECTED	PUPILS WHOSE CONDITION WAS CLASSIFIED UNSATISFACTORY
1962 and later	79	1
1961	1,480	-
1960	522	2
1959	124	-
1958	101	-
1957	122	1
1956	1,197	7
1955	969	1
1954	519	2
1953	210	-
1952	347	2
1951 and earlier	2,343	3
Total	8,013	19

(c) Individual Pupils found to require treatment and Periodic Medical Inspections during the year (excluding dental diseases and infestation with vermin)

AGE GROUPS INSPECTED (BY YEAR OF BIRTH)	INDIVIDUAL PUPILS FOUND TO REQUIRE TREATMENT		
	FOR DEFECTIVE VISION (EX- CLUDING SQUINT)	FOR ANY OTHER CONDITION	TOTAL INDIVIDUAL PUPILS
1962 and later	3	35	35
1961	82	275	309
1960	35	116	134
1959	15	17	31
1958	16	30	46
1957	19	27	42
1956	133	195	293
1955	125	157	248
1954	54	76	113
1953	23	31	45
1952	60	68	120
1951 and earlier	373	241	562
Total	938	1,268	1,978

(d) Pupils found to have undergone tonsillectomy

AGE GROUP	NO. INSPECTED		NO. FOUND TO HAVE UNDERGONE TONSILLECTOMY	
	BOYS	GIRLS	BOYS	GIRLS
Infant	1,092	989	24	12
Junior	1,340	1,345	127	116
Leaver	1,115	1,228	102	87
Other	496	408	46	38
Totals	4,043	3,970	299	253

(e) Pupils found to have defects of colour vision

	INTERMEDIATE INSPECTIONS	LEAVER INSPECTIONS	OTHERS
Tested for Colour Vision	2,685	2,343	904
Found to have defects of colour vision	36	35	5

(f) Parents present at Medical Inspection

		NO. INSPECTED	PARENT PRESENT	PER CENT.
Infant	Boys	1,092	1,039	95.1
	Girls	989	920	93.0
Junior	Boys	1,340	1,017	75.9
	Girls	1,345	1,080	80.3
Leaver	Boys	1,115	113	10.1
	Girls	1,228	284	23.1
Other	Boys	496	245	49.5
	Girls	408	256	62.7

(g) Defects found by Periodic and Special Inspections during the year

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		ENTRANTS		LEAVERS		OTHERS		TOTAL (ALL GROUPS)		TREATMENT	OBSERVATION
		TREATMENT	OBSERVATION	TREATMENT	OBSERVATION	TREATMENT	OBSERVATION	TREATMENT	OBSERVATION		
4	Skin	54	42	89	108	139	81	282	291	320	47
5	Eyes (a) Vision	120	140	373	65	445	113	938	318	112	32
	(b) Squint	67	13	10	5	104	36	181	54	12	-
	(c) Other	13	16	11	13	29	22	53	51	41	7
6	Ears (a) Hearing	13	81	5	18	33	45	51	144	39	23
	(b) Otitis Media	8	33	6	13	8	20	22	68	2	3
	(c) Other	17	24	5	8	21	17	43	49	50	4
7	Nose and Throat	54	214	28	39	91	93	213	346	42	22
8	Speech	58	43	4	3	27	24	89	70	24	9
9	Lymphatic Glands	9	92	4	14	5	56	12	162	3	4
10	Heart	6	49	10	27	18	44	34	120	4	-
11	Lungs	48	63	6	21	39	47	93	131	12	4
12	Developmental (a) Hernia	-	17	2	7	8	16	10	40	2	3
	(b) Other	34	131	18	58	63	135	115	334	12	6
13	Orthopaedic (a) Posture	12	33	23	45	24	82	59	160	1	2
	(b) Feet	36	110	9	21	41	92	86	223	22	6
	(c) Other	14	59	22	36	34	55	70	150	37	8
14	Nervous System (a) Epilepsy	3	3	3	2	4	5	10	10	1	-
	(b) Other	1	14	4	7	9	40	14	61	9	2
15	Psychological (a) Development ...	6	72	3	7	16	53	25	132	15	7
	(b) Stability	15	156	3	15	37	92	55	263	35	25
16	Abdomen	7	13	-	4	6	26	13	43	5	6
17	Other	10	28	3	20	6	24	19	72	280	61

OTHER MEDICAL INSPECTIONS

(a) Employment of children (other than in entertainment)	
(i) initial examinations	180
(ii) re-examinations	8
(b) Employment of children in entertainment	
(i) initial examinations	-
(ii) re-examinations	-

EXAMINATIONS BY SCHOOL NURSES

Head Inspections

Number of examinations	18,473
Number of children found to be unclean	196

Vision Testing at School

Number of children tested	14,605
Number referred to Eye Clinic	373

Foot Inspections at School

Number of children inspected	8,539
Number referred for treatment	215

MINOR AILMENT CLINICS

<u>New Cases</u>	<u>Boys</u>	<u>Girls</u>
Ringworm - Head	5	12
Body	1	-
Scabies	3	3
Impetigo	7	2
Other Skin Diseases	180	173
Defective Vision and Squint	117	121
Other Eye Defects	38	18
Defective Hearing	148	76
Other ear diseases	46	41
Nose and throat defects	79	51
Speech defects	37	20
Lymphatic glands	19	26
Heart and circulation	7	11
Respiratory diseases	26	19
Developmental defects	100	71
Orthopaedic defects	100	93
Nervous disorders	26	23
Psychological disorders	129	89
Other defects and diseases	312	218
	<u>1,380</u>	<u>1,067</u>
Total attendances ... 5,284		

SPECIALIST CLINICS

(a) <u>Aural</u>		
Sessions		58
New cases		269
Total attendances		813
Referred to hospital for operative treatment		233
(b) <u>Ophthalmic</u>		
Sessions		365
New cases		849
Attendances		5,665
Glasses prescribed		1,198
Glasses obtained		
(i) through H.M.C. optician		973
(ii) privately		225
(c) <u>Orthoptic</u>		
Sessions		408
New cases		224
Attendances		2,052
(d) <u>Orthopaedic</u>		
Sessions		58
New cases		428
Attendances		1,377
Appliances provided		159
(e) <u>Physiotherapy</u>		
Sessions		646
New cases		273
Attendances		3,672
(f) <u>Paediatric</u>		
Sessions		23
New cases		90
Attendances		182
(g) <u>Child Guidance</u>		
	<u>WALTHAM FOREST</u>	<u>OUT- AREA</u>
Cases referred or re-opened for treatment during year:-		
(i) Under 5 years - Boys	46	-
- Girls	27	-
(ii) Over 5 years - Boys	203	1
- Girls	<u>142</u>	<u>1</u>
	418	2
Cases closed during year	285	41

(g) Child Guidance (contd.)

Interviews conducted during the year:-

	WALTHAM FOREST	OUT- AREA
Psychiatrists	1,995	90
Psychotherapists	-	-
Psychiatric Social Workers	2,390	182
Educational Psychologists	673	57
Remedial Teacher	358	-

DENTAL INSPECTION AND TREATMENT(a) Attendances and Treatment

	AGES 5 TO 9	AGES 10 TO 14	AGES 15 AND OVER	TOTAL
First visit	3,765	2,335	435	6,535
Subsequent visits	6,918	4,939	1,005	12,862
Total visits	10,683	7,274	1,440	19,397
Additional courses of treatment commenced	458	300	50	808
Fillings in permanent teeth	3,572	5,170	1,394	10,136
Fillings in deciduous teeth	7,090	480	-	7,570
Permanent teeth filled	2,511	4,127	1,120	7,758
Deciduous teeth filled	5,432	360	-	5,792
Permanent teeth extracted	87	606	248	941
Deciduous teeth extracted	2,973	1,027	-	4,000
General anaesthetics	1,057	533	74	1,664
Emergencies	439	136	26	601

Pupils X-rayed	464
Prophylaxis	1,522
Teeth otherwise conserved	1,717
Teeth root filled	81
Inlays	3
Crowns	45
Courses of treatment completed	5,155

(b) Orthodontics

New cases commenced during year	139
Cases completed during year	82
Cases discontinued during year	35
Removable appliances fitted	158
Fixed appliances fitted	5
Pupils referred to Hospital Consultant	13

(c) Prosthetics

	5 TO 9	10 TO 14	15 & OVER	TOTAL
Pupils supplied with F.U. or F.L. (first time)	-	1	-	1
Pupils supplied with other dentures. (first time)	-	9	8	17
Number of dentures supplied	-	12	10	22

(d) Anaesthetics

General Anaesthetics administered by:-

Dental Officers	-
Medical Officers	1,640

(e) Inspections

(i) First inspection at school:-	
Number of Pupils	16,831
(ii) First inspection at clinic:-	
Number of Pupils	3,486
Number found to require treatment	10,650
Number offered treatment	9,013
(iii) Pupils re-inspected at school clinic	1,048
Number found to require treatment	483

(f) Sessions

Sessions devoted to treatment	4,069
Sessions devoted to inspection	207
Sessions devoted to Dental Health Education	39

SPEECH THERAPY

(a) Attendances

	DAWLISH ROAD	HATCH LANE	HURST ROAD		TOTAL
			(I)	(II)	
Number in attendance at beginning of year	89	68	70	68	295
Number under observation at beginning of year	73	-	55	23	151
New cases	83	67	47	51	248
Re-admitted	5	-	1	1	7
Transfer from other clinics	3	1	7	3	14
Discharges - cured	30	47	44	33	154
- improved	7	2	7	4	20
- defaulted	-	3	4	2	9
Transferred to other clinics	1	2	12	4	19
- left district	9	3	2	3	17
- no progress	-	-	1	-	1
Number in attendance at end of year	116	76	67	77	336
Number under observation at end of year	90	3	43	23	159

(b) Analysis of defects treated

	DAWLISH ROAD	HATCH LANE	HURST ROAD		TOTAL
			(I)	(II)	
Stammer	23	11	38	14	86
Dyslalia	130	98	111	48	387
Stammering and dyslalia	9	1	9	7	26
Delayed language development	19	19	15	37	90
Cleft palate speech	1	1	1	4	7
Voice defects	-	2	1	2	5
Speech defect due to deafness	2	-	4	17	23
Defects of neurological origin	-	1	1	13	15
Unclassified	9	-	-	4	13

New Cases referred 275
Attendances during year 8,751

HANDICAPPED PUPILS

	BLIND	PARTIALLY SIGHTED	DEAF	PARTIAL HEARING	PHYSICALLY HANDICAPPED	DELICATE	MALADJUSTED	E.S.N.	EPILEPTIC	SPEECH DEFECT	TOTAL
Children newly assessed as handi- capped during year ended 31.12.1966:-											
Boys	-	1	-	-	9	3	23	31	-	-	67
Girls	-	-	2	-	4	5	4	17	-	-	32
Children who on 20.1.1967 were receiving special educational treatment:-											
(i) at maintained special schools:-											
(a) Day	-	5	8	10	50	22	44	230	1	1	371
(b) Boarding	1	1	-	-	3	1	13	14	-	-	33
(ii) at non-maintained special schools:-											
(a) Day	-	-	-	-	1	-	1	-	-	1	3
(b) Boarding	3	-	-	-	4	-	1	3	1	-	12
(iii) at independent schools	-	-	-	2	-	1	15	1	-	-	19
(iv) at boarding homes	-	-	-	-	-	2	-	-	-	-	2
Children awaiting placement in special schools at 20.1.1967	-	-	2	-	5	-	6	6	-	-	19
Children who, at 20.1.1967 were being educated:-											
(i) at hospital	-	-	-	-	10	-	9	-	-	-	19
(ii) at home	-	-	-	-	1	-	-	-	1	-	2

SPECIAL SCHOOLS

Brookfield House School for Physically Handicapped Children

At the end of 1966 the medical classification of the 87 children on the roll was as follows:-

Orthopaedic Disabilities	10
Cerebral Palsy.....	12
Cardiac Disabilities	10
Respiratory Disabilities	11
Haemophiliacs	5
Epileptics	5
Brain Damage	5
Spina Bifida	2
Maladjustment and Psychiatric Disorders	5
School Attendance Defectors.....	5
Miscellaneous Disabilities	17

Joseph Clarke School for Partially Sighted Children

The ophthalmic conditions on admission of the 69 children who attended the school during 1966 were as follows:-

Albinism	6
Aniridia	4
Cataracts	23
Coloboma	2
Congenital Day Blindness	1
Corneal Opacity.....	1
Detached Retina	1
Ectopia Hentis.....	5
High Myopia	3
Iridocyclitis	2
Macular Degeneration	3
Nystagmus	6
Optic Atrophy.....	7
Retinitis Pigmentosa	2
Retinal Degeneration	2
Retinoblastoma	1

Their visual acuities (Snellen), after correction, were as follows:-

Visual acuity of less than 6/60	16
Visual acuity of 6/60	18
" " " 6/36	14
" " " 6/24	12
" " " 6/18	2
Not yet assessed because of age	7

William Morris School for the Deaf

Of the 55 children on the roll at the end of the year 26 were classified as deaf and 29 as having partial hearing.

HOUSING

(a) Contributed by F.G.Southgate, Esq., A.R.I.B.A., A.M.T.P.I., M.I.Mun.E., Borough Architect.

Houses completed by the Local Authority during 1966

<u>WARD</u>		<u>FLATS</u>	<u>HOUSES</u>
CHINGFORD	Central	21	-
"	North-West	-	-
"	South	16	-
LEYTON	Cann Hall	117	-
"	Leytonstone	100	-
"	Central	-	-
"	Forest	174	12
"	Lea Bridge	-	-
"	Leyton	100	-
WALTHAMSTOW	Hoe Street	9	-
"	St. James Street	100	-
"	Higham Hill	4	-
"	Hale End	82	3
"	Wood Street	195	4
"	Chapel End	-	-
		<u>918</u>	<u>19</u>

Houses completed by private enterprise

<u>WARD</u>		<u>FLATS</u>	<u>HOUSES</u>
CHINGFORD	Central	28	4
"	North-West	17	7
"	South	10	4
LEYTON	Cann Hall	10	1
"	Leytonstone	5	12
"	Central	4	-
"	Forest	12	1
"	Lea Bridge	2	1
"	Leyton	4	-
WALTHAMSTOW	Hoe Street	16	2
"	Chapel End	19	7
"	Higham Hill	5	6
"	Hale End	2	4
"	Wood Street	2	14
		<u>136</u>	<u>63</u>

Note: All were permanent houses and flats

In addition to the main building programme improvements and conversions were carried out at a number of Council owned properties.

	<u>DISCRETIONARY</u>	<u>STANDARD</u>
Applications received	182	184
Total number of grants approved	96	142
Total amount of grant approved	£40,849	£15,408

(b) Contributed by S.Horstead, Esq., A.I.H.M., Borough Housing Manager

Properties in Management at December 1966

Pre 1939 houses and flats	2,107
New houses and flats.....	7,733
Properties at Billericay	446
Properties at Canvey Island	206
Properties at Epping	206
Properties at Hutton	96
Prefabricated bungalows	30
Properties acquired for housing purposes	2,162
Properties for Clearance and Demolition	627
	<u>13,613</u>

Number of properties made available for letting

New properties	974
Acquired properties	169
Normal vacancies	383
	<u>1,526</u>

Families rehoused from the housing register

Number rehoused	1,004
-----------------------	-------

METROPOLITAN WATER BOARD - WATER EXAMINATION DEPARTMENT

AVERAGE RESULTS OF THE CHEMICAL EXAMINATION OF WATER SUPPLIED TO THE LONDON BOROUGH OF WALTHAM FOREST

Milligrammes per litre (unless otherwise stated)

Description of the Sample	Number of Samples Day of the month	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO4 4 hrs. at 27° C.	B.O.D. 5 days at 20° C.	Hardness (total) CaCO3	Hardness (non-carbonate) CaCO3	Magnesium as Mg	Sodium as Na	Potassium as K	Chloride as Cl	Phosphate as PO4	Silicate as SiO2	Sulphate as SO4	Natural Fluoride as F	Surface-active material as Manoxol OT	Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
Thames derived - North of River	207	0.031	0.087	3.9	1.26		289	78	5	24.9	4.9	32	1.6	7	68	0.20	0.01		0.1	15	7.9	570
Lee Bridge	52	0.022	0.105	4.5	1.34		333	106	7	35.0	7.1	43	2.9	6	109	0.20	0.04		0.4	18	8.1	690
Ferry Lane	38	0.069	0.075	2.3	0.83		353	115				39	1.9	11					0.1	9	7.5	740
Chingford Mill	3	0.097	0.073	2.1	0.76		304	82	8			31		14	110				0.2	9	7.7	590

BACTERIOLOGICAL RESULTS - YEARLY AVERAGES, 1966

OF WATER SUPPLIED TO THE LONDON BOROUGH OF WALTHAM FOREST

Source of supply	BEFORE TREATMENT						AFTER TREATMENT					
	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count		Number of samples	Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
Lee Bridge (Lee-derived)							513	32.3		98.25	100.0	
Ferry Lane							185	11.8		99.46	100.0	
Chingford Mill							123	0.4	35	100.0	100.0	
Thames-derived, North of River							1,744	17.5		99.71	100.0	

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LONDON BOROUGH OF WALTHAM FOREST

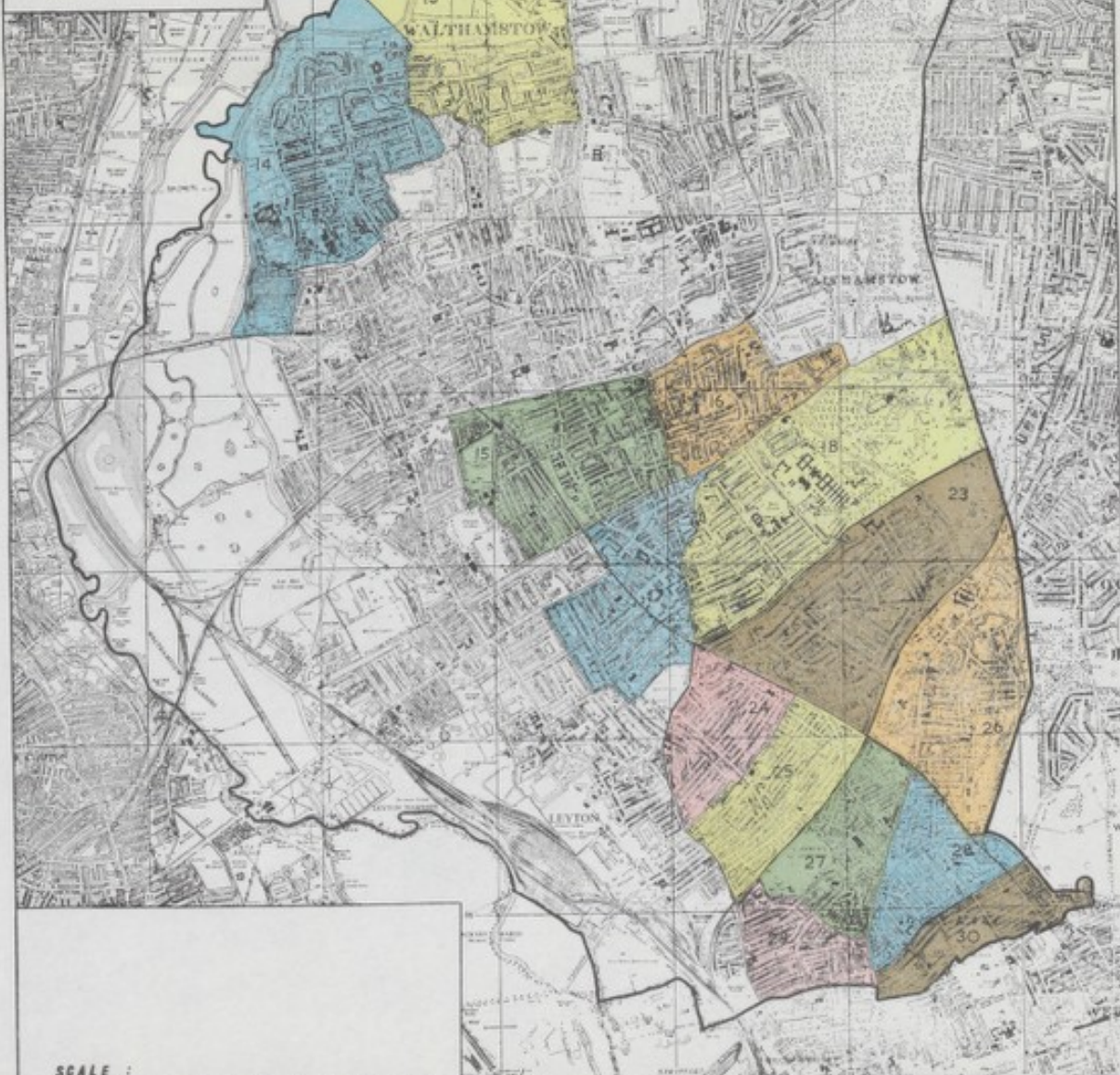
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