[Report of the Medical Officer of Health for Waltham Forest].

Contributors

Waltham Forest (London, England). Borough Council.

Publication/Creation

[1968?]

Persistent URL

https://wellcomecollection.org/works/xc6nvtn2

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

I
MINISTRY OF HEALTH LIBRARY
WAL 63

1967

London Borough of Waltham Forest

Report of the Medical Officer of Health

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

CONTENTS

Printed by the
LONDON BOROUGH OF WALTHAM FOREST

LONDON BOROUGH OF WALTHAM FOREST

HEALTH AND WELFARE COMMITTEE

1967 - 1968

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 Mrs.E.M.Dare, J.P.
" M.C.Fish
" Mrs.E.L.Gordon
" G.A.King
" T.H.Oakman, J.P.
" A.M.O'Reilly
" A.C.Punshon, J.P.
" Mrs.J.C.Ward
" F.W.Wigg
" Mrs.P.K.Williams
" C.G.Winter
" Miss D.Wrigley, B.A.

Ex-officio:

The Worshipful the Mayor - Councillor D.Weinstein, J.P.

STAFF OF THE HEALTH AND WELFARE DEPARTMENT
(at 31.12.1967)

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.P.H., D.(Obst.) R.C.O.G.
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.A., D.(Obst.) R.C.O.G. *Jocelyn N.Newman, M.B., Ch.B., D.C.H., D.(Obst.) R.C.O.G. 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	-	(Post Vacant)

13 Dental Officers (9 posts vacant); 2 Dental Auxiliaries; 2 Dental Technicians

Chief Welfare Officer	-	Birdie A.Warshaw, A.H.A., A.I.S.W., F.W.I.
Assistant Welfare Officer (Emergencies)	-	R.Apperley, M.A.P.H.I.
Assistant Welfare Officer (Administration)	-	(Post Vacant)
Social Work Adviser	-	Sybil A.Abley, A.A.P.S.W.
Senior Social Welfare Officer	-	L.F.Pyne, Dip.Soc., A.I.S.W.

12 Social Welfare Officers; 7 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 (3 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	-	E.M. (Anne) Lindsey, S.R.N., S.C.M., H.V.Tutor Cert., R.N.T., Q.N., Dip.Soc., M.A.S.W.
Deputy Superintendent Health Visitor	-	Clare Oldham, S.R.N., S.C.M., H.V.Cert., F.R.S.H., Soc.Sc.Dip.

2 Group Advisers; 3 Field Work Instructors; 31 Health Visitors; 4 Tuberculosis Visitors; 20 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; 53 Clerical Assistants etc; 14 Clinic Clerks; 7 Supernumeraries

THE MAYOR, ALDERMEN 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 1967.

During the year the Organisation and Methods teams of the London Boroughs' Management Services Unit made two more visits, having made one in 1966, and their report which had been expected in the spring of 1967 became expected in the summer, then the end of the year, and at the time of writing in May 1968 has still not become available. The effect of this on the department has been quite serious, as some staff have felt their personal future undecided for nearly two years now, while an atmosphere of impending change, beginning only one year after the enormous disturbance of London reorganisation, has not been relieved. Not only so but a number of important organisational defects, which became apparent soon after the amalgamation of boroughs had been mostly digested, have remained. At the time of amalgamation staff and work administered from eight offices were merged into one machine. It is not surprising that the perfect structure was not built on the first day, but the original structure ossified as no one liked to make changes when an organisation and methods report was considered imminent, possibly with better but incompatible recommendations. If we had known two years ago the delay that there would be, we could even then have improved our structure and procedures to our great advantage before the outside advice became available.

In this situation the staff are to be congratulated on their co-operative attitude to the O. & M. teams as each came along and this is perhaps an indication of their general desire that the department should be as efficiently run as human ingenuity can make it. For efficiency must be an important aim of a department which seeks to meet demands far greater than the resources available allow.

Yet it is important to see the difference between efficiency and effectiveness.

Because we all like telling other people how to organize their affairs, mention of efficiency immediately focusses all attention on administrative procedures and clerical activities, and everyone starts looking for cuts in clerical staff. This is an almost absurdly one-sided approach as administrative staff account for less than five per cent of the department's expenditure.

How does one assess the efficiency of a social work department?

Efficiency in the field of prevention is a statistical matter closely related to the funds one is willing to invest in it. Hundred per cent efficiency in preventing ill health, even if possible, would be of infinite cost. The more one spends the longer the odds against a high rate of ill health and social disorder in the borough. Here as in every aspect of social services the local authority functions must be seen in national perspective. One could save rate-fund expenditure by reducing the number of public health inspectors, but only at the risk of greater morbidity in the population with consequent charges on other public funds and loss of national productivity. This is not efficiency.

One Royal Commission after another has advocated more Health Education, and now the Health Education Council is being set up. Many studies have been attempted to evaluate Health Education - a most difficult task. One of the best known, conducted in Aberdeen, would seem to suggest that this borough is spending far too little on this form of prevention.

But who can tell how much investment in Health Education, Public Health Inspection, and preventive work generally, is required to alter the public attitudes and habits so that savings on public funds due to their health and productivity make an overall profit? I write in financial terms because these can be quantified and because health, strength and social well-being cannot be shown on a balance sheet. I hope no one needs persuading of their value in their own right.

The relief of social distress is full of examples of gross inefficiency. There are in the borough old people who desperately need the help and attention available in our old people's homes. There are in these same expensive old people's homes sixty or so old people who should not be there. There are in mental hospitals, at very great cost and in highly inappropriate surroundings, a number of mentally subnormal people who ought to be in the communities that they know, with the support of people they know. Greater efficiency in respect of these two glaring examples require warden flatlets and hostels respectively - in other words a substantial increase in resources.

Many people get admitted to hospital simply because the domiciliary support is inadequate.

Where there are too few social workers in any field they make too perfunctory or too infrequent visits to those they serve and they may therefore be ineffective - the very reverse of efficiency.

Underpowered social services are as inefficient as underpowered cars.

The ten-year plan of expansion is for the very purpose of increasing efficiency as well of course for the implementation of the modern concept of a caring community.

One cannot therefore, looking at the problem in a statesmanlike way, expect efficiency without much greater resources, and the Ministry of Health has in most cases given guidance as to what resources should make efficiency possible. This authority falls well below these recommendations, cruelly so, in some instances.

One can however reasonably expect a fair day's output from each member of staff and effectiveness is worth examining.

In some fields, supervision and statistical returns give most of the answer - this perhaps applies to Public Health Inspection, Home Nursing and some of the more routine field work procedures.

In social work, where supervision cannot take the form of a follow-up visit to inspect the work done, assessment is much more difficult. One client will be almost pathetically grateful for a trivial service, while another who has exhausted much time and the energies of a number of staff will continue to call on Members, M.P.s and write to the papers complaining that no one has done anything.

Assessing effectiveness in social work is full of pitfalls. It is possible to be intensely active over long hours and still be achieving a low effectiveness. Not uncommonly a social need is manifested in disguise: for instance requests for all sorts of services may be received, when the true but unspoken request is for a friend; or persistent advice on infant feeding is sought, when the true request is for reassurance on success as a mother. There are many examples one could offer where the worker who does not perceive the true need can spend hours of useless effort, while the perceptive worker can deal with it in one stroke.

Conversely someone may deal perfunctorily with a trivial request where the perceptive trained worker sees the "tip of the iceberg" of a social disorder, and by dint of work in depth is able to alter the course of events which might otherwise become a chronic social disability, perhaps extending to later generations of a family.

Effectiveness of social workers can only be assessed and evoked by able colleagues.

Thorough and on-going training of field staff and the availability of sufficient able and trained senior people is therefore the key requirement in the social services - and the officer concerned with training has a most important place in the departmental hierarchy.

What about productivity and cost effectiveness - these fashionable words - in the administrative support?

Here again, simple analysis of how time is spent combined with supervision gives good guidance in respect of some staff while in others assessment is complex.

The department deals with emotionally charged subjects, with the crises of life like birth, death and illness, and with situations such as stigma, protectiveness, strained personal relationships which make administration far more than something a computer might take over some day. It may make an apparently straightforward request unexpectedly time consuming. A person who is dealing with something which for them is highly emotionally charged, however routine it is to us, cannot be abruptly dealt with: the old man whose wife is dying and who is trying to tell you she has become incontinent, has a simple routine request, but it is far from that to him; the first-time expectant father is a well known figure of fun to whom the same statement applies. There are always the frank mental patients who lead the administration no end of a dance.

It is the social workers, it may be said, who should deal with these things. It is, but the administrative staff inevitably get drawn in, and moreover it is they who may be at the centre of the cross currents arising from a variety of procedures which relate to one household where the family situation must be understood if the departments complex relationship with the public is to be integrated, effective, and of a human compassion.

The administration needs on the financial and management side competent managerial staff, this is easy to understand, but for the reason given above it is important to have able senior staff in the administration supporting the social workers - unless of course the social workers do the administration themselves. This latter system can work but in a situation where trained social workers are the class of staff which, of all in the department, are in the shortest supply, the advantages of this must be weighed carefully against the disadvantages. Moreover, if they are to fill this role they require at least as much training in administration as the equivalent administrative staff have had.

The balanced approach therefore for seeking efficiency involves a statesmanlike approach to the provision of extra resources, seeing why in the national interest they are indicated, and it involves the provision of sufficient able trained professional and administrative staff, combined with a thorough training programme for all staff.

These things will cost more.

It involves analysis of staff returns of different kinds, which combined with the first mentioned factors should produce greater productivity from the same number of staff.

It involves the abandonment of unprofitable procedures. This can result in a saving of staff which will save money.

I regard the last as every bit as important as the others and shall study with care all the help that the Organisation and Methods report may give in this respect, but it is important to see this in perspective, and to realise for instance that the people in institutions who need not have been there are daily costing more than the outlay on the entire administrative staff.

This third Report on the department sees the end of the beginning as regards the new borough, and as 1968 has brought a very substantial change in the membership of the Council committees it is appropriate to thank the committees most sincerely for all their support and help not only during 1967 but during the whole four years of setting up of the new services of the department, with particular thanks to the Chairman of the Health and Welfare Committee, Councillor F.W.Marshall, J.P., whose untiring work and personal interest has been greatly appreciated.

I should like also to thank my own staff and those of other departments who have been so co-operative throughout the year.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

Walter Wright

Medical Officer of Health.

WORK OF THE DEPARTMENT

Control of Infectious Diseases

This aspect of the work of the department, in the third year of the existence of Waltham Forest as a corporate borough, was unremarkable and the incidence of infectious disease followed closely the pattern of the past two years. Notifications at 3,228 showed a substantial increase over 1966 (1,657) but, as forecast last year, the biennial measles epidemic accounted for most of the difference (2,615 cases against 1,157) although whooping cough - 276 (123) was also more prevalent. Preliminary results of the large scale research project (in which we are participating) into the causation of whooping cough indicate that almost as many cases of paroxysmal cough in children are now due to a virus infection as are due to the pertussis organism from which the prophylactic vaccine against whooping cough is prepared. The incidence of scarlet fever was almost unchanged at 155 (147) cases as was that of tuberculosis - 77 (79), but, of the latter, three cases were of acute infectious respiratory tuberculosis among workers at three different factories and required investigation of several hundred contacts. A teacher and school caretaker also contracted the disease but, fortunately, after further investigation were found not to be in the infectious stage. About one third of all notified tuberculosis occurred among immigrants (29.2% of lung infections; 50% of other sites) and this proportion is likely to increase since some immigrants, especially those from North East Pakistan, are quite extraordinarily prone to develop the disease which, for generations, has been unknown in their own country. Lacking the hereditary resistance developed through several generations of exposure by the urban English, one survey showed them to be 29 times as susceptible, while their custom of living in very close contact, three or more families in one house, favours the domiciliary spread of all infections.

There were four cases of enteric fever; a boy of 15, who had almost certainly contracted typhoid abroad, falling ill just over a fortnight after his arrival here from Pakistan; another recently arrived Pakistani had paratyphoid A, a local resident who contracted typhoid fever while on holiday in Spain and a schoolteacher who developed paratyphoid B. The last case was particularly interesting as the lady concerned lived in a religious community and had had no separate meals apart from an omelette at a London restaurant. This was at once suspect and the Medical Officer of Health of the district concerned carried out a full investigation of the staff, premises and stored food with completely negative results. All the patients made a full recovery and not one secondary case occurred due to prompt diagnosis, isolation and effective hygienic precautions.

One case of acute paralytic poliomyelitis occurred in a girl of 6. All her close contacts were immunised at once and no secondary case occurred. The child unfortunately is left with a considerable residual paralysis but is slowly improving with regular physiotherapy. There was a small outbreak of sonne dysentery. As usual, this occurred at an infants' school; nine children were affected as were four family contacts. The outbreak was quickly brought under control but these incidents will continue until proper washing facilities are provided (and used!) at all infant school toilets and until all mothers realise that a child who is "loose" should not be sent to school. A young West Indian woman was found to be suffering from the much more serious amoebic dysentery and treatment and investigation of contacts arranged. With good lavatory facilities there is little danger in this form of the disease spreading in England. 58 families were found to be suffering from scabies and were taken to the Cleansing Station at Hackney.

Two events of great epidemiological importance occurred during 1967. One was the epidemic of foot and mouth disease among cattle, affecting several of the dairying counties and leading to

the slaughter of 250,000 cattle - more than the human population of Waltham Forest. The other was the discovery that in mixed human infections germs which have become resistant to antibiotics can pass on their immunity to other bacteria which are normally vulnerable. The first of these occurrences shows just how helpless we are in dealing with virus diseases, most of which are quite unaffected by even the most powerful (and dangerous) antibiotics. There is no effective treatment for virus infections, from the common cold to smallpox, from measles to polio. The second points out the danger to us of the development of totally resistant strains of bacteria. One can imagine the effect if streptococcus, the germ responsible for tonsillitis and scarlet fever, was to become immune to penicillin. Already the value of antibiotics in treating enteric infections like gastro-enteritis is seriously questioned and there is general agreement that their use tends to prolong and not shorten the period during which the recovered patient is liable to be a carrier. Perhaps we have come to rely too much on the "wonder drugs" and now that many germs are becoming immune to them we must go back and relearn the principles of hygiene and take prevention much more seriously now that a sure cure can no longer be provided in a course of coloured capsules.

Altogether, visits by the Deputy Medical Officer of Health, the Infectious Diseases Nurse and her relief totalled well over 2,000 and 964 laboratory specimens were collected and examined. Our thanks are due to the pathologists and laboratory staff at the Enfield Laboratory and those at Connaught and Wanstead Hospitals. Also, to the Director (Dr.Hugh Ramsay) and staff of the Chest Clinic and Mass Miniature Radiography Unit and to Dr.McKendrick and his staff at St.Ann's Hospital whose ready and willing help with all cases of infectious disease is much appreciated. Effective control and prevention depends upon early warning before spread has occurred and for this we are grateful to our colleagues in general practice whose alertness and skill have so often enabled us to isolate a patient before others have become infected, and thus abort what might become a serious epidemic.

G.H.G. Poole
Deputy Medical Officer of Health

The Environment

The work of the public health inspectorate in relation to the environmental health services is detailed in tabular and statistical form on pages 76-88. I would however, like to draw attention to a number of matters of topical interest.

The world of hearing consists of two types of sound, that which causes communication, and that which interferes with it. We define this latter unwanted sound as "noise".

Nuisance from noise is a natural phenomenon in our daily lives arising in part from earlier industrial and urban development associated with insufficient town planning, and in part from the speed at which we live, the latter frequently coupled with selfishness or thoughtlessness on the part of an individual. Like most forms of nuisance much of the noise suffered is either unnecessary or capable of prevention or modification.

One hundred and twenty nine complaints were received and investigated by the Department about noise from a variety of sources including noise from factories, from launderettes, from scrap metal yards, from traffic, from refrigerators and other equipment in commercial premises, from ice cream vendors chimes, from pneumatic road drills, from car and motorcycle engines and slamming of car doors late at night and from clubs and public houses where musical entertainment is provided.

Many difficulties are inherent in dealing with the problem of noise. It is not just a question of volume, intermittency, frequency of pitch of the noise, the time of day, the place it occurs, or the relationship with background noise. Neither does the problem solely depend on whether the person aggrieved is working, at leisure, or resting. The real question is the effect of noise in the mind of the listener, and it is this which brings the subjective element into the assessment of a noise nuisance. A noise which is pleasant to some is repugnant to others; "pop sessions" may provide a stimulating experience to some while being regarded as the most horrible cacophony to those living next door; the roar of city traffic may pass unnoticed by a person who may be driven to distraction by the dripping of a tap; to some the usual everyday background noise is essential to their well-being but to those who are tired or ill that same noise may be a nightmare. Yet another factor depends on tolerance, and the average person can very easily accept and become used to a noise which at first is strident and disturbing. All these factors make noise complaints, particularly in borderline cases, difficult to handle. An added complexity is that there is no precise dividing line between the nuisance element and interference with amenities.

In assessing nuisance caused by noise, it is essential to realise that no single law can ever be made to govern such a subjective matter and that any working rule must be based on the statistical reactions of the public at large and not on any one individual. Even so, the reactions of the public do fit into a pattern, and acceptable, though highly generalised, rules of behaviour can be formulated and quantitative levels of noise which should be regarded as statutory limits in any particular circumstance have in fact been recommended by a Committee set up by the Ministry for Science to examine the problem of noise and to advise on measures which can be taken to mitigate it (Wilson Report CMND 2056/63).

Despite these difficulties much can be done and has been done by the Department in the control and prevention of noise from industrial and commercial premises and other sources.

According to national food surveys the consumption of processed and pre-packed foods which preclude pre-sale examination by a retailer and customer continues to rise year by year and

now constitutes about one fifth of total household expenditure on food. This is reflected in the increasing number of complaints of unsound food received by the Department.

In practice it is found that coding by manufacturers to identify batch and date of production, date of despatch and delivery is not the complete answer to this problem. The majority of the 94 food complaints investigated proved to be directly attributable to handling failures in one form or another. The commonest cause was unsatisfactory or prolonged storage by the retailer often greatly exceeding the shelf life of the commodity. There were cases involving the small retailer who kept his limited stock too long, others occur in the rapid turn-over of the larger stores where frequent deliveries get mixed even when the supplier's delivery men actually load the shelves; sometimes over stocking takes place but in stores with a large turn-over this is really less of a problem than the indifference of staff.

Food manufacturers often point out that date stamping of food on sale would convey little or nothing to the consumer concerning the quality and purity of the ingredients in the food, of the method of storage, of distribution or of conditions on the retailer's premises, but the main objection is that it invariably results in a considerable drop in sales owing to customers exercising a very natural preference for products with the latest date. Whatever the arguments for and against date stamping, the ultimate responsibility for the soundness of foodstuffs rests with the vendor. In pleading a defence of "due diligence" he must satisfy the court that the blame rests elsewhere. The correct rotation of stock would be included in a retailer's diligence. Retailers should, therefore, adopt a system of coding or date stamping best suited to their own trade and circumstances. Many retail firms have already done this to very good effect.

Legislation with respect to hygience in the sale, storage and preparation of food was strengthened during the year with the introduction of new Regulations dealing with stalls and delivery vehicles and with the publication of codes for hygiene practices in the bakery trade and in the designed and operation of automatic food vending machines.

Activity under the Offices, Shops and Railway Premises Act was devoted primarily to consolidation, re-inspection and enforcement. A limited amount of specialisation was necessary during the formative years of the Act, to further the registration and survey of business premises, but with the completion of the major portion of initial detailed inspections and registrations, the stage has now been reached when administration and enforcement of the Act is being fully absorbed by the district public health inspectorate as part of their routine district work.

This is a field in which local responsibility is fundamental and there are strong grounds for opposing any suggestion of transferring responsibility for enforcement of the Act to central government. Inspection of business premises by local authority officers covers a wide sphere of activity involving many separate but inter-related, statutes, orders and regulations concerned with environmental health, welfare, hygiene and public protection. Transfer of administration would bring about duplicity of inspections and responsibilities resulting in officers of both central and local government visiting the same premises for essentially the same purpose. It would also be bad for the promotion of good public relations.

A comprehensive survey of the condition of the borough's housing stock was undertaken in co-operation with the Greater London Council involving a 4% sample of rateable units - some 3,500 dwellings. A statistical analysis of the findings of this survey is included in a separate report dealing with the activities of the department in relation to housing and slum clearance - page

The department suffered a loss in the retirement of Mr.C.Pomfret after forty years faithful service. Mr.Pomfret was a most able inspector and a likeable colleague and I would like to place on record his outstanding ability and devotion to service.

Three student public health inspectors - Messrs.R.H.Meadows, K.R.Simpson and I.M.Smith who were successful in passing their final examinations during the year were appointed to vacancies on the establishment.

B.J.Ashcroft
Chief Public Health Inspector

Mothers and Children

About one third of the babies born to Waltham Forest mothers during the year were considered to be at risk of possible congenital handicap because of difficulties experienced at or around the time of birth. These will all be followed up at regular intervals. 943 children were removed from the register after two years supervision as having no handicap, and 81 were transferred to the pre-school handicap register as children with defects likely to require special help or supervision.

Although the Audiology Unit is not yet fully staffed or equipped it has proved invaluable for the examination and follow-up of babies and children found to be deaf at screening testing or for the examination of those too difficult for screening under ordinary Clinic conditions. It will be even better when full facilities are available.

Once handicaps have been found, help must be given at once. We ensure that all are attending hospitals and check unkept appointments. The Peripatetic Teacher of the Deaf, the Speech Therapists, and the Physiotherapists all play their part. Wherever possible, the child is enabled to mix with other children. Where feasible the child attends a Day Nursery but to prevent detriment to all the children because of extra work involved, no more than 10% can be admitted. Others attend Development Sessions in the Clinics and some of the severely retarded children attend the special group for the severely subnormal. In all these groups the children are watched by trained staff so that in addition to the help given at the time a more realistic placement can be made at school age. Day Nursery waiting lists at times reached a total of 170 - sufficient to fill 3 more Nurseries.

New students were admitted to the Day Nurseries at the beginning of the academic year and all except one (who was ill at the time) who sat the examination after two years study and practical work were successful.

THE SCHOOL CHILD

As marked defects of vision, hearing and physical disabilities are fortunately comparatively few among children from Waltham Forest, children come from other authorities to the Schools for the Partially Sighted, Partially Deaf and Physically Handicapped.

One child only was referred and admitted from the Borough to the Joseph Clarke School for the Partially Sighted during the year. The children had routine medical and dental inspections and the Consultant Ophthalmologist visited the School each term.

Children requiring speech therapy and physiotherapy received the necessary treatment and where necessary consultant opinions for special defects were obtained.

17 children from Waltham Forest were recommended for and admitted to Brookfield House School for the Physically Handicapped during the year. Because of the higher survival rate of severely handicapped children as a result of advanced medical and surgical treatment, the children in Special Day Schools tend to be more handicapped than previously and the less severely handicapped who make good progress have been able to have a fuller school life in ordinary schools with extra help.

With the early diagnosis of hearing loss and provision of aids and training at an early age the majority of partially hearing children do not require admission to the William Morris School. Only 7 were admitted during the year while others attended ordinary schools. The Special School remained filled with children with dual handicaps or with the most severe hearing loss who require special educational facilities because of their greater difficulty in learning to communicate in speech and language. One child who was able to speak and hear too well for the Special School but was unable to make progress even with extra help in an ordinary school transferred to a partially hearing unit in a Secondary School in another borough. Most young children use the hearing aid provided by the National Health Service at first but although it is satisfactory for some it is found that others hear more clearly with one of the commercial aids. Prior to a decision being made, trial periods are given in which the Consultant or Specialist Medical Officer, the Head Teacher or Peripatetic Teacher of the Deaf participate and then the aid is recommended and provided, by the Health and Welfare Department or Education Department depending on the age of the child. 7 commercial aids were provided in 1967.

The School Health Service also played its part in relation to the schools for the Maladjusted and Educationally Subnormal.

10 children were admitted to the Junior Training Centre, some at statutory school age and others from Special Schools. These are children who cannot cope with general education in the narrowest sense of the word unless presented very slowly and in a play atmosphere. The rest of their time is spent learning to use their hands more skilfully and to progress in social graces. The old attitude of shutting them up in institutions with others like them has gone and now they are taught to cope with the community and become useful members of society. This the Centre aims to do. Some have learned to read, write and count a little but all have learnt to mix better, to be accepted by others and become as independent as possible. On the whole, these youngsters will be happier and better orientated than many of their more gifted peers. In their handwork classes they demonstrate what beautiful things can be made from old tins, polythene containers, match boxes, egg shells, old paper, etc., as well as their embroidery and painting. Outings to Cafes, London Airport, the Zoo, a Circus and shopping expeditions have been part of their training. I joined them for the evening visit to the Circus, paid for by the local Society for the Mentally Handicapped. Their behaviour was excellent and their interest amazing. They were a small group in a large tent of numerous children and I saw no group who behaved better. Even on the return journey they proved how well they could behave after a long day. From their conversation they had noticed more than many of the more sophisticated.

The staff in the private coach company who take the children to and from the Centre made them a gift of a day at the sea-side, a day greatly enjoyed by children and staff.

Two new students joined the staff during the year and four outside students attended for their practical experience. Two trained assistants will be returning from College to the Centre next Summer. Some of the students have done well in their G.C.E. examinations and could have chosen better paid professions. Instead they have chosen to train to help in what is always a very long uphill grind with very slow results. The Special Care Unit is the slowest group but even there progress has occurred. Sometimes it is physical progress like learning to walk or talk, sometimes it is the destructive and difficult who become less so. Sometimes they have injured staff, but their injuries are accepted as part of the job.

Until a new Centre is built all the children are in four class rooms. The group of the most severely retarded children are therefore still unable to be admitted. Some of them stay at home. Others, with some of the younger children, attend special Play Groups held two mornings a week. These are run by mothers from the Society for the Mentally Handicapped in two local clinics.

Although medical, nursing and physiotherapy staff visit from time to time and give help when necessary, all the work is carried out by these mothers who have learned from helping their own children how to care for these. Not only do the Play Groups provide relief for mothers for a short period from their very demanding children but the children are also help by mixing with other children and adults. When the new Junior Training Centre is completed these children will be admitted.

We all look forward to the completion of this long awaited Centre with all its special facilities which only a carefully planned purpose-built building can provide.

Gwyneth Richards
Senior Medical Officer - Child Care

Midwifery and Home Nursing Services

THE MIDWIFERY SERVICE operated satisfactorily throughout the year and there was an increase in the number of patients discharged home early from hospital. The nature of the midwives practice is gradually changing with more pre-natal and post natal care and fewer home confinements.

Close co-operation with doctors, hospitals and clinics has helped the service to run smoothly.

ATTACHMENT SCHEMES

The allocation of midwives to General Practitioner Obstetricians works well and the service benefits from the closer professional relationship.

ANALGESIA

The remaining nitrous oxide and air machines were replaced by the new Entonox apparatus.

TRAINING OF PUPIL MIDWIVES

28 Pupil Midwives undertook Part 2 training at The Lady Rayleigh Training Home and a further 31 pupils from Thorpe Coombe Maternity Hospital undertook the district part of their training in the borough.

HOME NURSING SERVICE

The service given by the district nurses was fully utilized and every effort was made to adjust to the needs of the community.

Research into the Work of the District Nurse

A research project by means of computer study was undertaken in the Spring and the survey revealed that the State Registered Nurse was not always deployed to the best advantage. It is evident from the report that a proportion of the work undertaken by highly qualified staff could be carried out by ancillary staff working under supervision.

It is envisaged that many more State Enrolled Nurses will be used in the Home Nursing Service in the future.

ATTACHMENT SCHEMES

Progress has been achieved by the attachment of Nursing Staff to General Practitioner Practices. Individual members gain moral support from each other and the standards of care to patients and responsibilities to the community are enhanced.

THE MARIE CURIE MEMORIAL FOUNDATION FUND

The very sick, and in many cases, lonely patients have been helped by the service provided by the Marie Curie Memorial Foundation Fund.

The fact that this help is forthcoming at once and when most needed, often during the night, brings much comfort in many tragic cases.

TRAINING OF STUDENT DISTRICT NURSES

38 students undertook training for the National Certificate and the Certificate of the Queen's Institute of District Nursing - 24 of this number were trained for other authorities under the training facilities offered by the borough.

E.O'Connor
Superintendent of Home Nurses and
non-Medical Supervisor of Midwives

Health Visiting

Health visitors, supported by clinic nurses, have continued to carry out their routine and statutory duties including home visiting, health education and attendance at clinic sessions, the schools and the chest clinic.

DEVELOPMENT SESSIONS

At five Health Services Clinics pre-school children who are referred by doctors, health visitors or psychiatrists have an opportunity for constructive play under the guidance of trained nursery nurses. The need is so great that only children who are suffering from physical, mental or social handicaps or have no chance to mix with their own age groups, or whose home conditions are unsuitable, can at present be admitted. A remarkable feature of these sessions is the rapidity with which basically normal children lose abnormal behaviour even with only a few sessions of controlled play.

REGISTERED PLAY GROUPS

In the present economic state it is not possible for the Local Authority to extend facilities for pre-school children but there has been a large increase this year in the number of registered play groups and childminders which make a contribution towards filling this need. Under the Nurseries and Childminders Act, 1948 health visitors have a statutory obligation to visit premises and persons registered under the above Act for the purpose of supervision and giving advice.

The groups are organised by mothers, most of whom have had no experience or training in this type of work. However, leaders of these play groups need to be more than good mothers. They must be keenly interested in children in general, ready to listen to their problems and talk sensibly with them on any subject that happens to occupy their minds.

Therefore, with the help of the Education Department, we organised a course for play group leaders and helpers. This was held early this year at the Hurst Road Health Centre and was extremely well attended throughout. The course consisted of ten evening lectures and discussions on various subjects, the most important being:-

(a) the needs of children and how a nursery group can help their development
(b) the importance of play and the different types of play material
(c) planning the play session
(d) the growth of speech and language
(e) techniques of story-telling and reading
(f) music and its importance to children
(g) some common problems of early childhood.

"CO-ORDINATED SOCIAL WORK IN SCHOOLS"

This is a pilot scheme which was brought into operation in three schools in the borough in September. Two health visitors visit these selected schools at least once a week to discuss with the head and his staff behaviour difficulties of children who give cause for concern. As a result the health visitors have so far visited 60 families to give help with the following:-

(a) families (including immigrants) who are new to the borough to explain the local Health, Welfare and Education Services.
(b) to help and advise in cases where children are dirty and badly clothed.
(c) persistently late for school or absenteeism.
(d) slow and irresponsive for no apparent reason.
(e) frequently ill.
(f) suffer from asthma.
(g) are enuretic.
(h) do not keep appointments made at ophthalmic, ear, nose and throat, child guidance clinic etc.
(i) present behaviour problems.

This is an exciting scheme which depends on the close co-operation of all the staff involved with children and their families.

THE ELDERLY

A sample survey of health visitor's work during the year has again confirmed the great need of the elderly in this borough. This sector represents 16% of the population which is about a third higher than the national average. We have continued to expand the existing services, but have paid particular attention to the terminally ill who were shown as needing much greater support.

TERMINAL CARE

Whilst hospitalisation in certain cases is essential, most people under these circumstances prefer to stay at home in their accustomed surroundings. However, the latter require very considerable support particularly where the family is dispersed, disinterested or unable to cope. The health visitor if she hears of these cases may play a strongly supportive role. She will work closely with general practitioner, home nurse, home help etc., and make sure that the patient is receiving all the necessary help available. This is extremely important not only for the patient but also the person caring for him as often a widow, widower or daughter is too exhausted after the death of the patient to cope with the new demands of life.

All deaths over the age of 65 are notified to the Health Department and therefore in cases where the health visitor has not been called upon to give support during a terminal illness she will visit to help the bereaved.

E.M.Lindsey
Superintendent Health Visitor

Mental Health Services

TRYING TO PREVENT PSYCHOLOGICAL DISTURBANCE

(1) Primary Prevention - Examples of primary prevention occur when the borough sets up services to give outlets for physical and mental energies, such as holiday centres for school children and development sessions in the health clinics for toddlers.

Toddlers attending the latter continue to enjoy mixing with their age group, which will enable them to make a better start when they first go to school.

For adults and elderly people, social provision are made.

(2) Secondary Prevention - Early detection and treatment of difficulties is sought throughout the mental health services.

The two Centres for child and family psychiatry work closely with other agents in health and education, to detect trouble at an early age in an early stage of their development. For this the Psychiatric Social Worker is a key figure, and since the Kirkdale Centre has had its full establishment the waiting list has fallen dramatically; whereas Hurst Road Centre is short of Psychiatric Social Workers, with no drop in families referred over the waiting period.

The Educational Psychologists are available to the schools for difficulties in learning, which often have psychological background and their work is increasing.

Psychiatric clinics associated with the Mental Health Section continue to do good business, and a great deal of psychiatric illness amongst adults is contained in the community as a result. In the case of elderly people, the identification of elderly people alone and at risk of becoming disturbed by this, continues under the health visiting and social welfare sections.

(3) Tertiary Prevention - This applies where a course of treatment, often in a psychiatric hospital, is followed by prevention of relapse into the former state by psychiatric rehabilitation, temporary hostel admission and social measures to prevent isolation.

A local branch of the National Association for Mental Health continues to flourish, as do the clubs for discharged hospital patients.

CENTRES AVAILABLE

(1) Training Centre for Adult Severely Subnormal People

A second Training Centre was established 1st May, 1967 and currently has 58 on roll. The second Centre is fully equipped and no senior people now need wait for a place in the Centres.

The Superintendents report further education in matters of every day life, such as use of the telephone and football fixtures between four Centres in which Waltham Forest showed a good deal of talent (these fixtures, as expected, help in social morale).

At least three people have left the Centres to enter jobs in the course of the last year.

(2) The Richmond Fellowship Hostel

This Hostel is designed for people who need to return to every day life gradually and caters mostly for discharged hospital patients, over seventy per cent of whom come from Claybury Hospital (two thirds of the Borough of Waltham Forest being within the Hospital's catchment area). Of the twenty-eight residents discharged in the course of the year, eighteen have not needed re-admission to hospital and their average length of stay was less than thirty weeks. There was the same number of men as women, with an average range of thirty-three with peaks between eighteen and twenty-five and the middle thirty age group.

Use was made of the industrial unit at Claybury Hospital and the psychiatric rehabilitation unit in Waltham Forest, but most residents go out to ordinary work.

Although the community Mental Health Services keep in touch with patients in the hostels and often take part in their after-care on leaving, the existence of the Hostel reduces the strain on the community services and reduces the necessity for re-admission to psychiatric hospital.

(3) Psychiatric Rehabilitation Unit

This day centre opened 8th October 1967 with the generous co-operation of the Church Group at the Baptist Church Hall, Fairlop Road, Leytonstone and has expanded to daily attendance of twenty with thirty on the register. Reference is similar to the Richmond Fellowship Hostel but with more patients coming from the mental welfare services. Support is received by a grant from the local authority and donations from the Waltham Forest Mental Health Association.

The Supervisor has had visits from other boroughs which makes it likely that the movement will spread.

Rehabilitation is not only though relearning habits of work, but helping people to get on together and regaining their self confidence, which is necessary before they can take part once more in ordinary society.

Although three attenders have gone back to ordinary employment, sheltered work situations are still needed, with emphasis on the industrial and social side, and experience exists in this through the parent body, the Psychiatric Rehabilitation Centre, Director Mr.John Wilder.

W.R.Little
Adviser in Psychiatry to the
London Borough of Waltham Forest

The Handicapped, the Old and the Homeless

THE HANDICAPPED

During the year applications for services have poured in to the department from handicapped persons requiring help. Marital and domestic problems have been dealt with and there are many persons and their families receiving constant support. Aids have been supplied to assist in daily living, ranging from lifting hoists to special feeding cutlery. Adaptations have been carried out to houses including the installation of downstairs toilets, stairlifts, ramps and rails fixed to the walls.

The Occupational Therapists in the local and adjoining large general hospitals are enthusiastically co-operating with the Health and Welfare Department in the carrying out of simple adaptations in order that patients may be discharged from hospital to home without delay. There is close consultation between the hospital and the local authority department on each case.

Senior school boys and girls and some voluntary organisations are also helping in doing jobs for handicapped and old people in their own homes, a valuable contribution to an essential service.

The two special coaches with tail lifts are being used to capacity in transporting the physically handicapped to and from the Roberts Hall Occupation Centre, where 60 people attend daily. The new extension to the Hall was completed early in the year and will cater for an additional forty persons when more coaches can be purchased. There is a waiting list of over fifty handicapped persons requiring transport in order to attend at the Occupation Centre but it will not be possible to bring them due to the financial position (of the borough and of the country) which has necessitated stringent pruning of expenditure and the committee's reluctant decision not to purchase more special vehicles at the moment.

Clubs for the blind and for the physically handicapped run by voluntary organisations are well attended, but in this activity too more transport is required. Some of the voluntary organisations have vehicles of their own and the borough assists most of them with additional vehicles or grants towards the cost of conveying their members to their meetings.

Holidays for the physically handicapped and the blind are provided through voluntary organisations at camps and by the borough which block-books beds at seaside guest houses. Many holiday and short stay care problems could be overcome if the borough were to have its own seaside holiday home, but here again the financial situation will have to improve before further consideration can be given to this project.

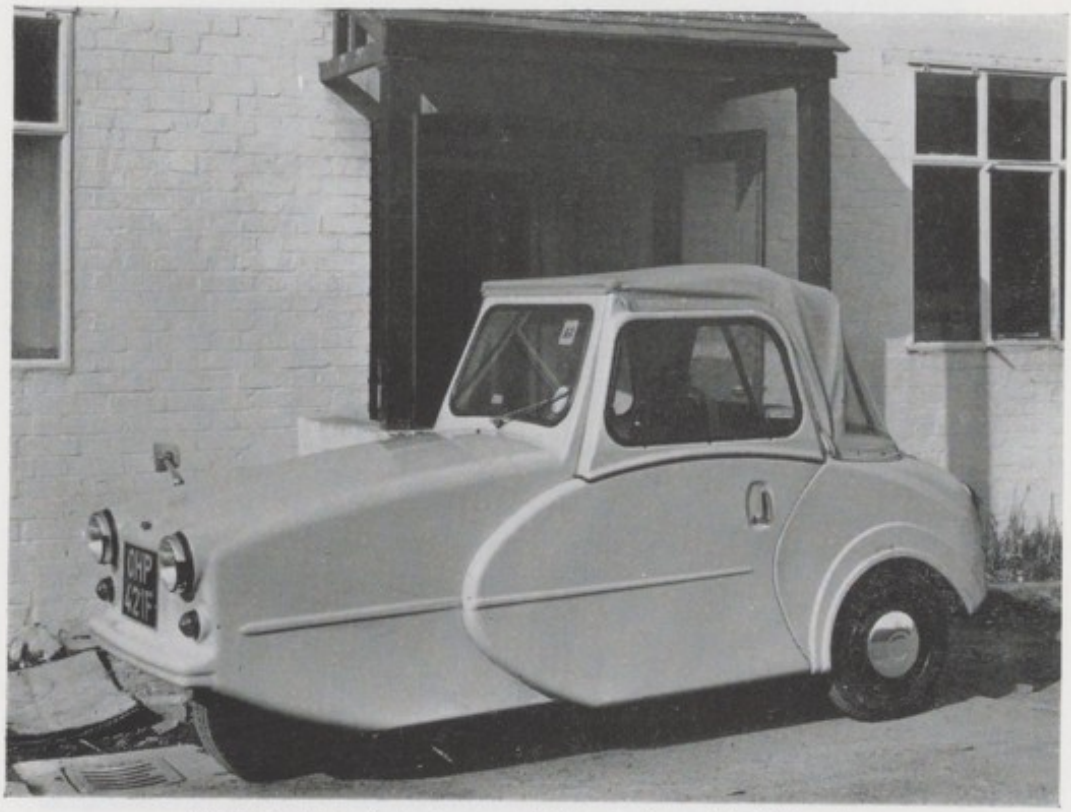
THE OLD

The task of trying to evaluate in broad terms the problems of old age is a gigantic one for it covers so many types of person and so many individual problems.

The 'elderly' are those who have attained pensionable age, who, for the most part retain a large measure of independence and mobility and health. The 'aged' may be of the same number of years, but unfortunately suffer progressive loss of these faculties.

MOBILITY

Motor-propelled tricycle—provided through National Health Service



Another type of motor-propelled tricycle, with sliding doors

Tail-lift Coach for Handicapped Persons

Domiciliary Midwife's Motor Car

Hand-propelled invalid chair

Electrically-propelled invalid chair

Home chair-lift for Handicapped Person

Meals on Wheels Delivery Van

Day Centres are required to meet the special needs of the aged together with the necessary transport to carry them backwards and forwards. Day care at a centre improves beyond recognition the health, the morale and the outlook of the individual, especially those who have not been out of their homes for years and it eases the burden on the relatives who look after them so unceasingly. At the same time, it relieves the domiciliary services and helps to keep hospital beds free for the seriously ill. The value of a daily club and centre cannot be too strongly emphasized.

Fifty-one old people spent two or more weeks in one or other of the local authority Part III Homes during the time those who care from them in their own homes were on holiday. Several elderly people attended daily at the Homes for meals, baths and company, returning to their own homes each evening.

One of the most urgent needs for the adequate care of the elderly is suitable housing. Warden serviced flatlets can accommodate elderly people even in very advanced years, but there are also the minority who require much more personal care and attention. There is, however, a considerable number of old people in local authority homes who have become rehabilitated since admission and whose health has improved, who could live independent lives outside and who would be happier to do so, but who have to remainin a home because there is nowhere else for them to go. Many warden serviced flatlets with communal lounges and T.V.rooms should also be available to which they could go when they leaves the homes.

The Alice Burrell Centre in Sidmouth Road, Leyton, is a place to which elderly people may go daily, where facilities are available for mid-day meals in the dining room and the pleasures of billiards, darts, table games and television in the lounge. The kitchen at this centre not only cooks meals for the luncheon clubs in the borough but also supplies the meals-on-wheels for Leyton and Walthamstow. The W.R.V.S. supply meals-on-wheels in Chingford. Due to staffing troubles and the demand for more meals it was decided to try out a pilot scheme of providing quick-frozen foods. The scheme proved to be successful and the kitchen now supplies 800 meals a day for the six luncheon clubs, the physically handicapped day centre, four mentally handicapped centres and the meals-on-wheels service.

The six homes owned by Waltham Forest seldom have vacancies for old people, which occur only when there is a death or a transfer to hospital. The waiting list of those in need of residential care grows daily and more homes are planned for the future to help meet the demand.

The influenza epidemic towards the end of 1967 affected both the residents and the staff and for two or three weeks sickness took its toll of the old people and often only half the staff could attend for duty. During this period new admissions were deferred. Great credit and appreciation is due to those who carried on looking after their elderly charges during a very difficult period.

The League of Friends, senior school children and voluntary organisations, continue to render service at the homes and their efforts are much enjoyed by the residents and the staff.

THE HOMELESS

The two hostels in the borough, for a total of 12 families, were full throughout the year and several families have had to be accommodated in Suttons Hostel, Hornchurch. As soon as a family was able to obtain other accommodation another took its place. There was constant move-

ment of families passing through this temporary accommodation and twenty were rehoused during the twelve months of 1967.

Most, although not all, of the families have low incomes which can, in some cases, be said to be below their needs. The needs fluctuate with the passage of time. Sickness can reduce incomes which were previously adequate, economic crises can and do cause unemployment, cost of living goes up not always with a corresponding increase in earnings, growing children make greater demands on the family purse which cannot always stretch to meet such commitments. Although supplementary benefits aid a large number whose incomes are below the "approved standards" and allow them to be brought up to the minimum requirements, there are still some families whose full-time earnings are low who are not entitled to State benefits to bring their incomes up to subsistence level.

The Family Service Unit have assisted the department in providing casework support for this section of problem families. The social workers in the department spend most of their time on family casework and many of their clients will require years of intensive support.

CONCLUSION

The year has been one of great activity. Running the welfare services by the borough has brought to the residents of Waltham Forest an awareness of the help which is available to them when they are in trouble and they have taken full advantage of the counselling services and the practical assistance which is there for those in need.

B.A.Warshaw
Chief Welfare Officer

Community Care of Old People

This year's report arises from a special study in addition to the routine work for medical priorities for rehousing and considers some of the requirements of old people in the borough; and especially their requirements for what, in general, they do not get. For these purposes, "old people" will be taken as persons over 65: and in fact this classification represents one of their difficulties.

Persons over 65 fall roughly into two categories: firstly, those who can look after themselves and be busied in some useful occupation; and secondly, those who cannot.

In the second class, there are patients with a few chronic illnesses which in an old person prevent the ordinary business of life; and the requirement of these patients is for various forms of aid and nursing; rarely hospitalisation. Also in this class are those people who, for reasons absolutely necessary or otherwise, have become permanent inmates of hospital or institutions, with resultant mental deterioration. For most of these people, some time in the past the requirement has been for a home, and this requirement has not been met. Now, in a few cases, their situation might be reversed by a change in living conditions to almost anything different from the present.

Most people over 65 can, or could, manage quite well; and the majority do so, sometimes inspite of overwhelming difficulties. Their requirements are a home, dignified occupation, and money; and these requirements may fail independently of each other.

Age brings disabilities and restrictions, usually of gradual development. The chief chronic illnesses incidental to age are bronchitis, joint disease, and some circulatory conditions; these are probably less avoidable and more untreatable than is clinical old age.

To avoid senility, old people require exercise of various kinds, especially walking and conversation. They need the freedom of the town for company, curiosity, and its compulsion to walking. The old can be very odd characters, and they often want the charity of their neighbours, who may be very ready to see them disposed of in hospital; the vice of eccentricity must surely be carried to a high degree to merit a lifetime of imprisonment.

A HOME is more than a structure which shelters its permanent inmates; but a few structural requirements are very important for the old. Firstly they require sufficient private space for their possessions. They don't want extra space which is a burden on their strength to keep clean and on their mind with family memories of the married or the dead. Stairs and steps are an enemy to the aged which they meet too frequently in the borough. Also nothing will dissuade them that any damp in their dwelling makes their joints and bronchitis feel worse. Between 5 and 10% roughly, of the inhabitants of Waltham Forest will some time or other, and perhaps for a long time, be confined to a wheelchair; and old people's housing should be apt to this machine. Older persons appreciate a warm home: this is generally a matter of money, but it can also be a matter of frustrating regulations.

Like children, old people need the near sight of the business of traffic of every kind. They need familiar friends and neighbours to talk and quarrel with daily, and for purposes of sympathy and censure. They need children around to look at rather than to listen to: they are vulnerable to the wrong kinds of noise.

In consequence, the housing requirements of old people are:-

1. Low Riser Accommodation - that is, not tower blocks, which offend on the grounds of few neighbours, no pleasure of traffic ("only the blue sky, not even birds"), and unwelcome noises of many kinds.
2. No Stairs Trouble - ground-floor (without internal steps) or else lifts (even in low riser housing!) which will take wheelchairs and don't break down. Approach ramps in practice are not suitable. The more persons who use a set of lifts the more certain it is that some of them will find their pleasure in putting the lifts out of action.
3. Wide Doorways and Passages for using wheelchairs.
4. Accommodation suitable for the usual business of living:
   Kitchen Facilities are very often lacking to old people. Taking tea is of immense value as a social exercise if not for purposes of hydration. Preparation of hot food though not enhancing its nutritional value is of moral advantage from the prestige and occupation it affords.
   Sharing kitchens produces great unhappiness in the old.
5. For physiological reasons a Private Water Closet is greatly appreciated and its want resented.
6. A Separate Bedroom rather than a bed-sitter, allows a shake-down for visiting friends, who may themselves be infirm; and without it the old lose something of their contact with life.

7. Very Near Bus Routes - which bring friends; and encourage the old to the shops, which gives them business and company.

MONEY is a basic requirement for old and other people and old people do not have enough. Food is, it seems, adequate, though perhaps not always so by some academic standards; money has to be very short before protein, for instance, becomes deficient in the diet. But when old people have not enough money, heating is a usual economy, and the quality of life suffers. Also money for travelling to see friends; and necessaity for the old; usually they don't have sufficient, and this is a considerable cause for their deterioration.

OCCUPATION - A few older persons apply themselves to work which they think is important though unpaid; but for the vast majority a dignified occupation means work which is paid.

"Work" means work within one's capacity; and in fact the old retain considerable capacity for suitable work, but lose it rapidly in disuse.

"Paid" means paid at a non-derisory market rate.

Older people can only rarely get paid work on these terms, and sometimes they prefer not to. Moreover the National Assistance Scheme isfrequently so operated as to make it seem clear to the old that their work would not be worthwhile.

Of these deficiencies from the requirements of old people in regards to housing, money and occupation: the first seems in itself the most impossible of cure, and the last that which is least likely to be remedied ever; but the need of the old for more money is the most cruel: for the means but not the intention of amendment are close at hand.

F.John Goodey
Senior Medical Officer - Community Care

Chiropody Service

Chiropody in Waltham Forest has been well maintained, the actual number of treatments having increased due to a full establishment. We now have eleven full-time staff, the remainder being made up of part-time chiropodists. In January Miss Keeffe from Australia was appointed to our full-time staff, to take over the Hatch Lane Chiropody Clinic in Chingford. This made us six sessions above our establishment, and in pruning our part-time chiropodists we lost fourteen sessions, instead of our wanted six, the eight sessions all being in the south of the borough.

The Domiciliary Service is very popular from the patients' point of view, but we are still having difficulty in recruiting part-time staff for this work as at least one adjoining borough is paying the Whitley Scale, while we pay the Clinical Sessional rate.

During the year one of our full-time staff received the Meritorious Award of the Society of Chiropodists' for services to chiropody, and another obtained a Diploma in Chiropodial Administrations from the Salford Technical School of Chiropody.

The weekly sessions have continued at the Old Peoples' Residential Homes, but owing to staffing problems our proposed service for Roberts Hall Occupational Centre has not materialised.

Children still play an important part in our service. During the year we have only been able to inspect one complete school; this is a start, but ideally each school should be inspected by the Chiropodist into whose catchment area the school falls, thus stepping up the preventative side of our service.

Hurst Road Health Centre has settled down, and is working well, co-operation with the General Practitioners is good but very few of our patients are on the doctors' lists, as they draw patients from well outside the catchment area of Hurst Road Clinic, but as the number of Health Centres increase this should even itself out.

R.J.King
M.Ch.S., S.R.Ch.
J.C.O'Brien
M.Ch.S., S.R.Ch.

Home Help Service

During the year this service experienced the severest strains of any in the department. The service has been steadily increasing as the years pass and the number of recipients has increased faster than the number of helps. This means much heavier work for the organisers in spreading help more widely but more thinly. A study done in 1966 showed that the number of cases helped in the area had increased by 29% over the previous six years, while the number of hours provided had only increased by 4%. This trend has continued. The constant adjustments and variations to helps' duties required to cover sickness, holidays and the needs of recipients in this situation can perhaps be imagined when one realises that each organiser has reached the position of supplying the service to over 500 cases. That the five organisers managed to keep the service going (covering their own holidays and sickness at the same time) is greatly to their credit as are the 8824 visits they managed to make to homes.

Nevertheless, the effort to supervise work in over 500 homes in a wide area, at the same time as having a great deal of office work, is formidable and the most efficient use of the helps available becomes a forlorn hope. The strains of this situation reached a peak during the year leading to the resignation of the Senior Organiser and it is to be hoped that the position may be relieved if the recommendations in the forthcoming Organisation and Methods report can be implemented.

These comments are of course from the administrative viewpoint. From the recipients' viewpoint, this remains one of the most worthwhile services we provide and most appreciated.

E.E.W.

In-Service Training for Social Workers

This year has been an extremely busy one and there is every indication that our resources will continue to be stretched. The public are more aware of the services available and the provision of these is directly related to the quality and number of staff. We are still short of Social Workers and without the full complement of these it is not easy to carry out a balanced programme for those in training within the department and for others coming from universities and colleges for practical supervision. The outlook for the future is brighter and we take heart from this.

At present seven are away at training colleges, two of whom will be returning in the Autumn of 1968 following, we hope, the satisfactory completion of the courses. One will be returning to Mental Welfare and the other to Social Welfare.

Of our six trainees in the department we anticipate that three will be accepted at colleges for next year. The competition is becoming very keen despite the fact that there are now 23 technical colleges giving Social Work Training. In 1963, the first year the certificate was awarded, 76 were successful; in 1967 the number was 274. Now it is not unusual for one particular college to have as many as 170 applicants for 24 places, and, although it is gratifying that there are so many individuals wishing to make a career in the Social Services, it is inevitable that some will be disappointed or have to wait for another year before re-applying.

At the same time some universities have started new post graduate courses in Social Work Training and all seek practical placements for their students. It is not unlikely that the future trend will be for local authorities to be asked to considered the possibility of setting up a Student Unit as so far more hospitals and clinics have been used for this purpose than Health and Welfare Departments.

To learn about the various services and the principles and practice of Social Work, students have come to use from colleges and universities for varying periods. Close contact is maintained in each case with the tutors of the respective institutions and an attempt is made to ensure that the experience will be a meaningful one in the learning process. They come from differently planned courses and some are more advanced in their career than others. Like the rest of us they have their own strengths and weaknesses. As we ourselves get more staff who are qualified this part of the work will become less time consuming. Needless to say both students and colleges are appreciative of what we have to offer and even more would like to come than can yet be managed.

One psychology student at Brunel University spent four months as a work placement with us and he concentrated on the education and welfare of the "mentally disadvantaged" in the borough. He was particularly interested in the inter-play of hereditary and environmental influences in determining the upper limits in intellectual growth; was encouraged to carry out some of his personal theories and wrote a paper on the subject. No doubt he will give further thought to this and discuss his views with his tutors on his return to college.

From time to time our seconded staff come in to see us, especially when during their studies they are called upon to do a particular piece of written work which they wish to discuss. Theory and practice must travel together and it is now more generally realised by colleges and field work supervisors that their effort is a joint one in the production of effective social practitioners for the future.

As reported last year our programme is devised to provide opportunities for learning for all staff and contains tutorials, visits of observation, talks from those with specialised knowledge, films related to specific disabilities, clinical demonstrations and discussions ranging over the whole field of Social Work practice as it is today and may be tomorrow.

Seebohm has not yet reported and we are well aware that this document, together with the other reports already published, The Maud, The Mallaby and The Williams, will have a profound effect upon the organisation, administration and practice of Social Work throughout the country.

Any change is to some extent threatening and produces a measure of anxiety. The more a social agency is isolated the greater the degree of apprehension among its workers when faced with a shifting of function, but in giving the greatest possible help to people in need many staff are involved. In the borough we have been extending our contacts with each other, learning more about each others role and making greater use of the multi-discipline approach to human problems. This makes a service more effective and induces the attitude of mind where individual workers will be more ready to accept future changes.

The London Boroughs Training Committee have had a number of courses and seminars during the year which some of the staff have attended. All have found this a helpful and stimulating experience.

This is a time when Social Work and prospects of a career are very much in the news and a large number of individuals of both sexes and varying ages have sought advice and guidance. One was from a widow over 50 years and another from a mother wanting advice as to which 'O' levels her daughter should take in order to qualify her for training at a later date. All this is very encouraging.

S.A. Abley
Social Work Adviser

Health Education

ANTI-SMOKING CAMPAIGN

The Health Education year began with a five day (2nd to 6th January) campaign held at the Ross Wyld Hall. The response was very good indeed.

WELCOME TO CITIZENSHIP

A special evening was inaugurated by the Council and an exhibition was held in the Town Hall on the 23rd January at which each department of the Council displayed its work. This exhibition proved so popular that it is to be an annual event in which the Health Department will play its part.

DENTAL HEALTH CAMPAIGN

This intensive campaign was held during the month of March. A mobile cinema toured the district for a fortnight and held film shows at selected sites, samples of toothpaste being distributed to children to encourage tooth care. Posters and display material were displayed in clinics and schools and distributed to chemists' shops with the co-operation of the Pharmaceutical Society and Association of Pharmacists. Posters and leaflets on eating hard fruits and other vegetables were issued to the greengrocers in the district with the assistance of the three Chambers of Commerce.

HANDICAPPED AIDS

On the 17th, 18th and 19th May an exhibition, in co-operation with a number of manufacturers, was held in the Ross Wyld Hall, showing the various types of aids available to make life easier for those people who are physically handicapped. This proved to be very popular and was well attended.

EXHIBITION AND SALE OF WORK

September 25th, 26th, 27th and 28th were the days on which this event was held at the Ross Wyld Hall. The public were enabled to see and have an opportunity to purchase work done by the handicapped people of the borough. A number of those handicapped were at the Exhibition actually doing their various types of work.

EQUIPMENT

A full set of exhibition stands was made with the assistance of the two Adult Training Centres and the Physically Handicapped Centre at Roberts Hall. These proved most useful at the Exhibition held in September and will now be used for future exhibitions and displays.

MOUTH TO MOUTH RESUSCITATION

Films, lectures and demonstrations on this are continually requested. The department has a manikin which greatly assists in the demonstration.

HOME SAFETY

Requests continue for films and lectures, chiefly from Mothers' Clubs and Groups at Church Halls and the borough clinics.

The elderly are catered for by film shows on general safety, home safety, fire and general interest at the Centres and Homes in the borough.

In addition to the above, film shows, talks, lectures and displays have been given to Boy Scouts, Boys' Brigades, Youth Groups and Centres, Mothers' Groups at religious organisations and Mothers' Clubs at the clinics in the borough.

H.Bradley
Health Education Officer

Administration

I had hoped that at the end of the third year of the borough's existence that the "settling in" period would have been established and everything proceeding smoothly and efficiently. However, difficulties still exist and some of these are due to the fact that whilst the professional and technical services in the department have expanded to meet growing needs, administration, which is supportive to the field work staff, has stood still and there has been no commensurate expansion of the administrative and clerical staff. This is regrettable and has caused a position which is going to be difficult to rectify without drastic reappraisal of the administrative and clerical structure.

With the competition for administrative and clerical staff among the London Boroughs, officers are constantly leaving for greener fields elsewhere. In a modern Health and Welfare Department it is necessary to have administrative officers who, by experience, have a good working knowledge of the problems with which fields workers are confronted and the know-how to give them full support in the carrying out of their duties. It is difficult to recruit staff to reach these high ideals and it will take time to train young staff to meet the needs of the future.

During the year we had a visit from the London Boroughs' Management Services Unit, a visit which we welcomed as we hoped that out of their enquiries fresh procedures would be evolved and that maybe they would be able to suggest areas of work in which savings of staff time could be obtained.

By the time that this Report is published I shall have retired from Local Government Service. Many things need to be done, much development is desired by members and officers alike. However, finance to do these is not always readily available. There will be many changes in the next few years and I hope that it will be borne in mind that the most important issues are the rights and needs of the individual who needs assistance.

W.D.Softley
Chief Administrative Officer

VOLUNTARY ORGANISATIONS

The following received grants from the Council during 1967:-

British Epilepsy Association
Central Council for Health Education
Chest and Heart Association
Chingford Committee for the Physically Disabled
Chingford Old People's Welfare Committee
Chingford Workshop for the Elderly
Essex County Association for the Blind
Essex League for the Hard of Hearing
Essex Physically Handicapped Association
Information Service for the Disabled
International Voluntary Service
Invalid Children's Aid Association
Leyton Physically Handicapped Club
Leyton Round Table
Middlesex League for the Hard of Hearing
National Association for Mental Health
National Library for the Blind
Nursery Schools Association
Psychiatric Rehabilitation Association
Royal Association for the Deaf and Dumb
Richmond Fellowship
St.John Ambulance Brigade
Southern Regional Association for the Blind
Walthamstow Child Welfare Society
Walthamstow Hard of Hearing Club
Walthamstow Physically Handicapped Club
Waltham Forest Association for Mental Health
Waltham Forest Chest and Heart Association
Wingfield Music Club
Winged Fellowship
Women's Royal Voluntary Service

Indirect assistance from the Council's resources was also given to a number of other voluntary organisations and financial help provided for some local clubs for old people.

THE HEALTH VISITOR AS A LINK IN A TRIPARTITE SERVICE

The National Health Service Act which came into being 20 years ago was the culmination of a century of health legislation and is certainly a comprehensive service available to everyone. There are, however, recognised and acknowledged defects and the most criticized one is the tripartite structure of the service. The need for an integrated health service cannot be over-emphasized and the health visitors in this borough are attempting to act as a link between the hospital, local authority and general practitioner services.

MOTHERS AND CHILDREN

The ante-natal period gives health visitors an opportunity of establishing the relationship with the mother which is basic to good health visiting. While assessing and dealing with the varied needs of the expectant mother and her family the health visitor may act as a link between the hospital maternity ward sister, consultants, general practitioner, midwife and medico-social worker.

THE HOSPITAL SERVICE

One health visitor visits Thorpe Coombe Maternity Hospital weekly and attends the ante-natal booking clinic. She deals with the social problems of the expectant mother, thus giving the medical staff more time to devote to 'obstetric care'. The health visitors carry out follow-up visits to the home and refer to other agencies those families needing the special help which is available from statutory or voluntary services. The ward sisters contact the health visitor when a visit to a patient in hospital is necessary and inform her of social difficulties or feeding problems before the mother and baby are discharged.

Health visitors visit the paediatric wards in Whipps Cross Hospital twice weekly to act as a link between home and hospital, supplying information about the child's background, supporting the family while the child is in hospital, and are aware of the medical care which the child has received before he is discharged home so that the necessary services may be arranged.

THE ELDERLY

Our main aim is to keep old people as happy and healthy as possible in their own homes and there are many services, in addition to the health visitors advice and help, to help us achieve this end, such as Meals-on-Wheels, Luncheon Clubs, Home Helps, District Nursing, Laundry, Chiropody, Domiciliary Library etc. Sometimes however, the person may be too ill or in need of rehabilitation to remain at home or the family caring for the old person may need a break from this task which can be very arduous. This is where the Langthorne Hospital scheme is of great benefit. The health visitor who visits Langthorne Hospital once a week discusses with the consultant, medico-social worker and ward sister any admissions and discharges and acts as a link between the hospital and community giving full information about the patient's background, visiting the homes to make sure that any recommended services are put into action.

To co-ordinate the services for the elderly even more effectively the Matron at Whipps Cross Hospital and the Superintendent Health Visitor organised a conference at the Post Graduate Centre in November on "The Care of the Elderly" under the chairmanship of the Medical Officer of Health with the Consultant Geriatrician from Langthorne Hospital as the main speaker. The conference was well attended by hospital consultants, general practitioners, senior hospital and district nurses, health visitors, home help organisers, the Chief Welfare Officer and some of her staff, medico-social workers, occupational therapists, physiotherapists and many others concerned with the care of the elderly. It has already resulted in even better team-work to help the aged.

Close co-operation exists with medico-social workers and other staff of the hospitals in this area to link hospital with community care. This is especially important when a person is mentally ill.

CLAYBURY HOSPITAL

Only in recent years has there been a trend to include in the syllabus of health visitor training centres lectures on the subject of mental health, and some schools have also made it possible for students to attend psychiatric hospitals, the aim of this additional training being in the main that wider knowledge of the nature of mental illness should enable the practising health visitor to recognise early signs of deviations from the normal. Most of the health visitors in the borough have been qualified for several years and were most anxious to undergo some form of mental health training to enable them similarly to include this aspect in their other duties.

The hospital staff were most anxious to help us and it was agreed that as many health visitors as could be spared from their duties should be allowed to attend the psychiatric lectures which are given by a consultant psychiatrist over a period of one year to senior student nurses.

This training has been carried out regularly since 1959 and during this time the Superintendent Health Visitor has reciprocated by giving talks to trained and student nurses at Claybury Hospital on the duties of the health visitor in the community, furthermore, all students spend a day or more observing the work of the health visitor.

This contact between the nursing and health visiting staff is of great benefit to the patient when a mother with a young family is involved. One health visitor attends the hospital weekly to act as a link between the ward and the community, she assists the hospital staff with reports on the patient's home background so that it is easier to make the right decision when planning the patient's future.

THE GENERAL PRACTITIONER SERVICE

The need for health visitors to work more closely with family doctors has been widely advocated in recent years and this borough has been asked to give evidence to the Ministry of Health describing local schemes.

Attachment Schemes

These are schemes in which a health visitor is responsible for providing local health authority services to all patients on the list of a specified family doctor and she is not limited to working in a particular area.

In this area one health visitor is "attached" to a practice of three doctors working from the Hurst Road Health Centre. She is responsible for visiting and also conducts her own weekly Infant Welfare Clinic and a Relaxation Class for expectant mothers. This pilot scheme has now been in operation for a year and the health visitor reports that her work is more satisfying through knowing the patient's full medical history and through the regular exchange of information with the general practitioner, she is able to provide a more co-ordinated service. It is hoped to introduce further schemes.

Liaison Schemes

This covers all schemes whereby health visitors and family doctors work closely and regularly together. In this area health visitors attend weekly clinics and/or discussion groups at 22 family doctor's surgeries.

The schemes are developing in their own individual way, some have been in operation for over 8 years and the doctors and health visitors have achieved a close partnership to the benefit of the patients.

Throughout the area there is close co-operation with the family doctors (78% contact health visitors fairly regularly and especially when there is a particular need). Occasionally general practitioners will visit with the health visitor and even ask her to be present during a domiciliary consultation with the Paediatrician or Consultant Geriatrician. In many instances the pooling of information has led to a quicker diagnosis and treatment.

We would like to extend our schemes to include all general practitioners. However, pilot or experimental schemes are encouraged.

We hope that in the new Health Centres the many opportunities to provide more co-ordinated care will be used. Suggestions have been made to provide Community Care Units where general practitioners are brought into much closer contact with specialists and specialist services.

THE PHYSICALLY HANDICAPPED – MOBILITY

The whole of the welfare services for the handicapped is focussed on independence. They are given, by skilled social workers, advice and guidance on personal and domestic problems affecting not only the handicapped themselves but also the family units of which they are a part. They are encouraged to participate in activities at social centres, clubs, classes and places of worship. Courses are available for them to be rehabilitated in daily living, the blind to be taught mobility and skills, the physically handicapped to be taught to dress themselves and attend to their own toilet and all of them to perform normal domestic tasks amongst other activities. Training for employment, and special workshops where the disabled may work if they are unable to hold their own in competition with the able-bodied, are specialised services available to them.

"Physical handicap" is in practice a varying conception. Whether or not a handicapped person is employable depends upon the economic situation, the existence of suitable employment in the district, his personality and social background.

The disabled, whether physically handicapped or blind, have to learn anew how to do things which were previously done subconsciously such as getting into and out of a bath, on and off a lavatory seat, wash, bath, dress, shave, feed, go from room to room, fetch things from a cupboard, all without assistance. These things require tremendous physical and mental effort, and although aids and appliances should not be supplied as a soporific or because it makes the donor feel good to supply them there are times when these things are necessary. There is no simple way of doing any given task, the best way being that which gives the best results with the least effort. The aim of 'special' living is to try and make everyone as independent as possible.

Independence is achieved by restoring normal function as quickly as is reasonably possible but where physical function is not completely possible it may have to be supplemented by the provision of aids, appliances and/or adaptations to the home or place of work. Care should be taken that the aid most suitable for the handicapped person is selected. It must always be remembered that however good an appliance is, it is always an aid and can never be anything but an aid, however well fitted. The normal body is infinitely adaptable in movement, but an aid solves only one problem and probably raises many others. Much trouble and expense may have been involved in providing the aid but the user may find it suits only a very limited set of circumstances and he may be thought by the family to be fussy or difficult because he does not use it under all conditions.

There are so many designs for aids for performing one function, e.g. walking aids, that the uninitiated might easily choose one not suitable for the individual whom it is desired to help. Walking aids require grip and some strength of forearm and arm. They may be necessary for aiding balance or partial weight-bearing. Quadruped walking aids allow for more stability than a stick and walking frames are even greater confidence builders for the more tottery. The final choice of type of walking aid depends upon the degreed of disability, the skill of the disabled person in using it and the conditions in which he will have to use it.

The effect of a disability affecting the lower limbs is to isolate the individual from the rest of the community. He can so easily become house-bound, room-bound or even bed-bound. The self-propelling wheelchair, properly prescribed and well fitted, goes far to solve this problem. Unfortunately there is often not enough critical thought given to its selection for the individual patient. He usually has to sit in it all day and the size should be such that he is comfortable and well supported. The length and width of the chair restricts or aids its manoeuvrability in the home or at work. Narrow doorways may prevent the entry of a chair to a room. A wider doorway through which it can pass may not allow ingress if the passage is too narrow to allow the chair to turn. Making an extra wide doorway calculated with the measurements of the chair in mind may be one way in which to overcome this problem.

If the chair user is able to stand by holding the chair arms then the footrests must be folding or swivelling so as to allow clear floor space on which to stand in front of the chair. The swivelling footrests will also help in reducing overall length of chair when space is tight when considering accessibility to rooms from narrow passages. Arm rests may need to be removable when the user needs to sit near the table or has to slide from one sitting area to another if he cannot stand. To cope with this problem space may have to be allowed for the chair next to the toilet pan. It is not always possible to make space available at the side of the pan and then the toilet seat may need to be raised to the height of the chair seat so that the user may slide forward from his chair to the toilet and sit on the pan back to front. The chair should be folding so that it may be transported in a car. Solid tyres are more practical than pneumatic ones. All chair users should be provided with a pick-up stick as so many persons have fallen out of their chairs when trying to retrive from the floor something which has been dropped. Not all disabled people have sufficient strength to propel themselves by pushing on the rims fixed to the large wheels and in such cases indoor electrically propelled chairs may be supplied, powered by batteries which have to be recharged overnight.

Outdoor chairs and carriages are also available, comprising hand-propelled push-pull lever or rotary handle types and pedal tricycles which are all exposed to the weather, electrically propelled enclosed carriages and petrol driven enclosed carriages. Recent legislation has extended these official issues to include, in certain conditions, motor cars with hand controls replacing foot controls.

Many handicapped people, once in a chair, can be largely independent but there are those who need to be lifted into and out of their chairs because of weakness of the shoulder girdle muscles and for these persons the supply of some kind of lifting hoist is as important as the supply of the chair. This aid does not only help the handicapped persons to be lifted easily and without the manhandling which is so often distressing to them but also takes the strenuous physical effort out of the performance which has to be endured by the members of the household caring for them. There are three main types of lifting appliances; those which are mobile, those attached to ceilings and/or walls and those fixed to the bed. The mobile hoist has to be worked by a helper and can be used in bedroom, toilet, bathroom and living room. The hoists attached to ceilings and/or walls are limited as to the site at which they operate and also as to the type of construction of the building. Those fixed to the bed are also limited to lifting a person from bed to chair or to any other facility next to the bed. The hoists which are not mobile could be operated by the handicapped person alone providing he has a certain amount of strength and grip in his hands and arms. These lifts can be of the industrial block and tackle type geared to the correct

ratio, or can be operated by a low horse-powered electric motor and a terylene rope which winds rounds a drum. These fixed lifts can also be fitted in a bathroom and toilet and as more than one would normally be required for bedroom and bathroom, they work out more expensive than the supply of a mobile hoist which can be used anywhere. The fixed hoists allow more independence to the handicapped person as he can operate them himself. The mobile hoist, as already mentioned, has to be operated by an attendant. There are many designs of slings to go with these hoists and only the needs of the disabled person can determine which slings should be ordered.

HOUSING

In May the Minister of Housing and Local Government confirmed the Waltham Forest Housing (Avenue Road Area) Compulsory Purchase Order, 1966 comprising 5 clearance areas. This was the second stage of a project to clear 9.3 acres of outworn property in the southern part of the borough.

In furtherance of the Council's programme of housing renewal, the first stage of the Acacia Road Redevelopment scheme consisting of eleven clearance areas was submitted to the Minister for confirmation in August.

The Minister's confirmation was also obtained in respect of a Compulsory Purchase Order involving the acquisition of unfit dwelling houses in Shernhall Street.

In addition to the work of declaring Clearance Areas to secure the demolition of aggregations of unfit houses, a number of individual buildings or parts of buildings were dealt with under closing order procedure as being unfit for habitation and not capable of being rendered fit at reasonable expense. Closing Orders was made in respect of 34 dwelling units and in 12 instances formal undertakings were accepted from the owners not to relet the premises.

The World Health Organisation has defined health as being "a state of complete physical, mental and social well being and note merely the absence of disease or infirmity".

This positive approach to health is possibly nowhere else better exemplified than in the modern attitude of local authorities towards housing. Yet within itself there is no fixed dogma. Its changing circumstances demand flexibility. The very housing stock itself is changing, and it is this change which calls for local authorities to review their attitudes in discharging their functions under housing legislation. The responsibility to meet changing circumstances is made more onerous by the human relationships which are affected and the social consequence which follow.

Changes in the social pattern over the past 20 years has resulted in a vast improvement in many houses instituted voluntarily by both owner/occupiers and tenants. The ability to afford materials, the cult of "do-it-yourself" and shorter working hours have enabled certain sections of the community to improve or at least arrest the deterioration of many sub-standard houses in which they live. This situation is evident in some of the houses in the southern part of the borough where areas which were considered to be eminently suitable for clearance order procedure are now found to be of higher standard than formally proposed.

The greatest number of dwellings affected by the changing scene are those which pose the old question of replacement or renovation. The answer is not easy. There is movement away from the old concept of "slum" (here it may be noted that this well-used term does not appear in the basic housing legislation) toward the view that the efforts of the local authority should be directed towards extending the useful life of properties which are structurally sound and environmentally satisfactory by the installation of a socially acceptable standard of amenities.

Waltham Forest is not alone in this problem. It is being considered at both national and metropolitan levels. The Ministry of Housing and Local Government has approached its reassessment of the problem in two ways; firstly - by mounting a national survey of dwellings, and secondly - by reviewing the standard of housing fitness prescribed by legislation.

The survey of the condition of the national stock of housing involved a country wide statistically controlled sample of dwellings. In order to co-operate the Council seconded a public health inspector to the Ministry of Housing and Local Government for inspection duties in the Midlands. Results published so far suggest that unfit housing is more prevalent but concentrated in relatively fewer areas than previous information had suggested.

With regard to standard of housing fitness, the report of the standards of fitness Sub-Committee of the Central Housing Advisory Committee recommended that local authorities should have guidance as to the interpretation of the definition of unfitness and this was the basis of a Ministry circular issued during the year. Meanwhile, a general review of the problem of legislation affecting older houses is awaited.

At Metropolitan level the survey of the condition of the borough's housing stock was undertaken in co-operation with the Greater London Council. The survey, which represented the most comprehensive and accurate stocktaking of houses ever undertaken in London, was carried out by the public health inspectorate with some assistance from the planning and architect's departments. Addresses of 4% of the rateable units were selected from rating lists and thirteen questions relating to type of buildings, condition, facilities, parking space, possibility of improvement and suitability for conversion were answered for each address. As personal contact with the occupants of the selected dwellings was necessary, a considerable proportion of the work had to be carried out at weekends and evenings. 3,529 housing survey reports were submitted to the Greater London Council for detailed analysis by computers from which data the following statistics have been compiled.

From the sample the following estimates of total dwellings are made:-

Table 1 – Analysis of Dwellings

AREA	NUMBER	OF WHICH: DEMOLISHED OR WAITING DEMOLITION	NO. ANALYSED
Chingford	14,675	-	14,675
Walthamstow	35,762	375	35,387
Leyton	28,675	700	27,975
Total	79,112	1,075	78,037

The definition of dwelling is wider than that used in the Census of Population, including non self-contained flats whose occupants have the exclusive use of kitchen, bath and W.C. which are not within the flats. This makes it difficult to judge accurately the precision of the survey results, since the Census is the only other source of information of numbers of dwellings. However, it appears that the 78,000 dwellings under-states the true number by about 4,000 or 5%. Also, the degree of under-statement may not be the same in different parts of the borough.

The figures in the following tables may give a misleading impression of accuracy unless these reservations are borne in mind. They are included to indicate the general order of magnitude: the percentages are a more reliable measure of relative imporatance.

STRUCTURAL CONDITION

The structural condition of the surveyed dwellings was assessed as under:-

Table 2 – Structural Condition of Dwellings

AREA	GOOD		FAIR		POOR		UNFIT		TOTAL	
	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.
Chingford	91	(13,350)	8	(1,225)	1	(100)	-	-	100	(14,675)
*N. W'stow	75	(12,812)	24	(4,188)	1	(225)	-	(25)	100	(17,250)
*S. W'stow	52	(9,513)	40	(7,250)	5	(874)	3	(500)	100	(18,137)
Leyton	50	(13,987)	40	(11,275)	7	(1,813)	3	(900)	100	(27,975)
Total	63	(49,662)	31	(23,938)	4	(3,012)	2	(1,425)	100	(78,037)

*North/South of Forest Road

OWNERSHIP OF DWELLINGS

The ownership of the various types of property could only be established where access was obtained, except in the case of Council property. The following table therefore shows the percentages of those where access was obtained only.

Table 3 – Ownership of Dwellings

OWNER-OCCUPIERS	COUNCIL (INC. G.L.C.)	PRIVATE	ALL TYPES OF OWNERSHIP
50.1	19.3	30.6	100.0

Table 4 – Condition of Dwellings by Ownership

CONDITION	OWNER-OCCUPIER	COUNCIL*	PRIVATE	ALL OWNERSHIP
A. As percentage of condition category				
Good	52.4%	27.9%	19.7%	100.0%
Fair	49.8%	4.0%	46.2%	100.0%
Poor	25.7%	3.6%	70.7%	100.0%
Unfit	18.9%	5.4%	75.7%	100.0%
B. As percentage of ownership category				
Good	67.6%	92.9%	41.7%	
Fair	29.9%	5.9%	45.6%	
Poor	1.8%	0.7%	7.9%	
Unfit	0.7%	0.5%	4.8%	
All Conditions	100.0%	100.0%	100.0%	

*Including G.L.C. owned dwellings

This table shows that the bulk of unfit houses belong to private landlords, as do most of the properties classed as in poor structural condition. More than 1 in 10 in private tenanted dwellings were either unfit or poor.

AGE OF DWELLINGS

The age of the dwellings is given in the following table:-

Table 5

AREA	DATE OF CONSTRUCTION									
	PRE-1875		1875-1919		1920-1939		POST-1939		ALL AGES	
	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.
Chingford	1	(100)	10	(1,475)	67	(9,900)	22	(3,200)	100	(14,675)
N. W'stow	-	-	49	(8,425)	38	(6,525)	13	(2,300)	100	(17,250)
S. W'stow	1	(237)	76	(13,775)	10	(1,750)	13	(2,375)	100	(18,137)
Leyton	12	(3,350)	67	(18,650)	11	(3,050)	10	(2,925)	100	(27,975)
Total	5	(3,687)	54	(42,325)	27	(21,225)	14	(10,800)	100	(78,037)

Compared with 1961 there has been a drop of about 1,000 pre-1875 dwellings, and 2,000 1875-1919 dwellings, while post-war dwellings have risen by over 2,000. However, the general under-estimate of the 1967 figures makes comparison hazardous.

Redevelopment and improvement programmes are influenced by the future life of property. The following table shows the life of dwellings in the borough as estimated by the surveyors.

Table 6 – Expected Life of Dwellings

AREA	EXPECTED LIFE IN YEARS									
	7 OR LESS		8 - 15		16 - 25		26 OR MORE		ALL PERIODS	
	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.
Chingford	3	-	1	(125)	11	(1,625)	88	(12,925)	100	(14,675)
N. W'stow	-	(25)	3	(462)	16	(2,825)	81	(13,938)	100	(17,250)
S. W'stow	3	(600)	13	(2,263)	30	(5,437)	54	(9,837)	100	(18,137)
Leyton	5	(1,337)	11	(3,062)	35	(8,738)	49	(13,838)	100	(27,975)
Total	3	(1,962)	8	(5,912)	25	(19,625)	64	(50,538)	100	(78,037)

This suggests that in respect of nearly 8,000 dwellings a decision will be needed within the next fifteen years as to whether demolition or improvement is indicated. This would still leave another 20,000 to deal with in the following 10 years. It is questionable how much weight can be placed on these estimates of future life, but the figures are broadly consistent with the age of dwellings assuming a life of 100 years.

The table shows a serious situation in the southern part of the borough. In Leyton over half the dwellings have an expected life of no more than 25 years and in Cann Hall Ward this applies to over three quarters of the dwellings. In Walthamstow, south of Forest Road, nearly half the dwellings have an expected life of 25 years or less. In the northern half of Waltham Forest less than a quarter of the dwellings have a life as short as 25 years or less.

FACILITIES IN DWELLINGS

The age of the dwellings is also reflected in the provision of baths and W.C.'s as the following tables show.

Table 7(a) – Availability of Baths

AREA	WITH BATH		WITHOUT BATH		ALL DWELLINGS	
	%	NO.	%	NO.	%	NO.
Chingford	99	(14,525)	1	(150)	100	(14,675)
N. W'stow	88	(15,212)	12	(2,038)	100	(17,250)
S. W'stow	74	(13,324)	26	(4,813)	100	(18,137)
Leyton	70	(19,563)	30	(8,412)	100	(27,975)
Total	80	(62,624)	20	(15,413)	100	(78,037)

Table 7(b) – Exclusive Use of W.C's

AREA	INSIDE W.C.		OUTSIDE W.C.		NO W.C.		ALL DWELLINGS	
	%	NO.	%	NO.	%	NO.	%	NO.
Chingford	97	(14,213)	3	(462)	-	-	100	(14,675)
N. W'stow	84	(14,400)	15	(2,650)	1	(200)	100	(17,250)
S. W'stow	68	(12,425)	29	(5,224)	3	(488)	100	(18,137)
Leyton	61	(17,013)	34	(9,512)	5	(1,450)	100	(27,975)
Total	74	(58,051)	23	(17,848)	3	(2,138)	100	(78,037)

N.B. "Bath" means a fixed bath, and "with bath" includes dwellings with baths elsewhere than in a bathroom.
"Inside W.C." includes dwellings with W.C.'s both inside and outside the dwelling.

Details of facilities could not be recorded for privately owned dwellings where access was not obtained, but these are assumed to possess or not posses the facilities in the same proportions as for similar properties where access was gained. Although not directly comparable with the Census figures (because of the different definition of a dwelling), the reduction in the percentages of dwellings without a bath, of about one quarter, compared with 1961 probably represents the correct order of magnitude. This improvement is due partly to the demolition of older obsolete dwellings, partly to the installation of baths in dwellings previously without them, and partly to installation consequent to conversions.

Most of the dwellings without exclusive use of a W.C. would presumably share one with another dwelling; since these would not be recorded as lacking a W.C. in the Census, no comparison is possible with the Census figures.

POTENTIAL IMPROVEMENTS

The following table shows the possibilities of improving facilities.

Table 8 – Improvements Possible

AREA	BATH ONLY REQUIRED	W.C. ONLY REQUIRED	BATH AND W.C. REQUIRED
Chingford	25	275	125
N. W'stow	375	925	1,475
S. W'stow	525	1,450	2,462
Leyton	1,100	2,875	3,913
Total	2,025	5,525	7,975

N.B. These cover only those dwellings where improvement is practicable, and where conversion is not considered possible, and relate only to the 93% of the sample dwellings which were inspected internally.

Table 9 – Effects of Improvements

AREA	POSSIBLE ADDITION OF BATH/ BATH & W.C.	% OF DWELLINGS WITHOUT BATH	POSSIBLE ADDITION OF W.C./BATH & W.C.	% OF DWELLINGS WITH NO OR ONLY OUTSIDE W.C.
Chingford	150	100	400	90
N. W'stow	1,850	97	2,400	89
S. W'stow	2,987	64	3,912	70
Leyton	5,013	69	6,788	71
Total	10,000	71	13,500	74

N.B. These figures relate to dwellings which were inspected and exclude those not inspected.

Dwellings with external W.C's only where an internal W.C. could be provided are included in Table 8. These improvements would cover a high proportion of the dwellings lacking a bath and/or W.C. or with external W.C. only as Table 9 shows.

The costs of these improvements would be nearly £6 million:-

Table 10 – Improvement Costs

COST OF IMPROVEMENT	BATHS ONLY	NO. OF CASES W.C'S ONLY	BATHS & W.C.
Less than £100	125	725	-
£100 - £299	600	3,975	1,200
£300 - £499	988	612	3,687
£500 - £699	175	150	1,650
£700 - £899	125	37	913
£900 or more	12	25	525

Cost of providing baths only	£740,000
Cost of providing W.C's only	£1,223,750
Cost of providing bath and W.C.	£4,012,500
Total cost	£5,976,250

N.B. The average cost in each cost range is taken to be the middle of the range, and in the "£900 or more" category is taken as £1,100.

These figures under-estimate the true cost in two ways:

(a) They exclude some 5,500 dwellings represented by those in the sample to which access was not gained. Table 7 indicates that there may have been a further 1,400 without baths, 750 with external W.C. only and nearly 1,000 without a W.C. Assuming the same percentage of these could be improved, as with inspected dwellings, this would add some 200 baths, 525 W.C's., and 788 baths and W.C.'s improvements. Applying average improvement cost of £370 for a bath, £220 for a W.C. and £500 for bath and W.C. would increase the total costs to £6,560,000.

(b) The under estimation of total dwellings in the borough probably applies to dwellings lacking facilities too. Thus true total costs may be 5% higher at nearly £7 million. This cost would be partly met by government grants.

EFFECT OF IMPROVEMENTS ON EXPECTED LIFE

The only table given on this matter refers only to dwellings where both W.C. and bath are installed.

Table 11 – Expected Life before and after Improvement

LIFE IN YEARS	BEFORE	AFTER
8 - 15	1,300	737
16 - 25	4,325	4,738
26 +	2,350	2,500
All ages	7,975	7,975

It seems from this table that very little extension of life can be expected from improvements covering only the provision of a bath and W.C. Less than half the dwellings with a life of 8 - 15 years would have a longer expectation after improvement, and only 150 dwellings of the 5,625 with 25 years or less would be extended beyond 25 years.

CONVERSIONS

Of the dwellings examined, 2,150 were found suitable for conversion, producing approximately twice as many dwellings. The cost of conversion is much higher than for improvement: it costs about £3,000 to convert a dwelling into two, that is, about £1,500 for each converted dwelling. The effect on expected life is more noticeable, with half the original dwellings with a life of 25 years or less having their life extended to over 25 years.

Table 12 – Expected Life before and after Conversion

LIFE IN YEARS		8 - 15	16 - 25	26+
Numbers:	Before	25	875	1,250
	After	25	450	1,675

Figures cover only dwellings inspected

Table 13 – Conversion Costs by Ownership and Condition

TENURE	NO. OF DWELLINGS	COST BY CONDITION		TOTAL COST
		GOOD	FAIR	
Owner/occupier	1,525	£2,850,000	£1,687,500	£5,537,500
Council	25	-	£62,500	£62,500
Private*	600	£425,000	£1,487,500	£1,912,500
All	2,150	£3,275,000	£3,237,500	£6,512,500

*Includes "don't knows"

Table 13 shows that conversion possibilities depend mainly on private initiative, and in particular on the willingness (and financial ability) of owner-occupiers to undertake the work.

As with improvements the numbers of dwellings and the total cost are under-estimated probably by rather more than 10%.

CAR PARKING

The parking facilities at over 74,500 dwellings are analysed in the next table.

Table 14 – Availability of Car Parking Space

AREA	NO SPACES		DWELLINGS WITH: SPACE WITHIN CURTILAGE		DWELLINGS WITH: SPACE ELSE-WHERE		ALL DWELLINGS	
	%	NO.	%	NO.	%	NO.	%	NO.
Chingford	41	(6,000)	56	(8,000)	3	(450)	100	(14,450)
N. W'stow	79	(13,100)	16	(2,687)	5	(750)	100	(16,537)
S. W'stow	86	(14,888)	10	(1,725)	4	(637)	100	(17,250)
Leyton	86	(22,787)	8	(2,125)	6	(1,438)	100	(26,350)
Total	76	(56,775)	20	(14,537)	4	(3,275)	100	(74,587)

The relatively poor position in the southern half of the borough where only about 15% of dwellings have parking space available (of which only about two thirds are within the curtilage), is clearly seen, but even in Chingford one-third of the dwellings have no parking spaces.

CHILDREN'S DEPARTMENT

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

The year 1st April, 1967 to 31st March, 1968, has been one of consolidation in the Children's Department. We are now three years old and are becoming much more aware, through our experiences of the demands on our department from the borough, of the measures that will have to be taken in the future to meet what appears to be the increasing needs of the population. Child care is again in a transitional period and, through promised legislation, Children's Departments are going to have to extend their services to the public, especially with regard to delinquents and the prevention of delinquency amongst youngsters. Therefore, a period in which we have an opportunity of looking at our work objectively is very helpful before we re-organise and expand during the next few years.

One of the major needs we are having to face is the greater demand for our case workers to help and support the immigrant popultation which has come to live in our borough. The difference in environment, culture and way of life, which they are experiencing, causes many problems of adjustment, especially in the relationships between husband and wife, parents and children and of the family in the society in which they are living. They are often very bewildered and confused by the complex nature of our urban society, not least by the much more permissive attitude we have towards children and the emphasis we place on the parent-child relationship. We are becoming more and more aware that we need greater knowledge and facts about immigrants and that research is needed on a national scale to find the real problems and then on to try to solve them for the benefit, not only of the immigrants, but of our own indigenous population.

Our aim is to improve the standards of Child Care, both in field work and residential work and we have, therefore, encouraged our Child Care Officers and Houseparents to attend courses, both full-time and part-time under the auspices of the Central Training Council of the Home Office and the London Boroughs' Training Committee. We have co-operated in the giving of information to several agencies engaged in research in diverse problems and we have contributed to the training of our future social workers by taking several students from different universities and colleges of higher education. Our senior staff have organised practical training for them in social work and residential work and provided tuition and intensive supervision. As the national demand for practical placements by professional courses in Child Care, as well as in other branches of social work, is so great, we increased the number of students we took during the last summer for training. This work is vitally important, but makes very heavy demands on our more senior and experienced staff. They are only too willing to help in trying to meet the desperate shortage of trained social workers throughout the country. To improve the skills of our own staff, in-service courses of seminars have been arranged and given by the senior staff, some for the newer and less experienced Child Care Officers and others for all the staff, including Houseparents, to discuss problems of children and to increase our knowledge and new ideas and concepts in Child Care.

The work of the department has increased during the last year and this is shown in the statistical returns for 31st March, 1968:

31st March, 1968 -	
215 children in care (an increase of 24 from last year)	
Boarded out with foster parents	99
Number in residential establishments including Children's Homes and Nursery	95
Allowed home on trial	21
Ages of Children in Care, 31st March 1968 -	
Under the age of 2 years	17
Between 2 and 5 years	31
Of compulsory school age	123
15 - 18 years	44

We have found that in the second part of the year we have had much more pressure for vacancies in our Children's Homes, as many of the children received into, or committed to care by the Juvenile Court were not suitable or ready for boarding out with foster parents. Our Home in

Bisterne Avenue, which we opened last year, has been a great help because we have found that it has to take children who are in care for long and indefinite periods, rather than for children remaining with us for only a short time. Because of the increase in the number of children needing long-term care, as mentioned in our report last year, a new nursery is being built to replace the existing one near Harlow and we hope that it will be ready in the Spring of 1969. Plans have also been made to improve the four cottages which we have as Children's Homes in Coopersale to more modern standards for the benefit of the children and staff and the work should be carried out in the forthcoming year.

As before, we have carried out our duties under the Adoption Act, 1958, having in all 88 homes to supervise on 31st March 1968 and having been appointed Guardian *ad litem* in 57 applications for Adoption Orders during the year. We have had a Child Care Officer at every Juvenile Court sitting to represent this authority and to help the bench by providing reports. In addition, my staff have been appointed to supervise children under Supervision Orders who have been before the Court as in need of care, protection or control, or whose parents have legally separated and the Matrimonial Courts have ordered their supervision by members of my staff. We are having to act as after-care officers for children committed to Approved Schools and to supervise a number of children on behalf of other authorities.

Much of the work of the department is preventive and rehabilitative work, which we undertake under Section I of the Children and Young Persons Act, 1963. These duties are of vital importance in preventing the break-up of families and the consequent reception into care of the children and in preventing children and youngsters from appearing before the Juvenile Courts through committing offences or being found to be beyond the control of their parents. Child Care Officers visit these families frequently and deal with a variety of problems, ranging from debts to deteriorating matrimonial relationships, rebellious adolescents, disturbed children and the usual difficulties parents may have in bringing up their children, as well as supporting fatherless families or widowers with children. We co-operate with all other agencies within local government and others to help this important work. In all, 523 families, involving 1,049 children, were referred to us for assistance of some sort or another during the year and at 31st March 1967, we were responsible for over 600 children altogether.

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 1967.

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 the 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 dailing sampling from sources of supply, from 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 according to the Registrar General's estimates at 30th June, 1967, was 237,910.

No houses were permanently supplied by standpipe.

No fluoride was added, and where fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

The borough is in supply with Lee - derived 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 King's Head Hill, which is in supply with Thames - derived water under Sewardstone Green Reservoir head. Between May and September, 1967, much of Walthamstow and parts of Chingford were supplemented by water from the new interim supply from Coppermill Works.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on pages 102 and 103.

The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead.

Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and set out below is the information obtained over the period 1st January to 31st December, 1967:-

Lead content (mg/l.Pb) water from main taps in consumers' premises

	NUMBER OF SAMPLES	PER CENT
Less than 0.01	64	66.7
0.01	22	22.9
0.02	3	3.1
0.03	4	4.2
0.04	2	2.1
0.05	-	-
0.06	1	1.0
	96	100.0

The above figures apply to the whole of the Board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual boroughs.

The regular system of examination for lead in water in domestic premises will continue during 1968.

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 25.84 inches at Auckland Road Depot and 28.68 inches at the Metropolitan Water Board, Ferry Lane Station.

This was above the average annual rainfall for the area which is about 24 inches.

One exceptional rainstorm occurred on the 10th August causing widespread flooding throughout the borough. Three other severe storms caused considerable flooding in many areas and two average storms caused some flooding in a few areas.

SEWERAGE

During the year the following sewerage schemes were completed:-

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

together with four small relief schemes.

The following schemes were submitted to the Ministry of Housing and Local Government, but approval to proceed has not yet been received:-

Forest View/Forest Side Relief Foul and Surface Water Sewers
Chingford Mount area Relief Surface Water Sewers
Walthamstow Southern Area Relief Surface Water Sewer (Southern Branch)
Drysdale Avenue Foul Sewer Reconstruction and Relief Surface Water Sewer

The design of a further four major relief schemes is in progress.

SEWAGE DISPOSAL

The Greater London Council is the main-drainage authority responsible for the treatment of sewage from the borough of Waltham Forest to whose plant it passes.

During periods of heavy rainfall overflow occurs to storm tanks provided at each of the Borough Council's Depots in Leyton and Walthamstow and to another at the Chingford Sewage Works. The vesting of these tanks with the Greater London Council has not been finalised and the Borough Council act as agents for the Greater London Council for their operation.

STATISTICAL INFORMATION

VITAL STATISTICS

Area of Borough (in acres)	9,805
Population (Registrar General's Estimate, midyear 1967)	237,910
Number of Rate Assessments at 31st December 1967	92,726
Total Assessable Value	£11,981,685
Product of a penny rate	£47,450

Live Births:	MALES	FEMALES	WALTHAM FOREST	ENGLAND & WALES
Legitimate	1865	1785	3650	
Illegitimate	173	174	347	
			3997	
Live Birth Rate per 1,000 population			16.8	17.2
" " " as adjusted by comparability factor (1.06)			17.8	
Illegitimate live births per cent of total live births			8.6	
Stillbirths:				
Number (39 males : 24 females)			63	
Rate per 1,000 total live and stillbirths			16.0	14.8
Total live and stillbirths			4060	
Infant deaths (deaths under one year)			66	
Infant Mortality Rates:				
Total infant deaths per 1,000 total live births			16.5	18.3
Legitimate infant deaths per 1,000 legitimate live births			17.5	
Illegitimate infant deaths per 1,000 illegitimate live births			25.9	
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)			10.7	12.5
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)			9.0	10.8
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)			24.3	25.4
Maternal Mortality:				
Number of deaths			1	
Rate per 1,000 total live and stillbirths			0.25	
Deaths:				
Total number			2898	
Death rate per 1,000 population			12.18	11.2
" " as adjusted by comparability factor (0.91)			11.08	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE - 1967

CAUSES OF DEATH	TOTAL (ALL AGES)	AGE GROUPS - MALES									AGE GROUPS - FEMALES								
		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	5	-	-	-	-	-	2	1	1	4	-	-	-	-	-	-	1	-	1
2. Tuberculosis, other	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
3. Syphilitic disease	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	4
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	2	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1
10. Malignant neoplasm stomach	67	-	-	-	-	3	16	12	7	38	-	-	-	-	1	5	13	10	29
11. Malignant neoplasm lung, bronchus	193	-	-	-	-	1	64	66	31	162	-	-	-	-	2	10	10	9	31
12. Malignant neoplasm breast	63	-	-	-	-	-	-	-	-	-	-	-	-	-	3	34	8	18	63
13. Malignant neoplasm uterus	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	6	4	15
14. Other malignant and lymphatic neoplasms	314	1	1	1	1	6	57	44	55	166	-	-	1	-	6	41	37	63	148
15. Leukaemia, aleukaemia	17	-	-	-	-	-	2	1	2	5	-	-	-	-	1	5	3	3	12
16. Diabetes	23	-	-	-	-	-	-	4	1	5	-	-	-	-	-	3	7	8	18
17. Vascular lesions of nervous system	391	-	-	-	1	3	26	42	67	139	-	-	-	1	3	23	35	190	252
18. Coronary disease, angina	619	-	-	-	-	9	143	143	97	392	-	-	-	-	2	40	70	115	227
19. Hypertension with heart disease	30	-	-	-	-	-	2	4	3	9	-	-	-	-	-	2	5	14	21
20. Other heart disease	282	-	-	-	-	2	15	20	46	83	1	-	-	-	2	15	24	157	199
21. Other circulatory disease	119	-	-	-	-	3	5	18	22	48	-	-	-	-	-	12	10	49	71
22. Influenza	5	-	-	-	-	-	-	1	1	2	-	-	-	-	-	1	1	1	3
23. Pneumonia	164	6	-	-	2	1	5	16	33	63	5	-	1	-	-	2	12	81	101
24. Bronchitis	172	1	-	-	-	1	34	47	50	133	1	-	-	-	1	3	7	27	39
25. Other diseases of respiratory system	21	1	1	-	-	-	4	5	3	14	-	-	-	-	1	-	1	5	7
26. Ulcer of stomach and duodenum	16	-	-	-	-	-	2	-	5	7	-	-	-	-	-	2	3	4	9
27. Gastritis, enteritis and diarrhoea	14	-	-	-	-	-	1	4	1	6	-	-	-	-	1	-	2	5	8
28. Nephritis and nephrosis	11	-	-	-	-	-	2	-	2	4	-	-	-	-	-	3	1	3	7
29. Hyperplasia of prostrate	12	-	-	-	-	-	-	3	9	12	-	-	-	-	-	-	-	-	-
30. Pregnancy, childbirth, abortion	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
31. Congenital malformations	29	9	2	-	-	-	2	-	-	13	9	-	1	-	1	4	-	1	16
32. Other defined and ill-defined diseases	213	14	-	1	-	4	19	15	30	83	16	1	1	2	4	20	21	65	130
33. Motor vehicle accidents	28	-	1	2	3	5	1	1	6	19	-	-	1	1	1	2	2	2	9
34. All other accidents	41	-	2	1	2	5	4	5	5	24	2	-	-	-	2	4	4	5	17
35. Suicide	23	-	-	-	-	3	3	3	1	10	-	-	-	1	3	6	1	2	13
36. Homicide and operations of war	2	-	-	-	1	-	-	-	-	1	-	-	-	-	1	-	-	-	1
TOTALS	2,898	32	8	5	10	46	409	455	478	1,443	34	2	5	5	36	245	285	843	1,455

DEATHS FROM CANCER

AGE AT DEATH	MALES	FEMALES	TOTAL
Under 5 years	1	1	2
5 and under 15 years	1	1	2
15 and under 25 years	1	-	1
25 and under 45 years	10	13	23
45 and under 65 years	139	100	239
65 years and over	218	184	402
Total	370	299	669

Of these 669 deaths, 162 males and 31 females died from cancer of the lungs or bronchus.

BIRTHS

During the year a total of 4,060 birth were registered. In the same period 4,108 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.....	911	8	2,016	36
Birth notifications transferred outwards...	1	-	311	4
Birth notifications transferred inwards	4	-	1,421	28
Adjusted Total	914	8	3,126	60

CARE OF PREMATURE INFANTS (weighing 5½lbs or less)

	LIVE	STILLBORN
Number born at home	43	2
Number born in Hospital or Nursing Home ...	248	33

MIDWIFERY

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

Domiciliary confinements attended under N.H.S. arrangements where:	
(a) doctor was not booked	10
(b) a doctor was booked	900
Cases delivered in hospital and other institutions but discharged and attended before tenth day	668
Miscarriages attended	7
New cases booked	977
Cases on the books at the end of the year	494
Medical aid notices issued	20
Visits paid (as midwife):	
(a) Ante-natal	5,509
(b) Nursing	15,749
(c) Other post-natal	459
Total Visits	21,717

Administration of Analgesics

Cases in which Gas and Air was administered	412
Cases in which Trilene was administered	111
Cases in which Entonox was administered	71
Cases in which Pethidine or a related compound was administered	373

Clinic Sessions

Number of sessions attended:	
(a) General practitioner's clinics	1,029
(b) Midwife's clinics	503
Number of ante-natal examinations by the midwife:	
(a) General practitioner's clinics	6,626
(b) Midwife's clinics	3,300
Number of women attending midwife's clinics who had not previously attended any ante-natal clinic in the current year	916

Child Welfare Clinic Attendances

	ASSEMBLY HALL	DAWLISH ROAD	EMMANUEL HALL	GRANLEIGH ROAD	HATCH LANE	HURST ROAD (FROM 1.10.1967)	LEYTON GREEN	LOW HALL LANE	MARMION AVENUE	PRIORY COURT	ST. FRANCIS HALL	SILVERDALE ROAD	WEST AVENUE	WINCHESTER ROAD	"BROOKSCROFT" VOLUNTARY (CLOSED 30.9.1967)	TOTAL FOR YEAR - ALL CLINICS
Children attending for the first time in 1967 who were born in 1962	-	78	-	30	8	-	26	58	5	6	-	1	11	1	13	237
1963	15	132	-	42	5	5	70	124	27	27	8	4	51	8	36	554
1964	29	218	6	85	17	-	123	178	59	34	14	13	63	12	62	913
1965	104	240	3	187	34	2	164	212	54	92	86	25	126	56	132	1,517
1966	156	369	15	371	99	3	392	383	213	178	173	127	278	119	235	3,111
1967	184	519	74	523	75	49	359	350	254	291	118	95	319	102	172	3,484
Total attendances	6,435	8,464	1,787	7,062	2,221	846	5,485	6,525	7,938	6,619	1,838	2,480	4,845	3,002	4,481	70,028
Attendances of children seen by Medical Officer	574	3,010	136	2,185	505	314	1,451	2,956	994	2,236	141	745	2,035	752	1,401	21,235
No. of children referred elsewhere	39	111	4	122	4	3	119	39	58	45	6	13	18	4	23	608
No. of sessions																
(a) Medical Officers	34	182	13	124	-	12	166	145	59	160	12	94	145	48	-	1,194
(b) Sessional G.P.'s	-	5	-	43	52	13	5	6	24	3	-	-	-	-	78	229
(c) Health Visitors	63	6	39	11	-	-	2	-	56	2	39	-	-	-	-	218

	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	1,384	4,879	1,120	477	456	249	-	167	59	132	765	241	297	6,074
"Brookscroft"/Hurst Road ...	99	422	102	93	137	83	-	14	17	6	1,040	363	194	3,245
Dawlish Road.....	1,211	4,037	941	1,887	1,443	719	-	284	133	203	2,622	860	363	7,323
Emmanuel Hall.....	400	1,181	227	409	337	60	11	39	32	35	261	100	42	1,197
Granleigh Road.....	1,631	4,214	765	1,986	834	1,345	49	188	53	70	3,889	681	376	6,206
Hatch Lane.....	573	2,188	552	264	117	264	63	34	19	34	829	108	145	3,001
Leyton Green	1,438	4,274	1,127	1,557	1,209	295	29	77	7	13	2,359	457	344	5,301
Old Monoux School	360	1,996	322	589	425	125	6	55	-	-	3,472	272	262	5,741
Priory Court	1,360	6,434	1,280	1,747	1,601	258	19	150	94	112	2,058	372	311	4,754
Low Hall Lane.....	1,008	4,399	639	1,514	1,011	378	-	128	43	58	2,440	319	236	3,355
Marmion Avenue.....	2,250	5,793	1,528	816	905	412	6	102	64	113	1,562	389	410	8,638
St.Francis Hall	331	1,082	334	258	165	66	87	51	29	28	254	70	62	1,604
Silverdale Road	675	3,964	796	424	431	98	-	103	89	130	504	144	125	4,515
West Avenue.....	561	4,033	506	1,100	1,263	596	33	160	52	101	1,461	238	110	3,425
Winchester Road	829	4,039	908	563	497	65	-	120	165	93	735	159	121	3,540
W.V.S. Chingford	-	-	-	-	-	-	-	-	-	-	132	16	17	826
Hospitals and Nurseries.....	-	-	-	-	-	-	-	-	-	-	13	396	-	1,632
	14,110	52,935	11,147	13,684	10,831	5,013	303	1,672	856	1,128	24,394	5,185	3,415	70,377

Ante Natal and Post Natal Clinic Attendances

	ANTE NATAL	POST NATAL
New Patients	37	19
Attendances	94	19

Mothercraft and Relaxation Classes

New cases	432
Attendances	1,545
No. of classes held	285

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	56	61	65	70	56	308
Total attendance during the year	10,279	11,930	14,176	13,281	10,391	60,057
Number of days open.....	254	254	254	254	254	

Nurseries and Child Minders Regulations, 1948

	NUMBER	PLACES PROVIDED
Premises registered at the end of 1967	28	848
Persons registered at the end of 1967	21	118

Child Development Sessions

	DAWLISH ROAD CLINIC	GRANLEIGH ROAD CLINIC	LEYTON GREEN CLINIC	LOW HALL CLINIC	WEST AVENUE CLINIC
No. of attendances	1,079	1,684	1,155	217	758
No. of sessions	102	147	103	28	98
No. on roll at 31.12.67 ...	31	38	33	23	14

Congenital Malformation

Ninety-one cases of congenital malformation were notified to the Ministry of Health during the year.

Children "At Risk"

Children on Register at 1st January 1967	1,731
Children added during year	1,368
Children removed during year	943
Children on Register at 31st December 1967	2,156
Children examined during year - Under 1 yr.	1,380
Children examined during year - Over 1 yr.	737

Cervical Cytology Clinics

	HATCH LANE	GRANLEIGH ROAD
No.of cases referred	704	302
No.of smears taken	665	205
No.of sessions	36	15
No.waiting at 31.12.67	100	82

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

	CHILDREN UNDER 5 YRS.	EXPECTANT & NURSING MOTHERS
Number of patients given first inspections during year	254	15
Number of patients who required treatment	150	15
Number of patients who were offered treatment	144	15
Attendances for treatment:		
First visit	517	47
Subsequent visits	726	102
Total visits	1,243	149
Treatment provided:		
Number of fillings	868	72
Teeth filled	719	68
Teeth extracted	492	50
General anaesthetics given	210	8
Emergency visits by patients	69	4
Patients X-rayed	5	12
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	155	24
Teeth otherwise conserved	187	-
Teeth root filled	-	6
Inlays	-	-
Crowns	-	-
Number of courses of treatment completed during year	300	19
Patients supplied with full upper or full lower dentures	-	2
Patients supplied with other dentures	-	3
Number of dentures supplied	-	7

Family Planning

	GRANLEIGH ROAD	HATCH LANE	HURST ROAD
Number of new patients	316	489	550
Number of persons treated	361	1,310	1,021
Number of attendances	888	3,980	2,615

HEALTH VISITING

(a) Sessions Worked

Number of sessions (half days) devoted to:

(i) Health visiting	8,489
(ii) Child welfare centres	3,327
(iii) Ante-natal, post-natal, relaxation etc. clinics	486
(iv) School clinics	998
(v) Other school nursing	1,839
(vi) Health education (including mothercraft)	450
(vii) Other work (including clerical)	5,506
Total sessions	21,083

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

(i) children born in 1962	1,197
" " " 1963	1,550
" " " 1964	1,942
" " " 1965	2,209
" " " 1966	2,793
" " " 1967	3,907
(ii) persons aged 65 or over	2,508
(iii) others (excluding school nursing cases)	2,184

(c) Number included in item (b)

(i) mentally disordered persons	246
(ii) persons discharged from hospital (other than mental hospitals)	427
(iii) tuberculous households	16
(iv) households visited on account of other infectious diseases	8

(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	547
(ii) mentally disordered persons	96
(iii) persons discharged from hospital (other than mental hospitals)	191

(e) Total number of visits to:

	EFFECTIVE	INEFFECTIVE
(i) children under 5 years of age	31,033	5,881
(ii) persons aged 65 or over	7,560	1,426
(iii) others (excluding school nursing cases)	6,144	665
Total effective visits	44,737	7,972

(f) Sessions attended at G.P's surgeries (included above) 250

(g) Phenylketonuria

(i) children tested at home or clinic	3,657
(ii) special visits to homes to collect specimens	1,214

HOME NURSING

(a) Cases visited for the first time in the year:	CASES	TOTAL VISITS
(i) aged under 5	114	648
(ii) aged 5 and under 65	1,136	28,745
(iii) aged 65 or over	1,754	90,574
Total cases	3,004	119,967

(b) Cases on the books at the end of the year 1,208

LOAN OF SICKROOM EQUIPMENT

New Issues in 1967

EQUIPMENT	HEALTH & WELFARE DEPT.	CHINGFORD RED CROSS	EQUIPMENT	HEALTH & WELFARE DEPT.	CHINGFORD RED CROSS
Commodes	149	46	Sputum Mugs	-	-
Wheelchairs	88	47	Steam Kettles	-	-
Bed Cradles	57	21	Bed Boards (Sets)	8	-
Air Rings	168	38	Feeding Cups	5	12
Bed Pans	129	51	Crutches (pairs)	6	14
Back Rests	67	42	Air Beds	2	-
Rubber Sheets	3	43	Bed Tables	-	20
Plastic Sheets	178	-	Walking Sticks	-	-
Urine Bottles	61	36			

CHIROPODY TREATMENT

	NEW CASES	CLINIC ATTEND-ANCES	DOMICILIARY TREATMENTS	TREATMENTS AT OLD PEOPLES' RESIDENTIAL HOMES	CASES BEING TREATED AT END OF YEAR
Children	1,021	5,900	-	-	746
Expectant mothers	15	90	-	-	3
Physically Handicapped	12	195	-	-	59
Aged (over 65 years of age)....	894	26,308	4,031	1,690	6,189
Others	1,013	17,004	-	-	5,009
Total	2,955	49,497	4,031	1,690	12,006

CONVALESCENCE

The number of recuperative holidays provided for adult persons in accordance with Section 28 of the National Health Service Act 1946 was 105.

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	
1,327	1,282	5,024	639	552	2	2	-	-

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	908	138	158	114	1,318
Cases not eligible for assistance or not requiring service	161	21	42	28	252
New cases helped during year	734	117	121	90	1,062
Cases helped earlier in present year and re-opened	255	3	41	7	306
Total cases completed during year	893	119	135	95	1,242
Cases being helped at end of year	2,122	6	237	32	2,397
Total cases helped during year	3,015	125	372	127	3,639
Hours of help provided during year	375,759	2,777	35,160	5,857	419,553

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	4	-
Mental disorder under 65 years	12	13	10
Help for harassed mothers	3	4	2
Problem family	-	-	-
Absence of mother	9	11	1
Acute Illness	63	61	17
Others	2	2	2

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	-	-	1
New cases helped	-	-	2
Total cases completed	-	-	1
Cases being helped at end of year	-	-	2
Total cases helped during year	-	-	4
Hours of attendance provided	-	-	710

Neighbourly Help Scheme

	AGED	OTHERS	TOTAL
Cases being helped at beginning of the year	4	-	4
New cases commenced	7	2	9
Cases completed or ceased	5	2	7
Cases continuing at end of the year	6	-	6

SERVICES FOR BLIND, PHYSICALLY HANDICAPPED, DEAF AND OLD PEOPLE

1 (a) Blind persons registered at 31st December, 1967

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	2	7	15	28	15	22	44	28	15	7	184
F	2	1	3	7	7	15	18	17	37	97	61	63	38	366
Total	2	1	4	9	14	30	46	32	59	141	89	78	45	550

(b) Blind persons on register with other handicaps at 31st December, 1967

	MENTALLY ILL	MENTALLY SUB-NORMAL	PHYSICALLY DEFECTIVE	DEAF WITHOUT SPEECH	DEAF WITH SPEECH	HARD OF HEARING	MENTALLY ILL & HARD OF HEARING	MENTALLY SUB-NORMAL & PHYSICALLY DEFECTIVE	MENTALLY SUB-NORMAL & HARD OF HEARING	PHYSICALLY DEFECTIVE & DEAF WITH SPEECH	PHYSICALLY DEFECTIVE & HARD OF HEARING	TOTAL
M	-	1	37	1	3	5	1	-	-	-	1	49
F	3	2	30	1	15	21	-	1	1	1	1	76
Total	3	3	67	2	18	26	1	1	1	1	2	125

2 Partially sighted persons registered at 31st December, 1967

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	2	4	7	3	9	2	5	16	4	6	4	68
F	3	-	-	4	5	3	6	4	4	29	15	22	9	104
Total	5	4	2	8	12	6	13	6	9	45	19	28	13	172

3 Deaf persons registered at 31st December, 1967

Hard of hearing	169
Deaf with speech	117
Deaf and dumb	18
Total registrations	304

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

4 Physically handicapped persons registered at 31st December, 1967

CATEGORY		UNDER 16 YEARS	16 - 29	30 - 49	50 - 64	65 & OVER	TOTAL
Amputation	M	-	2	2	1	14	19
	F	-	1	1	9	10	21
Arthritis and rheumatism	M	-	1	2	22	53	78
	F	-	1	13	77	365	456
Congenital malformations and deformities	M	-	-	-	-	-	-
	F	-	1	-	1	-	2
Disease of respiratory system (non-TB)	M	-	1	1	3	12	17
	F	-	1	-	3	5	9
Disease of digestive and genito urinary systems of heart or circulatory and of skin	M	-	1	2	7	20	30
	F	-	-	7	9	15	31
Injuries to head, trunk or limbs	M	-	3	1	-	9	13
	F	2	-	3	-	25	30
Disease of spine and limbs	M	-	4	7	13	9	33
	F	-	2	4	11	25	42
Organic nervous disease; epilepsy; poliomyelitis; hemiplegia; sciatica; disseminated sclerosis	M	1	22	43	74	70	210
	F	1	16	47	78	84	226
Neurosis, psychosis and other nervous disorders	M	-	-	-	-	-	-
	F	-	-	2	-	-	2
Tuberculosis (resp.)	M	-	-	-	-	-	-
	F	-	-	1	1	-	2
Tuberculosis (other)	M	-	-	1	-	-	1
	F	-	1	-	2	4	7
Unspecified diseases and injuries	M	1	5	1	17	21	45
	F	1	1	5	9	12	28
Total		6	63	143	337	753	1,302

5 Other services for the handicapped

(a) Roberts Hall Occupation Centre

Attendances during the year were 10,602 out of a possible 14,674.

Number on roll at 31st December, 1967 - 92

(b) Rehabilitation

Blind persons sent on course - 1
Other handicapped persons sent - 1

(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 - 6
Number of blind persons sent on training - Nil

(e) Adaptation of Premises

Adaptations carried out in 1967:

Handrails	48
Alterations to enable patients to use back garden	2
Installation of pull cords to open windows	4
Replacing of steps	3
Car crossings	1
Ramps	1
Cutting out of bath panels	1
Pull lights	1
Raising power points	1
Flashing doorbell lights	2
Removal of threshold	1
Laying path and apron in garden	1
Renewing boards in ramp	1
Installing bath	1
Installing toilet pans	1
Adaptations to toilet seat etc.	1
Adapting bath enclosure and work top	1
Total adaptations	71

(f) Aids for Handicapped Persons

Aids issued in 1967 - 545 (see table)

(g) Holidays for Handicapped Persons

For the blind - 35
For others - 197
Personal helpers (both categories) - 27

(h) Disabled Drivers

Car badges issued - 40

AIDS FOR PHYSICALLY HANDICAPPED

EQUIPMENT PROVIDED	ISSUED DURING 1967	ON LOAN AT 31.12.1967
Bathing Aids:-		
Bath rails	25	55
" mats	67	100
" seats	74	71
Domestic Aids:-		
Egg cup holders	3	4
Helping hands	72	98
Large handled knives	5	7
" " forks	4	6
" " spoons	2	3
Kitchen stools	-	1
Potato peeler	2	3
Tap turners	9	10
Tin openers	5	7
Toilet Aids:-		
Stocking pulls	26	34
Combs and holders	4	13
Long handled sponges	-	10
" " shoe lift	5	2
Toilet tongs	2	3
" seats	30	41
Bed Tables	2	3
Hoists	13	8
Lifting poles	8	10
Special chairs	27	44
Walking aids	115	152
Wheelchairs	-	1
Miscellaneous	46	82
	545	768

6 People in Care

Persons provided with accommodation at 31st December, 1967

(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	6	5	12	16	23	40	100	25	87	291	303
(b) From other Local Authority Areas	-	-	-	-	1	1	2	2	2	5	14	2	9	34	36
Persons from Waltham Forest accommodated in Homes outside the Borough:-															
(a) In Voluntary Organisations' Homes	3	1	2	3	4	8	21	6	7	6	31	4	32	86	107
(b) In other Local Authorities' Homes	-	-	-	-	1	4	4	3	3	11	15	8	24	64	68
Total number of persons from Waltham Forest in Residential Homes	3	1	2	4	11	16	37	25	33	57	146	37	143	441	478

Number of new permanent admissions during 1967 121

Number of temporary admissions during 1967 65

(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	4	16	5	110	19	39	110	303
(b) From other Local Authority Areas	-	3	-	6	3	-	24	36
Persons from Waltham Forest accommodated in Homes outside the Borough:-								
(a) In Voluntary Organisations' Homes.....	23	3	4	14	-	1	62	107
(b) In other Local Authorities' Homes	-	7	-	14	-	3	44	68
Total number of persons from Waltham Forest in Residential Homes	27	26	9	138	19	43	216	478

(c) Waiting list for accommodation in homes for the elderly at 31st December, 1967

		MALE	FEMALE
List "A"	- priority grading	45	114
List 1	- persons residing at private addresses	22	69
List 2	- persons in hospitals and private homes wishing to be transferred	13	34
List 3	- persons in areas outside Waltham Forest wishing to be accommodated within this authority	2	24
List 4	- persons residing in Waltham Forest wishing to be accommodated by another authority	5	19
	Total	87	260

HOMELESS FAMILIES ACCOMMODATION

Persons accommodated:-	NO. OF FAMILIES	NO. OF PERSONS
Resident on 1.1.1967	12	61
New admissions during year	24	112
Discharges during year	19	95
Resident on 31.12.1967	17	78

Of the nineteen families discharged during the year four found accommodation privately; thirteen were rehoused by the Council and two left for unknown destinations.

Length of stay:-

	UNDER 1 MONTH	1 MONTH AND UNDER 6 MONTHS	6 MONTHS AND UNDER 18 MONTHS	18 MONTHS AND OVER
Families discharged	4	8	6	1
Families still in residence	3	6	6	2

MEALS-ON-WHEELS AND LUNCHEON CLUBS

	MEALS-ON-WHEELS	LUNCHEON CLUBS
Meals provided for:-		
Walthamstow residents	34,620	14,021
Leyton residents	35,383	26,167
Chingford residents	10,201	4,671
Totals	80,204	44,859

BURIAL OF THE DEAD

Burial arrangements were made for 18 people who died within the Borough and for whom no private arrangements could be made.

LAUNDRY FOR THE INCONTINENT

ARTICLES LAUNDERED	
DOMICILIARY CASES	RESIDENTIAL HOMES
24,711	9,178

(a) Distribution of cases under care

	MENTALLY ILL				ELDERLY MENTALLY INFIRM		PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL
	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	M	F	
1. Total number	-	-	517	531	-	-	-	1	-	-	7	4	220	172	48	40	80	59	1,679
2. Attending workshops/occupation training centres	-	-	-	-	-	-	-	-	-	-	1	1	39	21	28	28	51	36	205
3. Awaiting entry to workshops/ occupation training centres	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	3
4. Receiving home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Awaiting residence in L.A. home/ hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Resident at L.A. expense in other homes/hostels	-	-	9	8	-	-	-	-	-	-	-	-	3	4	-	1	1	-	26
9. Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2
10. Attending day hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Receiving home visits and not included in lines 2-10																			
(a) suitable to attend a training centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) others	-	-	508	523	-	-	-	1	-	-	5	1	178	147	19	10	28	23	1,443

(b) Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1967

	MENTALLY ILL				ELDERLY MENTAL INFIRM		PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL
	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	M	F	
A. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.67																			
(i) in urgent need of hospital care....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
(ii) not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	-	-	4
(iii) Total	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	2	-	-	5
B. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(i) to N.H.S. hospitals	-	-	-	1	-	-	-	-	1	-	-	-	6	3	5	3	8	2	29
(ii) to L.A. residential accommodation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) elsewhere	-	-	-	-	-	-	-	-	-	-	1	2	22	9	11	13	7	6	71
(iv) Total	-	-	-	1	-	-	-	-	1	-	1	2	28	12	16	16	15	8	100

(c) Number of patients referred to Local Health Authority during year ended 31st December, 1967

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				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	UNDER 16	16 & OVER	
(i) General practitioners	-	-	162	155	-	-	-	-	-	-	-	-	-	-	-	-	-	-	317
(ii) Hospitals, on discharge from inpatient treatment	-	-	76	91	-	-	-	-	-	-	-	-	-	-	1	-	-	1	168
(iii) Hospitals, after or during out-patient or day treatment	-	-	57	64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	121
(iv) Local education authorities	-	-	-	-	-	-	-	-	-	-	5	6	7	5	-	-	12	11	23
(v) Police and courts	-	-	26	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39
(vi) Other sources	-	-	74	58	-	1	-	-	2	-	-	7	2	-	1	3	4	11	148
(vii) Total	-	-	395	381	-	1	-	-	2	-	5	13	9	5	2	3	16	23	816

(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		
728	184	32	15	75	448	39

COMMUNITY CARE			
INTERVIEWS WITH		AGENCIES CONTACTED	OTHER VISITS
NEW PATIENTS	OTHER PATIENTS		
527	2,929	506	924

(e) Training Centres

	BIRKBECK ADULT CENTRE	QUEENS ADULT CENTRE	WANSTEAD JUNIOR CENTRE
Places provided	100	50	60
Trainees on register at end of year....	100	53	60
Average daily attendance	91	50	45

INFECTIOUS DISEASES - NOTIFICATIONS

DISEASE	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL
Scarlet Fever	67	45	17	26	155
Whooping Cough	32	40	133	71	276
Measles	2,087	363	96	69	2,615
Tuberculosis	20	18	23	16	77
Typhoid	-	1	-	1	2
Paratyphoid	-	-	1	-	1
Meningococcal Infection	-	1	-	-	1
Dysentery	6	13	6	7	32
Ophthalmia Neonatorum	-	-	1	-	1
Puerperal Pyrexia	10	4	2	1	17
Acute Pneumonia	8	2	4	6	20
Food Poisoning	-	2	3	4	9
Erysipelas	7	6	6	2	21
Acute Encephalitis	1	-	-	-	1
Totals	2,238	495	292	203	3,228

TUBERCULOSIS

New Notifications and Deaths during 1967

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	-	1	-	-	-	-	-	-
5 - 9 years	-	1	-	-	-	-	-	-
10 - 14 years	1	1	-	-	-	-	-	-
15 - 19 years	3	3	-	-	-	-	-	-
20 - 24 years	6	1	1	1	-	-	-	-
25 - 34 years	9	4	3	1	-	-	-	-
35 - 44 years	7	5	2	2	-	-	-	-
45 - 54 years	4	4	-	-	-	-	-	1
55 - 64 years	11	-	-	-	2	-	-	-
65 and over	6	-	-	-	2	1	-	-
Totals	47	20	6	4	4	1	-	1
	67		10		5		1	
	77				6			

Tuberculosis among Immigrants

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

	RESPIRATORY	NON-RESPIRATORY
Pakistani	14	6
Indian	4	-
West Indian	1	-
Other Nationalities	1	-

Tuberculosis - Care and Aftercare

(a) Extra Nourishments (all Chest Cases)

(i) Number of new cases supplied with free milk during the year	7
(ii) Persons receiving free milk at end of year	68

(b) Work of Tuberculosis Visitors

(i) Visits to new cases	133
(ii) Total visits to households	3,826
(iii) Sessions attended at Chest Clinic	1,083

(c) Contacts

Examination of contacts during the year

(i) first examinations	542
(ii) subsequent examinations	925

VACCINATION AND IMMUNISATION

TYPE OF COURSE OR DOSE	YEAR OF BIRTH					OTHERS UNDER 16 YEARS	TOTAL
	1967	1966	1965	1964	1960-63		
Diphtheria - Primary	1,302	1,778	87	43	113	75	3,338
Booster	1	829	1,438	167	2,044	90	4,568
Whooping Cough - Primary	1,285	1,764	87	42	51	8	3,237
Booster	1	798	1,356	149	555	36	2,895
Tetanus - Primary	1,302	1,778	88	43	252	136	3,589
Booster	1	827	1,441	170	2,039	152	4,630
Poliomyelitis - Primary	1,254	1,939	119	69	248	58	3,683
Booster	-	712	985	89	1,952	109	3,847

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	1	-	-	-
Diphtheria, Whooping Cough and Tetanus combined	1,425	1,290	1,811	1,602
Diphtheria and Whooping Cough combined	-	3	-	-
Diphtheria and Tetanus combined	31	456	65	1,180
Diphtheria only	5	9	-	29
Whooping Cough only	-	-	-	-
Tetanus only	88	95	178	7
Poliomyelitis:-				
(a) Salk	13	15	-	-
(b) Sabin	1,511	1,513	2,158	2,319
Smallpox	816	85	969	11

B.C.G. Vaccination of Children

Results of Heaf Test:-

(a) Tuberculin Positive	125
(b) Tuberculin Negative	1,036
Number vaccinated with B.C.G.	1,036

REGISTRATION OF PREMISES

Public Health Act, 1936 - Nursing Homes

	NO. OF HOMES	BEDS PROVIDED	
		MATERNITY	OTHERS
Homes registered at 31st Dec. 1967	1	-	71

National Assistance Act 1948 - Disabled Persons and Old Persons Homes

	NO. OF HOMES	BEDS PROVIDED
Homes registered at 31st Dec. 1967	8	105

Mental Health Act 1959 - Nursing and Residential Homes

	NO. OF HOMES	BEDS PROVIDED
Nursing Homes registered at 31st Dec. 1967	1	128
Residential Homes registered at 31st Dec. 1967	2	36

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

	CHIROPODY	MASSAGE ETC.
Establishments registered at 31st Dec. 1967	9	7

MEDICAL EXAMINATIONS OF STAFF

Completed during period 1st January to 31st December 1967:-

Council employees	929
Other Local Authorities	21
	950

GENERAL DENTAL SERVICE

Number of Sessions	232
Number of appointments made	1,527
Number of new patients seen	236

Analysis of Treatments Provided

Fillings - Plastic	129
Amalgam	515
Inlays	1
Crowns	2
Scaling and gum treatment	224
Dressings	195
Extractions	76
General Anaesthetic given	4
Local Anaesthetic given	127
X-rays	292
Dentures supplied	100
Dentures repaired	97
Impressions	240
Bites	60
Try-in	119
Orthodontic cases completed and discharged	152
Minor Oral surgery	1
Other treatment	272

DENTAL LABORATORY

	DENTURES	REPAIRS	REMAKES OR RELINE	APPLIANCES	CROWNS	INLAYS	STUDY MODEL	TRAYS
General Dental Service	84	97	8	2	-	1	-	96
School Dental Service	19	19	1	202	20	10	345	3
Maternity and Child Welfare	10	1	-	-	2	-	-	2

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	111	8,297	-	730	-
Housing Acts, 1936/61 and Regulations	-	1,985	16	54	368
Public Health Acts, 1936/61, and Noise Abatement Act, 1960	4,516	19,458	760	417	-
Prevention of Damage by Pests Act, 1949	2,067	12,315	44	19	-
Food and Drugs Act, 1955 and Food Hygiene Regulations, 1960/66	211	2,734	143	-	-
Factories Act, 1961	38	339	36	-	-
Pet Animals Act, 1951, Riding Establishments Act, and Animal Boarding Establishments Act, 1963	-	63	-	-	-
Offices, Shops and Railway Premises Act, 1963	-	2,466	907	-	-

(b) DETAILED

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

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

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)	12
Closing Orders made	34
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))	12
Houses unfit for human habitation	79
Houses included by reason of bad arrangement	Nil
Houses on land acquired under 43 (2)	41
Numbers of people to be displaced (a) Individuals	374
(b) Families	139

(c) Compulsory Purchase Orders confirmed

The Waltham Forest Housing (Avenue Road Area) Compulsory Purchase Order 1966 comprising 5 clearance areas and the Waltham Forest Housing (Shernhall Street Area) Compulsory Purchase Order 1967 were confirmed by the Ministry of Housing and Local Government during the year.

(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, Factories Act, 1961, Leyton Corporation Act, 1950, Essex County Council Act, 1952, and relevant legislation

TYPE OF PREMISES	NUMBER OF INSPECTIONS
Retail Food Shops	1,694
Catering establishments (including factory canteens, hospitals, nursing homes)	461
Food Hawkers/Street Traders/Fairgrounds	308
Food Manufacturers/Depots, Dairies	119
Off-Licences	28
Public Houses	80
School Meals	35
	2,725

(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	39	466	65
Retail shops	93	1,584	496
Wholesale shops, warehouses	14	85	22
Catering establishments open to the public, canteens	18	176	34
Fuel storage depots	-	6	-
Totals	164	2,317	617

Number of visits of all kinds by Inspectors to registered premises 2,466

(b) Analysis of Contraventions

SECTION	NO. OF CONTRAVENTIONS FOUND		SECTION	NO. OF CONTRAVENTIONS FOUND	
4	Cleanliness	101	13	Sitting Facilities)	-
5	Overcrowding	2	14	Seats (Sedentary Workers))	-
6	Temperature	123	15	Eating Facilities	-
7	Ventilation	19	16	Floors, passages and stairs .	256
8	Lighting	27	17/18/19	Machinery	23
9	Sanitary Conveniences	245	23	Prohibition of heavy work ...	-
10	Washing Facilities	123	24	First Aid General Provisions	146
11	Supply of Drinking Water	1	50	Exhibition of Forms	84
12	Clothing Accommodation	1			
				Total	1,151

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

CLASS OF WORKPLACE	NUMBER OF PERSONS EMPLOYED
Offices	4,227
Retail shops	7,208
Wholesale departments, warehouses	1,028
Catering establishments open to the public	1,153
Canteens	71
Fuel storage depots	58
Total	13,745
Total Males	6,228
Total Females	7,517

(d) Reported Accidents

WORKPLACE	NUMBER REPORTED	ACTION RECOMMENDED			NO ACTION
		PROSECUTION	FORMAL WARNING	INFORMAL ADVICE	
Offices	3	-	-	3	-
Retail shops	32	1	-	31	-
Wholesale shops, warehouses	1	-	-	1	-
Catering establishments open to public, canteens	3	-	-	3	-
Fuel storage depots	1	-	-	1	-
Totals	40	1	-	39	-

(e) Legal Proceedings

	NO. PREMISES	NO. CONTRAVENTIONS
Legal Proceedings authorised by the Council	18	68
Legal Proceedings instituted	10	40
Legal Proceedings pending	8	28

Analysis of Legal Proceedings

SECTION OF ACT - REGULATION	NATURE OF OFFENCE/CONTRAVENTION	NUMBER OF OFFENCES	FINES IMPOSED
			£ s. d.
Section 4	Failure to keep premises clean	1	5. 0. 0.
Section 6(4)	Failure to provide a thermometer	5	20. 0. 0.
Section 9(2)	Failure to maintain a sanitary convenience	5	24. 0. 0.
Section 10(1)	Failure to provide adequate washing facilities	5	21. 0. 0.
Section 10(2)	Failure to maintain washing facilities	6	19. 0. 0.
Section 16(1)	Failure to maintain the floors of the premises	3	13. 0. 0.
Section 16(2)	Failure to provide a handrail or handhold to a staircase	2	10. 0. 0.
Section 17(1)	Failure to fence exposed parts of machinery	1	5. 0. 0.
Section 24(1)	First Aid General Provisions	5	25. 0. 0.
Section 50(1)	Failure to provide information for employees	7	30. 0. 0.
	Total	40	£172. 0. 0.
	Total Costs awarded to the Council		£55.15. 0.

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

Complaints received	2,067
Inspections and Re-inspections	12,315
Premises treated	1,684

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	10
Choked drains cleared	-
Dampness remedied	653
Drains relaid or partly relaid	-
Floors repaired	114
Guttering repaired or renewed	132
Miscellaneous defects remedied	464
New W.C. pans and traps provided	25
Plaster work repaired	329
Rainwater pipes repaired or renewed	55
Roofs repaired or renewed	312
Rooms redecorated	-
Sashcords renewed	238
Sinks provided	5
Sink waste pipes repaired or renewed	22
Stoves repaired or renewed	-
Vent pipes repaired or renewed	37
W.C. cisterns repaired or renewed	110
Window-sills, etc., repaired	250
Yard provided	21

(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	104
Ceilings not kept clean or repaired	66
Floors not kept clean	45
Inadequate ventilation	9
Inadequate receptacles for refuse	127
Accumulation of refuse in room	-
Cleanliness of apparatus and fittings	43
Facilities for personal cleansing and/or washing food and equipment inadequate, i.e.:-	
Wash basins	47
Hot water	61
Soap/Towel/Nail brushes	65
Sinks	1
Food not protected from contamination	45
First-aid equipment	3
Wash-hand notices	34
Inadequate locker (clothing) accommodation	5
Redecoration	25
Miscellaneous	137
Artificial light in W.C.	10
W.C. pans renewed	-
Yard paving	7

3. Registration and/or Licensing of Business Premises

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

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963	NO.
Registration	
Local Authority	2,393
H.M.F.Inspector	897
Exempt	1,881
Total ..	5,171
Class of Premises Registered by Local Authority	
Office	485
Retail Shop	1,582
Wholesale	84
Catering/Public	166
Canteen/Staff	71
Fuel Store	5
Factories Act, 1961	
Power	897
Non-power	15
Trade	
Non-food	3,635
Food	1,536

FOOD PREMISES BUSINESS DESIGNATION *SUBSIDIARY FUNCTIONS	NO.
Baker	94
Butcher	133
Canteen/Staff *	71
Canteen/School *	68
Catering/Public	166
Catering/Misc. *	2
Chemist	82
Confectionery	265
Fish Monger	46
Fish Frier	51
Greengrocer	153
Grocer/General	309
Off Licence	92
Public House	68
Store/Multiple	14
Depots/Food Storage	63
Stall/Vehicle	287

(ii) Details of Registrations/Licences

ACT OR REGULATION	ON REGISTER 31. 12. 1967
Food and Drugs Act, 1955	
Ice-Cream Premises	811
Food Preparation, etc. premises	82
Milk and Dairies (General) Regulations, 1959	
Distributors	235
Dairies	7
Milk (Special Designation) Regulations, 1960	
Pasteurised	174
Sterilised	205
Untreated	26
Ultra Heat Treated	44
Essex County Council Act, 1952	
Hawkers of Food	175
Hawkers' Storage Premises	35
Leyton Corporation Act, 1950	
Section 63 - Vendors of Shellfish	14
Section 48 - Hairdressers' Premises	220
Pet Animals Act, 1951	
Annual Licences	36
Animal Boarding Establishments Act, 1963	4
Rag Flock and Other Filling Materials Act, 1951	6
Riding Establishments Act, 1964	3
Total	2,147

4. Legal Proceedings

(i) Public Health Acts, 1936/61; Clean Air Act, 1956

94 applications were made for legal proceedings to enforce the requirements of notices served. 14 cases were subsequently heard by the court and abatement orders made. The remaining 80 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 Regulations 1960/66

94 complaints regarding foodstuffs were investigated and 40 reported to the Health and Welfare Committee. A wide variety of food was implicated, i.e. milk, bread, cakes, sausages, tinned goods, bacon and confectionery. The reason 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 20 cases and dealt with the remainder 20 by warning letters and/or representations to manufacturers.

Legal proceedings were authorised in respect of 43 contraventions under Food Hygiene (General) Regulations 1960 and the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966.

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	264	-	-	-	-	-	-
No. Bacteriological	28	67	124	-	101	1	28
No. Satisfactory	264(C) 13(B)	65	103	-	33	1	23(B)
No. Fairly Satisfactory	15(B)	-	14	-	65	-	-
No. Unsatisfactory	-	-	7	-	3	-	5(B)

6. Meat and Food Condemned

Condemnation certificates were issued in respect of the under-mentioned unsound foodstuffs 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	1,383	-	-	-	-	-
Cooked Meats	-	-	-	4	-	13
Meat	-	-	-	18	7	6
Offal	-	-	-	-	-	-
Poultry and Game	-	-	-	2	-	12
Fish	-	-	-	7	6	2
Fats	-	-	-	1	1	9
Cereals, Dried Goods etc.	-	83 pkts.	-	-	-	-
Frozen Foods	-	6,039 pkts.	-	-	-	-
Vegetables	-	-	-	2	5	6
Fruit	-		28	5	2	-
Miscellaneous	-	-	-	-	-	-

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		
		INSPECTIONS (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.....	15	6	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	897	328	36	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)...	18	5	-	-
Total	930	339	36	-

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)	8	4	-	3	-
Overcrowding (S.2).....	-	-	-	-	-
Unreasonable temperature (S.3).	-	-	-	-	-
Inadequate ventilation (S.4)	6	4	-	1	-
Ineffective drainage of floors (S.6)	-	-	-	1	-
Sanitary Conveniences (S.7)					
(a) Insufficient	12	9	-	1	-
(b) Unsuitable or defective	15	11	-	6	-
(c) Not separate for sexes	6	3	-	1	-
Other offences against the Act (not including offences relating to out-work)	10	8	-	-	-
Total *	57	39	-	13	-

* See also Contraventions under the Offices, Shops and Railway Premises Act, 1963.

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	124	-	-	-	-	-
Footwear	-	-	-	-	-	-
Umbrellas, etc.	9	-	-	-	-	-
Handbags	4	-	-	-	-	-
Artificial flowers	6	-	-	-	-	-
Garment hangers	6	-	-	-	-	-
Boxes, etc. wholly or partly of paper - Making	9	-	-	-	-	-
Gents Neckwear	6	-	-	-	-	-
Upholstery trimmings	-	-	-	-	-	-
Brushes	8	-	-	-	-	-
Loose cover specialist	-	-	-	-	-	-
Toys	-	-	-	-	-	-
Watch strap	-	-	-	-	-	-
Buttons, carding	-	-	-	-	-	-
Christmas crackers, etc.	7	-	-	-	-	-
Belts for power Transmissions	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Household Linen	3	-	-	-	-	-
Curtain and furniture hangings	-	-	-	-	-	-
File making	-	-	-	-	-	-
Furniture and uphdstery	-	-	-	-	-	-
Caning	-					
Hampers and Baskets	-					
Paint Boxes	-					
Total	182	-	-	-	-	-

DISINFESTATION AND DISINFECTION

	VERMIN	INFECTIOUS DISEASE	TOTALS
Rooms treated	155	16	171
Articles treated	370	254	624
Articles destroyed.....	22	-	22

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

	NUMBER OF SCHOOLS	NUMBER OF PUPILS ON SCHOOL REGISTERS AT END OF YEAR
Nursery	1	77
Primary	69	17,530
Secondary	27	12,016
Special	6	546

SCHOOL MEDICAL INSPECTION

(a) Periodic Medical Inspections

5 year age group	2,466
10-11 year age group	2,173
14 years age group	1,974
Others	1,568
Total	8,181
No. of special inspections	1,598
No. of re-inspections	4,937
	6,535

(b) Physical Condition of Children Inspected

AGE GROUP INSPECTED (BY YEAR OF BIRTH)	NO. OF PUPILS INSPECTED	PUPILS WHOSE CONDITION WAS CLASSIFIED UNSATISFACTORY
1963 and later	21	-
1962	1,379	2
1961	1,061	3
1960	158	-
1959	85	2
1958	233	2
1957	1,387	3
1956	776	7
1955	368	2
1954	275	4
1953	439	-
1952 and earlier	1,972	2
Total	8,154	27

(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 (EXCLUDING SQUINT)	FOR ANY OTHER CONDITION	TOTAL INDIVIDUAL PUPILS
1963 and later	1	7	8
1962	121	159	258
1961	85	213	270
1960	10	24	31
1959	17	7	22
1958	41	48	78
1957	277	313	516
1956	132	159	250
1955	72	60	119
1954	35	28	62
1953	73	29	98
1952 and earlier	329	176	466
Total	1,193	1,223	2,178

(d) Pupils found to have undergone tonsillectomy

AGE GROUP	NO. INSPECTED		NO. FOUND TO HAVE UNDERGONE TONSILLECTOMY	
	BOYS	GIRLS	BOYS	GIRLS
Infant	1,254	1,212	21	23
Junior	1,104	1,069	120	133
Leaver	941	1,033	88	108
Other	849	719	66	43
Totals	4,148	4,033	295	307

(e) Pupils found to have defects of colour vision

	INTERMEDIATE INSPECTIONS	LEAVER INSPECTIONS	OTHERS
Tested for Colour Vision	2,173	1,974	1,323
Found to have defects of colour vision	52	37	20

(f) Parents present at Medical Inspection

		NO. INSPECTED	PARENT PRESENT	PER CENT.
Infant	Boys	1,254	1,147	91.5
	Girls	1,212	1,108	91.4
Junior	Boys	1,104	663	60.1
	Girls	1,069	591	55.3
Leaver	Boys	941	130	13.7
	Girls	1,033	258	24.9
Other	Boys	849	432	50.9
	Girls	719	435	60.5

(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)			
		TREAT-MENT	OBSERVA-TION	TREAT-MENT	OBSERVA-TION	TREAT-MENT	OBSERVA-TION	TREAT-MENT	OBSERVA-TION	TREAT-MENT	OBSERVA-TION
4	Skin	23	55	72	31	138	86	233	172	276	16
5	Eyes (a) Vision	122	64	329	54	742	231	1,193	349	116	31
	(b) Squint	18	17	16	2	68	26	102	45	2	-
	(c) Other	5	5	8	9	22	29	35	43	63	22
6	Ears (a) Hearing	31	29	6	18	77	143	114	190	61	47
	(b) Otitis Media	7	23	2	10	9	48	18	81	2	-
	(c) Other	14	28	9	9	33	39	56	76	50	14
7	Nose and Throat	79	177	14	34	118	283	211	494	76	29
8	Speech	34	53	2	3	41	81	77	137	23	4
9	Lymphatic Glands	5	57	-	8	7	81	12	146	4	8
10	Heart	17	31	2	21	16	75	35	127	1	10
11	Lungs	39	60	14	11	67	103	120	174	14	21
12	Developmental (a) Hernia	6	9	5	9	9	37	20	55	-	1
	(b) Other	16	97	16	46	49	275	81	418	22	13
13	Orthopaedic (a) Posture	-	10	5	36	23	120	28	166	9	7
	(b) Feet	34	130	14	21	102	172	150	323	40	9
	(c) Other	10	45	23	37	62	127	95	209	42	18
14	Nervous System (a) Epilepsy	1	8	2	1	11	10	14	19	2	4
	(b) Other	2	5	4	6	13	22	19	33	11	6
15	Psychological (a) Development	5	40	2	9	16	122	23	171	19	25
	(b) Stability	6	169	7	40	52	327	65	536	42	66
16	Abdomen	7	29	1	2	14	43	22	74	14	18
17	Other	3	20	6	11	28	86	37	117	351	73

OTHER MEDICAL INSPECTIONS

(a) Employment of children (other than in entertainment)	
(i) initial examinations	200
(ii) re-examinations	1
(b) Employment of children in entertainment	
(i) initial examinations	1
(ii) re-examinations	-

EXAMINATIONS BY SCHOOL NURSES

Head Inspections

Number of examinations	22,145
Number of children found to be unclean	202

Vision Testing at School

Number of children tested	22,277
Number referred to Eye Clinic	599

Foot Inspections at School

Number of children inspected	8,788
Number referred for treatment	244

MINOR AILMENT CLINICS

New Cases	Boys	Girls
Ringworm - Head	-	5
Body	1	-
Scabies	-	2
Impetigo	1	2
Other Skin Diseases	128	122
Defective Vision and Squint	102	103
Other Eye Defects	38	28
Defective Hearing	157	104
Other ear diseases	31	38
Nose and throat defects	88	75
Speech defects	32	14
Lymphatic glands	34	22
Heart and circulation	10	14
Respiratory diseases	35	29
Developmental defects	128	79
Orthopaedic defects	108	112
Nervous disorders	34	26
Psychological disorders	162	113
Other defects and diseases	277	269
	1,366	1,157

Total attendances ... 4,977

SPECIALIST CLINICS

(a) Aural	
Sessions	58
New cases	274
Total attendances	797
Referred to hospital for operative treatment	227
(b) Ophthalmic	
Sessions	343
New cases	931
Attendances	5,731
Glasses prescribed	1,246
Glasses obtained	
(i) through H.M.C. optician	971
(ii) privately	278
(c) Orthoptic	
Sessions	405
New cases	278
Attendances	2,297
(d) Orthopaedic	
Sessions	62
New cases	407
Attendances	1,455
Appliances provided	189
(e) Physiotherapy	
Sessions	634
New cases	167
Attendances	2,927
(f) Paediatric	
Sessions	24
New cases	109
Attendances	205
(g) Child Guidance	
Cases referred or re-opened for treatment during year:-	
(i) Under 5 years - Boys	38
- Girls	17
(ii) Over 5 years - Boys	235
- Girls	141
	431
Cases closed during year	229

(g) Child Guidance (contd.)

Interviews conducted during the year:-

Psychiatrists	1,963
Psychotherapists	316
Psychiatric Social Workers	2,848
Educational Psychologists	570
Remedial Teacher	343

DENTAL INSPECTION AND TREATMENT

(a) Attendances and Treatment

	AGES 5 TO 9	AGES 10 TO 14	AGES 15 AND OVER	TOTAL
First visit	3,543	2,283	454	6,280
Subsequent visits	5,935	1,736	974	8,645
Total visits	9,478	4,019	1,428	14,925
Additional courses of treatment commenced	545	308	36	889
Fillings in permanent teeth	3,241	5,086	1,486	9,813
Fillings in deciduous teeth	5,611	611	-	6,222
Permanent teeth filled	2,171	3,881	1,102	7,154
Deciduous teeth filled	4,351	463	-	4,814
Permanent teeth extracted	73	592	170	835
Deciduous teeth extracted	2,714	956	-	3,670
General anaesthetics	1,102	553	69	1,724
Emergencies	264	70	17	351

Pupils X-rayed	507
Prophylaxis	1,481
Teeth otherwise conserved	1,402
Teeth root filled	75
Inlays	8
Crowns	38
Courses of treatment completed	4,748

(b) Orthodontics

New cases commenced during year	134
Cases completed during year	77
Cases discontinued during year	44
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)	-	-	-	-
Pupils supplied with other dentures (first time)	-	4	8	12
Number of dentures supplied	-	4	8	12

(d) Anaesthetics

General Anaesthetics administered by:-	
Dental Officers	-
Medical Officers	1,749

(e) Inspections

(i) First inspection at school:-	
Number of Pupils	12,772
(ii) First inspection at clinic:-	
Number of Pupils	2,673
Number found to require treatment	7,629
Number offered treatment	6,322
(iii) Pupils re-inspected at school clinic	494
Number found to require treatment	270

(f) Sessions

Sessions devoted to treatment	3,481
Sessions devoted to inspection	134
Sessions devoted to Dental Health Education	54

SPEECH THERAPY

(a) Attendances

	DAWLISH ROAD	HATCH LANE	HURST ROAD (1)	HURST ROAD (2)	TOTAL
Number in attendance at beginning of year	116	76	67	77	346
Number under observation at beginning of year	90	3	43	23	159
New cases	49	68	15	47	179
Re-admitted	4	-	-	1	5
Transfer from other clinics	4	6	-	8	18
Discharges - cured - improved - defaulted	36 - -	50 5 8	3 1 4	27 7 4	116 13 16
Transferred to other clinics - left district - no progress	7 7 -	1 4 -	3 - -	2 5 -	13 16 -
Number in attendance at end of year	96	77	8	80	261
Number under observation at end of year	117	5	106	31	259

(b) Analysis of defects treated

	DAWLISH ROAD	HATCH LANE	HURST ROAD (1)	HURST ROAD (2)	TOTAL
Stammer	20	15	1	12	48
Dyslalia	131	108	4	54	297
Stammering and dyslalia	5	3	1	10	19
Delayed language development	15	17	-	36	68
Cleft palate speech	2	1	1	4	8
Voice defects	-	2	-	3	5
Speech defect due to deafness	3	1	1	21	26
Defects of neurological origin	3	1	-	13	17
Unclassified	-	-	-	3	3

New Cases referred 211
Attendances during year 6,982

HANDICAPPED PUPILS

	BLIND	PARTIALLY SIGHTED	DEAF	PARTIAL HEARING	PHYSICALLY HANDICAPPED	DELICATE	MALADJUSTED	E.S.N.	EPILEPTIC	SPEECH DEFECT	TOTAL
Children newly assessed as handicapped during year ended 31.12.1967:-											
Boys	-	1	-	2	9	4	12	25	-	-	53
Girls	-	1	1	1	3	3	4	18	1	-	32
Children who on 18.1.1968 were receiving special educational treatment:-											
(i) at maintained special schools:-											
(a) Day	-	7	3	19	55	17	43	227	2	1	374
(b) Boarding	-	2	-	1	2	1	11	12	-	-	29
(ii) at non-maintained special schools:-											
(a) Day	-	-	-	-	-	-	1	-	-	-	1
(b) Boarding	3	-	-	-	3	-	1	3	1	-	11
(iii) at independent schools	-	-	-	1	-	2	13	-	-	-	16
(iv) at boarding homes	-	-	-	-	1	-	-	-	-	-	1
Children awaiting placement in special schools at 18.1.1968.	-	-	-	-	2	-	-	6	-	-	8
Children who, at 18.1.1968 were being educated:-											
(i) at hospital	-	-	-	-	13	-	9	-	-	-	22
(ii) at home	-	-	-	-	1	-	-	-	-	-	1

SPECIAL SCHOOLS

Brookfield House School for Physically Handicapped Children

At the end of 1967 the medical classification of the 86 children on the roll was as follows:-

Orthopaedic Disabilities	9
Cerebral Palsy	15
Cardiac Disabilities	8
Respiratory Disabilities	13
Haemophiliacs	5
Epileptics	3
Brain Damage	8
Spina Bifida	5
Maladjustment and Psychiatric Disorders	3
School Attendance Defectors	4
Miscellaneous Disabilities	13

Joseph Clarke School for Partially Sighted Children

The ophthalmic conditions on admission of the 74 children who attended the school during 1967 were as follows:-

Albinism	7
Aniridia	4
Cataracts	26
Coloboma	2
Congenital Day Blindness	1
Corneal Opacity	1
Detached Retina	1
Ectopia Lentis	4
High Myopia	4
Iridocyclitis	2
Macular Degeneration	2
Nystagmus	9
Optic Atrophy	6
Retinitis Pigmentosa	2
Retinal Degeneration	2
Retinoblastoma	1

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

Visual acuity of less than 6/60	18
Visual acuity of 6/60	19
" " " 6/36	16
" " " 6/24	11
" " " 6/18	3
Not yet assessed because of age	7

William Morris School for the Deaf

Of the 66 children on the roll at the end of the year 35 were classified as deaf and 31 as having partial hearing.

HOUSING

(a) Contributed by A.S.Brickell, Esq., A.A.Dip., A.R.I.B.A., Borough Architect.

Houses completed by the Local Authority during 1967

	WARD	FLATS	HOUSES
CHINGFORD	Central	-	6
LEYTON	Forest	304	10
WALTHAMSTOW	Hoe Street	23	-
"	St.James Street	369	-
"	Hale End	274	2
"	Wood Street	50	-
		1,020	18

Houses completed by private enterprise

	WARD	FLATS	HOUSES
CHINGFORD	Central	55	14
"	North-West	6	1
LEYTON	Leytonstone	7	-
"	Forest	16	1
"	Lea Bridge	-	1
"	Leyton	-	1
WALTHAMSTOW	Hoe Street	1	9
"	Chapel End	13	6
"	Hale End	6	2
"	Wood Street	3	1
		107	36

Outbuilding scheme - dwellings completed during 1967

	FLATS	HOUSES
Barn Hall Estate, Wickford, Essex	-	55

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.

	DISCRETIONARY	STANDARD
Applications received	185	231
Total number of grants approved	97	220
Total amount of grants approved	£40,236	£18,367

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

Properties in Management at December 1967

Pre 1939 houses and flats	2,105
New houses and flats	8,702
Properties at Billericay	446
Properties at Wickford	47
Properties at Epping	206
Properties at Hutton	96
Prefabricated bungalows	26
Properties acquired for housing purposes	2,252
Properties for Clearance and Demolition	657
	14,537

Number of properties made available for letting

New properties	1,016
Acquired properties	218
Normal vacancies	397
	1,631

Families rehoused from the housing register

Number rehoused	926

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 KMn04 4 hrs. at 27°. C.	B.O.D. 5 days at 20°. C.	Hardness (total)CaC03	Hardness (non-carbonate) CaC03	Magnesium as Mg	Sodium as Na	Potassium as K	Chloride as Cl	Phosphate as P04	Silicate as Si02	Sulphate as S04	Natural Fluoride as F	Surface-active material as Manoxol OT	C02	Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micrombos)
(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	0.026	0.090	4.1	1.12		289	75	5	22.3	5.0	30	1.9	10	62	0.30	0.01		0.1	12	7.9	600
Lee Bridge	52	0.025	0.105	4.7	1.19		335	105	7	33.4	7.2	43	2.7	8	104	0.35	0.03		0.2	14	8.1	720
Ferry Lane	32	0.039	0.065	3.3	0.53		353	116				36	1.3	12					0.2	5	7.5	730
Chingford Mill	4	0.105	0.052	0.5	0.39		309	94	14	23	5.8	30			110	0.55		22	0.0	3	7.5	560
Coppermill	7	0.028	0.123	4.3	1.21		319	100	7	33.4	7.2	41	2.3	7	104	0.35	0.03		0.1	10	8.3	730

BACTERIOLOGICAL RESULTS – YEARLY AVERAGES, 1967

OF WATER SUPPLIED TO THE LONDON BOROUGH OF WALTHAM FOREST

Source of supply	BEFORE TREATMENT							AFTER TREATMENT				
		Agar plate count per ml.		Coliform count		Escherichia coli count			Agar plate count per ml.		Coliform count	E. coli count
	Number of samples	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.	Number of samples	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	29.1		99.42	100.0
Ferry Lane								157	9.1		99.36	99.36
Chingford Mill								195	0.3		100.0	100.0
Thames-derived, North of River								1,691	16.0		100.0	100.0
Coppermill								48	92.4		100.0	100.0

INDEX