

[Report of the Medical Officer of Health for Hackney].

Contributors

Hackney (London, England). Council.
Davies, Rowland Gwyn.

Publication/Creation

[1967?]

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LONDON BOROUGH OF HACKNEY



ANNUAL REPORT

on the

HEALTH OF THE BOROUGH

for the year

1966

DR. R. G. Davies
Medical Officer of Health &
Principal School Medical Officer

LONDON BOROUGH OF HACKNEY
HEALTH COMMITTEE

as at 31st December, 1966

Ex-Officio - Alderman J. Dunning, J.P. (Mayor)

Chairman - Alderman L. Sherman, O.B.E., J.P.

Vice-Chairman - Councillor S.S. Cohen

Alderman Mrs. Bessie Benabo, J.P.	Councillor S.J.S. Lee
Councillor E.H. Claridge	Councillor Mrs. R. Lipman
Councillor A.J. Cohen	Councillor C.E. Madhurst
Councillor J.W. Cox	Councillor S.J. Tallantire
Councillor S.C. Davis	Councillor Mrs. O.B. Weger
Councillor Miss L. Karp	Councillor D.E. Ward



Dr. J. Bechan	Dr. A. Bealer
R.S. Cardash, Eng., B.D.S., L.D.S., R.C.S. (Eng)	Max G. Smith, B.S.N., S.C.M., M.T.D.

REPRESENTATION ON ORGANISATIONS CONCERNED WITH HEALTH WORK

Foster House Trust Committee of Management: Alderman L. Sherman, O.B.E., J.P.

Hackney and Bethnal Green Health Centre: Mrs. Bessie Benabo, J.P.
Care Committee: Councillor S.C. Davis
Councillor S.J.S. Lee

Hackney and Stoke Newington Health Centre: Mrs. Bessie Benabo, J.P.
Care Committee: Mrs. Rose Lipman
Councillor S.J.S. Lee
Councillor S.C. Davis

Hackney and Spesh Elizabeth Group Hospital Management Committee: Alderman Mrs. Bessie Benabo, J.P.
Alderman A.W. Linsell
Alderman L. Sherman, O.B.E., J.P.
Councillor M. Ottolenghi, J.P.

Inner London Education Authority: Dr. R.G. Davies
Alderman L. Sherman, O.B.E., J.P.

Inner London Executive Council for the National Health Service: Alderman L. Sherman, O.B.E., J.P.

London and Home Counties Clean Air Advisory Council: Councillor E.H. Claridge
Councillor A.J. Cohen

London Borough Training Committee (Health, Welfare and Children's Services): Councillor J. Smith
Deputy - Councillor A. Benabio

National Association for Maternal and Child Welfare: Councillor E.H. Claridge

National Society for Children's Nurseries: Councillor Mrs. Rose Lipman

National Society for the Clean Air: Councillor A.J. Cohen
Councillor S.S. Cohen
Councillor Mrs. Rose Lipman
Councillor E.H. Claridge

Save the Children: Dr. R.G. Davies
Medical Officer of Health &
Principal School Medical Officer

Segeditek Trust: Councillor S.S. Cohen
Councillor Mrs. Rose Lipman

ANNUAL REPORT

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HEALTH OF THE BOROUGH

for the year

1966

DR. R. G. DAVIES

Medical Officer of Health &
Principal School Medical Officer

STAFF HEALTH COMMITTEE DEPARTMENT

as at 31st December, 1966

Ex-Officio - Alderman J. Dunning, J.P. (Mayor)*Chairman* - Alderman L. Sherman, O.B.E., J.P.*Vice-Chairman* - Councillor S.S. Cohen

Alderman Mrs. Bessie Benabo, J.P.	Councillor S.J.S. Lee
Councillor E.H. Claridge	Councillor Mrs. R. Lipman
Councillor A.J. Cohen	Councillor C.E. Medhurst
Councillor J.W. Cox	Councillor R.J. Tallantire
Councillor S.C. Davis	Councillor Mrs. O.B. Wager
Councillor Miss L. Karpin	Councillor D.E. Ward

Co-opted members

Dr. J. Denham	Dr. A. Rezler
H.S. Cardash, Esq., B.D.S., L.D.S., R.C.S. (Eng)	Miss G. Smith, S.R.N., S.C.M., M.T.D.

REPRESENTATION ON ORGANISATIONS CONCERNED WITH HEALTH WORK

Easton House Trust Committee of Management:	Alderman L. Sherman, O.B.E., J.P.
Hackney and Bethnal Green Chest Diseases Care Committee:	Alderman Mrs. Bessie Benabo, J.P. Councillor S.C. Davis Councillor S.J.S. Lee
Hackney and Stoke Newington Chest Diseases Care Committee:	Alderman Mrs. Bessie Benabo, J.P. Councillor Mrs. Rose Lipman Councillor S.J.S. Lee Councillor S.C. Davis
Hackney and Queen Elizabeth Group Hospital Management Committee:	Alderman Mrs. Bessie Benabo, J.P. Alderman A.W. Linzell Alderman L. Sherman, O.B.E., J.P. Councillor M. Ottolanguì, J.P.
Inner London Education Authority:	Dr. R.G. Davies Alderman L. Sherman, O.B.E., J.P.
Inner London Executive Council for the National Health Service:	Alderman L. Sherman, O.B.E., J.P.
London and Home Counties Clean Air Advisory Council:	Councillor E.H. Claridge Councillor A.J. Cohen
London Boroughs Training Committee (Health, Welfare and Children's Services):	Councillor A. Heath Deputy - Councillor A. Samuels
National Association for Maternal and Child Welfare:	Councillor E.H. Claridge
National Society for Children's Nurseries:	Councillor Mrs. Rose Lipman
National Society for Clean Air:	Councillor A.J. Cohen Councillor S.S. Cohen Councillor Mrs. Rose Lipman Councillor E.H. Claridge
Save the Children Fund Playgroups Committee:	Councillor E.H. Claridge
Shoreditch Chest Clinic Care Committee:	Councillor S.S. Cohen Councillor Mrs. Rose Lipman

STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1966

Medical Officer of Health and Principal School Medical Officer - R.G. Davies

Deputy Medical Officer of Health and Deputy Principal School Medical Officer -
L.M. Fry

Principal Medical Officers - J.L. Evans, G. Grasset-Molloy, A.P. Whitfield
Assistant Medical Officers - Full-time (6), Sessional (25)

Chief Dental Officer and Principal School Dental Officer - VACANT

Dental Officers - Full-time (5), Part-time (2), Sessional (11)
Dental Surgery Assistants - 14

Co-ordinating Nursing Officer - L.E. Arrow

Senior Nursing Officers (4), Centre Superintendents (8), Health Visitors (23),
Tuberculosis Health Visitors (3), Clinic Nurses (12), Clinic and Nursing
Auxiliaries (6), School Nurses (17), Day Nursery Matrons (7), Day Nursery
Deputy Matrons (6), Day Nursery Wardens (5), Staff Nursery Nurses (21),
Nursery Assistants (21), Nursery Students (19), District Nursing and
Midwifery Staff (42)

Principal Mental Health Social Worker - G. Dawson

Deputy Principal Mental Health Social Worker (1), Senior Mental Health
Social Workers (7), Mental Health Social Workers (5), Supervisors of Training
Centres (2), Assistant Supervisors of Training Centres (13), Supervisor of
Day Centres (1), Deputy Supervisor of Day Centres (1), Craft Instructors (4),
Supervisor of Special Care Unit (1), Assistant Supervisors of Special Care
Unit (3), Deputy Supervisor of Training Centres (1), Senior Assistant
Supervisor of Training Centres (1)

Principal Health Social Worker - J. Hall

Senior Health Social Worker (1), Family Case Workers (2), Health Social
Workers, Part-time (2), Social Workers, Chest Clinics (2), Social Worker,
V.D. (1)

Chief Public Health Inspector - T.H. Marshall

Deputy Chief Public Health Inspector (1), Senior Supervisory Inspector (1),
Senior Clean Air and Factories Inspector (1), Senior District Inspectors (3),
District Inspectors (17 - 12 vacancies), Technical Assistants (8), Pupil
Public Health Inspectors (5), Superintendent, Disinfecting Station (1),
Deputy Superintendent, Disinfecting Station (1), Rodent Officers/Drainage
Foremen (2), Mortuary Keeper (1)

Chief Administrative Assistant - L.J. Pike

Principal Administrative Assistant (1), Senior Administrative Assistants (6),
Administrative and Clerical Assistants (100), Medical Officer of Health's
Secretary (1), Typing Supervisor (1), Deputy Typing Supervisor (1),
Shorthand-typists (10)
Home Help Organisers (4), Assistant Home Help Organisers (5)

Chief Chiropodists - E.V. Gregory, M. Lewis

Chiropodists - Full-time (2), Sessional (17)

Joint Public Analysts - H. Amphlett-Williams, J.S. Lea, J.H. Shelton

MATERNITY AND CHILD WELFARE ESTABLISHMENTS

Particulars of clinics and services provided as at 31st December, 1966

Centre	Ante- and Post-Natal	*Child Welfare	Vaccination and Immunisation	Food Sales	Occasional Creche	Family Planning	Dental	Chiropody
BARTON HOUSE 233 Albion Road, N.16. Telephone: 254-4704 Medical Officer - Dr. J. Davies Centre Superintendent - Miss D. McKeazle	Th. p.m.	M. p.m. W. p.m. F. a.m.	M. a.m.	Every day a.m. & p.m.	Tu. p.m. W. a.m.		Every day a.m. & p.m. plus Monday and Thursday evening	Every day a.m. & p.m. plus Monday evening
<i>Other services:</i> Minor Ailments, Every morning. Sewing Class, Tu. p.m.								
CRANSTON Cranston Estate, N.1. (Branch of Shoreditch Health Centre)		Th. p.m.		Th. p.m.				
ELSDALE STREET 28 Elsdale Street, E.9. Telephone: 985-5368 Medical Officer - Dr. F.M. Fisher Centre Superintendent - Miss D. Collins	Alternate Th. p.m.	M. a.m. & p.m. W. p.m.	Tu. p.m.	M. a.m. & p.m. Tu. p.m. W. a.m. & p.m. Th. p.m.	W. a.m. Th. p.m. F. a.m.			Every day a.m. & p.m. plus Monday, Tuesday and Thursday evenings
<i>Other services:</i> Mothercraft and Relaxation, Tu. a.m. Sewing Class, Tu. p.m.								
JOHN SCOTT HEALTH CENTRE Woodberry Down, Green Lanes N.4. Telephone: 800-0111 Medical Officer - Dr. D. Sasieni Centre Superintendent - Miss H. Chapman	Alternate M. p.m. Tu. p.m.	M. p.m. Tu. p.m. Th. p.m.	W. p.m.	M. p.m. Tu. p.m. Th. p.m. F. p.m.	Every day a.m. & p.m.	W. p.m.	Every day a.m. & p.m. plus Monday evening	M. a.m., p.m. & evening Tu. a.m. & p.m. W. a.m. & p.m. Th. a.m., p.m. & evening F. a.m.
<i>Other services:</i> Audiology, F. p.m. Audiometry, M. p.m., Th. a.m., F. a.m. Auditory Training for the Young Deaf, M. p.m., W. a.m. & p.m., Th. a.m. & p.m. Minor Ailments, Every morning. Mothercraft and Relaxation, Tu. p.m., W. p.m. Mothers' Club, F. a.m. Orthoptics, M. a.m., Tu. p.m. Physiotherapy, M. a.m. & evening, Th. a.m. & evening. Special Investigation Clinic, Th. a.m. Speech Therapy, M. a.m., Tu. a.m. & p.m., F. a.m. & p.m. Vision, Tu. p.m., W. p.m., Alternate Th. p.m.								
LOWER CLAPTON 28 Lower Clapton Road, E.5. Telephone: 985-2316 Medical Officer - Dr. J.M. Leaver Centre Superintendent - Miss D.M. Francis	W. a.m.	M. p.m. Tu. a.m. & p.m. Th. p.m.	F. p.m.	Every day a.m. & p.m.			M. a.m. & p.m. Tu. a.m., p.m. & evening Th. a.m. & p.m. F. a.m. & p.m.	
<i>Other services:</i> Mothercraft and Relaxation, W. p.m. Sewing Class, M., W. & F. p.m.								

* In addition to Child Welfare Clinics, Toddlers Clinics are held at most centres by appointment.
Commencing times for most clinics are: Morning 9.30 a.m., Afternoon 1.30 p.m., Evening 5.0 p.m.

Centre	Ante- and Post-Natal	*Child Welfare	Vaccination and Immunisation	Food Sales	Occasional Creche	Family Planning	Dental	Chiropody
RICHMOND ROAD 136 Richmond Road, E. 8. Telephone: 254-6374 Medical Officer - Dr. M.E.E. Knowlson Centre Superintendent - Miss M.A. Hall	M. p.m.	W. a.m. & p.m. Th. p.m. F. a.m.	Tu. p.m.	M. p.m. Tu. p.m. W. a.m. & p.m. Th. p.m. F. a.m. & p.m.	M. a.m. Tu. a.m. Th. a.m.	Tu. a.m. Th. p.m.	Every day a.m. & p.m. plus Monday and Thursday evening	M. a.m., p.m. & evening Tu. a.m. & p.m. W. a.m. & p.m. Th. p.m. & evening F. a.m. & p.m.
<i>Other services:</i> Cervical Cytology, F. p.m. Minor Ailments, Every morning. Mothercraft and Relaxation, Th. p.m. Sewing Class, F. p.m.								
SHOREDITCH HEALTH CENTRE 210 Kingsland Road, E. 2. Telephone: 739-8351 Medical Officer - Dr. M. Florentin Centre Superintendent - Mrs. A. Butler	M. p.m.	Tu. p.m. W. p.m.	W. p.m.	Every day a.m. & p.m.		Tu. evening	Every day a.m. & p.m. plus Monday evening	M. a.m., p.m. & evening Tu. a.m., p.m. & evening W. a.m. & p.m. Th. a.m. F. a.m. & p.m. (Further sessions are held at the Goodwill Mission, New North Road N. 1)
<i>Other services:</i> Bathing Centre, M., W. and F. a.m. Marriage Guidance, Tu. evening. Minor Ailments, Every morning. Mothercraft and Relaxation, Tu. a.m. Mothers' Club, Th. p.m. Sewing Class, Tu. p.m. Special Advisory Clinic, Th. a.m. Special Investigation Clinic, M. a.m. Speech Therapy, Tu. a.m., Th. a.m. & p.m., F. a.m. Vision, M. p.m., F. a.m. (alternate weeks).								
UPPER CLAPTON 186 Upper Clapton Road, E. 5. Telephone: 806-2420 Medical Officer - Dr. S.M. Robinson Centre Superintendent - Miss A. Edwards	M. a.m.	Tu. a.m. & p.m. W. a.m. & p.m.	Th. p.m.	M. a.m. Tu. a.m. & p.m. W. a.m. & p.m. F. a.m.				
<i>Other services:</i> Minor Ailments, every morning.								
WEST HACKNEY St. Paul's Church Hall, Evering Road, N. 16. Telephone: 254-3132 Medical Officer - Dr. B. Pfitzner Centre Superintendent - Miss M.G. Mares	Tu. a.m.	Tu. p.m. Th. a.m. & p.m.	M. p.m.	Tu. a.m. & p.m. Th. a.m. & p.m.				
WICK 29 Cadogan Terrace, E. 9. Telephone: 985-6808 Medical Officer - Dr. M.K. Hall Centre Superintendent - Mrs. M. Bedard		M. p.m. F. p.m.	Tu. a.m.	M. p.m. Tu. a.m. F. p.m.			Every day a.m. & p.m. plus Monday evening	
<i>Other services:</i> Vision, F. a.m.								

* In addition to Child Welfare Clinics, Toddlers Clinics are held at most centres by appointment.
Commencing times for most clinics are: Morning 9.30 a.m., Afternoon 1.30 p.m., Evening 5.0 p.m.

HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
380 OLD STREET,
E. C. 1.

Telephone: 01-985 3351

*To His Worship The Mayor, and to the Aldermen
and Councillors of the London Borough of Hackney*

Mr. Mayor, Ladies and Gentlemen.

I have the honour to present to you my Annual Report for 1966, the first full year of functioning of the London Borough of Hackney. The year was one of teething trouble for the new department. Staff movement was beginning to halt at the end of the year, but it saw the department sadly depleted in many of its branches and with the need to adjust its administration to cope fully with the new circumstances. The main shortage in staff occurred amongst health visitors and public health inspectors: categories of officer who represent the main point of contact between the department and the public. By the end of the year the drain on health inspectors had come to an end, and because of the Committee's forward vision there were even signs of a re-recruitment to the service. However, the position as regards health visitors continued to look black. The health visitor, whose training in nursing and social medicine has taken some five years, is often a young woman, single, or residing with her husband. Those in the former category require small units of accommodation, and the latter category usually live in similar units of accommodation with their husbands. This Borough does not provide, in large quantities, this type of accommodation. Health visitors are paid on a National Scale of the Whitley Council a salary which to say the least is not large having regard to the training they have done. They, therefore, have to count the pennies, and as travel is not cheap in London, tend to work in those areas where they want to live. As there were almost no inducements to bring health visitors into Central London (other than the very small amount of the London Allowance) it is only human, therefore, that they prefer to live and, therefore, work where living is cheaper and where they can readily find units of accommodation. The need for inducements to bring health visitors to work in East London is, therefore, urgent: at the end of the year the Committee had under consideration what possible inducements they could offer.

The greatest advances as far as new ventures were concerned, were probably in the field of mental health. The year saw the opening of the new Homerton Training Centre. The Borough can take no credit for the initiation of this centre, but can take a great deal from the fact that almost while it was being built it was re-planned to accommodate both sexes. Originally, the centre had been planned to accommodate one sex only, presumably a hangover from the days when it was not considered good policy to mix subnormal people of both sexes. The result of the change has been an unconditional success, the centre having functioned well both as a training ground for occupation, and socially. There has been no output of articles on an industrial scale but the light articles manufactured, often designed and made with ingenuity found a ready sale. In addition, the centre has received orders for light assembly work and packing work which has been of interest to the trainees.

For some little time there has existed a particular problem with children who were severely mentally handicapped and, in many cases, physically handicapped. The parents of these children often had the heaviest burden to bear. Beds in hospital for this type of case were and are exceedingly difficult to get: Units containing them are few and far between, and in these days of modern medicine with the greater expectation of life the vacancies occur much less often. Apart from this difficulty in obtaining beds, many parents have great attachment to their children and do not want them to go away from home. They

badly need however, a break during which the children are off their hands. The Lodge at the Disinfecting Station at Millfields became vacant and although from outside there never was a less likely looking place, it was decided to adapt it to provide accommodation for 20 children between 5 and 16 years, who were severely mentally, and often physically handicapped. The result has been, if one might say it, a brilliant success. The children have benefited by the opportunity of being taken out from a limited environment, mixing with other children and receiving training from the staff. Their parents have found them easier to manage, and in one or two cases, it has been possible to transfer them to the main training centre. The success of the centre has owed much to the staff we were able to appoint, but it has also been helped by the enthusiasm that the Committee has shown in giving us all that we have asked for. In particular I would like to thank the Borough Engineer for the thought and enthusiasm that officers of his Department have always displayed in doing all they could to help us in our often difficult demands for this Special Unit. To the best of my knowledge it was the first of its particular kind to be set up in London.

The other mental health services continued, in the main, as usual throughout the year, but plans were in being to adapt part of the Ickburgh Road Centre as a Special Care Unit for children under five. There were also plans to move the day centre for patients being rehabilitated from mental illness, from somewhat uncomfortable situation in the basement of Shoreditch Health Centre, to the premises previously occupied by the training centre at Thurtle Road, in Shoreditch.

During the year the department took two important steps forward in the field of preventive medicine. Although cervical cytology had been carried out for some little time at Hackney Hospital, laboratory facilities had not allowed the establishment of clinics independent of the hospital. The Health Committee readily agreed that cytology clinics should be opened as soon as laboratory facilities could be made available to us. With the kind co-operation of Mr. Manning, the Secretary of the Hackney and Queen Elizabeth Group Hospital Management Committee, and Dr. Morgan, the pathologist at Hackney Hospital, these facilities were made available during 1966. The department immediately opened a cytology clinic at the Richmond Road Centre, for Hackney women who wished to take advantage of the facilities. By the end of the year the clinic was running well and it was hoped to open a further clinic in the North of the Borough early in 1967. During 1966 also, the Health Committee agreed that vaccination against measles should be implemented in this Borough. Division 4 of the former London County Council had taken part in the preliminary trials for this vaccine and had helped to demonstrate that it could be a valuable measure. Vaccination is not offered universally as it is for diphtheria and poliomyelitis, but is available to any child where it might be required for special reasons. Actual vaccination had, however, not commenced by the end of the year.

During the year the Council continued the valuable social work of family planning. It has contributed to this both directly through the department, and by grants towards the work of the Family Planning Association. The department itself has been somewhat shackled by legislation, and the Family Planning Association has also been hampered, although to a lesser extent. The Committee has wished to go forward and provide a more universal service where this is desired, both to the married and unmarried, and to make advice available to the younger section of the community and at the end of the year it was hoped that 1967 would see the introduction of new enabling legislation.

The department was severely inconvenienced during 1966 by the delay in completion of the alterations and adaptations to the Sun Babies Day Nursery. This work had been planned by the London County Council, but was not commenced until 1965. At some stage it became necessary to make arrangements for

children to be accommodated in other nurseries both within and without the Borough. Finally, because of the lack of heating in winter months the nursery had to be closed, and the core of children remaining had to be transferred and accommodated in a small suite of rooms in Shoreditch Health Centre. Here the staff worked under extreme difficulty, and it is a tribute to their devotion to duty that the children continued to be so well cared for.

The Borough inherited what was one of the first, and certainly one of the most ambitious health centres in the country - the John Scott Health Centre at Woodberry Down. When plans were being considered for possible new health centres it was decided that one of the most urgent needs was a centre in West Hackney. A small site was found in Somerford Grove, and enquiries as to whether this should perhaps be more than a maternity and child welfare centre, met with an almost unexpected, but enthusiastic response from a group of local general practitioners. The Committee wisely decided that as many services possible should, therefore, be put into the new building, and approached other departments of the Council, and the Executive Council with this in view. Initial plans were drawn up in 1966, but as with all new ventures, difficulties in planning and organisation were encountered. At the end of the year there had been one preliminary discussion with an officer from the Ministry of Health, but negotiations were still continuing into 1967.

On the environmental side Hackney's main problem still remains that of Housing. It cannot be too often stated that good housing is the fundamental of physical, mental and social well-being. Necessary as good hospitals, good schools and good public buildings are, they are only an adjunct to the fundamental unit of family life - the home. Far too many Hackney residents still live in squalor: crowded into houses often lacking in the fundamental amenities of hot water, adequate heating and cooking arrangements, and perhaps the greatest amenity of all, privacy. The department, as such, can only make its small contribution by implementing legislation which helps to ameliorate some of the worst conditions through slum clearance, by its efforts to secure reasonable standards in houses in multiple occupation, and also by attempting to remedy faults that unfortunately some landlords allow to occur and to continue. The body of the Report contains detail of the work done under the Housing Acts of 1957, 1961 and 1964, and also tabulates visits made in connection with housing complaints. The Council itself, through its various departments, has continued throughout the year to provide new housing units which it is hoped will be no tin box honeycomb units for people to occupy but good neighbourhood units that people can enjoy and be proud to live in. Other aspects of environmental health have, as usual, been carried out during the year. The Borough is now virtually a smoke free area, only one area now remaining to be dealt with during 1967 before the programme is completed.

During the year the department has continued to co-operate with the Inner London Education Authority in its duties to secure the health of school children. The main body of the Report contains details of how this has been done. We have received in respect of this work full co-operation and courtesy from the various officers of the Inner London Education Authority. One advance in particular has been made during the year and that is the extension of facilities to some establishments for higher education.

During the year the Council felt there was a need to extend at Member level liaison between the various social service Committees of the Council, and with this in view set up a new Committee, the Family Services Advisory Committee, consisting of elected representatives. At officer level, there was already in being a Co-ordinating Committee consisting of officers from the Health, Children's, Housing and Welfare Departments, as well as representatives from the Inner London Education Authority, the Greater London Council's Housing Department, the Ministry of Social Security and Voluntary organisations, and the more frequently held Field Workers' Conference consisting of a permanent

membership of officers of the various departments as well as *ad hoc* field representatives to discuss individual cases.

The Department, of course, has many other and perhaps less obvious duties. It advises all other departments of the Council on health matters and deals with staff health; it also co-operates in many research projects run by national organisations, e.g., surveys into child development, the nutritional state of certain sections of the community, and into certain developmental handicaps and malignant diseases. It perhaps goes without saying that the Department enters into a great deal of liaison with other branches of the National Health Service, general practitioners and hospitals, to help cover the community care of residents of Hackney.

The year has not been without its difficulties but even if the sun is not yet up, we are at least beginning to see the grey light of dawn emerging from the reorganisation of London's Government. We have received, at all times, full co-operation from all departments of the Council, and I would express my thanks to all chief officers and their staffs for the help we have received from all of them. I would also like to express my thanks to the Chairman of the Health Committee for his help and advice during the year, and to all Members of the Committee for their patience, and often forbearance which they have shown to the Department in these early years of its existence. This Report goes out solely under my name, but has been contributed to by all the members of the staff of the Department in greater or lesser measure, and I would wish to express my thanks to each and everyone for the part they have played in the working of the Department during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ROWLAND GWYN DAVIES,

Medical Officer of Health

VITAL STATISTICS

Area	4,812 acres
Public open spaces	719 acres
Population	
Estimate of Registrar General at mid-year 1940	281,310
Density per acre	58.3
Rateable Value	
Rateable value of the Borough	£14,902,136
Estimated product of a penny rate	£17,080
No. of inhabited houses	65,187
Marriages	1,280
Births and Deaths	

	Legitimate		Illegitimate		Total	Male	Female	Total
Live Births					853	2,918	2,803	5,721
Still Births			11	7	18	52	39	91
Live and Still Births					1	2,970	2,842	5,812
Deaths (all causes)						2,811	1,468	2,979
Infant Mortality	56	48	108	14	5	73	34	127
Non-natal Mortality	38	27	75	7	4	45	41	86
Early Non-natal Mortality	36	33	69	6	4	42	37	79
Perinatal Mortality	71	65	142	17	11	94	76	170
Maternal Mortality	-	-	-	-	-	-	4	4

Crude birth rate per 1,000 population	32.8
Adjusted birth rate (area comparability factor 0.8)	26.5
Illegitimate birth rate per cent of total live births	14.8
Illegitimate birth rate for Greater London	18.9
Illegitimate birth rate for England and Wales	7.8
Crude death rate per 1,000 live and still born	18.7

VITAL STATISTICS

Area
Public open spaces 4,812 acres
719 acres

Population

Estimate of Registrar General at mid-year
1966 251,310
Density per acre 52.2

Rateable Value

Rateable value of the Borough £14,602,136
Estimated product of a penny rate £57,000
No. of inhabited homes 66,087

Marriages 1,280

Births and Deaths

	Legitimate			Illegitimate			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Live Births	2,469	2,399	4,868	449	404	853	2,918	2,803	5,721
Still Births	41	32	73	11	7	18	52	39	91
Live and Still Births	2,510	2,431	4,941	460	411	871	2,970	2,842	5,812
Deaths (all causes)	-	-	-	-	-	-	1,511	1,468	2,979
Infant Mortality	59	49	108	14	5	19	73	54	127
Neo-natal Mortality	38	37	75	7	4	11	45	41	86
Early Neo-natal Mortality	36	33	69	6	4	10	42	37	79
Perinatal Mortality	77	65	142	17	11	28	94	76	170
Maternal Mortality	-	-	-	-	-	-	-	4	4

Crude birth rate per 1,000 population 22.8
Adjusted birth rate (area comparability factor 0.9) 20.5

Illegitimate birth rate per cent of total live births 14.9

Illegitimate birth rate for Greater London 10.9

Illegitimate birth rate for England and Wales 7.9

Stillbirth rate per 1,000 live and still births 15.7

Death Rate

Crude Death Rate per 1,000 population	11.9
Adjusted Death Rate (area comparability factor 1.09)	13.0
Infant Mortality Rate per 1,000 live births (legitimate 22.2; illegitimate 22.3)	22.2
Neo-natal Mortality Rate per 1,000 live births (legitimate 15.4; illegitimate 12.9)	15.0
Early Neo-natal Mortality Rate per 1,000 live births (legitimate 14.2; illegitimate 11.7)	13.8
Perinatal Mortality Rate per 1,000 live and still births (legitimate 28.7; illegitimate 32.1)	29.2
Maternal Mortality Rate per 1,000 live and still births	0.7

When looking at the figures one must feel concerned about the relatively high number of deaths of infants under one year of age. Of the 127 infants under one year of age who died, 79 died within a week of birth and most of these deaths were due to prematurity and congenital malformations. The death rate of 13.8 for these babies, although higher than the figures for England and Wales, does not differ materially from other London Boroughs. What does concern me are the 48 deaths of babies who survived the first week but died within a year of birth; most of the deaths being due to respiratory infections. It will be seen from the table of rates that the infant mortality rate (deaths under one year) is higher than for the neighbouring London Boroughs. The comparable rates for Hackney in 1965 and 1964 respectively were 18.6 and 19.2 per thousand. Though these fluctuations in the rates are to a large extent to be expected, when the variables involved are taken into consideration it emphasises how very necessary the Health Visiting service is, especially when one realises that it is the only one that undertakes domiciliary visits to the total population under five years of age and, therefore, has insight into child care in the individual home.

COMPARATIVE TABLE OF BIRTH AND DEATH RATES

	Live Births	Still Births	Deaths	Infant Mortality	Neonatal Mortality	Early Neonatal Mortality	Perinatal Mortality	Maternal Deaths
England and Wales	17.7	15.3	11.7	19.0	12.9	11.1	26.3	Not available
Greater London	16.5	14.2	11.2	17.7	12.4	11.0	25.1	0.3
Inner London Boroughs	Not available	14.8	Not available	20.4	13.9	12.3	27.1	0.4
London Borough of Hackney	20.5	15.7	13.0	22.2	15.0	13.8	29.3	0.6
London Borough of Islington	19.1	11.5	11.8	20.5	13.8	13.1	24.4	0.3
London Borough of Tower Hamlets	17.0	16.7	12.6	16.7	12.2	10.5	27.1	Nil

ANALYSIS OF DEATHS (all causes)

						Males	Females	Total
Tuberculosis, respiratory	..	..	..	..	..	9	4	13
Tuberculosis, other forms	..	..	..	..	..	2	1	3
Syphilitic disease	..	..	..	..	..	3	1	4
Diphtheria	..	..	..	..	..	-	-	-
Whooping Cough	..	..	..	..	..	-	-	-
Meningococcal infection	..	..	..	..	..	1	1	2
Acute poliomyelitis	..	..	..	..	..	-	-	-
Measles	..	..	..	..	..	-	-	-
Other infective and parasitic diseases	..	..	..	..	..	4	-	4
Malignant neoplasm, stomach	..	..	..	..	..	47	36	83
Malignant neoplasm, lung, bronchus	..	..	..	..	..	161	43	204
Malignant neoplasm, breast	..	..	..	..	..	-	67	67
Malignant neoplasm, uterus	..	..	..	..	..	-	19	19
Other malignant and lymphatic neoplasms	..	..	..	..	..	142	123	265
Leukaemia, aleukaemia	..	..	..	..	..	8	4	12
Diabetes	..	..	..	..	..	12	20	32
Vascular lesions of nervous systems	..	..	..	..	..	115	190	305
Coronary disease, angina	..	..	..	..	..	347	222	569
Hypertension with heart disease	..	..	..	..	..	14	17	31
Other heart disease	..	..	..	..	..	77	114	191
Other circulatory disease	..	..	..	..	..	118	164	282
Influenza	..	..	..	..	..	2	1	3
Pneumonia	..	..	..	..	..	78	105	183
Bronchitis	..	..	..	..	..	135	70	205
Other diseases of respiratory system	..	..	..	..	..	18	16	34
Ulcer of stomach and duodenum	..	..	..	..	..	16	7	23
Gastritis, enteritis and diarrhoea	..	..	..	..	..	4	11	15
Nephritis and nephrosis	..	..	..	..	..	10	10	20
Hyperplasia of prostate	..	..	..	..	..	13	-	13
Pregnancy, childbirth, abortion	..	..	..	..	..	-	4	4
Congenital malformations	..	..	..	..	..	17	11	28
Other defined and ill defined diseases	..	..	..	..	..	88	164	252
Motor vehicle accidents	..	..	..	..	..	23	7	30
All other accidents	..	..	..	..	..	26	25	51
Suicide	..	..	..	..	..	18	10	28
Homicide, etc.	..	..	..	..	..	3	1	4
						1,511	1,468	2,979

CAUSES OF DEATH IN AGE GROUPS

Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 Weeks and under 1 year	Age in Years								
					1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over
1. Tuberculosis, Respiratory ..	M	9	-	-	-	-	-	-	-	-	3	4	2
	F	4	-	-	-	-	-	-	-	1	-	2	1
2. Tuberculosis, Other ..	M	2	-	-	1	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	1	-	-
3. Syphilitic Disease ..	M	3	-	-	-	-	-	-	-	-	1	1	1
	F	1	-	-	-	-	-	-	-	-	1	-	-
6. Meningococcal Infections ..	M	1	-	1	-	-	-	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-
8. Measles.. ..	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases ..	M	4	-	1	-	-	-	-	-	-	1	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant Neoplasm, Stomach ..	M	47	-	-	-	-	-	1	9	3	21	13	
	F	36	-	-	-	-	-	1	3	9	11	12	
11. Malignant Neoplasm, Lung, Bronchus ..	M	161	-	-	-	-	-	5	24	62	43	27	
	F	43	-	-	-	-	-	1	3	11	16	12	
12. Malignant Neoplasm, Breast ..	M	-	-	-	-	-	-	-	-	-	-	-	
	F	67	-	-	-	-	-	5	11	21	13	17	
13. Malignant Neoplasm, Uterus ..	F	19	-	-	-	1	1	-	3	3	7	4	
14. Other Malignant and Lymphatic Neoplasms ..	M	142	-	-	2	1	1	6	10	38	47	37	
	F	123	-	-	-	1	1	4	7	23	48	39	
15. Leukaemia, Aleukaemia..	M	8	-	-	1	1	-	-	1	1	3	1	
	F	4	-	-	-	1	-	-	-	1	1	1	
16. Diabetes ..	M	12	-	-	-	-	-	-	2	2	3	5	
	F	20	-	-	-	-	1	-	1	1	9	9	
17. Vascular Lesions of Nervous System ..	M	115	-	-	-	1	-	-	7	21	30	56	
	F	190	-	-	-	1	1	4	5	21	46	112	
18. Coronary Disease, Angina ..	M	347	-	-	-	-	-	11	43	100	103	90	
	F	222	-	-	-	-	-	3	8	35	64	112	
19. Hypertension with Heart Disease	M	14	-	-	-	-	-	-	-	7	4	3	
	F	17	-	-	-	-	-	-	-	-	5	12	
20. Other Heart Disease ..	M	77	-	-	-	2	2	3	3	12	24	31	
	F	114	-	-	-	-	1	2	11	17	20	63	
21. Other Circulatory Disease ..	M	118	-	-	-	1	-	4	3	13	19	78	
	F	164	-	-	-	-	1	2	2	10	15	134	
22. Influenza ..	M	2	-	-	-	-	-	-	-	-	-	2	
	F	1	-	-	-	-	-	-	-	-	1	-	
23. Pneumonia ..	M	78	1	14	2	-	-	-	1	11	18	31	
	F	105	1	4	1	-	-	-	1	3	20	75	
24. Bronchitis ..	M	135	-	4	-	-	-	-	9	29	46	47	
	F	70	-	4	1	-	1	-	1	5	20	38	
25. Other Diseases of Respiratory System ..	M	18	-	2	1	-	-	-	1	2	7	5	
	F	16	-	-	-	-	-	-	1	2	2	11	
26. Ulcer of Stomach and Duodenum	M	16	-	-	-	-	-	1	1	2	7	5	
	F	7	-	-	-	-	-	-	-	-	3	4	
27. Gastritis, Enteritis and Diarrhoea ..	M	4	-	1	-	-	-	-	-	2	1	-	
	F	11	-	1	-	1	-	-	-	-	3	6	
28. Nephritis and Nephrosis ..	M	10	-	-	1	-	2	-	1	2	3	1	
	F	10	-	-	-	-	1	1	1	-	2	5	
29. Hyperplasia of Prostate ..	M	13	-	-	-	-	-	-	1	1	3	8	
30. Pregnancy, Childbirth, Abortion	F	4	-	-	-	2	2	-	-	-	-	-	
31. Congenital Malformations ..	M	17	10	2	3	2	-	-	-	-	-	-	
	F	11	8	1	-	-	-	1	-	1	-	-	
32. Other Defined and Ill-defined Diseases ..	M	88	33	2	2	1	3	1	6	5	8	11	16
	F	164	32	2	4	2	1	1	5	9	14	26	68
33. Motor Vehicle Accidents ..	M	23	-	-	-	2	5	3	2	2	3	2	4
	F	7	-	-	-	-	-	1	-	2	1	2	1
34. All other Accidents ..	M	26	-	1	1	4	4	3	3	1	4	4	1
	F	25	-	-	2	4	1	2	1	-	-	4	11
35. Suicide.. ..	M	18	-	-	-	-	4	2	2	1	7	2	-
	F	10	-	-	-	-	-	4	-	2	2	2	2
36. Homicide and Operations of War	M	3	1	-	-	-	-	-	1	-	-	-	1
	F	1	-	-	1	-	-	-	-	-	-	-	-
Total all Causes ..	M	1,511	45	28	14	9	22	14	45	125	335	407	467
	F	1,468	41	13	9	7	8	14	34	69	182	342	749
Total		2,979	86	41	23	16	30	28	79	194	517	749	1,216

INFECTIOUS DISEASES

NOTIFICATIONS

Details of infectious and contagious diseases notified under the provisions of the Public Health Act, 1936, (confirmed diagnoses) in 1966 were as follows:-

Anthrax	Nil	Membranous croup	Nil
Cholera	Nil	Meningococcal infection ..	5
Diphtheria	Nil	Ophthalmia neonatorum.. ..	8
Dysentery	196	Plague	Nil
Encephalitis	6	Pneumonia	17
Enteric (Typhoid or Para-typhoid) fever	7	Poliomyelitis	Nil
Erysipelas	9	Puerperal Pyrexia	57
Food Poisoning	31	Scarlet fever	65
Leprosy	1	Smallpox	Nil
Malaria	Nil	Tuberculosis	116
Measles	2,337	Typhus fever	Nil
		Whooping cough.. .. .	133

PUERPERAL PYREXIA

There was a total of 57 cases notified to the Department; 54 were associated with hospital confinements and 3 cases with home confinements; 50 of the total number of cases related to Hackney residents or mothers.

TUBERCULOSIS

Apart from the 116 primary notifications of tuberculosis 56 non-primary notifications were received. These latter are cases that have either been previously notified in another area and have now transferred into Hackney or notified posthumously. The attack rate per thousand of the population for all forms of tuberculosis notified for the first time was 0.46 as compared with 0.53 in 1965.

Details of the notified cases of pulmonary tuberculosis are as follows:-

Age Groups	Primary Notifications		Non-Primary Notifications	
	Male	Female	Male	Female
0 - 5	1	6	2	-
5 - 15	6	8	3	1
15 - 25	6	5	7	3
25 - 55	25	18	15	9
55 and over	16	9	7	4
Age unknown	-	-	1	1
Totals	54	46	35	18

In addition 16 primary notifications and 3 non-primary notifications of non-pulmonary tuberculosis were received.

The number on the department's tuberculosis register at the beginning of the year was 2,538. After adding primary notifications and transfers in, and subtracting deaths, transfers out and recovered cases etc., the number on the register fell to 2,425 by the end of the year.

The Department is able to provide a number of services for the tuberculous and a summary of the help available is set out below:-

Home Nursing	-	No. of patients being attended by home nurses at the end of the year.. .. .	6
Home Help	-	No. of cases serviced by a home help during year	38
Extra nourishment	-	No. of cases receiving nourishment at end of year	129

When tuberculosis occurs in a home where there are children, every effort is made to keep the children in the family but sometimes the only solution is to board them out in a private home. Although my recommendation for admission to a home continues to be required, as from 1st October the detailed arrangements have been made by a Child Care Officer in the Children's Department because the child apart from being a contact is otherwise healthy. Arrangements for the periodic medical examination of the children continues to be undertaken in this Department. Fortunately, only six children had to be placed during the year.

The Consultant Chest Physicians for the three chest clinics covering the Borough have very kindly supplied me with reports on their work.

Summarised, these reports state that although the prevention, diagnosis and treatment of tuberculosis remains an important part of the work of the clinics, and is likely to continue to do so for some years to come, other chest conditions, e.g. chronic bronchitis, carcinoma and asthma, form an increasingly larger proportion of the work each year. The Chest Clinics also gave protection to 205 contacts by means of B. C. G. vaccination.

VENEREAL DISEASE

The Hackney Hospital Management Committee maintain two clinics, one at Homerton Grove and the other at the Mothers' Hospital, but the Council provides the venereal diseases social worker who follows up cases and endeavours to trace the source of infection. Previously this Council shared the services of a social worker with the London Borough of the City of Westminster, but it soon became apparent that a full-time worker was needed in this area to deal with the problem adequately and during the year a full-time social worker was engaged.

Details in respect of Hackney residents attending these clinics are set out below. Some residents from Hackney are known to attend clinics outside the Borough and details from London and Middlesex Hospitals are also included.

<i>Hospital</i>	<i>No. of new cases in year</i>		<i>Total</i>
	<i>Gonorrhoea</i>	<i>Syphilis</i>	
Homerton Grove	276	31	307
London	195	18	213
Middlesex	24	5	29
Mothers'	1	6	7
Total	<u>496</u>	<u>60</u>	<u>556</u>

PUBLIC HEALTH LABORATORY SERVICE

Bacteriological specimens are sent to the Public Health Laboratory at County Hall, S.F.1 and analysis of the 1,434 specimens submitted for examination is set out below:-

Specimens	Number	Organisms	Results	
			Negative	Positive
Throat and Nose Swabs	131	Diphtheria Bacilli	122	-
		Haemolytic Streptococci	88	33
		Vincent's Angina	109	3
		Staph. Mureus	-	1
Faeces and Rectal Swabs	1,163	Pathogens	965	-
		Salmonella Brandenburg	-	16
		Salmonella Kiambo	-	2
		Salmonella Panama	-	1
		Salmonella Paratyphi B	-	1
		Salmonella Typhimurium	-	13
		Shigella Sonnei	-	159
		Salmonella Typhi	-	6
		Drain Swabs	4	Pathogens	4	-
Urine	134	Pathogens	134	-
Sputum	2	Pathogens	2	-

CARE OF MOTHERS AND CHILDREN

ANTE-NATAL CARE

The number of women who attended the Council's ante-natal clinics rose slightly from 1,873 in 1945 to 2,046, although the number of births dropped by 129. Although a proportion of mothers attended at hospital clinics throughout their ante-natal period, and others at surgeries held by general practitioner obstetricians either in Council premises or at their own surgeries, it is apparent that the Council's surgeries are fulfilling a need in giving care to hospital booked mothers to the middle months of pregnancy in addition to 551 booked for home confinements.

Many mothers who have booked a maternity bed in hospital find it advantageous to attend a Council ante-natal clinic as it is usually nearer their home and the service given is more personal.

Ante-Natal and Post-Natal Services

Centre	No. of sessions	No. of women who attended for		Total attendances
		ante-natal	post-natal	
Barton House	52	177	72	1,319
Nisdale Street	51	261	91	535
John Scott	56	321	67	1,127
Lower Clapton	52	321	111	864
Richmond Road	48	515	132	1,298
Shoreditch	46	119	49	294
Upper Clapton	47	132	65	447
West Hackney	77	224	114	829
	364	2,046	701	4,173

PERSONAL HEALTH SERVICES

MATERNAL DEATHS

There were four maternal deaths in 1946, all of which occurred in connection with attempted abortion in early pregnancy. These deaths are a sad reminder of the human ignorance of the dangers of such practices, and of the need for education which must give cause for great concern. It is the duty of the Council to give broadly based health education to women in the ante-natal period. All deaths occurred in the ante-natal period.

ILLEGITIMATE BIRTHS

The illegitimate birth rate in 1946 was 2.1 per 1,000 live births.

ANTE-NATAL EDUCATION

During the ante-natal period classes of instruction in the preparation for childbirth were conducted by health visitors and midwives at four of the centres.

CARE OF MOTHERS AND CHILDREN

ANTE-NATAL CARE

The number of women who attended the Council's ante-natal clinics rose slightly from 1,872 in 1965 to 2,099, although the number of births dropped by 129. Although a proportion of mothers attend at hospital clinics throughout their ante-natal period, and others at sessions held by general practitioner obstetricians either in Council premises or at their own surgeries, it is apparent that the Council's sessions are fulfilling a need in giving care to hospital booked mothers in the middle months of pregnancy in addition to 551 booked for home confinements.

Many mothers who have booked a maternity bed in hospital find it advantageous to attend a Council ante-natal clinic as it is usually nearer their home and the service given is more personal.

Ante-Natal and Post-Natal Services

Centre	No. of sessions	No. of women who attended for		Total attendances
		ante-natal examination	post-natal examination	
Barton House	52	264	72	1,319
Elsdale Street	51	173	91	535
John Scott	96	261	67	1,127
Lower Clapton	52	321	111	664
Richmond Road	48	615	132	1,208
Shoreditch	46	119	49	234
Upper Clapton	47	122	65	447
West Hackney	72	224	114	639
	464	2,099	701	6,173

MATERNAL DEATHS

There were four maternal deaths in 1966, all of which occurred in association with attempted abortion in early pregnancy. These sad occurrences have a background of human ignorance of the dangers and distress involved in the practice which must give cause for great concern to all those who have a responsibility to give broadly based health education to girls and young women. None of the deaths occurred in the post-natal period.

ILLEGITIMATE BIRTHS

The illegitimate birth rate dropped from 16.0 in 1965 to 14.9

ANTE-NATAL EDUCATION

During the ante-natal period classes of instruction in the preparation for childbirth were conducted by health visitors and midwives in four of the centres,

including one especially for mothers accommodated at St. Mary's Home, Stamford Hill, one of the two voluntary homes for unmarried mothers in the Borough.

The number of women who attended during 1966 is shown below:-

Institutionally booked ..	211
Domiciliary booked ..	14
Total attendances ..	1,023
No. of sessions ..	188

A course of instruction in psychophysical preparation for child-birth held in January at the John Scott Health Centre was attended by twelve midwives and health visitors, to assist them in their ante-natal preparation classes with expectant mothers. The course proved very useful, not only in discussion of methods of teaching, but also in bringing to the notice of participants visual aids and publications which are currently in use, some of which have since been acquired for use in the centres.

CHILD WELFARE CLINICS

The attendance of mothers with their young babies at the child welfare clinics remains consistently high. At their first attendance, a full medical examination is carried out on all the babies, and special attention is paid to the record of the circumstances of the mother's pregnancy and the birth which is received from the maternity hospital or midwife. This enables the medical officer to select babies requiring re-examination at fairly frequent intervals, to be placed in the observation category.

No. of children who attended Council clinics during 1966:-

Who were born in 1966 ..	4,665
" " " " 1965 ..	3,728
" " " " 1961-64 ..	4,662
Total attendances ..	59,175
No. of sessions ..	1,896
No. medically examined ..	17,439
No. referred elsewhere ..	619

Child Welfare Attendances

Centre	No. of Sessions	No. of children who attended	No. of children referred elsewhere	Total attendances
Barton House	182	1,527	36	7,183
Cranston	68	281	13	1,433
Elsdale Street	180	1,152	72	5,465
John Scott	201	1,564	87	7,149
Lower Clapton	249	1,759	100	8,464
Richmond Road	254	1,657	4	6,198
Shoreditch	178	908	70	4,044
Upper Clapton	239	1,942	197	8,210
West Hackney	211	1,587	33	7,439
Wick	134	678	7	3,590
	1,896	13,055	619	59,175

When the baby is a few months old a developmental assessment examination is carried out on all those who attend a child welfare clinic and if the examination is not entirely satisfactory re-examinations are undertaken.

THE HANDICAPPED CHILD

I referred in my report last year to the efforts which were being made to keep under special observation those children who might be at a greater than normal risk of abnormality physically or mentally due to the circumstances before, during, or after their birth. These efforts have continued and have been considerably helped by this Department receiving a detailed report of all hospital confinements, in addition to domiciliary ones. These reports were the outcome of helpful discussions which were held with the Maternity Liaison Committee.

The Health Department has the primary responsibility for children of pre-school age although, of course, the clinical responsibility lies with the general practitioner and hospital specialist. Many children with physical handicaps need special educational facilities and the Inner London Education Authority provides an admirable service for these children. The Youth Employment Service later sees that the children are placed in suitable work and reviews their progress. The Welfare Department also assumes responsibilities when the children become adults.

The Minister of Health, while aware of the co-ordination that takes place felt that there was scope for improvement and accordingly I set up a working party to review our own arrangements. Representatives from the Inner London Education Authority, local hospitals and Youth Employment Service as well as the Children's and Welfare Department attended and a very useful discussion took place.

One of the main tasks is to see that all organisations who are able to provide a service for a handicapped child are notified as soon as possible so that most beneficial service can be chosen. To achieve this it was decided that the Medical Officer of Health should maintain a central register of handicapped children.

Towards the end of the year a series of meetings of a further working party met at County Hall to discuss the desirability and the ways and means of achieving some degree of standardisation of records throughout Inner London and review the procedures for dealing with children whose names were on the registers. This working party was continuing its study at the end of 1966.

CONGENITAL DEFORMITIES AT BIRTH

The standard form of notification to the Registrar General of all babies born with a detectable abnormality was completed in respect of 118 babies in 1966. Details are set out below:-

Anencephaly.. .. .	14	Congenital dislocation of hip ..	1
Hydrocephalus	2	(with deformity of knee)	
Abnormality of brain	2	Talipes	27
Spina bifida	6	Other defects of lower limbs ..	6
Defects of eyes	3	Defects of skull and face ..	4
Defects of ears	1	Defects of muscles	1
Cleft lip	6	Defects of ribs and sternum ..	1
Cleft palate	4	Defects of skin	5
Defects of alimentary system ..	1	Mongolism	2
Defects of heart and great vessels	3	Chondrodystrophy	1
Defects of urogenital system ..	4	Other specific syndromes.. ..	4
Reduction deformity of limbs ..	1	Other defects	1
Defects of fingers and toes ..	18		

Total: 118

The majority of these abnormalities are definitely established and recorded on the birth cards, but a few need following up by enquiries to health visitors when their first visits to the home have been made, and also to hospitals where the babies' conditions have been investigated. No serious difficulty has been encountered in this follow-up.

The simplified table given above indicates the frequency and nature of these abnormalities, forty-six of which could be considered major defects, and includes seventeen stillborn babies and eleven who died soon after birth, so that there were eighteen babies who survived with a major abnormal condition, which would probably require treatment.

No particular seasonal distribution was apparent in any of the notified abnormalities; even had this been so, the numbers in one borough alone would not be large enough to be statistically significant.

MATERNITY AND CHILD WELFARE DENTAL SERVICE

Under Section 22 of the National Health Service Act, 1946, local authorities are under an obligation to provide dental care for the priority classes; that is expectant and nursing mothers, and children not yet at school. School children are dealt with by the Inner London Education Authority under the provision of Section 32 of the London Government Act, 1963, and are therefore discussed under the school health section of this report. The remainder come under the direct control of the Health Committee, and are dealt with here. As pointed out by the Ministry of Health, the aim of the 1946 Act is to ensure that these groups have an absolute guarantee of priority treatment. The dental service should aim at providing a sound dental foundation for children and at eliminating the dangers of oral disease to mother and child. It should provide for the examination of every expectant mother, and the periodical examination of pre-school children, followed by the provision of such treatment as was found to be necessary. While the object of treatment should be the conservation and retention of the natural teeth whenever possible, all forms of treatment should be available. This should include the provision of crowns, inlays, and dentures.

A local health authority is not fulfilling its duty by referring mothers and young children to the general dental services for any advice and treatment. Although the latter are available to the 'priority classes' there is no system for ensuring that these are given preference over other patients. Also, some dentists are unwilling to treat small children.

Ideally, all expectant and nursing mothers should routinely attend the family dentist. However a very large number do not do so. It is for this group that the Council provides a service. Close co-operation with other branches of the maternity and child welfare service is essential. Clinic doctors, midwives, and health visitors are asked routinely to refer these women for a dental check-up, unless they have a dentist of their own. The function of the service is both to make them dentally fit and to teach them the essentials of dental health, so that they will then have the necessary knowledge properly to care for their children's teeth and gums. It is to be hoped that after attending a clinic for a year and receiving kindly and considerate dental care, they will then be willing to look after their own mouths. At this stage they should be encouraged to seek continual care from the general dental services.

During 1966 a total of 575.5 sessions was devoted to the Maternity and Child Welfare dental service, which was 18.5 sessions more than in 1965. This was equal to 11 per cent of all clinical dental sessions worked in Hackney. The National average was 5 per cent, with a national aim of 9 per cent. Hackney therefore is amongst the leaders in the field.

It is essential to devote as much time as possible to young children. Only by means of dental health education and by early courses of minimal dental treatment shall we ensure that children will start school with healthy mouths. Unless we begin as early as possible, we shall continue to be presented with teeth that are only fit to be extracted by the time children go to school. We must therefore begin to concentrate our efforts on children attending day nurseries and toddlers' clinics.

Because of changes in Ministry recording regulations, it is not possible fully to equate 1966 with the previous year. More mothers and children attended for treatment in 1966. It is gratifying to see some increase in the number of fillings. At the same time I am horrified to record that the number of teeth extracted from pre-school children was six times greater than in 1965. However, to keep the figures in perspective, this may be partly due to a 50 per cent increase in the number of children attending for treatment.

	Children Aged 0 - 4 years		Expectant and Nursing Mothers	
	1966	1965	1966	1965
1. INSPECTIONS:				
a) Number of first inspections	622	809	395	567
b) Number requiring treatment	400	N. A.	328	N. A.
c) Percentages requiring treatment	64.3	N. A.	83.0	N. A.
2. VISITS FOR TREATMENT:				
a) First visits	762	455	351	422
b) Subsequent	890	N. A.	1,088	N. A.
c) TOTAL	1,652	N. A.	1,439	N. A.
d) Additional courses of treatment commenced	10	N. A.	12	N. A.
e) Attendances for general anaesthetic (incl. in total)	82	4	20	3
f) Emergencies (incl. in total)	9	N. A.	15	N. A.
3. PATIENTS MADE DENTALLY FIT	456	421	174	207
4. ANALYSIS OF GENERAL TREATMENT:				
a) Fillings	1,283	1,044	1,280	1,271
b) Teeth filled	1,002	N. A.	984	N. A.
c) Teeth extracted	224	35	278	336
d) Patients x-rayed	2	1	14	27
e) Scaling, prophylaxis and gum treatment	30	-	288	174
f) Teeth otherwise conserved	544	344	N. A.	124
g) Teeth root filled	-	-	8	-
h) Crowns and inlays	-	-	Nil	1
5. PROSTHETICS:				
a) Patients supplied with full upper or lower dentures	-	-	15	N. A.
b) Patients supplied with partial dentures	-	-	18	N. A.
c) Number of dentures supplied	-	-	53	127

N. A. - Not available

Children should begin to visit the dentist before their second birthday. In this way they will become used to the surgery from the beginning of memory, and will thus never develop a fear of the dental environment. Also, it is hoped that little or no treatment will be needed at this early stage. The child can therefore be gently broken-in, for example by simply having a ride in the chair or having its teeth polished. How much better this is than waiting until the child has pain, when its first experience of dentistry is then an extraction under general anaesthesia, a most unpleasant happening for a tiny tot. At this age it is often possible to institute preventive measures before the rot sets in.

DENTAL HEALTH EDUCATION

It is not unreasonable to give some thought at this stage to means of preventing oral disease. We must therefore consider during the coming year ways in which the following few simple rules can be brought to the attention of young children and their parents.

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

DAY CARE OF CHILDREN

DAY NURSERIES

Day nurseries are primarily for children whose mothers are unable to care for them for reasons of illness or confinement, and where alternative provision cannot be made, or whose mothers, who are the sole support of their children, must go to work. In addition children are also admitted for certain medical reasons e.g. sub-normality and loss of hearing.

This scheme is of immense value both in giving the children regular social training in feeding habits, regular play and rest periods, and contact with other children, and in giving relief for one or two days each week to those mothers for whom the care of a retarded child at home can become an intolerable situation. These children require constant supervision and careful management, and although normally a somewhat higher ratio of staff is allowed, it is only possible to have a few in each nursery where the places are used for those in whom some developmental and behavioural improvement can be hoped for. A special care unit is available to cater for those so severely handicapped that normal education is not anticipated.

The modernisation of Sun Babies Day Nursery was completed and the premises re-occupied in July. The nursery presents a much lighter and more cheerful appearance and is now more suited to its purpose.

CRÈCHES

These sessions, held in four of the Council's maternity and child welfare centres, provide an important and valuable addition to the day care of children. Children are admitted free if their mothers are either attending the clinic or have a hospital appointment, but in other cases a small charge is made. The children attend for one, two or three sessions weekly and in this way a greater number of children are able to benefit. More crèche facilities could be used with advantage if premises and staff were available.

The table below shows the number of sessions and attendances over the year:-

Centre	No. of sessions	Total attendances
Barton House	103	1,969
Elsdale Street	144	1,126
Richmond Road	111	965
John Scott Health Centre	505	7,481
Total	863	11,541

VOLUNTARY CHILD MINDING

The scheme of voluntary registration by this Authority for minding one or two children has been carried on during the year, and the registration fee is 6/- per week to each minder. This is a way of ensuring that there are some reliable women to whom mothers needing their child minded may be referred. These minders' homes are visited regularly by health visitors, and the children are taken to the welfare centres. At 31st December 1966, there were 37 voluntary child minders, and 39 children were being minded.

NURSERIES AND CHILD -MINDERS REGULATION ACT, 1948

Three new private day nurseries were registered during the year, but one at the Church Hall of the Church of Our Lady of Good Counsel, which was registered in January, operated only until October and is now closed. At 31st December 1966, there were four private day nurseries in the borough, with places for a total of 110 children.

There were also 24 child minders registered under the Act who receive children into their own homes for daily minding. Between them, they could take a total of 106 children.

All registered private day nurseries and child minders are inspected regularly by the Council's medical officers, who submit reports on the maintenance of standards and advice on care of the children, provision of play material etc.

From time to time reports are received from various sources of child minding by persons not registered for this purpose. These are all followed up and investigated by health visitors. If it is found that a number of children are being minded, a principal medical officer and senior nursing officer visit. If the minder and her home are suitable they suggest that she applies for registration, otherwise they warn her that she must cease to receive children for minding.

The table below shows the number of nurseries and child minders over the year.

Centre	No of sessions	Total attendances
St. Mary's	108	1,000
St. Peter's	144	1,120
St. Paul's	111	985
St. John's	205	1,881
Total	588	5,086

The scope of voluntary registration by this authority for minding was in two children has been carried on during the year, and the registration fee is 8/- per week to each minder. This is a way of ensuring that there are some reliable women to whom mothers sending their child minded may be referred. These minder's homes are visited regularly by health visitors, and the children are taken to the welfare centre. At 31st December 1966, there were 24 voluntary child minders, and 30 children were being minded.

FAMILY PLANNING

There was an increase in the family planning services provided in this Borough during the year.

The Council's own clinic sessions catered for those women whose health might be adversely affected by pregnancy. The figures relating to Council clinics are as follows:-

No. of clinics .. .. .	..	..	..	..	..	4
No. of sessions.. .. .	..	..	..	..	..	163
No. of persons attending	..	..	..	..	..	698
Total attendances						1,499

Family planning clinics were held at Richmond Road Maternity and Child Welfare Centre (2 sessions) and Shoreditch Health Centre, and a further clinic was opened at the John Scott Health Centre in October to meet the increased demand for this service.

FAMILY PLANNING ASSOCIATION

In addition to clinics provided by the Local Authority, the Family Planning Association hold sessions at Lower Clapton Road Maternity and Child Welfare Centre and John Scott Health Centre. The Family Planning Association has the free use of clinic premises at their sessions, which are all held in the evening. An additional session at the John Scott Health Centre was approved in June.

The Association also holds a session at Morning Lane Reception Centre for which a grant is made by the Council in addition to the main grant which was increased to cover the rising cost of services given by the Association.

For some years it has been the policy to re-imburse expenses incurred by the Family Planning Association only in those cases that are referred on medical grounds by the medical staff of the Department. In May the Council extended the scheme to include women who are referred to a Family Planning Association clinic on medical grounds by general practitioners and hospital staff provided prior approval is obtained from the Medical Officer of Health. The number of cases where the cost was met by the Council was 163.

DEVELOPMENTS

With the future government policy on family planning in mind, the Minister of Health asked Local Authorities to review their existing arrangements, especially in regard to charges and health education. As a result charges for supplies at the Council's own clinics have been discontinued.

Leaflets about the family planning services available are distributed by health visitors and midwives and, in addition, notices of sessions are displayed at centres. It has been found from experience that the individual approach on the part of medical and nursing staff is the most acceptable and effective method of drawing attention to family planning. This is done by the medical officers at ante-natal, post-natal and child welfare clinics and by health visitors in their all important visits to the homes of young mothers.

In June, the Health Committee approved a domiciliary service for mothers needing family planning advice on health grounds, but who, by reason of having a large family of young children are unable to attend a clinic, or because of their attitude are unwilling to do so. The service is to be provided by the Family Planning Association with the co-operation of the woman's general practitioner and with the approval of the Medical Officer of Health in each case.

MIDWIFERY

It is the Council's duty to provide an adequate domiciliary midwifery service and this is carried out through the midwives employed directly by the Council and by the Mother's Hospital, who provide a quota of midwives on an agency basis. The number of midwives employed in this service at 31st December, 1966, were:-

Borough Council	.. 6.5
Mother's Hospital	.. 4
	<u>10.5</u>

Details of the domiciliary confinements during the year are set out below:-

	Confinements	Doctor booked	Given Analgesia	Discharged to midwife before 10th day
Council Midwives	277	271	236	88
Hospital district midwives	274	226	225	100
Total	551	497	461	188

The number of confinements continues to drop, it being 669 in 1965, but the number of patients discharged from maternity hospitals to their home before the tenth day of the early lying-in period increased from 149. Each year more mothers are asking to be discharged 48 hours after delivery; this means that Domiciliary midwives are being called upon to visit nursing mothers who had their confinements in hospital. In some parts of London hospitals have been obliged to discharge mothers before the tenth day in order to meet the demand for maternity beds. Fortunately there has been no need to introduce a planned early discharge scheme in this area and the domiciliary service has always been able to meet requests for early discharge.

I am concerned that the majority of women book in the fifth or sixth month of pregnancy in spite of extensive health education. All expectant mothers should try to have their first medical examination in the second or third month of pregnancy even if it is the second or subsequent baby.

EMERGENCY SERVICE

If a midwife is required urgently outside office hours one can be obtained by telephoning 985-1214 which is manned by staff at Hackney Hospital 24 hours a day.

CARE OF PREMATURE BABIES

The number of premature babies born in the Borough during the year was 477, twenty less than in 1965. Of these, 54 were stillborn. By far the greater number were born in hospital, only 32 being born at home. It is now well recognised that when a mother goes into premature labour before the thirty-

eighth week of pregnancy, special methods of resuscitation and care will probably be needed for the baby, and the confinement should therefore take place in hospital. Only in a very few instances is there too little time to allow this to be done.

It will be seen from the table below that the number of babies who survive is much greater in those of over 3 lb. 4 ozs., i.e. 92% as against 34%, those with very low birth weights being at greater risk by reason of their immaturity; about two-thirds of those weighing under 3 lb. 4 ozs. died before the twenty-eighth day of life.

Weight at birth	Premature live births						Premature stillbirths		Total premature live and still births
	Born in hospital				Born at home		Born		
	Total births in hospital	Died			Nursed entirely at home	Transferred to hospital on/or before 28th day	In hospital	At home	
		Within 24 hours of birth	In one and under 7 days	In 7 and under 28 days					
Up to and including 3lb. 4ozs.	47	23	6	2	-	3*	25	-	75
Over 3lb. 4ozs. and up to and including 5lb. 3ozs.	344	19	7	2	17	12 ^o	28	1	402
Total	391	42	13	4	17	15	53	1	477

* One of these babies died within 24 hours, and one other died in under 7 days.

^o One of these babies died within 24 hours.

STAFF

In my report for 1965 I mentioned the difficulty of obtaining a suitably qualified person to fill the position of non-medical supervisor of midwives. This position was filled, however, in October.

STATUTORY POWERS

Under the provisions of the Midwives Act, 1951, it is the duty of this Council as local supervising authority to supply the Central Midwives Board with the names and addresses of all certified midwives who, during the previous period of twelve months ending 31st January notified their intention to practice within the area. (This applies to midwives employed in hospitals within the area as well as domiciliary personnel.) In the period ending 31 January, 1967, 125 notifications were received.

TRAINING

In conjunction with hospitals in the area the Council provides facilities for the practical training of pupil midwives taking their Part II certificates of a midwifery course; during the year 64 pupils completed district training in this area. Twelve of the pupils were under the supervision of three of the Council's midwives who are recognised as qualified teachers by the Central Midwives Board for this purpose.

The Local Authority is also required to provide or arrange, in accordance with the rules of the Central Midwives Board, refresher courses of instruction for certified midwives practising in the area.

HEALTH VISITING

Health visiting combines the skill of nursing, public health and some phases of social assistance. All health visitors function as part of the total public health programme, the promotion of health, the improvement of conditions in the social and physical environment, rehabilitation and the prevention of illness and disability. The service is designed to serve the total population with emphasis on the child under five and the young mother, and the mother with particular problems. The health visitor is a state registered nurse with certain midwifery experience who has taken a further year's course to obtain her Health Visitors Certificate. The five main aspects of her work are:-

- 1) The prevention of mental, physical and emotional ill-health and its consequences;
- 2) Early detection of ill-health and the surveillance of high risk groups;
- 3) Recognition of identification of need and mobilisation of appropriate resources where necessary. This involves liaison with other statutory and voluntary services.
- 4) Health teaching (see Health Education); page 34.
- 5) Provision of care; this will include support during periods of stress; and advice and guidance in cases of illness as well as in the care and management of children.

She is a practitioner in her own right detecting cases of need on her own initiative as well as acting upon referrals. She has skills and knowledge particular to her work and these are drawn from her nursing background and from the additional preparation in her health visitors course. A health visitor's training is designed to perceive early deviation from the normal and to work out a programme of help for the individual where it is required. With practice she is able to establish the priority needs among her clientele.

No other worker at present combines the type of knowledge and skills outlined, and the service the health visitor offers is essential if medico/social problems are to be contained within manageable proportions in relation to available resources in money and personnel, quite apart from the promotion of the health of the community in its widest sense.

Due to resignations the number of health visitors employed again fell during the year and there is every indication that the number will be further diminished in 1967. The strength is now very much below a reasonable establishment for a Borough of the size of Hackney. The average family case load for health visitors should be about 400 but in this Borough it is estimated that the case load is as high as 850. Thus the health visitors have a case load twice the size of that which they should have if they are to give a satisfactory service to each family. I feel, therefore, that urgent consideration must be given to attracting recruits to this important part of the service.

Although close co-ordination and co-operation with the hospital and family doctor services is our constant aim it has not been possible this year to take any further practical steps to implement liaison schemes or attachment of staff to family doctors.

Details of some of the work done by the health visitors is set out below:-

Cases visited by health visitors	No. visited:-		
	At request of G.P. or hospital	Others	Total
Children born in 1966.			5,953
Children born in 1965.			4,862
Children born 1961 - 64			9,241
Total No. of children born 1961 - 66			20,056
Persons aged 65 or over	87	242	329
Mentally disordered persons.. ..	6	82	88
Persons, excluding maternity cases, discharged from hospital (other than mental Hospitals)	12	57	69
Tuberculous households			12
Households visited on account of other infectious diseases			18

HOME NURSING

The statistical summary below indicates briefly the amount of work carried out during the year:-

No. of cases being nursed at end of 1966 724

Total No. of patients nursed during year 2,670

(Of these 107 were aged under 5 years and 1,501 were aged over 65 years at their first visit in 1966)

Total No. of visits during 1966 104,131

No. of home nurses 35

In recent years the number of cases requiring nursing during an acute illness has diminished but the time required for nursing the aged is an ever increasing problem and as will be seen from the figures quoted above more than half of the cases treated are aged over 65 years.

The majority of cases nursed have been referred by a general practitioner and I am investigating the possibility of closer liaison with them.

The Department holds a large stock of equipment necessary for nursing people at home. During the year existing stocks were supplemented to meet the increased demand and these include such items as wheelchairs, commodes, hospital beds, hoists, bed cradles, and walking aids. The items are issued on the recommendation of a doctor, hospital staff or district nurse.

The Queen's Institute of District Nursing carried out a survey in six areas of Britain with the object of assessing how the district nursing service measured up to present day needs. The results of this survey were published in a report entitled 'Feeling the Pulse' and on the whole the picture that emerged was a disappointing one. This survey has prompted me to carry out a similar survey in this Borough to discover how we compare. Plans have been made to collect the information for analysis in 1967.

VACCINATION AND IMMUNISATION

The programme of prophylaxis against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox was carried on as before in the Child Welfare Centres, and a small number of children were immunised and vaccinated by their family doctors.

There was a slight fall in the total number of primary courses of immunisation completed, the reduction in protection against poliomyelitis being particularly marked. However, the total percentage immunised in this Borough varies only slightly from the national average. There is no doubt that in order to maintain a satisfactorily high level of immunisation in children, constant reminders are needed by all methods - not least the individual approach to mothers by health visitors and doctors.

The sessions in infant classes at schools were restarted in the later part of the year after a lapse due to a shortage of medical, nursing and auxiliary staff. At these sessions re-inforcing doses of diphtheria, tetanus, and poliomyelitis vaccine are given to children who have not had them before starting school. Primary courses may also be given if required. A total of 1,736 children were immunised against diphtheria and tetanus at these sessions and 1,445 against poliomyelitis.

POLIOMYELITIS VACCINATION

Information was received from the Chief Medical Officer, Ministry of Health, that the expert advisory committees now considered that oral poliomyelitis vaccine was effective from the age of three months onwards and might be given concurrently with triple vaccine before the age of six months. This schedule was adopted for children immunised at the Council's clinics; by following it, the number of visits a mother need make to the clinic for her child's immunisation between the ages of 0-5 years is reduced from ten to six.

SMALLPOX

There was an increase of 776 in the total number of primary vaccinations over that of the previous year and of 2,964 for re-vaccinations. This increase was no doubt due to increased public awareness of the dangers of the disease, because of an outbreak in the Midlands. Many adults were re-vaccinated before travelling abroad for their holidays.

MEASLES VACCINATION

In January, 1966, the Medical Research Council issued its report on the investigation of measles vaccines carried out in 1964/65, in which this Department and the former London County Council Division 4 took part.

This was followed by a Ministry Circular which stated that the Joint Committee on Vaccination and Immunisation had accepted that the vaccination programme used in the trials was effective and acceptable but that it was premature to embark on any general programme of measles vaccination.

The Council sought formal approval from the Ministry to add protection against measles to its immunisation scheme and this was received in September. It is hoped to make arrangements in 1967 to offer measles vaccination at welfare centres and, via general practitioners, for selected children and to stock the vaccine required.

The long-term follow-up of children included in the Medical Research Council enquiry continued and some assistance with this was given by the Department.

Completed Primary Courses

Type of vaccine or dose	Year of birth								Total
	1966	1965	1964	1963	1962	1961-59	1958-51	Pre-1950	
Diphtheria	2,292	1,892	131	80	73	181	131	14	4,794
Whooping Cough	2,260	1,872	124	78	47	51	19	7	4,458
Tetanus	2,292	1,893	131	80	73	186	194	183	5,032
Poliomyelitis	809	2,671	291	150	164	323	213	449	5,070

Reinforcing Injections/Doses

Diphtheria	8	1,493	1,518	232	189	1,737	419	7	5,603
Whooping Cough	8	1,470	1,504	217	120	132	10	Nil	3,461
Tetanus	9	1,493	1,518	232	186	1,736	425	57	5,656
Poliomyelitis	5	73	15	9	80	1,545	457	30	2,214

Smallpox Vaccinations

Age	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	15 years and over	Total
Primary vaccinations	6	28	29	12	2,073	821	254	777	4,000
Re-vaccinations	Nil	Nil	Nil	Nil	6	31	472	3,383	3,892

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

CERVICAL CYTOLOGY

In September, 1966, approval was received from the Minister of Health to the Council's scheme to provide a screening service for cervical cancer, as part of its arrangements, under Section 28 of the National Health Service Act, 1946, for the prevention of illness.

Further guidance on the planning of population screening services for carcinoma of the cervix was given by the Minister in Circulars issued in October. These outlined the part to be played by hospital pathology laboratories, general practitioners and local health authorities in expanding this service to ensure that every woman aged 35 years or more is screened at five - yearly intervals. The training of adequate numbers of technicians to carry out this work in hospital laboratories was particularly emphasised.

Initially, the pathologist at Hackney Hospital offered to undertake the examination of fifteen smears a week and this made it possible to start the Council's first cytology session. This opened at Richmond Road Welfare Centre in September. The clinic is conducted somewhat on the lines of the 'Well woman' clinics run by some other local authorities; when the smear is taken, examination is also made of the breasts, abdomen, pelvis and urine.

With the promise that an increased number of smears could be dealt with in the coming year, arrangements were in hand at the end of the year to open a second session at the John Scott Health Centre early in 1967, and for additional sessions should the demand prove sufficient.

In addition to these sessions run by the Council, smears are taken routinely in the ante-natal and gynaecology departments of the hospitals in the Borough, and at family planning clinics conducted by the Family Planning Association. With increased facilities, it is hoped in the near future to include all those women who attend the Council's own ante-natal and family planning clinics, and to lower the present age limit from thirty-five to twenty-five years.

It is a matter of importance that women of the appropriate age group are encouraged to have this simple test done. Staff of the Department and outside agencies have publicised the facts about the screening test in order to dispel any fears in women's minds about the subject. A film has been shown to the public in the Council's premises by the National Cervical Cancer Prevention Campaign, with doctors present in the audience willing to answer questions afterwards.

CHIROPODY

Details of attendances at 3,594 sessions held in five of the maternity and child welfare centres and the Salvation Army Goodwill Centre are set out below. In a small number of cases, arrangements are made for the patients to be brought to the clinic by ambulance.

	Children		Adults		Total
	0 - 4	5 - 14	15 - 64	65+	
New cases ..	7	541	204	314	1,066
Total attendances	19	2,639	7,036	18,527	28,221

HEALTH EDUCATION

Health education enters in some measure into every sphere of the work of a health department, and every field-worker and administrator should be so orientated that in addition to special features which may be organised, all opportunities with individual contacts and with groups of the public should be used to emphasise the principles of healthy living. I am concerned that the pressure of work within the Department in relation to personnel does not allow sufficient time for this all important subject.

Health education is co-ordinated by means of a panel of medical, nursing and inspectorial staff. A programme of topics for each month is made out and the staff at each maternity and child welfare centre display posters, give talks and issue leaflets on these subjects. To illustrate the variety of subjects coming within the ambit of health education a table of topics for each month of 1966 is set out below:-

January	-	Prevention of the Spread of Coughs and Colds.
February	-	Care of the Eyes.
March	-	Anti-Smoking and Prevention of Chest Complaints.
April	-	Diet and Dental Care.
May	-	Prophylaxis.
June	-	Clean Food.
July	-	Safety Measures on Holiday.
August	-	Food Health and Safe Food Measures.
September	-	Prophylaxis
October	-	Domestic Heating Safety
November	-	Accident prevention.
December	-	Safe Toys.

Instruction and talks on health education subjects are an important part of the syllabus at mothercraft and relaxation classes. The film 'To Janet a Son' is very popular and affords a good opportunity for teaching in the discussion which follows its showing.

The Health Education Panel examines and selects the most effective and worthwhile materials and programme of publicity in the health education sphere.

Contact has also been maintained with the Inner London Education Authority on its programme of visits of the anti-smoking units to schools, and the publicity on prophylaxis was timed to coincide with the Ministry of Health's campaign on the same subject for September.

On the occasion of the Hackney Field Day in Clissold Park an exhibit was staged by the mental health section and samples of work done by both adults and children shown. The Field Day was well attended and numbers of the public expressed great interest in the Department's activities.

RECUPERATIVE HOLIDAYS

Details of the holidays arranged for adults and children who have suffered from recent acute illness and who need a short period of rest without medical or nursing care, are set out below:-

Expectant and nursing mothers	-	1
Other adults	-	185
Children under 5 not attending school	-	15
School children	-	90

HOME HELP SERVICE

This service which is run from four home help offices, is in the main a service for the elderly in the Borough who, because of illness, are unable to run their homes without some extra assistance in the form of a home help. Every attempt is made to provide some assistance to all eligible cases, and at times, mainly due to shortage of home helps, it is necessary to spread the available service somewhat thinly.

Meetings with the home help organisers are held monthly, when matters of common concern are discussed.

Details of the service are set out below:-

Number of new applications received ..	1,386
Types of cases assisted:	
Maternity	40
Tuberculosis	38
Old people (over 65)	3,661
Chronic sick (under 65)	457
Early morning and evening help	7
Special help (problem families).. .. .	2
Mental disorders	3
Miscellaneous	<u>356</u>
Total No. of households assisted ..	<u>4,564</u>

The majority of the miscellaneous cases were of acute illness in persons under 65 years of age. Many of them are mothers who have to go into hospital for a short period and a home help is sent into the home to act as a temporary mother substitute. In providing this service the necessity for taking children into temporary care is often avoided.

The early morning and evening help is provided when a mother is incapacitated through ill-health and someone is required to get the children ready for school and be at home in the afternoon on their return.

STAFF

Number of home helps employed at end of year:

Whole-time	-	88
Part-time	-	461

Equivalent of whole-time staff - 390

HEALTH CENTRES

In my previous Annual Report I referred to the John Scott Health Centre which was planned and designed as long ago as 1947 during the first flush of enthusiasm following the passing of the National Health Service Act, 1946. The concept of Health Centres has, however, only slowly been accepted but in the last year or two there has been awakening interest.

The West Hackney Maternity and Child Welfare Centre is the only maternity and child welfare centre in the Borough which is held in a church hall and has the usual disadvantages associated with such buildings despite the fact that when the church and hall were rebuilt in 1960 some of our requirements were incorporated in the design.

Early in 1966 the redevelopment of the Somerford Grove area, N. 16., provided this Council with an opportunity to build an *ad hoc* Centre on the estate to replace the present West Hackney Centre. Consultations took place with the Inner London Education Authority, Inner London Executive Council, Inner London Local Medical Committee and local doctors. Following these it was agreed to incorporate additional interviewing rooms which could be used by general practitioners. Several local general practitioners have expressed an active interest in using this accommodation. Because of the diverse use of the premises, the building will be designated a Health Centre under Section 21 of the National Health Service Act, 1946.

At the end of the year the proposed building had reached the planning stage.

MENTAL HEALTH SERVICES

The year was marked by several new ventures in the mental health field which are described below, the most noteworthy being perhaps the opening of the new Homerton Training Centre and the Special Care Unit in the grounds of Millfields Disinfecting Station. In addition increasing calls were made on the community care and statutory services due in the main to enlightenment of public opinion and improved treatment of mental disorder. The Mental Health Act, 1959, is now beginning to be really effective, and the accent is clearly on care and treatment within the community.

EMERGENCY ROTA

The rota covering calls for mental health services after office hours was continued in conjunction with the London Borough of Islington and the Hackney officers operated from the John Scott Health Centre until late in the year when it was found more convenient to allow them to operate from their own homes.

DAY CENTRES

The three Day Centres were busily employed during the year, and it is interesting to note that from Clifton Lodge 23 patients were discharged to employment and from Hindle House Day Centre and Shoreditch Day Centre a further 5 patients were discharged to employment. It was necessary to re-admit to hospital only 9 patients from the Day Centres during the year. The number of admissions to Day Centres during the year was 50, 33 of whom were admitted to Clifton Lodge, which is a centre specially geared to provide a short period of rehabilitation. The other two centres accept patients who have a chronic illness.

As mentioned in my Report of 1965 some of the premises were unsuitable and require alteration or replacement; to this end the Shoreditch Training Centre has been adapted to provide a day centre for 50 patients and will replace the Shoreditch Day Centre in the early part of 1967.

SOCIAL CLUBS

These continued to be well attended and are held at various locations on each weekday night.

TRAINING CENTRES

This year saw the opening of a new purpose designed training centre for both sexes in Morning Lane, E.9. The concept of mixed training centres for seniors is fairly new but experience has shown that it is an excellent idea. There have been no undue problems in mixing the sexes, on the contrary, it seems to have had a beneficial effect on both the boys and the girls.

The building provides accommodation for 80 boys and 40 girls. There is a very large light workshop on the ground floor for the boys where simple carpentry tasks are undertaken. The girls have a very large room on the first floor. On occasions the girls and boys work side by side. Meals are taken together on the second floor.

This new centre, known as the Homerton Training Centre, opened in September when the senior training centre for boys which had been in a church hall in Bay Street for the past 16 years closed. The elder girls had been attending, by arrangement, centres in the London Borough of Tower Hamlets, so that no centre was given up in this case.

The Hackney Junior Training Centre in Ickburgh Road continued to accept trainees from Tower Hamlets, Camden and Islington until the end of the Summer Term when these children were transferred to their respective boroughs who had by then made arrangements to accommodate them.

The children resident in Hackney who attended the Shoreditch Training Centre were transferred to vacant accommodation at the Hackney Training Centre. As a result the premises housing the Shoreditch Training Centre, became available for adaptation for use as a day centre for 50 patients.

SPECIAL CARE UNIT

The Lodge at the Millfields Disinfecting Station was opened in February as a Special Care Unit for 20 severely sub-normal children between the ages of 5 and 16 years, who in addition to their mental handicap were also physically handicapped. This unit proved extremely valuable, and the children's progress (in some cases which were considered hopeless) has been most remarkable. The success of this unit indicated the pressing need for a unit to cater for severely handicapped children under the age of 5 years, and at the time of writing one of the nursery class rooms at the Hackney Training Centre is being adapted to provide a unit of 12 places to meet in part this need.

SHORT TERM CARE

This is provided for a maximum period of 8 weeks in order to provide relief due to family emergency or other crisis - during the year 49 patients were given short term care. It is worthwhile noting that vacancies for short term care are becoming increasingly difficult to find due in some respects to private residential homes being used more and more for permanent care.

PERMANENT CARE

11 patients were admitted to hospital for permanent care but the situation regarding hospital vacancies for children under the age of 5 years who have been waiting several years for admission shows no improvement and in view of the Minister of Health's Circular indicating that hospital admission will only be considered in cases where the patients need medical and nursing attention, I feel that the future looks very black. In order to alleviate much distress amongst families the Council makes arrangements for such patients to be accommodated in registered private homes at no charge to the parents. At the end of the year 17 Hackney patients were accommodated in private residential homes, and as mentioned in my previous paragraph this reduces considerably the amount of accommodation available for short term care.

DEVELOPMENTAL ASSESSMENT CLINIC

Examinations at this clinic are carried out by a medical officer who specialises in the assessment of children who do not appear to be making satisfactory progress in their normal development. She gives advice and guidance to the mothers and makes recommendation on their placement and advises on how to make use of the services provided for particular cases within the Borough. The clinic was held on 43 occasions and 120 children were examined.

CO-OPERATION WITH HOSPITALS, VOLUNTARY SOCIETIES, ETC.

During the year an in-patient psychiatric unit was opened in the Hackney Hospital and recently has come within the aegis of St. Bartholomew's Hospital where a chair in psychiatry has been established. The Principal Medical Officer for Mental Health and the staff of the Mental Health Section co-operate closely with this unit, and attend case conferences and medical lectures frequently.

Long Grove Hospital, Epsom, Surrey remains the principal psychiatric hospital for admission of Hackney patients and the time and distance involved present serious difficulties both to the Department, the patients and visitors. Close contact is maintained with the consultant, social worker, nursing and administrative staff of the hospital. I am grateful for all the help the Department receives without which the services could not function.

St. Clements Hospital, Bow, also admits patients from the Borough and the Medical Director and his staff have been most helpful with advice and assistance in dealing with many difficult problems.

Co-operation was also maintained throughout the year with the Psychiatric Rehabilitation Association, the Family Centre, Mental After Care Association, the Richmond Fellowship, the Hackney Society for Mentally Handicapped Children, the National Society for Mentally Handicapped Children, the National Association for Mental Health, and other various bodies concerned with this field of social medicine.

In 1963 a hostel was opened for the former pupils of L.C.C. Shaftesbury House boarding special school for maladjusted boys at premises in Queen's Drive, Stoke Newington. The hostel is run by a voluntary organisation known as the Easton House Trust.

Following the re-organisation of London's government, the Trust was faced with financial difficulties and after consultations with the London Boroughs Association it was agreed that this Council would provide the initial funds for the maintenance of the hostel subject to the reimbursement of appropriate amounts by other authorities making use of the accommodation.

The Council is represented on the Management Committee and its officers are called upon frequently for advice and assistance in the day to day running of the premises. This type of hostel is very much in the experimental stage and valuable lessons have been learned from the many problems which arise.

During Mental Health Week one of the Junior Training Centres was opened to the public and an exhibition of work done in the training and day centres was staged. There was a good response to this venture especially after the activities had been publicised in a broadcast on the B.B.C. Home Service.

MENTAL HEALTH STATISTICS

Mental Illness

Number of referrals during the year	388
The final arrangements made for these referrals was as follows:-	
No further action	61
<i>Hospital care:-</i>	
Admitted informally	192
Admitted compulsorily.. .. .	11
Psychiatric out-patient or day hospital	4
Admitted to general hospital.. .. .	5
Number taken into Council's community care	110
Number taken into other community care	5

A further breakdown of the 110 persons taken into Council's community care during the year, showing the type of care arranged, was as follows:-

Admitted to residential home, hostel, convent, etc	16
Receiving visits from Mental Health Social Worker	108
Attendance at day re-habilitation centre	15
Attendance at day centre	7

Note:- Some people were receiving more than one type of care.

Total number of mentally ill persons receiving community care at the end of the year	276
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Mental Subnormality

Number of new cases during the year 107

The final arrangement made for these new cases was as follows:-

No further action	12
Number taken into Council's community care	89
Other community care	6

A further breakdown of the 89 persons taken into Council's community care during the year, showing the type of care arranged, was as follows:-

Admission to private homes, etc.	4
Receiving visits from Mental Health Social Worker	89
Attendance at training centre	25
Other type of community care	6

Note:- Some people were receiving more than one type of care.

Total number of mentally subnormal persons receiving community care at the end of the year	513
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FAMILY CASE WORK

The aim of social workers in the Health Department is to help persons, who have been unable by reason of physical or psychological defect to make full use of the services available. Social workers at various clinics cover chest complaints, venereal disease, child enuresis, obesity and hearing defects. One worker is engaged at an Autistic Unit and there is a small family casework unit working with multiple problem families.

The wide range of departmental activities lends itself to early detection of both physical and mental problems, and preventive work at this early stage makes sound economic sense. With this in mind a start has been made to integrate the social workers as a team and to seek to improve professional practice through regular consultation, group case discussions and office meetings. Much interest has been expressed in the application of group work techniques and it is planned in the near future to organise work of this nature with some parents of problem families and patients at some of the clinics.

At the John Scott Health Centre, the social worker at the Special Investigation Clinic for enuretic and obese children is participating with the medical officer in the selection of cases where there are indications of stress within the home setting and where ongoing casework with the family would aid the clinical treatment.

It is essential for family caseworkers to carry small caseloads as much of the work needs to be done intensively over a comparatively short period to enable the family to receive the greatest amount of benefit from the services available. Naturally, it follows that regular evaluation of the problems of the families is necessary in order to determine the amount of continued need.

Many of these persons are handicapped physically and mentally and it may be that their maximum potential is below that of the adequate citizen. Once this potential has been achieved the caseworker needs to give serious consideration to withdrawing from the case in order to devote time to other families while realising that crises may develop from time to time needing supportive contact and material help. Social worker trainees are usefully employed and gain valuable experience from reviewing such cases.

This section continues to play an important role in student training and

three students from London University have been accepted for placements during 1967. The supervision of students calls for care in planning an interesting programme, regular tutorials and the maintenance of close contact with college tutors for progress to be discussed and assessed. Thus devoting considerable time to enable the student to benefit fully from their placement.

CO-ORDINATION

Early in the year, the Council set up a Family Services Advisory Committee consisting of the Chairmen and Vice-Chairmen of the Health, Welfare and Children's Committees. The Committee was set up to consider matters of common concern to the three Committees.

There is also a Co-ordinating Committee of officers. This Committee represents a carry over of a similar Committee run in the former Division 4 of the London County Council. Chief Officers of the three social services departments - Health, Children's and Welfare, and the Housing Department; and representatives of the Education Authority, the Housing Department of the Greater London Council, the Ministry of Social Security, and certain voluntary organisations attend.

Cases that might benefit by the co-ordinated action of more than one agency are originally discussed at the Field Workers Case Conference which is held fortnightly. Social workers from the various departments of the Borough, and of the Education Authority, other statutory bodies and voluntary organisations, discuss cases in which they are interested and decide on an agreed policy of work. Where necessary, they inform departments not already acquainted with the family where their help may be necessary. When the Field Workers Case Conference cannot deal with the problem, it is referred to the Co-ordinating Committee for any action they can take. The prevention of eviction was the main concern during the year.

BATHING SERVICE AND INCONTINENT LAUNDRY

The bathing service for old people falls naturally into two groups - the person is either conveyed to the Millfields Centre and bathed there or an attendant from Millfields Centre carries out the bathing in the person's own home. The agreement of the family doctor is obtained in each case. Details are set out below:-

	<i>No.</i>	<i>No. of baths</i>
Bathed at Centre	72	1,130
Bathed at home	69	997

Depending on medical need, patients are issued with incontinence pads, and during the year general practitioners were circularised of the service available. There was a marked increase in the demand for pads and during the year 17,676 were issued.

In addition, arrangements are made for laundering soiled linen at the Millfields Centre. The laundry is collected in a suitable container once or twice a week and returned some three or four days later. Some 42,000 articles were laundered during the year.

BLIND PERSONS

In my previous report I indicated that the administrative arrangements for examining persons with a view to placing them on the Blind or Partially-sighted Register would be undertaken by the Chief Welfare Officer, and the revised procedure was introduced in May.

Hitherto, it was the practice in the London County Council for the consultant ophthalmologist to visit the persons in their own homes. In a compact area like Hackney, it is a practicable proposition for the persons to be brought to a clinic and accordingly, the majority of cases are now brought to either Shoreditch or John Scott Health Centre by transport, provided by the Welfare Department. Domiciliary visits are still made to those persons who are unable to leave their homes.

Approximately 250 persons were placed on the registers or re-examined during the year.

RE-HOUSING ON MEDICAL GROUNDS

Regular monthly meetings with representatives from the Housing Department continued to take place. During the year under review 217 cases were discussed and 161 placed in various degrees of priority. In each case the precise medical condition and resultant disability were determined necessitating communication with the family doctor or with the hospital attended.

NURSING HOMES

The number of nursing homes in the Borough registered under Part VI of the Public Health Act, 1936, and the Nursing Homes Act, 1963, remains the same as previously.

St. Margaret's Nursing Home, Victoria Park Road, caters for a few maternity and chronic medical cases; St. Joseph's Hospice for terminal cases; while St. Mary's, Stamford Hill, under the management of the Community of St. Mary the Virgin, Wantage, and 'Crossways' under the management of the Salvation Army are two homes for unsupported mothers and babies. The latter organisation requested the registration of alternative premises this year because those at 9 Amhurst Park had become too old to maintain economically. The proposed premises at 13 Laura Place, E. 5, which were already the property of the Salvation Army, were inspected, and a schedule of structural works approved. As a good deal of re-decoration was needed the new premises had not come into use by the end of the year.

RESEARCH PROJECTS

NUTRITION SURVEYS OF PRE-SCHOOL CHILDREN AND PREGNANT WOMEN

The last full scale survey of the state of nutrition of sections of the population was carried out between 1948 and 1951 when food rationing was still in being. The Ministry of Health, therefore, has decided to carry out a further survey into the nutrition of pre-school children and pregnant women and this Borough is one of those selected to take part. Mothers from certain postal districts who had babies during five consecutive days in March were selected. A preliminary questionnaire was completed for 40 mothers. Staff of the Government Social Survey will arrange the follow-up of the participants.

SURVEY OF CHILDREN WITH SPINA BIFIDA

The new surgical approach to spina bifida has meant that many children who would formerly have died now survive - with varying degrees of handicap. A survey is therefore being undertaken by the newly formed Research & Intelligence Unit of the Greater London Council and is a collaborative research project involving hospitals in Greater London, borough Medical Officers of Health and a number of other organisations.

The survey aims to obtain information about the number of such children and about the severity of their handicaps so that their needs can be catered for in future planning.

The information sought falls into two parts:-

- (i) prevalence of this type of defect at 30th September, 1966
- (ii) incidence in the twelve months ending 30th September, 1967.

Enquiry forms were received from the G.L.C. for 23 children included in part (i) who were living in the borough.

OTHER SURVEYS

The department again took part in a number of surveys which are continuing over a period of some years. These included Dr. Alice Stewart's survey of childhood cancers, the long-term follow-up for the Medical Research Council investigation of measles vaccine and the National Survey of Health & Development (which began in 1955).

STAFF MEDICAL SERVICE

Until October only official staff were obliged to undergo a full medical examination before confirmation of appointment was made, but upon the introduction of a medical questionnaire concerning a candidate's medical history to assess fitness for employment, manual workers were also brought within the scope of medical assessment. Candidates for employment, other than residential staff mentioned below, are medically examined only when the replies to the questionnaire suggest that further investigation is necessary.

As residential staff in the Children's Department would be working with children it was agreed with the Children's Officer to continue the practice of examining them, irrespective of their previous medical history unless the applicant had been employed with another local authority immediately prior to taking up an appointment with this Borough.

TRAINING

Apart from the statutory requirement to give pupil midwives training, the Council makes arrangements for training other nursing staff for specific duties.

NURSERY NURSES

There is an annual intake of young girls who have just left school who receive a two-year course of practical and theoretical training in the care of children from birth to seven years of age, leading to the examination for the Certificate of the National Nursery Examination Board.

Practical training is given to these nursery students at six of the Council's day nurseries which have been approved by the Minister of Health for this purpose, whilst formal theoretical study is undertaken at the North-Western Polytechnic.

Ten first-year and thirteen second-year students were in training during the year, and the latter twelve successfully passed the examination.

An experimental course of one year's practical and theoretical training in nursery work was also made available to four students who were not of the educational standard required for the National Nursery Education Board course.

DISTRICT NURSES

Qualified nurses are accepted for training as district nurses and receive theoretical and practical instructions based on the syllabus of Queen's Institute of District Nursing for a period of three or four months, depending on the individual's professional nursing qualifications and experience.

During the three courses of training held in 1966, two sponsored students and three independent students were accepted for training; four were successful at the examinations, and one resigned before completing the course.

HEALTH VISITORS

Up to seven qualified nurses with midwifery or obstetric training who are accepted by Colleges of Further Education to undertake a course in health visitor training can be sponsored by the council for the duration of such a course. The Course leading to the Health Visitors Certificate involves one year's full-time study, including both theoretical and practical work and is based on the syllabus of the Council for the Training of Health Visitors.

During the academic year 1965/1966, four students were sponsored, of whom three were successful at their final examination, one having resigned meanwhile.

MENTAL HEALTH STAFF

As with nursing staff there is a regular interchange of students taking courses of mental health training. Staff from this department have taken the one year course for Teachers of Mentally Handicapped Children arranged by the National Association of Mental Health and they have also attended numerous seminars and courses organised by the London Boroughs Training Committee and other organisations.

PUBLIC HEALTH INSPECTIONS

Training in the Public Health Inspectorate is equally important and 8 students attended Tottenham Technical College.

RECIPROCAL ARRANGEMENTS

In addition to sending our staff on courses of training, requests are received from many organisations, as part of their courses of training, for students to visit our maternity and child welfare centres, day nurseries and mental health establishments to learn something of the work of the Department. Among the organisations concerned were students from Friern, Goodmayes, Bearsted, East End Maternity, St. Matthew's, St. Bartholomew's and Mildmay Hospitals; students taking the Sister Tutor's course at the Royal College of Nursing, the Social Work and Health Visitors courses at the North-Western Polytechnic, and students taking the Diploma in Child Health and Diploma in Public Health.

The mental health staff have given lectures at courses arranged by the London Boroughs Training Committee and the North Western Polytechnic. The Principal Mental Health Social Worker has also advised on the content of courses. Practical experience in the field is arranged for other organisations; for instance each month two medical students from University College Hospital attend the mental health section and are attached to a mental health social worker for the day.

Facilities are also provided at Hackney Training Centre for students taking Teaching Courses in order that they may gain practical experience.

Students taking the Public Health Inspectors Course at Training Colleges are also given field training by staff of this Department.

These visits are very useful and I am pleased to be able to offer these facilities to training organisers as they give the students an idea of the wide scope of the services that a progressive Health Department is able to provide.

During the three courses of training held in 1955, 1956 and 1957, 120 students and three independent students were accepted for training. Four were successful at the examination and one student obtained a distinction. The remainder were successful at the examination but did not obtain a distinction.

HEALTH VISITORS

Up to seven qualified nurses with diplomas or certificates in public health nursing were accepted by the Health Department as health visitors. The Health Department is pleased to have these health visitors as they are able to provide a wide range of services to the community. The Health Department is pleased to have these health visitors as they are able to provide a wide range of services to the community.

During the academic year 1955/1956, four students were sponsored of whom three were successful at their final examination. The following table shows the results of the examination.

Table with 2 columns: Name, Result. The text is mirrored and difficult to read, but appears to list names and their examination outcomes.

RECIPROCAL ARRANGEMENTS

The Health Department has reciprocal arrangements with the Health Department of the North West District. These arrangements are designed to provide a wide range of services to the community. The Health Department is pleased to have these reciprocal arrangements as they are able to provide a wide range of services to the community.

In this report some of the more detailed administrative arrangements, which appeared last year, has been omitted, but will be found in the report of the Medical Advisor of the former School Department.

SCHOOL HEALTH SERVICE

The pattern of the service since its inception at the turn of the century has changed steadily over the years. Up to the year, it was provided a sensitive service for the early detection of any deviation from normal health, whether it be physical, developmental or emotional. It is still not generally agreed whether the routine or the selective approach to the medical examination of school children provides the better service in referring and dealing with health problems. In this respect the selective medical examinations of the '7 plus' age group continued to be carried out in 1957 but at least one more school will have this scheme in the near future. The schools' staff, doctors and nurses who have taken part in the work are, in general, satisfied that it has improved the efficiency and interest of the work. Of the 354 children in this age group in the 11 schools concerned, well over half (217) did not need any treatment. The 137 that did need treatment, however, were referred to the appropriate medical authorities for further treatment. It is still difficult, however, to assess the efficiency of the service in detecting deviations from the normal, as the number of children referred is still relatively small.

Medical centres have been set up at the infant, junior and senior school levels and the service is provided at the discretion of the headmaster of the schools in the Borough. The service is provided for a total school population of 14,000 children. The following table shows the number of children referred in order to follow-up work.

SCHOOL HEALTH SERVICE

April 1957. The following table shows the number of children referred in order to follow-up work. The number of children referred in order to follow-up work is shown in the following table.

THE NUMBER OF CHILDREN REFERRED

Elementary school children	100
Infant children	20
School teachers	1,400
Temporary visitors	100
Secondary school medical centres	100
Other school centres	100
Boys	100
Boarding schools for the blind	100
Handicapped pupils - statutory examination	100
Handicapped pupils - periodic special school examinations	100
At request of:-	
Head teacher (child's name entered in medical book)	100
Head teacher - others	100
School nurse	100
Divisional (Educational) Officer	100
District Care Organizer or Area Officer	100
Parent	100
School doctor	100
Miscellaneous	100

Total 2,100

In this report some of the more detailed statistical information, which appeared last year, has been omitted, but this will be found in the report of the Medical Adviser of the Inner London Education Authority.

SCHOOL MEDICAL EXAMINATIONS

The pattern of the service since its inception at the turn of the century has changed steadily over the years. Now at its best, it can provide a sensitive service for the early detection of any deviation from normal health, whether it be physical, developmental or emotional. It is still not generally agreed whether the routine or the selective approach to the medical examination of school children provides the better service in detecting and dealing with health problems. In this borough the selective medical examinations of the "7 plus" age group continued in 11 schools and it is likely that at least one more school will join this scheme in the near future. The schools' staff, doctors and nurses who have taken part in this scheme are, in general, satisfied that it has increased the efficiency and interest of the work. Of the 554 children in this age group in the 11 schools concerned, well over half (317) did not need to be examined i.e. they had not caused concern to parent, teacher, nurse, doctor, care committee worker, etc. It is still difficult, however, to assess the efficiency of this system in detecting departures from the normal, as the number of children involved is still relatively small.

Routine medical examinations of the infant, junior and senior school entrants and school leavers continued in the remainder of the schools in the Borough totalling 13,881 examinations out of a total school population of 34,509 (May, 1966). In addition 4,220 children were re-inspected in order to follow-up some defect observed by the school doctor at a previous examination.

Apart from this, there are many other reasons for a child to be medically examined at school, in particular where the school staff consider that a child may need some form of special education. In these cases the Head Teacher enters the child's name in a special book kept for this purpose, which is seen by the school doctor at each visit to the school. The number of children seen for this purpose is included in the list of types of non-routine medical examinations given below.

NON-ROUTINE MEDICAL EXAMINATIONS

Employment certificates	386
Theatrical children	64
School journeys	1,498
Recuperative holidays	93
Secondary school annual surveys	41
Outward bound courses	44
Boxing	23
Boarding schools for the delicate	36
Handicapped pupils - statutory examination	194
Handicapped pupils - periodic special defect examination	427

At request of:-

Head teacher (child's name entered in special book)	159
Head teacher - others	235
School nurse	158
Divisional (Educational) Officer	96
District Care Organiser or Care Committee	24
Parent	79
School doctor	80
Miscellaneous	19

Total 3,656

Employment certificates are issued when a child has been found medically fit to undertake a paper round, or work as a shop assistant on Saturdays etc., and have to be renewed every 6 months.

"Theatrical children" in this context means children who have been selected by theatre managements to appear on stage, usually as part of a chorus.

VISION TESTING

This is carried out at the age of 6½ years and then at every subsequent school medical examination. However, it is hoped to introduce a new vision test for 5 year old school entrants next year, so that defects of eyesight can be detected and therefore remedied earlier than in the past. The test has been designed by Dr. Mary Sheridan and Mr. Peter Gardiner of Guy's Hospital. It is a most reliable test when properly administered and depends on the matching (but not the naming) of a few carefully chosen letters of the alphabet.

During 1966, 9,887 children had their vision tested, and of these 80% (approximately) were found to have normal eyesight.

NURSING STAFF

Nursing Staff in the School Health Service comprise 8 full-time and 10 part-time nurses. Their duties include working in ordinary or special schools, in various clinics and treatment centres or in various combinations of these. Two nurses have special additional duties in testing the hearing of school children by audiometry.

A total of four school nurses staff the sick bay at Hutton Poplars Children's Home. In addition to caring for children who are ill, they carry out treatments, examinations and prophylaxis in the sick bay.

INFECTIOUS DISEASES IN SCHOOLS

DYSENTERY

Sporadic cases continued to occur, but fortunately there were no significant outbreaks of the disease in schools during the year.

The co-operation of the family doctors in ensuring that a child is well before allowing return to school after a bout of diarrhoea, and the alertness of teachers to signs of an upset stomach so that the child can be sent home to be seen by the family doctor are important factors in limiting the spread of this troublesome illness.

But the most important factor of all is without doubt the unremitting education of children to wash their hands after using the lavatory - a task in which all concerned - teachers, nurses and doctors - can share.

TUBERCULOSIS

In January a 5-year-old school girl was admitted to hospital with tubercular meningitis. In following up the family contacts it was discovered that the husband of the child-minder who had looked after the child before she started school was suffering from active pulmonary tuberculosis, and was almost certainly the source of her infection. He was admitted to hospital for treatment and his own children were admitted to hospital for observation. Of the latter, one was found to be suffering from the disease and as a precaution the school medical officer carried out skin tests on the child's class-mates at school. All of these tests were negative.

All school children aged 13 years are offered protection against tuberculosis by means of B.C.G. Vaccination. This is done after a preliminary skin test to discover if they already have some degree of natural protection. 2,098 children were given the test and 1,933 needed to be vaccinated.

HEALTH SURVEYS

In addition to periodic visits by the school physician, the school nurse keeps in close touch with the schools to which she is allocated and makes regular hygiene inspections. Three types of survey are carried out at these inspections. The school nurse may carry out a comprehensive survey of each child in a class, or pick out particular children. This latter type of examination is described as a selective survey. In addition the nurse may only examine children for specific defects such as for athlete's foot or plantar warts and this is described as a communicable disease survey. Should a child be found to be in a verminous condition, parents are advised as to treatment - if necessary for all the family. Where home treatment is difficult or in case of repeated infestation the family may be referred to a cleansing centre.

Details are set out below:-

No. examined at comprehensive surveys	24,456
Percentage found verminous	0.9
No. examined at selective surveys	3,397
Percentage found verminous	3.2
No. of individual pupils found verminous	283
No. referred to a bathing centre	37

HEALTH EDUCATION IN SCHOOLS

Health Visitors attend schools at the request of the Head Teacher and give talks to senior girls on the care of young children. Senior girls from five schools visited various day nurseries during the year.

DEFECTIVE HEARING

Special attention is given to verifying that a child's hearing is satisfactory. One school nurse devotes most of her time touring the schools testing the hearing using an audiometer.

Those children who fail the first test - a sweep test - are given a more detailed hearing test at John Scott Health Centre. During the year out of 4,843 children who were given a sweep test, 188 required a further test and 89 were referred to the consultant ear, nose and throat surgeon who conducts a weekly clinic at the Centre.

Special clinics are held for the assessment of babies for defects of hearing and are essential for ensuring early diagnosis and treatment.

Children at the special unit for partially hearing children, which is an integral part of one of the primary schools, continue to be seen every six months by a consultant E.N.T. Surgeon who is accompanied by a social worker.

SPECIAL SCHOOLS IN THE BOROUGH

STORMONT HOUSE OPEN AIR SCHOOL

This School continued to provide a first rate educational setting for children with a wide variety of disorders, mainly physical but with a significant proportion of an emotional nature.

GEFFRYE SCHOOL

This school provides excellent care and education for the more severely physically handicapped primary school age child, despite the fact that the premises are old and housed on two floors rather than one. A fairly new problem has been the increasing number of young children with spina bifida admitted to the school. This poses big problems in physical care, for many of these severely handicapped children are still in nappies and unable to stand.

NEW RIVER SCHOOL

A new day school for partially-sighted children of all ages was nearing completion by the end of the year and was expecting to admit its first pupils early in 1967. It is situated in Clissold Road, N.16.

TUTORIAL CLASS

Last year I stated that it was hoped to open a third tutorial class for children whose progress at school had been hindered by some emotional problem, such as school phobia. This was achieved by the re-engagement of a teacher who had previously resigned.

TREATMENT FACILITIES

Just over 15% of the 13,881 children examined were referred for treatment and half of these were for some defect of vision.

School children are treated at all maternity and child welfare centres and at Hackney School Treatment Centre, 13, Goulton Road, E.5. Details of the work done at these clinics are set out below:-

Type of Clinic	No. of Sessions	New Cases	Total attendances.
Vision	290	2,121	4,321
Orthoptic	167	153	689
Audiology	33	113	256
Special investigation	119	144	650
Minor ailment	171	307	2,553

VISION TESTING

This Service is provided at eye clinics at four centres in the borough. Appointment lists are heavy and every effort is made to provide appointments as quickly as possible. Orthoptists are available at two centres and they play an important role in providing an efficient remedial service.

The majority of cases seen were found to have errors of refraction and/or squint, and 1,213 pairs of spectacles were ordered.

SPECIAL INVESTIGATION CLINICS

Three of these clinics are held regularly and are mainly attended by children having enuresis. Drugs or an alarm bell machine may be used in treatment, but there is an increasing emphasis on ways of attempting to ease emotional difficulties which often motivate enuresis. The doctor and social worker function as a team and the social worker is now making more visits to

homes of children where it appears there is family stress. Some children are now seen at the clinics, having been referred for emotional or behaviour difficulties, and, according to the diagnosis made by the doctor based on a comprehensive report and assessment by the social worker the child may be referred on to a Child Guidance Clinic with the social worker continuing to support the family meanwhile. This should enhance the effectiveness of the clinic's work and also give a surer guide to the need for further psychiatric advice in a number of the cases.

A number of children are referred as being overweight and a fewer number of children for underweight or failure to make physical progress. Although dietary advice is given, full attention is also paid to the discussion of emotional and management problems.

MINOR AILMENTS

Each minor ailment clinic is staffed by a clinic nurse; details of the defects treated are set out below:-

Athlete's foot	57
Plantar warts (verrucae)	226
Impetigo	4
Other skin diseases	3
Eye diseases	4
Bruises, lacerations etc.	122
	—
	416
	—

In addition 541 school children were referred to one of the Council's Chiropody clinics - mainly for the treatment of plantar warts.

School Children made a total of 357 attendances to bathing centres of which 271 were for vermin and nits, 48 for scabies and 38 for minor ailments.

PROBLEM CASE CONFERENCES

Various agencies and social workers attend a problem case conference which is held every three weeks. These conferences are particularly valuable in that they enable the staff to deal with the problems raised in the most effective manner.

STUDENT HEALTH

A health service to students at colleges and institutions of higher education is to be provided throughout Inner London and for this purpose a medical officer has attended a short course of lectures on the health problems of students.

The success of a school health service lies in teamwork and I should like to take this opportunity of thanking the Medical Adviser's Department of the Inner London Education Authority and also Mr. Kingdom and his staff at the local divisional education office for all the help they have given during the year.

SCHOOL DENTAL SERVICE

Appendix 'C' of the Report of the Chief Medical Officer for the Department of Education and Science "Health of the School Child for 1962 and 1963" states that the aim of the service is to ensure that, as far as possible, through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them.

1966 was the first full year of working since the London Borough of Hackney came into being in April 1965. Much of the energy spent on the dental services since this time has been devoted to improving the standards of surgery equipment. As both staff and premises are used jointly for the maternity and child welfare and school dental services, everything reported about these aspects of the service is applicable to both sections. However the statistics only relate to the dental treatment of school children. Those for pre-school children, and expectant and nursing mothers will be found on page 22 dealing with the maternity and child welfare services.

The school dental service in Hackney is administered in consultation with the Inner London Education Authority. Mr. K.C.B. Webster has been appointed as Dental Adviser to the Inner London Education Authority, to advise on overall policy and co-ordination of services throughout London. There is consultation with the principal school medical and dental officers of each borough so as to obtain a reasonably standardised service throughout the whole of Inner London. However, boroughs can then apply the general policy according to their local needs. All school dental matters therefore pass through the Health Committee, so that joint decisions can be made with the Inner London Education Authority.

STAFF

At the 31st December 1966 there was a staff of 5 full-time, 2 part-time, and 11 sessional dental officers, making a full-time equivalent of 10.1 within an establishment of 13.

The average age of full-time officers was 57 years, part-timers 55 years, and sessional officers 39 years. The overall average was 50 years. These figures emphasise the fact that although young graduates come into the service as sessional workers in order to follow their interest in children's dentistry, they are later lured away into general practice for the high remunerative rewards to be gained there. This is a most unsatisfactory state of affairs. We must do all in our power to attract a greater number of young graduates to our service in order to supplement the excellent full-timers who are already with us.

There are 15 dental surgery chairside assistants, 3 of whom are permanently assigned to Executive Council surgeries. Two of the fifteen possess National Certificates awarded by the British Dental Nurses and Assistant's Association, which entitles them to a slightly higher rate of pay. It is to be hoped that in future years more of the girls will try to prove themselves in this way.

POSTGRADUATE STUDIES

The Principal School Dental Officer attended the Annual Conference of the British Dental Association at Scarborough. Other dental officers have been on courses in orthodontics (at Whipps Cross Hospital and Queen Victoria Hospital, East Grinstead) and photographic aspects of dental radiography (Messrs. Kodak, London). One attended a conference on dental departments in hospitals. Both Authorities are to be thanked for helping to maintain their dental officers at a high standard of knowledge.

ACCOMMODATION

The Borough now has 12 dental surgeries housed in 7 clinics. In addition a surgery is maintained in the sick bay at the Hutton Poplars residential home. The clinics provide facilities for the dental treatment of all the recognised priority groups; school children, pre-school children, pregnant and nursing mothers, and the mentally handicapped. There are a further three surgeries in health centres, these being used by the Inner London Executive Council to provide general dental services under the National Health Service.

Rebuilding of the dental suite at the Shoreditch Health Centre is now complete, and the surgeries were brought into use in July 1966. This Centre has three local authority surgeries plus two for use of the Executive Council. Shoreditch has fully replaced the old Hoxton Treatment Centre.

Much effort has been put into improving equipment and facilities throughout the Borough. Operating lights and high speed drills have been brought into use in all surgeries, with much resultant benefit to both patients and professional staff. A great deal has still to be done to bring the dental facilities and equipment into line with that of the rest of the Country. However this is a very costly process and will thus have to be phased over several years.

With the enormous need for treatment serious consideration will have to be given to increasing both staff and premises if a fully comprehensive service for school children, apart from obligations to the other priority groups, is to be provided.

DENTAL INSPECTIONS

Full scale dental inspections are again in operation. It is aimed to eventually examine each child at least annually at school, as recommended by the Department of Education and Science, and as laid down by the Education Act of 1944. This is a progressive move, which counteracts Mr. Forrester's remarks in the last report; he stated that the system then in operation was a retrograde step, which would not establish the prevalence of dental disease in the school population. Such an annual inspection is essential if advice and treatment is offered to each child and its parents as and when needed. In addition, the assessment of oral disease so obtained enables us to plan for future manpower and surgery needs relating both prevention and treatment.

Out of a school population of 35,139 children, 27 per cent (9,347) had at least one dental inspection during 1966. This low figure was due to the changeover from the previous to the present system. Of those examined, 75.9 per cent were found to require treatment, a very high proportion indeed. This compares with a national average of 59 per cent. The high figure is almost certainly due to a direct result of poor dental facilities in the past. If this figure is representative of the Borough as a whole, extreme difficulty will be experienced in the very near future in coping with treatment of these children, as well as inspecting them. In view of the very large increase in school population expected in the near future, intelligent steps must be taken to prepare for the expected increase in demand.

TREATMENT

10,324 children attended surgeries on 31,129 occasions to receive 26,246 fillings, and to have 6,376 teeth extracted. Thus although the number of fillings is approximately the same as last year, the number of extractions has increased by 1,173 teeth.

It is to be absolutely deprecated that so many children in this day and age still need to have such a large number of teeth removed. It must be pointed out that this is the direct result of neglect. Many of these teeth could have been saved had parents brought their children to surgeries before the dental disease had got to the point of no return. Much decay could have been prevented had the children been subjected to courses of dental health education in their schools.

The following table shows the number of teeth extracted for each age Group.

Age Groups	No. of Teeth Extracted	
	1966	1965
5-9 years	3,843	3,231
10-14 "	2,309	1,962
15 & over	224	228
Totals	6,376	5,193

Of the increase shown by the 10-14 year age group, 159 of the teeth referred to belonged to the so-called "permaneat dentition", obviously a misnomer for these children; they had to be extracted almost before they had time to fully erupt into their correct positions in the mouth.

As in 1965, the majority of teeth were taken out from children in the youngest age group. It is therefore necessary to emphasise that it is too late to wait until a child starts school before bringing him to the dentist. Visits to the surgery should begin almost as soon as the child is born. In this way the dentist is able to advise parents on how to prevent dental disease before the teeth erupt into the mouth, and therefore before they come under attack by sweets, biscuits, cakes and sweetened drinks. Otherwise it is too late.

The ratio of fillings to extractions is 10.7 :1 for permanent teeth and 1.9 :1 for deciduous ones. These compare to national averages of 5.3 :1 and 0.6 :1 respectively. It is therefore clear that in Hackney more teeth are being saved than in many other authorities. However this gives no cause to cheer; the better figures are simply because of the extreme recruiting difficulties for dental officers in other parts of the country, which means that there is insufficient manpower to do all the necessary fillings. One should point out that the figure for permanent teeth includes extractions for orthodontic reasons. Such teeth have sometimes to be removed as part of normal planned therapy.

General anaesthetic sessions are held as and when required. It is to be hoped that by filling more teeth, and by extracting as many as possible of the remainder under local anaesthesia (injections), the number of gas sessions can be reduced to an absolute minimum. This is absolutely essential as much psychological damage is often done to children during the upsetting experience of a dental anaesthetic. This is widely recognised by children's doctors and dentists throughout the world. With this in mind it is sad to draw attention to the fact that nearly a quarter of all the children receiving general anaesthetics in London were in Hackney. And this is in spite of this borough having better facilities than other Inner London Boroughs to save teeth.

The number of orthodontic cases started in 1966 was 260, compared with 150 in the previous year. This is in addition to the children already under treatment. At present an orthodontist is employed on a sessional basis, but

it is to be hoped that the time is approaching fast when this will become a full-time appointment; there is certainly sufficient work to warrant this at present, and the need will become even more apparent when school inspections get fully into their stride.

In order to make the average child dentally fit, he had to attend the surgery for treatment on about 3 occasions. It is encouraging to note that the response rate by new patients has improved, even though that for on treatment cases was slightly less. However in each case we were about average for the Inner London Education Authority.

NATIONAL AVERAGES

It is interesting to compare a few aspects of the average amount of work done by dental officers in Hackney with the national average.

<i>Work Done</i>	<i>Hackney</i>	<i>National Average</i>
Inspected	1,580	3,400
Treated	1,230	1,000
Visits	3,680	2,570
Fillings	3,100	2,030
Extractions	740	980
Crowns and Inlays	4	4
Orthodontics completed	10	12

Our service therefore compares reasonably favourably with these figures. But let us not be too complacent. The reason for this is that some parts of the country are exceedingly hard hit by staff shortages, thus bringing down the national averages.

INNER LONDON EDUCATION AUTHORITY RECOMMENDATIONS FOR DEVELOPMENT OF THE SERVICE

In August, the Health Committee agreed to consider implementation of proposals suggested by the Inner London Education Authority, as far as is possible in this Borough. Summaries of the more important suggestions are enumerated below. It is to be hoped that at least some of these will be acted upon during the coming year.

1. That routine dental inspections in schools be re-introduced.
2. The establishment of dental officers be reviewed with a view to expansion to the extent needed to permit the full introduction of annual dental inspections in schools and the treatment resulting from this.
3. That a working week of 10 sessions could be introduced for full-time staff in the school dental service, instead of the 11 now worked.
4. That consideration be given to the desirability of adding the position of senior dental officer to the establishment.
5. That full account of experience since registration be taken in determining the commencing salaries of new entrants.
6. That sympathetic consideration be given to any proposal for allowing suitable dental officers to be associated with the work of the dental schools of the London hospitals.
7. That discussions be started with headteachers of schools where provision was made during building for the use of a room as a dental surgery, so that such surgeries may be brought into operation. Woodberry Down Comprehensive School is an example.

SCHOOL DENTAL STATISTICS

	Hackney 1965	Hackney 1966	I. L. E. A. 1966
1. School Roll:	34, 277	34, 509	408, 777
2. Number of Sessions:			
Inspection	145.0	45.0	558.0
Treatment - ordinary	4, 139.4	4, 280.0	26, 453.0
Treatment - general anaesthetic	106.5	128.0	496.3
Total	4, 390.9	4, 453.0	27, 507.3
3. First Inspections:			
(a) Number of first inspections in school	13, 368	2, 052	34, 500
(b) Number of first inspections at clinics	1, 137	7, 295	49, 420
(c) TOTAL	14, 505	9, 347	83, 920
(d) Percentage of school roll inspected	42.3	27.1	20.5
(e) Percentage of number inspected found to require treatment	67.8	75.9	69.8
4. Re-inspections:			
(a) Re-inspections at school or clinic	474	4, 308	20, 653
(b) Percentage of number re-inspected found to require treatment	53.6	65.2	64.9
5. Appointments given at surgeries:			
(a) New cases	25, 607	24, 656	151, 497
(b) On treatment cases	31, 367	30, 201	171, 459
(c) TOTAL	56, 974	54, 857	322, 956
6. Attendances made by:			
(a) New cases	10, 392	12, 376	74, 328
(b) On treatment cases	23, 921	22, 809	128, 446
(c) Emergencies	669	505	4, 119
(d) TOTAL	34, 982	35, 690	206, 893
(e) Attendances for general anaesthetics (included in total)	N. A.	2, 030	8, 426.
7. Response Rate by:			
(a) New cases	40.6	50.2	49.0
(b) On treatment cases	76.3	75.5	74.9
8. Children made dentally fit:	5, 388	6, 242	N. A.

N. A. - Not available

9. Analysis of attendances and general treatment according to age groups

	Ages			Totals	
	5 to 9	10 to 14	15 and over	1966	1965
First visits for treatment	5,457	4,241	626	10,324	9,024
Subsequent visits for treatment	8,935	10,228	1,642	20,805	20,480
Total visits for treatment	14,392	14,469	2,268	31,129	29,504
Additional courses of treatment commenced	639	459	54	1,152	1,039
Fillings in permanent teeth	4,832	10,554	2,060	17,446	18,080
Fillings in deciduous teeth	8,028	772	-	8,800	8,149
Permanent teeth filled	4,322	9,548	1,795	15,665	16,034
Deciduous teeth filled	7,366	742	-	8,108	7,336
Permanent teeth extracted	148	1,255	224	1,627	1,491
Deciduous teeth extracted	3,695	1,054	-	4,749	3,930
General anaesthetics administered	1,205	769	56	2,030	1,959

10. Orthodontics:

	1966
Cases remaining from previous year	151
New cases commenced during year	260
Cases completed during year	89
Cases discontinued during year	21
No. of removable appliances fitted	257
No. of fixed appliances fitted	14
Pupils referred to Hospital Consultant	45

11. Other Treatment:

	1966	1965
Pupils X-rayed	609	378
Prophylaxis	2270	1716
Teeth otherwise conserved	2856	2999
Number of teeth root filled	100	129
Inlays	7	23
Crowns	33	33

INTRODUCTION

The Council's responsibility to ensure that the homes in which people live, and the factories, offices and shops in which they work are safe, healthy and comfortable; that the air we breathe, the water we drink, and the food we eat are safe and wholesome, comes within the purview of the Health Department. To a large extent the public health inspectors apply the numerous Acts, Regulations, Bylaws, etc., to ensure that these responsibilities are carried out. Apart from merely invoking legislative procedure, however, the good Public Health Inspector, wherever possible, tries to prevent rather than cure.

Unfortunately, however, the year's work must be reviewed against a background of serious staff shortages and I have already drawn attention to this in my preface. Although there has been a shortage of actual inspectors, as in previous times, neither has been in the forefront in engaging and training student public health inspectors, and this we continue to do.

HOUSING

This is one of the most important aspects of environmental work undertaken in the Department, and bad housing is one of the underlying causes of ill-health. The three main Housing Acts with which this Department are concerned are those enacted 1937, 1961 and 1964 and details are set out below.

HOUSING ACT, 1937

CLEARANCE 1937

ENVIRONMENTAL HEALTH SERVICES

Four Clearance Orders were made in 1937 for 144 houses and 316 families.

INDIVIDUAL INFIT HOUSES

(a) Whole Houses

As regards individual infit premises, one Closing Order on a house was revoked and a Demolition Order substituted. Two Demolition Orders and six Closing Orders were made, and one Undertaking not to use a house for human habitation was accepted.

(b) Parts of Houses

Closing Orders were made in respect of parts of 15 houses; these included 61 individual underground rooms.

Undertakings not to use parts of buildings for human habitation were accepted in respect of parts of three houses; these included seven individual underground rooms.

During the year seven Closing Orders for parts of buildings were determined.

HOUSING ACT, 1961

MANAGEMENT ORDERS

Management Orders were made in respect of 10 houses where proper standards of accommodation had not been maintained bringing the total number of Management Orders made by the Council to 19.

INTRODUCTION

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HOUSING

This is one of the most important aspects of environmental work undertaken in the Department, as bad housing is one of the underlying causes of ill-health. The three main Housing Acts with which this Department are concerned are those enacted 1957, 1961 and 1964 and details are set out below:-

HOUSING ACT, 1957

CLEARANCE AREAS

Four Clearance Areas were declared involving 144 houses and 216 families.

INDIVIDUAL UNFIT HOUSES

(a) *Whole Houses*

As regards individual unfit premises, one Closing Order on a house was revoked and a Demolition Order substituted. Two Demolition Orders and six Closing Orders were made, and one Undertaking not to use a house for human habitation was accepted.

(b) *Parts of Houses*

Closing Orders were made in respect of parts of 43 houses; these included 61 individual underground rooms.

Undertakings not to use parts of buildings for human habitation were accepted in respect of parts of three houses; these included seven individual underground rooms.

During the year seven Closing Orders for parts of buildings were determined.

HOUSING ACT, 1961

MANAGEMENT ORDERS

Management Orders were made in respect of 10 houses where proper standards of management had not been maintained bringing the total number of Management Orders made by the Council to 29.

DIRECTIONS

Under the provisions of the Housing Act, 1961, a local authority may give Directions limiting the number of individuals who should occupy the house having regard to the amenities available.

On the 21st December, 1966, this Council formally adopted the following standards for assessing the maximum number of individuals who should live in houses in multiple occupation.

"(a) Natural and Artificial Lighting

(i) There shall be provided and maintained in every occupied room a window or windows with direct access to the external air capable of being opened and having, where practicable, a total lighting area, exclusive of sash or casement frames, equal to at least one-tenth of the floor area, provided always that notwithstanding that the total lighting area may comply or exceed the foregoing standard, the total natural illumination of the room shall in all events be reasonable for the purposes for which the room is used.

(ii) There shall be provided and maintained suitable means for securing adequate artificial lighting either by electricity or gas in each occupied room, kitchen, bathroom and water-closet, and also on any staircase not being a common staircase within the meaning of the Lighting of Staircase Byelaws. (Common staircases are required to be lighted under these Byelaws).

(iii) There shall be provided and maintained wherever practicable, adequate means of natural lighting of all staircases, landings, passages, halls and lobbies, and in all circumstances where such adequate natural lighting cannot be provided, adequate artificial lighting shall be provided as set out in (ii) above.

(b) *Ventilation* There shall be provided adequate means of ventilation including permanent ventilation in every passage, room, water-closet compartment and staircase. Every occupied room shall be provided with external ventilation by window or equivalent controllable openings having a total openable area equivalent to at least one-twentieth of the floor area.

(c) *Water Supply and facilities for Disposal of Waste Water* There shall be provided and maintained within each letting a proper and sufficient supply of water for drinking purposes under direct pressure from the mains of the Metropolitan Water Board or other suitable source. There shall be provided under every such water tap an adequate sink for domestic purposes with proper means of carrying off waste water and discharging into the drainage system.

(d) *Personal Washing Facilities* In each letting there shall be provided (elsewhere than on a staircase or landing) hot and cold water supply at a wash-hand basin or at a sink fitted with a waste water pipe properly connected to the drainage system. There shall be provided a fixed bath or shower constructed in accordance with the relevant drainage Byelaws with separate piped and tapped hot and cold water supplies in the ratio of two fixed baths or one fixed bath and one shower to every 10 persons irrespective of age. Every fixed bath or shower is to be in a separate compartment within the building not more than one storey distant from any rooms occupied by the person or persons for whom it is provided.

(e) *Drainage and Sanitary Conveniences* The premises shall be adequately drained in accordance with the provisions of the relevant Drainage Byelaws. Suitable and sufficient water-closet accommodation shall be provided and maintained for the use of each family or person in occupation of the premises not more than one storey distant from the part of the premises occupied by the person for whose use it is intended. There shall be provided two water-closets

each within a separate compartment for every ten persons irrespective of age. Provided that sanitary accommodation shall be deemed insufficient if it fails to provide a minimum of one water-closet for every two separate lettings or two or more rooms or for every three separate single room lettings.

(f) *Facilities for Storage, Preparation and Cooking of Food* Facilities for the storage, preparation and cooking of food shall be provided and maintained in the room or one of the rooms in the separate occupation of each family, or individual as the case may be, except where meals are provided by the person having control of the premises and are taken in a common dining room. Such facilities shall include an adequate food storage cupboard directly ventilated to the external air or a fixed refrigerator, and a suitable and sufficient appliance for cooking food, including an oven or grill, heated by gas, electricity or solid fuel.

(g) *Installations for Space Heating* In each letting there shall be an approved appliance capable of burning efficiently any of the solid fuels authorised for the purposes of the Clean Air Act, 1956, or an adequate number of suitable points to which electric or gas space heating appliances with adequate ventilation where necessary can be attached. Where a solid fuel fired appliance is in use, then adequate fuel storage facilities reasonably accessible to the letting shall be provided and maintained.

(h) *Provision of Means of Escape from Fire* A house in multiple occupation shall be provided with such means of escape from fire as the Council after consultation with the Greater London Council, considers necessary.

(i) *Refuse and Litter* There shall be provided and maintained such number of covered dustbins for the reception of house refuse of such material, size and construction as the Council may approve."

It is the policy of this Council to give a Direction on houses where this Department is notified by the Housing Department and the Greater London Council that rehousing is to take place. In addition other Directions are given upon the recommendation of the Public Health Inspector as part of his routine duties. During the year a total of 152 houses occupied by more than 1 family were inspected. In certain instances action leading to the giving of a Direction was taken. In all a total of 177 Directions were given. Legal proceedings in respect of contraventions of Directions were instituted in respect of 9 cases.

It may be appropriate to mention here that it is not always possible to serve a Direction Notice within the statutory time limit and this means that the facts have to be re-submitted to the Health Committee.

VARIATION OF DIRECTIONS

A local authority may at any time, having regard to any works which have been executed in the houses, or any other change of circumstances, upon application, revoke or vary a Direction. During the year 20 Directions were varied and 1 revoked.

These figures bear little or no relationship to the vast amount of work this important legislation has thrust upon the Department.

HOUSING ACT, 1964

The Housing Act, 1964, provides, *inter alia*, for the compulsory improvement of dwellings if the Council is satisfied that the area consists of dwellings at least one half of which lack one or more of the standard amenities.

These areas are known as Improvement Areas.

A tenant of a house outside an Improvement Area may ask the local authority to secure the improvement of his house. Four applications regarding provision of amenities to the full standard as set out in Section 43 of the Act were dealt with.

RENT ACT, 1957

One application for a Certificate of Disrepair was received and one certificate was granted.

Three applications for the cancellation of Certificates of Disrepair were received and notice given to tenants and a total of four certificates were cancelled.

FOOD AND DRUGS

Efforts to safeguard the public by supervision and control at every stage in the production, processing and subsequent handling of food before it ultimately reaches the consumer, must of necessity be governed by staff availability. If complete coverage of the whole procedure is not possible, then a decision has to be made as to a system best suited to ensure at least a "watching brief" on all important aspects.

Wholesale deliberate adulteration of foods, as was practised years ago, has probably ceased, but this does not relieve the Food and Drugs Authorities from being vigilant. With the so called 'modern progression', the reason for sampling has changed, and in consequence, laboratory techniques have altered. Whilst additives correctly applied and non-nutritive ingredients which have been added intentionally to improve the appearance, texture, or flavour of food can contribute an improvement to the preservation of food, they all require checking to ensure that they are not in excess of the prescribed limits.

Details of food trades carried on in 1,925 premises situated in the Borough

Aerated water manufacturer	1
Bakehouses (basement)	10
Bakers' shops and Bakehouses	98
Beer bottlers	1
Butchers	221
Cake decoration manufacture	1
Confectionery (Sweet shops)	502
Fish, wet, fried and curing	95
Food importers	3
Greengrocery	205
Grocery and provisions	533
Ice cream- manufacture and sale	711
Milk distributor	298
Public Houses and Off Licences	391
Preserved food premises	266
Restaurants and Cafes	322
Wholesale food storage.. .. .	46

3,704

The position in regard to street traders licensed to engage in the sale of food commodities at 31st December was as follows:-

Foodstuffs sold	Place of Trading							Total number of stalls
	Hoxton Street	Ridley Road	Chatsworth Road	Well Street	Kingsland Road	Broadway	Other Sites	
Fruit and vegetables ..	43	57	25	19	4	29	15	192
Fish (wet, dry and shell) ..	5	12	4	3	2	4	2	32
Poultry	1	8	1	-	1	1	1	13
Meat and poultry	2	2	1	-	-	1	-	6
Grocery and provisions ..	8	8	3	-	-	3	1	23
Sweets and ice cream ..	6	2	4	2	2	2	2	20
Soft drinks	3	-	-	-	1	-	1	5
Cakes and biscuits	1	2	3	1	1	4	-	12
Refreshments (Coffee stalls)	-	1	-	-	1	-	2	4
Apple fritters	-	-	-	-	1	-	-	1
Eggs	1	3	1	1	-	2	1	9
Totals	70	95	42	26	13	46	25	317

Seven new applications for registration of premises for the preparation of Manufacture of Preserved Food intended for sale were received, and at the end of the year there were 266 premises registered.

FOOD HYGIENE (GENERAL) REGULATIONS 1960

Regular visits are made to premises selling foods to ensure that the Food Hygiene (General) Regulations, 1960, are being complied with.

Contraventions to the number of 254 were found at a total of 81 premises. Following an informal approach to the occupiers of the premises concerned it was necessary to institute legal proceedings in 42 cases details of which are set out on page 81.

Analysis of premises found to be contravening the Food Hygiene (General) Regulations 1960.

Bakers	4
Bakehouses	9
Butchers	10
Cafes and restaurants	25
Confectioners	1
Dairy	1
Fish shops	5
Greengrocers	2
Grocery and provisions	10
Public Houses	13
Food Vehicles	1
Total	81

Food Hygiene (General) Regulations, 1960
Regulations Contravened

Regulation No.		No.
5	Food businesses not to be carried on at insanitary premises	4
6	Cleanliness of equipment, etc.	20
8	Food to be protected from risk of contamination ..	20
9	Personal cleanliness	5
10	Carrying of food and wrapping, etc. of open food ..	2
11	Persons suffering from certain infections	1
12	Soil drainage systems	1
13	Cisterns for supplying water to food rooms	1
14	Sanitary conveniences	36
15	Water supply to be provided	1
16	Wash-hand basins to be provided	31
17	First-aid materials to be provided	22
18	Accommodation for clothing, etc.	4
19	Facilities for washing food and equipment	15
20	Lighting of food rooms	4
21	Ventilation of food rooms	4
22	Food room not to be, or communicate with, a sleeping place	1
23	Cleanliness and repair, etc. of food rooms	58
24	Accumulation of refuse, etc.	21
26	General requirements as to stalls and vehicles ..	2
27	Covering of certain stalls, and receptacles for waste	1
	Total	254

The records of the Department are so constructed that it is not possible to extract details of individual premises which are fitted to comply with the specific regulations set out in the Regulation.

SAMPLING

A wide variety of food samples were taken and submitted to the Public Analyst. The results are set out in the table opposite.

Description of Article	Formal samples		Informal samples	
	Number taken	Number Non-Genuine	Number taken	Number Non-Genuine
Acetic Acid			2	1
Aspirin tablets			8	
Baby foods			5	1
Beer	9			
Biscuits, cakes, etc.			22	2
Blackcurrant health drink			5	2
Bread crumbs			2	
Bread and butter	2			
Butter	8		24	1
Butter rolls	2	2		
Cereals			3	
Cheese			6	
Chicken preparations			5	1
Chocolate			2	
Cocoa			1	
Cocktail wine	1			
Coffee	1		9	
Colouring matter			3	
Cream and cream substitutes			8	1
Custard powder			2	
Drinks, minerals, etc.			22	1
Drugs and medical preparations	1		34	4
Fish cakes	1		2	
Fish, canned	1		7	
Fresh			3	
smoked	2		4	
Flavouring essences			7	
Flour			25	
Fruit, canned	1	1	50	5
dried			19	
fresh			14	
juice			9	
Gin	4			
Glycerin			2	
Herbs			22	
Honey			4	
Ice Cream	1		22	
Ice Lollies			24	
Jellies			15	1
Lard	3		6	
Margarine	5		1	
Marzipan			5	
Marmalade			6	
Meat, canned			18	5
cooked			1	
fresh			4	
Meat, products			25	
Milk	12		79	1
Milk, condensed			4	
powder			3	
Mincement	1		4	
Non-brewed condiment	3		2	
C. F.	58	3	550	26

Description of Article	Formal Samples		Informal Samples	
	Number taken	Number Non-Genuine	Number taken	Number Non-Genuine
B.F.	58	3	550	26
Oil, cooking			4	
Oil of Eucalyptus			2	
Paste, fish			8	
meat			5	
tomato			3	
Peel			1	
Pickles			8	
Pie fillings			14	3
Preserves			29	1
Pudding mixtures			8	
Rice, sago, semolina, etc.			20	
Rum	3		1	
Sauces			26	
Sausages			3	
Sodium bicarbonate			1	
Soups			8	
Spices	3		20	2
Suet	2		1	
Sugar			4	
Sweets			18	1
Tea			28	3
Vegetables, canned			35	1
dried			9	
fresh			8	
Vinegar	5	1	8	
Whisky	4			
Yeast			1	
Yoghurt			3	
Total	75	4	826	37

A detailed analysis of the non-genuine samples and the action taken is set out below:-

Sample	Analyst's report	Action taken
FORMAL		
Butter rolls	Fat spread consisted of margarine.	Legal proceedings instituted
Butter roll	Fat spread consisted of mixture of butter and margarine	Legal proceedings instituted
Vinegar	Coloured solution containing 2.9 per cent acetic acid	Legal proceedings instituted
Fruit Salad in Syrup	Wrongly labelled, and excessive proportion of syrup.	Correspondence with manufacturers not yet finalised

<i>Sample</i>	<i>Analyst's report</i>	<i>Action taken</i>
INFORMAL		
Beef in Natural juices	Contained added water and should have been described as beef in gravy	Letter to wholesaler
Beef in Natural juices	Contained added water and should have been described as beef in gravy	Letter to wholesaler
Ham Rivoli	Contained only 35 per cent of meat. Label misleading	Letter to manufacturer
Beef Milano	Contained only 29 per cent of meat. Label misleading.	Letter to manufacturer
Chicken Capri	Contained only 29 per cent of meat. Label misleading	Letter to manufacturer
Junior Foods	Contained small piece of metal	Food complaint - legal proceedings instituted
Shortcake slab	Piece of shortcake and 2½" fine gilt chain partly coated with masticated cake.	Food complaint - Warning letter to manufacturer
Tea	Musty and unfit for consumption	Tea destroyed
Bottled Grape Eating Birds	Wrongly labelled	Letter to wholesaler
Miracle Whip	Deficient in vegetable oil	Formal sample taken which proved satisfactory
Solution of Acetic Acid	Deficient in Acetic Acid	Formal sample taken which proved satisfactory
Chili powder	Wrongly labelled	Manufacturer has re-designed label
Spirit of Sal Volatile	Ammonia 23 per cent below minimum required	Stock withdrawn
Spirit of Sal Volatile	Ammonia 76 per cent below minimum required	Stock withdrawn
Spirit of Sal Volatile	Ammonia 61 per cent below minimum required	Stock withdrawn
Carrot Juice canned	Contained diluted carrot puree	Product discontinued
Spirit of Sal Volatile	Ammonia 74.5 per cent below minimum required	Stock withdrawn
Chili powder	Wrongly labelled	Manufacturer has re-designed label
Cola & Rum	Wrongly labelled	No action in view of Bill now before Parliament

Sample	Analyst's report	Action taken
Cooking Butter	Wrongly labelled	No action in view of Bill now before Parliament
Rhubarb, canned	Contents within prescribed limits but some reaction with tin had taken place	Stock withdrawn
Orange Flavoured jelly	Wrongly labelled	Manufacturer is re-designing label.
"Tender Tips" Tea	Wrongly labelled	Manufacturer has discontinued this brand.
"Home Farm Tips" Tea	Wrongly labelled	Manufacturer to delete "Tips" from labels on new packets
Doughnut	Contained small dead insect embedded in cream	Food complaint - Submitted to Committee - legal proceedings instituted.
Milk	Contained added water	Formal sample taken - satisfactory
Lemonade powder	Ingredients not declared	Manufacturer has re-designed label
Canned Pineapple slices	Contained a small dead insect	Food complaint - Warning letter sent
Fruit Salad in syrup	Wrongly labelled and excessive proportion of syrup	Correspondence with manufacturer not yet finalised
Peach Pie Filling	Misleading label	No action taken in view of Bill now before Parliament
Pineapple Preserve	Mould growth on surface	Remaining stock examined - satisfactory
Thicker Topping	Misleading label	Manufacturer to re-design label
Peach Pie Filling	Misleading label	No action taken in view of Bill now before Parliament
Peach Pie Filling	Misleading label	No action taken in view of Bill now before Parliament
Fruit Salad in syrup	Wrongly labelled and excessive proportion of syrup	Correspondence with manufacturer not yet finalised
Ribena	Wrongly labelled	No action taken in view of Bill now before Parliament
Blackcurrant Health Drink	Wrongly labelled	No action taken in view of Bill now before Parliament

MILK AND DAIRIES

There are no collecting centres, pasteurising or bottling plants within the Borough, all milk being treated and bottled before delivery to distributors in Hackney. The number of details of premises other than dairies registered for the distribution of milk totalled 298.

Details of Dealers' licences for pre-packed milk issued under the Milk (Special Designation) (Amendment) Regulations, 1965, were as follows:-

Ultra Heat Treated	-	59
Untreated	-	47
Pasteurised Milk	-	267
Sterilised Milk	-	279

Pasteurised milk is required to comply with the Phosphatase Test for adequate heat treatment, and with the Methylene Blue Test for bacterial cleanliness.

Our milk sampling policy has been directed along lines which were considered to be best suited to afford adequate control and to safeguard the product as distributed to the consumer. The table below sets out from whence the samples were taken.

Type of test	Roundsmen and Shops	Schools	Vending Machines	Milk Dispensers	Hospitals	Total
Chemical	17	31	33	5	8	94
Bacteriological	16	34	18	Nil	7	75

No adverse reports were received from either chemical or bacteriological laboratories concerning milk purchased from roundsmen or shops, or milk taken from schools or hospitals.

Cafe proprietors of the premises where the Milk Marketing Board have installed their milk dispensers have been strongly advised against the practice of rinsing out the bottles of milk with water and pouring it into the dispenser.

ICE-CREAM

The pattern of ice-cream trading has changed latterly which has called for a review of sampling and control procedures. Soft ice-cream sold from a dispensing machine is gaining in popularity, and whilst the product itself may be sterile the attention given to the machines by the operators is not always of a sufficiently high standard as to produce a constant Grade 1 product. The reports on the 50 samples of ice-cream which were submitted to the Public Health Laboratory Service for Methylene Blue Tests were as follows:-

Grade 1	-	16
Grade 2	-	15
Grade 3	-	13
Grade 4	-	6

Of the 51 samples taken for chemical examination under Food Standards (Ice-Cream) Regulations, 1959, not one was reported as being deficient in the required standards.

19 new applications for the sale and/or storage of ice-cream were approved. At the end of the year the premises of 711 retailers and 15 manufacturers were registered.

EGG PASTEURISATION PLANTS AND POULTRY PROCESSING PREMISES

There are no such establishments situated within the Borough.

WATER SUPPLY

The Metropolitan Water Board is responsible for supplying water to this area and the Director of Water Examination has kindly supplied the following information:-

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

The water supplied to Hackney is derived from the New River and the River Thames. No new sources of supply were instituted.

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

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

All new and repaired mains are disinfected with chlorine; after a pre-determined period of contact the pipes are flushed out and refilled; samples of water are then collected for these treated mains; and the mains are returned to service only after results are found to be satisfactory. The quality control from these laboratories is carried out by means of daily sampling from sources of supply, through the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

All dwellings in the borough are supplied from water mains direct to the houses; there is no permanent supply by means of standpipes.

The following additions were made to the mains in this area.

- (i) trunk mains - 137 yards of 24" main and 188 yards of 16" main
- (ii) other mains - 563 yards

FLUORIDATION

The Council received the following report of the Health Committee on 23rd June, 1965.

The question of the fluoridation of drinking water as a protection against dental decay has already been considered by the former Metropolitan Borough Councils of Hackney, Shoreditch and Stoke Newington and the three authorities were in favour of the scheme.

We, as the Health Committee of the new London Borough of Hackney, have now considered the main issues for and against the fluoridation of drinking water and are of the opinion that it is harmless to health and effective for dental protection'.

SWIMMING BATHS

Regular routine samples are taken of the water in the four public swimming baths in the Borough, and of the 18 taken for chemical and bacteriological examination no adverse report of any consequence has been received.

Results of bacteriological examination after treatment (yearly average)

Source of supply	No. of samples	Agar Plate Count per ml. after 20-24 hours at 37°C	Coliform count per cent. samples negative in 100 ml.	E. Coli count per cent. samples negative in 100 ml.
New River - Derived	256	12.9	100.0	100.0
All Thames - Derived	3,569	14.1	99.44	99.97

Average results of the chemical examination of water (Milligrams per litre):

	New River-derived	All Thames derived
No. of samples	52	363
Ammoniacal Nitrogen	0.038	0.030
Albuminoid Nitrogen	0.069	0.088
Nitrate Nitrogen.	5.4	4.1
Oxygen abs. from $KMnO_4$ 4 hrs. at 27°C.	0.74	1.26
Hardness (total) $CaCO_3$	315	285
Hardness (non-carbonate) $CaCO_3$. ..	82	78
Magnesium as Mg.. .. .	4	5
Sodium as Na	27.8	24.5
Potassium as K	4.7	4.9
Chloride as Cl	36	32
Phosphate as PO_4	1.4	1.7
Silicate as SiO_2	10	8
Sulphate as SO_4	64	64
Natural Fluoride as F	0.20	0.20
Surface - active material as Manoxol OT	0.01	0.01
Turbidity units.. .. .	0.1	0.1
Colour (Burgess units).. .. .	9	15
pH Value.. .. .	7.8	7.9
Electrical Conductivity (microhms) ..	630	570

CLEAN AIR

At the end of 1965 only three areas in the Borough were not subject to a Smoke Control Order. During the current year further progress has been made and two new areas came into operation; the Shoreditch (Moorfields) Order on the 1st April, 1966 and the Hackney No. 10 Order on 1st September, 1966. The last Order, the Hackney No. 11 Order, was awaiting confirmation at the end of the year.

A joint conference of six neighbouring local authorities was held in December and at this meeting each authority submitted maps and particulars of their smoke control programmes. This Council's programme will be the first to reach completion in 1967, whilst none of the other Council's anticipate completion of their programmes until the 1970's, a noteworthy achievement for this Council.

During the year 816 applications for grants in respect of the adaptations to fireplaces serving private dwellings were approved at a total cost of £17,697. 17s. 1d. In sixteen cases relating to eighteen adaptations payment of 100% of the approved cost was made. There were also five applications for approval of new furnaces under Section 3 of the Act.

There were 60 complaints in respect of emissions of smoke and each was investigated but no statutory action was necessary.

Six atmospheric pollution stations, each of which is equipped with a volumetric sulphur dioxide instrument with smoke filter attachment, are sited as follows:

Municipal Offices, 380, Old Street, F.C. 1.,
Town Hall, Mare Street, E. 8.,
Lampard Grove Depot, N. 16.,
Rushmore Road Primary School, E. 5.,
Metropolitan Hospital, E. 8.,
Edwards Lane Depot, N. 16.

The Greater London Council maintains two stations, one in Victoria Park and another at the Ambulance Station, Brooksby's Walk, E. 9.

The Clean Air Act, 1956, by authorising the making of smoke control areas will have significantly dealt with the reduction of smoke in this Borough when its programme is completed next year. There are a number of sources of atmospheric pollution which cause some concern e.g. sulphur dioxide emitted from chimneys, pollution from vehicles with petrol or diesel engines, fumes and dusts from manufacturing processes, and the incineration of waste refuse from factories, commercial premises and other establishments.

To make a further significant advance in establishing 'clean air' local authorities need to be provided with additional powers designed to reduce and control these pollutants.

ABOLITION OF UNNECESSARY NOISE

The growing number of requests for assistance and advice on matters of noise control throughout the year is a positive indication of the increase in noise consciousness of the general public.

The policy of the Council in insisting that all pneumatic equipment used by them on road development and repairs is effectively silenced, the insertion of a clause in all contracts entered into by the Council, to the effect that all pneumatic breakers shall be effectively silenced and that the times of operation limited unless in emergencies, has had its effect on reducing noise in road operations throughout Hackney.

The example set by Hackney has been noted and followed by other local authorities both in the London area and in other parts of the Country. Statutory undertakings, even though exempt from the provisions of the Noise Abatement Act, are co-operating and providing silencing arrangements to road breakers when used in the Borough.

The number of noise complaints received during the year conveys little or no indication of the amount of work involved. There are no legal standards of noise laid down to assist those occupied in trying to limit the noise emitted from the various types of equipment, whether they be road breakers and other equipment used outdoors, or machinery used indoors.

The Department is equipped with the very latest types of octave band analysers and other sound measuring equipment, and while these instruments are invaluable in carrying out research, they are of little value in determining a noise nuisance, for more often than not it is not the total volume of noise which is a nuisance, but the character - for a dripping tap can be of more annoyance to some people than the noise of a heavy machine.

Research is continuing (the Chief Public Health Inspector is much involved in this) into an entirely new type of road breaking equipment, which is operated hydraulically, and if successful will eliminate completely the noise from the exhaust of the breakers as is the case with pneumatic equipment.

The major noise problem in Hackney is traffic noise, which is increasing day by day, and whilst this is recognised as being a serious health hazard the Health Department as such has no control over the legal aspect of this nuisance. There are indications, however, that within the not too distant future, noise standards may be made and a maximum noise standard will be defined for heavy vehicles.

PUBLIC HEALTH ACTS

DRAINAGE

During the year 161 plans were submitted and each one is examined and necessary amendments made before approval is given.

The gradual introduction of new materials, e.g. plastic waste and soil pipes, unglazed earthenware pipes bearing British Standard Specification, flexible jointed pipes and many other modern innovations has necessitated a great deal of time being devoted to determining whether such materials would in fact be acceptable under the Drainage Byelaws.

The work of sealing off disused drains is increasing year by year as the clearance of sites proceeds, and this throws extra work on drainage labour. Serious consideration is being given to the employment of mechanical equipment to do this work to relieve the manpower, and also to carry out the work more economically.

CLEANSING, DISINFECTION AND DISINFESTATION

The bathing centre for adults, mainly the elderly, is situated in Millfields Road, E. 5. A few young children also attend this centre but schoolchildren are

dealt with at Hackney School Treatment Centre and Shoreditch Health Centre, (see page 51).

A total of 151 adults, and 139 children under 5 years were treated for scabies and 47 adults, and 26 children under 5 years of age treated for vermin. Normally, two treatments are required to clear a case of scabies and one for vermin.

Arrangements have also been made with other authorities for the treatment of residents in their areas at the bathing centre.

The Department is also responsible for the disinfection of verminous rooms and articles and a total of 1,444 rooms and 364 articles were treated. In addition approximately six van loads of verminous and other articles were destroyed.

Certain foreign countries prohibit the importation of second-hand clothing unless a certificate that the articles have been disinfected can be produced. A charge is made to private firms wishing to have second-hand clothing disinfected for this purpose.

OFFENSIVE BUSINESSES

The dressing of fur skins is carried on at 6 premises and is the only offensive business in the Borough.

COMMON LODGING HOUSES

There are none in the Borough.

MORTUARY

The Council's mortuary adjoins the churchyard of the Parish Church of St. John-at-Hackney and provides refrigerated accommodation for 15 bodies.

There is an arrangement with the London Borough of Tower Hamlets for receiving bodies from the Bethnal Green area, the cost being shared on a population basis.

Details are set out below:-

	Residence			Total
	Hackney	Bethnal Green	Elsewhere	
No. of bodies received	333	73	68	474
No. to await postmortem examination	331	73	67	471
No. of inquest cases	60	9	19	88

ANIMALS

The Council has various responsibilities under Acts relating to the protection and diseases of animals, arrangements have been made for the Corporation of the City of London, who employ a Veterinary Officer and Inspectors, to undertake the duties in respect of these Acts on an agency basis, except in the case of the Pet Animals Act, 1951, and Animal Boarding Establishments Act, 1963, which this Department administers direct.

Details of the five main Acts dealing with animals can be summarised briefly as follows:-

Diseases of Animals Act, 1950: The Corporation of the City of London Inspectors make routine visits to butchers and poulterers.

No infringements of the regulations were reported.

Pet Animals Act, 1951: Annual licences were granted to fifteen pet shops, including stalls in open markets.

Twenty-five visits were made and in all cases it was found that the conditions of the licences were being complied with.

Riding Establishments Act, 1964: There are none in this Borough.

Performing Animals (Regulations) Act, 1925: No licences were granted.

Animal Boarding Establishments Act, 1963: There are none in this Borough.

RODENTS

There are twelve rodent operatives working under the overall supervision of the Public Health Inspectorate. Their work can briefly be divided into three;

1. Treating all sewers in accordance with the recommendations of the Minister of Agriculture, Fisheries and Food.
2. Destroying breeding grounds and in particular the sealing of disused drains.
3. Dealing with surface infestations.

In 1965 the Council decided that all sewer treatment throughout the Borough shall be carried out under the control of the Health Department and this is the first year when a complete sewer treatment over the whole of the new Borough has been carried out according to this policy.

In the past, success has been achieved by the use of "Warfarin" but owing to the gradual resistance to "Warfarin" so far as rats are concerned the Ministry recommended direct poisoning by the use of sodium fluoroacetate and this has been employed throughout the sewers in this Borough. As a matter of interest every manhole and side entrance in the Borough, totalling 1500, were baited three times during the year.

Rats do not breed in the sewers but in disused drains connected to the sewers, and it is here that the rodent operative staff have concentrated a great deal of effort to destroy such breeding grounds, particularly in clearance areas and vacant sites. The control of rodents in demolished clearance areas presents a special problem. Once the premises have been demolished it is not always possible to trace the drainage system. Therefore drainage plans are made before demolition commences, and in this way it is possible to seal off all disused drains effectively.

Details of work done under the provisions of the Prevention of Damage by Pests Act 1949 are set out below:-

No. of properties in the Borough	81,885
No. of complaints received	2,941
No. of inspections	3,027
Drains examined	151
Drains smoke tested	296
Drains found to be defective	75

Infested premises cleared of vermin

	Business premises	Dwelling homes	Total
Rats	142	617	759
Mice	285	1632	1917
Total	427	2249	2676

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This Act requires the registration of premises upon which specific materials are used in the process of upholstering furniture, the stuffing or lining of bedding, or toys. One new factory was registered bringing the total to 38.

Premises where these specific materials are actually manufactured, stored or offered for sale require to be licensed annually. One new licence was issued and licences were renewed in respect of 4 premises.

Sampling under the Act was carried out at 12 premises and all 21 samples were reported upon as being satisfactory.

MASSAGE AND SPECIAL TREATMENT

Under the provisions of the London County Council (General Powers) Act, 1920, as continued in force by the London Government Act, 1963, 15 establishments were licensed to carry out massage and special treatments.

PHARMACY AND POISONS ACT, 1933

The names of 135 persons and the addresses of their business premises were entered in the Authority's register for the sale of Part II poisons at the end of the year.

FERTILISER AND FEEDING STUFFS ACT, 1926

Three of the Council's inspectors are authorised to procure samples under this Act and the Council has appointed a member of the staff of the Scientific Adviser to the Greater London Council as official agricultural analyst for this purpose. No samples were taken during the year.

FACTORIES ACT, 1961

Details of inspections carried out in accordance with Sections 1-7 of the Factories Act, 1961, are set out in the table opposite.

Premises	Number on Register	Number of		Occupiers prosecuted
		Inspections	Written Notices	
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local Authorities	99	8	-	-
Factories not included in (i) in which Section 7 is enforced by the local Authority	2672	699	35	-
Other premises in which Section 7 is enforced by the Local Authority (Excluding outworkers' premises)	-	-	-	-
Total	2771	707	35	-

Cases in which defects were found are set out in the table below:-

Particulars	Defects		Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S. 1) ..	-	-	-	-	-
Overcrowding (S. 2)	-	-	-	-	-
Unreasonable temperature (S. 3)	-	-	-	-	-
Inadequate ventilation (S. 4)..	-	-	-	-	-
Ineffective draining of floors (S. 6)	-	-	-	-	-
Sanitary conveniences (S. 7) ..	-	-	-	-	-
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defective..	33	28	-	29	-
(c) Not separate for sexes..	-	-	-	-	-
Other offences against the act (not including offences relating to Outwork)	-	-	-	-	-
Total	35	30	-	29	-

OUTWORKERS

The occupier of every factory or contractor employed by any such occupier in the business of the factory is required to submit to the local authority during February and August in each year, a list showing all the outworkers employed by him during the previous six months.

The current list shows 137 firms employing 1,397 outworkers of whom 566 are in Hackney; details are given below.

Nature of Work	No. of outworkers in August list as required by Section 133 (1)(c)
Wearing apparel Making etc., Cleaning	1,185
Household linen	10
Lace curtains	3
Furniture and Upholstery	35
Brass articles	10
Iron and steel chains	5
Artificial flowers	31
Paper bags	4
Making of boxes	75
Brush making	12
Feather sorting	1
Carding of buttons	25
Stuffed toys	1
Total	1,397

There were no instances of an employer failing to send in a list nor of work being done in unwholesome premises.

If an outworker appearing on this list works from premises situated in another area, the local authority concerned is informed by the authority receiving the list from the factory. In this way it is possible to ascertain how many residents in Hackney are doing outwork. Lists received from other local authorities show 359 Hackney outworkers employed by firms outside the Borough. The type of home work carried out by outworkers is listed below:-

Wearing apparel	702
Household linen	16
Lace curtains	4
Furniture and upholstery	33
Brass articles	27
Iron and steel chains	5
Umbrellas	1
Artificial flowers.. .. .	22
Paper bags	1
Making of boxes	79
Brush making.	9
Feather sorting	1
Carding of buttons.. .. .	20
Stuffed toys.	2
Christmas crackers.. .. .	3

Total 925

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Statistics relating to registration and general inspections are set out below:-

Class of Premises	Number of premises Registered during the year	Total Number of Registered Premises at end of year	Number of Registered premises receiving a general inspection during the year
Offices	240	814	308
Retail shops	303	1529	371
Wholesale shops, warehouses ..	119	354	187
Catering establishments open to the public, canteens	70	266	138
Fuel storage depots	2	5	2
Totals	734	2968	1006

No. of notices served in respect of contraventions was 6.

Analysis of persons employed in registered premises by workplace

Class of Workplace	Number of persons employed
Offices	16,577
Retail shops	10,179
Wholesale departments, warehouses ..	6,303
Catering establishments open to the public	1,803
Canteens	776
Fuel storage depots	93
Total	35,731
Total Males	19,930
Total Females	15,801

SUMMARY OF INSPECTIONS CARRIED OUT BY PUBLIC HEALTH INSPECTORS

PUBLIC HEALTH ACTS, 1936 & 1961						Visits	Re-visits
On Complaint	..	..	..	..	..	5,908	12,430
House to House	..	..	..	..	..	106	276
Infectious Disease	..	..	..	..	..	182	151
Verminous Conditions	..	..	..	..	..	162	120
HOUSING ACTS							
Advances for House Purchase	..	..	..	..	..	204	3
Demolition Orders	..	..	..	..	..	38	21
Closing Orders	..	..	..	..	..	318	190
Clearance Areas	..	..	..	..	..	192	113
Houses in Multiple Occupation	..	..	..	..	..	744	893
Standard Grants	..	..	..	..	..	118	26
Improvement Dwellings	..	..	..	..	..	3	8
RENT ACT, 1957							
Certificates of Disrepair	..	..	..	..	..	1	3
Cancellation Certificates	..	..	..	..	..	7	10
FOOD & DRUGS ACT, 1955							
Registered Food Premises	..	..	..	..	..	238	244
Other Food Premises	..	..	..	..	..	456	599
Stalls	..	..	..	..	..	22	38
Markets	..	..	..	..	..	22	109
Food Inspection	..	..	..	..	..	244	430
Dairies & Milk Distributors' Premises	..	..	..	..	..	139	4
INVESTIGATIONS							
Food Complaints	..	..	..	..	..	115	70
Food Poisoning Cases	..	..	..	..	..	25	28
OTHER VISITS							
Aged and infirm persons	..	..	..	..	..	4	3
Drainage (General)	..	..	..	..	..	985	3,704
Drainage (Rat infestations)	..	..	..	..	..	170	318
Factories	..	..	..	..	..	196	511
Hairdressers and Barbers Premises	..	..	..	..	..	8	4
Heating Appliances	..	..	..	..	..	4	-
Noise Investigations	..	..	..	..	..	161	115
Offensive Trades	..	..	..	..	..	9	12
Outworkers Premises	..	..	..	..	..	2	3
Pet Shops	..	..	..	..	..	20	5
Offices, Shops & Railway Premises Act,	..	..	..	..	..	128	143
Rag Flock & Other Filling Materials Act,	..	..	..	..	..	31	12
Smoke Observations by District P.H.I's	..	..	..	..	..	123	154
Vacant sites	..	..	..	..	..	89	128
Amusements with prizes	..	..	..	..	..	16	2
Appointments and interviews	..	..	..	..	..	796	543
Attendances at Court	..	..	..	..	..	116	39
Builders Notices (Supervision of work)	..	..	..	..	..	104	221
Housing Applications	..	..	..	..	..	17	13
Effluvia investigations	..	..	..	..	..	17	18
Pharmacy & Poisons Act	..	..	..	..	..	118	2
Massage Establishments	..	..	..	..	..	16	5
Clean Air Act adaptations (including visits of T.A.)	..	..	..	..	..	1,489	-
Miscellaneous visits	..	..	..	..	..	278	217

INDEX

A				H	
Animals	74	Handicapped children	20	Health education	34, 49
Ante-natal and post-natal care	18	Health centres	35	Health committee	1
B		Health visiting	29	Hearing	49
Bathing service	41	Home help service	35	Home nursing	30
Blind persons	41	Housing	59		
C				I	
Care of mothers and children	18	Ice cream	69	Illegitimate births	18
Cervical cytology	33	Immunisation	31	Incontinent Laundry	41
Chiropody	33	Infectious diseases	14, 48		
Child welfare clinics	19			L	
Clean air	72	Legal proceedings	81		
Cleansing	73			M	
Common lodging houses	74	Massage establishments	76	Maternal deaths	18
Congenital deformities	20	Medical examination of Staff	43	Mental health	37
Creches	24	Midwifery	27	Milk	69
D		Minor ailments	51	Mortuary	74
Dairies	69			N	
Damage by pests	75	Noise abatement	72	Nurseries and Child-Minders	
Day centres	37	Regulation Act, 1948	25	Nursing homes	42
Day nurseries	24			O	
Deaths	12	Offensive businesses	74	Offices, Shops and Railway	
Dental service - maternity and		Premises Act, 1963	79	Outworkers	77
child welfare	21				
Drainage	73				
Dysentery	48				
E					
Egg pasteurisation	69				
F					
Factories Act, 1961	76				
Family casework	40				
Family planning	26				
Fertiliser & Feeding Stuffs					
Act 1936	76				
Fluoridation	70				
Food and drugs	62				
Food samples	64				

INDEX

P

Pet animals	75
Pharmacy and poisons ..	76
Poultry	69
Premature babies	27
Prevention of break up of families	40
Problem case conferences ..	51
Public health inspection ..	80
Public health laboratory service	16
Puerperal pyrexia	14

R

Rag flock	76
Recuperative holidays ..	34
Re-housing on medical grounds	42
Rent Act, 1957	62
Research projects	42
Rodents	75

S

School dental service ..	52
School medical service ..	47
School treatment	50
Social clubs	37

S (Cont'd.)

Special Care unit	38
Special Investigation clinics	50
Spina bifida	42
Staff	2
Staff medical service ..	43
Student Health	51
Swimming baths	70

T

Training	43
Training centres	37
Tuberculosis	14, 48

V

Vaccination	31
Venereal disease	15
Vision	50
Vital statistics	10
Voluntary child minding ..	24

W

Water supply	70
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