

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

Contributors

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

Publication/Creation

[1968?]

Persistent URL

<https://wellcomecollection.org/works/b9xhekwf>

License and attribution

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

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

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



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

I
DEPARTMENT OF HEALTH AND SOCIAL SECURITY

HAC 117

LONDON BOROUGH *of* HACKNEY



ANNUAL REPORT

on the

HEALTH OF THE BOROUGH

for the year

1967

LONDON BOROUGH of HACKNEY

as at 31st December, 1967

Ex-Officio - Councillor A. Samuels, J.P. (Mayor)
Chairman - Alderman Lou Sherman, O.B.E., J.P.
Vice-Chairman - Councillor A.S. Cohen

Alderman Mrs. Bessie Benabo, J.P.
Councillor A. Alexander
Councillor J.A. Cox
Councillor Mrs. Jean M. Heath
Councillor Miss Lilian Karpis
Councillor S.J.S. Lee

Councillor Mrs. Rose Lipson
Councillor S. Mather
Councillor C.W. Wedhurst
Councillor P.G. Sylvester
Councillor D.W. Ward
Councillor J.B. Welch



Dr. J. Davies, M.B., B.F.S.
H.S. Curdson, M.B., B.F.S., L.R.C.P.

Dr. A. Boxler, M.B.C.A., L.R.C.P.
Miss G. Smith, B.S.N., R.C.M., M.T.S.

Representatives on Organisations connected with Health Work

Atmospheric Pollution - Investigation of -
Standing Conference of Co-operating Bodies:

Alderman Lou Sherman, O.B.E., J.P.
Dr. R.G. Davies

Easton House Trust Committee of Management:

Alderman Mrs. Bessie Benabo, J.P.

Family Planning Association:

Alderman Lou Sherman, O.B.E., J.P.

Hackney and Bethnal Green Chest Diseases
Care Committee:

Alderman Mrs. Bessie Benabo, J.P.
Councillor P.G. Sylvester
Councillor S.J.S. Lee

Hackney and Stoke Newington Chest Diseases
Care Committee:

Alderman Mrs. Bessie Benabo, J.P.
Councillor Mrs. Rose Lipson
Councillor S.J.S. Lee
Councillor P.G. Sylvester

Hackney and Green Lanes
Management Committee:

Alderman Lou Sherman, O.B.E., J.P.
Councillor M. Ottolenghi, J.P.
Councillor R.W. Owen
Dr. R.G. Davies

Inner London Education Authority:

Alderman Lou Sherman, O.B.E., J.P.

Inner London Executive Council for the
National Health Service:

Alderman Lou Sherman, O.B.E., J.P.

London and Home Counties Clean Air Advisory
Council:

Councillor Mrs. Rose Lipson

London Boroughs Training Committee (Health,
Welfare and Children's Services):

Councillor A. Heath
Deputy - Councillor R.G. Davies

National Association for Maternal and Child
Welfare:

Councillor A.S. Cohen

National Society for Children's Nurseries:

Councillor Mrs. Rose Lipson
Councillor Mrs. Jean M. Heath

National Society for Clean Air:

Alderman Lou Sherman, O.B.E., J.P.
Councillor A.S. Cohen
Councillor Mrs. Rose Lipson

Psychiatric Rehabilitation Association:

Councillor A.S. Cohen
Councillor Miss Lilian Karpis

Save the Children Fund - Playgroups Committee:

Councillor E.W. Charlton

Shoreditch Chest Clinic:

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

HEALTH COMMITTEE

as at 31st December, 1967

Ex-Officio - Councillor A. Samuels, J.P. (Mayor)
Chairman - Alderman Lou Sherman, O.B.E., J.P.
Vice-Chairman - Councillor S.S. Cohen

Alderman Mrs. Bessie Benabo, J.P.
 Councillor A. Alexander
 Councillor J.W. Cox
 Councillor Mrs. Jean M. Heath
 Councillor Miss Lilian Karpin
 Councillor S.J.S. Lee

Councillor Mrs. Rose Lipman
 Councillor S. Mather
 Councillor C.E. Medhurst
 Councillor P.G. Sylvester
 Councillor D.E. Ward
 Councillor J.D. Welch

Co-opted Members

Dr. J. Denham, M.D., D.P.M.
 H.S. Cardash, Esq., B.D.S., L.D.S., R.C.S. (Eng.)

Dr. A. Rezler, M.R.C.S., L.R.C.P.
 Miss G. Smith, S.R.N., S.C.M., M.T.D.

Representation on Organisations concerned with Health Work

Atmospheric Pollution - Investigation of -
 Standing Conference of Co-operating Bodies:

Alderman Lou Sherman, O.B.E., J.P.
 Dr. R.G. Davies

Easton House Trust Committee of Management:

Alderman Mrs. Bessie Benabo, J.P.

Family Planning Association:

Alderman Lou Sherman, O.B.E., J.P.

Hackney and Bethnal Green Chest Diseases
 Care Committee:

Alderman Mrs. Bessie Benabo, J.P.
 Councillor P.G. Sylvester
 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 P.G. Sylvester

Hackney and Queen Elizabeth Group Hospital
 Management Committee:

Alderman Lou Sherman, O.B.E., J.P.
 Councillor M. Ottolangui, J.P.
 Councillor R.E. Owen
 Dr. R.G. Davies

Inner London Education Authority:

Alderman Lou Sherman, O.B.E., J.P.

Inner London Executive Council for the
 National Health Service:

Alderman Lou Sherman, O.B.E., J.P.

London and Home Counties Clean Air Advisory
 Council:

Councillor Mrs. Rose Lipman

London Boroughs Training Committee (Health,
 Welfare and Children's Services):

Councillor A. Heath
 Deputy - Councillor S.C. Davis

National Association for Maternal and Child
 Welfare:

Councillor S.S. Cohen

National Society for Children's Nurseries:

Councillor Mrs. Rose Lipman
 Councillor Mrs. Jean M. Heath

National Society for Clean Air:

Alderman Lou Sherman, O.B.E., J.P.
 Councillor S.S. Cohen
 Councillor Mrs. Rose Lipman

Psychiatric Rehabilitation Association:

Councillor S.S. Cohen
 Councillor Miss Lilian Karpin

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, 1967

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

Deputy Medical Officer of Health & 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 (7), Sessional (26)

Chief Dental Officer and Principal School Dental Officer - S. Gelbier

Dental Officers - Full-time (5), Part-time (1), Sessional (12)

Dental Surgery Assistants - 14

Co-ordinating Nursing Officer - L.E. Arrow

Senior Nursing Officers (4), Centre Superintendents (8 - 1 vacancy), Health Visitors (21), Tuberculosis Health Visitors (2), Clinic Nurses (11), Clinic and Nursing Auxiliaries (7), School Nurses (14), Day Nursery Matrons (7), Day Nursery Deputy Matrons (6), Day Nursery Wardens (4), Staff Nursery Nurses (24), Nursery Assistants (18), Nursery Students (22), 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 (4), Psychiatric Social Worker (1 vacancy), Supervisors of Training Centres (2), Assistant Supervisors of Training Centres (14), Supervisor of Day Centres (1), Deputy Supervisor of Day Centres (1), Craft Instructors (5), Supervisor of Special Care Unit (1), Assistant Supervisors of Special Care Unit (5), Deputy Supervisor of Training Centres (2), 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 District Public Health Inspectors (2 - 1 vacancy), Supervisory District Public Health Inspectors (8), District Public Health Inspectors (14 - 12 vacancies), Pupil Public Health Inspectors (9 - 1 vacancy), Technical Assistants (10), Superintendent, Disinfecting Station (1), Deputy Superintendent, Disinfecting Station (1 vacancy), Rodent Officers/Drainage Foremen (2), Mortuary Keeper (1), Deputy 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), Assistant Typing Supervisor (1), Shorthand-typists (9 - 3 vacancies)

Home Help Organisers (4), Assistant Home Help Organisers (5)

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

Chiropodists - Full-time (2), Sessional (16)

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

MATERNAL AND CHILD HEALTH ESTABLISHMENTS

Particulars of clinics and services provided as at 31st December, 1967

| Centre | Ante- and Post-Natal | *Child Health | 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. Mackenzie | 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 | Monday to Thursday a.m., p.m. & evening Friday a.m. & p.m. |
| Other services: 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 - Mrs. E.G. Mikesch | 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. a.m. & p.m. F. a.m. | | | Every day a.m. & p.m. plus Monday and Tuesday evenings |
| Other services: 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. 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. | M. a.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. |
| Other services: 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, W. p.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. M. Mollison Centre Superintendent - Miss D.M. Francis (now at 6 Lower Clapton Road) | 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. Th. a.m. & p.m. F. a.m. & p.m. | |
| Other services: Mothercraft and Relaxation, W. p.m. Sewing Class, M., W. & F. p.m. | | | | | | | | |

* In addition to Child Health 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 Health | 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. a.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. 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. | Every day a.m. & p.m. | | Tu. evening Th. p.m. | 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. & evening Th. a.m. & evening (Further sessions are held at the Goodwill Mission, New North Rd. N.1) |
| <i>Other services:</i> Bathing Centre, Every morning. 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. & p.m. Vision, M. p.m., F. a.m. (alt. weeks). | | | | | | | | |
| UPPER CLAPTON 186 Upper Clapton Road, E.5. Telephone: 806-2420 Medical Officer - Dr. H. Ismail 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 - Mrs. B. Clark | 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 - Vacant | | 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, Th. p.m. | | | | | | | | |

* In addition to Child Health 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.

CHEST CLINICS

Telephone

| | |
|---|-----------------|
| T.B. Dispensary, London Chest Hospital, Victoria Park, E.2. | 980 1214 Ext. 5 |
| Metropolitan Chest Clinic, Metropolitan Hospital, 335 Kingsland Road, E.8. | 254 2156 & 9203 |
| Shoreditch Chest Clinic, 204 Hoxton Street, N.1. | 739 8878 |

DAY NURSERIES

(Open Mondays to Fridays, 7.45 a.m. to 5.30 p.m.)

No. of
approved places

| | | |
|--|----|----------|
| Fernbank, 1A Fountayne Road, N.16. | 56 | 806 4463 |
| Hillside, 135a Holmleigh Road, N.16. | 60 | 800 7325 |
| St. John's, St. John's Churchyard, Mare Street, E.8. | 51 | 985 2993 |
| Sun Babies, Branch Place, N.1. | 60 | 739 3950 |
| Victorian, Victorian Grove, N.16. | 60 | 254 6197 |
| Wetherell, Wetherell Road, E.9. | 50 | 985 5705 |
| Woodberry Down, Green Lanes, N.4. | 42 | 800 0111 |

CLEANSING AND DISINFECTING STATION

(Open Mondays to Fridays, 8 a.m. to 5 p.m.)

| | |
|-----------------------|----------|
| Millfields Road, E.5. | 985 5930 |
|-----------------------|----------|

HOME HELP OFFICES

(Open Mondays to Fridays, 8.30 a.m. to 4.45 p.m.)

| | |
|---|----------|
| Barton House, 233 Albion Road, N.16. | 254 4704 |
| Elsdale Street, 28 Elsdale Street, E.9. | 985 4283 |
| Shoreditch, 210 Kingsland Road, E.2. | 739 8351 |
| Upper Clapton, 186 Upper Clapton Road, E.5. | 806 1415 |

HOME NURSING

| | |
|--|----------|
| Hackney, 6-10 Lower Clapton Road, E.5. | 985 5813 |
|--|----------|

MENTAL HEALTH DAY CENTRES

(Open Mondays to Fridays, 9.30 a.m. to 4 p.m.)

No. of Places

| | | |
|--------------------------------------|----|----------|
| Clifton Lodge, 96 Dalston Lane, E.8. | 40 | 254 5945 |
| Hindle House, Arcola Street, E.8. | 30 | 249 1181 |
| Shoreditch, Thurtle Road, E.2. | 20 | 739 4102 |

MENTAL HEALTH SPECIAL CARE UNITS

| | | |
|-----------------------------------|----|----------|
| Hackney, Ickburgh Road, E.5. | 12 | 806 4638 |
| Millfields, Millfields Road, E.5. | 20 | 985 1140 |

MENTAL HEALTH TRAINING CENTRES

(Open Mondays to Fridays, 9.30 a.m. to 4 p.m.)

| | | |
|------------------------------|-----|---------------------|
| Hackney, Ickburgh Road, E.5. | 120 | 806 4638 |
| Homerton, Morning Lane, E.9. | 120 | 985 3351 Ext. H.343 |

MORTUARY

| | |
|--|----------|
| St. John's Churchyard, Mare Street, E.8. | 985 2808 |
|--|----------|

SCHOOL TREATMENT CENTRE

(Open Mondays to Fridays, Morning 9.30 a.m., Afternoon 1.30 p.m., Evening 5 p.m.)

| | |
|--------------------------------|----------|
| Hackney, 13 Goulton Road, E.5. | 985 4781 |
|--------------------------------|----------|

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 1967 on the health of the Borough.

Shortage of staff in certain sections of the Department still continued to give cause for anxiety. This was particularly so in respect of health visiting staff and the end of the year again saw a further reduction over the previous year. The health visitor, apart from any re-arrangement of social services we may have to consider, remains the basic health worker and visitor for the developing child and the young mother. She visits as a practitioner in her own right at least 90% of all new-born babies. As a result she has an influence on the health of the Borough second to none as she can give mothers practical advice on how to look after the baby, how to supervise developments and, not least, how to guard her own health and general well-being. It is here that every endeavour is made to lay the foundations of health, by the early detection of ill-health, physical or mental, for everybody in our community. The Council agreed to the setting up of small flatlets in order to encourage the recruitment of health visitors who might need small units of accommodation which they could not otherwise obtain in the borough, but these had not become available at the end of the year. Further inducements may be necessary to attract health visitors to Hackney. The position as far as the Public Health Inspectorate was concerned remained much the same throughout the year. One or two have left, but possibly because of the inducements that the Council agreed to, we were able to recruit some Inspectors into the service. During the year the Senior Supervisory Inspector, Mr. C.V. Frisby, retired. Mr. Frisby had been the Chief Public Health Inspector in Stoke Newington and had served with that Borough and the new London Borough of Hackney over a long period of years. The only other change in the senior staff was the appointment of a new Chief Dental Officer who commenced work on the 1st February, 1967.

The infant mortality rate, probably one of the more sensitive of social indices, still remained above national average and above the rates for the two neighbouring boroughs of Islington and Tower Hamlets, but there was a significant reduction from 22.2 per thousand live births in 1966, to 19.9 in 1967. The death rate remained approximately the same, the main cause of death continued to be heart disease of various forms, but deaths due to cancer of the lung still remained high, at approximately the same order as for 1966. The birth rate continued to show a slight decline, this being in keeping with national rates. The decline in the birth rate has tended to ease the pressure on local maternity hospitals and has also led to a falling off of attendances at the ante-natal clinics run directly by the Authority. A result of this has been that the number of ante-natal sessions held at certain of the local authority clinics has been reduced.

The attendance at child health clinics again, unfortunately, showed a decline. This may possibly have been due to a decrease in the birth rate, but may have also reflected the shortage of health visitors, the main worker concerned in persuading mothers to bring their young babies to the clinics, where they receive supervision during their early years of life.

The figures available from the Observation Register and the Handicapped Children Register again show the importance of continuing to observe children who may be at risk. Although a great deal of work is involved in these registers, the fact that 5% of the children observed developed handicaps which were recognized at an early stage and, therefore, dealt with at a stage when serious effects may have been avoided, shows that the effort involved has been worth it.

The year saw the issue of Dr. Yudkin's report concerning the facilities available for the care of pre-school children outside their own homes. The report drew attention to the lack of facilities available for the care of these children where the mother was forced, for one reason or another, to leave them in the care of someone else while she went out to work. It focused attention on the poor standards, sometimes physically, but often emotionally, with which these children were looked after. The Health Committee considered the report and as a means of helping towards providing a social background for these children recommended that a service be set up to organise playgroups in the Borough under the overall supervision of the Council. A scheme was forwarded to the Ministry of Health, but by the end of the year nothing further had been heard. The Council continues to provide day nursery services and also the services of occasional creches at certain of the maternal and child health centres. Some of the places at these centres have been used at the request of paediatricians for the placement of children with minor behaviour difficulties, and it has been found with these children that improvement nearly always followed their admission to a creche. The day care of children by child-minders continues to give rise to some concern. Where child-minders are known, they are required to register with the Authority but, undoubtedly, many children are child-minded without it being known to the Department. It is possible that where this happens, standards of care may not be of the order that they should be.

During the year the Department had to deal with a small number of children who had contracted lead poisoning through sucking paintwork or eating materials containing a high proportion of lead. Although the numbers were small, because of the ultimate effect of lead on young children, the position gave rise to some concern. One child, in fact, died through lead poisoning due to eating putty. Action was taken to deal with the accommodation concerned, and staff warned to keep a close watch for any likely instance of further lead poisoning due to this cause.

The number of home confinements continued to show a steady decline. The number in 1965 was 669, in 1966 - 551, and in 1967 - 481. Concurrently with this, the number of midwives employed on domiciliary work has also shown a very small decrease. The domiciliary service in the Borough is given from two sources; the Council employs directly a number of midwives and a number are employed at the Mothers' Hospital, who act in this capacity as agents for the Council. It might well be that the time has now come when consideration should be given to running one joint service, and it is intended to review this in more detail in the year to come.

The year saw the passing of the National Health Service (Family Planning) Act: an excellent piece of legislation giving much wider powers to local authorities to help people who wished to plan their families. Whereas previously local health authorities could deal only with people who needed to undertake family planning on medical grounds, the new Act permitted local authorities to provide advice and treatment for persons who because of their medical or social needs wished to control the frequency with which they would have children. In addition to married people, advice and treatment was to be made available to the unmarried and included young people. This Authority

immediately seized on the forward-thinking legislation to give a full service to the inhabitants of the Borough. The Health Committee decided to utilize the services of the Family Planning Association, which was already working in the Borough, and also to continue and increase its own direct service. The Borough, therefore, now provides a complete and comprehensive family planning service. Seven clinics are held each week by the Family Planning Association, six in one or other of the Council's clinics and one at Hackney Hospital. In addition, the Council runs seven sessions a week in its own clinics, the sessions being open to all who need advice and treatment on medical or social grounds, although, in the main, those needing treatment on social grounds attend Family Planning Association sessions, the Council's clinics dealing with the others. The clinics deal with all the modern methods of birth control, including the Pill and the intra-uterine device, each patient receiving the advice and treatment appropriate to them. The number of sessions run directly by the Council has increased from 163 in 1966, to 211 in 1967, with a corresponding increase in total attendance from 1,499 to 2,300. As well as the ordinary clinic sessions, there is a domiciliary service available to women who for one reason or another do not wish to visit the clinics, and, in addition, a session specially for young people - these services being run on an agency basis by the Family Planning Association.

Following a report issued in 1966 by the Institute of District Nursing which showed that nationally this service was not being fully utilized, a questionnaire was sent to doctors practising within Hackney in order to see if there were need for alterations in the local service. An analysis of the findings did indeed seem to indicate that the best use was not being made of the local service, and it is intended, during 1968, to have discussions between the Department and family doctors to see what, if any, improvements and alterations should be made.

Provision for cervical cytology was carried on and expanded during the year. A further day-time session was opened at the John Scott Health Centre at the beginning of the year, and a further evening session at Goulton Road later in the year. With the increased facilities available it was possible to publicize this service and make the public more aware of this important preventive measure. Nearly 900 women took advantage of the service during the year.

During 1967 some advance was made in the provision of a new health centre in Somerford Grove. Further planning and discussion took place during the year, and it is hoped that during 1968 final permission may be obtained to go forward with the building of the centre. In view of the re-awakened interest in health centres, the provision of other possible centres was considered, but these are only in the very initial stages.

The Council, during the year, continued to advance in the field of community mental health. In May, the Shoreditch Day Centre was transferred to larger and better premises for the care and rehabilitation of the adult mentally ill; in June, a Special Care Unit for 12 children under the age of five was opened in the Hackney Junior Training Centre. In order to provide a better service for those using the training centres, the Council, during the year, decided to provide its own coach service. A fleet of six small coaches was purchased and these are now run directly by the Council; as a result it has been possible to run a more efficient service and to arrange that no trainee is involved in long and tedious journeys.

Until 1967 there had been no organised form of dental care for the mentally handicapped. As an innovation, during the year, dental inspections were carried out at the Hackney and Homerton Training Centres, and at the

Special Care Unit. 117 persons were examined, 91 were found to need treatment and of these 86 were offered treatment, the remainder already having a dental practitioner. With the co-operation of the Inner London Education Authority, a Mobile Dental Clinic was taken to the Hackney and Millfields Centres, and some of the trainees from the Homerton Centre were treated at the Wick Maternal and Child Health Centre. The innovation has in every way proved a success.

During 1967 the Social Services Co-ordinating Committee, consisting of the Chief Officers of the Health, Children's, Welfare and Housing Departments, and representatives of the Education Authority, the Housing Department of the Greater London Council, the Ministry of Social Security, the Probation Service and certain voluntary organisations, continued its meetings to co-ordinate the social services available for families with major social problems living in the Borough. In July, the Committee set up a small working party to investigate the problems of Kingsmead Estate. The working party made contact with a wide range of social services, and the Kingsmead Tenants' Association and it is hoped that their findings, embodied in a report, will be available during 1968.

The Council continued the service run by the former Metropolitan Borough of Hackney to provide baths for older people in the Borough who have no facilities in their own homes. Bathing is done either at the Millfields Centre or in patient's own home. The facilities at Millfields have become out of date and during the year the Health Committee approved the provision of improved facilities at the Shoreditch Health Centre. Work was in progress at the end of the year to bring these improved facilities about.

This report again embodies a report on the School Health Service which includes the School Dental Service. I give in the main body of the report the details of the service, but I would again wish to thank the various officers of the Inner London Education Authority for their full co-operation and courtesy throughout the year.

On the environmental side, Hackney's main problem still remains that of housing. Although the Council does much to ameliorate the position by the provision of housing, many families in the Borough still live in far from satisfactory conditions. The Department still does all it can by implementing legislation to try to ameliorate the worst conditions. It tries to secure this by slum clearance; by applying reasonable standards for houses in multiple occupation; and by attempting to remedy, through the Public Health Acts and other legislation, bad conditions in houses.

The year has seen no great change from previous years in respect of infectious disease and there were no major epidemics. During the year primary notifications of tuberculosis remained more or less constant. The figures obtained from the various clinics dealing with venereal disease show some increase, mainly in respect of gonorrhoea. The increase in the figures was accounted for mainly by an increase in the numbers of persons attending hospitals outside Hackney itself.

The Borough is now a smoke free area, the last Area having been dealt with in 1967. Although the Borough is now 'smoke free', complaints continue to be made about various sources of pollution. These involve the chimneys of various statutory bodies, and complaints have also been received of pollution by coal dust in one area. Although it is not possible to measure it, the problem of pollution from the exhaust of the internal combustion engine is now beginning to take the place of black smoke from the combustion of coal and other products.

The Department continued its many other routine duties throughout the year. In addition to the obvious duties, the Department deals with matters of staff health, research projects and, in addition, enters into liaison with the other branches of the National Health Service - general practitioners and hospitals, to try to cover the community care of Hackney residents to the best of its ability. The main difficulties of the Department during the year have been in obtaining the necessary staff to carry out its full range of duties, otherwise it has been a year of some progress, consolidation, and routine hard work. The staff has, as always, received full support and co-operation from all the Departments of the Council, and I would again express to all Chief Officers and their staffs thanks for the help we have received, for without this much of what we do could not be achieved. I would also wish to express my thanks to the Chairman of the Health Committee (Alderman Lou Sherman, O.B.E., J.P.,) for his great help during the year, and to all members of the Committee for their assistance and suggestions which have been of great help to the Department. I would again emphasize that although this report goes out under my name, it is contributed to in some way or another by all members of the staff of the Department, and I would like to take this opportunity to thank each and every one of them for the part they have played.

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 1959 | 245,140 |
| Density per acre | 50.8 |

| | |
|---|-------------|
| Rateable Value | |
| Rateable value of the Borough | £14,681,705 |
| Estimated product of a penny rate | £57,200 |
| No. of inhabited houses | 68,034 |

| | |
|-------------------|-------|
| Marriages | 1,830 |
|-------------------|-------|

Births and Deaths

| | Legitimate | | | Illegitimate | | | Total | | |
|-----------------------------------|------------|--------|-------|--------------|--------|-------|-------|--------|-------|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Live Births | 2,388 | 2,363 | 4,751 | 424 | 417 | 841 | 2,812 | 2,780 | 5,592 |
| Still Births | 23 | 27 | 50 | 7 | 3 | 10 | 30 | 30 | 60 |
| Live and Still Births | 2,411 | 2,390 | 4,801 | 431 | 420 | 851 | 2,842 | 2,810 | 5,652 |
| Deaths (all causes) | - | - | - | - | - | - | 1,400 | 1,290 | 2,690 |
| Infant Mortality | 25 | 27 | 52 | 15 | 8 | 23 | 67 | 35 | 102 |
| Neo-natal Mortality | 17 | 23 | 40 | 5 | 3 | 8 | 22 | 26 | 48 |
| Early Neo-natal Mortality | 15 | 20 | 35 | 4 | 2 | 6 | 19 | 22 | 41 |
| Perinatal Mortality | 51 | 49 | 100 | 12 | 6 | 18 | 63 | 55 | 118 |
| Maternal Mortality | - | - | - | - | - | - | - | 2 | 2 |

| | |
|---|------|
| Crude birth rate per 1,000 population | 35.6 |
|---|------|

| | |
|--|------|
| Adjusted birth rate (area comparability factor 0.81) | 28.7 |
|--|------|

| | |
|---|------|
| Illegitimate birth rate per cent of total live births | 15.7 |
|---|------|

| | |
|--|------|
| Illegitimate birth rate for Greater London | 11.4 |
|--|------|

| | |
|---|-----|
| Illegitimate birth rate for England and Wales | 8.4 |
|---|-----|

| | |
|---|------|
| Stillbirth rate per 1,000 live and still births | 12.9 |
|---|------|

Death Rate

| | |
|---|------|
| Crude death rate per 1,000 population | 10.9 |
|---|------|

| | |
|--|------|
| Adjusted death rate (area comparability factor 1.39) | 12.0 |
|--|------|

| | |
|---|------|
| Infant Mortality rate per 1,000 live births | 19.9 |
|---|------|

| | |
|--|--|
| Legitimate 16.6, Illegitimate 24.2 | |
|--|--|

| | |
|--|------|
| Neo-natal Mortality rate per 1,000 live births | 14.9 |
|--|------|

| | |
|--|--|
| Legitimate 12.9, Illegitimate 20.2 | |
|--|--|

| | |
|--|------|
| Early Neo-natal Mortality rate per 1,000 live births | 11.7 |
|--|------|

| | |
|--|--|
| Legitimate 11.2, Illegitimate 15.5 | |
|--|--|

| | |
|--|------|
| Perinatal Mortality rate per 1,000 live and still births | 24.4 |
|--|------|

| | |
|--|--|
| Legitimate 24.6, Illegitimate 27.0 | |
|--|--|

| | |
|---|-----|
| Maternal Mortality rate per 1,000 live and still births | 2.2 |
|---|-----|

Last year I drew attention to the infant mortality rate of 25.2 per 1,000 live births which was above the national average, but comparable with other London Boroughs. This year the rate has fallen to 19.9 but is still higher than the rate for England and Wales.

The total number of infant deaths fell from 127 to 102 but the number of deaths was reduced the third week and fell still during the first year of life dropped from 45 to 34.

VITAL STATISTICS

| | |
|--------------------------|-------------|
| Area | 4,812 acres |
| Public open spaces | 719 acres |

Population

| | |
|--|---------|
| Estimate of Registrar General at mid-year 1967 | 249,140 |
| Density per acre | 51.8 |

Rateable Value

| | |
|---|-------------|
| Rateable value of the Borough | £14,681,705 |
| Estimated product of a penny rate | £57,200 |
| No. of inhabited homes | 66,034 |

| | |
|-----------------|-------|
| Marriages | 1,620 |
|-----------------|-------|

Births and Deaths

| | Legitimate | | | Illegitimate | | | Total | | |
|------------------------------|------------|--------|-------|--------------|--------|-------|-------|--------|-------|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| Live Births | 2,368 | 2,163 | 4,531 | 424 | 417 | 841 | 2,792 | 2,580 | 5,372 |
| Still Births | 33 | 27 | 60 | 7 | 3 | 10 | 40 | 30 | 70 |
| Live and Still Births .. | 2,401 | 2,190 | 4,591 | 431 | 420 | 851 | 2,832 | 2,610 | 5,442 |
| Deaths (all causes) .. | - | - | - | - | - | - | 1,402 | 1,303 | 2,705 |
| Infant Mortality | 48 | 37 | 85 | 13 | 9 | 22 | 61 | 46 | 107 |
| Neo-natal Mortality .. | 37 | 26 | 63 | 11 | 6 | 17 | 48 | 32 | 80 |
| Early Neo-natal Mortality .. | 28 | 22 | 50 | 8 | 5 | 13 | 36 | 27 | 63 |
| Perinatal Mortality .. | 61 | 49 | 110 | 15 | 8 | 23 | 76 | 57 | 133 |
| Maternal Mortality | - | - | - | - | - | - | - | 3 | 3 |

| | |
|--|------|
| Crude birth rate per 1,000 population | 21.6 |
| Adjusted birth rate (area comparability factor 0.91) | 19.7 |

| | |
|---|------|
| Illegitimate birth rate per cent of total live births | 15.7 |
| Illegitimate birth rate for Greater London | 11.4 |
| Illegitimate birth rate for England and Wales | 8.4 |

| | |
|---|------|
| Stillbirth rate per 1,000 live and still births | 12.9 |
|---|------|

Death rate

| | |
|--|------|
| Crude Death rate per 1,000 population | 10.9 |
| Adjusted Death rate (area comparability factor 1.10) | 12.0 |
| Infant Mortality rate per 1,000 live births | 19.9 |
| (Legitimate 18.8, Illegitimate 26.2) | |
| Neo-natal Mortality rate per 1,000 live births | 14.9 |
| (Legitimate 13.9, Illegitimate 20.2) | |
| Early Neo-natal Mortality rate per 1,000 live births | 11.7 |
| (Legitimate 11.0, Illegitimate 15.5) | |
| Perinatal Mortality rate per 1,000 live and still births | 24.4 |
| (Legitimate 24.0, Illegitimate 27.0) | |
| Maternal Mortality rate per 1,000 live and still births | 0.6 |

Last year I drew attention to the infant mortality rate of 22.2 per 1,000 live births which was above the national average, but comparable with other London Boroughs. This year the rate has fallen to 19.9 but it is still higher than the rate for England and Wales.

The total number of infant deaths fell from 127 to 107 but the number of babies who survived the first week and yet died during the first year of life dropped only from 48 to 44.

COMPARATIVE TABLE OF BIRTHS AND DEATH RATES

| | Live Births | Still Births | Deaths | Infant Mortality | Neonatal Mortality | Early Neonatal Mortality | Perinatal Mortality | Maternal Deaths |
|---------------------------------|---------------|--------------|---------------|------------------|--------------------|--------------------------|---------------------|-----------------|
| England and Wales | 17.2 | 14.8 | 11.2 | 18.3 | 12.5 | 10.8 | 25.4 | 0.2 |
| Greater London | 15.8 | 13.3 | 10.9 | 18.4 | 12.9 | 11.1 | 24.2 | 0.3 |
| Inner London Boroughs .. | Not available | 13.5 | Not available | 19.8 | 13.5 | 11.5 | 24.9 | 0.4 |
| London Borough of Hackney .. | 19.7 | 12.9 | 12.0 | 19.9 | 14.9 | 11.7 | 24.4 | 0.6 |
| London Borough of Islington .. | 17.5 | 14.3 | 10.9 | 18.4 | 12.3 | 10.8 | 25.0 | 0.7 |
| London Borough of Tower Hamlets | 15.3 | 16.6 | 12.3 | 17.2 | 11.3 | 8.9 | 25.3 | 0.3 |

CARE OF PREMATURE BABIES

The number of premature babies born in the Borough during the year was 473, only four less than in 1966. Of these 40 were stillborn. By far the greater number were born in hospital, only 28 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. 94% as against 41%, 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 | | | | | | | |
| | | Within 24 hours of birth | In 1 and under 7 days | In 7 and under 28 days | Nursed entirely at home | Transferred to hospital on or before 28th day | In hospital | At home | |
| Up to and including 3 lb. 4 ozs. | 54 | 21 | 5 | 5 | 1 (a) | 1 (b) | 16 | 1 | 73 |
| Over 3 lb. 4 ozs. and up to and including 5 lb. 8 ozs. | 352 | 14 | 6 | 1 | 20 (c) | 6 | 22 | - | 400 |
| Total | 406 | 35 | 11 | 6 | 21 | 7 | 38 | 1 | 473 |

(a) This baby died within 24 hours.

(b) This baby died in under 7 days.

(c) One of these babies died in under 7 days.

ANALYSIS OF DEATHS (all causes)

| | | | | | | Males | Females | Total |
|---|----|----|----|----|----|-------|---------|-------|
| Tuberculosis, respiratory | .. | .. | .. | .. | .. | 9 | 2 | 11 |
| Tuberculosis, other forms | .. | .. | .. | .. | .. | - | 2 | 2 |
| Syphilitic disease | .. | .. | .. | .. | .. | 6 | 3 | 9 |
| Diphtheria | .. | .. | .. | .. | .. | - | - | - |
| Whooping Cough | .. | .. | .. | .. | .. | - | - | - |
| Meningococcal Infection | .. | .. | .. | .. | .. | - | 1 | 1 |
| Acute poliomyelitis | .. | .. | .. | .. | .. | - | - | - |
| Measles | .. | .. | .. | .. | .. | - | - | - |
| Other infective and parasitic diseases | .. | .. | .. | .. | .. | 1 | 1 | 2 |
| Malignant neoplasm, stomach | .. | .. | .. | .. | .. | 37 | 27 | 64 |
| Malignant neoplasm, lung, bronchus | .. | .. | .. | .. | .. | 164 | 31 | 195 |
| Malignant neoplasm, breast | .. | .. | .. | .. | .. | - | 52 | 52 |
| Malignant neoplasm, uterus | .. | .. | .. | .. | .. | - | 11 | 11 |
| Other malignant and lymphatic neoplasms | .. | .. | .. | .. | .. | 125 | 120 | 245 |
| Leukaemia, aleukaemia | .. | .. | .. | .. | .. | 11 | 11 | 22 |
| Diabetes | .. | .. | .. | .. | .. | 7 | 17 | 24 |
| Vascular lesions of nervous system | .. | .. | .. | .. | .. | 120 | 175 | 295 |
| Coronary disease, angina | .. | .. | .. | .. | .. | 357 | 239 | 596 |
| Hypertension with heart disease | .. | .. | .. | .. | .. | 9 | 13 | 22 |
| Other heart disease | .. | .. | .. | .. | .. | 73 | 112 | 185 |
| Other circulatory disease | .. | .. | .. | .. | .. | 55 | 86 | 141 |
| Influenza | .. | .. | .. | .. | .. | - | 4 | 4 |
| Pneumonia | .. | .. | .. | .. | .. | 94 | 120 | 214 |
| Bronchitis | .. | .. | .. | .. | .. | 112 | 52 | 164 |
| Other diseases of respiratory system | .. | .. | .. | .. | .. | 13 | 6 | 19 |
| Ulcer of stomach and duodenum | .. | .. | .. | .. | .. | 17 | 8 | 25 |
| Gastritis, enteritis and diarrhoea | .. | .. | .. | .. | .. | 1 | 13 | 14 |
| Nephritis and nephrosis | .. | .. | .. | .. | .. | 6 | 7 | 13 |
| Hyperplasia of prostate | .. | .. | .. | .. | .. | 5 | - | 5 |
| Pregnancy, childbirth, abortion | .. | .. | .. | .. | .. | - | 3 | 3 |
| Congenital malformations | .. | .. | .. | .. | .. | 19 | 6 | 25 |
| Other defined and ill defined diseases | .. | .. | .. | .. | .. | 98 | 130 | 228 |
| Motor vehicle accidents | .. | .. | .. | .. | .. | 18 | 9 | 27 |
| All other accidents | .. | .. | .. | .. | .. | 31 | 22 | 53 |
| Suicide | .. | .. | .. | .. | .. | 10 | 17 | 27 |
| Homicide, etc. | .. | .. | .. | .. | .. | 4 | 3 | 7 |
| | | | | | | 1,402 | 1,303 | 2,705 |

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 |
| Tuberculosis, Respiratory .. | M | 9 | - | - | - | - | - | 1 | - | 1 | 1 | 4 | 2 |
| Tuberculosis, Other | F | 2 | - | - | - | - | - | - | - | - | - | - | 2 |
| Syphilitic Disease | M | 2 | - | - | 1 | - | - | - | - | - | 1 | - | - |
| | F | 6 | - | - | - | - | - | - | - | - | - | 3 | 2 |
| Meningococcal Infections .. | M | 3 | - | - | - | 1 | - | - | - | - | 1 | - | 1 |
| | F | 1 | - | - | 1 | - | - | - | - | - | - | - | - |
| Measles | M | - | - | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Infective and Parasitic Diseases | M | 1 | - | 1 | - | - | - | - | - | - | - | - | - |
| | F | 1 | - | - | - | - | 1 | - | - | - | - | - | - |
| Malignant Neoplasm, Stomach .. | M | 37 | - | - | - | - | - | - | 1 | 4 | 14 | 9 | 9 |
| | F | 27 | - | - | - | - | - | 1 | - | 1 | 9 | 9 | 7 |
| Malignant Neoplasm, Lung, Bronchus | M | 164 | - | - | - | - | - | - | 3 | 13 | 68 | 58 | 22 |
| | F | 31 | - | - | - | - | - | 1 | 4 | 2 | 6 | 12 | 6 |
| Malignant Neoplasm, Breast .. | M | - | - | - | - | - | - | - | - | - | - | - | - |
| | F | 52 | - | - | - | - | - | 1 | 2 | 9 | 14 | 12 | 14 |
| Malignant Neoplasm, Uterus .. | F | 11 | - | - | - | - | - | 1 | 1 | 3 | 2 | 1 | 3 |
| Other Malignant and Lymphatic Neoplasms | M | 125 | - | - | - | 3 | 2 | 2 | 6 | 12 | 29 | 29 | 42 |
| | F | 120 | - | - | 1 | - | - | - | 2 | 11 | 19 | 34 | 53 |
| Leukaemia, Aleukaemia .. | M | 11 | - | - | 1 | - | - | - | 1 | - | 2 | 7 | - |
| | F | 11 | - | - | 1 | - | - | - | - | 1 | 3 | 2 | 4 |
| Diabetes | M | 7 | - | - | - | - | - | - | - | 1 | 1 | 2 | 3 |
| | F | 17 | - | - | - | - | - | - | - | 1 | 2 | 5 | 9 |
| Vascular Lesions of Nervous System | M | 120 | - | 1 | - | - | - | - | 1 | 3 | 26 | 44 | 45 |
| | F | 175 | - | - | - | - | - | - | 2 | 6 | 12 | 39 | 116 |
| Coronary Disease, Angina .. | M | 357 | - | - | - | - | 1 | - | 12 | 38 | 97 | 119 | 90 |
| | F | 239 | - | - | - | - | - | - | 1 | 9 | 37 | 61 | 131 |
| Hypertension with Heart Disease | M | 9 | - | - | - | - | - | - | - | - | 3 | 3 | 3 |
| | F | 13 | - | - | - | - | - | - | - | 2 | - | 2 | 9 |
| Other Heart Disease | M | 73 | - | - | - | - | 1 | 1 | 1 | 4 | 19 | 16 | 31 |
| | F | 112 | - | - | - | - | 1 | 1 | 4 | 4 | 11 | 26 | 65 |
| Other Circulatory Disease .. | M | 55 | - | - | - | - | - | - | 2 | 2 | 5 | 13 | 33 |
| | F | 86 | - | - | - | - | - | - | 2 | 2 | 7 | 11 | 64 |
| Influenza | M | - | - | - | - | - | - | - | - | - | - | - | - |
| | F | 4 | - | - | - | - | - | - | - | - | 1 | - | 2 |
| Pneumonia | M | 94 | 4 | 5 | 1 | - | 1 | 1 | - | 1 | 4 | 19 | 58 |
| | F | 120 | 4 | 7 | 1 | - | - | - | - | - | 2 | 14 | 92 |
| Bronchitis | M | 112 | - | 2 | 1 | - | - | - | 1 | 5 | 18 | 47 | 38 |
| | F | 52 | - | - | - | - | - | - | - | 2 | 2 | 14 | 34 |
| Other Diseases of Respiratory System | M | 13 | - | - | - | - | - | 1 | - | - | 1 | 3 | 8 |
| | F | 6 | - | 1 | - | - | - | - | 1 | - | - | 1 | 3 |
| Ulcer of Stomach and Duodenum | M | 17 | - | - | - | - | - | - | - | - | 3 | 7 | 7 |
| | F | 8 | - | - | - | - | - | - | - | 1 | - | 1 | 6 |
| Gastritis, Enteritis and Diarrhoea | M | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| | F | 13 | - | - | - | - | - | - | 1 | 2 | - | 5 | 5 |
| Nephritis and Nephrosis .. | M | 6 | - | - | - | - | 1 | - | 2 | - | 1 | 2 | - |
| | F | 7 | - | - | - | - | - | - | 2 | 1 | 1 | 2 | 1 |
| Hyperplasia of Prostate .. | M | 5 | - | - | - | - | - | - | - | - | - | - | 5 |
| Pregnancy, Childbirth, Abortion | F | 3 | - | - | - | - | 1 | 2 | - | - | - | - | - |
| Congenital Malformations .. | M | 19 | 9 | 2 | 2 | 1 | 1 | 1 | 2 | - | 1 | - | - |
| | F | 6 | 3 | 3 | - | - | - | - | - | - | - | - | - |
| Other Defined and Ill-defined Diseases | M | 98 | 35 | 2 | - | 2 | - | 2 | 4 | 5 | 7 | 17 | 24 |
| | F | 130 | 24 | 2 | 1 | 2 | 1 | 1 | 5 | 8 | 13 | 23 | 50 |
| Motor Vehicle Accidents .. | M | 18 | - | - | 2 | 1 | 6 | 1 | 2 | 2 | 2 | - | 2 |
| | F | 9 | - | - | - | - | 1 | - | 2 | - | - | 2 | 4 |
| All other Accidents | M | 31 | - | - | 6 | 4 | 2 | 3 | 6 | 3 | 4 | 2 | 1 |
| | F | 22 | 1 | - | - | 3 | - | 1 | 3 | 1 | 4 | 3 | 6 |
| Suicide | M | 10 | - | - | - | - | - | 2 | 2 | 1 | 3 | 1 | 1 |
| | F | 17 | - | - | - | - | 3 | 3 | 1 | 2 | 2 | 3 | 3 |
| Homicide and Operations of War | M | 4 | - | - | 1 | - | 2 | - | 1 | - | - | - | - |
| | F | 3 | - | 1 | - | - | - | - | 1 | - | - | 1 | - |
| Total all Causes | M | 1,402 | 48 | 13 | 14 | 11 | 17 | 15 | 47 | 95 | 310 | 405 | 427 |
| | F | 1,303 | 32 | 14 | 6 | 6 | 9 | 12 | 34 | 68 | 149 | 283 | 690 |
| Total | | 2,705 | 80 | 27 | 20 | 17 | 26 | 27 | 81 | 163 | 459 | 688 | 1,117 |

CARE OF MOTHERS AND CHILDREN

ANTE-NATAL CARE.

Until 1965 the Council held weekly ante-natal clinics at all the maternal and child health centres except the Wick Centre. The gradual decline in the birthrate (21.4 in 1964 to 19.7 in 1967) has led to a falling off of attendances and during the year ante-natal sessions at Elmdale Street and John Scott Health Centres were reduced to one a fortnight.

The fall in attendance has been in part brought about because the local maternity hospitals have been able to devote more attention to the expectant mothers attending their clinics.

It is a pity that the pattern of ante-natal care has worked out this way as although a certain number of hospital examinations are desirable it is more convenient for a mother to attend an ante-natal clinic nearer her home for interim care. In no way would this arrangement reduce the quality of the ante-natal care and it does have the advantage that the mother can get her ante-natal care locally.

It must be admitted, though, that if pressure on hospitals is less, it is understandable that mothers are encouraged to attend the hospital out-patient department rather than be referred to another clinic.

Much has been written about the case for the attachment of nursing staff to general practitioners. With the shortage of nursing staff it has not been possible to attach any staff to local surgeries. One form of arrangement that is not often realised is the provision of accommodation for general practitioner obstetricians in the Council's clinics. Nine general practitioner obstetricians have availed themselves of this service. Antenatal sessions are held each week at

PERSONAL HEALTH SERVICES

These general practitioner obstetricians who make use of accommodation in our clinics have appreciated the facilities that can be derived from such a scheme.

Ante-Natal and Post-Natal Services

| Centre | No. of sessions | No. of women who attended for | | Total attendances |
|----------------|-----------------|-------------------------------|------------|-------------------|
| | | ante-natal | post-natal | |
| Parton House | 52 | 321 | 96 | 417 |
| Elmdale Street | 32 | 139 | 44 | 183 |
| John Scott | 48 | 196 | 62 | 258 |
| Lower Clapton | 50 | 292 | 110 | 402 |
| Richmond Road | 42 | 477 | 105 | 582 |
| Shoreditch | 44 | 88 | 48 | 136 |
| Upper Clapton | 42 | 115 | 32 | 147 |
| West Hackney | 51 | 194 | 126 | 320 |
| | 312 | 1,543 | 583 | 2,126 |

PREPARATION FOR CHILD BIRTH

Courses for expectant mothers are held in four of the centres. Pregnancy is a time when a woman is most receptive to advice and much valuable teaching can be given in three months about how she may help herself during labour and lessen tension resulting through fear of the unknown. Mothers-to-be studying all aspects of care of the baby is also taught with the help of mother-child aids. The number of women who attended during 1967 is shown below:

| | |
|-----------------------------|-------|
| Institutionally booked | 151 |
| Booked for home confinement | 29 |
| Total attendance | 1,477 |
| Number of sessions | 201 |

CARE OF MOTHERS AND CHILDREN

ANTE-NATAL CARE

Until 1966 the Council held weekly ante-natal clinics at all the maternal and child health centres except the Wick Centre. The gradual decline in the birthrate (21.4 in 1964 to 19.7 in 1967) has led to a falling off of attendances and during the year ante-natal sessions at Elsdale Street and John Scott Health Centres were reduced to one a fortnight.

The fall in attendance has been in part brought about because the local maternity hospitals have been able to devote more attention to the expectant mothers attending their clinics.

It is a pity that the pattern of ante-natal care has worked out this way as although a certain number of hospital examinations are desirable it is more convenient for a mother to attend an ante-natal clinic nearer her home for interim care. In no way would this arrangement reduce the quality of the ante-natal care and it does have the advantage that the mother can get her ante-natal care locally.

It must be admitted, though, that if pressure on hospitals is less, it is understandable that mothers are encouraged to attend the hospital out-patients department rather than be referred to another clinic.

Much has been written about the case for the attachment of nursing staff to general practitioners. With the shortage of nursing staff it has not been possible to attach any staff to local surgeries. One form of attachment that is not often realised is the provision of accommodation for general practitioner obstetricians in the Council's clinics.

Nine general practitioner obstetricians have availed themselves of this service. Weekly sessions are held each week at maternal and child health centres and the booked midwife is in attendance.

Those general practitioner obstetricians who make use of accommodation in our clinics have appreciated the benefits that can be derived from such a scheme.

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 | 221 | 79 | 1,166 |
| Elsdale Street | 32 | 129 | 91 | 400 |
| John Scott | 48 | 186 | 63 | 631 |
| Lower Clapton | 50 | 201 | 119 | 542 |
| Richmond Road | 48 | 477 | 125 | 943 |
| Shoreditch | 46 | 69 | 69 | 212 |
| Upper Clapton | 46 | 116 | 61 | 348 |
| West Hackney | 51 | 164 | 124 | 397 |
| | 373 | 1,563 | 731 | 4,639 |

PREPARATION FOR CHILD BIRTH

Classes for expectant mothers are held in four of the centres. Pregnancy is a time when a woman is most receptive to advice and much valuable teaching can be given in these months about how she may help herself during labour and lessen tension occurring through fear of the unknown. Mothercraft including all aspects of care for the baby is also taught with the help of modern visual aids. The number of women who attended during 1967 is shown below:-

| | |
|-----------------------------------|-------|
| Institutionally booked | 151 |
| Booked for home confinement | 23 |
| Total attendances | 1,477 |
| Number of sessions.. .. | 201 |

MATERNAL DEATHS

Although the Registrar-General allocated statistically to the London Borough of Hackney three deaths due to pregnancy, there were actually six deaths associated with pregnancy occurring in the Borough. Full details of these cases were reported as usual to the Regional Assessor for the Minister of Health in connection with the Minister's confidential enquiry into maternal deaths.

An analysis of these deaths showed one to be concerned with attempted abortion in very early pregnancy, one following termination of pregnancy for medical reasons, one following premature labour, and the other three after full-term deliveries.

A Ministry of Health report on maternal deaths 1952/63 issued to local health authorities during the year drew attention to the fact that although maternal mortality had declined phenomenally during the past two decades, even lower rates could be achieved by ensuring that all high risk mothers are admitted to specialist obstetric units. In this Borough, not only is there a very high proportion of mothers confined in hospital, but mothers who express a wish to be confined at home are persuaded to go to hospital if there is thought to be an above average risk in a home confinement.

CHILD HEALTH CLINICS

It is encouraging to note that the number of attendances of children aged 2 - 5 years showed an increase. With the stress on the importance of periodic developmental examinations of healthy children, regular attendance at least at yearly intervals is very necessary, in order that any defects becoming apparent may be detected at an early stage, and appropriate referral for treatment made.

There was only a slight drop in the number of young children of up to 1 year old brought to the clinics; this may reflect to some extent the drop in the number of births. The total number of attendances fell by 10% and this is almost certainly an indication that the shortage of health visitors meant that they were unable to make return visits to mothers who needed more than the initial one to persuade them to attend a clinic with their babies.

No. of children who attended Council clinics during 1967:-

| | | | | | | |
|------------------------|----|----|----|----|----|--------|
| Who were born in 1967 | .. | .. | .. | .. | .. | 4,385 |
| " " " " 1966 | .. | .. | .. | .. | .. | 3,853 |
| " " " " 1962-65 | .. | .. | .. | .. | .. | 4,897 |
| Total attendances | .. | .. | .. | .. | .. | 53,074 |
| No. of sessions | .. | .. | .. | .. | .. | 1,856 |
| No. medically examined | .. | .. | .. | .. | .. | 20,875 |
| No. referred elsewhere | .. | .. | .. | .. | .. | 738 |

Child Health Attendances

| Centre | No. of Sessions | No. of children who attended | No. of children referred elsewhere | Total attendances |
|----------------|-----------------|------------------------------|------------------------------------|-------------------|
| Barton House | 186 | 1,638 | 63 | 6,328 |
| Cranston | 52 | 321 | 8 | 1,503 |
| Elsdale Street | 180 | 1,176 | 51 | 4,916 |
| John Scott | 201 | 1,502 | 134 | 6,636 |
| Lower Clapton | 250 | 1,861 | 129 | 7,748 |
| Richmond Road | 257 | 1,467 | 3 | 5,057 |
| Shoreditch | 143 | 851 | 53 | 4,005 |
| Upper Clapton | 244 | 1,996 | 220 | 6,949 |
| West Hackney | 201 | 1,510 | 71 | 6,406 |
| Wick | 142 | 813 | 6 | 3,526 |
| | 1,856 | 13,135 | 738 | 53,074 |

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

CONGENITAL DEFORMITIES AT BIRTH

Notification to the Registrar General is standardised throughout the Country for all babies born with a detectable abnormality. These notifications are completed monthly in coded form. A total of 100 abnormalities in respect of 84 babies were reported in 1967. This was 14 fewer than in 1966. Details are set out below:-

| | | | |
|--------------------------|----|------------------------------------|----|
| Anencephaly | 7 | Reduction deformities | 1 |
| Hydrocephalus | 4 | Polydactyly and Syndactyly | 15 |
| Microcephalus | 1 | Talipes | 12 |
| Spina bifida and other | | Defects of hip and lower limbs | 3 |
| defects of spinal cord | 5 | Chondrodysraphy | 1 |
| Defects of eyes | 3 | Defects of face and neck | 1 |
| Defects of ears | 4 | Defects of muscles (including | |
| Cleft lip and palate .. | 10 | umbilical hernia) | 3 |
| Defects of alimentary | | Defects of skin.. .. . | 11 |
| system | 5 | Exomphalos | 1 |
| Congenital heart disease | 1 | Mongolism | 3 |
| Defects of urogenital | | Other specific syndromes | 4 |
| system | 5 | | |

100

OBSERVATION REGISTER

A great deal of study has been done in this and other countries during the past few years of the ways in which babies and young children develop and learn the skills which are fundamental to their physical and mental health later in life.

It is now known that there are factors operating during the mother's pregnancy and labour, and in the first few days of the child's life, which may affect development. Doctors who work in child health centres need to be specially orientated and trained to observe normal development in children and to recognise when very early signs of anything abnormal or a slowing up of development are present.

Ideally all children should be seen at quite frequent intervals by the child health doctor and be "screened" especially for hearing and vision development. As far as possible this is done in our child health sessions, but after the initial full examination at the first attendance it becomes too great a task for the present staff. It has become the practice to decide, after assessing the history of the mother and the child early in its life, to place on an observation register all those who must be re-examined at least three or four times in the first year of life. If their "milestones of development" appear quite normal at the end of 6, 9 or 12 months according to the doctor's clinical judgement, their names are then removed from the register, but some need to remain on it a good deal longer, as there are some handicapping conditions which only become apparent later.

A survey was undertaken in the Borough in which it was found that of 11,523 babies born in the two years between April 1st 1965, and the 31st March, 1967, 2,316 (18.5%) were placed on the Observation Register, and, by the time of the survey later in 1967, 114 (5%) of these had developed handicapping conditions.

There was, of course, a considerable number of handicapped children who, because they had an obvious defect recognisable at birth, were under the care of the hospital and were never placed on the Observation Register but on the Handicap Register mentioned below.

Although the figure of 114 children developing handicaps out of a total

of 2316 placed on the observation register might seem small, the benefit accruing to those 114 by early discovery is inestimable. It would still seem very worthwhile to continue the observation register as we are doing, while realising that every child should be observed as often as is practicable, to ensure that development proceeds normally.

Handicapped Children

As mentioned above a register is kept of all children with handicapping conditions. The register needs to be kept up to date with information about each child if it is to be of use in assessing his or her future needs. In a large Borough with a great deal of movement of population this is a formidable task.

Discussions have taken place during the year with a view to planning a punch card system which would make the systematic reviews of handicapped children and a recording of up-to-date information more efficient.

DENTAL SERVICE

Expectant and nursing mothers, and children under five years of age are entitled to priority dental care under Section 22 of the 1946 National Health Service Act.

During 1967 a total of 468.5 sessions were devoted to this aspect of the dental service. This figure was equal to 9.8 per cent of all clinical dental sessions worked in Hackney, which is just above the suggested national aim, and well above the national average. Up to the beginning of 1967 the surgery at 28 Lower Clapton Road was devoting over half a week to maternal and child health dental services, an excessively high amount. This figure has now been reduced to three sessions a week. As the total number of M & C.H. attendances fell by 441 patients it was in fact, a reasonable step to compress the smaller numbers into fewer sessions. However, one must question the reason for low attendance figures. If it is because these mothers and young children are obtaining their treatment from the local dental practitioners then there is reason to cheer. However, I suspect that this is not so. Judging from the state of those mouths which have been seen by the Chief Dental Officer during the year, many within these priority groups are not bothering to visit any dental service. Something must be done in order to get these patients into the dental surgery. It is hoped that the "Healthy Teeth for Hackney" campaign arranged for 1968 will play its part in this process. Further details of this campaign are given in the section of the report dealing with the school dental service. Although the number of pre-school children attending for treatments was less than in 1966, it was still 125 more than in 1965.

The number of pre-school children inspected went up by 275. This was mostly accounted for by the 270 children examined by the Chief Dental Officer in the Council's 7 day nurseries. This is a new innovation. It is hoped to examine all such children at least twice-a-year; to get at them before they develop oral disease and pain, and to encourage them to get to know the dentist before any fears develop. It is essential to bring young children to the surgery before their second birthday, and consideration is therefore being given to sending Hackney children second-birthday cards to advise parents of the dental facilities available to their offspring.

The percentage of children requiring treatment went down from 64.3 to 53.8. This is possibly accounted for by the fact that the vast majority of children examined at the day nurseries had a much higher standard of dental fitness (only 25.5 per cent required treatment) than did most children seen in the dental surgeries. This is worthy of further investigation. It is probably related to the fact that day nursery children eat a sensible diet during the day with balanced regular meals and no between-meal snacks of cakes, biscuits or sweets.

It is interesting to note that the average number of fillings per child treated went up from 1.6 in 1966 to 1.9 in 1967. At the same time the ratio of teeth filled to teeth extracted went up from 4.4 : 1, to 4.9 : 1. This is a most welcome trend. It is highly desirable to reduce the number of extractions to an absolute minimum, and to replace this by a vastly increased number of fillings. In the future it is essential to concentrate on preventive and conservative dentistry and not simply on massive destruction. This will be the aim in 1968.

| | Children Aged 0 - 4 Years | | Expectant and Nursing Mothers | |
|---|---------------------------------|-------|----------------------------------|-------|
| | 1966 | 1967 | 1966 | 1967 |
| 1. INSPECTIONS: | | | | |
| a) Number of first inspections | 622 | 897 | 395 | 303 |
| b) Number requiring treatment | 400 | 483 | 328 | 254 |
| c) Percentages requiring treatment | 64.3 | 53.8 | 83.0 | 83.8 |
| 2. VISITS FOR TREATMENT: | | | | |
| a) First visits | 762 | 580 | 351 | 303 |
| b) Subsequent visits | 890 | 838 | 1,088 | 929 |
| c) Total visits | 1,652 | 1,418 | 1,439 | 1,232 |
| d) Additional courses of treatment Commenced | 10 | 27 | 12 | 3 |
| e) Attendances for general anaes- thetic (incl. in total) | 82 | 61 | 20 | 16 |
| f) Emergencies (incl. in total) | 9 | 11 | 15 | 14 |
| 3. PATIENTS MADE DENTALLY FIT: | 456 | 319 | 174 | 126 |
| 4. ANALYSIS OF GENERAL TREATMENT: | | | | |
| a) Fillings | 1,283 | 1,144 | 1,280 | 920 |
| b) Teeth filled | 1,002 | 914 | 984 | 731 |
| c) Teeth extracted | 224 | 184 | 278 | 213 |
| d) Patients x-rayed | 2 | 1 | 14 | 4 |
| e) Scaling, prophylaxis and gum treatment | 30 | 61 | 288 | 162 |
| f) Teeth otherwise conserved | 544 | 254 | N.A. | N.A. |
| g) Teeth root filled | N.A. | - | 8 | 2 |
| h) Crowns and inlays | - | - | Nil | 2 |
| 5. PROSTHETICS: | | | | |
| a) Patients supplied with full upper and/or lower dentures | - | - | 15 | 10 |
| b) Patients supplied with partial dentures | - | - | 18 | 32 |
| c) Number of dentures supplied | - | - | 53 | 49 |

N.A. - Not available

DAY CARE OF CHILDREN

DAY NURSERIES

The majority of the Council's 7 day nurseries were fully occupied during 1967, except at times when there was infectious illness. The one exception was Sun Babies Day Nursery where although the occupancy was higher than when it first re-opened in 1966, shortage of staff has made it impossible to have completely full attendance.

In addition to the admission of priority cases where mothers are not in a position to care for children at home, a small number are given places under two special schemes. One of these is for children with a hearing loss or children of deaf parents, to assist them in the development of speech; the other being for severely mentally retarded children, in view of the still limited accommodation in special care units. Even if only very slow progress can be expected from this latter group of children some respite from caring for them is afforded to their mothers.

CRECHES

The great value of creche sessions at four of the Council's M.&C.H. Centres has been apparent during the year. Sessions have been full and at some there are waiting lists of children. An extra session was begun at the Elsdale Street Centre in October. This opportunity from the child's point of view to mix and play with others even for one or two sessions a week, is seen to assist with development of speech and other skills and to help them become adjusted socially. There have been several requests from paediatricians for places for children who have minor behaviour difficulties, and improvement nearly always follows their admission to a creche.

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

| Centre | No. of sessions | Total attendances |
|--------------------------|-----------------|-------------------|
| Barton House | 103 | 1,739 |
| Elsdale Street | 161 | 1,415 |
| Richmond Road | 139 | 1,604 |
| John Scott Health Centre | 507 | 8,871 |
| Total | 910 | 13,629 |

VOLUNTARY CHILD MINDING

The arrangement whereby a registration fee of 6/- per week is allowed to certain reliable women who may mind one or two children in their homes during the day has continued. Health visitors supervise the minding of these children. The total number of voluntary child minders at the end of 1967 was 41 and they undertook the care of 44 children.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Two types of day care for children under five years of age are recognized under this Act. The first is where children are cared for in premises used mainly for the purpose, which are then regarded as private day nurseries. There were seven of these in the Borough at the end of the year, three new ones having been approved by the Health Committee during 1967. 142 children attended these nurseries, most of which are open only in the mornings.

The second type is where children are received into a child minder's own home. The total number of child minders at the end of 1967 was 24, the same as last year but six new minders were registered during the year and six ceased minding.

All these groups and homes have visits of inspection from Medical Officers at approximately monthly intervals. There is need for this surveillance both to give advice on health measures and suggestions for stimulation of the children in play, and to ensure that the standards required in safety measures, particularly with regard to fire hazards, are maintained.

PLAYGROUPS

Following the issue of the Yudkin report initiated by the National Society of Children's Nurseries in which attention was drawn to a lack of provision for young children's social and emotional needs, a scheme was put to the Health Committee with a view to increasing the facilities for the care of pre-school children outside their own homes.

The Committee decided to seek approval from the Minister of Health for the Council to establish its own playgroups in the Borough. The matter was still under consideration at the end of the year.

FAMILY PLANNING

For many years the Family Planning Association has done valuable work in this sphere. It was permissible however for local health authorities to deal with women who require advice and supplies on medical grounds only. 1967 saw a major development in these services.

The National Health Service (Family Planning) Act, 1967, was passed in June and this conferred on local health authorities in England and Wales general power to make arrangements for the giving of advice on contraception, medical examination of persons seeking such advice, and the supply of contraceptive substances and appliances. The most important feature of this Act so far as local health authorities are concerned is that it enables them to give advice to persons who need it on social grounds and not, as hitherto, on medical grounds only. It was agreed between the Council and the Family Planning Association, in giving effect to the Act that the Family Planning Association will continue their existing service and that from 1st January, 1968, the Council will reimburse expenditure which relates to Hackney residents. It is hoped that the implementation of the Act will bear out the Minister's statement in his circular to local health authorities in 1966, that an adequate family planning service, fully integrated with other community services, is an essential part of family welfare. It should help also to release the burden placed on other services by the physical ill-health and mental distress arising from lack of knowledge and advice. The service is free except that a small charge is made for supplies in non-medical cases.

Approval was given in August to the opening of additional weekly sessions at Shoreditch Health Centre and John Scott Health Centre for fitting the intra-uterine device. Up to this time, the only session of this kind was run by the Family Planning Association at Hackney Hospital and the demand had exceeded the facilities available there. An additional session for conventional methods was also opened at Goulton Road Treatment Centre in October. Although these premises belong to the Inner London Education Authority, they readily gave approval to their use for this session. Seven sessions a week are also held by the Family Planning Association.

An arrangement whereby women who are unable to visit clinics are given advice and supplies in their own homes was begun in February. It is proving a very valuable addition to the service. Referrals are made through this Department by doctors and health visitors; and the family doctor's agreement is obtained in each case. A doctor and a nurse then visit the woman's home for the giving of advice, examination and supplies. There were 55 cases referred for this service during the year.

As in previous years, efforts are made in the maternal and child health centres by medical and health visiting staff, and also by the latter at their home visits, to acquaint women with the facts about family planning.

Posters and notices of sessions are displayed in the centres, and leaflets are distributed selectively.

There appears to be a steady, if slowly increasing awareness by women of the desirability of availing themselves of the service. The new Act widens the scope, and plans were being made at the end of the year for bringing the comprehensive services more fully to the notice of those to whom it applies.

There were 211 family planning sessions held in Council Clinics at which 961 persons attended. The total attendance was 2300. A total of 1475 persons made 6877 attendances at Family Planning Association Clinics.

MIDWIFERY

The Council has a statutory duty under Section 23 of the National Health Service Act, 1946, to provide a midwifery service for attendance on mothers in their own homes. Part of this service is provided by district midwives of the Mothers' Hospital on an agency basis and the remainder, by midwives employed directly by the Council. The number of midwives employed in this service at 31st December 1967 was:

| | | | |
|-------------------|----|----|---|
| Borough Council.. | .. | .. | 6 |
| Mothers' Hospital | .. | .. | 4 |

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 | 220 | 210 | 176 | 109 |
| Hospital district midwives | 261 | 249 | 208 | 148 |
| Total | 481 | 459 | 384 | 257 |

As in 1966, the number of home confinements has continued to fall and the increase in the number of patients discharged from maternity hospitals to their homes before the tenth day of the lying-in period has also been maintained. In some other parts of London, hospitals have been obliged to discharge mothers before the tenth day in order to meet the demand for maternity beds and special early discharge schemes have been arranged. Fortunately, though we dealt with 257 early discharges, no special scheme was necessary to accommodate them. The requests received from mothers for early discharge are mainly for personal or domestic reasons.

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

Statutory Powers

Under the provisions of the Midwives Act, 1951, it is the duty of the Council as local supervising authority to supply the Central Midwives Board with the names and addresses of all certified midwives who, during the 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 31st January, 1967, 118 notifications were received.

Training

In conjunction with the midwifery training school at the Mothers' Hospital, the Council provides facilities for the practical training of pupil midwives taking Part II of their midwifery training course. Of the 59 pupils who completed district training in this area during the year, 8 were placed for their three months' course with midwives in the Council's domiciliary service who are approved teachers by the Central Midwives Board.

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

Close liaison has been maintained between the domiciliary midwives working in the Borough, the health visitors and the district nursing staff, thus ensuring the continuity of the service in the interest of both mother and child.

HEALTH VISITING

The health visitor has always been a key worker in health departments. She has had special training in the knowledge and skills she will require to ensure the well-being of the family, and in particular the health of mothers and young children. She is also a qualified State Registered Nurse and must have had some midwifery training.

Over the years the detailed content of her work has altered, in line with rising standards of living and changing social conditions. Whereas the health visitor some years ago would have been primarily concerned with basic standards in infant feeding, hygiene and management, today far more of her work concerns personal relationships between mother and child, surveillance of high risk groups (such as families with problems and those who have a mentally or physically handicapped child), and liaison between the general public (i.e., the families) and workers of other social agencies and departments. Her basic role remains that of health educator and social adviser to all families with children under 5 and the detector of early signs of stress and strain. It would be true to say that amongst all the welfare workers in the community services the health visitor's duties are unique in their preventive nature and wide scope of service to the family. She is the only worker who has a statutory duty to visit every new born baby in her area as well as all pregnant mothers. She will pay a most important visit to every new baby following the notification of the birth and this will inevitably involve her with the whole family, from the youngest to the oldest member. She has become generally accepted in the pattern of our society as a worker with healthy families. She is in effect in "at the ground floor" in contrast with other workers who are called in to deal with actual problems and difficulties.

Health visitors in the Borough work from nine maternal and child health centres, each of which serves a defined geographical area. The larger centres all have on the staff a senior health visitor (Centre Superintendent) who is responsible for the day to day supervision of the health visiting service in the centre's area, giving guidance to newly qualified staff and assisting in the practical training of nursing and health visitor students. She is also responsible for the "housekeeping" of the centre, and for co-ordinating the services offered there, including giving information and advice to members of the public. Full details of the centres and their activities are shown in the summary on pages 3 and 4.

Ideally each health visitor should have a case load of approximately 400 families and should then be able to give time not only to her statutory duties under Section 24 of the National Health Service Act, 1946, but to visiting persons requiring care and after-care, health education (including teaching in secondary schools and ante-natal classes for expectant mothers), and adequate follow-up which is particularly vital in families with problems. However, owing to the shortage of health visitors, which I mentioned in my report last year, health visitors in this Borough have to carry a case-load almost three times this size and in fact the highest for any Inner London Borough. They are therefore having to limit their work to visiting new babies, and pregnant mothers (the birth rate in Hackney is still the highest in London) and to dealing with families with acute problems and emergencies. It must be remembered, too, that this is an area with many social problems; there are many semi-skilled and unskilled workers who might in any case be regarded as most in need of the help and support of local services.

To attract health visitors to work in the Borough, the Council approved the acquisition of a property with a view to conversion into suitable flatlet accommodation and at the end of the year the work was in progress.

I consider that the shortage of health visitors is one of the most serious problems that this department faces especially as the decentralisation of the local health service to the London Boroughs has given greater emphasis to the maternal and child health centres as a basic point of contact between members of the public and the Council's services.

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 1967 | | | 5,005 |
| Children born in 1966 | | | 4,515 |
| Children born 1962-65 | | | 9,213 |
| Total No. of children born 1962 - 67 | | | 18,733 |
| Persons aged 65 or over | 59 | 282 | 341 |
| Mentally disordered persons.. .. | 4 | 162 | 166 |
| Persons, excluding maternity cases, discharged from hospital (other than mental Hospitals) | 17 | 68 | 85 |
| Tuberculous households | | | 8 |
| Households visited on account of other infectious diseases | | | 16 |

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 1967 | 807 |
| Total number of patients nursed during year.. .. | 2,760 |
| (Of these 91 were aged under 5 years and 1,106 were aged over 65 years at their first visit in 1967) | |
| Total number of visits during 1967 | 100,787 |
| No. of home nurses | 35 |

Last year I drew attention to the publication of the Queen's Institute of District Nursing entitled "Feeling the Pulse" which indicated that the district nursing service was not being fully utilised. It was felt that a similar survey carried out in this Borough might indicate how Hackney measured up to this criticism and a questionnaire was, therefore, sent to all general medical practitioners practising in Hackney.

An analysis of the findings would seem to indicate that the best use is not being made of the local district nursing service. In 1968 discussions will take place between the Department and the family doctors to see what, if any, improvements or alterations can be made to ensure full use of the service to the benefit of all concerned.

VACCINATION AND IMMUNISATION

The programme of prophylaxis against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox was carried on as in previous years at maternal and child health centres, and in addition some sessions were held at schools. At these school sessions booster doses are given and courses of primary immunisation if the children have not had these earlier.

The number of primary immunisations against diphtheria, whooping cough and tetanus given in the first year of life dropped a little, but the number given to children in the two years preceding school entry was higher than in 1966. A special effort was made to include children about to start school. There was no increase in the number of children given protection against poliomyelitis but there was an increase in the number of reinforcing doses given. There is no doubt that parents become complacent very easily. There is therefore a need for repeated verbal reminders as well as periodic health education publicity to maintain a satisfactory level of protected children.

Primary vaccination against smallpox is now recommended in the second year rather than in the first year of life, as serious reactions, including encephalomyelitis occur more frequently in later years, and sometimes leave permanent brain damage. There was only a slight decrease in the number of primary vaccinations and this might be a result of the lower birth rate. In June the Public Health Laboratory Service discontinued distributing smallpox lymph direct from hospital and general practitioners. The Health Department now obtains the lymph direct from the Public Health Laboratory Service and distributes it upon request to hospitals and general practitioners.

During the year the Minister of Health approved the Council's proposal to add vaccination against measles to its scheme for vaccination and immunisation. A limited scheme commenced in June. A stock of measles vaccine was held in the Department for use with selected children where an attack of measles was considered particularly undesirable. 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 |
|-------------------------|---------------|-------|------|------|------|---------|---------|-------|
| | 1967 | 1966 | 1965 | 1964 | 1963 | 1962-60 | 1959-52 | |
| Diphtheria | 1,881 | 1,857 | 158 | 104 | 71 | 235 | 243 | 4,549 |
| Whooping Cough | 1,884 | 1,800 | 151 | 98 | 55 | 44 | 18 | 4,050 |
| Tetanus | 1,881 | 1,857 | 159 | 105 | 72 | 240 | 291 | 4,605 |
| Poliomyelitis | 1,789 | 2,817 | 305 | 160 | 109 | 354 | 371 | 5,905 |

Reinforcing Injections/Doses

| Type of vaccine or dose | Year of birth | | | | | | | Total |
|-------------------------|---------------|-------|-------|------|------|---------|---------|-------|
| | 1967 | 1966 | 1965 | 1964 | 1963 | 1962-60 | 1959-52 | |
| Diphtheria | 1 | 1,255 | 1,405 | 187 | 167 | 1,556 | 796 | 5,367 |
| Whooping Cough | - | 1,246 | 1,378 | 175 | 94 | 89 | 9 | 2,991 |
| Tetanus | 1 | 1,255 | 1,405 | 187 | 169 | 1,559 | 805 | 5,381 |
| Poliomyelitis | 1 | 113 | 201 | 41 | 102 | 1,711 | 800 | 2,969 |

Smallpox Vaccinations

| Age | 0 - 3 months | 3 - 6 months | 6 - 9 months | 9 - 12 months | 1 year | 2 - 4 years | 5 - 14 years | Total |
|----------------------|--------------|--------------|--------------|---------------|--------|-------------|--------------|-------|
| Primary vaccinations | 24 | 13 | 25 | 27 | 1,903 | 592 | 142 | 2,726 |
| Re-vaccinations | - | - | - | - | 3 | 37 | 232 | 272 |

PREVENTION OF ILLNESS, CARE AND AFTER CARE

CERVICAL CYTOLOGY

The screening service for cervical cancer, which commenced with one session a week in 1966, was expanded during the year. In addition to the session held at Richmond Road maternal and child health centre, a day-time session opened at the John Scott Health Centre in January and an evening session at the Goulton Road Treatment Centre in October.

The expansion was consequent upon the Pathology Department at Hackney Hospital being able to deal with the examination of a greatly increased number of specimens. Initial response to the opening of these sessions was good, but experience in this Borough in common with other Authorities shows that numbers tend to fall off and that the public, particularly those whom it is especially desirable should avail themselves of this important service, need to be constantly reminded that the service exists.

Posters drawing attention to the service and also to the lower age limit of 25, at which women may attend clinics have been displayed, and a special leaflet has been widely distributed. This has a tear-off slip which a woman may complete and hand in at any maternal and child health centre, when an appointment will be sent to her. The waiting period for an appointment has never been very long and after the opening weeks of a new session there is rarely more than two weeks delay before an appointment can be given.

A medical examination to exclude other detectable diseases such as breast cancer is also carried out as a routine. In addition to these *ad hoc* sessions, cervical smears are also taken from patients who attend the Council's ante-natal and family planning clinics, unless this has already been done at a hospital. A total of 891 smears were taken in 1967. At the close of the year, it was planned to open an evening session at the John Scott Health Centre in place of the day-time one, or in addition to it, if the demand warranted both.

Meetings have been held in the Council's clinics at which films on the subjects of cervical screening and self-examination of the breasts have been shown to members of the public. Some of these have been initiated by the staff of this Department, others by the Stoke Newington Women's Cancer Control Campaign. On these occasions a medical officer of the department is asked to be present to answer questions if required.

CHIROPODY

At 4,580 sessions held in five of the maternal and child health centres and the Salvation Army Goodwill Centre, 5,368 patients made 33,424 attendances.

Each patient, on average, had treatment once every eight weeks. This is not frequent enough and although there was an improvement in the recruitment of chiropodists during the year, the demand for the service far outweighs the capacity to meet it because of staff shortages. Of the 5,368 patients treated during the year, 3,329 were over 65 years of age and 739 school children were treated for verrucae.

Following attendance at a refresher course the Chief Chiropodist initiated a modest service in the clinics in the preparation of "appliances". This has not only proved to be most successful in alleviating certain long standing and painful conditions but does in fact save time and materials over a period of treatment. It is hoped to extend the service when the staff position improves.

A number of partially handicapped persons as well as the very elderly are brought to the clinics by ambulance but with the vast commitments of the ambulance service it is difficult to dovetail visits to the clinics in such a way as not to interfere with those patients receiving 'meals on wheels'. It may be, therefore, that the limited use of domiciliary practice upon which the health services in this area have so far not embarked, would be of benefit. Experience in other Boroughs suggests that this leads to an improvement in the recruitment of chiropodists.

HEALTH EDUCATION

As in previous years, a particular topic was selected for emphasis during each month of the year, posters being displayed and leaflets distributed appropriately.

A "Healthy Living" project was held in July with the co-operation of head teachers and of the Inner London Education Authority. This included talks to groups of school children; an exhibition in the Woodberry Down Comprehensive School on dental health; and a poster competition with prizes in various age groups. The project was of necessity limited by the amount of time available to the various members of the staff of the department, none of whom was able to give as much as they would have wished owing to other commitments. Twenty-seven talks were given in schools by medical officers and four by nursing staff. Films on dental health were shown in two schools.

The Health Education Panel continued to meet each month during the year to select appropriate display material including posters in the various fields of health from the common cold to cervical cancer and to the dangers of lead poisoning.

A card in eight different languages produced by the Ministry of Health and explaining the health services available to immigrants to this country was distributed through the health centres.

In June a dental health exhibit was arranged at the annual field day in Clissold Park.

Preliminary plans were laid in the latter part of the year for a "Dental Health for Hackney" year in 1968.

During the year the Health Committee gave approval to the setting up of a Smokers Advisory Clinic but it had not been possible to open the clinic by the end of the year.

Lead Poisoning: In recent years there have been cases of lead poisoning occurring among children due to their sucking paintwork containing lead or toys that have been coated with lead paint. Most of the toys manufactured in this country have lead-free paint, but it was known that some imported toys did have a certain amount of lead in them. During the year the Toy (Safety) Regulations were issued prohibiting the sale of any toy containing lead paint.

With regard to paintwork in houses, nearly all new paints are lead free, but in some older houses it is possible that the paintwork might contain lead. Old putty and wall plaster also can contain a proportion of lead, and I regret to report that a fatal case of lead poisoning occurred in Stoke Newington in a three year old child who was suspected of having eaten fragments of old putty and wall plaster.

The attention of the staff was also drawn to a circular letter from the Minister of Health drawing attention to the dangers of contracting lead poisoning through burning old battery casings.

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:-

| | | |
|---------------------------------------|---|-----|
| Adults | - | 209 |
| Children under 5 not attending school | - | 19 |
| School children | - | 141 |

HOME HELP SERVICE

This service which is organised from four home help area offices, is in the main a service for the elderly in the Borough who, because of illness, require domestic assistance. 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 in this and the previous year are set out below:-

| | 1966 | 1967 |
|---|-------|-------|
| Number of new applications received | 1,386 | 1,319 |
| Types of cases assisted: | | |
| Maternity | 40 | 51 |
| Tuberculosis.. .. . | 38 | 37 |
| Old people (over 65) | 3,661 | 3,774 |
| Chronic sick (under 65) | 457 | 483 |
| Miscellaneous | 368 | 352 |
| Total No. of households assisted | 4,564 | 4,697 |

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 number of home helps employed rose from 390 (equivalent whole-time) in 1966 to 423 in 1967.

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, empowered local health authorities to build, equip and maintain premises to be called "health centres", at which facilities would be available for local authority health services, general medical service, general dental service, and the services of specialists or other services provided for out-patient treatment under Part II of the Act. The London County Council, which at that time was the local health authority for London, designed and built one comprehensive health centre which it so happened was sited in Health Division 4, now the London Borough of Hackney. The centre referred to is the John Scott Health Centre, Stoke Newington. A second centre at 210, Kingsland Road was designated as a health centre, as general dental practice was carried on there.

For over ten years after the opening of the John Scott Health Centre little interest was shown by general medical practitioners in using health centre accommodation and the "experiment" was not repeated. The Government's decision with regard to the payment of the rent for general practitioners' accommodation, however, has aroused fresh interest, and there is now in Hackney a number of projects in various stages of planning and consideration.

The project which is nearest to fruition is the Somerford Grove Health Centre which it is proposed will replace the West Hackney Maternal and Child Health Centre, at present held in a church hall. It is anticipated that the Minister's approval of the plans and loan sanction for the erection of this building will be received before the end of 1968. The centre will provide accommodation for maternal and child health clinics, chiropody, family planning, health education, school health including dental health, general medical practice for a group of four practitioners, and general dental practice for one practitioner. It is hoped that this centre will come into operation at the beginning of 1971.

Other health centres in process of planning are sited as follows:-

1. Albion Road, Stoke Newington (to replace the existing maternal and child health centre, Barton House).
2. Fountayne Road (to replace the maternal and child health centre at Upper Clapton Road).
3. De Beauvoir Town, N.1., (new provision).
4. The Baths Site, Lower Clapton Road (to replace maternal and child health centre, Lower Clapton Road).

The erection of these centres as 'health centres' is dependent upon the demand from general medical and dental practitioners, but it is considered that the interest already expressed at various meetings held to discuss the subject, is sufficient to indicate that in due course, and subject to all necessary consents, these health centres will become reality.

Well-planned and equipped waiting, consultation, examination and ancillary service accommodation, properly staffed and maintained, is of benefit to both patient and doctor, and a centre providing such accommodation side by side with local authority services and possibly out-patient treatment facilities, would appear to be the ideal provision.

Such a centre, must, of course, be properly sited according to the needs of the neighbourhood and my candid opinion is that to ensure the fullest benefit it is prerequisite that the medical practitioners should form a group practice and integrate to the fullest possible extent with the other services provided at the centre.

Given all these considerations and the fullest co-operation of all concerned, a health centre should provide the service which the public expects and has a right to demand.

MENTAL HEALTH SERVICES

The year was one of steady progress in the field of community mental health and was marked by the transfer in May of the Shoreditch Day Centre to adapted premises in Thurtle Road, Shoreditch, previously used as a junior training centre, and the opening of a special care unit for 12 children under the age of 5 years in the Hackney Junior Training Centre in June.

Although the number of new cases varies only slightly from year to year this number together with those remaining in community care from previous years means that there is a natural increase in the case load. Thus there is an increasing amount of visiting each year and last year this amounted to a 38% increase.

With the Mental Health Act of 1959 now really effective, it is to be expected that the demand for training centre, day centre and hostel accommodation will increase, and the Department's plans for the next two to three years are geared to provide for this.

Emergency Rota

The emergency call service for mental welfare officers after office hours was maintained in conjunction with the London Borough of Islington. All the Hackney officers now normally carry out this duty from their own homes.

Day Centres

The three day centres were busily occupied during the year, and the success of these establishments is now well proved. During the year 52 new patients were admitted to the centres, 31 of whom were admitted to Clifton Lodge, which is a special rehabilitation centre, providing a short period of sheltered work. The other two centres continued to accept patients with a chronic condition. 28 patients were successful in obtaining and retaining employment, and it was only necessary for eight of the patients to be re-admitted to hospital because of further mental breakdown. The total number of patients attending the day centres during the year was 134.

Social Clubs

These continued to be held at various locations on each week-night, and the Department's officers were also concerned with social clubs for the mentally handicapped organised by voluntary organisations.

Training Centres

The Borough has two purpose-built training centres. Hackney Training Centre (100 places) for children 5 to 16 years, is able to cope at the present time with new entrants. With the expected increase in the number of school children, there will presumably be an increase in the number of mentally handicapped children of school age, so that further accommodation is likely to become necessary.

Homerton Training Centre (120 places) for seniors, which opened in 1966, is now stretched to its limit, and is indicative of the urgent problem of the increasing numbers of mentally handicapped adults who survive much longer, due to improved public health facilities. Plans to cope with this and other problems are given later in this report.

Transport

The former London County Council hired private coaches to transport children to the training centres and for a couple of years this practice continued in Hackney. It was felt, however, that from the trainees point of view this was not a satisfactory service in view of the distances to pick up points and the length of time taken on a round. Accordingly the Council authorised the purchase of six smaller coaches. New routes were devised which it was anticipated would reduce walking time and time spent on a coach. This would be achieved by the coach making two shorter journeys each morning and afternoon. Although the coaches had been delivered, it was not possible to bring them into operation by the end of the year.

Special Care Units

One of the most urgent problems in respect of severely mentally and physically handicapped children has been the lack of provision for their daily care, and in 1966, a special care unit for 20 children aged 5 to 16 years was opened in adapted premises in Millfields Road. This unit has continued to provide excellent service and the progress made by all the children there has been most remarkable. The obvious need to provide similar accommodation for children under the age of 5 years was emphasised; the Council's day nurseries accept some such children but are not designed or intended to cope with this problem. It was found possible to adapt one of the nursery classrooms in the junior training centre as a special care unit for 12 children under the age of 5 years, and this unit was opened in June. It was an immediate success, and once again, I am happy to report that the children admitted have shown remarkable progress. There is still great pressure for places of this kind within the community, and the need for further provision is apparent.

Short Term Care and Recuperative Holidays

Short term care is provided for sub-normal and severely sub-normal patients for a maximum period of 8 weeks in order to provide relief for the family because of an emergency or for some other reason. During the year, 46 patients were given this service, and again I must note that vacancies for short term care are very difficult to obtain. Recuperative holidays are provided for persons who have recently suffered with psychiatric illness and during the year 41 patients were sent for such a holiday.

Permanent Care

Nine patients were admitted to hospital for permanent care but the situation with regard to hospital vacancies remains very grave and the outlook shows no sign of improvement. In order to alleviate great distress which can be caused by the presence of severely handicapped persons in their families, the Council has arrangements for such patients to be maintained in registered private homes as necessary. At the end of the year, 25 Hackney patients were accommodated in private residential homes.

The provision of hostel accommodation for psychiatric patients is becoming an increasing problem. At the present time, there are no hostels within the Borough, but the Council was maintaining in 1967, 24 patients in hostels run by voluntary organisations and statutory authorities in other areas.

Developmental Assessment Clinic

This clinic is held weekly by a medical officer who specialises in the assessment of children who do not appear to be making satisfactory progress.

Advice and guidance is given to the mothers as to training and future placement of the child concerned. The clinic was held on 43 occasions and 111 children were examined.

Co-Operation with Hospitals, Voluntary Societies, Etc.

The Department's close co-operation with the Psychiatric Unit of Hackney Hospital has continued to develop and the Professor of Psychiatry has arranged and given lectures to the mental health staff at regular intervals. This has been of great help. The mental welfare officers attend the twice-weekly case conference where discussions take place on the after-care of patients. These help the Officers considerably and ensure that all patients who require the Department's services are helped.

Long Grove Hospital, Epsom remains the main hospital for admissions for this Borough, and the difficulties in time and distance involved continue. It is proper to say, however, that the co-operation between the Hospital and the local authority services is of the highest order: the consultant psychiatrists are readily available for home visits and advice and the mental welfare officers are welcomed at the weekly meetings of the consultants, social workers and nursing staff.

With the opening of the Unit at Hackney Hospital, St. Clement's Hospital, Bow, now receives a decreasing number of Hackney patients but the Medical Director and his staff have continued to be most helpful with advice and guidance.

A community mental health service is unable to operate without co-operation from the Psychiatric Hospitals and the many other bodies both voluntary and statutory which operate in this field of public health. I am pleased to place on record my deep appreciation for the help the Department has received from Hackney, Long Grove and St. Clement's Hospitals and from 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, the London Boroughs Training Committee and many others.

Easton House Hostel, which is operated by a voluntary organisation and which caters for boys who have left residential schools for the maladjusted, suffered serious staffing difficulties during the year and it was necessary for the Department to loan the services of a senior mental welfare officer on two occasions for quite lengthy periods. At the time of writing the staffing situation has been resolved and it is hoped that all will go well in the future. The Council continues to provide the initial funds for the hostel's maintenance subject to re-imbursement of the appropriate amounts by other Authorities making use of the accommodation, a matter which is sometimes beset with administrative difficulties. The Council is represented on the management committee of the hostel and the Department's officers are frequently asked for guidance and advice on the day-to-day running of the premises.

Dental Services

Until this year there has been no organised form of dental care for the mentally handicapped. In order to see whether or not facilities for treatment were required, dental inspections have been carried out at the Hackney and Homerton Training Centres as well as at the Millfields Special Care Unit, with the following results:-

| Centre | No. examined | No. needing treatment | No. offered treatment |
|------------|--------------|-----------------------|-----------------------|
| Hackney | 63 | 56 | 51 |
| Homerton | 40 | 24 | 24 |
| Millfields | 14 | 11 | 11 |
| TOTAL | 117 | 91 | 86 |

Thus, 77.6 per cent required treatment; 5 were not offered treatment as they already had a dental practitioner.

As a result of these observations it was decided to attempt treatment for as many of the trainees as possible. An Inner London Education Authority mobile dental clinic was therefore taken to the Hackney and Millfields Centres. Although better than nothing, the occasional use of such caravans is not conducive to good regular dental care. Some of the trainees from Homerton have been treated at the Wick Maternal and Child Health Centre. A large number of trainees were treated, the majority of whom had not previously had any dental care other than massive destruction. In these cases routine dental procedures have been used. However, if all the trainees are to be treated, consideration will have to be given in the future to providing facilities for treatment under general anaesthesia, preferably in a purpose-built surgery within one of the training centres.

Because of the vast amount of oral disease, consideration has also been given to possible methods of preventive care. As a start parents of the children at Hackney and Millfields centres were asked to complete a questionnaire and 67 kindly did so. The results were as follows:-

| | |
|--|----|
| Number never been to a dentist | 17 |
| Number of children who had had teeth extracted .. | 35 |
| Number of children who had had a filling .. | 15 |
| Number receiving regular treatment | 20 |
| Number of parents who felt treatment was needed out had done nothing about it | 31 |
| Number of children who clean their teeth daily .. | 41 |
| Number of children who rarely or never clean their teeth | 24 |

At the ensuing dental inspection the following results were observed:-

| | |
|---|----|
| Number of mouths found to be dirty | 38 |
| Number with gums in an unhealthy condition .. | 36 |
| Number of children needing fillings | 46 |

A total of 129 decayed teeth were found, 35 of which needed to be extracted. It was also observed that twice as many teeth had previously been extracted than had been filled.

The evidence thus points to the necessity for the provision of some means of preventing oral disease, as well as for treating it. It is intended that, in the near future, simple dental health education will be given to the older trainees. In addition, it is hoped that a dental auxiliary will spend part of each week polishing the teeth of some of the trainees and then applying preventive solutions.

Mental Health Week

During Mental Health Week held in June both the junior and senior training centres were opened to the general public and exhibitions of the work done in these Centres were arranged.

Future Plans

In order to cope with the increasing demand for accommodation both for mentally ill and mentally handicapped persons the Council negotiated the purchase of the Territorial Army Association Drill Hall in Albion Road and the purchase and cost of adaptations have been included in the building programme for 1968/69. It is hoped that the Centre when adapted, will provide accommodation for 60 psychiatric patients and 100 adult mentally handicapped persons.

STATISTICS

Mental Illness

| | 1966 | 1967 |
|--|------|------|
| Number of referrals during the year.. .. | 388 | 397 |

The final arrangements made for these referrals were as follows:-

| | | |
|---------------------------|----|----|
| No further action | 61 | 84 |
|---------------------------|----|----|

Hospital care:-

| | | |
|---|-----|-----|
| Admitted informally.. .. . | 192 | 177 |
| Admitted compulsorily | 11 | 9 |
| Psychiatric out-patient or day hospital | 4 | 12 |
| Admitted to general hospital | 5 | 3 |
| Number taken into Council's community care.. .. | 110 | 109 |
| Number taken into other community care | 5 | 3 |

A further breakdown of the 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 | 3 |
| Receiving visits from Mental Health Social Worker.. | 108 | 109 |
| Attendance at day re-habilitation centre | 15 | 31 |
| Attendance at day centre | 7 | 21 |

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 | 368 |
|--|-----|-----|

Mental Subnormality

| | 1966 | 1967 |
|---|------|------|
| Number of new cases during the year | 107 | 93 |

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

| | | |
|---|----|----|
| No further action | 12 | 19 |
| Number taken into Council's community care.. .. | 89 | 72 |
| Other community care | 6 | 2 |

A further breakdown of the 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 | 2 |
| Receiving visits from Mental Health Social Worker.. | 89 | 72 |
| Attendance at training centre | 25 | 22 |
| Other type of community care.. .. . | 6 | 2 |

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 | 521 |
|--|-----|-----|

FAMILY CASE WORK

Social workers engaged in the school health social work service have developed considerably the casework content of their work during 1967. Historically they have had contact with clients only at clinics where they work as a team with the doctor. During the past year it has been the policy and practice of the doctor and social worker to arrive at a joint decision regarding which clients and families need casework help, and much more of the social worker's time is spent on home visiting with the emphasis on attempting to improve the family interaction. The Special Investigation Clinics for schoolchildren have a very important preventive function and treat children suffering from enuresis, obesity or early emotional problems. Close contact is maintained with the two child guidance clinics in the Borough, and the social workers may carry out initial enquiries on children with emotional problems and supply a psycho-social report for the child guidance clinic should the child be referred there. Some cases are referred back to the social worker for casework help where the clinic staff is of the opinion that the problem is best treated in the home setting.

During 1967, a school health social worker began to provide social work help at the New River School for partially sighted children, and a close and understanding relationship has been developed with the school staff. The social worker now visits a number of the homes of the children who are manifesting behaviour or emotional problems. A social worker is employed at each of the two chest clinics in the Borough, and another worker is engaged at the venereal disease clinics, and has the important task of contact tracing. The two family caseworkers continue basically to provide skilled casework help to inadequate families having multiple problems, but the section as a whole now is accepting a wider range referral, and all workers are encouraged to share in a critical examination of their work function with the aim of improving efficiency. Regular staff meetings are held and additionally the availability of regular consultations and a fortnightly case discussion group helps professional practice.

The professional skills of this section are recognised by the staffs of university and professional social work courses who place students for training. Three students were accepted for placement during 1967, and it is planned to give more of this type of student training during 1968, particularly to students from the North-West Polytechnic who are taking the two year certificate in social work studies. The supervision of students makes heavy demands on supervisors, and much care has to be taken in programme planning and regular supervisory sessions. However the professional development of these students depends largely on the availability of skilled supervision, and the social workers giving this service readily accept this extra responsibility.

Co-ordination of Social Services

The Social Services Co-ordinating Committee met regularly during 1968. Its membership consists of the chief officers of Health, Children's, Welfare and Housing Departments, and representatives of the Education Authority, the Housing Department of the Greater London Council, the Ministry of Social Security, the Probation Service and certain voluntary organisations.

A sub-committee meets at least fortnightly and is known as the field-workers case conference. At this conference cases are discussed which have been referred for discussion by any social work department or agency within the Borough. At this field level the object is to pool information regarding the family under discussion and arrive at an agreed decision on the rational use of the available social work resources. Occasionally the conference is unable to arrive at a satisfactory conclusion and then refers the case to the full Co-ordinating Committee for action. The agreed policy is that no one

living in Council accommodation may be evicted unless the family circumstances have been discussed at the fieldwork and full Co-ordinating Committee level and a recommendation is made by that Committee to the Housing Manager. This system clearly indicates the care and thoroughness taken by the Council and its officers in examining the circumstances of all families where there is the likelihood of eviction.

During 1967 the Co-ordinating Committee arranged two meetings for social workers which were addressed by the Deputy Housing Manager with the aim of explaining the policy and practice of the Housing Department and improving the understanding and relationship the Department has with the social work services. These meetings were highly successful and further meetings are planned for 1968 when the subjects will be the work of the Ministry of Social Security, the work of the Children's Department and of the Welfare Department.

In July, 1967, the Committee set up a small working party to investigate the problems of the Kingsmead Estate. The working party made contact with a wide range of social services and the Kingsmead Tenants Association and anticipated that the final report would be available for early Spring, 1968. The particular considerations of the working party were (a) the improvement of the amenities on and serving the estate and (b) the rational use of social work resources.

BATHING SERVICE AND INCONTINENT LAUNDRY

Bathing facilities for the treatment of verminous persons and for the bathing of elderly persons with no home facilities are provided at the Millfields Depot whilst similar facilities are provided at the Shoreditch Health Centre for school children only.

The premises at the Millfields Centre being, to say the least, somewhat Victorian, it was decided during the year to carry out adaptations at the Shoreditch Health Centre to provide a comprehensive bathing service. Work on these adaptations was in progress at the end of the year.

The bathing service for elderly people is also provided at home for those who are not fit to be brought to the Centre. In many cases people are bathed in their own home. The agreement of the family doctor is obtained in each case.

Details of baths given during the year are set out below:-

| | No: | No: of baths |
|------------------------|-----|--------------|
| Bathed at Centre | 71 | 975 |
| Bathed at home.. .. | 59 | 1,101 |

In 1966 all general practitioners were advised that local authorities were able to issue incontinence pads. There was at once a marked increase in demand and in 1967 the number issued was double that in the previous year.

Arrangements for the laundering of soiled linen still continue and this is carried out at the Millfields Centre. Some 43,700 articles were laundered 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 96 cases were discussed and 83 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 has remained unaltered in 1967.

'Crossways' Home for Mothers and Babies

The Salvation Army have maintained a Home for unsupported mothers and their babies at 9, Amhurst Park, N.16., for many years. These premises were becoming old and uneconomic to maintain, and the Home was transferred to 13, Laura Place, E.5., which had been satisfactorily adapted. These premises are very near to the Mothers' Hospital where the mothers are admitted for their confinements.

There is accommodation at this Home for 20 expectant and nursing mothers and 10 babies. The Home opened on the 17th February and is running smoothly in its more suitable premises.

St. Mary's Home for Mothers and Babies, Stamford Hill

This Home is run by the Community of St. Mary the Virgin, Wantage. There is accommodation for 22 expectant and nursing mothers and 12 babies. Conditions at this Home are excellent and the atmosphere is a particularly happy one. The mothers are admitted to Hackney Hospital for their confinements, and they attend special ante-natal education classes at the John Scott Health Centre.

St. Margaret's Nursing Home, 262 Victoria Park Road

This Nursing Home has accommodation for 9 chronic medical patients, and 2 maternity patients. It is under private ownership, a small number of confinements take place in the Home, the keeper being a State Certified Midwife who has one other midwife on her staff.

A general practitioner obstetrician undertakes the medical care of the maternity patients and in case of any complication they are admitted to a maternity hospital as the Home is not equipped for dealing with obstetric complications. 45 confinements took place in this Home during the year.

St. Joseph's Hospice

This establishment is registered as a nursing home within the meaning of the Nursing Homes Act 1963 but is in essence a hospital for terminal cases only.

RESEARCH PROJECTS

Nutrition Surveys of Pre-School Children and Pregnant Women

This survey was initiated by the Ministry of Health last year. At first the enquiry was concerned with the diets of pregnant women and then extended to become a study of diets of children in different sized families. This year the survey has been extended still further to include a study of the incidence of dental caries in pre-school children. The dietary field work is being carried out by the Market Research Bureau and the dental examinations of children, whose parents are in agreement, was still in progress at the end of the year.

Survey of Children with Spina Bifida

The first part of this survey organised by the Research and Intelligence Unit of the Greater London Council was conducted in 1966 and it consisted of the completion of questionnaires for 28 children suffering from the condition of spina bifida whose homes are in this Borough.

The second part of the survey extended the enquiry to children born with the condition between the 1st October 1966, and the 30th September 1967. It is intended to follow up in detail the progress of these children for some years with the intention of discovering the incidence of the condition and also helping in the assessment of the children's special needs for treatment and education.

Measles Vaccine

This was a continued follow-up of the trials held in 1965 and 1966. The first results were satisfactory, contact being maintained with 87% of those children vaccinated. Health visitors were asked to visit those parents who did not return forms sent to them by post, and wherever possible the addresses of families who had moved were made known to the Research Council worker. No report of this part of the follow-up had been received by the end of December.

STAFF MEDICAL SERVICE

All new entrant staff and manual workers complete a medical questionnaire concerning their medical history in order that their fitness for employment may be assessed. When replies to the questions suggest that further investigation is necessary, a medical examination is carried out.

New entrant staff whose duties bring them into close contact with children are required to have a chest X-ray examination in addition and those who will be resident in Children's Department and certain Welfare Department establishments are medically examined unless they have been employed with another local authority immediately prior to taking up an appointment with this Borough.

In addition, staff whose sick pay allowances are nearing exhaustion are medically examined and a report submitted to the Establishment Committee for consideration of an extension of sick pay allowances.

TRAINING

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

Nursery Nurses

There is an annual intake of young girls who have just left school for 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 London College for Further Education.

Thirty students received training during the year and nine second-year students taking the examination in 1967 were successful in obtaining the certificate.

District Nurses

State registered nurses are accepted for training as district nurses and receive theoretical and practical instruction based on the syllabus of the 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 1967 two sponsored students were successful at their examinations, as was also a member of the nursing staff of the Borough of Tower Hamlets for whom training facilities were made available in this Borough. In addition, a course of training, again based on the syllabus of the Queen's Institute of District Nursing, was made available to state enrolled nurses wishing to become trained in district work. One state enrolled nurse employed in the Department successfully completed the course, as well as three nurses seconded from St. Matthew's Hospital.

Health Visitors

Up to ten qualified nurses who have had midwifery or obstetric training who are accepted by Colleges of Further Education to undertake a course in health visitor training are sponsored by the Council for the duration of such a course.

The Course leading to the Health Visitor 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 1966/1967 six students were sponsored, of whom five were successful at the final examination, one having resigned meanwhile. A further five students were sponsored for the academic year 1967/68.

Mental Health Staff

Mental health social workers and training centre, day centre and special care unit staff have attended short residential courses and day and part-day release courses arranged by the London Boroughs' Training Committee and the National Association for Mental Health.

In addition an assistant supervisor of a junior training centre is undergoing a one year course of training leading to the award of the Diploma of the National Association for Mental Health.

Pupil Public Health Inspectors

There are ten pupil public health inspectors undergoing theoretical training at Tottenham Technical College but two are having their practical training in the London Borough of Redbridge in accordance with the special scheme approved by the Greater London Whitley Council. All pupils employed by this Authority undergo a three year course of training.

Three of the pupils sat for and passed the Diploma examination of the Public Health Inspectors Education Board and one, a woman, was awarded the Gold Medal, by the Association of Public Health Inspectors in the 1967 Ronald Williams Memorial Awards as the most outstanding student of the year.

Pupil Midwives

As part of the local health authorities functions under the provisions of the Midwives Act, 1951, this Council provides accommodation and training for pupil midwives. Details of the amount undertaken in 1967 are set out on Page 25.

Reciprocal Arrangements

In addition to ensuring that staff receive adequate training, this Council undertakes to give training to staff of other organisations. For instance, nursing, social and medical students from hospital schools visit the maternal and child health centres, day nurseries, and mental health establishments as part of their training. I am pleased to be able to offer these facilities as it enables students in all the fields of the health services to learn something from each other and so foster the close liaison that is so necessary in our work.

SCHOOL HEALTH SERVICE

The Inner London Education Authority is responsible for the school health service, but by virtue of an agreement required by Section 32 of the London Government Act, 1963, there is joint use by the Authority and the Borough Council of professional staff premises and equipment. The Medical Officer of Health is the Principal School Medical Officer of the Inner London Education Authority for the area and responsible to that Authority for the day-to-day running of the service.

In this report some of the more detailed statistical information has been omitted, but for those who are interested it can be found in the report of the Medical Adviser to the Inner London Education Authority.

SCHOOL MEDICAL EXAMINATIONS

There were no major changes in the service during the year. Eleven schools continued to participate in the "selective" examination of 7 year-olds, and it was again noted that well over half (71%) of their children did not need to be examined. This allowed the school doctors and nurses time to look more carefully at those children picked out by the selection process. It is safe to assume that in conformity with a growing body of expert opinion in this country, the "selective" method will be used increasingly in the future. However, not all schools lend themselves to this method, as its success depends (at least in part), on the willingness of parents to complete a fairly lengthy questionnaire on the health of their child and ensure it's return to the school.

The total school population remained fairly static at 35,492, and in the remaining schools in the Borough nearly 14,000 routine medical examinations were carried out - in four age groups - i.e. all entrants in infant, junior and secondary schools, and secondary school leavers. In addition, many school children not falling in these precise age groups, were brought forward for medical examination at the request of teaching staff, parent, care committee worker or other agency. The numbers of such children are given in the table below:-

Non-Routine Medical Examinations

| | | | | | | | | |
|--|----|----|----|----|----|----|----|-------|
| Employment certificates | .. | .. | .. | .. | .. | .. | .. | 400 |
| Theatrical children | .. | .. | .. | .. | .. | .. | .. | 58 |
| School journeys | .. | .. | .. | .. | .. | .. | .. | 1,828 |
| Recuperative holidays | .. | .. | .. | .. | .. | .. | .. | 157 |
| Secondary school annual surveys | .. | .. | .. | .. | .. | .. | .. | 64 |
| Outward bound courses | .. | .. | .. | .. | .. | .. | .. | 37 |
| Boxing | .. | .. | .. | .. | .. | .. | .. | 85 |
| Boarding schools for the delicate | .. | .. | .. | .. | .. | .. | .. | 35 |
| Handicapped pupils - statutory examination | .. | .. | .. | .. | .. | .. | .. | 177 |
| Handicapped pupils - periodic special defect examination | .. | .. | .. | .. | .. | .. | .. | 419 |
| At request of:- | | | | | | | | |
| Head teacher (child's name entered in special book) | .. | .. | .. | .. | .. | .. | .. | 131 |
| Head teacher - others | .. | .. | .. | .. | .. | .. | .. | 308 |
| School nurse | .. | .. | .. | .. | .. | .. | .. | 138 |
| Divisional (Educational) Officer | .. | .. | .. | .. | .. | .. | .. | 66 |
| District Care Organiser or Care Committee | .. | .. | .. | .. | .. | .. | .. | 35 |
| Parent | .. | .. | .. | .. | .. | .. | .. | 85 |
| School doctor | .. | .. | .. | .. | .. | .. | .. | 108 |
| Miscellaneous | .. | .. | .. | .. | .. | .. | .. | 58 |
| | | | | | | | | 4,189 |

These figures show a 15% increase over the previous year - reflecting, in particular, a larger number of children referred for examination by teaching staff and a rise in the number of children examined before a "school journey".

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

RE-INSPECTIONS

In addition to selective, routine and non-routine medical examinations, nearly 3,800 children were seen again by the school doctor 3 to 12 months later in order to check on some defect noted on a previous occasion.

VISION TESTING

The plans to introduce vision testing at the age of 5 years were put into effect during the year, using the Sheridan-Gardiner method, which relies on the matching of seven carefully chosen letters of the alphabet. It proved generally acceptable and reliable in use. Its main advantage, of course, is that it selects at an earlier age those children who need further investigation of their eyesight and, in many cases, the provision of glasses.

NURSING STAFF

Nursing staff in the School Health Service comprises 10 full-time and 8 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.

INFECTIOUS DISEASES IN SCHOOLS

Fortunately, and for the second consecutive year, there was no significant outbreak of dysentery in the Borough's schools. Most of the credit for this state of affairs must go to the efforts of teaching staff in encouraging children to wash their hands after using the lavatory and observing the early signs of an upset stomach, and to the Borough's general practitioners for ensuring that children are not allowed back to school before they are fully recovered.

While in hospital for treatment of ear disease, a teacher in a local primary school was found to be suffering from tuberculosis. The pupils in her class were given a skin test and, where necessary, a chest X-ray. Other members of the staff were encouraged to have a chest X-ray. Fortunately, these tests all proved negative.

The programme of B.C.G. vaccination of 13 year-old children against tuberculosis continued during the year, and the work is now shared between 2 medical officers who have received the necessary training.

Occasional cases of jaundice occurred in the Borough's schools during the year. One case was a 15 year-old boy who had just returned from a long holiday with relatives in Germany. From information received from his parents there was raised the possibility that while in Germany, he might have been in contact with cases of "monkey disease" (a potentially serious disease in laboratory workers who handled the tissues of a certain type of monkey). After lengthy investigations - and full press coverage - it was finally established that he and his younger sister had suffered from infectious hepatitis, from which they both made a full recovery.

HEALTH SURVEYS

The school nurse makes regular health surveys at her schools. They may be comprehensive, in which case all the children in a class are inspected; or selective, when only a smaller number of selected children are seen. At all surveys, the cleanliness of the head and other aspects of the child such as squint, ear discharge, nutritional state, etc., are looked at, and, where necessary, the child is referred for further investigation or treatment.

The school nurse also undertakes communicable disease surveys for particular conditions such as plantar warts or athletes foot.

The figures for the year are set out below:-

| | | |
|---|-------|--------|
| Number examined at comprehensive surveys | .. | 16,380 |
| Percentage found verminous | | 1.2 |
| Number examined at selective surveys | | 3,585 |
| Percentage found verminous | | 2.2 |
| Number of individual pupils found verminous | .. | 309 |
| Number referred to a bathing centre | | 44 |

HEALTH EDUCATION IN SCHOOLS

Health Visitors continued their talks to senior girls on the care of young children.

In addition, the Borough Health Department conducted a "Healthy Living" campaign during the summer months. This included talks, films, displays and demonstrations to many of the schools in the Borough. Among the subjects covered were diet, exercise, the care of teeth, footwear, smoking and the use of local authority services such as libraries and swimming pools. A poster competition was also organised and prizes awarded.

It is intended that similar campaigns will be conducted from time to time in the future.

The co-operation of the divisional office and teaching staffs of the schools during the campaign was very much appreciated by the medical and nursing staff who gave the talks.

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 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 5,670 children who were given a sweep test, 221 required a further test and 118 were referred to the consultant ear, nose and throat surgeon who conducts a weekly clinic at the Centre.

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 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 provides excellent care and education for the more severely physically handicapped child of primary school age, despite the fact that the premises are old and housed on two floors rather than one. However, plans are well advanced for the provision of a lift, which will allow more flexible use of the school's accommodation. It will be particularly useful in view of the twenty or so children with spina bifida, who attend the school, many of whom are unable to stand.

New River School in Clissold Road admitted its first pupils early in the year. It is an all age mixed school for partially sighted pupils. Apart from the regular supervision of the school nurse and medical officer, the children

are seen at least twice a year by the Education Authority's Consultant Ophthalmologist. A school health social worker has been appointed to the school to give casework support to some of the pupils' families, including several who live outside the borough.

Plans for a new all-age mixed day school for the educationally sub-normal are in hand and a site acquired on the north side of Downs Park. It is hoped that it will be able to take its first pupils in 1969. The waiting period for admission to this type of school can sometimes be as much as a year and this new provision should help to shorten significantly this period of delay, which is frustrating to both child and teacher.

TUTORIAL CLASSES

Many children with problems of emotion or behaviour do not need full-time attendance at a special school, but can benefit from part-time attendance at a small tutorial class. During the year a fourth class was started in the Borough.

TREATMENT FACILITIES

School children are treated at all maternal and child health 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 | 287 | 1,993 | 4,285 |
| Orthoptic | 148 | 117 | 521 |
| Audiology | 37 | 127 | 277 |
| Special investigation .. | 119 | 156 | 688 |
| Minor ailment | 179 | 266 | 2,567 |

Vision testing 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 1,277 pairs of spectacles were ordered.

Three Special Investigation 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 referred to the clinic because of emotion or behaviour difficulties are subsequently referred to the Child Guidance Clinic. A comprehensive report and assessment by the social worker is of considerable help in arriving at this decision, and a social worker concerned with the making of the report continues to support the family during the interim period. This enhances the effectiveness of the clinic's work and also gives 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 problems and management.

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

| | |
|----------------------------------|------------|
| Athlete's foot | 14 |
| Plantar warts (verrucae) | 151 |
| Ringworm | 1 |
| Other skin diseases | 12 |
| Eye and ear diseases .. . | 3 |
| Bruises, lacerations, etc. | 85 |
| | <u>266</u> |

In addition 739 school children attended one of the Council's chiropody clinics - mainly for the treatment of plantar warts.

School children made a total of 441 attendances to bathing centres of which 306 were for vermin and nits, 89 for scabies, 45 for minor ailments, and one for impetigo.

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

Towards the end of the year arrangements were made for two of the Borough's medical officers to provide a health counselling service to students of the London College of Furniture, Pitfield Street.

The initial scheme was for a weekly visit of approximately an hour when any student could have a confidential discussion on any health problem with the doctor. In addition, every new student is invited to use the service by completing a health questionnaire. The scheme may be widened later on to include group discussions on health topics.

Finally, may I take this opportunity of thanking the Medical Adviser and his staff, and the Divisional Officer, Mr. Mason (and earlier Mr. Kingdom) and his staff for all the help and co-operation they have given during the year.

In March, the Principal School Dental Officer was invited to address the annual general meeting of the British Dental Association. The Principal School Dental Officer was also invited to address the annual general meeting of the British Dental Association. The Principal School Dental Officer was also invited to address the annual general meeting of the British Dental Association.

The Principal School Dental Officer has been given permission to attend a meeting of the British Dental Association. The Principal School Dental Officer has been given permission to attend a meeting of the British Dental Association. The Principal School Dental Officer has been given permission to attend a meeting of the British Dental Association.

SCHOOL DENTAL SERVICE

The year 1967 may be thought of as one of consolidation and organisation, the emphasis having changed from re-equipment of surgeries to expansion of preventive and treatment services. An inspection of the dental services was made by the Department of Education and Science but the report had not been received by the end of the year. Joint circulars laying down the basis for a good dental service were received from the Department of Education and Science and the Ministry of Health.

Several visitors were seen during the year. Dr. S. Adu-Aryee from Ghana was on a World Health Organisation Fellowship to study Children's Dentistry in the United Kingdom. He came to Hackney to see how our local service operates for the benefit of the children. Mr. P. Eastep, a dental student from the University of Kentucky, was sent to this country by his Professor of Social Dentistry. He was especially interested in the facilities in Hackney for the dental care of the handicapped.

On the clinical side the Principal School Dental Officer has personally endeavoured to extend the dental facilities to special categories of children, especially the physically and mentally handicapped, the very nervous, and those with very high rates of decay or with injured teeth. For those and similar purposes a special consultative clinic was arranged to which children are referred by school dentists and by local dental practitioners.

Staff and premises are shared between the school and other priority dental services, so that everything mentioned about these aspects is related to both services. The statistics relate only to school children. Those for pre-school children, expectant and nursing mothers, and the mentally handicapped will be found elsewhere in the report.

STAFF

At the 31st December 1967 there was a staff, including the Principal School Dental Officer, of 6 full time, 1 part time and 12 sessional dental officers, making a full time equivalent of 11.3 within an establishment of 13. This compares with 10.1 in 1966, a welcome increase.

The average age of full time dental officers was 53 years, part timers 56 years, and sessionals 41 years. The overall average was 50 years. This again emphasises that younger sessional workers leave the service for the higher remunerated posts in general dental practice. Nevertheless, the full time average was reduced by four years and the sessional increased by two years.

There are 15 dental surgery assistants, 3 of whom are permanently assigned to Executive Council surgeries. Four of the 15 possess the recognised National Certificate of Dental Surgery Assistants, one is a state registered nurse, and one has received military training as a nursing attendant. One of the 2 girls who took the National Certificate examination during the year was successful.

POST-GRADUATE STUDIES

The Principal School Dental Officer attended the Annual Conference of the British Dental Association, The International Symposium on Child Dental Health, a meeting on Child Dental Health in Europe and a course on administration.

Other dental officers attended lectures and courses in orthodontics, treatment of handicapped children, public dental health and dental radiography. Courses in the latter subject were also attended by some dental surgery assistants.

ORTHODONTICS AND SPECIAL SERVICES CLINIC

ACCOMMODATION AND EQUIPMENT

There are 12 surgeries in 7 clinics in the Borough in addition to the one at Hutton Poplars Residential Home. Most of these are used for the treatment of school children, pre-school children, pregnant and nursing mothers and the mentally handicapped. The surgeries at Hackney School Treatment Centre were partly modernised and redecorated. Negotiations took place between the Principal School Dental Officer and the Headmaster of the Woodberry Down Comprehensive School with a view to equipping the dental surgery already there. This would reduce classroom time lost, to the mutual benefit of children and teachers. No decision had been reached by the end of the year.

An I.L.E.A. Mobile Dental Clinic has been used to treat children at the Geffrye School for physically handicapped children. This was a help, but nevertheless, the occasional use of such a clinic, with the necessarily long intervals between visits, can only scratch the surface of the problem. It would be far more satisfactory to have a part-time surgery functioning within the school itself.

Although the main phases of re-equipping the surgeries were completed in 1966 some major items had still to be obtained. The installation of specialised dry heat sterilisers at John Scott and Shoreditch Health Centres towards the end of 1967 means that much more satisfactory surgical and endodontic treatment can be provided.

Modern facilities such as this mean that work of a more complex nature can now be carried out in these surgeries. This makes it unnecessary to send so many patients to hospital, with a great saving in the amount of time lost from school. It is also an aid to recruitment.

In view of the increasing attention given to the dangers of emergencies in general anaesthesia, high speed suction apparatus for use in all the surgeries during anaesthetic sessions has been installed.

RADIOLOGICAL PROTECTION

The Radiological Protection Service examined the X-ray apparatus in the surgeries to ensure that all machines are absolutely safe for staff and patients. X-ray detector badges are now being worn by dentists and surgery assistants for one month in every six in order to detect anything untoward.

LIAISON WITH LOCAL PRACTITIONERS

Close liaison has been maintained with local practitioners working in the general dental service. This is essential, if a full service for the total population of Hackney is to be provided. Each service must complement the other, without any duplication of work.

A representative of the Hackney Division of the Inner London Local Dental Committee sits on the Health Committee as a co-opted member.

In March, the Principal School Dental Officer was invited to address the annual general meeting of the Divisional Committee. His lecture on 'The local authority dental services; past, present and future' stimulated much fruitful discussion and led to a better appreciation of what the Council is trying to do.

LIAISON WITH TEACHING HOSPITALS

The Principal School Dental Officer has been given permission to attend a teaching hospital on a sessional basis as recommended in the joint-circular. This helps to maintain him in a maximum state of dental knowledge which is of direct advantage to those working under him, and therefore their patients; it allows him to remain in contact with a large number of dental students who are about to qualify, thus enabling him to bring to their attention the advantages of full-time service with a local authority.

DENTAL INSPECTIONS

An intensive attempt was made to inspect the whole school population but it was only possible to examine 63.4 per cent. However this was a vast improvement on the 27 per cent recorded in 1966. Of those examined 70 per cent required treatment, slightly less than the 75.9 per cent recorded last year. Of the children replying to an offer of treatment, approximately 65 per cent have elected to receive it from the School Dental Service.

TREATMENT

8,984 children attended surgeries on 32,113 occasions to receive 26,317 fillings and to have 4,978 teeth extracted. These figures indicate improvement over 1966. In spite of the enormous amount of time taken up by school inspections there was still an increase of 984 visits, with 71 more fillings and 1,398 fewer extractions. This last figure is the highlight of 1967. A very real attempt has been made to retain that which was previously regarded as unsavable.

The following table shows the number of teeth extracted for each age group:-

| Age Group | Number of Teeth Extracted | | Reduction |
|---------------|---------------------------|-------|-----------|
| | 1966 | 1967 | |
| 5 - 9 years | 3,843 | 3,123 | 720 |
| 10 - 14 years | 2,309 | 1,677 | 632 |
| 15 and over | 224 | 178 | 46 |
| Totals: | 6,376 | 4,978 | 1,398 |

There is thus a vast reduction in the number of extractions from the younger age groups. A welcome result is that there was a reduction of 395 in the number of individual general anaesthetics, and 6.2 sessions. The number of sessions would have been far less in view of the reduced number of children, but the opportunity has been taken to cut down the average number of patients attending per session. Nevertheless 21.5 per cent of all anaesthetics in the I.L.E.A. area were administered in Hackney, a reduction of 2.4 per cent over 1966.

The ratio of teeth filled to teeth extracted was 11.34:1 for permanent teeth and 2.27:1 for deciduous ones, against 8.0:1 and 1.7:1 respectively in 1966. The emphasis has thus changed from extraction to conservation, a clear improvement.

Although there was a reduction of 1,340 in the number of children treated, the number made dentally fit rose by 2,116 (equivalent to 93 per cent of the total treated), against 60.5 per cent in 1966, a phenomenal advance.

ORTHODONTICS

The total number of orthodontic cases treated increased by 74. The number of completed cases also went up. Although fewer removable appliances were fitted, over twice as many children were fitted with more complex fixed appliances. This would indicate that more severe cases are being treated by the service. This is borne out by the fact that the number of pupils who had to be referred to hospital went down by two thirds.

Orthodontic treatment was shared between a sessional orthodontist, the Principal School Dental Officer, and two other dental officers. As mentioned above there is an increase in this aspect of the work. 10.7 per cent of children aged 8 years or more examined at school presented orthodontic anomalies. It is therefore felt that the time has now come to consolidate this work, and a full-time post of orthodontist has been established, to come into effect some time during 1968.

ORTHODONTICS AND SPECIAL SERVICES CLINIC

School dental officers and local general practitioners are able to refer children to the Principal School Dental Officer for specialised advice or treatment.

44 patients attended for the following reasons:-

| | |
|--------------------------|----|
| 1) Orthodontic anomalies | 22 |
| 2) Extreme nervousness | 16 |
| 3) Gross dental decay | 5 |
| 4) Difficult extractions | 1 |

RESEARCH

As part of a public health service it is important to carry out research of a clinical nature. Apart from the eventual benefit to patients it helps to attract keen young graduates to the service.

During the year investigations were initiated into:-

- 1) the possible harmful effects of fruit juices and vitamin supplements on teeth, and
- 2) the value of wearing mouth guards during contact sports.

The Principal School Dental Officer lectured to the Public Dental Officers' division of the Inner London Local Dental Committee on 'Practical deciduous endodontics' and, had an article, 'Injured anterior teeth in children; a preliminary study', published in the British Dental Journal.

DENTAL HEALTH EDUCATION

Much attention has been paid to this subject. A small dental exhibition was put on at the Hackney Field Day in Clissold Park. It featured models, posters, etc., and was visited by large numbers of the public.

A Dental Health Week was held at the Woodberry Down Comprehensive School by kind permission of its Headmaster, Mr. D.C. Davies. A dental health exhibition was put on in the large foyer; it was manned during breaks, lunch-time and after school. Lectures were given each afternoon on dental health and careers in dentistry, covering all 1,200 boys and girls.

SCHOOL TUCK SHOPS

Concern is felt that children can buy carbohydrate foods such as sweets, cakes, biscuits and crisps from schools. It was therefore arranged that school medical officers should make enquiries on the following points when making routine attendances at schools:-

- a) Is there a school tuck shop or any other form of shop?
- b) Can pupils buy sweets, cakes, biscuits or other carbohydrates?
- c) Can they obtain fresh fruit or vegetables?

The enquiries showed that 34 schools sold carbohydrate foods to children. One sold only rolls. Some schools not only did not sell them, but also banned children from bringing their own to school. Several infant schools took this attitude, but the children then passed up into junior sections where they could actually buy sweets, etc. Eight schools stated that fresh fruits or vegetables were given with meals. One nursery school occasionally gives apples and carrots with milk, and two sell apples; 4 others now want to sell fruit if a cheap supply can be obtained, and enquiries about this are being made.

SCHOOL DENTAL SERVICE STATISTICS

| | Hackney 1966 | Hackney 1967 | I. L. E. A. 1967 |
|--|-----------------|-----------------|---------------------|
| 1. School Roll: | 34, 509 | 35, 699 | 412, 555 |
| 2. Number of Sessions: | | | |
| Inspection | 45.0 | 202.0 | 1, 449.2 |
| Treatment - ordinary | 4, 280.0 | 4384.0 | 27, 185.4 |
| Treatment - general anaesthetic | 128.0 | 112.7 | 532.9 |
| Dental health education | 0 | 8.0 | N. A. |
| | 4, 453.0 | 4706.7 | 29, 167.5 |
| 3. First Inspections: | | | |
| a) Number of first inspections in school | 2,052 | 16,619 | 124, 389 |
| b) Number of first inspections at clinics | 7, 295 | 5,895 | 47, 886 |
| c) TOTAL | 9, 347 | 22, 514 | 172, 275 |
| d) Percentage of school roll inspected | 27.1 | 63.4 | 41.8 |
| e) Number found to require treatment | 7,091 | 15,754 | 112, 824 |
| f) Percentage of number inspected found to require treatment | 75.9 | 70.0 | 65.6 |
| g) Number offered treatment | 6,789 | 14,636 | 109, 203 |
| n) Percentage of number requiring treat- ment offered treatment | 95.7 | 92.9 | 96.8 |
| 4. Re-inspections: | | | |
| a) Re-inspections at school or clinic | 4, 308 | 2, 443 | 16, 181 |
| b) Re-inspections as percentage of first inspections | 46.1 | 10.9 | 9.4 |
| c) Percentage of number re-inspected found to require treatment | 65.2 | 69.2 | 62.4 |
| 5. Appointments given at surgeries: | | | |
| a) New cases | 24,662 | 17,766 | 132, 511 |
| b) On treatment cases | 32,748 | 31,775 | 187, 868 |
| c) TOTAL | 59, 410 | 49, 541 | 320, 379 |
| 6. Attendances made by: | | | |
| a) New cases | 12, 302 | 10, 508 | 72, 727 |
| b) On treatment cases | 24,837 | 23, 940 | 141, 435 |
| c) Emergencies | 509 | 553 | 4, 069 |
| d) TOTAL | 35, 728 | 35, 001 | 218, 231 |
| e) Attendances for general anaesthetics (included in total) | 2, 030 | 1, 635 | 7, 605 |
| 7. Response Rate by: | | | |
| a) New cases | 50.2 | 59.1 | 54.9 |
| b) On treatment cases | 75.8 | 75.3 | 75.3 |
| 8. Children made dentally fit: | 6, 242 | 8, 358 | 58, 369 |

N.A. - Not available

| 9. Attendances and general treatment: | AGES | | | TOTALS | |
|---|--------|----------|-------------|--------|--------|
| | 5 to 9 | 10 to 14 | 15 and over | 1967 | 1966 |
| First visits for treatment | 4,739 | 3,640 | 605 | 8,984 | 10,324 |
| Subsequent visits for treatment | 10,643 | 10,833 | 1,653 | 23,129 | 20,805 |
| Total visits for treatment | 5,382 | 14,473 | 2,258 | 32,113 | 31,129 |
| Additional courses of treatment commenced | 689 | 617 | 104 | 1,410 | 1,152 |
| Fillings in permanent teeth | 4,398 | 10,158 | 1,965 | 16,521 | 17,446 |
| Fillings in deciduous teeth | 8,846 | 950 | - | 9,796 | 8,800 |
| Permanent teeth filled | 3,801 | 9,107 | 1,691 | 14,599 | 15,665 |
| Deciduous teeth filled | 7,632 | 821 | - | 8,453 | 8,108 |
| Permanent teeth extracted | 160 | 920 | 178 | 1,258 | 1,627 |
| Deciduous teeth extracted | 2,963 | 757 | - | 3,720 | 4,749 |
| General anaesthetic administered | 1,070 | 526 | 39 | 1,635 | 2,030 |

| 10. Orthodontics: | 1966 | 1967 |
|--|------|------|
| Cases remaining from previous year | 151 | 301 |
| New cases commencing during year | 260 | 184 |
| Cases completed during year | 89 | 93 |
| Cases discontinued during year | 21 | 23 |
| No: of removable appliances fitted | 257 | 232 |
| No: of fixed appliances fitted | 14 | 29 |
| Pupils referred to Hospital Consultant | 45 | 15 |

| 11. Other Treatment: | 1966 | 1967 |
|-----------------------------|-------|-------|
| Pupils X-rayed | 609 | 699 |
| Prophylaxis | 2,270 | 2,657 |
| Teeth otherwise conserved | 2,856 | 2,709 |
| Number of teeth root filled | 100 | 111 |
| Inlays | 7 | 4 |
| Crowns | 33 | 52 |

INFECTIOUS DISEASES

NOTIFICATIONS

Details of infectious and contagious diseases notified under the provisions of the Public Health Act, 1934, (confirmed diagnoses) in 1957 were as follows:

| | | | |
|---|-------|----------------|-----|
| Asthma | Nil | Measles | Nil |
| Cholera | Nil | Scarlet fever | 48 |
| Diphtheria | Nil | Smallpox | Nil |
| Erysipelas | 15 | Tuberculosis | 119 |
| Food poisoning | 28 | Typhoid fever | Nil |
| Hepatitis | 122 | Whooping cough | 153 |
| Measles | 1,417 | | |
| Enteric (Typhoid or Para-typhoid) fever | 3 | | |
| Polio | Nil | | |
| Scarlet fever | 48 | | |
| Smallpox | Nil | | |
| Tuberculosis | 119 | | |
| Typhoid fever | Nil | | |
| Whooping cough | 153 | | |

PULPERAL PYREXIA

There was a total of 101 cases notified to the Department; 99 were associated with hospital confinements and 2 cases with home confinements.

TUBERCULOSIS

Apart from 24 non-primary notifications received from other areas, 56 were primary notifications and 24 were non-primary notifications. The 24 non-primary notifications were either cases previously notified in another area or cases transferred into the area or been notified posthumously.

ENVIRONMENTAL HEALTH SERVICES

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

| Age Groups | Primary Notifications | | Non-Primary Notifications | |
|-------------|-----------------------|--------|---------------------------|--------|
| | Male | Female | Male | Female |
| 0 - 4 | 2 | 3 | 5 | 2 |
| 5 - 14 | 1 | 2 | 1 | 1 |
| 15 - 24 | 7 | 6 | 2 | 2 |
| 25 - 34 | 26 | 24 | 10 | 14 |
| 35 and over | 20 | 3 | 9 | 4 |
| Age unknown | - | 1 | - | - |
| Totals | 56 | 37 | 35 | 29 |

In addition 20 primary notifications and 2 non-primary notifications of pulmonary tuberculosis were received.

The number on the Department's tuberculosis register at the beginning of the year was 2,435. After adding primary notifications and transfers in, and subtracting deaths, transfers out and recovered cases etc., the number on the register fell to 2,341 by the end of the year.

The Department is able to provide a number of services for the tuberculosis and a summary of the help available is set out overleaf.

INFECTIOUS DISEASES

NOTIFICATIONS

Details of infectious and contagious diseases notified under the provisions of the Public Health Act, 1936, (confirmed diagnoses) in 1967 were as follows:-

| | | | |
|---|-------|---------------------------|-----|
| Anthrax | Nil | Membranous croup .. | Nil |
| Cholera | Nil | Meningococcal infection | 2 |
| Diphtheria | Nil | Ophthalmia neonatorum.. | 6 |
| Dysentery | 122 | Plague | Nil |
| Encephalitis | Nil | Pneumonia | 19 |
| Enteric (Typhoid or Para-typhoid) fever | 3 | Poliomyelitis | Nil |
| Erysipelas | 13 | Puerperal Pyrexia | 101 |
| Food Poisoning | 59 | Scarlet fever | 48 |
| Malaria | 2 | Smallpox | Nil |
| Measles | 1,417 | Tuberculosis | 113 |
| | | Typhus fever | Nil |
| | | Whooping cough.. .. | 153 |

PUERPERAL PYREXIA

There was a total of 101 cases notified to the Department; 99 were associated with hospital confinements and 2 cases with home confinements.

TUBERCULOSIS

Apart from the 113 primary notifications of tuberculosis 64 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 been notified posthumously.

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

| Age Groups | Primary Notifications | | Non-Primary Notifications | |
|-------------|-----------------------|--------|---------------------------|--------|
| | Male | Female | Male | Female |
| 0 - 5 | 2 | 3 | 2 | 2 |
| 5 - 15 | 1 | 2 | 1 | 1 |
| 15 - 25 | 7 | 4 | 4 | 8 |
| 25 - 55 | 26 | 24 | 19 | 14 |
| 55 and over | 20 | 3 | 9 | 4 |
| Age unknown | - | 1 | - | - |
| Totals | 56 | 37 | 35 | 29 |

In addition 20 primary notifications and 2 non-primary notifications of non-pulmonary tuberculosis were received.

The number on the Department's tuberculosis register at the beginning of the year was 2,425. After adding primary notifications and transfers in, and subtracting deaths, transfers out and recovered cases etc., the number on the register fell to 2,341 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 overleaf.

| | | |
|-------------------|---|-----|
| Home Nursing | - No. of patients being attended by home nurses at the end of the year.. .. . | 8 |
| Home Help | - No. of cases serviced by a home help during year | 37 |
| Extra nourishment | - No. of cases receiving extra nourishment at end of year | 124 |
| Boarding out | - No. of children placed during year | 3 |

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.

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 other hospitals are also included.

| Hospital | No. of new cases in year | | Total |
|-------------------|--------------------------|----------|-------|
| | Gonorrhoea | Syphilis | |
| Homerton Grove | 317 | 18 | 335 |
| London | 278 | 23 | 301 |
| Mothers' | 4 | 3 | 7 |
| Prince of Wales | 72 | - | 72 |
| St. Bartholomew's | 8 | 1 | 9 |
| St. Thomas' | 7 | 2 | 9 |
| | 636 | 47 | 733 |

PUBLIC HEALTH LABORATORY SERVICE

Bacteriological specimens are sent to the Public Health Laboratory at County Hall, S.E. 1 and analysis of the 2,773 specimens submitted for examination is set out below:-

| Specimens | Number | Organisms | Results | |
|-------------------------|--------|-------------------------|----------|----------|
| | | | Negative | Positive |
| Throat and Nose Swabs | 102 | Diphtheria Bacilli | 101 | - |
| | | Haemolytic Streptococci | 77 | 23 |
| | | Vincent's Angina | 89 | 1 |
| Faeces and Rectal Swabs | 2,573 | Pathogens | 2,352 | - |
| | | Salmonella Brandenburg | - | 6 |
| | | Salmonella Paratyphi B | - | 2 |
| | | Salmonella Typhimurium | - | 33 |
| | | Shigella Sonnei | - | 171 |
| | | Salmonella Typhi | - | 9 |
| | | | | |
| Urine | 98 | Pathogens | 98 | - |

HOUSING

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

HOUSING ACT 1957

Clearance Areas. One clearance area was declared involving 107 houses, 174 families and 486 persons.

Individual Unfit Premises. Two demolition orders and seven closing orders were made in respect of whole houses.

Closing orders were made in respect of parts of 30 houses; these included 34 individual underground rooms. During the year 17 such closing orders were determined.

HOUSING ACT 1961

Management Orders. Management orders were made in respect of 48 houses where proper standards of management had not been maintained, bringing the total number of management orders made by the Council to 77.

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.

It is the practice of this Council to give a Direction where this Department is notified by the Housing Department and the Greater London Council that re-housing is to take place from a house in multiple occupation. In addition, Directions are given in respect of other houses where conditions justify such action. During the year a total of 468 Directions were given and there are now 1,392 houses which are subject to Directions. Legal proceedings in respect of contraventions of Directions were instituted in respect of 5 cases.

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. No new applications regarding provision of amenities to the standard as set out in Section 43 of the Act, were received in 1967, but 4 notices requiring immediate improvements to the full standard to be carried out were served in respect of applications made in the previous year.

HOUSING SURVEY

Early in the year the Greater London Council conducted a survey of the conditions in some 100,000 dwellings throughout London. This Council co-operated in the survey and the public health inspectors carried out more than 1,200 inspections.

FOOD AND DRUGS

The increase in the marketing of pre-packed foods has made it necessary to introduce a new approach to ensure that the descriptive labelling on the package or container, and any advertisement of a food does not mislead the purchaser

into believing that the commodity purchased is any different from that which is described.

Six legislative measures became operative in 1967, namely:-

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.
Artificial Sweeteners in Food Regulations, 1967.
Butter Regulations, 1966.
Colouring Matter in Foods Regulations, 1966.
Cheese Regulations, 1965.
Food (Control of Irradiation) Regulations, 1967.

Food Trades

Details of food trades carried on in 2,007 premises situated in the Borough are set out below:-

| | |
|--|-------|
| Aerated water manufacturer | 1 |
| Bakehouses (basement) | 7 |
| Bakers shops and Bakehouses | 80 |
| Beer bottlers | 1 |
| Butchers.. .. . | 181 |
| Cake decoration manufacturer | 1 |
| Confectionery (Sweet shops) | 415 |
| Fish, wet, fried and curing | 83 |
| Food importers | 3 |
| Greengrocery | 153 |
| Grocery and Provisions.. .. . | 476 |
| Ice Cream - manufacture and sale | 732 |
| Milk distributors | 310 |
| Public Houses and Off Licences | 381 |
| Preserved food premises | 239 |
| Restaurants and cafes | 267 |
| Wholesale food storage.. .. . | 32 |
| | <hr/> |
| | 3,362 |

Nineteen applications for registration of premises for the preparation and manufacture of preserved food intended for sale were granted.

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

These Regulations came into force in 1967 and lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles. Markets and stalls are so defined that the Regulations apply to any handling of or trading in food which is undertaken either (i) in any market or market premises or (ii) away from fixed premises. Delivery vehicles are defined as any vehicles used for the delivery of food: if they are used for the sale of food, they come within the definition of stall and become subject to the appropriate requirements for stalls.

These Regulations revoke or supersede corresponding requirements contained in the Food Hygiene (General) Regulations 1960, which will hence-forward continue to apply to food businesses in fixed premises.

The principal requirements of these Regulations relate to -

- (i) the cleanliness of stalls and delivery vehicles used in any food business and the equipment used therein;
- (ii) The hygienic handling of food;
- (iii) the cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from or are the carriers of certain infections liable to cause food poisoning.

- (iv) the temperatures at which certain foods particularly liable to transmit disease are to be kept at markets and stalls;
- (v) the provision of water supply and washing facilities;
- (vi) the proper disposal of waste material;
- (vii) the granting by local authorities of certificates of exemption from certain of the requirements, with a right of appeal to a magistrates' court against the refusal or withdrawal of a certificate.

The principle changes from the requirements of the Food Hygiene (General) Regulations, 1960, as hitherto applicable to markets, stalls and delivery vehicles are -

- (i) before food is offered for sale it must be separated from any food which is unfit for human consumption;
- (ii) any person handling any open food (i.e. food not adequately protected by wrappings, etc.) must wear clean and washable over-clothing, except in specified cases;
- (iii) delivery vehicles as well as stalls must bear the owner's name and address, and both must identify the place where they are kept or garaged;
- (iv) requirements as to the provision of water supply and washing facilities are extended to all food businesses;
- (v) the requirement that certain stalls shall be effectively covered and screened is extended to all stalls selling open food other than raw vegetables, unless the stall is designed, constructed and operated so as to protect the food until it is sold;
- (vi) the requirements as to disposal of waste are extended.

A full inspection of all food stalls in the various markets in the Borough has been carried out, in order to formulate a unified standard throughout the Borough with a view to its enforcement next year. The position in regard to street traders licensed to engage in the sale of food commodities at 31st December was as follows:-

| | Place of Trading | | | | | | | Total No. of stalls |
|-----------------------------|------------------|-------------|-----------------|-------------|----------------|----------|-------------|---------------------|
| | Hoxton Street | Ridley Road | Chatsworth Road | Well Street | Kingsland Road | Broadway | Other Sites | |
| Fruit and Vegetables | 43 | 54 | 24 | 18 | 4 | 20 | 13 | 176 |
| Fish (Wet, Dry and Shell) | 5 | 11 | 4 | 2 | 2 | 3 | 2 | 29 |
| Poultry | 1 | 7 | - | - | 1 | 1 | - | 10 |
| Meat and Poultry | 2 | 1 | 1 | - | - | - | - | 4 |
| Grocery and Provisions | 8 | 1 | 3 | - | - | 6 | - | 18 |
| Sweets and Ice Cream | 6 | 2 | 3 | 2 | 2 | 2 | - | 17 |
| Soft Drinks | 3 | - | - | - | 1 | - | - | 4 |
| Cakes and biscuits | 1 | 1 | 3 | 1 | 1 | 5 | - | 12 |
| Refreshments (Coffeestalls) | - | - | - | - | 1 | - | 2 | 3 |
| Apple fritters | - | - | - | - | 1 | - | - | 1 |
| Eggs | 1 | 3 | 2 | 1 | - | 3 | 1 | 11 |
| West Indian Foods | - | 7 | - | - | - | - | - | 7 |
| Totals | 70 | 87 | 40 | 24 | 13 | 40 | 18 | 292 |

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 totalling 326 were found at 96 premises. Following an informal approach to the occupiers of the premises concerned, it was necessary to institute legal proceedings in 17 cases.

Analysis of premises found to be contravening the Food Hygiene (General) Regulations, 1960 to 1966.

| | |
|--------------------------------|-------|
| Bakers | 4 |
| Bakehouses | 3 |
| Butchers | 8 |
| Cafes and Restaurants | 29 |
| Fishmongers | 3 |
| Greengrocers | 7 |
| Grocery and provisions | 20 |
| Public Houses | 20 |
| Factory Canteens | 2 |
| | <hr/> |
| | 96 |
| | <hr/> |

Regulations Contravened

| Regulation No. | | No. |
|----------------|--|-------|
| 5 | Food businesses not to be carried on in insanitary premises | 14 |
| 6 | Cleanliness of equipment etc. | 26 |
| 8 | Food to be protected from risk of contamination | 15 |
| 9 | Personal cleanliness | 6 |
| 10 | Carrying of food and wrapping of open food | 1 |
| 13 | Cisterns for supplying water to food rooms | 1 |
| 14 | Sanitary conveniences | 53 |
| 15 | Water supply to be provided | 4 |
| 16 | Wash-hand basins to be provided | 41 |
| 17 | First aid materials to be provided | 28 |
| 18 | Accommodation for clothing etc. | 15 |
| 19 | Facilities for washing food and equipment | 24 |
| 20 | Lighting of food rooms | 3 |
| 21 | Ventilation of food rooms | 10 |
| 22 | Food room not to be, or communicate with, a sleeping place.. | 1 |
| 23 | Cleanliness and repair, etc. of food rooms | 66 |
| 24 | Accumulation of refuse, etc. | 16 |
| 25 | Temperature at which certain foods are to be kept | 2 |
| | | <hr/> |
| | Total | 326 |

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 | 1 | - | 2 | - |
| Baby foods | - | - | 3 | - |
| Baking powder | - | - | 2 | - |
| Biscuits, cakes, etc. | - | - | 24 | 1 |
| Blackcurrant Health drink | 6 | 1 | 3 | - |
| Brandy | 1 | - | - | - |
| Bread | - | - | 2 | - |
| Bread and butter | 1 | 1 | - | - |
| Butter | 7 | - | 24 | - |
| Cereals | - | - | 6 | - |
| Cheese | 1 | - | 33 | - |
| Chicken preparations | - | - | 2 | - |
| Christmas pudding | - | - | 3 | - |
| Chocolate | - | - | 4 | 1 |
| Coffee | 1 | 1 | 11 | 1 |
| Colouring matter | - | - | 1 | 1 |
| Cream and Cream substitutes | 11 | 1 | 18 | 1 |
| Custard powder | - | - | 3 | - |
| Drinks, minerals, etc | - | - | 32 | - |
| Drugs and medical preparations | - | - | 8 | - |
| Fish cakes | 2 | - | 2 | - |
| Fish, canned | - | - | 6 | - |
| Fish, smoked | 3 | - | - | - |
| Fish, dried | - | - | 2 | 1 |
| Flavouring essences | - | - | 24 | 2 |
| Flour | - | - | 15 | - |
| Fruit, canned | - | - | 55 | 3 |
| Fruit, dried | - | - | 20 | - |
| Fruit, fresh | - | - | 4 | - |
| Fruit, juice | - | - | 11 | - |
| Gelatine.. .. . | - | - | 1 | - |
| Gin | 1 | - | - | - |
| Glycerin.. .. . | - | - | 1 | - |
| Gravy powder | - | - | 3 | - |
| Herbs | - | - | 12 | - |
| Honey | - | - | 5 | - |
| Ice Cream | 17 | - | 5 | - |
| Ice lollies | - | - | 18 | - |
| Jellies | - | - | 23 | 1 |
| Lard | 6 | - | 11 | - |
| Margarine | 6 | - | 11 | - |
| Marzipan.. .. . | 1 | - | 3 | - |
| Marmalade | 1 | - | 5 | - |
| Meat, canned | 1 | 1 | 13 | 5 |
| Meat, cooked | - | - | 2 | - |
| Meat, Fresh | - | - | 15 | - |
| Meat products | - | - | 43 | - |
| Milk | 47 | 1 | 48 | - |
| Milk, condensed.. .. . | - | - | 6 | - |
| Mincemeat | 4 | - | 2 | - |
| Non-brewed condiment | - | - | 3 | - |
| Oil, cooking | 2 | - | 6 | - |
| Paste, fish | - | - | 16 | - |
| Paste, meat | - | - | 9 | - |
| c/f | 120 | 6 | 581 | 17 |

| Description of article | Formal samples | | Informal Samples | |
|------------------------------------|----------------|--------------------|------------------|--------------------|
| | Number taken | Number Non-Genuine | Number taken | Number Non-Genuine |
| b/f | 120 | 6 | 581 | 17 |
| Paste, tomato | - | - | 5 | - |
| Peanut butter | - | - | 4 | - |
| Peel | 1 | - | 9 | 1 |
| Pickles.. .. . | - | - | 14 | - |
| Pie fillings | - | - | 4 | - |
| Preserves and jams | 3 | - | 28 | - |
| Puddings, canned | - | - | 2 | - |
| Pudding mixtures | 1 | 1 | 16 | 1 |
| Rice, sago, semolina, etc. | - | - | 6 | - |
| Rum | 1 | - | - | - |
| Sauces | - | - | 22 | 2 |
| Sausages | - | - | 17 | - |
| Sodium bicarbonate | - | - | 1 | - |
| Soups | - | - | 10 | - |
| Spices | 2 | - | 52 | 3 |
| Stuffing mixtures | - | - | 3 | - |
| Suet | 2 | - | 4 | - |
| Sugar | - | - | 5 | - |
| Sweets | - | - | 4 | - |
| Tea | 1 | - | 32 | 1 |
| Vegetables, canned | 1 | 1 | 40 | 3 |
| Vegetables, dried | - | - | 10 | - |
| Vegetables, fresh | - | - | 7 | 1 |
| Vinegar.. .. . | 6 | - | 11 | - |
| Whisky | 1 | - | - | - |
| Yoghourt | - | - | 1 | - |
| Total | 139 | 8 | 888 | 29 |

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

| Sample | Analyst's report | Action taken |
|---------------------------|--|---|
| FORMAL | | |
| Blackcurrant Health Drink | Label misleading | Legal proceedings authorised but not taken because of technical difficulties. |
| Bread and butter | Fat spread consisted of margarine | Legal proceedings instituted. |
| Jamaican Instant Coffee | Consisted entirely of finely ground coffee | Manufacturer to re-label as ground coffee. |
| Apple Pie and Cream | Cream consisted of imitation cream | Legal proceedings authorised but not taken because of technical difficulties. |
| Beef in Natural Juices | Contained added water | Importers ceased to trade. |
| Milk from dispenser | Contained added water | Legal proceedings authorised but not taken because of technical difficulties. |

| <i>Sample</i> | <i>Analyst's report</i> | <i>Action taken</i> |
|--------------------------|--|---|
| Lemon sponge mix | Contained prohibited colouring Blue VRS | Legal proceedings authorised but not taken because of technical difficulties. |
| Beans with tomato sauce | Deficient in total solids and sugar | Legal proceedings authorised but not taken because of technical difficulties |
| INFORMAL | | |
| Tea | Wrongly labelled | Manufacturer has re-designed label. |
| Canned Mixed Vegetables | Ingredients not specified in the prescribed order | Letter to importer. |
| Rose Water Flavouring | Sample was mouldy | No further stock available for formal sampling. |
| Canned corned beef (3) | Unfit owing to excessive corrosion of container | Stock surrendered and condemned. |
| Vegetable Salad, bottled | Inadequately labelled | Letter to importer. |
| Chocolate flavouring | Carbon dioxide propellant declared but not present | Remainder of stock withdrawn from sale. |
| Greengage jelly | Contained prohibited colouring Blue VRS | Product discontinued. |
| Cut mixed peel | Contained excessive preservative | Formal sample taken - satisfactory |
| Cooked beetroot | Ingredients not declared | Letter to manufacturer - Product discontinued. |
| Jamaican Instant Coffee | Consisted entirely of finely ground coffee | Formal sample taken. |
| Canned cucumbers in salt | Incorrectly described | Importation discontinued. |
| Beef in natural juices | Contained added water | Formal sample taken. |
| Canned cream | Deficient in milk fat | Letter to Danish Manufacturer. |
| Drinking Chocolate | Contained particles of hard white fat, not declared on label | Stocks withdrawn by manufacturer for re-labelling. |
| Garlic powder | Contained excessive lead | Letter to manufacturer. |
| Fruit salad in syrup | Presence of sugar not declared on label | Letters to wholesaler and importer. Discontinued or and. |
| Canned Paw Paw | Contained excessive tin | Importers notified. New pack now imported - satisfactory. |
| Lemon Sponge Mix | Contained prohibited colouring Blue VRS | Formal sample taken. |
| Curry powder | Contained excessive sand and grit | Formal sample taken - satisfactory |
| Ground ginger | Contained excessive sand and grit | Formal sample taken - satisfactory. |
| Beef and Baked Beans | Wrongly labelled | Manufacturer has amended label. |

| Sample | Analyst's report | Action taken |
|--------------------------|-------------------------------------|---|
| Shortcake Biscuits | Deficient in fat | Manufacturer to adjust fat content when new code has been ratified. |
| Beans with tomato sauce | Deficient in total solids and sugar | Formal sample taken. |
| Bolognaise Meat Sauce | Wrongly described | Manufacturer to re-design label. |
| Culinary colouring | Wrongly labelled | Manufacturer to re-design label. |
| Plum Povidl | Deficient in soluble | Small quantity imported; stock disposed of. |
| Sea-cleaned dried prawns | Unfit due to spoilage | Consignment condemned and destroyed. |

Milk & Dairies

Treated and pre-packed milk comes into the Borough from three sources only, and sampling has again followed a pattern of control considered adequate to safeguard the purchaser or consumer.

| Type of Test | Distributors and shops | Schools | Vending Machines | Milk Dispensers | Hospitals | Total |
|-----------------|------------------------|---------|------------------|-----------------|-----------|-------|
| Chemical | 24 | 23 | 19 | 13 | 12 | 91 |
| Bacteriological | 13 | 27 | - | - | 7 | 47 |

All samples for chemical analysis were taken formally. No adverse chemical or bacteriological reports were received in connection with the samples taken from distributors, shops, schools, vending machines or hospitals. One sample from a milk dispenser was found to contain added water, but legal proceedings had to be withdrawn because of wrong information as to the person responsible.

Details of Dealers' licences for pre-packed milk:

| | | | |
|--------------------|----|----|-----|
| Ultra Heat Treated | .. | .. | 70 |
| Untreated | .. | .. | 47 |
| Pasteurised milk | .. | .. | 281 |
| Sterilised milk | .. | .. | 289 |

Ice Cream

All 21 formal samples were found to comply with the required chemical compositional standards for ice cream.

It was still necessary to advise operators of soft ice cream machines on the correct methods to be employed to ensure a bacteriologically acceptable product.

The reports on the 50 samples of ice cream which were submitted to the Public Health Laboratory Service for grading tests were as follows:-

| | |
|---------|------|
| Grade 1 | - 21 |
| Grade 2 | - 8 |
| Grade 3 | - 9 |
| Grade 4 | - 12 |

EGG PASTEURISATION PLANTS AND POULTRY PROCESSING PREMISES

There are no such establishments situated within the Borough.

BACTERIOLOGICAL FOOD CONTROL

The report on food control would not be complete without some reference to the bacteriological aspect. The following list of samples and specimens were submitted for bacteriological examination to the Public Health Laboratory Service, County Hall, whose co-operation throughout the year was greatly appreciated.

| | | | | | | | | |
|---------------------------|----|----|----|----|----|----|----|-----------|
| Ice Cream | .. | .. | .. | .. | .. | .. | .. | 50 |
| Server Waters | .. | .. | .. | .. | .. | .. | .. | 6 |
| Milks | .. | .. | .. | .. | .. | .. | .. | 47 |
| Manufactured foods | .. | .. | .. | .. | .. | .. | .. | 7 |
| Imported foods | .. | .. | .. | .. | .. | .. | .. | 11 |
| Suspected food poisonings | .. | .. | .. | .. | .. | .. | .. | 4 |
| Complaints | .. | .. | .. | .. | .. | .. | .. | 2 |
| Confectionery Cream | .. | .. | .. | .. | .. | .. | .. | 6 |
| | | | | | | | | <hr/> 133 |

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 1967.

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 from these treated mains; and the mains are returned to service only after results are found to be satisfactory. The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1967, was 249,140. No houses were permanently supplied by standpipe.

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

The supply was derived from the following works and pumping stations:-

| | | |
|--------------|---|---------------------------------------|
| River Thames | - | derived via Cricklewood and Battersea |
| New River | - | derived via Stoke Newington |

No new sources of supply were instituted and there were no changes in the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on Page 68.

The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead. Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and I set out below the information obtained over the period 1st January to 31st December, 1967:-

Lead content (mg/1. Pb) water from mains taps in consumer's premises

| | Number of samples | Per cent |
|----------------|-------------------|----------|
| Less than 0.01 | 64 | 66.7 |
| 0.01 | 22 | 22.9 |
| 0.02 | 3 | 3.1 |
| 0.03 | 4 | 4.2 |
| 0.04 | 2 | 2.1 |
| 0.05 | 0 | - |
| 0.06 | 1 | 1.0 |
| | 96 | 100.0 |

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. |
|--------------------|----------------|--|--|---|
| Stoke Newington | 254 | 6.5 | 99.61 | 99.61 |
| All Thames Derived | 3.578 | 12.2 | 99.75 | 99.97 |

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

| | Stoke Newington | All Thames derived |
|--|-----------------|--------------------|
| No. of samples | 52 | 363 |
| Ammoniacal Nitrogen | 0.017 | 0.024 |
| Albuminoid Nitrogen | 0.063 | 0.089 |
| Nitrate Nitrogen | 5.2 | 4.1 |
| Oxygen abs. from KMnO ₄ 4 hrs. at 27°C .. | 0.56 | 1.12 |
| Hardness (total) CaCO ₃ | 312 | 182 |
| Hardness (non-carbonate) CaCO ₃ | 77 | 73 |
| Magnesium as Mg | 5 | 5 |
| Sodium as Na | 28.9 | 22.5 |
| Potassium as K | 4.8 | 5.1 |
| Chloride as Cl | 35 | 30 |
| Phosphate as PO ₄ | 1.4 | 1.9 |
| Silicate as SiO ₂ | 10 | 10 |
| Sulphate as SO ₄ | 64 | 64 |
| Natural Fluoride as F | 0.30 | 0.30 |
| Surface - active material as Manoxol OT .. | 0.01 | 0.01 |
| Turbidity units | 0.0 | 0.1 |
| Colour (Burgess units) | 5 | 12 |
| pH Value | 7.9 | 7.9 |
| Electrical Conductivity (microhms) | 660 | 590 |

The above figures apply to the whole of the Board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual Boroughs. The regular system of examination for lead in water in domestic premises will continue during 1968."

Swimming Baths

Regular routine samples are taken of the water in the four Public Swimming Baths in the Borough, and no action was necessary in respect of the 34 taken for chemical and bacteriological examination during the year.

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.

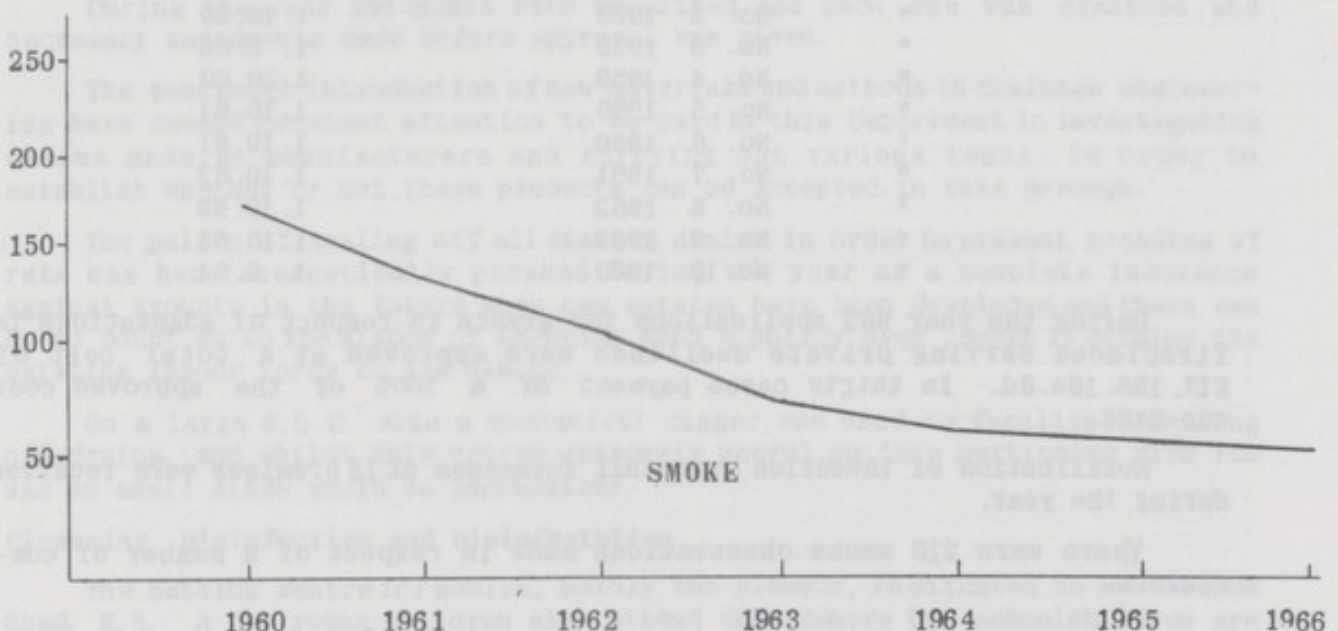
We, as the Health Committee of the new London Borough of Hackney, have now considered the main issues for and against the fluoridation of drinking water and are of the opinion that it is harmless to health and effective for dental protection".

CLEAN AIR

The Hackney No. 11 Smoke Control Order was confirmed by the Minister on the 17th January, and came into operation on the 1st September, 1967. This area completed this Council's Smoke Control Programme and it is a noteworthy achievement to have completed so complex a task at such an early date in spite of staff shortages.

It is, therefore, of very great interest to reflect how worthwhile this effort and cost has been, measured in terms of reduction of smoke in the air. The graph below has been drawn from the figures provided by the Warren Spring Laboratory for the Greater London Council Air Pollution Measuring Site situated centrally within the Borough.

Micrograms
per cu. metre



Graphs for this Council's five air pollution sites show a similar trend over these years, and although it is conceded that these sights only provide spot checks, in view of their consistency it seems that smoke has been reduced within the Borough by at least fifty per cent. The measurements of oxides of sulphur have remained fairly constant over the years.

In the field of environmental health it is rare to be able to measure quantitatively benefits to the community and it is extremely rewarding to be able to include these figures in this Annual Report. It seems probable that smoke will be further reduced in this Borough when other London Borough Councils complete their smoke control programmes in the 1970's.

The large number of deaths which occurred as a result of the 1952 London smog were attributed to the presence of excessive smoke and sulphur dioxide due to a temperature inversion over London. Recently, leading medical authorities have stated that the case against oxides of sulphur in the air and their harmful effects on man has been over-stated. In these circumstances, the reduction of smoke within this Borough by fifty per cent or more must be seen as a most extremely worthwhile achievement.

A comprehensive list of the Smoke Control Orders within the Borough with the operative dates is given below:-

| | | |
|--------------------------|------|---------|
| Hackney No. 1 | 1958 | 1. 9.59 |
| " No. 2 | 1959 | 1.10.60 |
| " No. 3 | 1960 | 1.11.61 |
| " No. 4 | 1961 | 1.11.62 |
| " No. 5 | 1962 | 1. 7.63 |
| " No. 6 | 1962 | 1.11.63 |
| " No. 7 | 1963 | 1. 7.64 |
| " No. 8 | 1963 | 1.11.64 |
| " No. 9 | 1964 | 1.10.65 |
| " No.10 | 1965 | 1. 9.66 |
| " No.11 | 1966 | 1. 9.67 |
| Shoreditch (Hyde Road) | 1958 | 1. 9.59 |
| " (Pitfield) | 1960 | 1. 6.62 |
| " (Wenlock) | 1961 | 1. 9.62 |
| " (Kingsland and Hoxton) | 1962 | 1.11.63 |
| " (Haggerston) | 1963 | 1. 9.64 |
| " (Moorfields) | 1964 | 1. 4.66 |
| Stoke Newington No. 1 | 1958 | 1. 1.59 |
| " No. 2 | 1958 | 1.10.59 |
| " No. 3 | 1959 | 1. 5.60 |
| " No. 4 | 1959 | 1.10.60 |
| " No. 5 | 1960 | 1.10.61 |
| " No. 6 | 1960 | 1.10.61 |
| " No. 7 | 1961 | 1.10.62 |
| " No. 8 | 1962 | 1.10.63 |
| " No. 9 | 1962 | 1.10.63 |
| " No.10 | 1960 | 1. 9.61 |

During the year 962 applications for grants in respect of adaptations to fireplaces serving private dwellings were approved at a total cost of £17,156.16s.8d. In thirty cases payment of a 100% of the approved cost was made.

Notification of intention to install furnaces at 15 premises were received during the year.

There were 210 smoke observations made in respect of a number of complaints.

There had been a number of instances reported of occupiers burning coal in a smoke controlled area causing the emission of smoke. At present the occupier is guilty of an offence, yet the merchant selling the coal is not. The Clean Air Bill now before Parliament includes a Clause which in such cases would make the merchant guilty of an offence.

ABOLITION OF UNNECESSARY NOISE

The year has seen much activity concerning the abolition of unnecessary noise from pneumatic compressors and hammers. The last five years' research carried out by the Chief Public Health Inspector in co-operation with manufacturers, building research stations, acoustical engineers and other interested parties has resulted in the appearance on the market of a hydraulically operated hammer which is capable of not only holding its own but doing work in excess of the pneumatic hammer at a very greatly reduced noise level and nuisance level. The power unit is of a type which may be used inside premises, there being no obnoxious fumes emitted from the exhaust, and the noise is of such a low incidence that a normal conversation can be carried out adjoining.

This is considered to be a major step forward in the field of noise abatement and during the year many local authorities, who have sought advice of this Department and have been supplied with information, have followed the example of Hackney in incorporating the clause prohibiting the use of any roadbreaker without being equipped with an effective silencing apparatus.

During the year some very difficult investigations were carried out considering complaints of nuisance from factory equipment and it is encouraging to note that the public health inspectors being well acquainted in the science of noise in this Borough were able to cope with these most difficult problems without having to call for advice from any outside professional organisations.

The necessity of the public health inspector being in at the very beginning of proposed factory establishments even at the planning stage cannot be over-emphasised and it is essential that very close co-operation between the Department of Architecture and Planning, from a town planning angle at least, and the Health Department is of vital importance.

PUBLIC HEALTH ACTS

Drainage

During the year 150 plans were submitted and each one was examined and necessary amendments made before approval was given.

The continued introduction of new materials and methods in drainage engineering have caused constant attention to be paid by this Department in investigating claims made by manufacturers and carrying out various tests, in order to establish whether or not these products can be accepted in this Borough.

The policy of sealing off all disused drains in order to prevent breeding of rats has been energetically pursued during the year as a complete insurance against trouble in the future when new estates have been developed and there can be no doubt as to the wisdom of adopting such a policy even though it strains the existing labour force to the utmost.

On a large G.L.C. site a mechanical digger was used to facilitate sealing off drains, and whilst this proved extremely useful on this particular site its use on small sites would be impractical.

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 school children are

dealt with at Hackney School Treatment Centre and Shoreditch Health Centre, (see page 46).

A total of 69 adults, and 98 children under 5 years were treated for scabies and 27 adults, and 45 children under 5 years of age treated for vermin at the Millfields Centre. 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 at the bathing centre of residents in their areas.

The Department is also responsible for the disinfection of verminous rooms and articles and a total of 1,236 rooms and 440 articles were treated. In addition approximately 119 van loads of verminous and other articles were destroyed and 1,419 library books were disinfected.

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 Business

The dressing of fur skins is carried on at 5 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 | 355 | 113 | 35 | 503 |
| No. to await postmortem examination | 354 | 113 | 34 | 501 |
| No. of inquest cases | 59 | 16 | 2 | 77 |

GREATER LONDON COUNCIL (GENERAL POWERS) ACT, 1967

This Act received the Royal assent in July and several of its provisions affect the Health Department.

Section 21 contains provisions for the Registration of Hairdressers and Barbers from a date to be fixed by each London Borough Council by resolution. At the end of the year By-laws had been submitted to the Ministry of Housing and Local Government for confirmation with a view to registration in this Borough being introduced early in 1968.

Where, because of defective fittings, the Water Board have withdrawn a water supply from premises used for human habitation or where persons are employed the Council are empowered by Section 23, after giving notice to the owner of their intention to do so, to execute such works as may be necessary to secure that the supply of water to the building is restored and to recover the expenses reasonably incurred in so doing.

Section 25 applies to Inner London Boroughs Section 26 of the Public Health Act, 1961 (which relates to the remedying of defective premises). Where a house is defective and unreasonable delay would be occasioned by following the procedure laid down for securing the abatement of nuisances, the Council may serve on the owner notice of intention to carry out the work themselves unless the owner, within seven days of the service of the notice, serves a counter notice on the Council that he is prepared to execute the works himself. If no such counter notice is received, the Council may, after the expiration of nine days from the service of the notice, enter the premises, execute the necessary works and recover the expenses incurred in so doing.

There are provisions for the Court, in any proceedings for the recovery of expenses, to enquire as to the reasonableness of the service of the notice and of the works required and to make such apportionment as to the payment of the expenses as the Court think fit.

ANIMALS

The Council has various responsibilities under Acts relating to the protection and diseases of animals and 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, which this Department administers direct.

The action taken under two of the five main Acts dealing with animals is given below:-

Diseases of Animals Act, 1950: The Corporation of the City of London inspectors make routine visits to butchers and poulterers but no infringements of the regulations were reported.

Pet Animals Act, 1951: One new license was issued and licenses were renewed in respect of 15 premises. Regular visits were made to the premises licensed and conditions were reported as satisfactory.

No action was called for under the Riding Establishments Act, 1964, Performing Animals (Regulations) Act, 1925 or Animal Boarding Establishments Act, 1963.

RODENTS

There are 13 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.

Details of work done under the provisions of the Prevention of Damage by Pests Act 1949 are set out overleaf.

| | |
|----------------------------------|--------|
| No. of properties in the Borough | 82,035 |
| No. of complaints received .. | 3,052 |
| No. of inspections | 3,120 |
| Drains examined | 192 |
| Drains smoke tested | 259 |
| Drains found to be defective .. | 80 |

In addition 1,820 manholes and side entrances to sewers were baited with sodium fluoroacetamide twice during the year.

Infested premises cleared of vermin

| | Business Premises | Dwelling Houses | Total |
|-------|-------------------|-----------------|-------|
| Rats | 161 | 595 | 756 |
| Mice | 340 | 1,865 | 2,205 |
| Total | 501 | 2,460 | 2,961 |

RAG FLOCK & 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. There are 38 premises registered in the Borough. There are six premises where these specific materials are actually manufactured, stored or offered for sale and these are licensed annually. Seven samples were sent to the Retail Trading Standards Association Laboratory for examination and were reported as 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 134 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 ACTS. 1926

Two 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 overleaf.

| Premises | Number on Register | Number of | | |
|---|--------------------|-------------|-----------------|----------------------|
| | | Inspections | Written Notices | Occupiers Prosecuted |
| (i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities .. | 79 | 9 | - | - |
| (ii) Factories not included in (i) in which Section 7 is enforced by L.A. | 2,604 | 478 | 37 | - |
| (iii) Other premises in which Section 7 is enforced by the L.A. (excluding Outworkers Premises) | 22 | 27 | 2 | - |
| Total | 2,715 | 514 | 39 | - |

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|--|---|----------|-------------------|-------------------|---|
| | Found | Remedied | Referred | | |
| | | | 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 drainage of floors (S.6).. .. . | - | - | - | - | - |
| Sanitary Conveniences (S.7) - | | | | | |
| (a) Insufficient | 2 | 2 | - | - | - |
| (b) Unsuitable or defective | 37 | 21 | - | 27 | - |
| (c) Not suitable for sexes | - | - | - | - | - |
| Other offences against the Act (not including offences relating to outwork | - | - | - | - | - |
| Total | 39 | 23 | - | 27 | - |

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 showed 126 Hackney firms as having employed 1,228 outworkers of whom 542 worked in Hackney.

| Nature of Work | No. of outworkers in August list |
|----------------------------------|----------------------------------|
| Wearing apparel.. .. . | 1,042 |
| Household linen.. .. . | 9 |
| Furniture and upholstery | 33 |
| Brass articles | 11 |
| Iron and steel chains | 8 |
| Artificial flowers | 14 |
| Paper bags | 3 |
| Making of boxes.. .. . | 78 |
| Brush making | 10 |
| Feather sorting.. .. . | 1 |
| Carding of buttons | 16 |
| Stuffed toys | 3 |
| Total | 1,228 |

There were no instances of an employer failing to send 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 263 Hackney outworkers employed by firms outside the Borough. The type of home work carried out by outworkers is listed below:-

| | |
|---------------------------------|------------|
| Wearing apparel | 646 |
| Household linen | 32 |
| Lace curtains | 1 |
| Furniture and upholstery.. .. . | 22 |
| Brass articles | 15 |
| Iron and steel chains | 8 |
| Umbrellas | 4 |
| Artificial flowers.. .. . | 17 |
| Paper bags.. .. . | 1 |
| Making of boxes | 40 |
| Brush making | 3 |
| Feather sorting | 1 |
| Carding of buttons.. .. . | 14 |
| Stuffed toys | 1 |
| Total | 805 |

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. | 16 | 830 | 16 |
| Retail shops | 11 | 1,540 | 81 |
| Wholesale shops, warehouses.. .. . | 7 | 361 | 19 |
| Catering establishments open to the public, canteens | 3 | 269 | 12 |
| Fuel storage depots | - | 5 | - |
| | 37 | 3,005 | 128 |

During the year fifty one notifications of minor accidents were received. All were investigated and in no instance was it found that the accident resulted from a breach of the Act. Advantage is taken to advise the employers on safeguarding their machines.

The total number of visits made was 1,784.

Analysis of persons employed in registered premises by workplace

| Class of Workplace | Number of persons employed |
|--|----------------------------|
| Offices | 16,847 |
| Retail shops | 10,253 |
| Wholesale departments, warehouses | 6,576 |
| Catering establishments open to the public | 1,834 |
| Canteens | 788 |
| Fuel storage depots | 96 |
| Total. .. | 36,394 |
| Total males.. | 20,332 |
| Total females | 16,062 |

**SUMMARY OF INSPECTIONS CARRIED OUT BY
PUBLIC HEALTH INSPECTORS**

| | Visits | Re-visits |
|---|--------|-----------|
| Public Health Acts, 1936 & 1961 | | |
| On complaint | 5,469 | 9,330 |
| House to House | 30 | 86 |
| Infectious Disease. | 112 | 159 |
| Verminous Conditions | 388 | 222 |
| Housing Acts | | |
| Advances for House Purchase | 141 | 11 |
| Demolition Orders.. .. . | 28 | 34 |
| Closing Orders | 297 | 219 |
| Clearance Areas | 542 | 314 |
| Houses in Multiple Occupation | 1,441 | 1,524 |
| Standard Grants | 87 | 30 |
| Improvement Dwellings | 26 | 72 |
| Rent Act, 1957 | | |
| Certificates of Disrepair. | 2 | 2 |
| Cancellation Certificates. | 1 | 3 |
| Food & Drugs Act, 1955 | | |
| Registered Food Premises.. .. . | 110 | 179 |
| Other Food Premises | 516 | 609 |
| Stalls | 359 | 37 |
| Markets | 105 | 60 |
| Food Inspection | 221 | 673 |
| Dairies & Milk Distributors' Premises | 7 | 2 |
| Investigations | | |
| Food Complaints | 127 | 97 |
| Food Poisoning | 32 | 35 |

Other Visits

| | Visits | Re-visits |
|---|--------|-----------|
| Aged and infirm persons | 12 | 13 |
| Drainage (General) | 1,146 | 3,617 |
| Drainage (Rat infestation) | 155 | 256 |
| Factories | 149 | 365 |
| Hairdressers and Barbers | 12 | 12 |
| Heating Appliances | 11 | 17 |
| Noise Investigations | 126 | 124 |
| Offensive Trades | 2 | 8 |
| Pet Shops | 12 | - |
| Offices, Shops & Railway Premises Act | 128 | 199 |
| Rag Flock & Other Filling Materials Act | 10 | 6 |
| Smoke Observations (by District P.H.I's) | 150 | 210 |
| Vacant sites | 53 | 162 |
| Amusements with prizes | 2 | 1 |
| Adaptations in Smoke Control Areas (including visits by technical assistants) | 2,426 | 164 |
| Appointments and interviews | 533 | 186 |
| Attendances at Court | 86 | 30 |
| Builders Notices (Supervision of work) | 199 | 640 |
| Housing Applications | 49 | 4 |
| Pharmacy & Poisons Act | 76 | - |
| Massage Establishments | 16 | 1 |
| Special London Survey | 1,147 | 70 |
| Miscellaneous visits | 932 | 867 |

LEGAL PROCEEDINGS

| Legislation | No. of Summonses | No. of Orders | No. of Withdrawals | No. of fines and total amounts | No. with Costs and total amounts |
|---|------------------|---------------|--------------------|--------------------------------|----------------------------------|
| <i>Public Health Acts 1936 and 1961</i> | | | | | |
| Nuisances | 240 | 77 | 151 | 25 - £179.0.0d. | 76 - £148.5.0d. |
| Drainage By-Laws | 10 | 1 | 8 | 1 - £ 4.0.0d. | 2 - £ 2.0.0d. |
| Water-closet Byelaws | 9 | | 6 | 8 - £ 43.0.0d. | 3 - £ 9.0.0d. |
| Provision of Dustbins | 5 | | 4 | 1 - £ 1.0.0d. | 1 - £ 2.0.0d. |
| <i>Housing Act 1957</i> | | | | | |
| Contravention of Closing Orders | 5 | | 1 | 5 - £270.0.0d. | 4 - £ 22.2.0d. |
| <i>Housing Act 1961</i> | | | | | |
| Contravention of Direction | 7 | | 2 | 5 - £ 70.0.0d. | 5 - £ 16.0.0d. |
| <i>Housing (Management of Houses in Multiple Occupation) Regulations 1962</i> | 1 | | | 1 - £ 10.0.0d. | |
| <i>Food and Drugs Act 1955 Section 2 and 8</i> | 15 | | 5 | 15 - £ 89.0.0d. | 11 - £ 30.5.0d. |
| <i>Food Hygiene (General) Regulations 1960</i> | 2 | | | | 2 - £ 4.0.0d. |
| TOTAL | 294 | 78 | 177 | 61 - £666.0.0d. | 104 - £233.12.0d. |

INDEX

A

| | |
|-------------------------|----|
| Animals | 73 |
| Ante-natal care | 17 |

B

| | |
|-------------------------|----|
| Bathing service | 39 |
|-------------------------|----|

C

| | |
|--------------------------------|----|
| Care of mothers and children | 17 |
| Cervical cytology | 29 |
| Chiropody | 29 |
| Child health clinics | 18 |
| Clean air | 69 |
| Cleansing | 71 |
| Common lodging houses | 72 |
| Congenital deformities | 19 |
| Creches | 22 |

D

| | |
|--|----|
| Damage by pests | 73 |
| Day nurseries | 22 |
| Deaths | 14 |
| Dental service - maternal and child health | 20 |
| Dental service - mentally handicapped | 35 |
| Diseases of Animals Act, 1950 | 73 |
| Disinfection | 71 |
| Disinfestation | 77 |

E

| | |
|----------------------------|----|
| Egg pasteurisation | 69 |
| Establishments | 3 |

F

| | |
|---|----|
| Factories Act, 1961 | 74 |
| Family case work | 38 |
| Family planning | 24 |
| Fertiliser & Feeding Stuffs Act, 1926 | 74 |
| Fluoridation | 69 |
| Food and Drugs | 59 |

G

| | |
|--------------------------------|----|
| G.L.C. (Gen. Powers) Act, 1967 | 72 |
|--------------------------------|----|

H

| | |
|-----------------------------------|------------|
| Hairdressers | 72 |
| Handicapped children | 20 |
| Health education | 30, 47, 53 |
| Health centres | 31 |
| Health committee | 1 |
| Health surveys in schools | 46 |
| Health visiting | 26 |
| Hearing | 47 |
| Home help service | 31 |
| Home nursing | 27 |
| Housing | 59 |
| Housing - medical grounds | 39 |

I

| | |
|--------------------------------|----|
| Immunisation | 28 |
| Incontinent laundry | 39 |
| Infectious diseases | 57 |
| Infectious diseases in schools | 46 |

L

| | |
|---------------------------|----|
| Lead poisoning | 30 |
| Legal proceedings | 78 |

M

| | |
|--------------------------------|----|
| Massage establishments | 74 |
| Maternal deaths | 18 |
| Medical examination of Staff | 41 |
| Mental health services | 33 |
| Mice | 73 |
| Midwifery | 25 |
| Mortuary | 72 |

N

| | |
|--|----|
| Noise abatement | 71 |
| Nurseries and Child-Minders Regulation Act, 1948 | 23 |
| Nursing homes | 40 |
| Nutrition surveys | 40 |

O

| | |
|---|----|
| Observation register | 19 |
| Offensive businesses | 72 |
| Offices, Shops and Railway Premises Act, 1963 | 76 |
| Orthodontics | 52 |
| Outworkers | 75 |

INDEX

| | |
|--|----|
| P | |
| Pet animals | 73 |
| Pharmacy and poisons | 74 |
| Playgroups | 23 |
| Poultry processing premises | 66 |
| Premature babies | 13 |
| Prevention of break up of families | 38 |
| Public Health Acts, 1936 and 1961 | 71 |
| Public health inspection | 77 |
| Public health laboratory services | 58 |

| | |
|---------------------------------------|----|
| R | |
| Rag flock | 74 |
| Recuperative holidays | 31 |
| Re-housing on medical grounds | 39 |
| Riding establishments | 73 |
| Rodents | 73 |

| | |
|--------------------------------|----|
| S | |
| School dental service | 50 |
| School medical service | 45 |
| School treatment | 48 |

| | |
|-------------------------------|----|
| Special schools | 47 |
| Spina bifida | 41 |
| Staff | 2 |
| Staff training | 42 |
| Staff medical service | 41 |
| Student Health | 49 |
| Swimming baths | 69 |

| | |
|----------------------|----|
| T | |
| Training | 42 |
| Tuberculosis | 57 |

| | |
|---------------------------------|----|
| V | |
| Vaccination | 28 |
| Venereal disease | 58 |
| Vision | 46 |
| Vital statistics | 12 |
| Voluntary child minding | 22 |

| | |
|----------------------|----|
| W | |
| Water supply | 67 |

